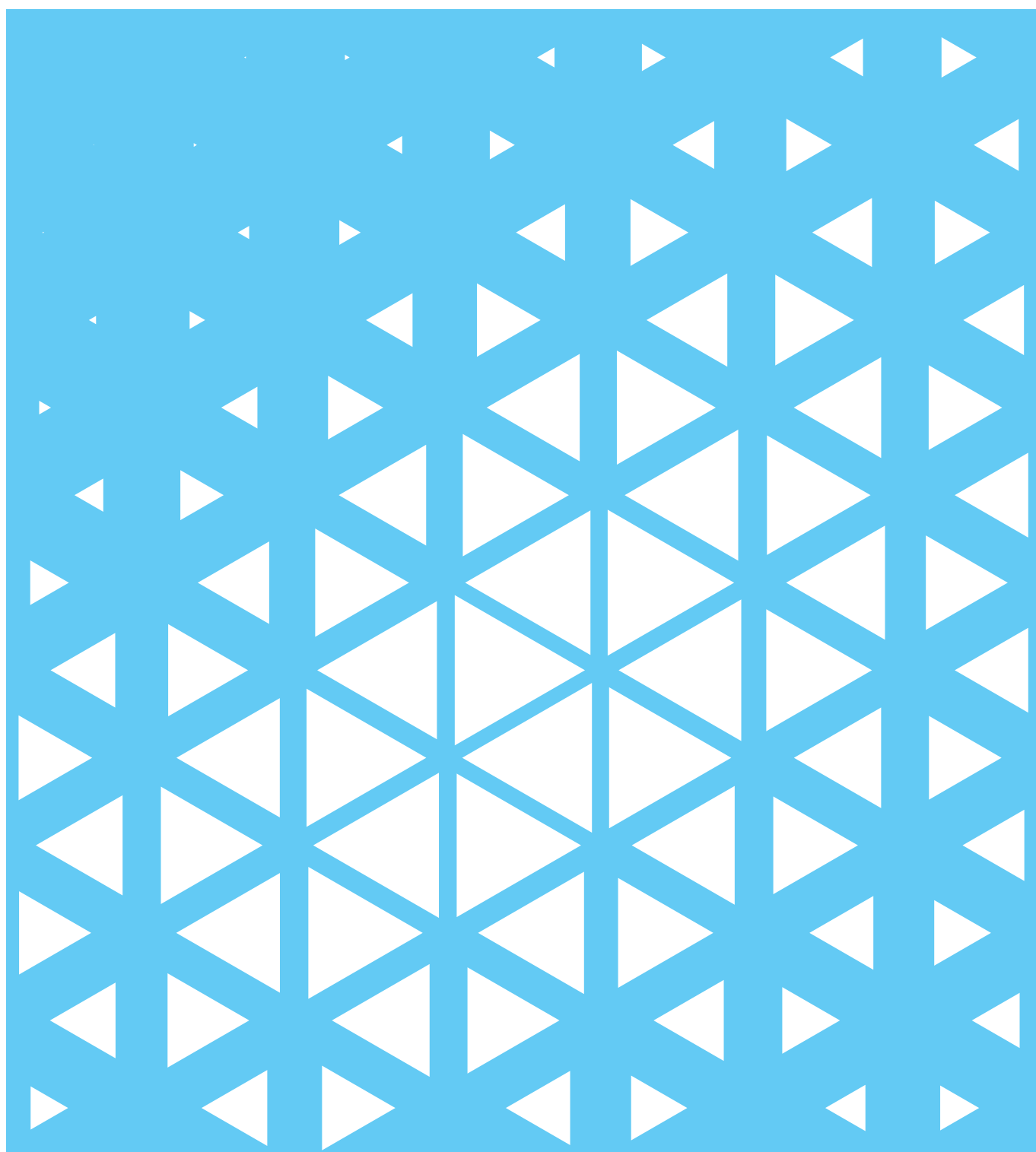


UNAIDS technical support:

Optimizing Global Fund grants in Asia and the Pacific 2020-2021



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1. Introduction

The Joint United Nations Programme on HIV and AIDS (UNAIDS), in partnership with countries and civil society, leads global and regional effort to end AIDS as a public health threat by 2030. This work is part of efforts to achieve the Sustainable Development Goals (SDGs) and is undertaken in coordination with the 11 United Nations Cosponsors and other organizations, agencies, funds and programmes of the United Nations system, and through Joint United Nations Teams on HIV/AIDS in countries. The UNAIDS Secretariat drives the global HIV agenda and mobilizes political commitment and resources for the HIV response. It advocates for global health and social justice, putting civil society at the centre, and amplifying the voices of communities most affected by HIV.

This report provides an overview of how UNAIDS technical support¹ works to optimize Global Fund grants in Asia and the Pacific. It describes the technical support delivered in the region between 1 January 2020 and 31 December 2021, a period during which the COVID-19 pandemic was having a significant impact on HIV programmes. It covers both technical support delivered through the UNAIDS global Technical Support Mechanism (TSM) and that managed directly by UNAIDS Country Offices and the UNAIDS Regional Support Team in Bangkok.

All of the technical support provided by UNAIDS during this period was aligned with the 2016 and 2021 United Nations General Assembly Political Declarations on HIV and AIDS (and the framework of the Sustainable Development Goals (SDGs)). It was also aligned as well as with the priorities of both the UNAIDS Global AIDS Strategies for 2016–2021 and 2021–2026 and the Global Fund Strategies for 2017–2022 and for 2023–2028. This includes the new HIV-related targets for 2025 included in the 2021 Political Declaration and the 2021–2016 UNAIDS Global Strategy.

The outcomes of UNAIDS technical support are measured against a results framework designed around three core results areas:

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

This report is structured around these three results areas and illustrates the range of technical support that UNAIDS makes available to countries across the different stages of the Global Fund grant cycle. The report only covers the technical support provided to countries in Asia and the Pacific that are eligible for Global Fund grants.

A significant theme in the Global AIDS and Global Fund Strategies is the need to address the inequalities that perpetuate global and local HIV epidemics. All UNAIDS technical support is guided by the principle of the meaningful involvement of key populations and people living with HIV.

1. Technical support can also be termed technical assistance. For the purposes of this report, technical support will be used throughout.

2. In-country technical support for Global Fund investments

UNAIDS has 14 Country Offices in Asia and the Pacific, and a Regional Support Team in Bangkok, through which it works closely with 27 countries in the region. It helps governments and their main partners, including civil society, with the strategic direction, advocacy, coordination and technical support needed to end the epidemic. The goal is to meet the targets that must be reached by 2025 to end AIDS by 2030.

Asia and the Pacific has 31 active HIV and HIV/tuberculosis (TB) grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), worth about US\$ 1.9 billion, that support 18 country programmes and 2 multi-country initiatives.² However, the Global Fund does not have in-country presence or any remit as a technical support provider. Countries therefore rely on UNAIDS support to collect and analyse the evidence that informs national strategies and funding requests; to capacitate grant implementers; to strengthen health and community systems; to address the structural barriers that stand in the way of effective implementation; and to plan and prepare for the transition to domestic funding for HIV responses.

For the Global Fund itself, UNAIDS is an important interlocutor with governments, advocating for HIV responses, opening political doors, and promoting inclusive country dialogue that bring together the contributions of diverse sectors. Through its Country Offices, UNAIDS is at the centre of providing strategic support to national counterparts in the development of national strategic plans and Global Fund grant proposals, and is actively engaged in grant negotiations through inclusive participatory processes with all stakeholders and community networks.

UNAIDS also supports countries to optimize the use of Global Fund contributions as part of broader national strategies to achieve the 2025 targets and the SDGs. In doing so, UNAIDS is helping to build resilient national HIV and HIV/TB programmes that can be sustained as countries transition to full domestic funding of their responses.

Funding UNAIDS technical support in Asia and the Pacific

There are currently two main sources of funding for the technical support that UNAIDS provides across Asia and the Pacific. Technical support provided through the global Technical Support Mechanism (TSM) is funded mainly by the United States Government through an agreement between UNAIDS and the United States Agency for International Development (USAID). Additional, region-specific technical support for optimizing Global Fund investments in the region is funded by the Australian Department of Foreign Affairs and Trade (DFAT). The USAID and DFAT technical support funding streams each have their own sets of eligible countries; Technical support for countries not on the respective eligibility lists for such assistance is funded through UNAIDS core funds or other funding sources.

The TSM was established in 2018 and is operationally supported by Oxford Policy Management (OPM). In 2020 and 2021, the TSM supported 73 technical support assignments in Asia and the Pacific worth a total of US\$ 1.96 million. TSM assignments focus on implementing the global Fast-Track strategy; supporting countries to fully leverage the United States President's Emergency Plan for AIDS Relief (PEPFAR); and optimizing Global Fund investments for maximum impact.

To access technical support from the TSM, countries develop Technical Assistance Fund (TAF) proposals with support from UNAIDS Country Offices. These proposals are technically reviewed by thematic focal points within UNAIDS before being approved. OPM assists with consultant shortlisting and contracting, and with assignment management. TSM has a consultant pool of over 800 highly skilled consultants, with most of the deployment being national and regional technical expertise.

In 2021, DFAT announced a new investment of USD7.5million (AU\$ 11.65 million) pro to enable UNAIDS to deliver technical support in Cambodia, Indonesia, Papua New Guinea and the Philippines. In the first year of implementation, US\$ 946,829 was committed to fund 12 proposals across Cambodia, Indonesia and the Philippines and two proposals at the regional level. The funding was provided to increase the availability and uptake of HIV testing and prevention services amongst key populations in the region. It represents a strategic and catalytic investment that will optimize existing resources, and support community-led organizations to address the barriers preventing key populations from accessing combination prevention and testing services.

To access DFAT-funded technical support, countries submit a detailed budget, proposal and workplan through UNAIDS Country Offices. These are peer-reviewed by an expert panel within UNAIDS and submitted for approval to DFAT. The technical support is then delivered through national-level implementing partners – which could be government agencies, civil society organizations or academic institutions.

UNAIDS remains hopeful that more partners will follow the leadership of Australia and the United States, and increase their political and financial backing for technical support for the HIV response so that Asia and the Pacific can get back on track to ending AIDS by 2030.

Table 1. UNAIDS technical support in Asia and the Pacific, 2020-2021

US\$ 6,346,456	invested in technical support assignments
27	countries received technical support from UNAIDS
220	UNAIDS technical support assignments, of which:
85%	supported Global Fund grant design and implementation
37%	supported harnessing data to drive impact (results area 1)
51%	supported accelerating implementation and closing gaps (results area 2)
12%	supported domestic resource mobilization and sustainable financing (results area 3).

3. In danger: The HIV response in Asia and the Pacific

In June 2021, in the midst of the global COVID-19 pandemic, the United Nations General Assembly reaffirmed its commitment to ending AIDS as a public health threat by 2030 through the new Political Declaration on HIV and AIDS.

The new Global AIDS Strategy (2021-2026) had already identified intersecting inequalities as the key threat to ending AIDS. COVID-19 brought the role of inequalities in exacerbating epidemics to the fore. Inequalities are perpetuating the HIV epidemic by creating barriers between critical testing and treatment services and the marginalized populations they most need to reach. As has been illustrated with the response to COVID-19, the Global AIDS Strategy makes it clear that nothing short of transformative action is required to reduce these inequalities by 2025 and get the world back on track to end AIDS.

A year later, IN DANGER: UNAIDS Global AIDS Update 2022 sounded a clear warning: the global HIV response is under threat. The COVID-19 pandemic, together with economic and humanitarian crises, have disrupted health services, and resources for HIV, so severely that global progress against HIV is slowing rather than accelerating.

According to the Update, in Asia and the Pacific – the world's most populous region – new HIV infections and AIDS-related deaths are now rising, when they had been falling for over 10 years. While there have been significant gains in some countries – for example, in Sri Lanka and Viet Nam new infections decreased by at least 50% between 2010 and 2021 – the overall rate of decrease in infections for the region was only 21%. There are now growing epidemics within key populations, especially men who have sex with men, in Indonesia, Malaysia, Pakistan and the Philippines. Overall, 96% of the region's new infections in 2021 occurred among key populations and their sexual partners. The fact that young people account for nearly a third of new infections is also of particular concern. Action against inequality in the region therefore needs to be targeted towards the particular service-access barriers these marginalized populations face.

A renewed and intensified focus on addressing these barriers will be essential if Asia and the Pacific is to achieve the 95-95-95 testing and treatment targets by 2025 and end AIDS by 2030. In 2021, despite improvements in the coverage of testing, diagnosis and treatment, progress against these targets was inadequate. Of the estimated six million people living with HIV in the region, 76% knew their HIV status; 86% of these were accessing treatment; and 91% of those accessing treatment had suppressed viral loads. A concerted effort will be required to get the region back on track.

To achieve this, the new Global AIDS Strategy identifies four priority actions for the region which inform the UNAIDS approach to delivering technical support.

1. A renewed and intensified focus on key populations.
Bridging the prevention, testing and treatment service gaps for key populations requires evidence-based action, innovation and inclusion. The particular service-access issues of adolescent and young key population members need to be understood and addressed. Virtual space interventions and enhanced community engagement must be essential ingredients of the approach.
2. The modernization of HIV service delivery.
This entails differentiated service-delivery modalities, the integration of key population-led health services, and the use of new technologies and approaches (such as pre-exposure prophylaxis (PrEP), HIV self-testing, same-day ART and multi-month dispensing). Combination prevention programmes by and for key populations urgently need to be brought to scale.
3. The elimination of barriers.
The provision of equitable HIV programme coverage for marginalized communities requires concerted efforts to address human rights issues, to eliminate stigma and discrimination against key populations and people living with HIV, and to promote gender equity and women’s empowerment. This includes law and policy reform, including the decriminalization of people living with HIV, key populations and risk behaviours.
4. The mobilization of sustainable domestic financing for prevention. Domestic resource mobilization and efficient investment in high-impact interventions are essential for ending AIDS in the region. There is an estimated gap of 57% in the resources required to reach the 2025 targets. HIV resources per person living with HIV are no longer growing, and prevention programming for key populations is both significantly underfunded and overly dependent on external resourcing.

The technical support UNAIDS has been providing in Asia and the Pacific under results area 1 (harnessing data to drive impact) contributes to all four of these priority actions. Technical support under results area 2 (accelerating implementation, closing gaps) supports the second and third priority actions. Technical support under results area 3 (domestic resource mobilization and sustainable financing) supports the fourth priority action. The remainder of this report illustrates these contributions in more detail.

Table 2. Snapshot of HIV in Asia and the Pacific, 2022

6 million	people living with HIV
76%	people living with HIV who know their status
86%	people living with HIV who know their status and are accessing treatment
91%	people living with HIV on treatment who have suppressed viral loads
US\$ 1,979,730,682	committed in active Global Fund HIV and HIV/TB grants ³
57%	gap in estimated annual resource needs to meet the 2025 targets.

3. Global Fund Data Explorer. 3 August 2022.

4. Results area 1: Harnessing data to drive impact

Strategies for closing service gaps to reach targets need to be based on solid evidence if they are to stand any chance of success. Countries need quality data so that they can fully understand the dynamics of their national and sub-national HIV epidemics. Scarce resources need to be efficiently allocated where they will have the most impact. Coverage gaps can only be filled if we know where to find them: among which key populations, in which age groups, and in which locations. Increasing the effectiveness and scale of programmes for key populations – of reaching those living with HIV who do not yet know their status, and connecting them with testing, treatment and care services – cannot be achieved without precision targeting based on evidence.

Of the 220 technical support assignments delivered by UNAIDS in Asia and the Pacific in 2020 and 2021, 37% were primarily concerned with helping countries to build their evidence base and effectively use data to drive impact and accelerate implementation.

This results area aimed for two main outcomes.

4.1 Increasing the effectiveness and scale of key population programming by updating country targets and prioritizing based on strategic evidence

UNAIDS technical support for data collection and use plays an important role in informing the prioritization processes that underpin the development of both national and sub-national strategic plans and Global Fund funding requests. It has helped to ensure that domestic and international resources are allocated efficiently where they will have most impact on HIV epidemics; that cost-effective and high-impact interventions are prioritized; and that various funding streams work synergistically to maximize coverage outcomes.

In 2020 and 2021, such support included integrated biological and behavioural surveillance (IBBS) in the Lao People's Democratic Republic (Lao PDR) and Thailand; key population size estimates in Afghanistan, Mongolia, Papua New Guinea and Thailand; epidemiological research in Nepal and the Philippines; and National AIDS Spending Assessments in Myanmar and Papua New Guinea.

4.2 Increasing the efficiency and effectiveness of implementation cascades reaching key populations

Quality data and evidence help countries to address the inequities that perpetuate HIV epidemics. Prevalence and population size estimates and cascade monitoring systems configured to provide evidence of the vulnerabilities of key populations and coverage of the services they need help to ensure evidence-driven prioritization and target-setting. Resources are then redirected towards those most underserved by the response.

UNAIDS technical support in 2020 and 2021 covered cascade analysis; service delivery mapping; and service gaps analysis in Indonesia, the Philippines and Thailand. It also contributed to the development of strategic health information systems to facilitate cascade monitoring in Cambodia, Indonesia and the Philippines (see below).

Increasing the effectiveness of the implementation cascade in the Philippines

The path of a person living with HIV – from a positive test result through ART treatment initiation to viral suppression – can cross multiple service providers and/or health facilities. The more complex this pathway, the greater the risk that the journey is aborted.

Systematically tracking patients across the spectrum of services and identifying the points at which they are most likely to drop out can significantly improve the likelihood of achieving the 95-95-95 targets across the cascade. Doing so means that service enhancements can be strategically targeted at the most vulnerable steps in the journey.

In 2020 and 2021, UNAIDS provided technical support to the Epidemiology Bureau of the Department of Health in the Philippines to enhance and integrate its HIV and STI information systems. In 2016, two separate systems were established: the Enhanced HIV/AIDS and ART Registry of the Philippines (eHARP) and the Social Hygiene Clinic Reporting System (SHCRepS). In order to streamline existing reporting processes, simplify data management, and improve cascade monitoring, the two systems needed to be integrated and upgraded into one: the One HIV, AIDS and STI Information System (OHASIS).

UNAIDS technical support for this process was designed to complement the resources for the upgrade available through the country's Global Fund grant. That grant supported the conceptualization and design of the system enhancement; the development of input flow and user management functions; and some structural adjustments to the merged databases. UNAIDS technical support focused on output flow and data-management functions; the actual merger of the HIV and STI systems; the addition of modules from other systems in use (dashboard and facility-level systems); and the inclusion of a PrEP module based on the national guidelines under development. UNAIDS project outputs included a development roadmap and a manual of procedures. The UNAIDS Country Office further supported the workshops and consultations conducted in support of the development process.

The finished system is facility-based and registers patients at their point of entry into the cascade. A unique identifier code (UIC) is tagged to the patient's electronic medical record, enabling tracking across the continuum of care. Whilst the UIC is generated on the patient's first instance of testing at a facility, the system also allows for the logging of any previous community-based screening tests that may have been conducted. For patients on treatment, facility-level ART inventories are automatically adjusted when dispensing is logged. A dashboard summarizes the cascade at facility, sub-national and national levels. The system supports patient disaggregation by key population and by age group. These latter capabilities are strategically important in relation to the growing epidemic among men who have sex with men (particularly young men who have sex with men) in the Philippines.

Roll-out of the system across the country is ongoing; while not all facilities have the resources required for optimal use (such as personnel and internet connectivity), most are already using it.

This upgrade has helped to eliminate systemic errors in data collection and reporting; reduce lags in the reporting process and coding errors; and facilitate de-duplication. It presents a cascade overview, allowing users to drill down to facility level to improve understanding of points in the service system where patient retention might present particular challenges. UNAIDS technical support delivered a robust recording and reporting system that enables a more efficient management of the service cascade. The system is flexible and adaptive to changes in the epidemic and advances in programmatic responses.

Table 3. Results area 1: Selected examples of recent UNAIDS technical support, 2020-2021

Type of technical support	Country
Epidemiological estimations and analysis, including IBBS and key population prevalence and population size estimates	Afghanistan, Lao PDR, Mongolia, Nepal, Papua New Guinea, Philippines, Thailand
Cascade analysis, service delivery mapping and gaps analysis	Indonesia, Philippines, Thailand
National AIDS Spending Assessments (NASA) and investment scenario analysis	Cambodia, Myanmar, Papua New Guinea
Strategic information systems strengthening	Cambodia, India, Philippines

5. Results area 2: Accelerating implementation, closing gaps

Ending AIDS by 2030 means meeting the 95-95-95 coverage targets by 2025. The world is not currently on track to achieve these – not least because of the impacts of the COVID-19 pandemic – and doing so will require a significant acceleration in programme scale-up. In the context of competing priorities for investment, it is essential that the available resources are invested as efficiently as possible so that the remaining coverage gaps can be closed in time. To achieve this, the barriers that make programmes inefficient and inhibit service uptake must be removed.

Of the 220 technical support assignments delivered by UNAIDS in Asia and the Pacific in 2020 and 2021, 51% were primarily concerned with helping countries and communities to accelerate effective and efficient implementation to closing coverage gaps.

This results area aimed for three main outcomes.

5.1 Overcoming policy and programmatic barriers

UNAIDS provides technical support for countries to overcome policy and programmatic barriers and reduce inefficiencies in treatment and prevention services. This includes the diversification of service delivery modalities and the use of technology and innovation to accelerate service uptake. This outcome is directly related to the second priority action identified for the region in the Global AIDS Strategy: the modernization of HIV service delivery.

UNAIDS technical support contributed to service innovation and modernization in the region through work on the introduction of PrEP, HIV self-testing and virtual interventions. Support for PrEP and HIV self-testing included the development of service guidelines and operational protocols; demand-generation campaigns; training curricula; evaluation frameworks; and implementation support. To help make the case for innovation, a regional level, multi-country scoping study to assess the affordability of PrEP is also underway. Technical support assignments on virtual interventions supported key populations in five countries through the development of online service strategies and intervention guidelines.

Unlocking the potential of service innovations in Indonesia

Service innovations such as PrEP and HIV self-testing bring new opportunities to reach key populations more efficiently through better-differentiated approaches. However, their effective implementation is hampered if the programmatic and policy environment is not adequately prepared. Without such preparation, the accelerated coverage gains these services promise are unlikely to be realized, no matter how well the implementation is resourced.

In Indonesia, UNAIDS provided critical preparatory technical support on a number of fronts to ensure the effective implementation of service pilots for PrEP and HIV self-testing funded by the Global Fund, PEPFAR, and DFAT.

The first element of UNAIDS technical support focused on the supply side, and was designed to help the Ministry of Health establish policy guidance for the two new services. UNAIDS, in collaboration with other development partners, had long worked to secure government support for the innovations. Once the decision had been taken, and the resources to implement the pilots made available in the Global Fund grant, there was a need for implementation support. UNAIDS helped to adapt international guidance on PrEP and HIV self-testing to the local context, taking into account the appropriate mix of public and private-sector/community-led services. UNAIDS support enabled community voices to be brought into the discussions to ensure that the service-delivery models were tailored to their needs. The guidelines for both services have been finalized, and training on how to use them has been provided to relevant stakeholders.

UNAIDS also provided technical support on the demand side. The pilots aim to increase the coverage of prevention and testing services among key populations, and particularly men who have sex with men. UNAIDS supported the community-based organizations implementing the Global Fund grant to develop a virtual outreach strategy and to run demand-creation campaigns. The technical support helped with campaign design, needs identification, choice of platform, and appropriate messaging. The campaigns made full use of social media and chat-based platforms and were designed both to familiarize communities and individuals with the new service modalities and to link them with providers. UNAIDS also provided capacity building to establish procedures to assess whether the activities resulted in increased service uptake at particular service sites. The PrEP and HIV self-testing pilots began in early 2022.

These pilots have a pivotal role to play in making the case for a more differentiated and modernized package of prevention and testing services that can accelerate service uptake among key populations. The technical support provided by UNAIDS filled important gaps to enable the implementation of the pilots, and to create demand for the piloted services among the targeted communities. The support also served to demonstrate the critical importance of community engagement in service design and delivery to optimizing the implementation of services and increasing their coverage.

5.2 Increasing equity in the HIV response

This second outcome revolves around reducing stigma and discrimination, tackling human-rights related barriers and addressing gender inequalities. It speaks to the core of the Global AIDS Strategy and its goal to end the inequalities that are perpetuating HIV. It acknowledges that in Asia and the Pacific, where the majority of HIV epidemics are concentrated among marginalized and criminalized key populations, ending AIDS is not possible without ending the stigma and discrimination that prevents their members from coming forward to access testing and treatment.

The broad range of technical support that UNAIDS provides in this area includes the use of Stigma Index 2.0 surveys; the establishment of accountability mechanisms for HIV-related stigma and discrimination; support for human rights networks to advocate on the removal of legal barriers; training and e-learning modules on addressing stigma and discrimination in health care settings; consultations on law amendments; and toolkits for law and policy analysis. In all of this support, UNAIDS ensures that communities of key populations are at the centre of the process.

Increasing equity through a systematic approach to stigma and discrimination reduction in Thailand

The 2021 Political Declaration on HIV and AIDS includes the goal of ending all forms of gender and HIV-related stigma and discrimination by 2025.

In Thailand, stigma and discrimination play a significant role in delaying access to care by people living with HIV and are therefore a serious

impediment to the achievement of the 95-95-95 targets. The National AIDS Committee for HIV and AIDS Prevention and Alleviation (NAC), with technical support from UNAIDS, has adopted a systematic approach to stigma reduction to accelerate the response and get the country back on track to end AIDS by 2030.

In 2020, Thailand formally joined the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination (Global Partnership). The NAC then endorsed the development of a costed, national, multi-sectoral action plan for 2021–2026 to eliminate all forms of HIV-related stigma and discrimination.

UNAIDS technical support was requested in the form of two national consultants to develop and cost the action plan. This work included mapping implementing partners working on stigma and discrimination; reviewing and adapting available costing tools; facilitating workshops with national stakeholders to prioritize strategic directions; analysing resource needs and funding gaps; and producing the final costed action plan. The development process served to revitalize strategic alliances among stakeholders and to translate the commitments made to the Global Partnership into planned policy change. The resulting plan, which has been endorsed by the NAC, contains costed actions across six settings: health care; education; the workplace; legal and justice systems; individuals, households and communities; and emergency and humanitarian settings.

Aligned with this work, UNAIDS has technically supported the development of an e-learning module for stigma and discrimination reduction among nursing and medical students, and the mobilization of the private sector to support stigma- and discrimination-free workplaces.

Ensuring that the actions in the plan are implemented to maximum effect requires more granular data on the extent and forms of stigma and discrimination faced by people living with HIV and key populations in Thailand. To secure this, UNAIDS Thailand is providing technical support to the Network of Thai Women Living with HIV (TNW+) to conduct a People Living with HIV Stigma Index 2.0 study. In addition to TNW+, collaborators include a taskforce comprised of almost 20 networks of people living with HIV and NGOs; the Chiang Mai University Research Institute for Health Sciences; the Division of AIDS and STIs of the Department of Disease Control; and PEPFAR. UNAIDS support has included technical support from Chiang Mai University to develop the study protocol, as well as capacity building for the participating networks of people living with

HIV to strengthen their engagement in the research process. The protocol has received ethical review board approval and training has been provided to community data collectors. The implementation of the survey will be co-resourced through TSM support and the Global Fund grant.

Thailand has made a strong political commitment to systematically eliminating HIV-related stigma and discrimination. UNAIDS technical support has bolstered this commitment by supporting the development of a national action plan, and helping networks of people living with HIV to build the evidence base that will both inform refinements to health care systems and policies to address this critical barrier, and serve as a baseline to assess progress towards the goal of elimination.

5.3 Expanding sustained community-led responses

Expanding community-led responses to accelerate progress towards targets entails a range of technical support for networks and organizations of key populations. This helps to strengthen community systems and develop the differentiated service delivery models that are required to increase service uptake among key populations. UNAIDS technical support in this area has included the development of organizational capacity assessment tools and frameworks; training on conflict sensitivity; institutional capacity strengthening; advocacy strengthening; building capacities and strategies for community-based monitoring; and support for engagement in country dialogues.

Putting communities at the centre of the HIV response and ensuring they have the required capacity is critical to achieving the core goal of the Global AIDS Strategy: addressing the inequalities that drive HIV epidemics. In 2020 and 2021, technical support related to capacity building for key population networks and to community systems strengthening was provided in Bangladesh, India, Indonesia, Lao PDR,

Myanmar, Nepal, Papua New Guinea, the Philippines, Thailand and Viet Nam. An illustrative example from Bangladesh is detailed below. At the regional level, UNAIDS provides technical support to the regional youth network Youth Lead. This has included support for a regional mapping exercise of young people's engagement on Global Fund Country Coordinating mechanisms. It has also included support for the implementation and strengthening of technical guidance to improve service delivery for young members of key populations; for addressing legal barriers; and for increasing the capacity of young members of key populations to engage in strategic planning.

Sustaining community-led responses to reach sexual and gender diverse populations in Bangladesh

Accelerating progress towards the 95-95-95 coverage targets in the context of an epidemic concentrated among key populations requires strengthening responses led by the communities that need to be reached. This is particularly the case when the target populations are either highly marginalized, or criminalized, or both. Organizations and networks of key populations need the capacity to manage resources effectively and to develop appropriately differentiated services for particular sub-groups. They also need to plan for their own longer-term sustainability as countries transition away from international funding for HIV.

In Bangladesh, UNAIDS has provided a range of technical support to the organizations and networks that implement a Global Fund grant designed around prioritizing HIV prevention and treatment services for key populations. For example, the Bandhu Social Welfare Society (Bandhu) received support for the development of a new organizational strategic plan for 2022–2026, and for a study on HIV self-testing for young men who have sex with men and young transgender individuals. Bandhu is a national civil society organization providing health and social services for gender diverse populations. As a sub-recipient of the Global Fund grant, it leads on HIV prevention services targeting transgender individuals and male sex workers. UNAIDS helped Bandhu to develop a new strategic focus aligned with the national response and the Sustainable Development Goal targets. The new strategy strengthens the organization's focus on sexual and reproductive health and rights (SRHR) and addresses the issue of sustainability. Recognizing that its current dependence on international funding is a strategic vulnerability, Bandhu is now planning to develop (with further support from UNAIDS) a business plan and model to increase its domestic income from entrepreneurship.

The study on HIV self-testing for young men who have sex with men and young transgender individuals was designed to complement data already available thanks to the Global Fund grant on older men who have sex with men/transgender individuals. This will ensure that the standard operating procedures for HIV self-testing currently in development allow for the service differentiation that is required to reach different subsets of these populations effectively. UNAIDS support helped to develop research tools and methodologies, as well the roll-out of the assessment at five "HIM" centres operated by Bandhu and providing SRHR services to men who have sex with men and transgender individuals aged 15-24.

Community involvement in building the evidence base to support improved service differentiation was also a key component in UNAIDS technical

support for the Sex Workers Network of Bangladesh. When the COVID-19 pandemic placed constraints on HIV prevention services that threatened the achievement of coverage targets, the Network was keen to develop virtual services to help compensate and to reach new segments of the sex worker population. UNAIDS supported the development of a plan to pilot virtual HIV service interventions for female sex workers, including an online survey, social media mapping and the formation of a community advisory group. Community systems strengthening aspects of UNAIDS support included the training of sex workers in data collection and familiarizing them with the concept of e-services. This preparatory work will guide the development of an e-services platform already programmed under the current Global Fund grant.

In Bangladesh, UNAIDS technical support has helped to accelerate progress towards achieving both grant and national targets through the development of new strategies to expand the reach of services within subsets of the key populations, and to ensure the sustainability of community engagement in the response.

Table 4. Results area 2: Selected examples of recent UNAIDS technical support, 2020-2021

Type of technical support	Country
PrEP	Indonesia, Myanmar, Pakistan, Thailand
HIV self-testing	Bangladesh, Indonesia, Nepal, Thailand
Virtual interventions	Bangladesh, Cambodia, Indonesia, Nepal, Viet Nam
Stigma and discrimination, human rights and gender, policy and law reform	Indonesia, Malaysia, Pakistan, Philippines, Thailand, Viet Nam
Community-based monitoring	Indonesia, Nepal
Community systems strengthening	Cambodia, India, Indonesia, Lao PDR, Myanmar, Nepal, Papua New Guinea, Philippines, Thailand, Viet Nam

Regional technical support for service innovation

Many of the active Global Fund HIV grants in Asia and the Pacific include budgets for piloting, implementing or scaling up service innovations such as PrEP and HIV self-testing. The use of new technologies can increase service efficiency and reach members and sub-categories of key populations which traditional service modalities have struggled to cover. Capitalizing on these new approaches will be critical for closing the gaps within a constrained funding environment.

However, service innovations require a wide range of technical support, from conceptualization through to evaluation, in order to maximize their chances of success. UNAIDS engaged a Regional Advisor for PrEP and a Regional Consultant for innovative testing and virtual interventions to the Regional Support Team. These two full-time positions are jointly supported by WHO and UNAIDS. This co-resourcing of technical support for new service modalities is indicative of their strategic importance in getting the region back on track to end AIDS.

The two WHO/UNAIDS regional technical experts help provide support to the process of innovation beyond budget commitments. This support is therefore available to countries throughout the entire funding cycle. The experts have supported countries with planning and process conceptualization; securing the requisite domestic approvals for pharmaceuticals and health products; developing clinical and virtual outreach guidelines and service protocols; enhancing monitoring and evaluation systems to accommodate new service delivery modalities; evaluating service pilots and developing and delivering training programmes for service implementers. Service differentiation and population segmentation is a key aspect of the technical support provided, since a major benefit of these approaches done well is precision targeting and reaching subsets of key populations that other services have failed to reach. Guidance on and support for demand generation are also core components: innovations are by definition new to the populations they are intended to reach, and there is a need for groundwork to ensure familiarity and uptake.

Countries can request this technical support through UNAIDS Country Offices, and more than half of the countries covered by UNAIDS in this report have already accessed it. The support is provided through different modalities, both remotely and in-country (as COVID-19-related restrictions on movement in the region are eased). Regional workshops and webinars have promoted the availability of the support and brought countries together to share experiences. There has been a mix of virtual and in-country meetings to deliver ongoing technical guidance and capacity building. Examples of the support provided includes support to Pakistan to conceptualize, develop and implement the PrEP services now funded by the Global Fund grant, and to Sri Lanka to develop a virtual intervention platform and then integrate it into the national programme (including by training virtual outreach workers).

UNAIDS support in these areas focusses on facilitating the integration of innovative service approaches into national programmes. While countries may use Global Fund resources to pilot and evaluate service innovations, these will need to be brought to scale and sustained with domestic financing if they are to have the desired impacts. Additional technical support is crucial to enhancing the sustainability of support already provided, and notably for:

- modifying the policy environment to create political space for these interventions
- including new service modalities in national strategies
- ensuring that drugs and health products are domestically registered
- building technical capacity within existing health systems and
- nurturing multi-stakeholder support for the innovations.

6. Results area 3: Domestic resource mobilization and sustainable financing

As we approach the 2025 deadline for the 95-95-95 targets, and the 2030 deadline for the goal of ending AIDS, we can expect international resourcing for the HIV response in Asia and the Pacific to continue to decline. The targets can only be achieved if there is a corresponding increase in domestic investment, inclusive of efficiency gains derived from a more evidence-based targeting of resources. Whilst there are some encouraging signs in Asia and the Pacific that this is happening, prevention programmes for key populations remain worryingly dependent on international funding. Closing the resource gap remains a significant strategic issue for the region as a whole.

Of the 220 technical support assignments delivered by UNAIDS in Asia and the Pacific in 2020 and 2021, 12% were primarily concerned with helping countries to maximize efficiency through domestic HIV resource mobilization and sustainable financing of HIV responses.

This final results area aimed to achieve three main outcomes.

6.1 Increasing the allocative and implementation efficiency of HIV response resources

UNAIDS technical support for achieving the first outcome included a wide range of support for the development of national strategic plans (NSPs) that are based on evidence-driven prioritization processes. Epidemiological and costing data developed with technical support for results area 1 was used to help ensure allocative and implementation efficiency. In 2020 and 2021, NSP-related technical support was delivered in Cambodia, Indonesia, Nepal, Pakistan, the Philippines, Thailand and Viet Nam.

NSPs also play an important role in maximizing investments and informing Global Fund applications. In 2020 and 2021, UNAIDS provided technical support for the development of Global Fund funding requests in ten national applications and one regional application.

6.2 Increasing domestic resources through alternative models and plans for sustainable financing

UNAIDS technical support in 2020 and 2021 included a multi-country assessment of health insurance schemes in six countries in the region: Cambodia, India, Indonesia, the Philippines, Thailand and Viet Nam. The review gathered evidence from key informant interviews with stakeholders with expertise related to health insurance, and from a literature review. The study aimed to assess the extent to which people living with HIV and members of key populations are covered by national health insurance schemes; the types of service covered; and the barriers to access for marginalized populations. The resulting report provides recommendations to support the positioning of the HIV response within universal health coverage, with a view to improving coverage, scope, financial protection and access for people living with HIV and members of key populations.⁴ This is an important piece of evidence that will inform the development of domestic health financing strategies that contribute to ending AIDS.

6.3 Increasing the resources channelled into community-led responses

UNAIDS provided a range of technical support related to the establishment of social contracting mechanisms; the costing of community-led service packages; and capacity building for civil society organizations (CSOs) to meet the eligibility requirements for social contracting. Different elements of this support were delivered in Indonesia, the Philippines and Viet Nam (see below).

Establishing a sustainable financing system for community-led service provision in Viet Nam

Like many countries in Asia and the Pacific, Viet Nam is experiencing significant changes in how its HIV response is financed. International funding has been declining, and domestic funding is accounting for a larger portion of the total amount of resources available. These changes necessitate a reconfiguration of the system for financing HIV services in order to ensure that the gains made in controlling the country's HIV epidemic in recent years are not lost. Since 2010, Viet Nam has achieved a significant overall decline in the number of new infections (although there is evidence of rising infections among men who have sex with men).⁵ The country remains committed to the goal of ending AIDS by 2030, and is proactively preparing for the sustainable financing of community-led service provision.

4. Key populations are being left behind in universal health coverage: landscape review of health insurance schemes in the Asia-Pacific region. UNAIDS, 2022 (<https://www.unaids.org/en/resources/documents/2022/key-populations-universal-health-coverage-asia-pacific>).
5. IN DANGER: UNAIDS Global AIDS Update 2022. UNAIDS, 2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).

Funding transitions create particular risks for the resourcing of HIV prevention services for key populations delivered through community-based organizations. In Viet Nam, while ART is covered under the national social insurance scheme, HIV prevention services for key populations are not yet included. In addition, the fact that most CSOs are not legally recognized in Viet

Nam presents a particular challenge: the absence of a regulatory framework for social contracting is a key barrier to any transition to domestic funding of key population prevention services delivered by such organizations.

To help remove this barrier to sustainability, UNAIDS has provided ongoing support for social contracting to the Viet Nam Administration of HIV/AIDS Control (VAAC.) In 2018, a Technical Working Group on Social Contracting was established, with UNAIDS as Co-Chair. In 2019, preparatory technical support by UNAIDS included a review of the legal, policy and regulatory framework; a mapping of community-led HIV services; and a mapping of CSOs engaged in HIV service delivery. UNAIDS, together with other development partners, has also successfully advocated for the inclusion of a sustainable financing strategy in the National Strategy to End AIDS that was approved in 2020, and for the inclusion of a social contracting component in the current Global Fund grant for 2021-2023.

As the country moved towards a pilot social contracting mechanism, it became clear that costing data on the essential HIV service package delivered by CSOs were needed to make the case for the allocative efficiency of the mechanism. In 2020, UNAIDS technical support was provided to

develop a costing methodology, and to use this to cost a package of six HIV services: condom distribution; needle exchanges; counselling and referrals to health care facilities for HIV testing; community-based testing; ARV enrolment counselling for people living with HIV; and home-based care. Technical norms for the delivery of these services were also developed.

In 2021, with the country committed to the implementation of the pilot, VAAC requested UNAIDS technical support to develop a pilot project proposal for Ministry of Health approval, as well as a detailed 2022–2025 roadmap for the completion of a national policy and regulatory framework for post-pilot implementation. The pilot project is currently underway in seven provinces, with coordinated implementation support at the provincial level from UNAIDS and PEPFAR. Discussions about reprogramming Global Fund grant funds to provide technical support for social contracting at the national level are ongoing.

While the implementation costs of the services within the pilot are still dependent on international resourcing, the contracting mechanisms and bidding processes themselves are fully domestically funded, and will serve as an important proof of concept for the viability of the mechanism in Viet Nam.

Table 5. Results area 3: Selected examples of recent UNAIDS technical support, 2020-2021

Type of technical support	Country
National strategic plan development, costing, review or M&E framework	Cambodia, Indonesia, Nepal, Pakistan, Philippines, Thailand, Viet Nam
Global Fund funding request development	Afghanistan, Bangladesh, India, Indonesia, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Western Pacific ⁶
Costing of national strategic plans, action plans and service packages	Indonesia, Nepal, Viet Nam
Support for social contracting; sustainability and transition planning; health insurance and social protection schemes	Cambodia, Indonesia, Philippines, Sri Lanka, Viet Nam, regional/multi-country

6. The multi-country integrated HIV/TB grant in the Western Pacific region covers 11 countries: Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Palau, Republic of Marshall Islands, Samoa, Tonga, Tuvalu, and Vanuatu.

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