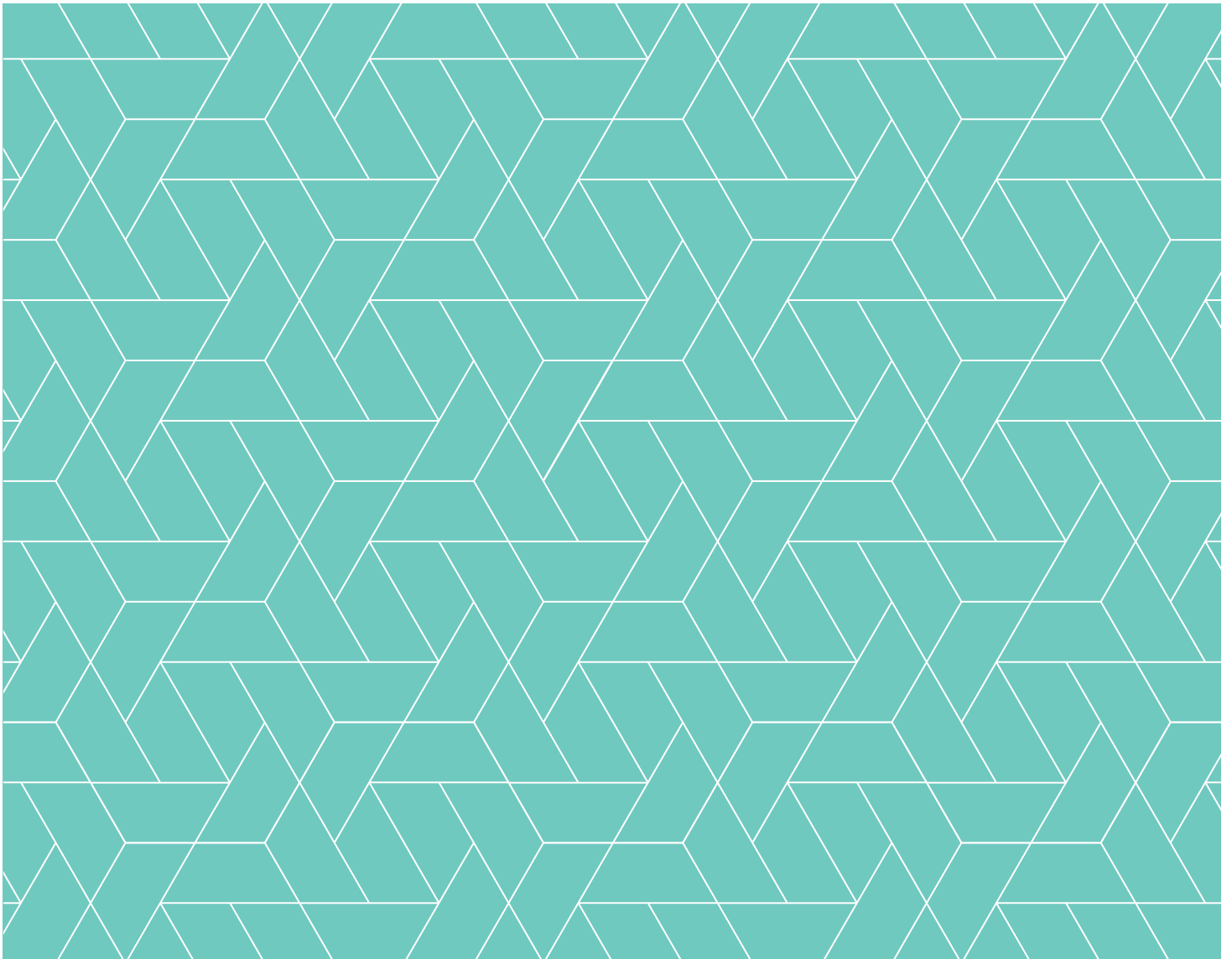


UNAIDS technical support

Optimizing Global Fund grants in Asia and the Pacific 2017–2018



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In-country support for Global Fund to Fight AIDS, Tuberculosis and Malaria investments

The Joint United Nations Programme on HIV and AIDS (UNAIDS), partnering with countries and civil society, is leading the regional effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals (SDGs) in coordination with the 11 cosponsoring organizations, agencies, funds and programmes of the United Nations system and through the United Nations Joint Team on HIV/AIDS. The UNAIDS Secretariat drives the global AIDS agenda and mobilizes political commitment and resources for the response to AIDS. It advocates for global health and social justices, putting civil society at the centre of the AIDS response, and amplifies the voices of people and communities most affected by HIV. The Secretariat also strengthens the evidence base, and supports and advocates for effective interventions, sustainable financing and scaled-up community responses.

With 14 Country Offices in the Asia and Pacific Region and the Regional Support Team in Bangkok, UNAIDS works closely with 27 countries by providing help to them and their main partners, including civil society, on strategic direction, advocacy, coordination and technical assistance needed to end the epidemic.

This work aims to meet the time-bound targets that must be reached by 2020 to end the AIDS epidemic by 2030 within the framework of the SDGs, as outlined in the 2016 Political Declaration on Ending AIDS adopted by Member States at the United Nations General Assembly High-level Meeting on Ending AIDS.

Currently there are 34 active AIDS and HIV/tuberculosis (TB) grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), worth about US\$ 700 million, supporting 19 country programmes and 3 multi-country initiatives. However, as the Global Fund does not have an in-country presence or remit as a technical support provider, countries rely on UNAIDS to secure Global Fund resources, to implement grant-funded programmes and to remove bottlenecks.

For the Global Fund, UNAIDS is an important interlocutor with governments in addressing HIV, opening political doors, and promoting inclusive, participatory responses that synergize the contributions of diverse sectors.

Through its Country Offices, UNAIDS is very much 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 is helping countries to optimize the use of Global Fund contributions as part of a broader national strategy to achieve the 2020 targets and the SDGs. As such, 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.

Miles to go: the Asia and Pacific HIV response at a glance

In 2016 the United Nations General Assembly agreed to embark on an ambitious journey to front-load investment, remove structural barriers, and launch a Fast-Track expansion of critical HIV services to reach the vast majority of people in need by 2020. If successful, the number of people living with HIV and the number of AIDS-related deaths will decline by 75%, creating the momentum necessary to end the AIDS epidemic as a public health threat by 2030.

To aid countries in achieving this goal, UNAIDS, together with a broad range of technical experts and other stakeholders, established the 90–90–90 targets for HIV treatment scale-up beyond 2015. These targets require that, by 2020, 90% of people living with HIV will know their HIV status; 90% of people who know their HIV-positive status will be accessing treatment; and 90% of people on treatment will have suppressed viral loads. In 2018 the UNAIDS Global AIDS Update report indicated that at the midpoint of the Fast-Track phase, progress has been made, but a serious increase in commitment is required to stay on track:

- **Treatment shortfall:** while the Asia and Pacific Region has demonstrated strong progress in expanding access to HIV treatment, it has achieved only 74–53–45 of its 90–90–90 targets to date. That is, by the end of 2017, only 74% of people living with HIV knew their HIV status, 53% of people who knew their HIV-positive status were accessing treatment, and 45% of people on treatment had suppressed viral loads. An additional 1.4 million people living with HIV need to be tested and on treatment by 2020 in order to achieve the 90–90–90 targets.
- **Prevention lag:** access of key populations to prevention services continues to lag, and the incidence of HIV among men who have sex with men is rising in some countries in the region. Within key populations, the HIV risk in young people is of particular concern. For example, the expanding epidemic in the Philippines is due in large part to new infections among people aged 15–24 years.
- **Funding deficit:** overall, resources have increased since 2006, but an additional US\$ 1.2 billion is needed by 2020 to reach the region's Fast-Track target of US\$ 4.9 billion. The region is experiencing a significant shift, with domestic investment doubling in the past decade and international funding declining by 30%. Domestic investment is weighted heavily towards treatment, and prevention funding is declining. If current trends in domestic financing investments continue, key population prevention programmes and youth will be significantly underfunded in the near future.

To enable the Fast-Track HIV response in the Asia and Pacific Region, UNAIDS provides essential ongoing regional and national-level technical support to countries in three critical result areas (Table 1):

- To allocate available resources towards areas where they will have most impact on the HIV epidemic.
- To optimize the performance of Global Fund grants.
- To facilitate sustainability and transition planning to increase the investment of domestic resources to effectively manage the risks of transitioning from international funding so that the gains achieved are sustained and scaled up.

Table 1. HIV situation in the Asia and Pacific Region (2017–2018)

HIV snapshot			
5.2 million	people living with HIV		
1.4 million	people living with HIV who still need to be reached in order to reach 90-90-90 targets		
US\$ 702 599 563	Global Fund HIV and HIV/TB grants approved		
25%	increase in resources needed by 2020 to reach Fast-Track resource target		
UNAIDS technical support			
US\$ 3 056 810+	invested in technical support assignments		
27	countries received technical support from UNAIDS		
130	UNAIDS technical support assignments, of which:		
	65	50	15
	assignments supported Global Fund grant implementation	assignments supported aligning national strategies to Fast-Track targets	assignments facilitated sustainability and transition planning

Supporting evidence-informed strategy development

The first step towards an effective Global Fund investment is a well-evidenced strategy that aligns domestic and international funding with Fast-Track targets. UNAIDS helps countries to develop technically sound and evidence-based strategies to determine the interventions, scale and cost that will have the most impact in specific populations and locations.

Leveraging its global leadership role in the collection, analysis and strategic use of evidence, UNAIDS encourages further research and analysis of strategic information, such as epidemic and impact modelling; key population-mapping and size-estimation exercises; integrated biological and behavioural surveillance surveys; and needs, gap and situation assessments. Support is also provided for the collection and analysis of financial data concerning national AIDS spending, service model costing, and the cost-benefit of different levels of investment in national AIDS programmes.

This wealth of evidence is used, with help from UNAIDS and its partners, to develop national, subnational and city-level strategies and plans, supportive policies and investment cases that clearly evidence the value of a Fast-Track response. These are country-owned data for country-led programmes. In addition to guiding national AIDS programmes towards the achievement of Fast-Track targets, the resulting strategies identify programme and funding gaps that inform the development of funding applications to the Global Fund (Table 2).

Table 2. Selected examples of recent UNAIDS support (2017–2018)

National and provincial AIDS strategy development	India, Indonesia, Pakistan
Epidemic modelling	Indonesia, Pakistan
National AIDS spending assessment	Cambodia, Indonesia
Integrated biological and behavioural surveillance survey	Lao People's Democratic Republic, Thailand
Key population size estimation	Viet Nam
Investment case development	Cambodia, Philippines
Service cost evaluation	Thailand
Costed monitoring and evaluation framework	Bangladesh

Supporting Global Fund grant implementation

During the 2017–2018 Global Fund grant rounds, UNAIDS supported the development of Global Fund concept notes in nine countries and several regional organizations in the Asia and Pacific Region. All funding requests were successful. However, the help needed to develop a successful funding request goes significantly beyond writing grant proposals (Table 3).

Convening the dialogue and building consensus

The development of Global Fund country applications requires extensive in-country coordination and convening multistakeholder consultations to agree on which programmes to prioritize. It also requires reaching broad in-country consensus on the challenges and potential roadblocks in programme implementation and how to effectively address these barriers. Building that consensus requires careful facilitation and the presence of UNAIDS throughout the country dialogue process.

Depending on a country's needs, UNAIDS support includes coordination of the entire consultation process, provision of technical guidance to technical working groups, and help for the engagement and meaningful participation of civil society and key populations. There is often a long period of grant negotiations between the country and the Global Fund. UNAIDS plays an important role throughout this process, providing technical clarification and advice to countries in addressing technical review panel recommendations and optimizing programme impact.

Once the grant is secured, a broad range of implementation support is required to ensure effective grant governance and oversight, to build implementation capacity of country partners, and to assess and address service barriers and programme bottlenecks. UNAIDS works with the country to identify implementation barriers and related technical needs to address these barriers in a timely manner.

India and Pakistan: creating an environment that enables effective grant implementation

The existence of punitive laws that criminalize key populations can significantly reduce the effectiveness of Global Fund investments. Criminalization hinders people from accessing and using HIV prevention, testing and treatment services, and increases their risk of acquiring HIV. UNAIDS supports a favourable legal environment that enables effective key population programming by removing legal barriers to service access.

In September 2018 the Supreme Court of India voted to annul key provisions of Section 377 of the Indian Penal Code. Sexual relations between lesbian, gay, bisexual, transgender and intersex people have been decriminalized. This groundbreaking development is a critical enabler for the country's HIV and AIDS programmes for men who have sex with men and transgender people, given that 3 out of 10 men who have sex with men and 4 out of 10 transgender people in India who are living with HIV do not know their HIV status. UNAIDS has advocated for the decriminalization of homosexuality in India by supporting consultations involving community stakeholders and human rights lawyers, and the presentation to policy-makers and parliamentarians of data-endorsed arguments that demonstrate the negative impact of discrimination on public health interventions and human rights.

In Pakistan UNAIDS worked with other partners to support the passage of the Transgender Persons (Protection of Rights) Act in May 2018. This new groundbreaking law guarantees basic rights such as the right to gender self-identity and to have that identity confirmed in all official documents. Moreover, it outlaws discrimination and harassment against transgender people. The timing could not be more critical. This year, Pakistan received approval for a Global Fund grant that will support a newly empowered transgender community to implement community-based HIV prevention programmes. Such programmes are now more likely to succeed with laws that protect, respect and fulfil the rights of people in most need of services.

Breaking barriers and addressing injustices

With the HIV epidemics in the Asia and Pacific Region largely concentrated among key populations, the human rights barriers and stigma and discrimination that these populations face are major challenges to expanding their uptake of HIV services. UNAIDS helps countries to identify and address these obstacles and access the funds needed. The technical support provided in this area is critical to securing the approval of Global Fund grants. Recent examples include helping countries to access Global Fund catalytic funding for human rights programming, assessments of human rights barriers, pilot programmes to address stigma and discrimination in health-care settings, and advice on law reform. This work helps to remove the barriers that prevent national programmes from achieving Global Fund grant targets.

Myanmar: strengthening grant governance and integration into the national health system

UNAIDS supported the establishment of Myanmar's country coordinating mechanism in 2011 and hosted the Secretariat in Yangon. This help was critical in facilitating coordination between the Ministry of Health and Sports and other stakeholders through regular meetings in the administrative capital. Technical support was also provided to develop the country coordinating mechanism Governance Manual and to conduct training sessions for its members. In 2013 UNAIDS facilitated the transitioning of the country coordinating mechanism into the Myanmar Health Sector Coordinating Committee. The Coordinating Committee is working closely with the Ministry of Health and Sports and other stakeholders to ensure that HIV, TB and malaria grants continue to receive the oversight required by the Global Fund. In 2015 UNAIDS and its partners, including two national programmes, developed a joint HIV/TB concept note.

As of 2017–2018 the Coordinating Committee is the main national forum for the coordination and development of strategic directions across the health portfolio. It is also the link between the public and private sectors, development partners, multi- and bilateral partners, civil society organizations and community networks. With its expanded remit, the Coordinating Committee addresses health systems strengthening, sexual and reproductive health and rights, emergencies and disasters, and noncommunicable diseases. One of the positive outcomes of this broader focus has been that community networks of people living with HIV and key populations have become an essential part of the consultative process overseeing the country's health system.

“The UNAIDS Myanmar Country Office has been an invaluable leader through its work to organize the Coordinating Committee and its Executive Working Group, and various technical and strategy groups. We are also indebted to UNAIDS Myanmar for hosting the Coordinating Committee Secretariat.”

Izaskun Gaviria, Senior Fund Portfolio Manager for Myanmar,
Global Fund to Fight AIDS, Tuberculosis and Malaria

Strengthening governance and oversight

The identification and timely undertaking of programme bottlenecks requires an effective in-country grant governance mechanism. UNAIDS provides help through its representation in country coordinating mechanisms to oversight committees and technical working groups and often chairs or co-chairs these committees. In addition, UNAIDS offers specific technical support aimed at strengthening country coordinating mechanisms to ensure effective grant oversight.

Building capacity of civil society

Across the region, UNAIDS is the main provider of technical support for building grant implementation capacity. This can include help for designing standard service packages and operating procedures, training and capacity-building for civil society organizations on key population programming, and piloting innovative community-based testing and new prevention programmes such as pre-exposure prophylaxis.

Successful grant execution involves working on the ground with the people responsible for their implementation. As a result of the UNAIDS in-country presence, UNAIDS is able to work with the country and its partners throughout the grant cycle to address implementation issues as they arise. The regional and in-country presence of UNAIDS enables an effective response to emerging technical support needs related to grant implementation.

Table 3. Selected examples of recent and planned UNAIDS support (2017–2018)

Global Fund funding request development	Bangladesh, India, Indonesia, Lao People's Democratic Republic, Mongolia, Myanmar, Nepal, Pakistan, Thailand, Timor-Leste, Viet Nam
Legal and human rights, and stigma and discrimination assessments and pilots	Bangladesh, India, Indonesia, Pakistan, Papua New Guinea, Viet Nam
Country coordinating mechanism governance and oversight strengthening	Bangladesh, India, Indonesia, Myanmar
Civil society capacity-building	Bangladesh, Indonesia, Lao People's Democratic Republic
Quality assurance and community-based monitoring	Indonesia, Viet Nam
Pre-exposure prophylaxis pilots	India, Indonesia, Viet Nam
Stigma index development	Bangladesh, Indonesia, Papua New Guinea, Philippines, Sri Lanka, Timor-Leste

Facilitating sustainability and transition planning

Rapid economic development in the region means that more countries could soon join Malaysia and Sri Lanka on the Global Fund’s list of projected HIV programme funding transitions before 2025. Successful transition requires sustaining and building on disease programme health gains while funding for that programme shifts from international to domestic sources. An important aspect of transition involves the integration of HIV programming under universal health coverage. UNAIDS is a key provider of technical support for forward-thinking transition readiness in the region (Table 4).

For example, in Cambodia UNAIDS co-chairs a national working group on sustainability and has been providing technical support for a long-term preparation process for the country’s eventual transition. This help includes the development of an investment case, a transition readiness assessment, and a risk-aware sustainability roadmap. Agreed actions to address the risks of transitioning will be included in the country’s next national strategic plan for HIV.

In Thailand UNAIDS is helping to sustain a domestically funded AIDS response that is integrated into the country’s universal health coverage scheme. This includes engaging and targeting key populations and fragile communities. Further readiness assessments are planned across the region, with a significant focus on identifying mechanisms for the post-transition financing of civil society-led implementation services.

Table 4. Selected examples of recent and planned UNAIDS support (2017–2018)

Sustainability and transition assessments, plans and roadmaps	Cambodia, Lao People’s Democratic Republic, Nepal, Pakistan, Papua New Guinea, Philippines
Mechanisms for domestic financing of civil society	Bangladesh, China, India, Thailand, Viet Nam
Innovative financing modalities	Bangladesh, Philippines, Thailand

Keeping the regional HIV response on the Fast-Track

UNAIDS encourages a strategic approach to ending the HIV epidemic. The Asia and Pacific Region is home to 6 of 36 countries globally where accelerated action stands to have the biggest impact on ending AIDS by 2030. Thirty rapidly developing cities across the region contain almost a quarter of the region's people living with HIV. Staying on the Fast-Track depends on the availability of technical support for innovative, urban-focused HIV prevention programming for key populations and precision-targeted testing and treatment in these countries and cities.

The Asia and Pacific Regional Support Team provides a range of help to countries across the region to activate critical enablers for a Fast-Track response. For example, sensitizing and building the capacity and know-how of key parliamentarians to eliminate legal barriers to HIV services across the region makes it possible for them to serve as champions to Fast-Track the AIDS response in their countries. This level of mobilized political support can improve the implementation of Global Fund grants, especially components related to key populations, legislative changes, transition and sustainability planning and policies that are barriers to implementation. The Regional Support Team developed legislation fact sheets and briefing packages on AIDS investment impact to provide parliamentarians with the tools needed to promote and enable a legal environment for Fast-Track HIV responses.

The Regional Support Team Information and Regional Data Hub Team¹ provides technical help to regional and country-level partners to conduct advanced analysis of existing data on the HIV epidemic and response, HIV/TB, hepatitis and other related diseases from global, regional and country databases. This includes the development of tailored information products and advocacy tools, and the provision of expert advice and methodologies for modelling and data analysis. This strategic information and data support are used by partners to help develop Global Fund funding requests, inform advocacy work, and provide background information for regional meetings, consultations and advocacy events. The tools and data are a trusted reference for a wide range of partners, including United Nations cosponsors, bilateral and multilateral organizations, civil society and community networks, academics and governments.

UNAIDS is also a primary provider of technical assistance for the region's civil society-led implementation of multicountry grants. Support was recently provided for the development of a multicountry funding request addressing the sustainability of services for key populations in Bhutan, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Sri Lanka and Timor-Leste. This issue

¹ Since 2008, the UNAIDS Data Hub has been providing decision-makers and experts with high-quality, accessible and up-to-date data on HIV in Asia and the Pacific. Working with many regional and national partners, it compiles, updates and analyses evidence on the HIV epidemic in Asia and the Pacific (www.aidsdatahub.org).

of sustainable post-transition financing for civil society-led services for key populations is a key focus of the Regional Support Team's technical help. Support has also been provided to help civil society partners develop post-transition financing plans.

Other work focuses on strategic region-specific information, whether documenting progress on the Fast-Track Cities initiative, assessing barriers to health-care access for women who inject drugs, or helping countries to frame the discussion on integrating AIDS programmes into a more cohesive approach for the provision of universal health coverage.

Going forward

UNAIDS will continue to deliver country and regional support with a primary focus on ensuring effective and efficient implementation of Global Fund grants in countries and progress towards the Fast-Track targets, aligning national policies, targets and plans to Fast-Track targets, and facilitating transition and sustainability planning.

UNAIDS helps countries make Global Fund investments work

Helping countries leverage Global Fund investments and implementing the funded activities is a pillar of UNAIDS country office work. As the Global Fund does not have a presence in the region, UNAIDS serves as a key partner on the ground. More than 50% of UNAIDS field staff time is devoted to Global Fund-related work. Most of this help is allocated towards addressing obstacles to ensure the effective implementation of the grants.

India: country case study

This case study documents a selection of the broad range of technical support provided by UNAIDS across the grant cycle, from strategy development to funding request submission and effective grant implementation. UNAIDS support is instrumental in securing resources and ensuring that those resources are deployed with optimal impact. In 2018 the Global Fund signed off US\$ 160 250 981 for HIV and HIV/TB grants for India. These grants are based on a new seven-year national strategic plan for HIV and AIDS that aims to end AIDS in India by 2030.

The challenge

As the region's second most populous country, India is home to a significant portion of the estimated 5.2 million people living with HIV in Asia and the Pacific in 2017, accounting for 31% of new HIV infections and 40% of AIDS-related deaths in the region. Although there have been major reductions in the number of new infections since 2010, there is evidence that the rate of this decline has stalled. Without a more strategic allocation of Global Fund resources to provide services for key populations, India will struggle to achieve the ambitious Fast-Track targets by 2020.

UNAIDS is helping India to optimize the use of Global Fund investments as part of a broader national strategy to achieve national Fast-Track targets. This support includes evidence-based programme innovations and the strategic use of resources to increase efficiency and achieve greater impact of HIV programmes.

Staying on the Fast-Track

In 2017 UNAIDS supported India's National AIDS Control Organization to develop a seven-year national strategic plan for the HIV and AIDS response. Critical issues addressed by this plan include the need to ensure the sustainability of the national AIDS response vis-à-vis the decline of external

“UNAIDS India has made available technical support for the development of the national strategic plan (2017–2024) and over the years for Global Fund proposal development as well as for the country coordinating mechanism. This has been timely and high-quality technical assistance, which helped the efforts of the Government of India in strengthening the national response and securing funding from the Global Fund with active civil society participation.”

KS Sachdeva,
Deputy Director-General,
National AIDS Control
Organization, Ministry of
Health and Family Welfare,
India

resources, optimal impact and cost-effectiveness of investments, and innovation of new service delivery mechanisms to increase key population coverage.

In addition to supporting the development of the plan, UNAIDS played a vital role in facilitating a highly participative consultation process. This help enabled input from a broad range of key stakeholders and ensured the knowledge, experience and views of affected communities were reflected in the resulting strategies.

The national strategic plan formed the basis of the funding request that India submitted to the Global Fund in 2017. UNAIDS provided technical leadership throughout the funding request development process, including fielding a team with comprehensive technical expertise in strategic approaches, monitoring and evaluation and finance to work closely with the National AIDS Control Organization and the country coordinating mechanism.

As with the national strategic plan, UNAIDS also provided coordination throughout the process to ensure broad consultation and active civil society engagement. The result was a successful HIV funding application with a strong focus on the role of civil society in expanding service coverage among key populations.

Strategic city-level responses

India is home to 10 of 30 cities in the Asia and Pacific Region that have been prioritized for the UNAIDS Fast-Track Cities initiative. These 30 cities account for almost a quarter of people living with HIV in the region. Meeting ambitious targets for key population programme coverage in India's new Global Fund grants will depend in large part on effective response strategies in these key mega-cities.

Mumbai and Delhi, two of India's most populous cities, signed the Paris Declaration to end the AIDS epidemic in these cities, committing to the Fast-Track to end AIDS through a set of commitments.

UNAIDS works closely with these cities, providing technical support for situation response analysis and city plan development. The resulting analysis has been used to identify gaps and to develop population-specific, city-level response strategies with tailored HIV service packages in order to reach the right people in the right places with the right interventions. The city plans also include resource mobilization and communication strategies. A key sustainability outcome is to promote investment by the city administration that complements national and international resourcing.

Strengthening systems to facilitate scale-up

Effective treatment programmes delivered at scale have an important role to play in reducing new infections. When treatment suppresses the viral load, it reduces the risk of transmission. UNAIDS has helped the expansion of HIV viral load testing nationwide in India.

An ambitious national capacity-building exercise trained 160 high-level professionals, including specialists in medicine, microbiology, public health and virology, AIDS programme directors and treatment providers, and laboratory scientists. These individuals have now embarked on cascading the training sessions and mentoring mechanisms down to the state level. This effort will assist the country to expand viral load testing nationwide. With financial support for India's treatment programme transitioning from international to domestic funding sources, building workforce capacity to deliver viral load testing at scale will also ensure sustainability of this effort.

Innovating for greater impact

Newer prevention tools such as pre-exposure prophylaxis have been shown to decrease new infections among key populations, but often the widespread adoption of innovative approaches at the national level requires sound local evidence of effectiveness to build political support.

UNAIDS provided critical help to India's first large-scale pre-exposure prophylaxis pilot study, with a specific focus on the analysis of data concerning pre-exposure prophylaxis use by female sex workers. A key characteristic of the project was the active involvement of the sex workers themselves to ensure community buy-in and input into the project recommendations. The resulting evidence of intervention effectiveness will be used to design a national policy on pre-exposure prophylaxis and a roadmap for scale-up.

Breaking down barriers and building bridges

UNAIDS leveraged global experience and provided strategic information and impact analysis for India's adoption of the test and treat policy for HIV in 2017. To ensure widespread support and understanding of the policy's benefits, UNAIDS convened multiple consultations between people living with HIV and policy-makers.

Beyond the Global Fund, the UNAIDS country office has been engaged in a long-term advocacy effort in support of India's new HIV and AIDS Prevention Act, accompanying the bill from initial discussions in 2004 to adoption by act of parliament in 2017. This important anti-discrimination bill aims to protect people living with HIV and their family members from stigma and discrimination. UNAIDS advocacy work in support of the bill targeted and involved parliamentarians, national policy-makers, community and civil society. Now the bill has been passed, UNAIDS is providing technical support to the National AIDS Control Organization for implementation of the law at the state and district levels.

"The timely assistance provided by UNAIDS India has made sure we could analyse the data obtained in our pre-exposure prophylaxis demonstration project among our community of sex workers. I am particularly glad that we can now advocate with the National AIDS Control Organization to make this prevention tool a reality for us across the country."

Lakshmi, Secretary, Ashodaya Samithi [sex worker-led community organization], Mysore, India

"UNAIDS India makes a unique contribution in harnessing the collective wisdom of the government, civil society, community and the private sector and making it work across the HIV sector. Their contribution to making strategic priorities remain on top without compromise is commendable. With declining funding, the need to re-invigorate the programme to stay on track to achieve results is no easy task. I am confident with the leadership UNAIDS offers we can progress towards our national goal."

Sundar Sundararaman, member of civil society, Chennai, India

Indonesia: country case study

This case study documents a selection of the broad range of technical assistance that UNAIDS has provided across the grant cycle. It illustrates that UNAIDS is instrumental not only in securing resources but, more importantly, also in ensuring continual support for countries in the deployment of those resources with optimal impact. In 2018 the Global Fund signed off a new HIV grant to Indonesia worth US\$ 92 777 717. The grant represented a significant step forward in addressing the critical issues that the country faces in terms of bringing key populations into HIV treatment services.

The challenge

Six countries in Asia and the Pacific account for 90% of the total number of people living with HIV in the region, including Indonesia with more than 620 000 people living with HIV. In 2017 the archipelago was estimated to account for 18% of new infections and 23% of AIDS-related deaths in the region. For this reason, UNAIDS has designated Indonesia a Fast-Track country, where an accelerated investment could have a significant impact on the wider region's epidemic.

Indonesia's HIV epidemic is largely concentrated among key populations, including people who inject drugs, men who have sex with men, transgender people, and female sex workers. Although new HIV infections have been in decline since 2010, annual incidence is still among the highest in the region, at almost 50 000 per year. In addition, the country faces a particular challenge with regard to the low access rates of people living with HIV to lifesaving antiretroviral therapy—only 14% in 2017. Stigma, discrimination and law-enforcement activities that target key populations are obstructing efforts to increase testing service uptake. Given that Fast-Track targets for ending the AIDS epidemic by 2030 are premised on optimal (90%) take-up rates for testing and treatment, it is essential to remove barriers to entry at the front end of the treatment cascade.

“UNAIDS has helped us to secure Global Fund grants for 2018–2020—one of the primary sources of funding needed to achieve Indonesia’s roadmap to end HIV by 2030. We have also found the technical assistance given by UNAIDS in developing the national action plan on HIV 2020–2024 to be robust and critical to the AIDS response. This new national action plan will become the main policy guiding the HIV response in Indonesia.”

Endang Budi Hastuti, National Programme Manager, HIV, AIDS and STD Sub-directorate, Ministry of Health, Indonesia

Accessing the Global Fund allocation

In order to secure a Global Fund grant, a country needs to submit a technically sound funding request based on a well-evidenced strategic plan designed to maximize impact. Furthermore, the proposal must be based on a consultative country dialogue process that accounts fully for the views and experiences of the communities most affected by the epidemic.

With its country director as vice-chair of the country coordinating mechanism and the HIV Technical Working Group, UNAIDS played a major role in facilitating Indonesia's submission of its 2018–2020 HIV funding request. This included mapping out and helping the entire country dialogue process, technical input into the various working groups (on prevention for key populations, harm reduction, human rights, care support and treatment, testing, community systems strengthening, health systems strengthening, and impact mitigation), and significant help for community and key population consultation.

In addition to contracting the main technical writer of the HIV proposal, UNAIDS engaged a team of community facilitators, representing local key population and civil society constituencies, to mobilize community participation in the technical working groups. This ensured that critical barriers to services faced by key populations were properly identified and addressed. It also built the capacity of local community groups and networks to engage effectively in the response, generating an inclusiveness that is expected to increase effective implementation of the grant.

Addressing barriers to service uptake

With human rights barriers to HIV and TB services being recognized as an important obstacle to HIV services, the Global Fund offered an additional allocation of resources to the country to maximize programmatic impact in this area. This was Indonesia's first catalytic investment fund from the Global Fund. UNAIDS briefed country stakeholders about the opportunity, set up and managed a designated proposal development team, held consultations to review human rights programming priorities, and helped with writing of the concept note. An important part of this process was to build consensus on how best to address the disruption of HIV services caused by a recent increase in raids, arrests and brothel closures. An additional grant of US\$ 2.7 million was accessed to implement interventions that will promote the respect, protection and fulfilment of the human rights of key populations.

Thereafter, UNAIDS worked with the Global Fund as an in-country partner to provide support for the development of a baseline assessment of human rights-related legal and policy barriers that impede access to HIV and TB services and programmes. The main contribution of UNAIDS was the provision of local technical expertise and know-how for field visits to Bandung, Jakarta, Makassar and Surabaya. In addition to ensuring that the assessment was well-informed by the realities of the local human rights context, the assignment also served to build local capacity in conducting these types of evaluation. UNAIDS has also assessed the legal and social environments that affect key populations to develop recommendations on how interventions can better reach these populations. This vital information is being used both to inform Global Fund programme implementation and to develop future health-sector action plans and HIV strategies.

The human rights programme is in its implementation phase, and the technical support role of UNAIDS has shifted from capacity-building to effective implementation. Its fundamental relationship with civil society principal recipients and subrecipients improves grant implementation. Support includes establishing a human rights crisis response mechanism; helping with community-based monitoring, sourcing tools and expertise regarding implementation; and building linkages with national human rights programming to mainstream HIV.

Developing effective intervention strategies

During the grant consultation process, country partners recommended the expansion of community-based testing to address Indonesia's low testing rates among key populations. Implementing innovative community-based interventions at scale requires not only resources but also political commitment to ensure country ownership. Through its role on the HIV Technical Working Group,

"We have always found the UNAIDS Indonesia office to be rigorous in their commitment to community-based monitoring, evaluation and feedback. What marks out UNAIDS Indonesia's approach is their desire to make the feedback an empowering and enabling experience for local nongovernmental organizations."

Aditya Wardhana, Executive Director, Indonesia AIDS Coalition, Indonesia

“UNAIDS in Indonesia plays an essential convening role in the national HIV response, including the formulation and implementation of Global Fund grants. Their engagement helps to create bridges between the various civil society and government actors and ensures that the HIV response is truly inclusive of the most affected and vulnerable populations.”

Gail Steckley, former Country Portfolio Manager for Indonesia, Global Fund to Fight AIDS, Tuberculosis and Malaria

UNAIDS provided technical support to compile and analyse the evidence for the effectiveness of community-based testing approaches in the Indonesian context. This evidence is being used to help the development of national HIV testing policy and to secure political buy-in for these much-needed interventions.

UNAIDS has also leveraged its regional position to facilitate knowledge and skills transfer between countries. The Indonesian national sex workers network, OPSI, a subrecipient of the Global Fund grant, received support to transfer its best practice on HIV programming to female sex workers from Ashodaya Samithi, a sex worker-led community organization in India. With help from UNAIDS, the network learned new ways of mapping highly mobile sex worker communities, identifying key local stakeholders and involving them in the response, tracking sex worker mobility, developing sex worker population size estimates, and optimizing intervention approaches to improve coverage.

Unlocking the allocation and optimizing its impact

In collaboration with other technical partners, the UNAIDS country office in Indonesia has played a pivotal role in supporting country access to Global Fund resources to scale up prevention efforts for key populations and to address the critical roadblocks to programme effectiveness. With the funds now secured, UNAIDS provides help to effective grant oversight through its technical inputs to the country coordinating mechanism and its technical working groups. This ensures the timely identification and effective addressing of grant implementation bottlenecks, whether a commodities procurement problem or a monitoring and evaluation systems weakness. By providing technical assistance to government and civil society implementers, in addition to active leadership and participation in grant governance and technical advisory mechanisms, UNAIDS is helping Indonesia to achieve the Fast-Track targets by 2020 to end AIDS by 2030.

Viet Nam: country case study

This case study documents a selection of the broad range of technical assistance that UNAIDS has provided at different stages of the grant cycle to ensure that the funds are invested based on evidence of where they will have optimal impact. In 2018 the Global Fund signed off new HIV grants to Viet Nam for the 2018–2020 period worth US\$ 59.7 million. The programmes supported by these grants have been prioritized and targeted based on new strategic information that the country has collected and analysed with UNAIDS country office help.

The challenge

Six countries in Asia and the Pacific are home to 90% of the total number of people living with HIV in the region, including Viet Nam with 250 000 people living with HIV. For this reason, UNAIDS has designated Viet Nam a Fast-Track country, where an accelerated effort and investment could have a significant impact on the wider region's epidemic. The country's HIV epidemic

is concentrated among key populations, with the highest prevalence rates among people who inject drugs, men who have sex with men, and female sex workers. While the number of new infections has declined since 2010, the prevalence of HIV among men who have sex with men has increased in recent years. To help address this, UNAIDS has supported the national HIV and AIDS programme to collect more granular strategic information to address gaps, prioritize investments, and introduce innovative programming approaches for key populations.

Granular evidence to inform programmes

In 2016 the Global Fund awarded a special initiative grant to the Viet Nam Administration for HIV/AIDS Prevention and Control (VAAC) to estimate the sizes of key populations in 12 provinces. The lack of data was a major barrier to developing optimal programmes and allotting the required resources. In partnership with VAAC and the United States Centers for Disease Control and Prevention, UNAIDS provided technical guidance and supplied experts who trained country stakeholders in innovative and cost-effective methodologies for data collection and analysis. Additionally, UNAIDS facilitated consensus-building around the process and results and strategic linkages with the Government Statistics Office to ensure synergies with other data collection work.

Since 2018, for the first time Viet Nam has size estimates for the population of men who have sex with men in 12 provinces, and for female sex workers and people who inject drugs in the city of Han Noi. National estimates have been derived from these data and used to inform the targeting and monitoring of the new Global Fund grants. These findings are already guiding Fast-Track investments and the monitoring of key population programmes at the provincial and city levels, and are being used to prioritize locations for the scale-up of pre-exposure prophylaxis programmes for men who have sex with men. Going forward, UNAIDS will continue to deploy methodology experts to synthesize key lessons for other provinces.

Leaving no one behind

UNAIDS help in Viet Nam has impelled the inclusion of specific studies on and interventions for the transgender community into the new Global Fund grants. As in other cities in the region, there are indications of high HIV prevalence among transgender women in Ho Chi Minh City. By supporting the participation of a Vietnamese delegation in a regional consultation on transgender health, HIV and human rights, UNAIDS built awareness of the need to better address transgender health in Viet Nam. This has increased commitment towards addressing transgender-specific strategic information gaps and creating a more enabling environment for interventions to address the needs of this key population.

Capitalizing on this, UNAIDS organized stakeholder consultations to address next steps, with participation from the transgender community. Proposed actions comprised a comprehensive mapping of existing interventions for transgender people, including an assessment of their HIV programming needs. This was implemented with UNAIDS technical and financial support. UNAIDS will also provide technical guidance for a size estimate of the transgender population, which is planned under the new Global Fund grant. Continuing coordination

“UNAIDS Viet Nam plays an essential role to guide the evidence-informed prioritization and targeting for the Global Fund investments and their performance framework. UNAIDS sound technical expertise, combined with its political advocacy outreach and coordination role, including vice-chair of the country coordinating mechanism and chair of the development partners’ group, is very useful to foster a more effective and efficient response for impact.”

Olivier Cavey,
Senior Portfolio Manager for
Viet Nam, Global Fund to Fight
AIDS, Tuberculosis and Malaria

“Thanks to UNAIDS analytical help and technical assistance in introducing innovative and cost-effective surveillance methods, Viet Nam has the best available evidence on the size of populations of men who have sex with men in all provinces of the country, including the proportion of men who have sex with men who connect online. Moreover, UNAIDS has helped transfer the technologies for estimating the size of key populations at higher risk of HIV to the national and provincial technical teams, further strengthening and ensuring the sustainability of Viet Nam’s surveillance system. The men who have sex with men size estimates are already being used for estimating the HIV epidemic and its future trajectory and will be a key input to the reprogramming and prioritization of interventions in Viet Nam.”

Vo Hai Son,
Principal Officer, Head of Division
on Surveillance, Monitoring,
Evaluation and Laboratory,
Viet Nam Administration for
HIV/AIDS Prevention and Control,
Ministry of Health, Viet Nam

“The pilot initiative supported by UNAIDS recognized and focused on the reality of stigma and discrimination in health-care settings faced by many people living with HIV. Until now there have been few interventions to address this. This initiative was successful in creating a recognized role for community workers in health-care facilities. HIV treatment will be much better when community and health-care workers recognize each other’s roles and work together.”

Nguyen Anh Phong,
Steering Committee, Viet Nam
Network of People Living with HIV,
Viet Nam

and advocacy by UNAIDS have significantly raised awareness of the needs of transgender people in the HIV response, with further steps being taken towards the provision of tailored services specific to these needs.

From innovative pilot to national action plan

By encouraging and evaluating pilot projects that address barriers to programme effectiveness, UNAIDS supplies the evidence needed to build political support for programme scale-up. Optimizing testing and treatment coverage to Fast-Track 90% levels depends on stigma-free health-care access for people living with HIV and key populations.

With additional resources from the MAC AIDS Fund for innovative approaches to the Fast-Track response, UNAIDS provided technical assistance to a pilot project to reduce HIV-related stigma and discrimination in three health-care facilities in Ho Chi Minh City. The project included a baseline survey, materials and capacity development for health-care workers, and an end-line survey with recommendations for scale-up. UNAIDS coordinated the collaboration with VAAC, the Provincial AIDS Centre and the Viet Nam Network of People Living with HIV. The meaningful engagement of people living with HIV and their dialogue with health-care workers was essential for the success of the pilot. Pilot projects such as this provide valuable evidence of programme effectiveness that can be used to inform the scale-up of programmes funded by the Global Fund.

With Viet Nam now integrating HIV treatment into the broader health system under the country’s social insurance scheme, it has become more critical to eliminate stigma in health-care settings. This type of integration is fully aligned with the Global Fund’s objectives for sustainability. The experience from this pilot has already informed a national action plan and a new directive from the Ministry of Health on reducing HIV-related stigma and discrimination in all health facilities. It has also led other partners to contribute additional resources to replicate the programme in other high-burden areas, with the expectation that it will improve early treatment demand, initiation and adherence.

Coordinating inclusive country dialogue

In addition to contributing technical expertise, UNAIDS plays a pivotal coordination and advocacy role to ensure that strategic evidence is used to optimize the national response. This includes convening inclusive policy dialogues between key national stakeholders such as senior government officials, national assembly leaders and community constituents. The consensus and mutual understanding that these discussions produce helps secure political commitment for action and people-centred solutions.

Recently, such advocacy helped promote better access to social health insurance and affordable HIV treatment for all key populations, including more marginalized groups and people living in remote areas. By helping to build a solid evidence base, encouraging the inclusion of people living with HIV and key populations in national policy dialogue, and bringing in best practices and innovative approaches, UNAIDS is helping Viet Nam to optimize domestic and international investments in the AIDS response and reach its goal of ending the AIDS epidemic by 2030.



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