UNAIDS 2022

REFERENCE

UNAIDS Technical Support Mechanism

Annual report 2020–2021

Contents

Abbreviations

ACT-CLM	Advocacy Core Team Community-led monitoring
AP	Asia and the Pacific
ARV	antiretroviral
C19RM	Global Fund COVID-19 Response Mechanism
CCM	Country Coordinating Mechanism
CLM	community-led monitoring
CSIH-WCA	Civil Society Institute for HIV and Health in WCA
COP	Country Operating Plan
CRG	community, rights and gender
CSO	civil society organization
DSD	differentiated service delivery
EECA	eastern Europe and central Asia
eMTCT	elimination of mother-to-child transmission
ESA	eastern and southern Africa
GIPA	greater involvement of people living with HIV
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People living with HIV
IBBS	integrated biological and behavioural studies
ICW	International Community of Women Living with HIV
ITPC	International Treatment Preparedness Coalition
JHU	Johns Hopkins Bloomberg School of Public Health
LAC	Latin America and the Caribbean
LMF	Last Mile First
MENA	Middle East and North Africa
M&E	monitoring and evaluation
MMD	multi-month dispensing
MRF	multi-year results framework
NASA	National AIDS Spending Assessment
NSP	national strategic plan
OPM	Oxford Policy Management
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
RAME	Réseau Accès aux Médicaments Essentiels
RECAP+	Cameroon National Network of People Living with HIV
RST	UNAIDS Regional Support Team
SRHR	sexual and reproductive health and rights
TAF	Technical Assistance Fund
TRP	Global Fund Technical Review Panel
TSM	Technical Support Mechanism
TB	tuberculosis
UCO	UNAIDS Country Office
UHC	universal health coverage
UNAIDS	The Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VMMC	voluntary medical male circumcision
VTSP	Virtual Technical Support Plan
WCA	western and central Africa

Executive Summary

This Annual Report provides an overview of the achievements of the UNAIDS Technical Support Mechanism (TSM) for the 1 October 2020 to 30 September 2021 reporting period. It highlights the provision of high-quality technical support to enable countries to respond effectively to the HIV epidemic, including mitigating the impact of COVID-19 on HIV programmes.

The TSM was established in 2018 and is funded through an agreement between UNAIDS and the United States Agency for International Development (USAID). The TSM's work aligns with the 2016 and 2021 Political Declarations on HIV and AIDS, the strategic priorities of the new Global AIDS Strategy 2021–2026, the strategic directions and programmes of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR). TSM's technical support is delivered by eight implementing partners through the country presence of UNAIDS and with support from a pool of over 800 highly skilled consultants.

The Global AIDS Strategy 2021–2026 puts people living with HIV and communities at risk at the centre. It sets ambitious new targets for 2025 that seek to: increase the proportion of people tested for HIV, referred for treatment and virally suppressed; extend the use of combination HIV prevention; improve access to sexual and reproductive health services; eliminate vertical transmission; and scale up context specific HIV services *(1)*. Additional targets seek to reduce stigma and discrimination and gender inequality and violence, and decrease the number and extent of laws and policies that undermine human rights.

As a centrally managed, country-driven mechanism, the TSM delivers on three core result areas:

1. Harnessing data to accelerate policy and programme implementation in priority areas.
2. Accelerating effective, efficient implementation aimed at closing gaps in coverage and impact.
3. Maximizing efficiency and increasing domestic investment.

The TSM assists countries in securing funding from the Global Fund and supports them to implement robust national programmes. Technical support is available to assist countries throughout the Global Fund's three-year funding cycle. The COVID-19 pandemic has upended economies, disrupted the global social order, and impinged on the efficiencies of health systems that have been strengthened over the past decade. Building on UNAIDS pandemic expertise, including rapid response to COVID-19 and country presence and linkages, the TSM has provided vital support to identifying responses that effectively address the COVID-19 emergency to ensure that HIV gains are protected. This includes establishing a Virtual Support Desk to assist countries applying for funding through the Global Fund's COVID-19 Response Mechanism (C19RM).

Through its Last Mile First initiative, the TSM emphasizes the engagement and leadership of the most affected and impacted communities. It strengthens country and community capacities and resources through research and advocacy on stigma and discrimination, maximizes community leadership and community-led monitoring, supports responses to human rights and gender concerns, and fosters sustainable national ownership and domestic investment. The initiative includes a focus on western and central Africa, where there is a pressing need to address HIV-related disparities.

Scope of TSM's Technical Assistance to the Global Fund

- Progress against the year 2 multi-year results framework (MRF) result areas has been strong. Against 498 milestone targets in year 2, 367 targets have been achieved while a further 270 are ongoing into year 3.
- The TSM undertook 251 technical assistance fund (TAF) assignments in 55 countries across six regions over the 2020–2021 reporting period. There were 220 assignments in three priority regions—78 in eastern and southern Africa (ESA), 67 in western and central Africa (WCA), and 75 in Asia and the Pacific (AP)—as well as 28 assignments across Latin America and the Caribbean (LAC), eastern Europe and central Asia (EECA), and the Middle East and North Africa (MENA), in addition to three global assignments.
- The TSM supported countries to develop robust national proposals to access funding through multiple funding windows of the Global Fund and helped raise US$ 263,833,556 for nine countries in Windows 4 and 5 of the current funding cycle.
- Through the Global Fund's C19RM, the TSM helped mobilize US$ 181,247,441 for eight countries[1] to mitigate the impact of COVID on national HIV and HIV/TB programmes.
- Eighteen countries benefited from peer reviews and other support provided through a TSM Virtual Support Desk resulting in more robust proposals.

Key results through TSM support

- Twenty countries strengthened their evidence base for decision-making for HIV and COVID-19 mitigation and for policy shifts to scale-up implementation through innovative programmes or service delivery models to mitigate the impact of COVID-19 on HIV services.
- Community-led responses and community-led monitoring (CLM) were strengthened in more than 15 countries.
- Ten countries increased the accessibility of life-saving HIV treatment and prevention services in the context of COVID service disruption by extending community-led differentiated service delivery models.
- Sixteen countries engaged community-led organizations in national or subnational policy or programmatic decision-making towards their Global Fund funding applications.
- Twelve countries generated or used evidence to address discriminatory laws, human rights barriers, and gender inequalities through programming, including gender assessments of the HIV response in nine countries.
- Twenty-five countries developed national and subnational strategies for scaling up programmes to increase and maximize the impact of domestic or international resources.
- Six countries developed investment cases or efficiency analyses. Eight countries have identified steps for donor funding transition, and ten countries have explored alternative models for sustainable funding for community-led responses.

1 Chad, India, Kazakhstan, Kenya, Lesotho, Papua New Guinea, Uganda, Zimbabwe.

- Over 40 countries have implemented or are in the process of implementing the People Living with HIV Stigma Index 2.0, empowering networks of people living with HIV to generate vital data and undertake advocacy initiatives to reduce HIV-related stigma and discrimination and address intersectionalities.
- Anti-stigma advocacy campaigns linked to the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination were conducted in four countries.
- Seven regional thematic groups of the Civil Society Institute for HIV and Health in WCA (CSIH-WCA) contributed to capacity development for improved community responses, with 337 direct capacity development beneficiaries, including 86 civil society organizations (CSOs), platforms and networks across 14 countries.
- Networks of women living with HIV in three countries received technical support and were actively engaged in the process of the WHO validation of the elimination of mother-to-child transmission (eMTCT) and in advocacy efforts against forced sterilization and other forms of obstetric violence.

Context and strategic responses

The 2020 Fast-Track targets led to dramatic shifts in HIV treatment outcomes and accelerated progress in all areas of the HIV response. However, although HIV incidence has stabilized or been reduced among some populations, new infections are increasing in others. Many countries did not meet the 90–90–90 targets for HIV testing, treatment and viral suppression, and research shows that scaling up HIV treatment alone is not sufficient for epidemic control *(2)*.

In 2020, there were 1.5 million new HIV infections and 680 000 AIDS-related deaths globally. Vulnerability to HIV infection remains strongly influenced by inequalities related to gender, sexuality, human rights, power disparities and economic factors. Three out of five new HIV infections occurred in sub-Saharan Africa–with adolescent girls accounting for six out of seven new HIV infections among adolescents aged 15–19 in the region. Taking all regions into account, key populations and their sexual partners represented 65% of all new infections *(3)*. And while 73% of all people living with HIV globally were receiving treatment, access and uptake are uneven. For example, in WCA only 56% of pregnant women living with HIV have access to antiretroviral (ARV) drugs to prevent mother to child transmission, and only 35% of children under 15 years of age who are living with HIV are receiving treatment. Almost half of people in key populations in AP do not know their HIV status, and only 64% of people living with HIV in the region are receiving treatment *(4)*.

The COVID-19 pandemic has negatively impacted people's health around the world, with over 230 million cases and 4.7 million deaths having occurred due to the disease by the third quarter of 2021 *(5)*. During 2020, the uptake of HIV testing dropped steeply following lockdowns and other mitigation measures, and new HIV diagnoses and treatment referrals declined in comparison to previous years. HIV prevention services for key and vulnerable populations were disrupted and there were slowdowns in HIV related antenatal treatment and care. Pre-exposure prophylaxis (PrEP) was less readily available, medical male circumcision services were suspended in some countries and services for TB and other HIV-related conditions were curtailed.

A survey by the Global Fund of 502 health facilities in Africa and Asia over six months through September 2020 reported declines of 41% for HIV testing, 59% for TB referrals and 43% for antenatal care compared to the previous year. Nonetheless, more than two-thirds of these facilities (68%) implemented adaptive measures to ensure continuity of service *(6)*.

Adaptations such as differentiated service delivery (DSD), multi-month dispensing (MMD) of ARV drugs and other HIV-related commodities, and use of digital platforms have limited the impacts of COVID-19 and reflect the resilience of the HIV response. However, the pandemic has exposed new inequalities and has increased the severity of political and economic imbalances. Wide variations persist in country access to prevention resources, diagnostics, therapeutics, vaccines, and other resources necessary to manage and contain COVID-19, and the successive high incidence waves of disease have revealed the fragility of health systems globally.

Strategic responses

UNAIDS, the Global Fund and PEPFAR combine diverse expertise, resources, and stakeholders in a partnership to scale up and strengthen resilient and sustainable systems for health care in the context of the global HIV epidemic and COVID-19 pandemic.

The Global AIDS Strategy 2021–2026, which was developed by UNAIDS and adopted by the UNAIDS Programme Coordinating Board in March 2021, builds on the understanding that ending AIDS is possible, given the proven impacts of ensuring access to life-saving HIV treatment. The strategy recognizes the need to advance HIV prevention, treatment, care, and support by applying model approaches and identifying enhanced and impactful interventions. The importance of addressing inequalities is highlighted as a central challenge. Support to community-led responses, allocating adequate resources, emphasizing stigma reduction, and the need for human rights and economic protections are key priorities.

The Global Fund has contributed more than US$ 62 billion in funding for HIV, tuberculosis (TB) and malaria activities since 2002. It is supported by a replenishment mechanism of donors, including governments, private foundations, corporations, and charitable organizations. Currently, around US$ 4 billion is invested annually. The Global Fund's Strategy 2023–2028 approved by the Global Fund board in November 2021 stresses the importance of building resilience, maximizing the inclusion of affected communities, improving health equity including equitable access to innovations, gender equality and human rights and continuing to mobilize and use resources effectively to meet targets and the 2030 goal within the context of present and future pandemics.

PEPFAR has invested over US$ 85 billion in the global HIV response since 2003—including significant contributions to the Global Fund. Millions of new HIV infections have been prevented and more than 20 million lives have been saved *(7)*. PEPFAR is developing a new strategy—Vision 2025—which is synergistic with the Global AIDS Strategy 2021–2026 and the Global Fund Strategy 2023–2028. Its goals are: 1) accomplish the mission to sustain control of the HIV epidemic through evidence-based, equitable, people-centred HIV prevention and treatment services; 2) build enduring capabilities through resilient and competent country health systems and by fostering enabling environments and local partners; and 3) build lasting collaborations by strengthening cooperation and coordination for greater impact, burden sharing and sustainability.

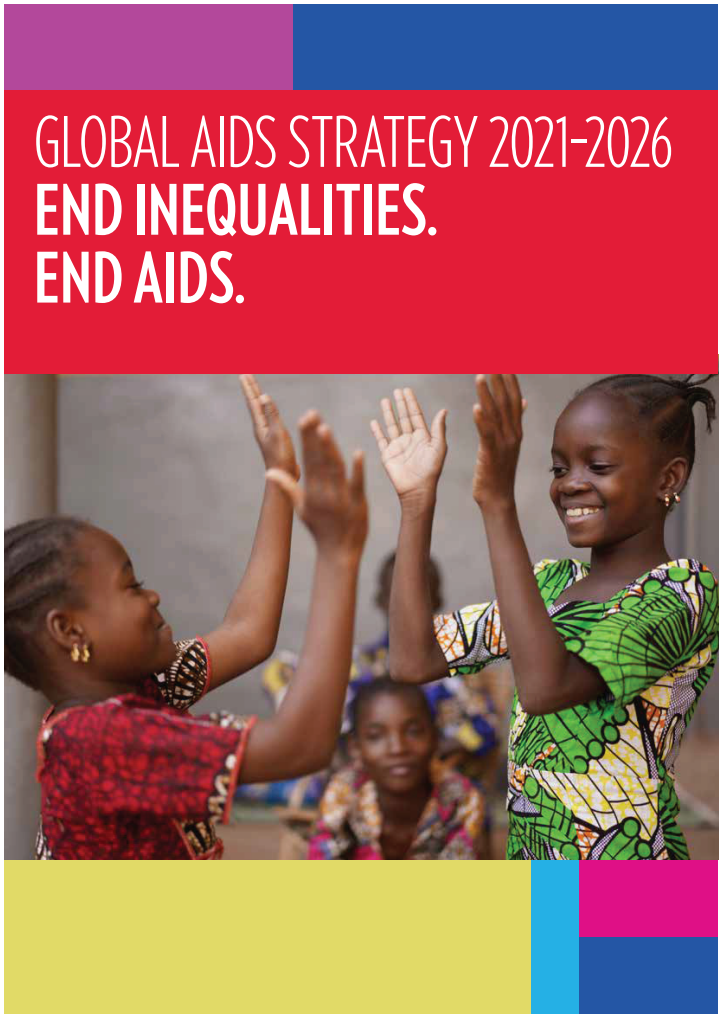
Together, the strategies of these organizations highlight common themes—notably, scaling up evidence-based approaches for HIV prevention and treatment, strengthening and enhancing the capacity of country systems, eliminating gaps, removing barriers, ensuring community involvement in the response, and applying a sustainability lens for all activities. The strategies underscore the need for high-quality technical support to countries to ensure that evidence-informed policies, programmes and models are adopted, that responses are inclusive and targeted effectively, and that sufficient and timely progress is made towards meeting the Global AIDS targets and commitments.

UNAIDS leads the global response to HIV, drawing on the experience and expertise of 11 UN system cosponsors, providing strategic direction, advocacy, coordination, and technical support to catalyse and connect leadership from governments, the private sector and communities. Strategic information and analyses are generated to increase the understanding of the state of the AIDS epidemic, taking progress made at local, national, regional, and global levels into account. With offices in 70 countries and 70% of its staff in the field, the UNAIDS Secretariat encourages dialogue and brings in communities that have been left out of decision-making processes and contributes to inclusive strategies.

In 2020, to address the urgent need to respond to the COVID-19 emergency and limit impacts on the HIV, TB and malaria programmes, the Global Fund introduced grant flexibilities that allowed reprogramming or use of up to 5% of the value of existing grants. This approach was replaced by C19RM, which aligned with the World Health Organization's (WHO) Strategic Preparedness and Response Plan and other guidance. C19RM grants allow for fast-tracked emergency funding for countries to: 1) reinforce COVID-19 diagnostics, treatments, medical supplies, and control measures; 2) mitigate the impact of COVID-19 on HIV, TB, and malaria programmes; and 3) make urgent improvements to health and community systems.

By August 2021, the Global Fund had approved US$ 3.3 billion for 16 multi-country and 107 country programmes in low and middle-income countries through C19RM *(8)*. PEPFAR's COVID-19 priorities include: ensuring continuity of care for people living with HIV; leveraging PEPFAR-supported health systems and infrastructure; reducing COVID-19 risks at health facilities; and providing flexibility for PEPFAR programmes to incorporate COVID-19 responses *(9)*.

UNAIDS has played a key role in monitoring the intersections between HIV and COVID-19, identifying disruptions and impacts, and widely sharing lessons learned, guidelines and innovations. As part of this effort, the TSM has provided rapid response assistance to funding processes and considers COVID-19 across all response areas.



The UNAIDS Technical Support Mechanism

The UNAIDS Technical Support Mechanism (TSM) was initiated in 2018 through an agreement between UNAIDS and USAID. It is a robust, multi-year programme that fully leverages and enhances the efficiency of Global Fund grants and PEPFAR resources and ensures that gaps and barriers are addressed in response to HIV, TB, and COVID-19.

The TSM's consolidated and integrated approach aligns with UNAIDS policies and quality assurance procedures. As a centrally managed, demand driven mechanism, the TSM provides high quality technical support across six regions. ESA, WCA and AP are prioritized. Emphases include bolstering primary and community health systems to intensify the response to stigma and discrimination and other inequalities and barriers that limit effective HIV prevention, treatment, and care.

TSM support spans nine thematic areas: 1) Global Fund grant implementation; 2) community and service delivery; 3) strategic information; 4) HIV and economics; 5) national strategic planning and review; 6) human rights and gender; 7) prevention; 8) treatment and testing; and 9) health systems strengthening.

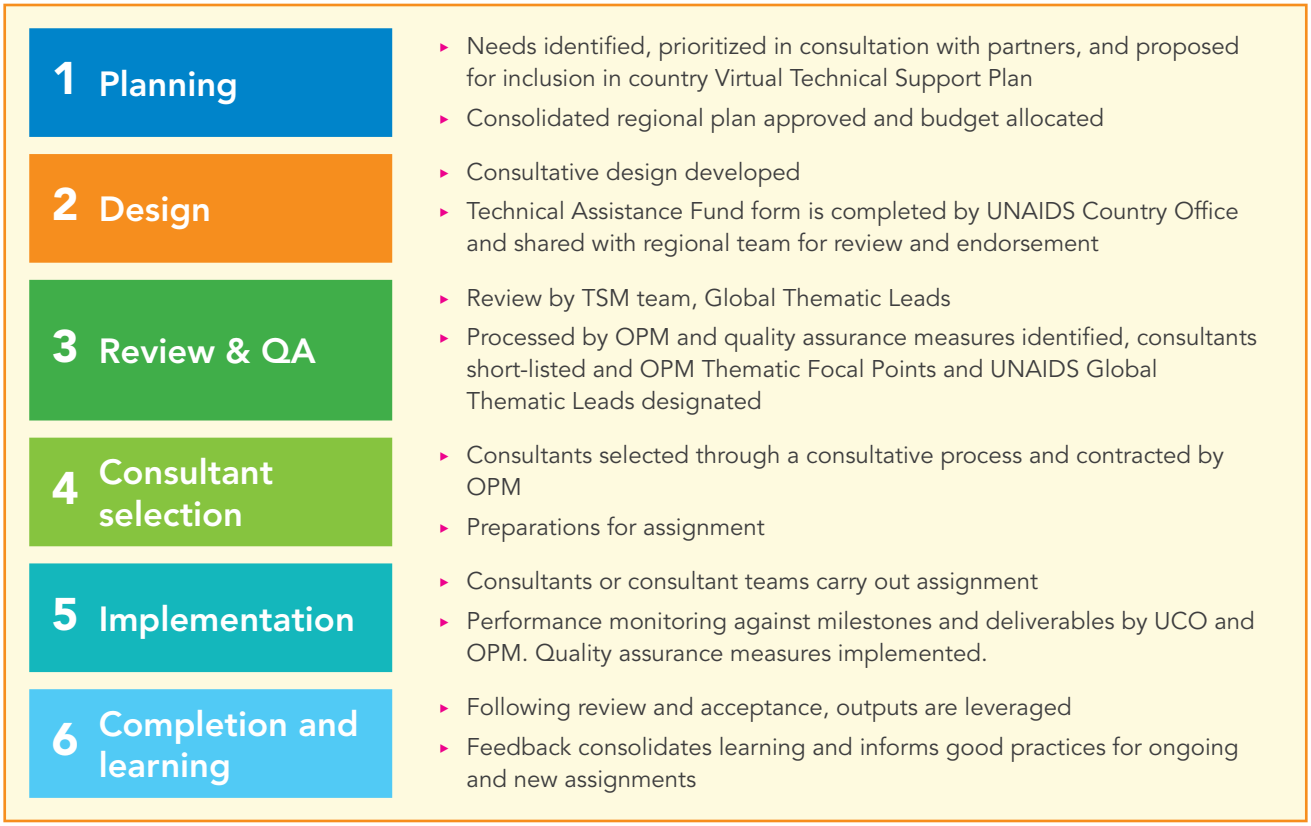
The TSM's assignment-based technical assistance activities are implemented through Oxford Policy Management (OPM). Genesis Analytics, a South Africa-based member of the OPM consortium, supports TSM operations in ESA.

Technical assistance assignments include individual consultancies and small and larger consultancy teams, which conduct specialized technical support activities following criteria set at the country level in consultation with government, stakeholders including civil society and UN Cosponsors, and the UNAIDS Country Office (UCO). As shown in Figure 1, the process (which is managed by the TSM headquarters team) for implementing technical assistance consists of the following:

- **Planning**. Technical assistance needs are identified and prioritized at the national level through consultation with partners and proposed for inclusion in the UNAIDS Virtual Technical Support Plan (VTSP). A consolidated regional VTSP is approved and TAF budgetary allocations are assigned. This process is dynamic and iterative, and new needs may be identified and covered by further technical support.
- **Technical assistance design**. Proposed plans are reviewed, budget allocations are assigned, and a consultative design is developed. UCOs, stakeholders and partners at the country level, the Regional Support Team (RST) and UNAIDS HQ and OPM technical experts are involved in the process. A TAF form is completed, endorsed by national stakeholders, and shared with the RST.
- **Technical review and quality assurance**. Following assessment for eligibility, the assignment is processed by OPM. Quality assurance measures are identified, and OPM Thematic Focal Points and UNAIDS Global Thematic Leads are designated to support implementation.

- **Team selection**. Consultants are selected through a consultative process at country level, contracted by OPM and prepared for the assignment.
- **Implementation**. Individual consultants or consultant teams carry out the assignment. Performance is closely monitored and controlled against planned milestones and deliverables by UCOs and OPM. Quality assurance measures are implemented.
- **Completion and learning**. Once the deliverables are completed, reviewed, and accepted, a follow-up process leverages the technical assistance outputs and deliverables. OPM obtains feedback on the assignment and, in coordination with UNAIDS, consolidates learning to inform good practices towards ongoing and new assignments.

Figure 1.
Technical Assistance Fund process



More than 460 assignments have been completed by the TSM since 2018. Currently, technical assistance is supported by a pool of over 800 consultants with diverse skills and international and country expertise—79% of whom are from the global South.

In addition to assignment-based support to countries, the TSM includes the 'Last Mile First' (LMF) initiative that focuses on the needs of people left behind, increasing demand for community-led rights-focused responses and supporting efficiency analyses and sustainable financing. UNAIDS has selected the following implementing partners to support this important agenda. They are CSIH-WCA, the Global Network of People living with HIV (GNP+), the International Treatment Preparedness Coalition (ITPC), the International Community of Women Living with HIV (ICW), Johns Hopkins Bloomberg School of Public Health (JHU), Pharos Global Health Advisors and the University of Heidelberg.

Figure 2.
TSM response areas and implementing partners

	OPM	CSIH-WCA	GNP+	ITPC	ICW	JHU	Pharos Global Health Advisors	University of Heidelberg
Technical assistance to support the Global Fund grant cycle	■			■				
Capacity building CSOs	■	■						
Sustainability of community-led systems	■	■						
Community-led monitoring	■	■		■				
Stigma Index 2.0	■		■		■	■		
Global Partnership	■		■					
Validation of the elimination of vertical transmission of HIV	■				■			
Sustainability and efficiency	■						■	
HIV and universal health coverage	■							■

LMF activities include providing technical support and quality assurance for the People Living with HIV Stigma Index 2.0, expanding and strengthening the Global Partnership for Action to Eliminate All Forms of HIV Related Stigma and Discrimination, conducting human rights and gender assessments, providing technical support to community-led monitoring, primarily of HIV treatment, engaging women living with HIV in WHO validation of the elimination of vertical transmission, strengthening CSOs in 18 countries in western and central Africa, and supporting sustainable financing. Figure 2 shows the TSM's response areas per implementing partner.

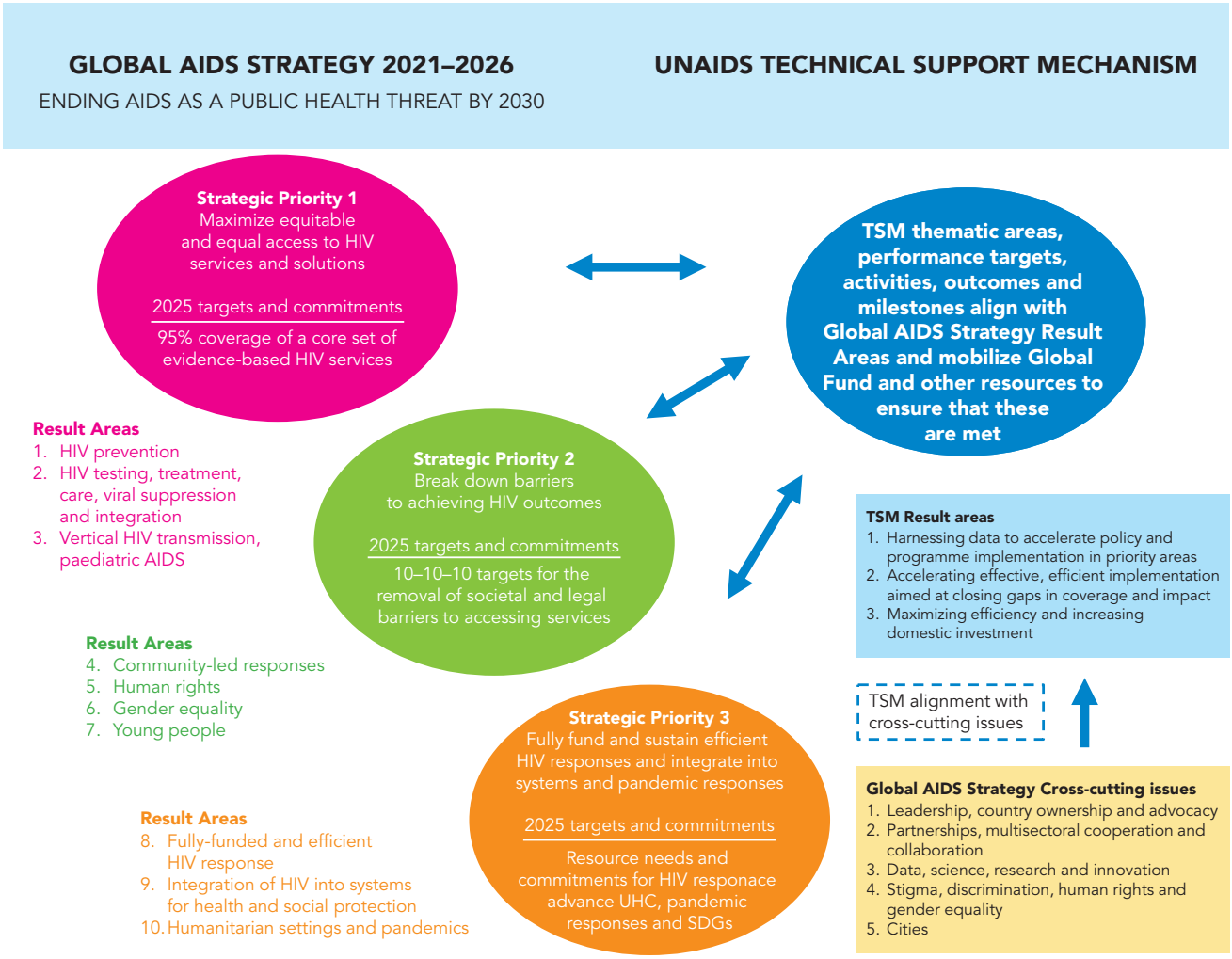
The complementary expertise of the OPM and LMF implementing partners ensures that high quality methodologies are applied systematically, in conjunction with the comprehensive technical expertise and in-country presence of UNAIDS. The TSM includes ongoing strategic learning meetings to share best practices and to take evolving data and circumstances into account, including COVID-19 and concerns affecting key and vulnerable populations. The TSM's result areas are as follows:

- **Result Area 1: Harnessing data to accelerate policy and programme implementation in priority areas.** Countries are assisted in: strengthening their evidence base for HIV, TB, and COVID-19 mitigation; ensuring coverage of priority populations and geographies; ensuring that programming and resources overcome bottlenecks and disparities; and aligning their responses with global HIV targets and commitments.
- **Result Area 2: Accelerating effective, efficient implementation aimed at closing gaps in coverage and impact**. Countries are supported in scaling up quality policies and regulations, interventions, programmes and DSD models for priority populations, as well as improving resilience related to the impact of COVID-19. Gaps in coverage and impact are addressed through a layered response to stigma and discrimination, human rights, and gender-related inequalities, incorporating engagement with CSOs and supporting community-led responses. Emphasis is given to expanding and deepening these responses in WCA where gaps and barriers persist.

- **Result Area 3: Maximizing efficiency and increasing domestic investment**. Countries are supported in increasing the effectiveness and efficiency of policies and programmes to maximize the impacts of domestic and international HIV resources. This includes preparing, mobilizing, and transitioning towards domestic resources and sustainability, ensuring that resources for community-led responses are sustained through public funding and making sure that broader, diversified financing is available.

Figure 3 illustrates the alignment between the TSM and the strategic priorities, result areas and cross-cutting issues in the Global AIDS Strategy 2021–2026. The LMF initiative links directly to the Global Strategy's result areas for Strategic Priority 2 and is connected to financing under Strategic Priority 3.

Figure 3.
The Global AIDS Strategy 2021–2026 and the UNAIDS TSM linkages



A component of the TSM's work involves supporting countries to respond to Global Fund funding applications by contributing to the 'building blocks', including the development of national strategic plans that underpin funding requests as well as developing the funding applications themselves. TSM support in this area is stronger during Global Fund grant renewal periods.

The range of TSM support provided to countries includes modelling estimates, needs and response assessments, gender assessments, integrated biological and behavioural studies (IBBSs), National AIDS Spending Assessments (NASAs) and National Strategic Plans (NSPs). The TSM supports country alignments with other key resources—for example, PEPFAR programmes and Country Operating Plans (COPs)—as well as support for accessing resources through the C19RM.

Democratic Republic of Congo 2020. Credit: UNAIDS.

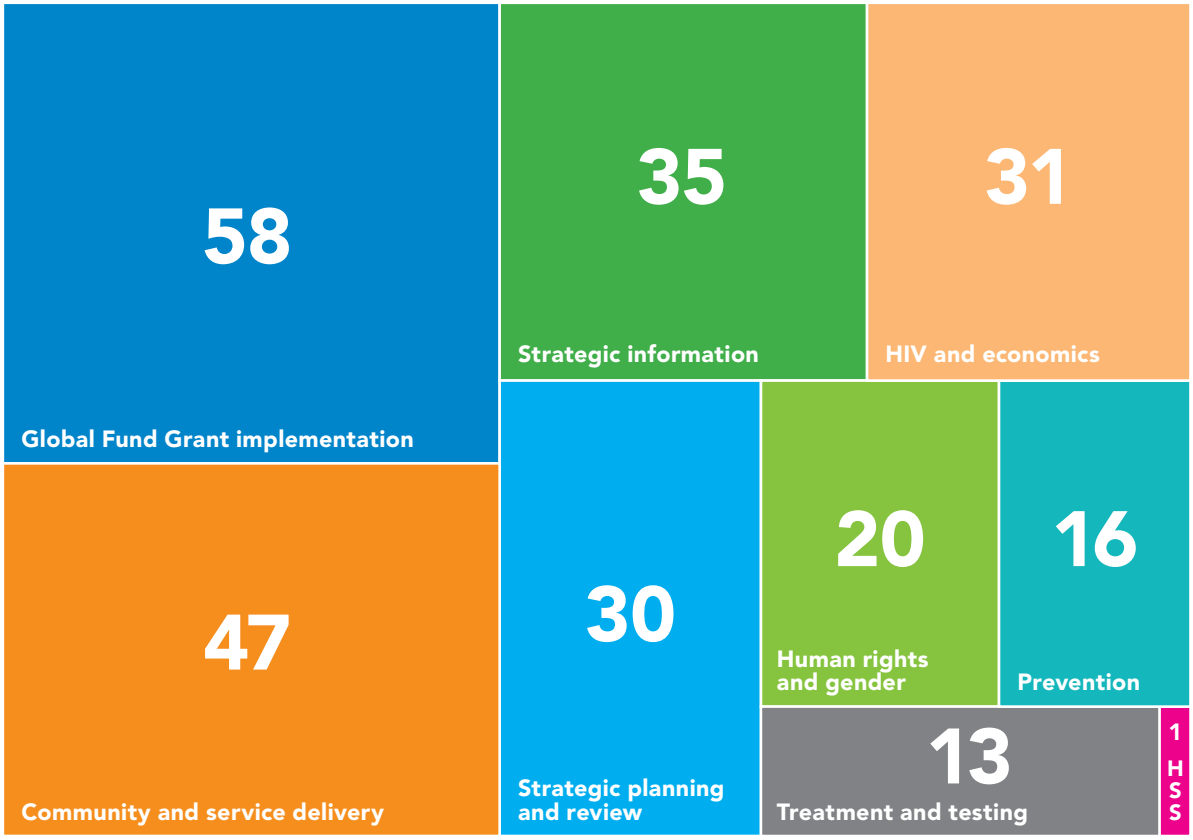
Summary of results

During the 2020-2021 reporting period, the TSM undertook 251 TAF assignments in 55 countries across six regions, 176 of which were completed during the period.

There were 220 assignments in priority regions including 78 in ESA, 67 in WCA and 75 in AP. There were also 28 assignments across LAC, EECA, and MENA, and three global assignments. Multiple assignments were carried out in 26 countries.

Figure 4 shows the number of TAF assignments by theme. Global Fund grant implementation support were most requested (58 assignments) and health system strengthening the least requested (one assignment).

Figure 4.
Number of technical assistance fund assignments by theme



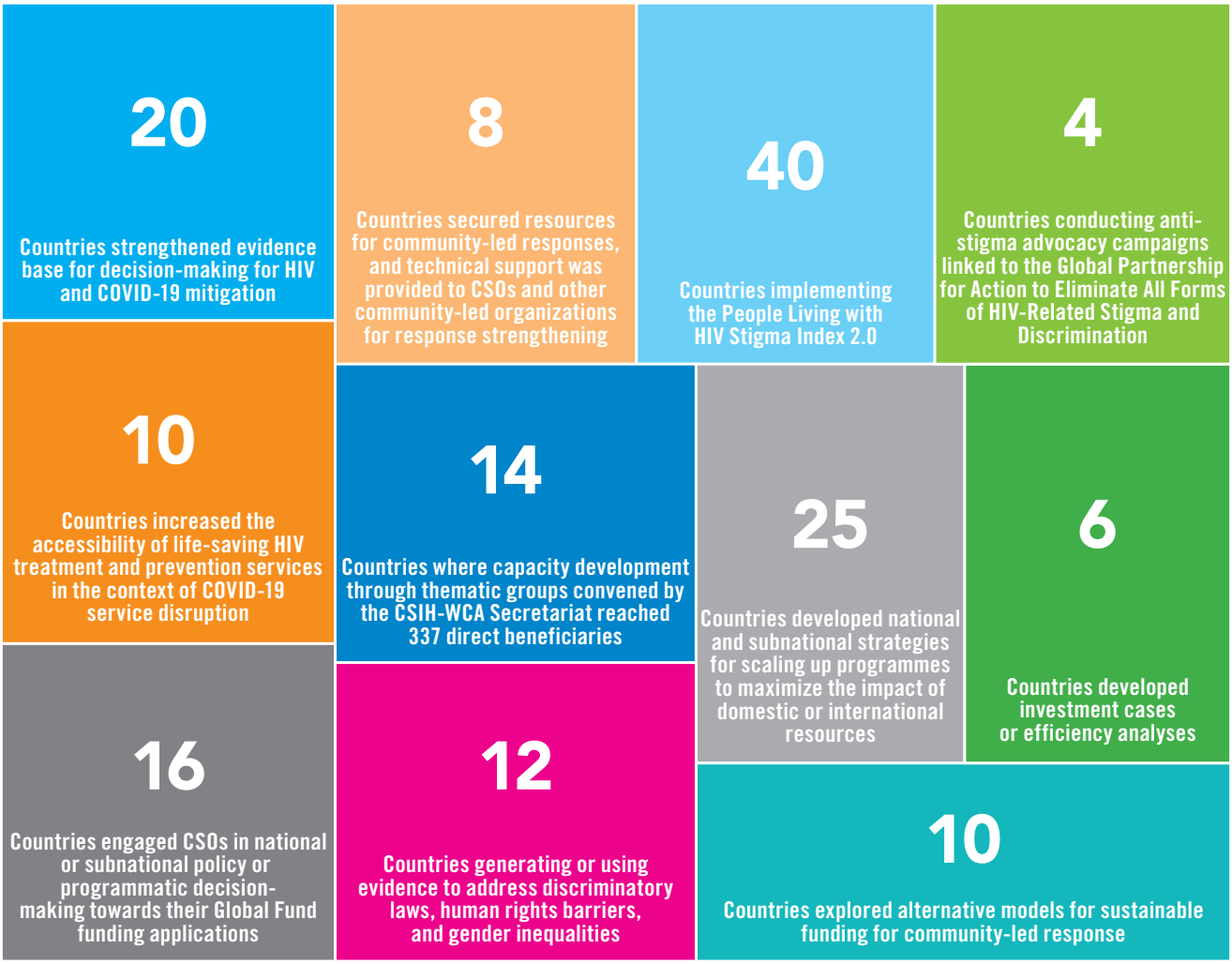
The TSM supported country access to funding through multiple Global Fund funding windows and contributed to raising US$ 263 833 556 for nine countries in Windows 4 and 5 of the current funding cycle, and has contributed to mobilizing US$ 181 247 441 through the Global Fund's C19RM.

Additionally, through TSM support and particularly in the areas of community response through LMF activities:

- Twenty countries strengthened their evidence base for decision-making for HIV and COVID-19 mitigation and for policy shifts to scale up implementation through innovative programmes or service delivery models to mitigate the impact of COVID-19 on HIV services.
- Ten countries increased the accessibility of life-saving HIV treatment and prevention services in the context of COVID service disruption by extending community-led DSD models. Four developed CLM systems to enhance service quality, and over fifteen are developing community-led monitoring systems to enhance service quality.
- Sixteen countries engaged CSOs in national or subnational policy or programmatic decision-making towards their Global Fund funding applications.
- Eight countries secured resources for community-led responses, and technical support was provided to CSOs and other community-led organizations for response strengthening in eight countries.
- The People Living with HIV Stigma Index 2.0 is being implemented in over 40 countries, empowering networks of people living with HIV to generate vital data and undertake advocacy initiatives to reduce HIV-related stigma and discrimination. The People Living with HIV Stigma Index 2.0 surveys have been completed in eight countries, and six countries are using the results of recently or previously completed surveys in their response—including for advocacy and for informing Global Fund, PEPFAR or other programmes.
- Anti-stigma advocacy campaigns linked to the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination have been conducted in four countries. The partnership brings together United Nations system organizations, governments, civil society, bilateral and multilateral donors, and academics to eliminate stigma and discrimination, as expressed in the Sustainable Development Goals and HIV targets.
- In WCA, seven regional thematic groups bringing together 56 CSOs have been operationalized by the CSIH-WCA Secretariat to enhance peer-to-peer learning, coordination, and capacity development for improved performance. There are 337 direct capacity development beneficiaries from the work of the thematic groups, including 86 CSOs across 14 countries.
- Twelve countries generated or used evidence to address discriminatory laws, human rights barriers, and gender inequalities through programming, including gender assessments of the HIV response in nine countries.
- Women living with HIV have been engaged in WHO eMTCT validation. This process has been supported worldwide with new tools, guides, training, and advocacy, and women living with HIV ensure human rights-based gender equality and community engagement for national and global validation processes.

- The documentation of coerced sterilization of women living with HIV has been supported worldwide with technical support to women living with HIV to seek legal redress and engaging governments to carry out policy reforms in Sexual and Reproductive Health and Rights (SRHR) strategies.
- Twenty-five countries developed national and subnational strategies for scaling up programmes to maximize the impact of domestic or international resources.
- Six countries developed investment cases or efficiency analyses. Eight countries have identified steps for donor funding transition and ten countries have explored alternative models for sustainable funding for community-led responses.

Figure 5.
Country reach of last mile first initiatives



Results: TSM support to C19RM

As the COVID-19 pandemic spread around the world, lockdowns and other COVID-19 restrictions disrupted international travel, freedom of movement and interpersonal engagement. There were immediate knock-on effects on TSM support during early 2020—particularly consultants who were unable to travel internationally, or who were unable to leave countries where they were conducting assignments. In-person meetings could no longer be conducted, and many in-country counterparts with HIV and epidemic experience were deployed away from their HIV responsibilities to respond to COVID-19. This reduced the time available to address HIV-related work. Technical support also moved to responding to COVID-19 needs, contributing to a reduction in HIV-specific technical assistance requests.

By October 2020, diverse strategies had been implemented to take COVID-19 into account. Virtual platforms replaced in-person meetings—in some instances improving efficiencies and cost-effectiveness—and in-country consultants played a larger role due to their ability to deliver continuous on the ground support. Features of online meeting applications proved useful for recording and transcribing discussions, and adaptations were made to support live translation during virtual meetings.

UNAIDS quickly produced a range of COVID-19 resource documents that provided strategic information and advocacy guidance for COVID-19, including addressing COVID-19/HIV linkages. Lessons learned and success stories were brought together under a COVID-19 coordination platform, which enabled sharing through the UN system. UNAIDS headquarters participated in the Joint Working Group and Global Fund Situation Room, which facilitated information sharing of new developments related to COVID-19 with TSM implementing partners.

Following clarification of country needs and changes in funding mechanisms and opportunities through the Global Fund, the TSM was mobilized to meet demand. COVID-19 related assignments included bringing together strategic information, identifying innovative models, and supporting national task teams and civil society response. Integrated approaches for COVID-19 and HIV were developed, including service access plans, innovations in combination prevention and social protection support. Resilience and recovery of the HIV response were enhanced through expanding differentiated service delivery models, introducing multi-month dispensing involving people living with HIV and other key populations (which has improved the effectiveness and efficiency of implementation cascades in general), fostering community-led responses and monitoring and scaling up telehealth and other innovations. Close attention was given to the continuity of services.

TSM support in the United Republic of Tanzania strengthened an integrated approach through the national HIV/COVID-19 Task Force which included a focus on the accountability of regional coordinators and teamwork and management systems within the national AIDS control programme. This, in turn, strengthened engagement in the PEPFAR COP21 process.

The CSIH-WCA and UNAIDS, and Global Fund organized three regional briefings for civil society and community stakeholders on the C19RM, including for Anglophone and Francophone countries. CSIH-WCA launched an assessment of COVID-19's impact and service responses of CSOs in the region, which clarified that 70% of CSOs were not involved in their country's coordination mechanisms, yet were independently implementing response measures in their communities. The findings led to a follow-up paper on community engagement in COVID-19 response which contributed to initiatives on HIV service delivery and COVID-19 response in six countries, as well as shared learning on pandemic preparedness, vaccines, and vaccination planning. The CSIH-WCA, UNAIDS and WHO also organized a webinar on COVID-19 vaccines and immunization in WCA.

Although activities that TSM supports such as IBBSs and NASAs, which require fieldwork and have thus been more difficult to undertake in the COVID-19 context, suffered interruptions, adaptations have ensured ongoing access to strategic information—for example, by conducting rapid targeted assessments of key and vulnerable populations.

A TSM Strategic Learning Meeting in June 2021 recognized the need for ongoing capacity building of TSM consultants on COVID-19. Over 50 TSM stakeholders shared learning from implementing assignments in the context of COVID-19 response and identified strategic gaps and opportunities to adapt and increase the effectiveness of TSM's support to protect and strengthen HIV programme performance—particularly the performance of Global Fund grants for HIV, TB and C19RM.

Through TSM supported activities, it has been possible to identify how communities mobilize in response to COVID-19, and this informs strategic guidance on community involvement. For example, community members including people living with HIV, have become closely involved in maintaining linkages to health and HIV support services in the COVID-19 context—for example, walking or cycling over long distances to deliver ARV drugs, getting involved in making home-made personal protection equipment, preparing food packages, setting up shelters and providing counselling.

The importance of DSD models has also been highlighted through TSM supported work—these focus on HIV service adaptations necessary to meet the needs of people living with HIV and reduce burdens on the health system. It has been found that DSD models can withstand disruptions, and responding to COVID-19 has provided an opportunity to catalyse the implementation of DSD models. Guidance, tools, and experiences in DSD and community-led approaches, including customization, have been identified for sharing and scale-up.

GLOBAL CASE STUDY:
The C19RM Virtual Support Desk Mechanism

To support C19RM applications, a Virtual Support Desk Mechanism was set up through the UNAIDS TSM. This innovative model complements in-country support for the development of proposals by providing virtual support, including remote in-depth peer reviews of draft applications and a help desk to respond to technical questions. Peer reviews are complemented by a Community of Practice for shared learning, and virtual clinics support the components of proposal development. The Virtual Support Desk Mechanism provided an alternative to in-country support and comprised three senior consultants working closely with UNAIDS thematic leads, Global Fund thematic leads, regional personnel, and other experts.

Remote peer reviews of draft reports are provided in English and French. Technical enquiries are addressed through the help desk, which also provides advice on application formats, narratives, budgeting, annexes, and other requirements. Support, oversight, and technical inputs are provided for TSM in-country consultants supporting C19RM applications as well as community, human rights and gender consultants and writing teams.

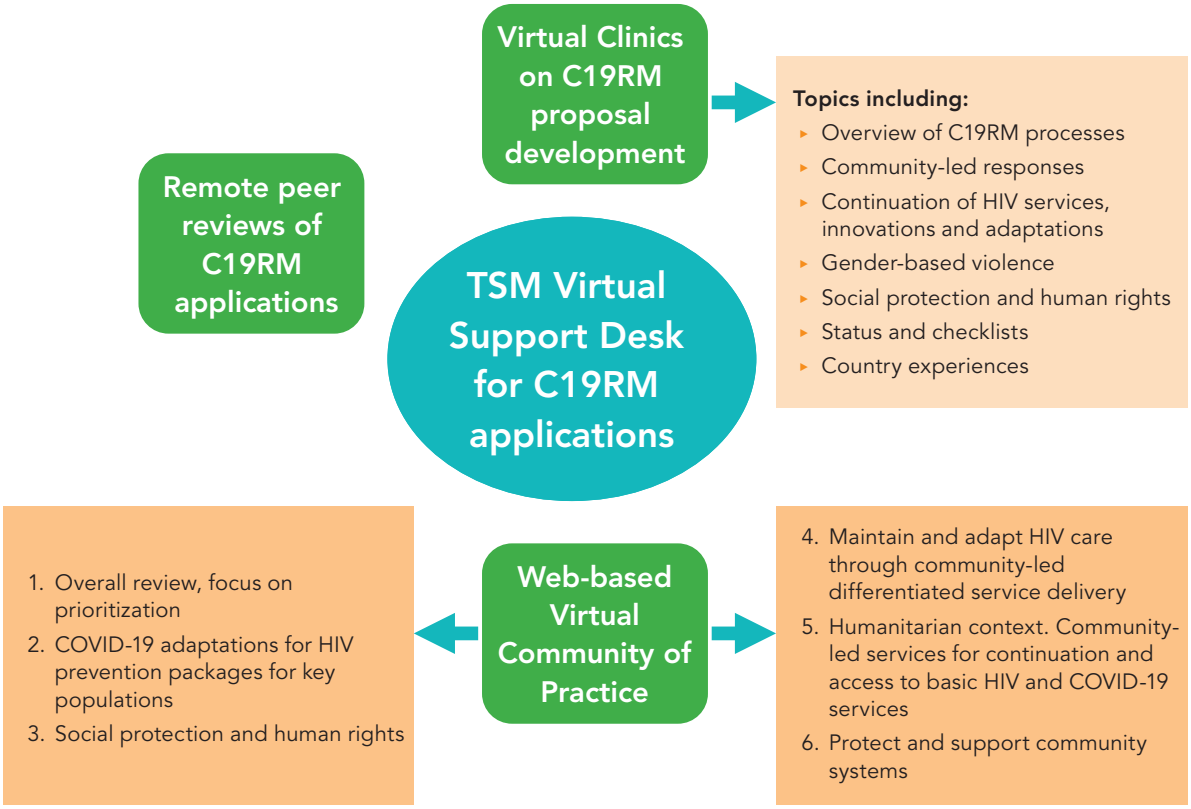
The virtual Community of Practice shares tools, lessons, and country examples, including the latest guidelines, COVID-19 responses, COVID-19 intersections and innovations and information on thematic focus areas, including human rights and gender equality. Learning resources are available on an ongoing basis. This initiative complemented webinars organized by CSIH-WCA, the Global Fund, UNAIDS (including TSM and the Regional Support Teams), other TA providers (Expertise France and BACKUP Health/GIZ), and Réseau Accès aux Médicaments Essentiels (RAME) that informed over 250 CSOs and community actors on C19RM processes and technical support mechanisms for civil society service delivery in eastern and central Africa and western and central Africa. Coordination between technical assistance providers was highlighted to ensure that there were no gaps, including no countries left behind. The harmonizing role of Country-Coordinating Mechanisms (CCMs) was also emphasized.

The Virtual Support Desk Mechanism's Virtual Clinics include a focus on priority areas, especially COVID-19 prevention and care packages and support for key and vulnerable populations and community systems. Virtual clinics have been attended by country representatives, technical assistance providers, consultants and partners, including Expertise France, BACKUP Health/GIZ, WHO, other United Nations system organizations and the Global Fund. Topics were developed by UNAIDS and the Global Fund.

By the end of June 2021, 18 countries were supported through remote peer reviews, and four countries were reviewed twice. In several instances, quick turnarounds of 36–48 hours were provided to meet tight deadlines for submissions. Recipients have acknowledged the benefits of the support received.

Figure 6 depicts the linked components and activities of the Virtual Support Desk for C19RM applications.

Figure 6.
TSM support through the Virtual Support Desk for C19RM applications *(10)*



Peer reviews helped to improve understanding of the components of a successful C19RM funding application—for example, clearly presented and compliant prioritization, synthesis of the pre-COVID-19 scenario, roles of key and vulnerable populations and communities, DSD integration and meeting the requirements for community rights and gender inputs. Concerns included lack of understanding of instructions and guidelines, limited awareness of COVID-19 related and HIV related good practices, non-inclusion of community-generated data, omission of key and vulnerable populations and the private sector, inadequate attention to human rights and gender considerations, weak budgeting structures and costing, and the inability to clearly articulate expected and quantifiable results. Most countries did not adequately address gender-based violence and sexual and reproductive health and rights; dialogue with community stakeholders and key and vulnerable populations was uneven.

The TSM supported eight country C19RM funding applications, which mobilized US$ 181 247 441 by September 2021 (Table 1). Apart from virtual support, four countries—Botswana, El Salvador, Kenya, and Zimbabwe—received in-country support. Additionally, two countries in WCA were supported for C19RM related activities through Global Fund funding—one to support strategic information in Ghana (US$ 16 214 504) and another to document best practices in Nigeria (US$ 59 712 981).

Table 1.
C19RM funding applications supported by the TSM

Regions	Total countries	Total approved funds (US$)	Approval rate (%)
WCA (Chad)	1	7 804 792	100
ESA (Kenya, Lesotho, Uganda, Zimbabwe)	4	137 959 636	100
AP (India, Papua New Guinea)	2	34 584 841	100
EECA (Kazakhstan)	1	898 172	100
Total	8	181 247 441	100

Community organizations in Senegal were quick to ensure essential commodities were delivered to key populations. June 2020. Credit: UNAIDS/D. Diof.

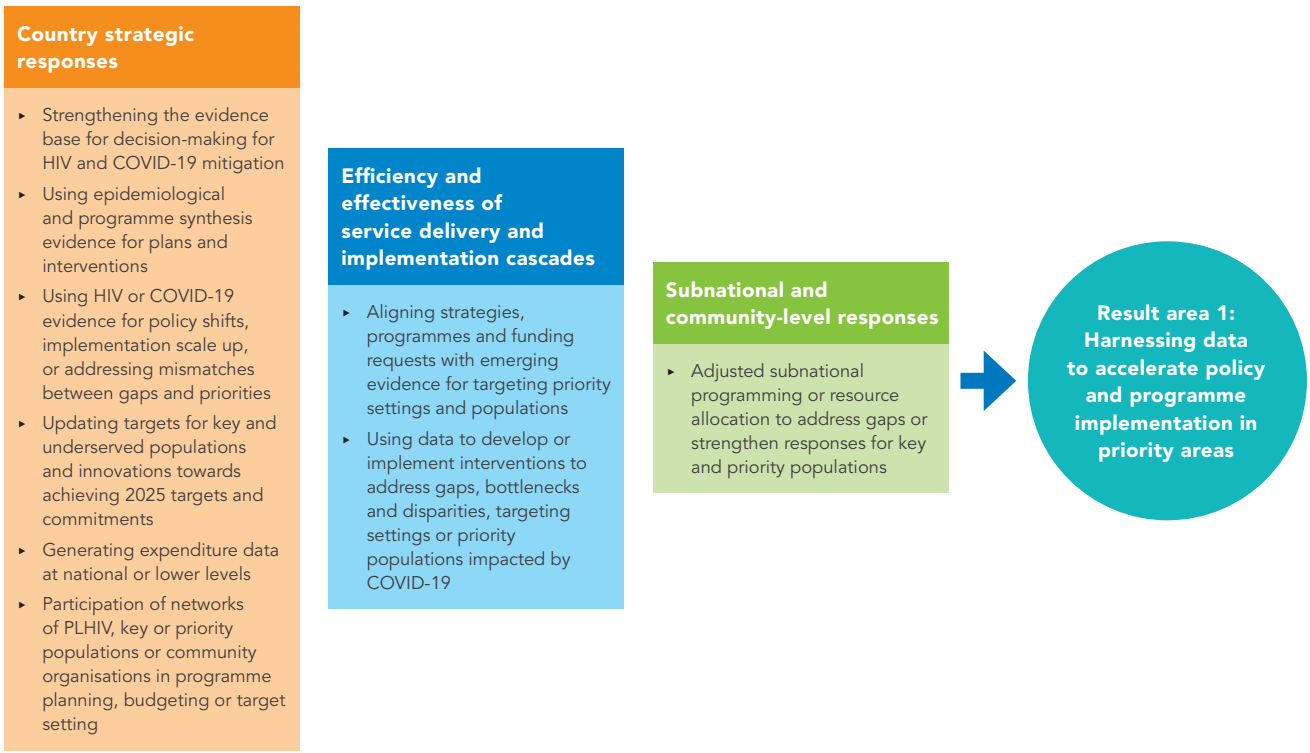
Result area 1

Harnessing data to accelerate policy and programme implementation in priority areas

UNAIDS empowers countries to generate granular data and evidence, improve the effectiveness of service delivery, and implement cascades, also ensuring that subnational and community level responses are appropriately targeted—especially for key and vulnerable population programmes and services.

An overview of the specific activities of this Result Area is presented in Figure 7. Through UNAIDS and OPM collaboration, countries receive technical support to identify policy shifts and prioritization necessary for scaling up programme implementation, identifying and addressing mismatches and gaps in response, and collating and applying evidence for decision-making. The efficiency and effectiveness of service delivery is supported through improved targeting, with subnational and community level responses being considered through programming or adjustments in resource allocation with a focus on key and priority populations.

Figure 7.
Result Area 1



In Result Area 1, against the 78 year two MRF milestone targets, the TSM teams have achieved 58 while a further 31 are ongoing. Although there has been a need to address COVID-19 as a matter of urgency in year two, as countries review performance and targets underpinning programmes, it is anticipated that any lagging areas will be addressed, and that HIV programming will increase in year three. Selected achievements are presented below.

Country strategic responses

COVID-19 has contributed to a shift in prioritization away from routine Global Fund grant activities towards C19RM funding applications. It was also challenging to conduct fieldwork for IBBSs and NASAs. Data provide information on shifts in the focus of programmes to increase the reach of prevention and treatment services—especially key and vulnerable populations—and countries have made progress in improving the quality and efficiency of services.

Strengthening the evidence base

A range of analyses and plans fall within this area, including NSPs, monitoring and evaluation (M&E) plans, tracking tools and NASAs.

NSPs are the cornerstone of HIV response at the country level and include epidemiological and policy analyses linked to programmes and scale-up, including alignment with Fast-Track and other targets and commitments. NSPs for HIV included strengthened situation and epidemiological analyses through TSM consultants in Chad and Zimbabwe. In Zimbabwe, the NSP was refocused towards a decentralized response that improves equity of coverage, with strengthened community responses supporting sustainability. A focus on primary HIV prevention was also reinvigorated.

M&E plans are specifically focused on ensuring that data is collected and analysed to support effective decision-making. M&E plans were supported in Botswana, Liberia, Mali, and the Philippines. An assessment of the HIV registry system in the Philippines clarified strengths and weaknesses and observed that there was a lack of skills in data interpretation among service providers. Resource needs and lines of communication were also clarified, and the recommendations included developing a comprehensive manual of procedures that will be cascaded to various stakeholders.

NASAs involve describing and tracking resource flows for HIV responses, including disbursements and expenditures, from sourcing of funds, management of funds and service providers, through to beneficiary populations. In Mozambique, support to the development of a NASA informed costing guidelines for the NSP and the Global Fund funding application, and also fed into PEPFAR's COP process. While data collection for NASAs has been challenging in the COVID-19 context, these assessments were nearing completion in Malawi and Papua New Guinea and underway in South Africa during the reporting period.

Peer reviews of NSPs identified a lack of disaggregated data as a challenge for supporting prioritization of interventions and populations. It was also observed that in countries with low HIV incidence, it might be possible to go beyond targets and focus on bringing the HIV epidemic under control in shorter time frames. Checklists are often used to support NSPs, and it was recommended that clearer implementation plans be included for national and subnational levels and for multisectoral responses. While NSPs often reflect development that is focused on Global Fund requirements, this emphasis may lack nuance in relation to country circumstances and may undermine country ownership and sustainability. Furthermore, although NSPs reflect an important focus on gender, human rights and community responses, deeper reflection is needed on strengthening systems and maintaining the trajectory towards universal health coverage.

Using evidence to inform policy shifts

In the United Republic of Tanzania, following the establishment of a national HIV/COVID-19 Task force, support was requested for the strengthening of the Ministry of Health and National AIDS Control Programme, and for engagement in the PEPFAR COP21 process. TSM support was provided by a consultant working within the Ministry of Health. The TSM consultant supported the alignment of local guidelines with updated global guidance, helped ensure continuity of HIV services by strengthening accountability within the response system and contributed to supporting teamwork and good management. Preparations for onboarding new political leaders included briefings on key HIV issues, and the National AIDS Control Programme team and Prevention Team were supported to respond to events and programming. A particular accomplishment of this TSM support was ensuring the ownership and institutionalization of the diverse tools and resources that had been developed. The work supported linkages between UNAIDS, the Global Fund and PEPFAR and offered a model for embedded technical support roles elsewhere.

Other support included improving M&E systems in the Philippines, Togo and Zimbabwe to better plan and target key and vulnerable populations. In the Philippines, an HIV Registry System Strategic Plan and Monitoring and Evaluation Framework supported the Department of Health Epidemiology Bureau, Global Fund and PEPFAR to align and harmonize reporting flows. This included improving lines of communication and avoiding duplication of reporting. A procedural manual was developed that will be cascaded to service providers and local stakeholders aside from regional and national stakeholders.

Reviews of NSPs in Chad and Nepal led to the development of new NSPs, despite challenges including COVID-19.

Efficiency and effectiveness of service delivery and implementation cascades

Aligning strategies and programmes with evidence

Technical support in this area provides data to map gaps in the provision of services and to identify focal geographies and populations—particularly regarding access to quality services by key and vulnerable populations by ensuring that gaps, bottlenecks, and disparities are addressed.

A preliminary review of implementation in the context of a multi-year framework found that five countries—Côte d'Ivoire, India, Myanmar, United Republic of Tanzania, and Viet Nam—improved the effectiveness of their implementation cascades. For example, in the United Republic of Tanzania, this led to incorporating a strengthened prevention focus in their successful Global Fund grant, with a full prevention of mother-to-child transmission cascade from primary prevention of HIV infection among women of childbearing age and family planning through to strengthened treatment, care and support to mothers living with HIV and their children and families. At a broader level, multi-month dispensing in the COVID-19 context was an important contribution.

In Thailand, an evaluation of the national PrEP programme led to expanded services, including delivery through the national health insurance organization. Commitments were also made to increase the number of PrEP centres to support key and vulnerable populations.

Subnational and community-level responses

Improved subnational programming

Support provided to Angola addressed long-standing gaps in a context where data are lacking beyond the HIV and TB epicentre of the capital city, Luanda. There is a pressing need to step up performance against 2025 targets. TSM support contributed to new provincial-level acceleration plans, with more accurate data being generated through parallel processes, including Spectrum projections *(11)*. A Fast-Track catch-up plan fed into the Global Fund funding application, which incorporated improved planning and target setting.

Challenges in implementing large scale studies due to COVID-19 and other factors have contributed to countries requesting targeted rapid assessments, including to support the needs of key populations. Mapping of vulnerabilities and the needs of key populations, as well as defining service delivery packages, were carried out in Myanmar and Bangladesh.

Also in Bangladesh, a rapid situation and response assessment was conducted among people who inject drugs and female sex workers in eight districts. HIV prevalence in the country is concentrated in these two key populations and is very high among men who inject drugs, with a 22% prevalence. Needle sharing was identified as a major risk factor. Improved understanding of risks informed the nuancing of support systems, with recommendations including undertaking advocacy in prisons, increasing emphasis on HIV and sexually transmitted infection testing, and improving coordination to support opioid substitution therapy as a treatment option.

In Kenya, previous analysis of HIV incidence data showed higher risks of new HIV infections in informal settlements—especially among young women. To assess the relationship between vulnerability and HIV prevention and treatment services, TSM supported a qualitative analysis in Nakuru and Eldoret counties. It was found that only seven health facilities had youth-friendly centres, and only five offered specialized services for key populations. Youth and key population participants shared experiences of stigma and discrimination and were concerned about lack of privacy, long wait times and costs. Requirements such as compulsory HIV testing of partners hindered access to health care. Health workers perceived adolescents and key population clients to be rebellious and reluctant to disclose their status to partners. A matrix of proposed solutions was developed, including sensitization training for staff, establishing helplines, and increasing access to self-testing.

Japhes Baitaini (L), Cluster leader, and George Mbogo (R), Community Based Health Service Provider, giving counsel on HIV to Azizi Lai (Centre) a motorbike taxi driver at Tambukareli Care and Treatment Centre in the United Republic of Tanzania, 2020. Credit: UNAIDS.

CASE STUDY:
Identifying challenges and gaps through landscape analysis in Botswana

Botswana has the third highest HIV prevalence in the world at 21.9%, with around 370 000 people living with HIV. Prevalence estimates for key populations include 42.2% for sex workers, and 14.8% for men who have sex with men *(12)*.

Botswana has made good progress against the Fast-Track targets, achieving 91% of all people living with HIV knowing their HIV status, 87% of people living with HIV on treatment, and 85% of people living with HIV virally suppressed. Although HIV incidence is declining, there remains a need to intensify the implementation of HIV combination prevention.

TSM was requested to conduct a landscape analysis focusing on the five HIV prevention pillars identified by the Global Prevention Coalition Framework: combination prevention for adolescent girls, young women, and their partners; combination prevention for key populations; comprehensive condom programming; voluntary medical male circumcision (VMMC) and reproductive health services for boys and men; and rapid introduction of PrEP.

The analysis identified high coverage of prevention programmes for girls and young women, including through several implementing partners, but community engagement and monitoring and evaluation were not being conducted systematically. Harmful gender norms persisted, and there were opportunities to engage boys and men in focused strategies to address HIV risks, and to improve their inclusion in HIV prevention, treatment, and care services. Factors underpinning gaps in VMMC, condom promotion and use, and PrEP rollout were clarified, and it was observed that the operationalization of service packages for key populations was lagging—particularly in relation to integration of key population services in public healthcare facilities. It was noted that PEPFAR and the Global Fund continue to play a catalytic role in Botswana's HIV response, and there are opportunities to scale up programmes for key populations and expand uptake of PrEP and HIV self-testing.

The landscape analysis improved understanding of progress in HIV prevention and identified areas that are off-track. The findings supported the engagement of key stakeholders towards resolving the identified challenges and bottlenecks.

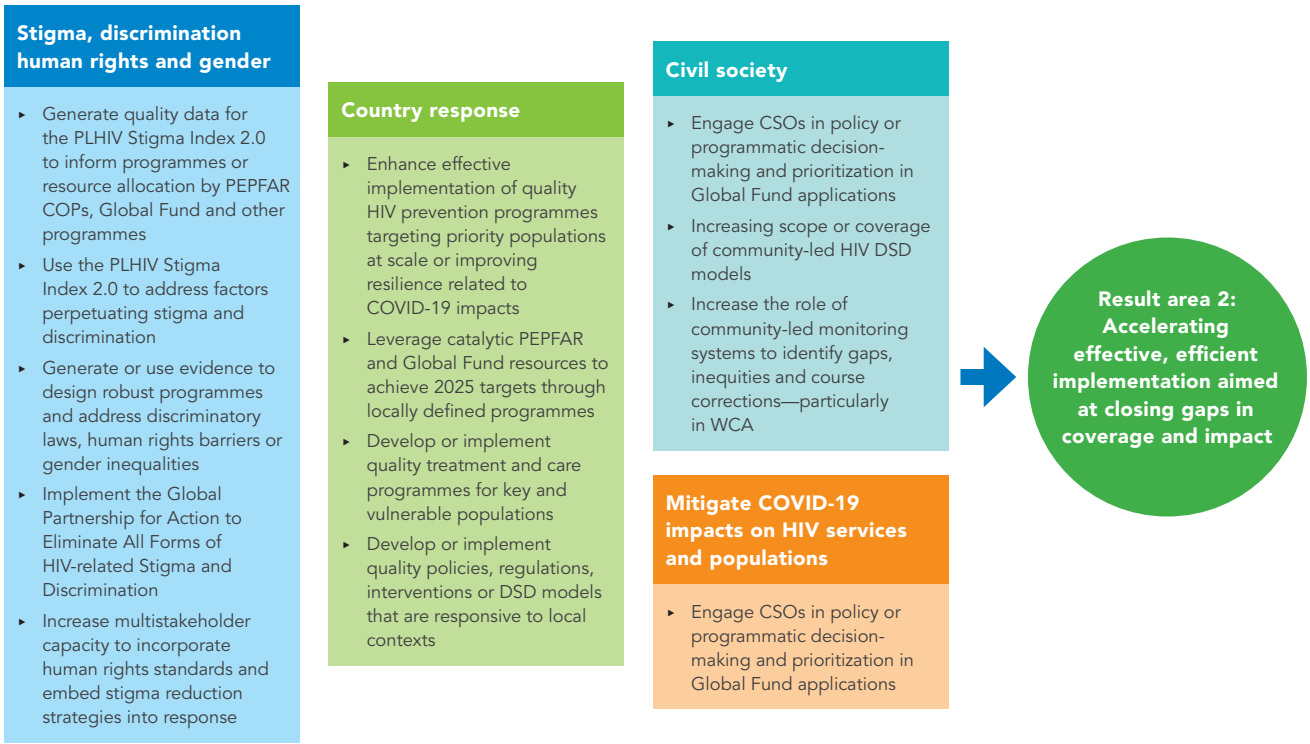
Result area 2

Accelerating effective and efficient implementation to close gaps

Technical support in this Result Area focuses on accelerating the effective and efficient implementation of Global Fund programmes towards the global AIDS targets and commitments for 2025. There is a strong civil society and community focus through initiatives that strengthen responses that reduce stigma and discrimination and address inequalities related to gender and human rights to advance equity in national HIV response and outcomes (Figure 8).

Engagement by CSOs and community-led response in WCA strengthen and empower communities, including networks of people living with HIV and key and vulnerable populations living with HIV. Related advocacy focuses on ensuring a resilient and sustainable civil society and community response in the region, including engaging with governments, bilateral and multilateral donors and development partners, and with CSOs themselves. The emphasis is also on mitigating COVID-19 impacts on HIV services and populations, especially the objective of accelerating programme adaptations and enhancing resilience.

Figure 8.
Result Area 2



In Result Area 2, against the 325 year two MRF milestone targets, the TSM teams have achieved 245 while a further 202 are ongoing. Requests for support for community-led responses and differentiated service models, are expected to increase in year three. Other focal areas include addressing human rights and gender-related barriers, enhancing the performance of Global Fund HIV, TB and COVID grants, and accelerating implementation during the second part of grant implementation cycles.

Activities in this Result Area include LMF initiatives that are delivered by five implementing partners through programmes that identify barriers and support key and vulnerable populations.

GNP+, JHU and ICW work together on the implementation of the People Living with HIV Stigma Index 2.0—a standardized tool designed to gather evidence on how stigma and discrimination affect and impact people living with HIV. The implementation of the index includes a commitment to the 'greater involvement of people living with HIV' (GIPA) principle. It is thus led by networks of people living with HIV who also use the data to support advocacy to reduce and remove HIV-related stigma and discrimination and barriers to care. The ICW supports the inclusion of networks of women living with HIV in implementing the Stigma Index 2.0, as well as supporting their engagement in the WHO led processes for the elimination of vertical transmission of HIV and the documentation of coerced sterilization of women living with HIV. The latter activity supports seeking legal redress and engaging governments to carry out policy reforms in SRHR strategies.

ITPC focuses on supporting and improving the capacity of communities in CLM to improve access to HIV services following a human rights framework and providing technical support to CSOs.

The CSIH-WCA focuses on strengthening the capacity, integration, role, and sustainability of community-led systems as central components of national and regional HIV responses.

Selected achievements are presented below.

Stigma, discrimination, human rights, gender, and civil society response

People Living with HIV Stigma Index 2.0

Stigma and discrimination have undermined health, including psychological wellbeing, and interfere with many aspects of daily life, social and interpersonal relationships of people living with HIV and key and vulnerable populations. In communities where rights and dignity are undermined by stigma and discrimination, life opportunities are denied, and impediments include limiting access to vital health and other services.

Data on stigma and discrimination inform response strategies and the Stigma Index surveys are among the most reliable sources of information for HIV-related advocacy, intervention, and programme design. Stigma data also provide monitoring information to understand populations affected by stigma and discrimination, as well as progress in meeting various targets.

The People Living with HIV Stigma Index 2.0 includes a new standardized methodology, with 53 countries implementing the survey around the world—40 with TSM support. Communities of people living with HIV are trained to closely follow the methodology of the survey and, in doing so, increase their research experience and strengthen their research skills. These participants form a critical mass across many countries, well informed and empowered to monitor HIV service access and to support advocacy through the Stigma Index 2.0 findings towards the global AIDS targets. This community-led

research approach places value on local capacities and includes enquiries that strengthen the survey—for example, engagement with complex sexual orientation and gender considerations to identify people who are vulnerable and marginalized in their communities. These populations who are living with HIV include gay men and other men who have sex with men, transgender people, people who use drugs and sex workers who are living with HIV. Analysis explores intersectionalities and includes developing specific recommendations to overcome key population-related stigma and discrimination in various settings including barriers to accessing HIV services.

The inclusion of stigma and discrimination in global and national targets supports advocacy based on Stigma Index 2.0 findings and contributes to regional networking and strategy development.

In the current reporting period, the Stigma Index 2.0 was completed in eight countries. Six countries are using the results of recently or previously completed surveys in their response—including advocacy and guiding Global Fund, PEPFAR or other programmes. In Thailand, technical support was provided to develop a costed, multisectoral HIV stigma and discrimination elimination plan. This plan complements actions to ensure safe environments for people living with HIV, women and other key and vulnerable populations. Thailand also adopted the 2021 Political Declaration on HIV and AIDS and is implementing numerous other stigma reduction initiatives with TSM support.

Technical support to current implementation includes improved budgeting for survey implementation and analysis of results, including using a gender lens, as well as links to HIV-related legislation, policy, and funding. Sample budgets were provided to improve standardization. JHU led the development of a Data Analysis Technical Tool Kit and GNP+ has developed a Report Template to create uniformity for reporting. ICW developed a Gender Advocacy Tool Kit to support inclusion of gender when analysing findings. The tool kit was widely distributed. Through these resources and other assistance, the quality of reports is being improved.

In 20 countries, new information on stigma, discrimination and human rights barriers provided by the Stigma Index 2.0 and gender assessments is informing programming and resource allocation. ICW has developed guidance on gender integration in the Stigma Index implementation and training women living with HIV to advocate using disaggregated data.

Gender assessments

Ten countries finalized gender assessments and 40 have been supported to use data and implement strategic information. The assessments typically underpin, inform and lead to the inclusion of key gender concerns in Global Fund funding applications and NSPs.

A gender assessment in Ghana recommended the inclusion of sexual and reproductive health and rights, cervical cancer and gender-based violence into the funding request and mobilized funds for gender-focused key population services that included gay men and other men who have sex with men and sex workers, as well as safe spaces for survivors of gender-based violence. In Côte d'Ivoire, attention was drawn to weaknesses in the prevention of vertical transmission cascade—including in relation to gender inequality in marriage where large age gaps exist between marital partners. A gender assessment in Malawi highlighted the specific barriers to treatment, care and support among adolescents. Mental health concerns contributed to vulnerability, and teen clubs were recommended as an evidence-based intervention to improve HIV treatment initiation and retention, as were approaches to keeping girls in school through subsidies and bursaries.

A gender assessment in South Africa identified the high vulnerability of girls to HIV, with incidence at 18 years being 5.5 times higher for girls than boys, and intimate partner

and sexual violence underpin risks for girls and women. The assessment recommended programming for girls and young women aged 15–24 and drew attention to the need for tailored programming for adolescent boys and young men and for clients of sex workers.

Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination

The Global Partnership includes 29 countries, nine of which joined during the reporting period. Partners at country-level include governments, civil society organizations and other representatives. These partners commit to implementing stigma and discrimination interventions. Action plans for the first year have been drafted and validated in Côte d'Ivoire, Liberia, Senegal, and Thailand, and are awaiting validation in the Democratic Republic of the Congo, Gambia, Guinea, and Liberia. TSM, in collaboration with GNP+, have helped to elevate the importance of human rights-related programming within the UNAIDS Global Partnership through the leadership of communities in a consultative and convening process around prioritized settings and human rights interventions in the countries that have joined the partnerships. Through joining the Global Partnership, Jamaica moved ahead with fulfilling its commitments to address HIV-related stigma and discrimination. The Global Partnership contributed to the development of an online M&E platform to track progress in targeting stigma and discrimination, and a Human Rights Scorecard.

TSM supported the Côte d'Ivoire Faith Initiative to coordinate and ensure synergy of faith-based actions to reduce stigma and support the rights and wellbeing of people with HIV and TB. This led to an action plan for implementation, including training of religious leaders and initiatives to support access for children and pregnant women living with HIV during COVID-19 disruptions. In Thailand, the Ramathibodi School of Nursing has been assisted by TSM in developing an e-learning module for stigma and discrimination reduction amongst nursing and medical students.

In Angola, an analysis of laws, regulations, and policies regarding the age of consent for HIV testing and counselling was supported by the Global Partnership to inform changes in the age of consent. This enabled access to HIV testing by adolescents under 14 years of age.

Consultations organized by GNP+ have contributed to advocacy and the development of community strategies for inclusion in Global Fund Funding Requests and PEPFAR COPs. Several partner countries have set up coordination mechanisms or working groups to support implementation.

The Global Partnership has contributed to Global Fund grants in nine countries and identified catalytic effects flowing from community engagement that were influential in shaping grant proposals in three countries. In EECA, the implementation of the Global Partnership is being carried out jointly with the regional Global Fund Multi-country #SOS Project. A series of webinars for professionals and communities were held that led to closer collaboration with various regional United Nations organizations.

CASE STUDY:
Strengthening capacity for sustainability through the CSIH-WCA

The UNAIDS CSIH-WCA partnership focuses on strengthening the capacity, integration, role, and sustainability of community-led systems.

The CSIH-WCA Secretariat supports seven thematic groups and nine national platforms which serve as communities of practice and technical and capacity support for the respective thematic and geographical areas.

The thematic groups are: 1) leadership, platform, and political influence; 2) children and adolescents; 3) human rights and other political and social barriers; 4) harm reduction and other vulnerabilities; 5) community monitoring and accountability; 6) community health expertise and services; and 7) peer-to-peer experience sharing and mentoring.

The CSIH-WCA national platforms, which are co-funded by USAID and Luxembourg, are operating in Burkina Faso, Côte d'Ivoire, Ghana, Mali, Togo, Sierra Leone, Niger, Guinea Bissau and Cabo Verde. The work of the CSIH-WCA secretariat and the national platforms is expected to strengthen the contribution of CSOs to the health response in their respective countries and thematic areas.

The partnership has supported coordination and capacity development efforts which have increased the range of tailored and up-to-date resources available for civil society and community actors. New guidance, tools and other resources have been developed on diverse themes including monitoring and evaluation, resource mobilization, operations, communications, advocacy and organizational development, leadership and political influence, harm reduction communications and advocacy, differentiated services for key populations, CLM approaches to gender-based violence, sexual orientation and gender identity and human rights, CLM, the development of scientific abstracts and articles and experiences of CSOs working with young people. There were 337 direct beneficiaries, including representatives of key populations, who received online and in-person capacity development support. At least 86 civil society organizations, platforms and networks across 14 WCA countries were directly involved in the capacity development activities. This sets the basis for increased community level and civil society capacities across the region.

Other thematic group activities include piloting of an advocacy and awareness campaign among adolescents and youth in three countries—Senegal, Nigeria, and Liberia–by the thematic group on children and adolescents. An ongoing pilot in Côte d'Ivoire of a virtual community health monitoring mechanism contributes to increased country use of updated tools, and the thematic group on peer-to-peer experience sharing developed a reference document that will make it possible to standardize the documentation of good community practices in different countries.

While consortium structures are challenging to manage, the strength of the CSIH-WCA is its focus on technical expertise derived from a membership that is 'on the ground' and is thus more resilient.

Increasing the role of community-led monitoring

UNAIDS has developed a guide that defines the principles of CLM, including approaches for establishing CLM activities and understanding factors that facilitate and hinder CLM effectiveness. To support the expansion of CLM, the ITPC produced a complementary implementation guide entitled *'How to Implement Community-led Monitoring and Advocacy: A Community Toolkit'*.

UNAIDS has invested in improving global knowledge sharing and coordination of CLM activities through the development of a CLM Community of Practice, quarterly webinars (attended by implementers, donors and technical experts) and the development of a central resources hub for key CLM materials. These activities are focused on knitting together local or national CLM activities into one global community of CLM stakeholders that provide peer-to-peer support, best practice knowledge sharing and active problem-solving for CLM initiatives currently being undertaken.

CSOs received capacity building support to strengthen community systems, CLM and community-led advocacy and partnership building in Côte d'Ivoire, Kenya, Namibia, and the United Republic of Tanzania. The capacity of 14 CSO platforms was increased across six WCA countries, contributing to enhanced monitoring of issues such as stigma and discrimination and participation of key populations in CLM.

In Malawi, where CSOs had prior experience implementing CLM activities, technical support was provided to clarify priority indicators for monitoring. In Namibia, where CSOs were less experienced in CLM, a comprehensive package of technical support was provided to support CLM implementation across PEPFAR sites.

In Namibia, the CLM approach was institutionalized through a National CLM Strategy, which was developed by CSO partners, the Ministry of Health and Social Services, and development partners including the UCO, Global Fund and PEPFAR/Centers for Disease Control. The strategy aligns with the National Strategic Framework, and ownership devolved to three grassroots implementing partners who lead the programme. Technical support in Namibia enhanced this initiative and included a situational analysis and mapping exercise which supported CLM strategy development, including a CLM implementation plan including M&E.

In Central Africa, the Cameroon Ministry of Health, National AIDS Control Committee and the national network of people living with HIV (ReCAP+) received technical support to design a CLM system and support community organization implementation and leadership of CLM nationally. This was one of the first TSM assignments to support a network of people living with HIV to receive a comprehensive package of assistance for CLM. This support was instrumental in establishing a CLM mechanism that received funding from USAID.

The CSIH-WCA and ITPC West Africa supported the updating of CLM tools in Burundi, Burkina Faso, and Sierra Leone. The tools and guidance were validated nationally, improving the potential for CLM to be adopted by decision-makers. In Côte d'Ivoire, the CSIH-WCA and ITPC-WCA supported the development of a national CLM strategy. Region-specific guidance for CLM implementation methods was provided through ITPC in the Dominican Republic, Kenya, Namibia, Nigeria, and Rwanda.

Drawing on ITPC expertise, UNAIDS consistently included technical support on operationalizing CLM and increasing community capacity to lead dialogues on CLM although it should be noted that CLM data collection has been curtailed in many communities by COVID-19 over the past year.

Country response

HIV prevention is a priority in the Global AIDS Strategy and was emphasized through various technical support activities to countries. This includes PrEP planning in El Salvador, Thailand and Myanmar, prevention strategies and roadmaps in Malawi and Mozambique, and virtual interventions for sex workers in Bangladesh.

In the Democratic Republic of the Congo, a focus on Global Fund resources includes targeted testing for key populations, increasing prevention and treatment services for vulnerable populations, improving response for pregnant women, integrating human rights, and focusing on young sex workers.

DSD and MMD are recognized as scalable approaches to support treatment for people living with HIV. A regional mapping exercise of policies and practices was carried out in WCA to support customization of DSD, engage communities, health workers and clients, and incorporate M&E and supply chains for this approach. The process identified regional successes, good practices and challenges across different settings, and country comparisons led to recommendations for service strengthening. The findings support the design of more effective programmes through Global Fund resources, including improved targeting of key and vulnerable populations.

CASE STUDY: Community-led monitoring with key and vulnerable populations in Zimbabwe

Communities affected by HIV are important stakeholders in gathering and using data on the HIV response and are capable of collecting and using data to shape the understanding of service design and provision, including accountability for HIV commitments.

CLM represents a transition from informal feedback to a resourced process where communities are trained, supported, equipped, and paid to carry out monitoring of HIV services against certain criteria, including 'the five A's'—accessibility, affordability, acceptability, availability, and appropriateness. This formalized and systematic process contributes to the appraisal of service provision and enables changes to improve HIV outcomes.

A couple leaving a PMTCT Clinic in the Makhumbe District, Zimbabwe, after a consultation. Credit: UNAIDS.

UNAIDS TSM support in Zimbabwe followed a request by the national steering committee for CLM whose secretariat is managed by the Advocacy Core Team Community-led Monitoring (ACT-CLM). The membership of the committee includes representation of communities from PLHIV and key populations, CSO networks, Government (National AIDS Council and Ministry of Health & Child Care), PEPFAR and Global Fund managers and implementers, and other development partners, including WHO and UNAIDS. The TSM request was for harmonized specific, measurable, achievable, relevant, and time-limited (SMART) indicators to be adopted and used by all implementing partners, including those funded by PEPFAR and the Global Fund grant. The AIDS response is guided by the Zimbabwe National HIV and AIDS Strategic Plan 2021 to 2025 that has targets that align with the Global AIDS Strategy 2021 to 2026. To ensure accountability of the national commitments in the Strategic Plan and the 2021 UN Political Declaration on HIV and AIDS, CLM is being conducted by community representatives including community monitors, people living with HIV, people living with TB, and survivors and activists linked to 200 health facilities in 40 PEPFAR supported districts with a focus on HIV and TB care. In addition, 20 Global Fund supported districts have initiated CLM for HIV, TB and malaria care.

Following consultative meetings, a core group of implementing partners from PEPFAR and the Global Fund received training on the stages of CLM, including roles and logistics, handling technology, ethical and procedural considerations, data management and advocacy. This was followed by training sessions for stakeholders, CSO focal persons, and 22 district advocacy champions and project officers from community-based organizations.

An exchange visit was also carried out with Ritshidze—a national CLM programme in South Africa. Representatives from Zimbabwe were paired with a team of South African counterparts to obtain hands-on learning through site visits, which helped to solidify their understanding of the programme. This visit demonstrated CLM at scale and showed that communities can ensure accountability and influence improvements at health services dealing HIV and TB. This collaborative initiative of all implementers of CLM including government representation has allowed for standardization of CLM tools, joint training and national ownership. The Global Fund and PEPFAR-funded CLM programs will be linked at the national advocacy level to strengthen harmonization and prevent fracture or possible contradiction in advocacy strategies. Recommendations included transitioning from CSO-led approaches towards people living with HIV and key population-led CLM for sustainability. Fundraising is necessary to ensure fair pay for community labour.

A cyclical approach that avoided generating excess data was identified, and branding was recommended to unify communication and community presence for advocacy.

Developing and implementing quality HIV treatment or care programmes

Technical support provided at the regional level allows for good practices and successes to be identified alongside common challenges. Mapping of DSD models in WCA was undertaken to address barriers in treatment cascades and to identify COVID-19 related challenges and opportunities. Approaches include MMD and community ARV distribution, but require customization for implementers, clients, M&E systems, and supply chains. Regional and country-by-country comparisons and analysis contributed to reflections on DSD planning and implementation prior to the development of new grant applications.

Support has been provided towards attaining treatment targets by addressing bottlenecks—for example, adult and paediatric treatment guidelines were developed in Botswana and Indonesia, self-testing approaches were supported in Bangladesh and Thailand, and mentoring in health services was undertaken to improve treatment outcomes in Indonesia.

Developing and implementing responsive evidence-based policies, packages or DSD

Strengthening service packages and models by following evidence-based approaches has included support to various initiatives. Guidelines for prevention interventions for gay men and other men who have sex with men were developed in the Philippines, and support has been provided to DSD implementation in a few countries. In Côte d'Ivoire, the scaling of DSD was supported through a budgeted DSD Operational Plan.

In Eswatini, the validation of a Health Products Management Tool and Budget allowed for revision of estimated commodity requirements, including for TB commodities, equipment, maintenance, and laboratory supplies. This led to improved programme planning by the principal recipient.

Mitigating the impact of COVID-19 on HIV services and populations

C19RM

A number of C19RM funding applications fell within this Result Area. In Kenya, the funding application included COVID-19 control and containment measures, risk mitigation measures for HIV, TB and malaria, and reinforcement of health systems and community-led response. This led to a grant of close to US$ 37 million. Risk communication activities for COVID-19 included a focus on ensuring compliance with prevention measures, addressing fear and stigma, overcoming lack of information in hard-to-reach areas, and tackling vaccine hesitancy. Surveys of knowledge, attitudes and behaviours informed interventions. Communication models included promotion using community champions and leaders, training media representatives and engaging with teachers and others in the education sector.

Global Fund funding applications

The Global Fund funding cycle runs over three-year periods aligned with donor replenishment periods. Most countries that submit funding applications for HIV programmes receive technical support through the TSM.

Following a request for technical support for the development of a funding application, the TSM assesses the request, and a support plan is developed. Consultants are short-listed, selected, and deployed—usually in a short timeframe. The application is developed in close coordination with the UCO. Support is provided by OPM through regular checks, technical backstopping, and advice. Quality assurance for the funding application is ensured through peer reviews by UNAIDS Thematic Leads, UNAIDS Cosponsors, OPM Thematic Focal Points and external consultants. Following approval, countries implement their grants including monitoring of progress and evaluation of performance. In the current reporting period, virtual support was provided to 14 countries.

The applications include a wide range of objectives and outcomes and are delivered across all three TSM result areas according to country priorities. Applications are strengthened through TSM support to building blocks that lead into and enhance the funding applications, including policies, strategies, modelling estimates, surveillance and rights-related assessments. In many instances, these reports and strategic documents are necessary to secure funding from the Global Fund.

These applications present opportunities to address gaps and barriers. For example, in the current reporting period, 11 countries developed strengthened HIV prevention plans that supported their applications. In other instances, the applications involved giving attention to enabling environments such as: social protection systems; expanding PrEP for key populations; changing the age of consent for HIV testing; expanding DSD implementation; refining standard operating procedures; and conducting procurement and grant performance reviews.

Strengthening broader responses

Sequential technical support processes strengthen broader responses. Mozambique's NASA supported the costing of the NSP and the Global Fund funding application and provided key data for the annual Global AIDS Monitoring report and PEPFAR's COP process. In the Philippines, an HIV Registry System Strategic Plan and Monitoring and Evaluation Plan supported alignment and harmonized reporting flows for the Department of Health, Global Fund and PEPFAR, and complementary work on community-based monitoring supported a matching fund request to the Global Fund.

Funding applications for very large grants provide catalytic effects. For example, in Pakistan, it was necessary to respond to an Additional Safeguards Policy which involves extra oversight controls. The TSM supported the revision of national and provincial HIV strategies and contributed to developing a decentralized implementation approach that supported a grant of US$ 178 million.

To date, through its support to Window 1–5 applications, the TSM has supported 90% of all countries applying for Global Fund grants. Success rates have increased over time, with 100% achieved for Windows 3–5. In the current reporting period, Window 4 and 5 applications raised US$ 115 374 337 and US$ 148 459 219, respectively, to a total of US$ 263 833 556. Window 6 applications were supported in four countries for a total of US$ 586 896 345 and are awaiting a response from the Technical Review Panel.

Table 2.
TSM supported completed Global Fund funding applications: Windows 1–5

Window	Regions and number of countries	Total countries	Total approved funds (US$)	Approval rate
1	WCA (5), ESA (5), AP (5), LAC (1)	16	2 509 157 350	94%
2	WCA (12), ESA (7), AP (5), EECA (1)	25	3 166 838 633	88%
3	ESA (4), AP (5), EECA (1)	10	875 710 933	100%
4	WCA (1), AP (2)	3	115 374 337	100%
5*	WCA (2), ESA (1), EECA (2), LAC (2)	7	148 459 219	100%

Table 2 shows the number of TSM supported countries by region, including the total approved funds and approval rate per Window by September 2021. The number of countries supported across all five windows includes 20 in WCA, 20 in ESA, 17 in AP, four in EECA, and three in LAC.

In assessing funding applications, the Global Fund Technical Review Panel (TRP) commended many aspects of the funding applications that TSM supports—for example, strong epidemiological analyses and use of granular data to enhance planning, use of lessons learned and good practices, prioritization of new prevention technologies, community focus, key and vulnerable population inclusion, geographical and population targeting, innovation, efficiency and value for money, service model refinements, sustainability, and analyses of stigma, human rights and gender.

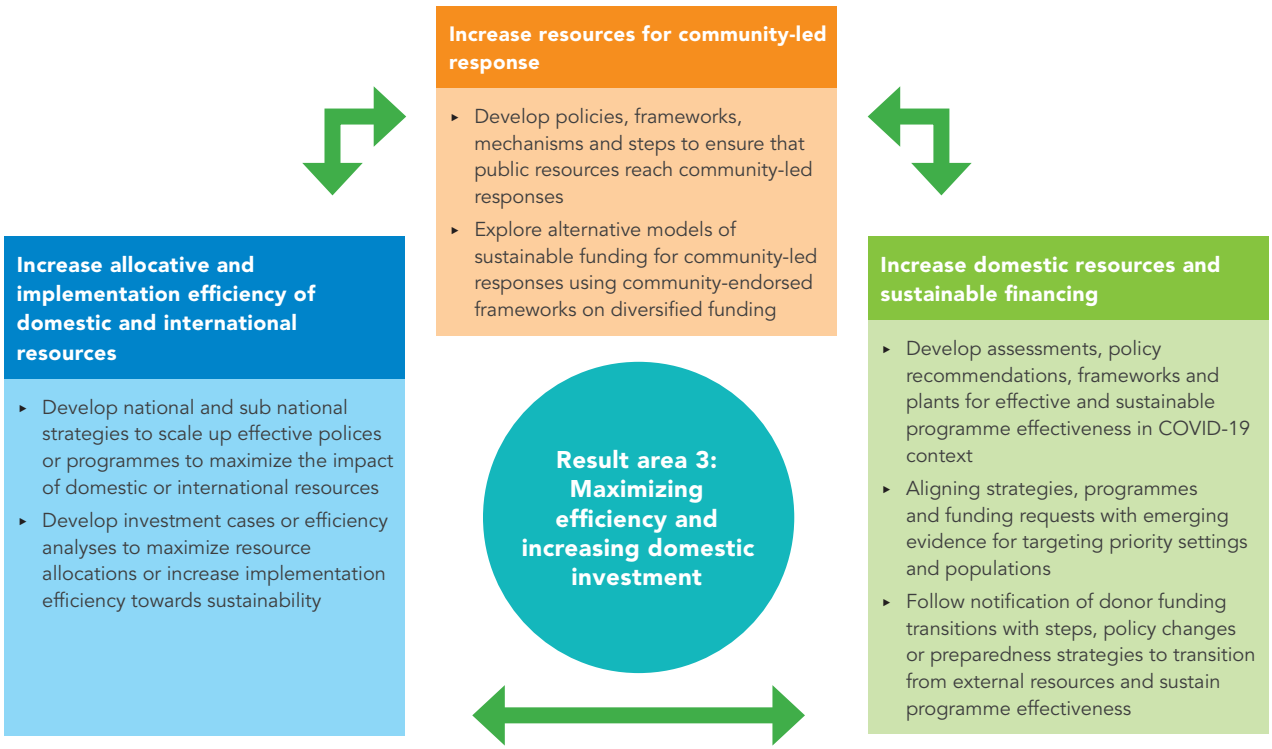
Result area 3

Maximizing efficiency and increasing domestic investment

While many low- and middle-income countries rely on donor financing to support their health systems and HIV, TB and, more recently, COVID-19 response, the principles of transitioning towards greater domestic investments and sustainable programming are already in place—and in some cases, in practice.

UNAIDS TSM work in this result area includes engaging with the Joint Working Group—which brings together various departments of the Global Fund and WHO—to share information and contribute to policies and processes. This area focuses on prioritizing cost-effective interventions, improving implementation efficiency and strengthening national programme management systems, policies, and capacities. Increasing the resources for community-led response is prioritised with an emphasis on ensuring that public resources reach communities, and that funding models for sustainable funding include community-led responses using community-endorsed frameworks on diversified funding. All three focal areas are linked and inform each other.

Figure 9.
Result Area 3



In Result Area 3, against the 95 year two MRF milestone targets, the TSM teams have achieved 64 while a further 37 were ongoing. Countries are implementing new, community-led responses and differentiated service models are expected to increase in year three. Many countries will be undertaking reviews of strategic plans and grants to fine-tune performance and inform new grant applications. They will also be facing increased pressures to understand and enhance program and service cost-effectiveness and to develop more systematic social contracting and other ways to sustain the expanding community-led response. Selected achievements are presented below.

Increase domestic resources and sustainability

Pharos Global Health Advisors has developed a synthesis of sustainable financing trends in the HIV response to inform country-level efficiency analyses for programme design improvements and course corrections.

A review by the Heidelberg Institute of Global Health, which focuses on support for universal health coverage (UHC), clarified that most countries integrate UHC into their national health plans, but 67% of countries did not integrate HIV measures into their health and strategic sector policies.

In Cameroon, TSM provided support over multiple phases to the implementation of a policy of elimination of user fees for HIV services. By the end of the assignment, the policy had been implemented in 85% of facilities in five out of ten regions. The process was supported by high-level advocacy and technical and coordination support, which bolstered commitment to the initiative. Increased resources, including domestic and Global Fund funding, have been committed, and the TSM is also supporting strengthening mechanisms such as CLM of implementation. User fee elimination contributes to UHC and more equitable coverage of HIV services.

Increase the allocative and implementation efficiency of domestic and international resources

Development of national and subnational strategies

In Ethiopia, an exploration of HIV intervention unit costs strengthened the country's domestic resource mobilization strategy and led to new co-financing in the Global Fund grant. The country will meet 30% of the costs for free condoms and will also support aspects of laboratory testing. In Papua New Guinea, a private sector strategy was developed to identify opportunities for mobilizing domestic resources through the industrial, construction, mining, fishing and telecommunications industries for workplace health and wellness programmes and HIV and TB service delivery. The approach improves resilience and reduces funding vulnerability.

Cameroon continued the effective implementation of a user fee elimination policy to improve uptake of HIV services, and scale-up has advanced. The policy had been implemented in 85% of facilities in five out of ten regions at the end of the TSM assignment, with high-level advocacy and technical coordination supporting sustained commitment. The initiative is supported by increased funding allocations, including from domestic sources and the Global Fund. TSM is also supporting strengthening mechanisms such as CLM of the implementation and effects, and support for UHC outcomes are demonstrated by the surge in demand for health care services.

In Cambodia, TSM support was provided to identify opportunities for the inclusion of key populations in demand creation for PrEP, including through a peer-based model. Implementation and scale-up of PrEP for key populations is a key component of the Global Fund Grant *(2021–2023)*, and engagement of key populations is likely to improve reach and access to services. A combination of data reviews and engagements with key stakeholders led to the design of a pilot project, with a scale-up focusing on gay men and other men who have sex with men and transgender women.

The Heidelberg Institute for Global Health supported the development of country-tailored integrated approaches for achieving UHC and sustainable financing. The process included a baseline review of HIV, UHC and COVID-19 financing in 44 sub-Saharan African countries. The process, which is reviewed through multi-stakeholder consultation, informs the integration of UHC into national health sector policies, strategies, and plans.

Development of investment cases and efficiency analyses

Uganda had conducted an investment case for 2015–2025. In the light of changes including improved interventions and approaches, an update was conducted to guide strategic choices for HIV programme planning, resource mobilization and investment—especially for key and vulnerable populations. TSM support included an epidemic analysis; a review of the evidence base for interventions and services in the national response; clarifying effectiveness (including cost-effectiveness), coverage and coverage gaps; and an HIV financing and costing analysis. The investment case provides guidance on high priority, evidence-based, cost-effective, and impactful interventions and most efficient delivery mechanisms. This includes an emphasis on the differentiation of targets by incidence levels and most vulnerable populations.

Jamaica's investment case increased commitment to reaching the 2030 targets, including funding an increasing proportion of the HIV response. TSM supported efforts to establish sustainable financing mechanisms in conjunction with modifying approaches for reaching and testing key populations and redirecting funds to more vulnerable key populations, including gay men and other men who have sex with men and transgender people.

It is anticipated that the need for investment cases and improved costing will become more pressing, given the necessities of enhancing sustainability, but also the implications of a shifting resource environment due to the sustained COVID-19 pandemic.

Increased resources for community-led response

Policies, frameworks and mechanisms

Social contracting refers to the provision of funding through government to CSOs (including those serving key populations) to support the provision of critical health and HIV services. In Zimbabwe, a draft policy on social contracting was developed to inform implementation and scale-up. Support included developing guidelines to inform the implementation of a pilot study and to secure stakeholder buy-in. The guidelines clarified strategic priority target populations and outlined a new multi-partner structure to support implementation. Next steps include formal adoption by the government and capacity building for grant implementation and service delivery.

Three countries are currently operationalizing social contracting. Jamaica and the Philippines are developing guidelines for implementation. In Viet Nam, technical support was provided to review the legal framework and implementation environment for social contracting for HIV response, and a pilot programme has been identified to catalyse follow-on processes.

Treatmenat Action Campaign (TAC) march, 2016. Credit UNAIDS.

CASE STUDY:
Shaping domestic resource mobilization in Tanzania

To assist with institutionalizing domestic resource mobilization platforms for sustaining health and HIV programmes in the United Republic of Tanzania, the TSM supported the development of a road map for integrated and increased financing for HIV through domestic resources. A cost-sharing approach was followed, with the initial work over a few months funded through the TSM, followed by Global Fund support for a longer period (illustrating the catalytic role of TSM funding).

The principles of the road map included:

- Building on commitments made at global and regional level
- Contextualizing and adopting a holistic vision for sustainable resource management
- Exploring public-private partnerships for supporting the delivery of sustainable community-based initiatives
- Building on existing capacities, systems, and initiatives.

Through engaging key partners, policy makers and role players, the TSM consultant co-constructed the design of innovative health financing options through a strategic partnership model. This included exploring how Tanzania's AIDS Trust Fund, which was established in the early 2000s, could drive innovative financing mechanisms to enhance implementation of strategies that incorporate community-based initiatives.

While the country is strongly reliant on external funding support for all HIV programmes, global financing policies prioritize increasing domestic funding, and COVID-19 has placed further pressure on resource flows. Increased domestic investment depends on political commitment in conjunction with prompt policy actions to ensure an even flow of resources through domestic resource mobilization platforms. Such investments also connect to broader imperatives and goals, including the Sustainable Development Goals and UHC.

The key components of the emerging road map included: ensuring political commitment and leadership, including policy leadership at the highest levels of government; policy advocacy for increasing domestic resources and resource mobilization mechanisms; strengthening governance, accountability, and transparency; and aligning the AIDS Trust Fund expenditures to its purpose. The road map includes an outline of implementation processes and serves as a living document as the United Republic of Tanzania scales up domestic investments.

Challenges and lessons learned

The COVID-19 pandemic is fluid and requires adaptation to technical support approaches. The use of effective models and expansion of virtual and other support are necessary to reach key and vulnerable populations and to support community-led interventions. Pairing of senior consultants working remotely partnering with in-country consultants and systems, including checklists, have helped to focus on priority areas such as community-led response to guide interventions.

The consultant database was analysed and strengthened to enhance data on consultant strengths, including familiarity with local and recipient population dynamics, expanding capacity to support Francophone countries, and strengthening community and human rights responses. A survey showed high levels of diversity by country of origin and ethnic origin and clarified the inclusion of consultants from key populations. The recent appointment of a strategic learning coordinator at OPM will support skills development for consultants in relation to priority needs.

UNAIDS headquarters engagement with the Joint Working Group and Global Fund HIV Situation Room is ongoing. It has ensured that the TSM is up to date with new developments, including COVID-19 impacts and responses. UNAIDS communication with PEPFAR and USAID colleagues at country and regional levels ensures coordination around upcoming technical support planning and results sharing. New TAF application forms require engagement with USAID, PEPFAR and other key stakeholders in the planning of assignments. TSM Thematic Leads and OPM Focal Points maintain ongoing dialogue and coordination on emerging civil society and community issues on Global Fund community, rights and gender (CRG) initiatives, particularly in Africa.

The TSM has worked closely with the Global Fund CRG Coordination Mechanism, which meets on a quarterly basis. Recent discussions have centred around technical assistance capacity building initiatives amongst partners such as RBM, STP, GIZ and Expertise France. A survey spearheaded by the CRG Coordination Mechanism found that a number of key training activities being planned for 2022 will provide an opportunity for collaboration and sharing amongst partners.

The role of UNAIDS country teams is key to risk management in the context of virtual support, especially in countries with complex stakeholder and process management issues. The limitations of internet access for country partners, CSOs and communities and local consultants have required consideration in the planning and implementation stages of technical support, as well as the sustained LMF activities.

Large surveys, including IBBS and NASAs, are also challenging in the context of COVID-19 restrictions. However, the TSM expanded innovative data gathering of rapid targeted assessments of key and vulnerable populations, among others, to ensure the continued flow of strategic information.

The TSM is guided by annual targets and milestones. However, demand-driven processes influence the number and type of technical support assignments. COVID-19 has reshaped country priorities and responses which, in turn, exerts a strong influence on requests for technical support. The C19RM mechanism addresses urgent resource needs for country COVID-19 responses, but the timing of these applications has coincided with the implementation of new core HIV and TB grants, delaying the provision of other technical support.

While the TSM has implemented strong virtual support systems, including increasing the utilization and roles of in-country consultants, it remains challenging to ensure adequate stakeholder engagement. Also, more complex assignments require a stronger on-the-ground presence.

The TSM continues to diversify its consultant database, including recruitment and capacity building to boost its number of Francophone consultants and those specialized in community and human rights. External peer reviews have provided vital insight into improving the development of Global Fund funding applications.

There has also been less demand for support for the implementation and scale-up of funded programmes, which is partly attributable to the more immediate focus on funding applications, including through the C19RM. However, an accelerated response is necessary to meet the 2025 targets.

UNAIDS Regional Support Teams are being involved as a result of increased demand in other areas, with a focus on milestone gaps. For example, PEPFAR has emphasized the importance of addressing gaps in the paediatric cascade in its 2022 guidance, *(13)* and this is an important area of future support.

Capacity development of consultants was supported to improve knowledge for the COVID-19 response and remains relevant for other priority areas.

Establishing the mechanisms for CSO and civil society response involve extended process-focused work that requires dynamic adaptation of expectations and targets to the complex community landscape and the changing operating environment. The transition to online platforms has been essential, but has required support to logistical, technological, and capacity gaps. Continued support to the thematic communities of practice is envisaged, including through peer-to-peer sharing and learning, a focus on sustainable financing, and emphasis on the measurability of impacts.

The People Living with HIV Stigma Index 2.0 includes diverse support tool kits and resources to empower people living with HIV networks to deliver high quality data, and to intensify advocacy through the survey results. This initiative expands research capacities in the region and is already contributing to the demand for supplementary qualitative research skills.

Enhanced support is required to ensure meaningful engagement of CSOs in the Global Partnership. Settings-focused webinars and regional implementation examples focused on settings used in EECA have provided a model for implementation in other regions.

There have been some delays in the country validation of gender assessment reports, which hampers inclusion and implementation of the national response. UNAIDS is exploring ways to increase commitment, and the TSM supports advocacy through sharing human rights and stigma related strategic information and analysis.

Improved understanding is also needed regarding the nuances of community-led monitoring, including the relationship between donor and community-defined indicators, data ownership and housing of databases outside the national system. ITPC supports the understanding of the CLM concept among stakeholders, including UCOs, governments, and communities.

The way forward

- **Consolidating and fast-tracking**. COVID-19 has imposed challenges on the HIV response in a context where the 2020 targets were not sufficiently met, and the 2025 targets and commitments require an intensified response. The TSM is a vital mechanism for enabling countries to overcome these challenges. It ensures that countries are able to leverage the technical support they need for strong national HIV programmes as well as support the implementation of robust Global Fund programmes in countries in ways that overcome the impediments of COVID-19.
- **Leveraging a strong foundation**. The in-country presence of UNAIDS and TSM support, including through its diverse expertise pool, provides a vital foundation for ongoing HIV work and builds on trusted relationships with country partners that build on high-quality achievements to date. This foundation is key to addressing gaps and barriers, including through technical support to help countries achieve their targets, and through links with PEPFAR COPs.
- **Ensuring effective national HIV strategies and Global Fund grant implementation, planning and coordination**. This includes country–regional–HQ coordination, building a common understanding of priorities, and strengthening C19RM implementation and grant implementation.
- **Strengthening community and civil society engagement**. There are opportunities to prioritize and strengthen community-led response and CLM in line with the Global AIDS Strategy and the Global Fund and emerging PEPFAR strategies. Replicable models for strengthening CSOs can be identified.
- **Strengthening C19RM, including emphasizing COVID-19/HIV/TB intersections, human rights and gender assessments, social protection and DSD**. These should target key and vulnerable populations, develop and promote good practices such as checklists, focus on the greatest need and impact, and identify catalytic effects and opportunities.
- **Disseminating good practices and innovations**. The TSM strengthens learning and technical support for the 'new normal' context—for example, by identifying and disseminating good practices and innovations, building national consultant capacities, improving strategic information, taking technology access into account, building on layered technical support through LMF implementing partners, supporting CLM and best ways to strengthen civil society partners.

TSM Implementing partners

Oxford Policy Management (OPM) is an international development consultancy that enables strategic decision-makers to design and implement sustainable solutions for reducing social and economic disadvantage in low- and middle-income countries. Headquartered in the United Kingdom, OPM has more than 450 full-time staff and offices in 12 countries. Genesis Analytics, an OPM partner, is based in Johannesburg and combines complementary areas of expertise to support the high proportion of technical support assignments in ESA.

The Civil Society Institute for HIV and Health in West and Central Africa (CSIH-WCA) was operationalized in 2019 to catalyse civil society response in the region. CSIH-WCA is coordinated through a Secretariat located in Senegal and has a membership network of 139 organizations across 21 countries in the region.

The Global Network of People living with HIV (GNP+) is run by people living with HIV that engages with and supports national and regional networks, including a focus on building partnerships and meaningful involvement of people living with HIV in the HIV response at all levels.

The International Treatment Preparedness Coalition (ITPC) is a global network of people living with HIV, community activists and their supporters working to achieve universal access to HIV treatment and other life-saving medicines. ITPC includes the technical capacity to support the scale-up and quality of treatment and community-led monitoring and community involvement in response.

The International Community of Women Living with HIV (ICW) is the only global network for women living with HIV, and works in 120 countries through ten regional networks. ICW supports the capacity of women living with HIV in research, resource mobilization, project development and management, monitoring and evaluation, treatment literacy and advocacy

The Johns Hopkins Bloomberg School of Public Health (JHU) leads research in the field of epidemiology, implementation research, key populations, human rights, HIV and sexually transmitted infections. JHU's work includes global projects with PEPFAR and other donors.

Pharos Global Health Advisors has developed several of the leading global frameworks for analysis and policy advice on HIV financing and efficiency, and have also conducted over a dozen country studies of HIV sustainability and efficiency.

The University of Heidelberg includes senior professors related to health systems, health economics and financing, as well as an interdisciplinary faculty of more than 70 scientists from more than 20 countries in the fields of population, global and public health.

References

1. 2025 AIDS Targets. Putting people with HIV and communities at risk at the centre. UNAIDS: Geneva; 2022 (https://aidstargets2025.unaids.org)
2. Abdool Karim SS. COVID-19 and variants have made HIV control even more critical: mapping a path forward. Centre for the AIDS Programme of Research in South Africa: Durban; 2021 (https://www.unaids.org/sites/default/files/media_asset/PCB_49_Presentation_Leadership_AIDS_Response_EN.pdf)
3. Global HIV and AIDS statistics. Fact sheet. UNAIDS: Geneva; 2022 (https://www.unaids.org/en/resources/fact-sheet)
4. UNAIDS Fact Sheet – World AIDS Day 2021 (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf)
5. COVID-19 weekly epidemiological update. Edition 59. World Health Organization: Geneva; 2021 (https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---28-september-2021)
6. The impact of COVID-19 on HIV, TB and malaria services and systems for health: a snapshot from 502 health facilities across Africa and Asia. Global Fund: Geneva; 2021 (https://www.theglobalfund.org/media/10776/covid-19_2020-disruption-impact_report_en.pdf)
7. The United States President's Emergency Plan for AIDS Relief. 2022 (https://www.state.gov/pepfar/)
8. The Global Fund. Results Report 2021 (https://www.theglobalfund.org/en/results)
9. PEPFAR's response in the context of COVID-19. 2021 (https://www.state.gov/pepfar/coronavirus/)
10. Adapted from Campbell-White A, Namahoro PC, Pechevis M. Innovative technical support to strengthen countries' COVID-19 mitigation proposals to the Global Fund. Global Fund Observer. 22 July 2021 (https://www.aidspan.org/en/c/article/5673)
11. UNAIDS National HIV estimates file. UNAIDS: Geneva; 2022 (https://www.unaids.org/en/dataanalysis/datatools/spectrum-epp)
12. UNAIDS data 2021. UNAIDS: Geneva; 2021 (https://www.unaids.org/sites/default/files/media_asset/JC3032_AIDS_Data_book_2021_En.pdf)
13. PEPFAR 2022 Country and Regional Operational Plan (COP/ROP). Guidance for all PEPFAR-supported countries. PEPFAR: Washington DC; 2022 (https://www.state.gov/2022-country-operational-plan-guidance/)

UNAIDS/JC3044E

UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org