

UNAIDS CONTRIBUTION TO RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH (RSSH)

Country case studies
Annex



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Acronyms

AG	Attorney General
AI	Artificial Intelligence
ANC	Antenatal care
ARV	Antiretroviral
ARV	Antiretroviral Therapy
ASM	Appointment Spacing Model
ASOLSIDA	Alianza Solidaria para la Lucha Contra el VIH y Sida
BDB	Breaking Down Barriers
CBOs	Community-based Organizations
CCMs	Country Coordination Mechanisms
CDC	Centers for Disease Control and Prevention
CEPROSH	Centro de Promoción y Solidaridad Humana
CHAG	Christian Health Association Ghana
CHIS	Community Health Information System
CHPS	Community-Based Health Planning and Service
CHRAJ	Commission on Human Rights and Administrative Justice
CIPESA	Círculo de Periodistas de La Salud
CLM	Community-led Monitoring
CMO	Context-Mechanisms-Outcome
COIN	Centro de Orientacion e Investigacion Integral
COLESDOM	Dominican Inclusive Lesbian Community
CONAVIHSIDA	Consejo Nacional para el VIH y el SIDA
COP	Country Operational Plan
CRC	Compassionate, Respectful and Caring Health Work Force
CSOs	Civil Society Organisations
CVC	Caribbean Vulnerable Communities
DBS	Dried Blood Spot
DHIS	District Health Information System
DIGECITSS	División de Control de las ITS y SIDA del Ministerio de Salud
DP	Development Partners
DR	Dominican Republic
DRMS	Domestic Resource Mobilisation and Sustainability Strategy
DSD	Differentiated Service Delivery
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother-to-Child Transmission
EPHI	Ethiopian Public Health Institute
EPSA	Ethiopian Pharmaceuticals Supply Agency
FAPPS	Formulario de Aplicación a Programas de Políticas Sociales
FBOs	Faith-based Organizations
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FMC	Family Medicine Centre
FMOH	Federal Ministry of Health
FPM	Fund Portfolio Manager
FR	Funding Requests
FTAR	Fast Track ART Refill Model
GA	Gender Assessment
GAC	Ghana AIDS Commission
GBV	Gender-based Violence
GDP	Gross Domestic Product
GF	Global Fund
GhiLMIS	Ghana Integrated Logistics Management Information System
GHS	Ghana Health Services

GIZ	German Agency for International Cooperation
GKPUIS	Ghana KPs' Unique Identification System
GNP	Global Network of People
GoG	Government of Ghana
HAPCO	Federal HIV/AIDS Prevention and Control Office
HEP	Health Extension Programme
HEW	Health Extension Workers
HFFG	Hope For Future Generations
HMIS	Health Management Information Systems
HPN	Health, Population and Nutrition
HSMTDP	Health Sector Medium Term Development Plan
HSS	Health System Strengthening
HSTP	Health Sector Transformation Plan
IBBS	Integrated Biological and Behavioural Surveillance
IDUs	Injecting Drug Users
IEC	Innovation Exchange Centre
IEC	Information, Education, and Communication
INSALUD	El instituto Nacional de Salud
JANS	Joint Assessment of National Strategies
JAR	Joint Annual Review
JCCC	Joint Core Coordinating Committee
JT	Joint Teams
KI	Key Informants
KII	Key Informant Interviews
KPPs	Key and Priority Populations
KPs	Key Populations
LFA	Local Fund Agent
LGBTQ	Lesbian, Gay, Bisexual, Trans and Queer
LOPs	Leadership of Popular Opinion Leaders
MDT	Multi Disciplinary Teams
MHIF	Mandatory Health Insurance Fund
MISPAS	Ministerio de Salud Pública y Asistencia Social
MMD	Multi Month Dispensing
MODEMU	United Women's Movement
MOH	Ministry of Health
MoU	Memorandum of Understanding
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
MTN	Post & Prepaid Telecommunications Subscriptions Ghana
MTR	Mid-Term Review
NACP	National AIDS Control Programmes
NCDs	Non-communicable Diseases
NEP+	Former AELWHA (Association of Ethiopians Living with HIV/AIDS)
NFM	New Funding Model
NHIS	National Health Insurance Scheme
NHP	National Health Policy
NSPs	National Strategic Plans
ODHGV	Observatory of Human Rights for Vulnerable Groups
OIG	Office of Inspector General
OP	Operational Plan
OSHA	Obligations of Employers with HIV-positive Employees
PAHO	Pan American Health Organization
PEP	Partnership for Economic Policy
PEPFAR	U.S. President's Emergency Plan for AIDS Relief

PF	Pooled Fund
PHC	Primary Health Care
PHCC	Public Health Coordination Council
PLANEG	National Plan for Gender Equality
PLHIV	People living with HIV
PMI	Project Management Institute (Ghana)
PMTCT	Prevention of mother-to-child transmission
PPE	Personal Protection Equipment
PrEP	Pre-exposure prophylaxis
PROMESE/CAL	El Programa de Medicamentos Esenciales/Central de Apoyo Logístico/ Program of Essential Medicines and Central Logistics Support
PSM	Procurement and Supply Management System
PWID	People Who inject Drugs
RCP	Regional Cooperation Programme
REDOVIH	Rights of People living with or affected by HIV
RMNCH	Reproductive, Maternal, Newborn Child plus Adolescent Health
ROP	Regional Operation Plan
RSSH	Resilient and Sustainability Systems for Health
SAIs	Servicios de Atención Integral
SDGs	Sustainable Development Goals
SERRP	Socio-economic Response and Recovery Plan
SNS	Servicio Nacional de Salud
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
SUGEMI	Integrated System for Medicine Supply and Change Management
SWAp	Sector Wide Approach
TG	Transgender populations
TOC	Theory of Change
TRP	Technical Review Panel
TWGs	Technical Working Groups
UBRAF	Unified Budget, Results and Accountability Framework
UCO	University of Central Oklahoma facility in Ghana
UHC	Universal Health Coverage
UN JT	United Nations Joint Teams
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNODC	United Nations Office on Drugs and Crime
WAAF	West Africa AIDS Foundation
WAAF/IHHC	Technical Advisor West Africa AIDS Foundation/ International Health Care Center
WAPCAS	Ghana-West Africa Program to Combat AIDS and STI
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation
YHAG	Young Health Advocates Ghana

Introduction

The purpose of the Evidence Review is to summarise evidence on:

- How the HIV response has contributed to resilient and sustainable systems for health (RSSH).
- The unique role and contribution of UNAIDS¹ to supporting progress in RSSH.
- Country gaps in RSSH where UNAIDS can play a role.

Considering UNAIDS specific mandate and comparative advantage, the evidence review focuses on six areas selected for the role they can play in future health systems. These include accountability; innovation, agility, and responsiveness of health systems; community-led approaches and people-centred services; addressing inequalities and inequities; integrated health services; and reducing stigma and discrimination. The summary table reflects the evidence for these areas.

Ranking of strength of evidence

In reviewing and analysing the data for the case studies, a four-point scale for rating the robustness of evidence/findings is used. This is based on the extent to which findings can be triangulated across the sources of information. The four-point scale does not represent a ranking of UNAIDS contribution to an area of RSSH.

Ranking	Definition of strength of evidence
1	The finding is supported by multiple data sources (good triangulation), which are of strong quality.
2	The finding is supported through (moderate triangulation) by multiple data sources of lesser quality, or by fewer data sources of higher quality.
3	The finding is supported by few data sources (limited triangulation) of lesser quality.
4	The finding is supported by very limited evidence (single source) or by incomplete or unreliable evidence. In the context of this prospective evaluation, findings with this ranking may be preliminary or emerging, with active and ongoing data collection to follow up.

¹ The review focuses principally on the role and contribution of the UNAIDS Secretariat but also considers the contribution of UNAIDS Cosponsors as members of country Joint UN Team on AIDS.

Dominican Republic Case Study Summary

Country context

- A clearly defined strategic framework for health reform is situated in the National Development Strategy 2030. Sustainable Development Goals are integrated in national and sectoral plans. The health system is based on the principles of universal coverage, compulsory enrolment, and comprehensive care.
- There is documentary evidence on strong government commitment to end the AIDS epidemic by 2030. The Ministry of Health (MOH) has endorsed the global 90-90-90 strategy and adopted the Fast-Track Initiative and regulation based on the WHO Test-&-Start approach.
- At the political and regulatory level, there are several frameworks that support the implementation of the Strategy: a) New National Guide for the Care of the Adult Population with HIV / AIDS, June 2018., b) Pediatric HIV Diagnosis and Treatment Guide c) Ministerial provision - number 000020 (MOH adopted its Treatment for All strategy which follows the WHO's 2016 guidance for HIV care and treatment, including rapid ART initiation, independently of CD4 count); d) Ministerial provision -number 000015- that orders the performance of rapid tests to HIV detection by trained personnel at the first level of care; e) the update of the 2019-2023 National Strategic Plan for HIV and AIDS, which contains the guidelines, results and goals for the achievement of 90-90-90, and f) the National Plan for integration of HIV services (2020-2024) with Ministerial Resolution 00003 of May 8 2019²
- The Strategy for Sustainability and Resilience of the National Response to HIV in the Dominican Republic³ (developed in 2018) is aligned and incorporated in national policy instruments and annual Operational Plans and included in the 2019-2023 National HIV Strategic Plan, which guides the actions of the national response to HIV and STIs and proposes further expansion of domestic financing to achieve its goals.
- Documentary and key informant (KI) evidence point that over the past two decades, the Dominican Republic (DR) has made significant progress in the national response to HIV/AIDS. The country has significantly reduced AIDS-associated mortality and has expanded antiretroviral (ARV) coverage for people living with HIV (PLHIV) in the past decade. DR has made strong progress in curbing the HIV/AIDS epidemic, with new HIV infections, AIDS-related deaths and the ratio of incidence to prevalence all dropping dramatically. There has been a 14% decrease in HIV incidence rate from 2012 to 2017, however, this still puts DR 62% below its' Strategy target⁴. DR has also seen a 46% decrease in HIV mortality rate from 2012-2017, leaving a further 55% to reach its' 2022 Strategy target⁵
- Although progress has been made in the coverage of ARVs including an increase in public contributions to their purchase and access to HIV tests, there is still a long way to go, given that only a third of PLHIV have achieved an undetectable viral load⁶.
- Documentary and KI evidence on strong CSOs which appear to be a catalyst for systems-level integration of HIV and primary health care services and have become key implementers for the expansion of prevention and treatment services. Since 2005 there is legislation that highlights the fundamental role of civil society in actions of community benefit and third parties⁷. The Law on Regulation and Promotion of non-profit associations (Law no. 122-05) and the Law on Procurements and Contracts of Good Services, Works, and Concession (Law no. 340-06, 339-06), that were passed and entered into effect together allow the government to contract NGOs for HIV response (prevention and provision of services), other health and social services and beyond.
- The PEPFAR Country Operational Plan 2019 and Sustainability Index Dashboard (COP 19 SID) characterizes DR as having strong civil society participation, market opening, planning and coordination and mobilization of national resources. The weak area in the country's response to HIV/AIDS (according to COP 19 SID) is private sector participation. Although there are formal channels and opportunity for

2 Ministerial Resolution 00003 of May 8 2019 that orders the implementation of a PEPFAR-funded strategy focusing on comprehensive care services to increase rapidly the number of people in antiretroviral therapy in order to control the HIV epidemic and comply with the 90-90-90 target in the Dominican Republic

3 Ministry of Public Health, CONAVIHSIDA. Estrategia de Sostenibilidad y Resiliencia de la Respuesta Nacional al VIH en República Dominicana, July 2018

4 UCSF SR 2020 Country Disease Analysis for HIV, TB and Malaria

5 The Global Fund. Strategic Review 2020, Dominican Republic case study, August 2020v

6 The information available on the treatment cascade for people living with HIV shows that in DR; 88% of PLHIV know their status, 48% of PLHIV are on ART and 40% of PLHIV have suppressed viral loads (source: <https://unaids.sharepoint.com/:b/s/FSLAC/Eb2FD7qmHKEEnrKu774g4IUBKZC0H9vKbx4tuhjSHVDOUQ?e=UJ4lu8>)

7 Gobierno de República Dominicana. "Decreto No. 40-08 que establece el Reglamento de Aplicación de la Ley No. 122-05 sobre Regulación y Fomento de las Asociaciones sin Fines de Lucro (ONG) en la República Dominicana de fecha 8 de abril de 2005." Abril 2005 <http://www.ojd.org.do/TributariaAdministrativa/Decreto%20No.%2040-08%20G.O.%2010457.pdf>

participation and provision of HIV services, the private sector does not express interest or seek opportunities in participation.

- KI and documentary evidence highlights that the country still faces great challenges in stigma and discrimination, particularly towards the trans population, sex workers, MSM and Haitian migrants and descendent. Although there has been progress in decriminalizing some behaviors that place these populations at higher risk for HIV, discriminatory attitudes and legal barriers continue to affect access to services for key populations. In addition, women face gender norms that reduce their choice and access for services, and gender-based violence, particularly intimate partner violence, is highly prevalent⁸.
- The agencies that have been mostly involved in fighting HIV epidemic and supporting HIV response in the Dominican Republic are the Global Fund, PEPFAR, USAID, CDC and UN Joint Team (UNAIDS Secretariat, UNICEF, WFP, UNDP, UNFPA, UNODC, WHO/PAHO, UNESCO, UNHCR, WB).

Findings

1. The contribution of the HIV response to RSSH⁹

Strength of Evidence: 1

- According to the KIs interviewed, multi sectoral approaches, intersectoral collaborations models, and trusted partnerships among national health and coordination platforms, donor community and other partners, established within the DR HIV response, laid foundations for good coordination and country implementation of other health programmes (beyond HIV) and for health systems.
- Documentary and KI evidence suggests that country dialogues and consensus building processes, advocacy, development and/or modification of policies and resolutions supported by the UNAIDS Secretariat and UN joint team within various areas in the HIV response (e.g. for fighting stigma and discrimination, gender based violence, protection of human rights and improvement of the access to health services, social protection programmes) goes beyond the HIV and contributes to the strengthening of the health, social and other sectors in Dominican Republic.
- There is considerable evidence from KI interviews and documentary sources that funding for the HIV response has made important contributions to health system building blocks through:
 - strengthening legal framework, supporting the design and implementation of policies, plans, and high-level interventions delivered at PHC level (e.g. the Draft General Law on Equality and Non-Discrimination; the Law on Procurements and Contracts of Good Services, Works, and Concession),
 - strengthening the procurement and supply management system by establishment of the centralized procurement agency (PROMESE/CAL) for all drugs as well as centralised purchasing through the agency, and establishment of the integrated system for medicine supply and change management (SUGEMI),
 - leveraged funding for health more broadly and initiated changes in the public finance policies to set guarantee parameters for the sustainability with entries in the budget defined as “protected” that will not be subject to political changes annually,
 - supporting decentralisation of health care system and transfer of services from specialized institutions to PHCs,
 - building the capacity of health workers for integration and improving access to range of services (HIV, TB, Hep C, STI). The Global Fund has supported training of the PHC personnel for differentiated care model to decentralize and integrate HIV care according to the healthcare model of the Dominican Republic.
- The HIV response has promoted right based approach to health enabling establishment of Human Rights Observatories¹⁰ - ODHGV (initiated by CSOs under the Global Fund regional grant), nested in The Centro de Orientación e Investigación Integral (COIN)¹¹, as a platform for the registration, monitoring and

⁸ The Global Fund. Strategic Review 2020, Dominican Republic case study, August 2020

⁹ Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; MOH; DIGECITSS; COIN, CONAVIHSIDA, CEPROSH, Global Fund FPM), Global Fund Strategy Review 2020 Dominican Republic Case Study; Global Fund Funding Request; various country documents and reports; country resolutions and guidance related to HIV response and RSSH (see list at the end of the document).

¹⁰ In 2016 UNDP and the Global Fund signed a US\$7 million grant to address human rights barriers to HIV services in eight Caribbean countries – Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname and Trinidad and Tobago. The grant was implemented by UNDP in close collaboration with the two leading civil society organizations – Caribbean Vulnerable Communities (CVC) based in Jamaica and Centro de Orientación e Investigación Integral (COIN) based in DR.

¹¹ The Centro de Orientación e Investigación Integral (COIN) is a private organization conceived as a result of the emergence of HIV/AIDS and human trafficking in the Dominican Republic. COIN implements HIV prevention programs and health care services for key populations throughout the region.

visualization of complaints for Human Rights violations, intended to address human rights violations against the most vulnerable populations. The support (legal, psychological, etc) is provided beyond the HIV response to all issues regarding any violence or stigma and discrimination.

- Programmatic innovation pioneered during the COVID 19 (MMD, ARV home delivery, use of virtual platforms for consultations) could have wider applicability beyond HIV.

2. The contribution of UNAIDS in Dominican Republic to the six areas of RSSH identified for this review

Governance and Accountability¹²: *Leadership, governance, accountability, harmonisation and alignment, e.g., evidenced through commitment to the goals and targets in the Political Declaration on HIV as well as UHC targets*

Strength of Evidence: 1

- The UNAIDS Secretariat in Dominican Republic is recognised (by the government, partners and CSOs in Dominican Republic) as a leader in policy level advocacy, provision of relevant data and analysis (epidemiological, programmatic and financial) to support evidence-based decision making and prioritisation and build the institutional capacity in data production and use.
- KI evidence indicates the UNAIDS Secretariat is instrumental in bringing stakeholders and partners to the table facilitating dialogues and consensus reach, as well as in coordination of the UN joint team (and beyond) promoting and ensuring synergies in funding/interventions to reducing/avoiding duplications in the HIV response and beyond, including other programmes.

Alignment of the of Global Fund funding requests, NSP and Nations Development Strategy:

- Documentary sources and KIs interviews provide strong evidence of the UNAIDS Secretariat supporting the process of development of the new Funding Request (FR) for the Global Fund NFM3 (contracting experts and ensuring smooth implementation and FR development). The UNAIDS Secretariat is currently leading the coordination committee for FR development and is providing technical assistance through 3-member team of experts for development of the FR ensuring alignment with the NSP. For 2020-2022 DR has been allocated US\$15,99 million for HIV and building resilient and sustainable systems for health (RSSH) to support initiatives for strengthening integrated care from a patient perspective (co-infections or coherent care packages such as integrated ante-natal services), and system capacities necessary to achieve impact and sustainability (including labs, supply chains, data systems, community-based monitoring, human resources for health).
- In parallel to development of the FR the country is working on updating the NSP. KI and documentary sources indicate that the UNAIDS Secretariat is playing an important role in the NSP development through the provision of various analyses and assessments to support prioritization and identify areas where more efforts and support/interventions are needed, to identify gaps and advocate at the political level for country to assign necessary resources. The UNAIDS Secretariat staff is also a member of the coordinating committee for NSP update and alignment with national development plan which includes cross cutting RSSH issues and priorities discussed in more depth and structured way.
- Evidence from documentary review and KI interviews indicated the UNAIDS Secretariat contribution to national programs planning for sustainability and reducing dependence on external funding. The UNAIDS Secretariat has been recently approached by the Global Fund to support revision and modification of the existing HIV sustainability plan/transition work plan, in a light of the recent changes in the government and the Ministry of Health (to be included in the FR). It is expected that support and recommendations to be provided will serve as a tool to integrate the transition strategy within the National Strategy Plan on STI, HIV-AIDS 2019-2023 and better align with National Development Plan.

Role and contribution to creating enabling environment (normative guidance and policy development) that supports strong HIV response

- According to the KIs interviewed the UNAIDS Secretariat has played an important role in creating an enabling environment and national political agenda aligned with global strategies and initiatives including Treatment for All strategy, by advocating, providing technical support to formulation, modification and

¹² Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; MOH; DIGECITSS; COIN, CONAVIHSIDA, CEPROSH, Global Fund FPM), Global Fund Strategy Review 2020 Dominican Republic Case Study; Global Fund Funding Request; various country documents and reports; country resolutions and guidance related to HIV response and RSSH (see list at the end of the document).

alignment of national documents and coordinating dialogues with CSOs, government and other key actors.

- Strong documentary and KI evidence of the UNAIDS Secretariat providing technical expertise to the strategy and policy development (advocacy, review/evaluation and revisions of documents, etc) either by active participation of the UNAIDS Secretariat staff on various meetings, workshops, debates providing their contribution in the area of their expertise, and/or by engagement of external consultants (national and international) with specific/required technical expertise. Various examples of UNAIDS policy and advocacy support are presented below, as well as across all areas of this review.
- Documentary evidence of the UNAIDS Secretariat and JT technical assistance to the Minister of Health in the creation of a Ministerial resolution (order) for the application by staff in the national public health system of the disciplinary regime for non-compliance with the standards, technical regulations, protocols or guidelines for clinical management of health programs.
- KI and documentary evidence highlight UNAIDS support and active participation in development of the National Plan for the integration of HIV Services in the Dominican Republic 2020-2024 (process initiated by the Global Fund). The UNAIDS Secretariat participated in discussions for reaching consensus on definition of integration of services and on agreement on Domains (dimensions) and criteria to be evaluated within the integration. More details provided under area of integration.

Governance, coordination, harmonization and alignment of national HIV and health sector plans

- Through participation on various health related coordination platforms and working groups, UNAIDS Secretariat is involved in discussions related to strengthening of the health system and monitoring of health sector plan implementation. There is some KI evidence that UNAIDS participation in health sector platforms has resulted in reduced duplication of funding and interventions between the HIV response and the health sector. UNAIDS is also a member of Country Coordination Mechanism (CCM) where actively contributes to the oversight and accountability of the national HIV programme.
- KIs and documentary evidence points to the UNAIDS Secretariat being instrumental in coordination and facilitation of country dialogues processes among various key actors in health and social sector (including harmonisation and alignment of national HIV and health sector plans). Selected examples of the UNAIDS Secretariat support in coordination and facilitation of country dialogue processes and its results are listed below:
 - Documentary evidence on UNAIDS Secretariat coordination and facilitation of an open and participatory dialogue with government organizations that work in the response to HIV to close gaps and exchange ideas, information and proposals for improvements for the implementation and expansion of the 90-90-90 goals from a perspective of the "Treatment for All" strategy. Two phases: Phase 1 - Coordination meetings between the UNAIDS Secretariat, USAID and the government commission, in order to establish activities for the development of dialogue with all participation; Phase 2 – Support dialogue with the public sector health workers to obtain proposals through consensus and participation space.
 - Documentary and KI interview evidence on results of the Dialogues 90-90-90 facilitated by the UNAIDS Secretariat: 80 high-level authorities and technicians from 30 organizations (14 public, 10 NGOs, 6 other partners of the national response), sensitized on the importance of improving quality and expanding the interventions that are executed from the "test and start+ strategy and the importance of update the National Guidelines for People Living with HIV, aligning it with the WHO Clinical Guidelines on Treatment for All. The dialogue resulted in countries taking actions in a) development of the New National Guide for the Care of the Adult Population with HIV / AIDS, June 2018, b) drafting Ministerial provision - number 000020 (MOH adopted its Treatment for All strategy which follows the WHO's 2016 guidance for HIV care and treatment, including rapid ART initiation, independently of CD4 count) and c) drafting Ministerial provision -number 000015- that orders the performance of rapid tests to HIV detection by trained personnel at the first level of care.
 - The UNAIDS Secretariat provided facilitation services for the event "Dialogues for Civil society organizations and community groups of the HIV area, that aimed at closing information gaps that allow increasing knowledge and actions to achieve the elimination of HIV as a public health problem; analysis of the scope and limitations of the "Treatment for All" in the Dominican Republic; and sustainability strategies and identification of actions to improve the implementation of the new strategies. This dialogue resulted in Civil Society, key groups and PLHIV that were not accepting the "Treat for All" strategy to accept the implementation of the strategy in the country and to unite in one voice for its implementation.
- Various KIs pointed out to the important role, active participation and contribution of the UNAIDS Secretariat for development of the PEPFAR Sustainability Index and Dashboard (SID) - PEPFAR, UNAIDS, the Ministry of Health, the National Health Service, and the National Council for HIV and AIDS,

convened partners of the national HIV response to develop SID, jointly review updates in the political and legal context and analyse SID for Dominican Republic. Further, UNAIDS Secretariat supported formalisation of collaboration between PEPFAR, the Ministry of Public Health and the National Health Service by supporting development of the Memorandum of Understanding (MOU)¹³ that contain clear commitments of each party/signatory, and organisation the signature event (high level convocation)¹⁴.

Domestic resource mobilisation

- Documentary evidence points to funding gap within the NSP that is expected to grow, driven by flat and/or declining external funding and national targets to save lives through increased treatment coverage¹⁵. Substantial domestic investment is needed to cover growing treatment costs and other key programmatic areas that are likely to experience reductions in external financing such as testing, case identification, and prevention¹⁶. There is some evidence of UNAIDS Secretariat contribution to high level advocacy for innovative domestic sources of financing (led by the World Bank and the Global Fund). According to the KI interviewed efforts by the CCM and national programmes to engage the MOF and/or systematically plan for financial and programmatic sustainability appear limited.

Innovation, agility, responsiveness of health systems¹⁷: Differentiated service delivery models; precision public health; agile programmes; data to detect issues, for quality assurance and forecasting, COVID-19 responses

Strength of Evidence: 2

Precision public health for HIV/AIDS

- KI and documentary sources point to the UNAIDS Secretariat added value in providing information, analysis, updates and relevant data (epidemiological, programmatic and financial) to support strategic information, planning and evidence-based decision making, strengthening operational procedures for HIV related decision making, and other areas of health.
- Spectrum estimates have been used by government, GF and PEPFAR as one source of data for determining geographical and population prioritization and for planning and monitoring of intervention coverage. Estimates and Projections of Prevalence of HIV and Disease Burden 2017 and 2018 were developed, published and widely used in planning for future health care service and pharmaceutical needs.
- There is some KI interview and documentary evidence that the UNAIDS Secretariat is contributing to the institutional capacity building for production and use of data. The UNAIDS Secretariat organised a national seminar on production and use of data (85 people representing 26 institutions participated to improve their knowledge and skills on data production and use) with the aim of a) analysing the progress of the compliance of the commitments assumed by the Dominican Republic in the Political Declaration to end AIDS 2016-2021 which feeds the Sustainable Development Goals on HIV, b) reviewing the Fast Track targets emanating from the Political Declaration to end AIDS 2018-2021, including alignment with national policies; c) analysing the fulfilment of the Fast Track targets; d) development of recommendations for reaching the 10 Fast track targets.

Innovation

- Strong documentary and KI evidence that development partners support (Global Fund, UNAIDS, UNDP, PEPFAR) has been instrumental in bringing awareness to country stakeholders on the possible innovative funding mechanisms and system level integration to strengthen HIV response (e.g. an integrated system for medicine and supply chain management called SUGEMI). UNAIDS is working with the Global Fund and other partners to support the country in maximising these opportunities.

¹³ The purpose of this Memorandum of Understanding was to establish the proper coordination framework between the MISPAS, the SNS and PEPFAR to ensure and expedite the implementation of the "Treatment for All" strategy during the period 2019-2020 and ensure the sustainability of the operations at the end of the technical and financial assistance.

¹⁴ as part of The Project "UNAIDS Support to the PEPFAR / DR Program" receives funding from USAID under the United States AIDS Relief Program (PEPFAR)

¹⁵ HMST and Euro Health Group, TERG Thematic review on Sustainability, Transition and Co-financing Policy, Final Report; DR Case Study, 2019

¹⁶ Ibid.

¹⁷ Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; MOH; DIGECITSS; COIN, CONAVIHSIDA, CEPROSH, Global Fund FPM), Global Fund Strategy Review 2020 Dominican Republic Case Study; Global Fund Funding Request; various country documents and reports; country resolutions and guidance related to HIV response and RSSH (see list at the end of the document).

- The development of SUGEMI illustrates how donor-financed health programming can be institutionalized and sustained with political commitment (established by international partners and now completely financed by the Ministry of Public Health with less frequent stock-outs and HIV, TB, and reproductive health supplies integrated with essential medicines). This systems-level integration was universally acknowledged as a key innovation that helped not only to strengthen the HIV response, but also to reduce systems-level inefficiencies, which increase transaction costs in the health system¹⁸. The SUGEMI now serves as the institutional mechanism for organizing the public health network supply system for drugs. Implementation of SUGEMI has improved operational efficiency, including streamlining facility reporting needed for drug forecasting and use. Following the implementation of SUGEMI, drug availability has increased and stabilized due to better estimation of needs.

Innovation, responsiveness - Differentiated Service Delivery (DSD)

- There is considerable KI interview and documentary evidence that, under the leadership of the UNAIDS Secretariat and support from JT members, DR's HIV Clinical Guidelines have been updated and aligned with international policies. Several administrative and clinical care guidelines have been updated to reflect innovative global best practices, such as task shifting for HIV testing, strategic planning to prioritize index testing and self-testing.
- The UNAIDS Secretariat strengthened the network of peer counsellors composed of people living with HIV leaders who work within Comprehensive Care Services, in their role of oversight, support, and accompaniment of people living with HIV who seek services from Comprehensive Care Services (SAls). The UNAIDS Secretariat provided technical support by engaging expert who conducted preparatory meetings, prepared technical documents, promotion and supporting materials.
- The UNAIDS Secretariat with funding from USAID provided technical support by contracting experts to conduct situation analysis on ARV to evaluate shortage and the implications that this could have on the implementation of the new COP and the Test and START strategy. UNAIDS also provided recommendations for improvements necessary to strengthen each actor in the supply / sourcing chain. UNAIDS provided TA to the institutions responsible for supply in the country to develop an action plan to avoid shortages in the future.

Responsiveness, COVID-19

- In response to the health emergency and COVID 19 Dominican Republic joined the application of Multi Month Dispensing (MMD) for ART. The UNAIDS Secretariat was instrumental in initiating, facilitating and providing support to development and adaptation of guidance (March 21st, 2020: Clinical Guideline for Supplying and Dispensing of Antiretroviral Drugs (ARV) during the emergency of the COVID-19 epidemic) to allow three and/or six-month MMD for stable patients (patients with evidence of treatment compliance and viral suppression in the last 12 months). The new guidance also allows home delivery of ARVs to those who authorize it¹⁹.
- The UNAIDS Secretariat, WHO and UNICEF conducted a data collection exercise to identify national, regional and global disruptions of routine HIV services caused by COVID-19 - monthly declines in the number of people on treatment identified after April 2020^{20, 21}. Countries (including DR) were encouraged to share data from their regular health information systems programs, through online platform with monthly updates.

Community led approaches²²: Inclusion of communities at the governance, planning and accountability and monitoring of service delivery

Strength of Evidence: 3

Inclusion of communities in governance and accountability structures

- Together with the Global Fund, the UNAIDS Secretariat have created the space for governments and civil society in DR to jointly engage in the national/global response planning and coordination, as well as in

18 USAID, HFG: Integrated the HIV response at the systems level: experience of four countries in transition (DR case study), September 2018.

19 <https://repositorio.msp.gob.do/bitstream/handle/123456789/1835/DirectrizClinicaVIHCOVID-19.pdf?sequence=1&isAllowed=y>

20 Analysis of antiretroviral treatment dispensing over several months, community distribution, and pre-exposure prophylaxis in Latin America and the Caribbean Region in times of COVID19, UNAIDS, 2020, 30 p

21 https://unaidsharepoint.com/p:/s/FSLAC/Eb9kuwHzKM5BgBRQlrqPuFcBJ9_PFrXB5nWPRyeDQCC0QQ?e=YQgz3m

22 Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; MOH; DIGECITSS; COIN, CONAVIHSIDA, CEPROSH, Global Fund FPM), Global Fund Strategy Review 2020 Dominican Republic Case Study; Global Fund Funding Request; various country documents and reports; country resolutions and guidance related to HIV response and RSSH (see list at the end of the document).

building capacity for the governmental and non-governmental sectors to interact constructively with each other. From KIs interviews, it appeared that the UNAIDS Secretariat is widely recognised as a trusted partner of civil society, government and community that catalyse and connect leadership from governments and communities for integration of HIV and primary health care services.

- KIs interviewed and documentary sources provide evidence of long standing UNAIDS support to CSOs that resulted in CSO being empowered and involved in national response planning and coordination and immersed in the governance and accountability processes. There are formal channels and opportunities for CSO coordination and participation in the national HIV response (CSOs actively participated in development of funding application and updated NSPs). They have also played a fundamental role in the development of the HIV National Strategic Plan and an important role in legislative and policy reform especially as they relate to the inclusion of people with HIV in the Social Security scheme. With advocacy from civil society, DR enacted a “Test & Start” policy in August 2018. CONAVIHSIDA and the members of the Sustainability and Transition Commission will monitor the implementation of each strategy over the next 5 years.

Service delivery, community-led monitoring

- A mechanism for strengthening linkages between health and community systems and supporting health system resilience and sustainability (Community-Led Monitoring - CLM) is beginning to gain ground in Dominican Republic supported by GF and PEPFAR funding and is largely ‘project-based’. Evidence suggests that UNAIDS Secretariat has contributed to the design of CLM though due to the early phase no evidence is yet available regarding progress or initial results of implementation.
- KI interviews and documentary sources provide evidence of UNAIDS Secretariat work with local CSOs (with PEPFAR financing) to implement CLM by: 1) supporting the creation, training, and operationalization of a team of community monitors composed of representatives of organized groups from the community or civil society; 2) developing community monitoring in comprehensive care services prioritized by PEPFAR, USAID/CDC, obtaining a better understanding of the enablers and the barriers that allow these services to be more tailored to the needs of the client, 3) developing advocacy actions at different levels (service, project, political) based on community monitoring reports in order to contribute to the changes in policies and practices necessary for the improvement of the health services. According to the KI, this is happening for the first time in DR and implementation has just started with UNAIDS selecting CSO to work with and conducting assessment on needs of services and interventions.
- CSOs appear to be a catalyst for systems-level integration of HIV and primary health care services and have become key implementers for the expansion of prevention and treatment services. There are formal channels and opportunities for CSO coordination and participation in the national HIV response. Further, civil society has developed a shared business plan to harmonize service delivery through the primary health care system, including formal contracts with a network of CSOs. In 2018 and 2019, an amount of approximately RD \$ 8,000,000.00 and RD \$ 20,000,000.00 million respectively was disbursed to NGOs for prevention activities from Dominican government resources / CONAVIHSIDA.
- The UNAIDS Secretariat is building capacity of the network of peer counsellors and home visitors linked to the comprehensive care services (SAls) - 30 peer counsellors from comprehensive care services were equipped with knowledge about the new HIV care strategies.
- The UNAIDS Secretariat also provided support for strengthening the leadership of popular opinion leaders (LOPs) of the lesbian, bisexual, transgender community so that they can empower their peers in the prevention of STIs and HIV and the defence of their human rights.
- Supported by the UNAIDS Secretariat and other partners, CSOs continue to play an important role in advocacy as well as providing monitoring and oversight on issues of health rights. CSOs initiated and have been responsible for the establishment of the Human Rights Observatories (through the Global Fund multi-country grant implemented by UNDP)²³ which are specifically intended to address human rights violations against most vulnerable populations. The Observatory of Human Rights for Vulnerable Groups (ODHGV) is nested in COIN and serves as a platform for the registration, monitoring and visualization of complaints for Human Rights violations suffered by these groups and intended to address human rights violations against the most vulnerable populations. The UNAIDS Secretariat is contributing by providing support to, and promoting, “help line” – a free line with different companies who are providing video and phone consultations and/or psychological and legal support in relation to any violence or stigma and discrimination issues, for vulnerable groups that goes beyond HIV.

²³ In 2016 UNDP and the Global Fund signed a US\$7 million grant to address human rights barriers to HIV services in eight Caribbean countries – Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname and Trinidad and Tobago. The grant was implemented by UNDP in close collaboration with the two leading civil society organizations – Caribbean Vulnerable Communities (CVC) based in Jamaica and Centro de Orientación e Investigación Integral (COIN) based in the Dominican Republic.

- KIs interviewed and documentary sources provide evidence of UNAIDS Secretariat working with healthcare providers to define and validate proposed client-centred services, defining and assessing client centred services, mitigating stigma and discrimination in health facility and community services and engaging focus clients community members in services/ on staff. The UNAIDS Secretariat supports people-centered services and promotes the reduction of stigma and discrimination in services through various actions including strengthening the Network of Peer Counsellors of the National Health System (composed of PLHIV leaders) and developing advocacy actions at different levels (service, project, political) based on community monitoring reports in order to contribute to the changes in policies and practices necessary for the improvement of the services.

Integration²⁴: *one stop-shops with health needs of people living with HIV that go beyond HIV*

Strength of Evidence: 2

- A recent study on the integration of the HIV response at the systems level done by USAID, revealed that the national HIV response in the DR is still vertical and disease-specific, but with elements of systems-level integration throughout. The significant systems-level integration has been demonstrated in commodities/supply chain management and health information systems²⁵.
- DR strategies to integrate routine systems and processes for essential health services delivery and management are supported by development partners (the Global Fund, PEPFAR, UNAIDS and JT) and implemented through:
 - the evolution of integrated HIV/AIDS Units, called Servicios de Atención Integral (SAIs) - There are 72 integrated HIV and AIDS units (Servicios de Atención Integral – SAIs) throughout the country, with 14 under the responsibility of NGOs. SAIs provide a comprehensive package of HIV services including testing and counselling, regular provision of first-line ARVs, and consultations for patients. However, they do not provide other essential services.
 - the development of a centralized procurement agency (PROMESE-CAL; El Programa de Medicamentos Esenciales/Central de Apoyo Logístico; Essential Medications Program/Center of Logistical Support), an integrated system for medicine and supply chain management called (SUGEMI).
 - a centralized patient registry system, Formulario de Aplicación a Programas de Políticas Sociales (FAPPS), and new strategies for a sustainable financing of the HIV response.

The above present strong evidence of how funding for the HIV response has made important contributions to health system.

- There is a documentary and KI evidence of the UNAIDS Secretariat support and active participation in development of the National Plan for the integration of HIV Services in the Dominican Republic 2020-2024 (process initiated by the Global Fund and supported by other partners). The UNAIDS Secretariat has participated and contributed to discussions (and consensus reaching) on definition of integration of services and on agreement on domains (dimensions) and criteria to be evaluated within the integration. Particular UNAIDS contribution was in area of ‘Governance’ that covered political and regulatory framework that establishes the guidelines for the integration of health programs in all areas of the system (financing, management, services, and user needs) and coordination between the institutions according to the role of each one²⁶. Consensus on domains (dimensions) has been reached in meetings with representatives of public institutions, organized civil society, and cooperation agencies.
- With USAID funding the UNAIDS Secretariat is currently providing support to the government to shift from private to public warehouse for storage of HIV products/ARV. The UNAIDS Secretariat is facilitating the transfer of storage and logistics operations of HIV products to the Program of Essential Medicines and Central Logistics Support PROMESE / CAL during the first and second quarters of 2021. This will contribute to procurement efficiency and savings and lead to the significant cost-efficiency gains. The UNAIDS Secretariat is providing a consultant to assess the public warehouse and its capacity for storage (storage space) for transfer of storage and logistics operations of HIV products.

²⁴ Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; MOH; DIGECITSS; COIN, CONAVIHSIDA, CEPROSH, Global Fund FPM), Global Fund Strategy Review 2020 Dominican Republic Case Study; Global Fund Funding Request; various country documents and reports; country resolutions and guidance related to HIV response and RSSH (see list at the end of the document).

²⁵ USAID, HFG: Integrated the HIV response at the systems level: experience of four countries in transition (DR case study), September 2018.

²⁶ The proposed political and regulatory framework is a Ministerial Resolution, signing an agreement with those involved and an Operational Guide, which will cover the implementation of the National Integration Plan and the demonstration (pilot) experience of the integrated care model Financing Budgets.

- Through the joint program contribution and under the leadership of the UNAIDS Secretariat the National Condom Strategy was updated to include female condoms and a criteria to guarantee the supply of condoms at the national level (prioritizing populations at high risk of HIV and unplanned pregnancy), as well as to reflect the new national health system framework and differentiated roles. A total of 74 primary care units were equipped with condoms and 38 "home keys" have been established for the dispensing of condoms, pills and IEC materials (female community leaders provide condoms and oral contraceptives from their home in conjunction with the primary health care unit). Sixty health professionals have also been trained in sexual and reproductive health rights, 22 technical health managers have been trained in measuring the quality of standards of care and 52 health promoters and community leaders have been trained on sexual and reproductive rights and contraceptives technologies.
- Contributing to the SDG agenda, UN Joint Team members, led and coordinated by the UNAIDS Secretariat, are providing strategic direction, advocacy, coordination and technical support:
 - Through the integration of HIV/STI testing at the primary health care level, support was provided for SDG 3 (Good Health and well-being), thus increasing access by pregnant women, partners and their babies to services for prevention of mother-to-child transmission of HIV and congenital syphilis as a gateway to the health system. The prenatal consultation is done at the first level (not exclusive for pregnant women).
 - Support was also provided for SDG 1 (No poverty) through technical assistance on topics related to Food and Nutritional Security, connecting the objectives of the Ministry of Health and the Ministry of Agriculture to obtain better results with regards to ARV adherence and community participation. Support to the government for HIV-sensitive social protection programmes to include topics on nutrition has also contributed to this SDG²⁷.

Addressing inequalities/inequities²⁸: *improving access to multi-layered services for the most vulnerable and people left behind, including women and young girls.*

Strength of Evidence: 2

- Key informant and documentary evidence points to important role and contribution of the UNAIDS Secretariat and UN JT members in addressing inequalities / inequities through advocacy and support for inclusion of gender equality approach in public policy, provision of data (analysis and studies) to inform policies and actions to be taken and sensitization of decision makers to the importance of having specific services for vulnerable population (e.g. AGYW, youth, etc). Various examples of UNAIDS support in addressing inequalities / inequities in DR are listed below:

Advocacy and support for inclusion of gender approach in public policy

- KI interviews and documentary sources provide evidence of UNAIDS Secretariat and some JT members (e.g. UNWomen) providing long standing support and contribution in advocacy for inclusion of gender equality in national policies (going beyond HIV) that led to development of the National Plan for Gender Equality (PLANEG) (launched by the Ministry of Women), as well as the inclusion of gender equality in health sector plans, and beyond health (employment and competitiveness, education, science and technology, communication, and justice).
- Under the leadership and coordination of the UNAIDS Secretariat, WFP, PAHO/WHO provided technical assistance to support elimination of gender-based violence (GBV). Activities included revision of the situational diagnosis of the Ten-Year Health Plan for the inclusion of the gender approach in KP, as well as support for implementation of the campaign to protect children and young people from commercial sexual exploitation and HIV.

Provision of data (analysis and studies) to inform policies and actions to be taken in addressing inequalities/inequities

- The UNAIDS Secretariat facilitated the process and provided consultant to conduct a Gender survey "Evaluation / Diagnosis of the Situation of Women in relation to HIV" to provide information on the needs, limitations and opportunities of women in relation to HIV in DR. Diagnostic document of the next Ten-Year Health Plan with analysis of gender equity and gender violence for key populations was developed.

²⁷ Joint programme contribution and results in 2018-2019

²⁸ Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; MOH; DIGECITSS; COIN, CONAVIHSIDA, CEPROSH, Global Fund FPM), Global Fund Strategy Review 2020 Dominican Republic Case Study; Global Fund Funding Request; various country documents

- The UNAIDS Secretariat supported CONAVIHSIDA in conducting the 3rd HIV Behavioural Surveillance Survey in Key Populations. Results provided updates on HIV and STI prevalence in Key Population (Sex Workers, Men who have sex with men, migrants, TRANS), as well as information on behaviour.
- The UNAIDS Secretariat funded “Diagnosis of the needs of the lesbian, bisexual and transmen community (conducted by United Women’s Movement – MODEMU, and the Dominican Inclusive Lesbian Community – COLESDOM) to collect qualitative information that will point out and make visible issues related to violation of human rights issues of lesbians, bisexuals, transman, etc.
- Under the leadership of the UNAIDS Secretariat the Evaluation of HIV and Social Protection Programs was conducted (together with WFP). The evaluation highlighted high out-of-pocket costs, lack of nutritional and food support, stigma and discrimination, and lack of availability of preventive, clinical and diagnostic services that respond to the specific needs of key populations, such as transgender people, men who have sex with men and sex workers, as the main barriers to accessing public health services²⁹.

Sensitization of decision makers and service providers

- Going beyond the HIV, the UNAIDS Secretariat promoted, supported and provided guidance to the Center for Orientation and Comprehensive Research (COIN) initiative for raising awareness about youth human trafficking “Raise your voice” and creating specialized care spaces for children, adolescents and young women that guarantee them sexual health, safe spaces and personal growth where their rights are not compromised³⁰. The UNAIDS Secretariat support was provided through sensitization of decision makers to the importance of having specific services for children and young people, sensitization of entrepreneurs to the need to join the effort to protect children and young people from commercial sexual exploitation, and through promotion of community mobilization for the protection of children and adolescents. UNAIDS played a vital role in promoting the initiative, organizing/facilitating meetings with decision makers, meetings with entrepreneurs, and has supported community awareness campaign and awareness campaign on social networks.
- Through the joint program contribution and under the leadership of the UNAIDS Secretariat access to HIV-linked harm reduction programmes increased for injecting drug users’ (IDUs) through training Comprehensive Care Services providers on best practices to reduce HIV infection among IDUs and promote adherence to ART of drug users living with HIV, including women. A national network of trainers was created, with more than 460 medical practitioners and service providers from government and civil society organizations being trained on comprehensive HIV services for people who use drugs. As a result medical practitioners have been sensitized to the specific needs of vulnerable drug injection users in integrated HIV/AIDS/STI/HCV prevention, treatment, care and support services.

Reducing stigma and discrimination³¹: *Reduction of stigma and discrimination against PLHIV and key populations within and outside the health sector.*

Strength of Evidence: 2

Upstream advocacy, technical support

- Strong evidence of UNAIDS Secretariat providing support in creating enabling environment (legal, political and programmatic) that can help to improve human rights and eliminate stigma and discrimination against key population.
- Under the UNAIDS Secretariat leadership and coordination vulnerable population groups were supported by the JT to undertake political advocacy on the Draft General Law on Equality and Non-Discrimination – including specific articles on LGBTI people and people living with HIV. Strong advocacy continued for the creation of positive legal environments for sex workers, to help eliminate stigma and discrimination against key populations and improve the legal, political and programmatic environments.
- In 2019, under the leadership and coordination of the UNAIDS Secretariat and with support from the Joint Team, technical assistance was provided to the network of people living with HIV for conducting/update of the Stigma Index in PLHW to reflect changes in the HIV response in the past decade and look at the impact of stigma on health and access to health across the whole continuum of care, not just HIV

²⁹ <https://open.unaids.org/countries/dominican-republic>

³⁰ The problem of sexual violence in boys, girls and adolescents is a harsh reality in the Dominican Republic. According to UNICEF data from 2012, 90% of the victims of sexual violence in the country were minors.

³¹ Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; MOH; DIGECITSS; COIN, CONAVIHSIDA, CEPROSH, Global Fund FPM), Global Fund Strategy Review 2020 Dominican Republic Case Study; Global Fund Funding Request; various country documents and reports; country resolutions and guidance related to HIV response and RSSH (see list at the end of the document).

services³². As a member of the research advisory committee (together with community members, ASOLSIDA and REDOVIIH) the UNAIDS Secretariat provided TA throughout the study and convened a data interpretation meeting to review and discuss preliminary analyses and identify additional questions to explore through subsequent analyses. The results of the Stigma Index survey inform decision making in DR for improving the quality of programming.

Awareness raising initiatives in fighting stigma and discrimination

- Strong evidence of the UNAIDS Secretariat creating opportunities, raising awareness, encouraging participation and promoting messages of respect and inclusion through the support in organization and facilitation of various events to commemorate and promote various health, human rights, stigma and discrimination topics/ days such as: Zero stigma and discrimination day to celebrate diversity and promote respect and inclusion (1st March), Woman day (8th March), the Day of the Journalist (5th April), Caravans and LGBT Pride concerts of solidarity, Elimination of Violence against Women (25th Nov), etc. The UNAIDS Secretariat is also instrumental in supporting civil society, networks and activists in developing and promoting key messages to be displayed and presented on those events. These activities have gone beyond HIV response and have broader effects outside of HIV.
 - Within the framework of the Month of Journalists that is celebrated in the Dominican Republic during the month April, the UNAIDS Secretariat (together with Dominican College of Journalists and the Círculo de Periodistas de La Salud – CIPESA), through the training of 52 journalists and social communicators in human rights, stigma and discrimination against people living with HIV and key populations, contributed that those issues are now effectively presented in the national media.
 - The UNAIDS Secretariat, CONAVIHSIDA and INSALUD, joined efforts to coordinate the campaign for non-discrimination that culminated in the celebration of the Day of Zero Discrimination (1st March) to raise awareness among key stakeholders and the general population of the adverse effects produced by stigma and discrimination against key populations in health services and to raise awareness of a critical mass of sensitized people in favor of developing actions for the elimination of stigma and discrimination against key populations (53 elaborate posters; 13 UNS agencies involved; 10 participating public and civil society institutions; 10+ activists, bloggers and public figures; 4,349 people reached).
 - With UNDP and the UNAIDS Secretariat support (2018 and 2019) awareness has been raised through the LGBTIQ Pride Parade and the celebration of the LGBTIQ International Film Festival, Santo Domingo OutFest, reaching more than 150 000 people and 165 000 people respectively in each year. A series of awareness-raising initiatives, including workshops, training of trainers and roundtable discussions resulted in 70 religious leaders being trained on HIV and sexual reproductive health, to combat stigma and discrimination.
 - The UNAIDS Secretariat supported the dissemination of the local campaign "Generation Equality" within the framework of the commemoration of the International Day for the Elimination of Violence against Women.

3. Country gaps in RSSH where UNAIDS can play a role in future

CONTEXT/PROGRAMME GAPS

HIV funding, health care financing and UHC

- Achieving UHC in the DR requires continued attention to financing and services addressing HIV, most prevalent in the DR context in largely marginalized populations. There are concerns with the sustainable financing of key and vulnerable population prevention efforts that are currently funded by the Global fund and PEPFAR linked to the fact that DR has a low overall funding for health. Low government expenditure on health creates an environment where these services are in danger of not being sustained when donors leave. The analysis of fiscal indicators indicates that with continued increases in tax revenue generation and GDP growth, as well as the potential for the government to take on more debt, there may be some fiscal space to increase total government expenditure in the short-term. The UNAIDS Secretariat with UN joint members and other partners (World Bank and the Global Fund) should maximise its efforts for improving program efficiencies and advocate through high-level diplomacy for innovative domestic sources of financing.

Data, Strategic Information, precision public health

- The need for strengthening of strategic information systems that provide relevant data for decision-making in planning the HIV response remain one of key issues in DR. Also, quality of data for evidence-

32 Funded by PEPFAR/USAID

based decision making still needs an improvement. The UNAIDS estimates have made important contributions to guide decisions about the HIV response in DR and provide country with the ability to measure progress towards the 2016 Political Declaration goals and the SDG target 3.3.1. The estimates continue to be a cornerstone for Global Fund impact measurement and for demonstrating the benefits of the US Government's Emergency Plan for AIDS Relief. Particularly during the COVID 19 pandemic data on national, regional and global disruptions of routine HIV services, provided by UNAIDS, are used for planning for continuation of services without disruptions and the country emergency response.

- Further, the process of developing UNAIDS estimates in DR builds country capacity to better understand epidemics and to refine and focus services to people living with HIV and to reduce new HIV infections and AIDS-related deaths. Various stakeholders pointed out to the important role of the UNAIDS Secretariat in supporting national institutions (e.g. National Health Services, CONAVIHSIDA) that provide capacity building for production and use of data for evidence-based decision making that goes beyond HIV. The UNAIDS Secretariat should continue to assist the relevant national institutions in providing support for improving country institutional capacity for production and use of good quality, granular and differentiated data, and strengthening sustainable routine data and strategic information systems. Further, UNAIDS could ensure that lessons learned from rapid detection and response and real time monitoring and reaction during COVID 19 pandemic are applied broadly (beyond HIV).

Integration of services/health system transition

- The national HIV response in the DR is still vertical and disease-specific, but with elements of systems-level integration throughout. The significant systems-level integration has been demonstrated in commodities/supply chain management and health information systems. Efforts to integrate delivery of HIV services with general health service delivery are constrained due to concerns that such integration may create additional barriers for people living with HIV to access services (due to stigma and other factors). While KIs would like to see HIV service providers slowly absorbed into the health system, the approach of the DR to increasing service-level integration underscores that there may be valid reasons for maintaining the vertical nature of certain components of the HIV response.
- Recently developed National Plan for the integration of HIV Services in the Dominican Republic (2020-2024) defines domains (dimensions) and criteria to be evaluated within the integration.
- There is a limited use and health sector integration of private sector providers and approaches which could innovate responses and drive impact.
- The UNAIDS Secretariat is well positioned to continue to take an important role in advocacy and support to political and regulatory framework that establishes the guidelines for the integration of health programs in all areas of the system (financing, management, services, and user needs) and for better integration of the private sector providers.
- COVID 19 situation had impacted HIV testing services and caused interruptions in the delivery of antiretroviral treatment which resulted in decline of the number of people on ARV treatment in the first couple of months in 2020 (due to closed services and delays in ARV distribution to the point of stock outs). Flexibility and prompt response of donor community in the health emergency that among other included adaptation of existing manuals and protocols, equipment for protection and home delivery of ARVs ensured smooth implementation and ARVs coverage after May 2020. The UNAIDS Secretariat should continue to monitor ARV coverage and, if possible, identify missing cases to ensure ARV treatment. UNAIDS should also ensure that lessons learned from monitoring ARV coverage during COVID 19 pandemic are shared and applied broadly.
- The elections held in 2020 and changes in the government created a political transition space that may affect the sustainability actions that emerge from the sustainability plan. Although there is no provision for a redirection in HIV policies, some of them are delayed and/or postponed due to staff changes in the government and relevant ministries. There is a window of opportunity for the UNAIDS Secretariat during the new NFM3 funding request development (UNAIDS Secretariat lead the process) to be more involved in advocating and supporting planning for sustainability and provide technical input in revisions and modifications of the existing HIV sustainability plan/transition work plan.

Organisational gaps

- The current UBRAF framework, Joint Team country plan for DR with expected roles and activities and resource allocation are not organised around, and do not provide guidance on RSSH. Coupled with limited UNAIDS Secretariat resources and capacity (human, financial and technical) this constrains UNAIDS Secretariat broader engagement/participation in health sector and their greater contribution to RSSH. If UNAIDS Secretariat requires a stronger focus on RSSH common organisational vision, definition, understanding and guidance of how UNAIDS Secretariat is expected to contribute to progressing RSSH is needed.

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Key informants interviewed

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Ethiopia Case Study Summary

Country Context

- Key informant (KI) and documentary evidence³³ highlight the international praise Ethiopia has received for its focus on transforming the national health system a primary health care (PHC) approach which emphasizes community engagement, recruitment of health extension workers (HEW) and the development and expansion of local health posts and PHC centres and district level hospitals.
- Since 2000, four health sector development plans have enabled rapid expansion of priority services related to maternal and child health, HIV, TB, and malaria, and other conditions, and this has significantly impacted under-five, maternal, and disease-specific mortality. The country's latest Health Sector Transformation Plan (HSTP II) has ambitious goals to advance towards universal health coverage (UHC) through a PHC approach, continuing to strengthen the health system by expanding coverage, quality, scope of services, data for decision making and people-centred services.
- The National Strategic Plan for HIV/AIDS (NSP) 2021-2025 represents a roadmap to HIV epidemic control in all parts of the country by 2030 and represents a notable shift in approach compared to previous plans, and aims to achieve maximum public health impact in the context of declining external resources. This includes addressing drivers of the epidemic in a differentiated manner with prioritised geographies and populations.
- Documentary evidence points to funding gaps which exist for the HSTP II and for the NSP for HIV/AIDS. The gap is expected to grow, driven by flat and/or declining external funding and increasing numbers of people on antiretroviral treatment (ART). Domestic funding has not increased enough to offset the sharp declines in external support.
- The HIV/AIDS epidemic is mixed with wide regional variations and concentrations in urban areas, including hotspot areas driven by key and priority populations (KPPs). There has been a steady decline in HIV prevalence rates since 2010 and the HIV incidence rate in the adult population has also declined, estimated at 0.12 per 1000 with an estimated total of approximately 11,715 new infections in 2020. Most new infections (70%) occurred in the age group below 30 years, with female infection rates being higher than male (7437 and 4278 in 2020 respectively). Ethiopia is on track to achieve the 90-90-90 targets for HIV testing, ART, viral suppression, and mortality targets except for children 0-14. Current estimates indicate that by Dec 2020, only 40% of children living with HIV were on ART of which 31.9% were virally suppressed.
- Key informant and documentary evidence point to the following factors as influential on HIV and health outcomes in Ethiopia: Strong country leadership, vision and governance of the PHC system which has strengthened planning, monitoring and implementation; a well-coordinated partnership environment based on IHP+ Principles with sustained financing, including a donor health sector pooled fund (SDG-PF); community engagement; multisectoral action; and a mix of vertical and horizontal approaches to strengthen health systems and to scale up disease control programmes concurrently, mobilizing resources from targeted disease programmes and investing them in health systems strengthening.
- Despite progress, large gaps remain in coverage of health services, slow health system transition to provide services for non-communicable diseases (NCDs) and in the quality, integration, and sustainability of programmes. Further, domestic per capita spending on health is low compared to the Abuja Declaration level. There is also significant out of pocket expenditure on health, and social and community health insurance schemes are far from universal.
- For HIV, progress is needed to reduce new HIV infections further. Stigma and discriminatory attitudes have declined but in-country variations remain. Additionally, lack of recognition and absence of programming for men who have sex with men (MSM) and transgender populations (TG) is considered an epidemiological flaw with these population groups yet to be reached through HIV programming.
- Ethiopia's COVID-19 response put in place bold measures early on, including contact tracing and compulsory quarantine. For HIV/AIDS services, prevention activities and HIV testing continued with limited interruptions in the delivery of ART, identification and treatment of co-morbidities as well as maintaining high levels of viral suppression.

³³ Sources of evidence include: Key informant interviews (UNAIDS Secretariat, Cosponsor Agencies; FMOH; FHAPCO); Assefa et al (2020); Development Matters, OECD, May 2020; Global Fund Strategy Review 2020 Ethiopia Case Study; Global Fund Funding Request TB/HIV 11/2019; HP+ Policy Brief Nov 2018; National Health Sector Transformation Plan II 2020/21-2024/25; National HIV/AIDS Strategic Plan 2021-2025; Shumey B et al 2018; UNAIDS Spectrum estimates, Dec 2020.

Findings

1. The Contribution of the HIV response to RSSH³⁴

Strength of Evidence: 1

- Documentary and KI evidence indicates that globally recommended evidence-based strategies adapted to country context, with supporting normative guidelines have been key to reducing HIV/AIDS and improving health outcomes.
- Central to Ethiopia's success in reducing HIV/AIDS and strengthening RSSH has been the contribution of external funding for HIV, particularly from GF and PEPFAR, but also GAVI, which has supported the design and implementation of policies, plans and high impact interventions delivered at PHC level. External funding (as well as other sources) supported growth in total health expenditure, much of it spent at PHC level where HIV and other health services are delivered.
- There is considerable evidence from KI interviews and documentary sources that funding for the HIV response has made important contributions to health system building blocks through the expansion of health infrastructure and workforce, for example:
 - Ethiopia used support from PEPFAR to develop its laboratory system (a national reference laboratory and six regional reference laboratories were constructed). Some of these regional laboratories have evolved into fully operational regional public health institutes. Further, laboratories are equipped and trained for use for services, beyond HIV.
 - The Pharmaceutical Logistics Master Plan established the Pharmaceuticals Fund and Supply Agency in 2008. This agency has become the sole purchaser and distributor of health commodities. The GF supports the construction of warehouses, the purchase and maintenance of trucks and the procurement of laboratory and diagnostic equipment that can benefit the entire health system.
 - Ethiopia has upgraded its Health Management Information System. One of the achievements has been establishing the base for vital events registration. US-based institutes financed by PEPFAR have supported this development.
 - Reporting on HIV indicators is part and parcel of overall reporting for health system indicators. DHIS2 is partly funded by PEPFAR, the GF (through the RSSH grant) and other donors (e.g. Bill and Melinda Gates Foundation). The current GF RSSH grant aims to support DHIS2 through strengthening the use and quality of data for planning and decision making at district and national levels.
 - The GF and PEPFAR have supported the training of Health Extension Workers (HEW) and the implementation of the Health Extension Programme (HEP) which has been pivotal to staffing increased PHC infrastructure and to improving access to a range of services, including those beyond HIV.
- The HIV response has pioneered programmatic innovation with treatment models differentiated to patient needs and context, to optimize quality and efficiency. Examples include the Appointment Spacing Model (ASM) and Multi-Month Dispensing (MMD). ASM and MMD are reportedly proving to be important in ensuring uninterrupted services during the COVID-19 epidemic and could have wider applicability beyond HIV services.
- KI interviews and documentary sources of evidence indicate the HIV response has introduced new paradigms for health governance and accountability and reshaped institutional norms through the participation of civil society organisations (CSOs) in formal arrangements for HIV and health sector plans and funding mobilization efforts. For instance, HIV-related CSOs now routinely participate in the development and Mid-Term Review (MTR) of the implementation of the HIV/AIDS NSP and HSTP II; there is also participation in Global Fund Funding Request development processes and in the governance and oversight committee of Global Fund grants through the CCM.
- Involvement and empowerment of communities has been an important driver of PHC improvement in Ethiopia and this is widely evidenced through KI interviews and documentary sources. Community engagement has increased significantly since the HEP was introduced. The HIV response has supported greater integration of services through HEWs and community engagement has supported the implementation of a model of chronic care at scale and is helping ensure services are adapted further to people's needs and contexts.
- External funding from the GF and PEPFAR has supported community-based initiatives which have played a pivotal role in improving access to essential services. This support has also enabled the health sector to

³⁴ Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; FMOH; FHAPCO); Assefa et al (2020; 2018); Global Fund Strategy Review 2020 Ethiopia Case Study; Global Fund Funding Request TB/HIV 11/2019; Global Fund Funding Request, RSSH 03/2020; PEPFAR 2017 Differentiated care in Ethiopia: the way forward.

mobilise resources from communities in-cash and in-kind, for example, for the construction of health posts, improvement in environmental health and other activities.

2. The Contribution of UNAIDS in Ethiopia to the six areas of RSSH identified for this review

Governance and accountability³⁵: *Leadership, governance, accountability, harmonisation and alignment, e.g., evidenced through commitment to the goals and targets in the Political Declaration on HIV as well as UHC targets*

Strength of Evidence: 1

Development and review of national health sector plans - HSTP I and HSTP II

- UNAIDS in Ethiopia is recognised as a key partner to the Federal National AIDS Program (FHAPCO) and Federal Ministry of Health (FMOH) through sustained support to HIV and health sector leadership, governance, policy, planning and implementation processes for national HIV/AIDS and health sector plans. These plans commit Ethiopia to meeting and reporting progress against national targets to achieve the goals of ending AIDS, meeting UHC and achieving SDG3.
- KI interviews and documentary sources provide evidence of UNAIDS Secretariat, WHO and UNICEF contributions of technical advice and inputs to numerous FMOH technical working groups (TWGs) to support the design of HSTP II. For example, UNAIDS Secretariat chaired the MCH/nutrition TWG, drafted a situation analysis and engaged in wider strategy development processes which reviewed health sector performance and technical content of other TWGs.
- UNAIDS Secretariat and WHO contributed to the monitoring and accountability of HSTP I and II through involvement in Mid-Term Review (MTR), Joint Programme Review missions, and the development and assessment³⁶ of HSTP II, which supports UHC and SDG3. Through the use of platforms established to bring on board health sector partners and the MOH such as the Joint Core Coordinating Committee (JCCC) which is the technical arm for the implementation of HSTP I and II and reports to Joint Coordinating Forum (chaired by the Minister of Health), important processes e.g. the MTR, Annual review of the HSTP implementation are supported by members of the JCCC. UNAIDS Secretariat is represented and participates in the JCCC – see also findings on harmonisation and alignment on next page.

Development and review of HIV/AIDS NSPs, alignment with HSTP II

- UNAIDS Secretariat and WHO have been contributing to the monitoring and accountability of HIV/AIDS NSPs and fast track targets through their support to FHAPCO for the development of the HIV/AIDS NSP, and through their participation in annual and mid-term programme performance reviews.
- KI and documentary sources indicate that UNAIDS Secretariat in collaboration with WHO is widely recognised as making a significant contribution to development of the recent HIV NSP 2021-2025 through:
 - Use of a new investment framework and metrics more geared to Epidemic Control and Sustainability and which adopts a strong cost-effectiveness approach to prioritisation of interventions.
 - Supporting the generation of up-to-date epidemiological and surveillance data, credible modelled data/Spectrum estimates and resourcing needs to inform investment decisions.
 - Leading on the provision/funding and coordination of technical support (Secretariat staff and consultants, and WHO technical staff) to TWGs and sub-teams involved in NSP development, three of which worked on cross cutting RSSH issues (supply chain and laboratories, strategic information, governance/leadership, and resource mobilisation) as they related to the HIV programme.
- KI and documentary evidence suggests RSSH issues and priorities considered in the most recent HIV/AIDS NSP are better aligned with HSTP II. Compared to previous NSPs, health system issues are discussed in more depth and structured around the six building blocks. The RSSH areas identified explain how NSP interventions will address health system strengthening necessary for the TB and HIV programs.

35 Sources of evidence include: Key informant interviews (UNAIDS Secretariat, Co-sponsor agencies; FMOH; FHAPCO; Global Fund); Ethiopia Pharmaceutical Supply Agency National Quantification of HIV/AIDS Program Pharmaceutical Needs July 2019-June 2021; Global Fund Strategy Review 2020 Ethiopia Case Study; Global Fund Funding Request TB/HIV 11/2019; Global Fund Funding Request, RSSH 03/2020; Global Fund TRP Review and Recommendations Report TB/HIV 30 June 2017; HSTP II; NSP TB/HIV 2021-2025; HIV/AIDS 2015-2020 in an investment case approach; draft final Health and Harmonisation Manual; UNAIDS Country Reports; CCM minutes and reports.

35 At the request of the FMOH, UNAIDS participated in the Joint Assessment of National Strategy – JANS process for HSTP II.

36 At the request of the FMOH, UNAIDS participated in the Joint Assessment of National Strategy – JANS process for HSTP II.

However, wider consideration of how these interventions complement overall efforts to strengthen national systems, beyond HIV is less evident in the NSP.

Designing and leveraging Global Fund funds for HIV and RSSH

- UNAIDS Secretariat participated in country dialogue processes for the GF New Funding Model (NFM3) TB/HIV Funding Request (FR) and the stand-alone RSSH FR which used the NSP 2021-2025 and HSTP II as foundational documents. Both FRs are going through grant making, but based on FR submissions, 22% of the \$300m HIV grant is potentially allocated for program enablers including RSSH. The RSSH stand-alone grant proposes a further \$30m for the next implementation period, excluding catalytic funding.
- Evidence from planning documents indicates that UNAIDS Secretariat, as CCM Chair of the Oversight Committee (see next findings) participated in a multi-stage RSSH prioritisation process which used the HSTP II as the umbrella strategy and aligned with HSTP II health systems needs and priorities. GF investments focus on HMIS, human resources for health, health product management systems, community systems, laboratory systems. Documentary evidence indicates that these investments are designed to strengthen health systems beyond HIV.

Governance and accountability of GF grants for TB//HIV, malaria and RSSH

- UNAIDS Secretariat contributes to the oversight and accountability of the national HIV programme through its role as Chair to the GF CCM Oversight Committee for all grants including the MOH stand-alone RSSH grant. As evidenced in KI interviews, the UNAIDS Secretariat role is taken seriously, has visibility and is respected by other partners.
- The experience and background of UNAIDS Secretariat staff member (a physician and ex-MOH) appear to be important factors in facilitating UNAIDS Secretariat access and engagement with FMOH and FHAPCO and participation in HIV and health policy, planning, and governance processes.
- Involvement in the monitoring of all grants, including oversight of the role of Principal and Sub Recipients (FMOH and related health system agencies such as EPHI, EPSA) and oversight of technical support provision means UNAIDS has a strong overview and knowledge of the health sector's progress, health system constraints, contribution of the HIV response to RSSH, and progress and challenges of specific programmes.
- The role has recently involved UNAIDS chairing the GF program split allocation negotiations which resulted in the allocation of RSSH funds from the HIV and malaria allocations; site visits including public health agencies and regional health bureau; reporting to the CCM on grant progress and challenges; identifying programmatic issues or bottlenecks to program implementation and bringing together key stakeholders for problem solving.

HIV and health sector governance and coordination platforms

- KI and documentary sources provide evidence of separate leadership, governance and coordination architecture for the HIV response and the health sector with FMOH leading on HSTP II and FHAPCO leading on the HIV NSP 2021-2025.
- Ethiopia has health and donor coordination platforms which reportedly function well, although they have been less active during the COVID-19 pandemic. The Health, Population and Nutrition (HPN) is the main forum which unites the donors active in the health sector. UNAIDS Secretariat and some Joint Team members such as WHO and UNICEF participate in the HPN and its sub-groups as and when constituted. Inputs from the HPN inform higher level coordination forums including the JCCC (as before, UNAIDS Secretariat is represented on this) and the Joint Coordination Forum, chaired by the Minister of Health.
- There is KI evidence suggesting that HIV stakeholder participation (including UNAIDS Secretariat) in both HIV and health sector platforms results in reduced duplication of funding and interventions and relatively well coordinated support to the HSTP II including for GF RSSH investments.
- However, there is KI and documentary evidence which indicates the separation of HIV investments from the preferred financing mechanism for the health sector/UHC, and health systems - the SDG-PF - which is funded by bilateral donors and includes some global health partnership funding e.g. GAVI HSS funding.
- More generally, there was limited evidence of HIV stakeholders, such as UNAIDS Secretariat, the GF, (Local Fund Agent and/or CCM members) or HIV-related CSOs engaging in federal level health care financing discussions for UHC. Efforts by the CCM and national programmes to engage the Ministry of Finance also appears limited.

- This separation reportedly limits engagement of major HIV funders (e.g. the Global Fund) with HSTP II and UHC discussions and health sector partners “*we are not part of the club*” (KI, development partner).

Domestic resource mobilisation

- With HAPCO and Health Policy Plus (funded by USAID), UNAIDS provided technical support for the development of the national HIV Domestic Resource Mobilisation and Sustainability Strategy (DRMS) 2020-2025 which aims to increase Ethiopia’s domestic share of financing of HIV programme costs to 30% by 2025.
- Whilst the DRMS is a resource mobilisation strategy specifically for the financial sustainability of the HIV programme, some of the proposed approaches have potential spill over effects beyond HIV, e.g. leveraging health financing mechanisms such as community health insurance and private sector financing; improving technical efficiencies in service delivery such as greater integration of HIV vertical services with others, including PrEP and voluntary male circumcision, continued integration of pharmaceutical and logistics management of HIV products, greater human resource optimisation at PHC level.
- The DRM strategy is expected to be approved by Parliament in the next 3-4 months and UNAIDS has committed to developing the legal framework to ensure a sustainable allocation of domestic resources.

Innovation, agility, responsiveness of health systems³⁷: Differentiated Service Delivery models; precision public health; agile programmes; data to detect issues, for quality assurance and forecasting, COVID-19 responses

Strength of Evidence: 2

Precision public health for HIV/AIDS, people-centred approaches

- UNAIDS Secretariat and WHO are recognised as leaders in the provision of strategic information to support the national AIDS programme and other areas of health. UNAIDS-generated data (for example, Spectrum estimates and resourcing estimates) has supported Investment Cases and through the NSP 2021-2025, this has enabled more precise public health investment through better geographical and population level prioritisation of resources and interventions, in line with epidemic control objectives.
- Spectrum estimates have been used by government, GF and PEPFAR in their planning and monitoring of intervention coverage. Evidence points to UNAIDS Secretariat and WHO’s substantial inputs to PEPFAR COP 2020 planning and harmonisation of targeted and prioritised HIV investments.
- There is also some evidence from the Ethiopian Pharmaceutical Supply Agency (EPSA) that UNAIDS Spectrum data and the HIV Investment Case 2015-2020 was used more broadly e.g. for the quantification of drug requirements and condom needs; for informing criteria and choice of differentiated service delivery models.

Innovation

- In 2019 UNAIDS established the Innovation Exchange Centre (IEC) to leverage the potential of innovations to improve the health of all by linking innovators to investors and innovations to implementers. With UNAIDS Secretariat in Ethiopia the IEC funded a delegation of innovators to visit Ethiopia to explore opportunities to invest in innovative health solutions and technologies, to help end AIDS and TB, strengthen health systems, and support progress to reaching UHC/SDG3.
- UNAIDS Secretariat in Geneva and Ethiopia played a ‘brokering’ role to connect ideas and country needs to people/investors with the intention of leveraging innovations for health in a cross sectoral manner to accelerate progress towards SDGs.
- Results have been mixed; some health sector prospects have not come to fruition due to changes of personnel in MOH. However, an MOU has been signed with the Ministry of Innovation and *Infervision* a company to develop medical Artificial Intelligence (AI) infrastructure which aims to bring cutting-edge technology to local communities for local solutions to problems. There was no further information available on progress towards implementing the MOU.

37 Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; CSO; FMOH; FHAPCO); FMOH Interim Guidance for provision of HIV services in context of COVID-19 pandemic; Global Fund SR2020 Ethiopia Case Study; Health harmonization manual, 2020; HEI Summary Report Sept 2019; Memorandum of Understanding Ministry of Innovation and Technology and Infervision; Minutes of ASM Evaluation Meeting Nov 2020; UNAIDS Country Report 2020; UNAIDS Secretariat (Ethiopia) various email communications; TORs Development of DRMS (undated); UNAIDS 2020: Covid-19 and HIV: moment, epidemics, opportunities.

Innovation and people centred approaches through Differentiated Service Delivery (DSD)

- Since 2017, Ethiopia's MOH has been piloting and scaling up DSD models aimed at simplifying HIV services across the cascade, to respond better to the preferences and expectations of people living with HIV and KPPs. Early experiences in Ethiopia show potential for reducing program costs, out-of-pocket expenditure and improving quality of care.
- One of the first DSD models to be taken to scale is the Appointment Spacing Model (ASM) which reduces the frequency by which patients visit ART facilities. The COVID-19 pandemic has accelerated the implementation of ASM as well as other DSD models such as Multi Month Dispensing (MMD) and Fast Track ART refill model (FTAR). These service delivery models can reduce the treatment burden on patients, pharmacies and clinics while maintaining high retention of care.
- UNAIDS Secretariat and WHO have contributed advisory inputs to FMOH TWGs on DSD models including MMD and ASM. WHO has advocated for DSD and supported the development of guidance which has been adopted. WHO is also supporting FMOH and Regional Health Bureaus to strengthen implementation of differentiated testing interventions for clearly defined population groups with index case testing and partner notifications and linkages to care being implemented.
- FMOH is interested in doing an impact analysis of the ASM model and UNAIDS Secretariat is planning technical support to FMOH in collaboration with Regional Health Bureaus, Ethiopia Public Health Institute and other international partners, to evaluate ASM implementation since scale up.
- The preliminary analysis undertaken by UNAIDS Secretariat points to important observations for bringing HIV services closer to the client, and for wider health system issues and services, including strengthening the logistics system and knowledge of stock outs, the role of HEP and CSOs in supporting community implementation, barriers to uptake such as fear of stigma, and data and monitoring gaps of DSD.
- Specifically, the evaluation will assess the effect of ASM on the health outcomes of people living with HIV, and the efficiency of the health system compared to conventional care including the cost effectiveness of the model, client and provider satisfaction and quality of services.

Responsiveness to COVID-19

- From the outset of the pandemic, UNAIDS Secretariat, WHO, UNFPA has been providing technical support to the FMOH national taskforce to monitor and ensure the continuity of HIV testing, treatment, prevention and essential SRH services.
- Through the HPN platform, the Joint Team has contributed to biweekly discussions with the FMOH on the COVID-19 response, provided support to the response plan, and supported the development of guidelines and manuals. These were originally HIV programme specific but later guidelines are for all health areas, beyond HIV.
- The Joint Team also supported the COVID-19 Response Mechanism GF application which included advice on the prioritization of interventions. Oversight is being provided to ensure efficient and timely utilization of the COVID-19 grant.
- More broadly, KI evidence indicates that community-based structures and leaders have been supporting the COVID-19 response through provision of information and addressing negative information on the virus.
- The UNAIDS report "COVID-19 and HIV: Moment, Epidemics, Opportunities" cites Ethiopia as an example of where HIV leaders are helping to drive COVID-19 responses. In Ethiopia, FMOH turned to the HIV response for strategic and logistical guidance, and to HIV coordination architecture. For example, the Head of HAPCO supported the Minister of Health in COVID-19 planning and the regional response from April – June 2020, while the Director of the Minister of Health's HIV Directorate was reportedly involved in coordinating care and treatment services for COVID-19. The situation has now returned to normal.

Community led approaches³⁸: *Inclusion of communities at the governance, planning and accountability and monitoring of service delivery; Integration: one stop-shops with health needs of people living with HIV that go beyond HIV*

Strength of Evidence: 3

Inclusion of communities in governance and accountability structures

- UNAIDS Ethiopia has long supported establishing and developing CSOs and their leadership. The Secretariat's contribution has involved institutional and technical strengthening of CSOs engaged in the HIV response such as NEP+ and their networks, including capacity for strategic planning, financial systems, human resource manuals and fundraising/advocacy as well as supporting CSO participation in major national planning and review forums. This support has helped build capacity of community implementers to enable them to provide quality services targeting KPPs and evidence from KI interviews suggests CSOs are a key pillar of the broader system for health.
- UNAIDS continues to advocate for CSO involvement in national platforms and programmes. For example, in its role on the CCM, UNAIDS is advocating a stronger role for CSOs in GF grant implementation including discussions to ringfence 15% of grant funding for CSO involvement – still under discussion.
- There is KI and documentary evidence demonstrating NEP+ inclusion in national planning, monitoring and accountability processes, main TWGs and Task Forces E.g. HIV and health sector strategy review and development, PEPFAR COP development, and GF NFM3 HIV/AIDS funding request development where NEP+ was an influential actor and key member of the writing team with HAPCO and FMOH.
- However, KI interviews suggest there is less evidence that HIV-related CSOs are engaged in wider national UHC discussions, and UNAIDS country reports suggest there is still a lack of platforms to organise various KPP to enable them to play stronger roles in HIV and health.
- Overall, KI evidence points to CSO involvement in almost all areas of health care and service delivery, contributing to capacity building of the health sector both at the community level as well as at the level of the woreda and above. Some of the main activities carried out by CSOs include but not limited to provision of primary care services, reproductive health and family planning services, prevention and control of communicable and other diseases like TB and malaria.
- UNAIDS Secretariat has played a convening and coordination role with wider CSO meetings and focus group discussions with key and priority populations to identify priorities for community-led interventions for inclusion in the GF funding requests. The outcomes of one such consultation fed into the GF concept note 2017-2019 which leveraged funding of \$7 million for community led interventions.

Community-led monitoring

- The global ITPC report "They keep us on our toes" provides evidence for how community-led monitoring (CLM) has the potential to catalyse national HIV responses. Using data as an entry point, the evidence from eleven west African countries suggests CLM strengthened the link between health and community systems, making them both more resilient and sustainable.
- In the case of Ethiopia, there is some evidence of CLM gaining ground, with PEPFAR starting to fund the implementation of CLM for HIV prevention activities through contracted CSOs. The GF FRs also include investments to support the HEP, CSOs and people living with HIV networks to build community-led monitoring mechanisms. In both cases, the rationale is clear - CLM is key to ensuring availability, access to, and delivery of quality HIV care and services. CLM will empower patients and communities to seek out this information, increase health literacy, expand engagement with health service delivery, support demand creation, and demand accountability from the health system to improve and deliver these services.
- UNAIDS has contributed to design discussions with PEPFAR on CLM, and in NSP and GF FR development processes where CLM needs were discussed and included. There is no further evidence of UNAIDS involvement in PEPFAR CLM implementation.

38 Sources of evidence include: KI interviews (UNAIDS Secretariat, Cosponsor agencies; Global Fund, CSO; FMOH; FHAPCO); CCM minutes and reports; Global Fund SR2020 Ethiopia case study; Global Fund RSSH FR UNAIDS Country Report 2020; Global Fund Funding Request TB/HIV 11/2019; Global Fund Funding Request, RSSH 03/2020; ITPC They Keep is on our Toes, Sept 2020; PEPFAR Concept Note Community-Led Monitoring; PEPFAR Call for Proposal Community-Led Monitoring.

Integration of services

- There is KI interview and documentary evidence that the HIV response has been catalytic in supporting integration of HIV with MNCH services and integration of HIV with other services such as TB, STIs, cervical cancer and more recently with mental health.
- UNAIDS Secretariat, WHO, UNICEF and UNFPA have worked closely with FMOH and provided technical advisory inputs to TWGs particularly in relation to PMTCT integration with MCH platforms, support to eMTCT strategy which embraces hepatitis and syphilis, and for SRH/HIV integration. Joint team partners are involved in monitoring the implementation of service integration plans through review meetings and monitoring visits at all levels of the health system.
- There is some KI interview and documentary evidence that initiatives to scale up community-based care continue to evolve with UNICEF-initiated Community Care Coalitions (essentially community based social support systems) being supported through the GF grant and used to integrate HIV prevention into their activities.

Addressing inequalities/inequities³⁹: improving access to multi-layered services for the most vulnerable and people left behind, including women and young girls.

Strength of Evidence: 3

Inequality, inequity and improving access to services.

- Strategic plans such as HSTP II and HIV/AIDS NSP recognise that to progress towards UHC there is a need to address human rights, gender, and age-related barriers and inequities to accessing services. The plans articulate strategies to safeguard gender disparities and human rights in the health sector in general, and in disease specific programming. HSTP II indicates that progress has been made in gender mainstreaming and empowerment within the health sector in the past five years but that more efforts are needed to better understand gender barriers and implement gender transformative strategies and interventions.
- There is evidence of the UNAIDS Secretariat, in collaboration with UN Women supporting HAPCO with a Gender Assessment (GA), providing a consultant to design and undertake the GA (and related advocacy document) which has informed the HIV 2021-2015 NSP and GF HIV and RSSH funding requests.
- The GA is HIV-specific, and whilst no evidence was available to determine whether/how the GA has influenced health sector planning and implementation processes, interventions to address gender disaggregated data, gender inequality, gender-based violence, more broadly, gender-based determinants of health are cross cutting in nature, and therefore it is plausible to assume these investments could have spill over effects, beyond HIV.
- UNAIDS Secretariat and Joint Team members play a key role in advocating persistently for people living with HIV and key and priority population access to services, in national health and HIV-related platforms, including high level advocacy to government leaders to recognize and address missing KPs such as MSM.
- Based on the Global HIV Prevention 2020 Roadmap, UNAIDS Secretariat, UNFPA, WHO and UNICEF provided technical support to HAPCO for a national HIV/AIDS Prevention Roadmap 2018-2020 which expanded definitions of KPPs (to include people who inject drugs – PWID), developed six prevention pillars, defined a package of services differentiated for each key population group, and a monitoring and evaluation framework for accountability. Additionally, a capacity assessment of FHAPCO was undertaken with support from UNAIDS, to review and address capacity -related implementation of the Roadmap.
- KI and documentary evidence underscores the importance of the Roadmap in enabling health systems to work for key populations, ensuring they can access, and uptake services tailored to their needs - essential for making progress towards UHC.
- There is some evidence that Joint Team members have invested in community-led capacity approaches which support broader health aims e.g. UNFPA support to CSOs (capacity building, training, and strategy development) to promote HIV and SRH services focused on HIV positive adolescents, youth and women including female sex workers; UN Women's capacity building and advocacy support to women's rights organisations and female key and priority populations, to advocate for access to services (2020-2021 capacity building planned for 14 Network of HIV positive women Associations and 20 CSOs and Women

39 Evidence sources include: Key informant interviews (UNAIDS Secretariat; Co-sponsor agencies; FMOH; HAPCO; CSO); UNAIDS Country Reports 2018-19 and 2020; Gender Assessment of the HIV response, Sept 2020; HIV prevention roadmap 2018-2020.

Rights organizations on interventions that re-enforce social protection and reduce gender inequality and gender-based violence.

Reducing stigma and discrimination⁴⁰: Reduction of stigma and discrimination against PLHIV and key populations within and outside the health sector.

Strength of Evidence: 3

- UNAIDS Secretariat is providing technical support (lead consultant and coordinator) to the Stigma Index 2.0 and is also participating in the national TWG that is guiding the implementation of the study. For the first time, the Stigma Index 2.0 contains an expanded healthcare section to look at the impact of stigma on health and access to health across the whole continuum of care, not just HIV services.
- There is broad agreement that this survey is an important measurement tool (e.g. impact indicator for GF HIV grant) that will provide important strategic information for the multisectoral response including workplace, education, as well as other health care settings which can be used for evidence based investments and precision programming
- There is some evidence of UNAIDS Secretariat providing facilitation support to stigma and discrimination training through the FMOH Task Force on Compassionate, Respectable and Caring Health Workers (CRC) which is a flagship initiative which aims to improve provider attitudes through training of health workers, not just those providing HIV services.
- UNAIDS has partnered with FMOH from the inception of CRC, supporting the development of the training manual on CRC through to the roll out of the training. WHO has also contributed to CRC through participation in the TWG, development of guidelines, and material production.
- CRC is particularly important for health rights community literacy & awareness programmes, demand creation and accountability of the medical professionals to deliver none stigmatizing & discriminatory services.

3. Gaps in RSSH where UNAIDS can play a role in future

The following gaps in RSSH have been identified from documentary and KI evidence.

Context/programmatic gaps

HIV funding, health care financing and UHC Major funders of the HIV response such as the GF, PEPFAR and HIV stakeholders and mechanisms such UNAIDS Secretariat, and the CCM, appear to have limited engagement with Ministry of Finance and/or World Bank or TWGs concerning broader health care financing for UHC, fiscal space for health, and social protection mechanisms which may include prevention services for people living with HIV and KPPs. KI evidence points to gaps in understanding of how the HIV response can complement and best support UHC, and vice versa. Whilst there is a DRMS to support greater financial sustainability of the HIV programme, there are wider debates as to whether advocating for a specific programme's financial sustainability is the 'right unit of analysis' given the direction of HSTP II and the country roadmap for UHC.

It has been suggested that UNAIDS uses its comparative advantage to support greater dialogue and interaction between HIV and UHC constituents, acknowledging the advantages that the HIV response can bring to UHC and vice version, and support the development of further guidance and progress in this area.

Data, Strategic Information, precision public health Lessons learned from HIV-related investments in information systems and data use, and from COVID-19 responses, point to the need for good quality, granular and differentiated data to allow targeting of services and resources to those most affected, rapid detection and response for emerging diseases, and real time monitoring and course correction for achieving health outcomes. Addressing gaps in the provision of PHC in Ethiopia, and thus supporting UHC, suggests a similar approach is needed to the generation and use of strategic information i.e. the provision of data, disaggregated by sub-group to support targeting high risk and vulnerable populations and locations, and to drive ambition and accountability.

It has been suggested that opportunities exist for UNAIDS to support other areas of health where there are data gaps and where UNAIDS has a comparative advantage e.g. gender, age and geographical disaggregated data; investment case approaches to resource allocation. Furthermore, lessons from the HIV

40 Evidence sources include: Key informant interviews (UNAIDS Secretariat; HAPCO; CSO); GNP+ stigma index 2.0; Training Report for CRC.

response in using data for precision public health could be more applied more broadly to address the uneven/inequitable implementation of the PHC approach and support progress towards UHC.

HIV architecture and multisectoral responses There is evidence that HIV response architecture would benefit from updating to better reflect the changing HIV epidemic (for example, to include increased prevention capacity/function) and to improve harmonisation, alignment, and coordination at all levels of the health system. Whilst these specific issues need addressing, there is also wider interest in adopting multisectoral responses to manage other diseases e.g. for TB and NCDs.

There are opportunities for UNAIDS to support the organisational review of FHAPCO, and HIV governance and coordination structures vis-à-vis similar platforms for the health sector and also at sub-national level; and to review internal UN arrangements to ensure HIV and RSSH synergies are maximised. There are also opportunities to disseminate lessons and experience from the HIV multi-sectoral response with UNAIDS supporting dialogue with leadership in these areas, including guidance and instruments on how to implement an effective multisectoral response and its relevance to other diseases and UHC.

Integration of services/health system transition There are lessons to be learned from scaling up HIV care to facilitate health system transition and enable accessible and efficient care for patients with other chronic conditions/NCDs which have regular touch points with the health system. This could also help mitigate stigma associated with HIV.

There are opportunities for UNAIDS to use its expertise in chronic disease management of HIV and people centred approaches to adapt HIV clinical care tools and guidelines for broader applicability e.g. diabetes, patient monitoring for TB.

Community engagement and addressing barriers to accessing services Investing in infrastructure and human resources has been essential for improving health services and outcomes in Ethiopia. However, progress towards epidemic control and the goal of UHC will depend on more community engagement and strengthening action to address barriers to accessing services. Addressing this area requires fully engaging communities as leaders and essential partners, better integrated with health sector structures and reporting mechanisms, and sufficiently funded.

It has been suggested that opportunities exist for UNAIDS and HIV-related CSOs to leverage their experience of addressing structural issues and apply these to the health sector more broadly e.g. by ensuring gender assessments have applicability beyond the HIV programme; by engaging in the CLM agenda and linking with CSOs with experience of social accountability beyond HIV; by ensuring community-generated data is legitimized and integrated with more formal HMIS systems; by supporting innovations from the COVID-19 pandemic to become sustainable e.g. greater use of CBOs/FBOs and leaders to support health messaging (beyond a epidemic emergency); sharing lessons from community engagement and HIV peer support with other programmes involved in chronic care management.

Organisational Gaps

Gaps in UNAIDS Secretariat resourcing and capacity (financial, human, technical) challenge the ability to implement the existing HIV mandate and constrains engagement/participation in health sector and health systems forums more widely at country level.

If UNAIDS Secretariat requires a stronger focus on RSSH, greater consensus on the interpretation and measurement of RSSH, and guidance on what is required and expected of Secretariat country teams, backed up by adequate resources would be needed.

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Ghana Case Study Summary

Country context⁴¹

Overall health sector funding from bilateral donors and other organizations is set to decline given Ghana's status as a middle-income economy. This sparks concerns around negative effects for HIV service delivery, which by and large remains a heavily externally subsidized vertical disease response. The declining external funding translates into a need for dramatic increases in government spending for health in order to continue to realize gains in outcomes including for HIV (government health expenditure is 3.3 per cent of GDP (2017) with 40.3 per cent of health expenditure from out-of-pocket payments - WHO). However, the government is already challenged in its attempt to provide equitable and efficient services as the national health insurance scheme (NHIS) designed to help eliminate financial barriers to accessing services, financed with revenue from a value-added tax, has seen a steady increase in its deficit which threatens service delivery and provides an argument for generating user fee revenues.

The most recent National Health Policy (update January 2020) is aligned to the WHO Health-in-All Policy and One-Health Policy framework, the SDGs, "the Africa We Want" African Union vision, and is committed to achieving UHC. It recognizes existing challenges and prioritizes timely access to a package of quality services for all designed to account for populations with unique needs and grounded in analysis and availability of accurate and reliable real-time data. The current UHC operationalized plan and costing is harmonized to the structure of the Health Sector Medium Term Development Plan (2018-2021) while the HSMTDP guides the development of the Ministry of Health annual programme of work.

There are gaps in coordination between disease programmes and between headquarters, regions and districts in terms of planning, budgeting and implementation of a range of activities between the MoH and its more than 25 agencies. In addition, the fragmented and somewhat verticalized architecture does not provide an institutional landscape to facilitate coordination. Furthermore, a lack of stewardship combined with a lack of a comprehensive health sector strategy and expenditure tracking system makes integration of donor activities into a broader service delivery structure challenging. However, according to key informants (KIs) it should be noted that the Ghana Health Service does play a key role in coordination on national and sub-national health sector program management and implementation.

Ghana is home to a generalized HIV epidemic with an overall low prevalence although pockets of high prevalence amongst KPs, namely female sex workers and men who have sex with men, exist. Slow and steady progress has characterized the response to HIV which has seen prevalence amongst adults decline to its present rate of 1.70 per cent (from 1.81 per cent in 2015) ranging across all regions with a high of 2.66 per cent to a low of 0.24 per cent. However, Ghana is not on track and has not met its 2020 targets of 90/90/90 with only 58 per cent of people aware of their status, 77 per cent on ART and 68 per cent achieving viral load suppression (by the end of 2019) and new infections on the rise.

The most recent National HIV and AIDS Strategic Plan (NSP) 2021-2025 (October 2020 draft) is the fifth plan developed since 2001 and is guided by the national HIV and AIDS Policy (2019). The plan aligns with and builds on the Roadmap for Attaining Universal Health Coverage 2020-2030, which, together with the National Health Policy, sets the direction for the health sector and HIV response. To address the new infection plateau in Ghana, HIV prevention activities targeted at bending the incidence plateau are being prioritized in the new NSP including family-based index client testing, self-testing, community-based testing, implementation of PrEP (piloted in three regions in August 2020) and PEP activities, and targeted prevention activities, both geographically and for KPs, youth and men. Awareness-raising amongst the general population is also prioritized in the new NSP as the population is seen to be less aware of and diligent toward HIV.

Laws and regulations are allowing for a conducive environment for HIV services, yet opportunities to improve linkage to ART services, increase retention on treatment and reduce stigma and discrimination exist. However, no policies exist for civil society to be funded by the government and the financial commitment from the Government of Ghana to fund CSOs is low. That said, according to KIs, they are present and becoming more vibrant in discussions and policy-level decision-making processes while engagement at service delivery level is weaker but increasingly improving under funding from the Global Fund (NFM2 and NFM3) where CSOs have expanded service delivery into the community.

41 Request HIV/TB and malaria (where RSSH is contained) for NFM2 and NFM3; Draft National HIV & AIDS Strategic plan 2021-2025, October 2020; West Africa ROP 2019 Strategic Direction Summary, 2019; National HIV/AIDS Policy; United Nations Development System in Ghana, Building Back Better from COVID-19; Common Country Analysis and Socio-economic Response and Recovery Plan (SERRP), 2020; Ghana cross-programmatic efficiency analysis – WHO Policy Brief 2020; Moving toward UHC - Ghana 2020, 2020; Ghana's roadmap for attaining universal health coverage, 2020; UNAIDS spectrum estimates; Summary of activities of the Risk Communication for COVID-19 response under the WAPCAS/THGF NFMII grant, 2020; National HIV and AIDS anti-stigma and discrimination strategy 2016-2020

Documentary evidence shows that stigma and discrimination at facility levels persists (a 2017 study showed that between 57 and 68 per cent of senior clinical providers in one region practice stigmatizing avoidance behaviours when working with people living with HIV) as does self-stigma among people living with HIV. Young people are particularly challenged by discrimination, violence and issues of power imbalances and often feel their voice is not heard or present in the right forums.

According to key informants despite the existence of sound HIV policies, strategies and guidelines addressing the continuum of care (which are in line with global best practices), and availability of service delivery points, governance and coordination at both national and sub-national operational levels is not optimal. This fosters duplication and overlapping mandates with unclear lines of programmatic and financial responsibility which can lead to competition for resources. According to KIs gaps also remain in the coverage of health services including out-of-pocket payment for HIV services that are supposed to be free, inadequate inclusion of people living with HIV needs in the NHIS (e.g. lab costs not covered), inefficient bureaucratic structures at the national level resulting in delays in funding, inequity of access for KPs, lack of focus on generalized prevention activities, and equity gaps in geographical access to health services.

Large scale public health measures were implemented following the identification of the first COVID-19 cases on 12 March 2020. These included partial lockdowns in certain regions, travel restrictions and closing of schools. HIV service interruptions were noted for testing of pregnant women with a sharp decline in the January to March 2020 period (DHMIS data) and supply chain disruptions which impacted the availability of 'ARVs to the last mile'. Simultaneously adaptations to service delivery were made to ward off potential interruptions for treatment including ramping up multi-month dispensing of ARVs and outreach activities to deliver ARVs to the homes of people living with HIV through the Models of Hope (people living with HIV outreach workers). Additionally, based on KIIs, PCR laboratory equipment previously used only for HIV services contributes to COVID-19 PCR testing.

The COVID-19 response in Ghana included looking toward HIV implementers under the Global Fund NFM2 grant to develop rapid risk communication activities geared toward reducing stigma, discrimination and sexual and gender-based violence related to COVID-19 and HIV in the communities. The efforts are led by WAPCAS (Ghana-West Africa Program to Combat AIDS and STIs), in collaboration with UNAIDS, GAC (Ghana AIDS Commission), GHS (Ghana Health Services) and others, and build on their existing abilities to deliver results including at the community level for the HIV response. Additionally, adjustments to the Joint UN Plan on AIDS were undertaken to ensure a fast and urgent response to the community support, engagement, communication, and innovation aspects of HIV activities. UNAIDS serves as chair of a UN wide interagency communication group for COVID-19 and spearhead the development of a nationwide media initiative to raise awareness around the disease in partnership with the Ghana Health Services. The campaign is also in line with the UN developed COVID-19 Country Response and Preparedness Plan which is aligned to the government priorities.

Findings

1. The Contribution of the HIV response to RSSH⁴²

Strength of Evidence: 1

Documentary and KI evidence shows that Ghana has developed rigorous evidence-based policies, strategies and guidelines that have paved the road for the HIV continuum of care response and improving overall health outcomes. These tools are grounded in international best practice guidance for the most efficacious responses to addressing HIV and AIDS adjusted to the country Ghana.

- External funding and technical assistance, seen as critical to the development and implementation of policies, strategies, guidelines, and impactful interventions for both HIV and RSSH, has helped ensure necessary geographical and population targeted responses to address equity issues. Both documentary and KI evidence indicate that this **precision public health targeting** was facilitated by analysing epidemiological statistics along with programme data from health facilities to arrive at prioritized interventions/geographies.
- The Global Fund, the largest external donor contributing to the HIV and AIDS response, together with PEFPAR, and working closely with the NACP (National AIDS Control Program) and GAC, have made important contributions to RSSH particularly for supply chain reform, strengthening of logistics management information systems (GhiLMIS), expanding the health management information systems, and improving public financial management

⁴² Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; CBOs, NACP, GAC; NFM2 and NFM3 Global Fund funding requests; West Africa COP 2020 Planning level letter Part 2, 2020; West Africa ROP 2020, Strategic Direction Summary, 2020; Strategy for Community-based Monitoring and Feedback (2019)

- Strengthening the supply chain through improving quantification, warehousing, distribution and logistics management
 - Strengthening and expanding the GhiLMIS for commodities, including warehouse optimization, beyond those commodities required for the HIV response from the national to the primary health care delivery points. Of note is the health sector-wide benefit of these interventions including last-mile distribution efforts
 - Supporting the district health management information systems including an expansion of the e-tracker (full deployment to all ART sites), which is linked directly to the DHIS2 to include TB and soon malaria, with potential to improve the availability of data for evidence-based decision making and disease integration particularly with reproductive and child health services at the lowest level
 - Under NFM3 (2021-23) a focus on strengthening the national laboratory governance and management structures, including for accreditation, for use beyond HIV programming
- Equipment procured for the HIV response, according to documentary and KI evidence, is available for use across health services and the entire delivery chain. For example, efforts aimed at strengthening the laboratory procedures, processes and staff capabilities particularly for quality control, as currently funded by PEPFAR and Global Fund, has implications beyond HIV.
 - Based on documentary evidence and KIs the focus on, and funding available for, building human resource capacity for data management and use, provision of diversified services for HIV clients and ensuring linkages between the community and health facility levels has **strengthened the overall workforce cadre** for provision of general health-related services, in line with the integrated service delivery model of the UHC.
 - Based on the development of the Strategy for Community-based Monitoring and Feedback (2019), activities are being implemented with HIV funding and technical assistance with an aim of ensuring **harmonized community-based responses** across various diseases however according to KIs much work is still needed to ensure holistic and harmonized responses are in place. Critical to the integration of the responses is acknowledgement of the CHPS Programme and their community health officers who work with CSO community cadres including Models of Hope, mentor mothers, and CATS (cadres under the HIV programme) to better ensure integration of, and reporting on, community case management.

2. The contribution of UNAIDS in Ghana to the six areas of RSSH identified for this review⁴³

Governance and Accountability: *Leadership, governance, accountability, harmonisation and alignment, e.g., evidenced through commitment to the goals and targets in the Political Declaration on HIV as well as UHC targets*

Strength of Evidence: 1

Development and review of the NSP (2021-2025)

- The UNAIDS Secretariat added value as an advocate, voice and critical convener and influencer at the ministerial level for HIV and AIDS is recognized by the Ghana AIDS Commission (GAC) and the National AIDS Control Programme (NACP). UNAIDS is seen as instrumental in contributing to high-level advocacy to ensure HIV remains a priority and that discussions around funding for the response are elevated to the highest levels. However, according to KIs, more can be done with regard to resource mobilization and to ensure that HIV remains a key agenda and integration entry point in the healthcare response.
- Documentary sources and KIs provide evidence that UNAIDS (the Secretariat and Joint Team members, WHO, UNICEF and UNFPA) provided technical advice and inputs through their participation in relevant working groups during the design of the NSP including the National HIV TWG, DSD Task Team (along with WHO), National anti-stigma TWG and Paediatric HIV Task Team
- The UNAIDS Secretariat is recognized by key stakeholders for adding value to the development of the NSP through:
 - Ensuring the voice of civil society organizations and young people were present and taken into account during various planning meetings and forums
 - Generating epidemiological and surveillance data used for target setting
 - Securing technical assistance, in addition to UNAIDS Secretariat and HQ support, for various TWGs providing inputs into the NSP in addition to technical assistance for the writing team

⁴³ Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; CBOs, NACP, GAC); NFM2 and NFM3 Global Fund funding requests; West Africa COP 2020 Planning level letter Part 2, 2020; West Africa ROP 2020, Strategic Direction Summary, 2020; WHO Ghana Cross-programmatic efficiency analysis policy brief, 2020; Prioritized operational plan – implementing and financing universal health coverage in Ghana, Oct2020 draft

- Ensuring the inclusion of prevention and management of co-infections and co-morbidities, particularly cervical cancer as part of an integrated package of services for people living with HIV
- Lobbying for the inclusion of appropriate gender and cultural norms and practices at the community level as a key component of the NSP
- Generating cost assumptions for the Fast-Track Strategy in Ghana which were used to develop estimates for the various programme support areas

Commitment to UHC

- World Bank and WHO have led the way contributing to the development of Ghana's Universal Health Coverage Roadmap (launched in 2020) and the subsequent first draft Prioritized Operational Plan for Implementing and Financing Universal Health Coverage in Ghana (October 2020). The UNAIDS Secretariat was at the table but with minimal input as WHO, UNICEF, UNFPA and World Bank are leading efforts with dedicated staff members working on UHC with HIV and other fund while UNAIDS does not have the same resources available. Concerns raised by some key stakeholders over this first draft include:
 - Key strategies rely on integration of services, yet it is unclear if donors with specific mandates (e.g. Global Fund, PEPFAR, PMI, UNFPA and UNAIDS) are committed to this; some have dedicated RSSH staff to help facilitate integration (e.g. USAID, UNFPA)
 - Strategic interventions in the first plan for implementing UHC include strengthening RMNCH and beyond to cover adolescent health, mental health and NCDs. HIV, in fact, all communicable diseases, are notably absent from the plan
 - Systems strengthening is not prioritized, other than attention to laboratory systems, yet resilient and sustainable systems are critical to ensuring delivery of a package of services

Role and contribution to the development and review of Global Fund NFM2 and NFM3 funding requests

- According to KIs the Secretariat, along with WHO and UNICEF, played a critical leadership role in ensuring the development and approval of NFM2 (USD77 million - MoH) and NFM3 (USD226 million to MoH, CHAG (Christian Health Association Ghana) and WAPCAS) funding requests to the Global Fund (NFM3 was grounded in the NSP 2021-2025) through:
 - Providing consultants who contributed with technical inputs and writing skills (UNAIDS provided all but one consultant for the development of NFM3)
 - Advocating for the inclusion of high impact evidence-based activities (e.g. index testing)
 - Coordinating with the programme to ensure the “how” was included in the applications and provided the epidemiological and surveillance data needed for target setting exercises, along with support from WHO to review data.
 - Providing, through WHO and UNICEF, critical technical input to the discussion around RSSH (RSSH funding is included in the malaria grant) in both NFM2 and NFM3 – UNAIDS Secretariat linked the RSSH team from the GHS to the Development partners to synergize the DPs inputs into the NFM3
 - Bringing to the table civil society and ensuring their voice was taken into account
 - Lobbying for the inclusion of a second civil society organization as PR focusing on community systems strengthening – resulting in CHAG being appointed as the PR along with the MoH and WAPCAS (PR for KPs)
 - Adding value to the efficiency of the process through overseeing overall coordination (UNAIDS) together with the NACP and the CCM while WHO is lauded by Global Fund and other key stakeholders for its technical guidance and chairing the NFM3 steering committee
 - Support the NACP in responding to NFM3 TRP comments focused on data, trend analysis and evidence. The TRP questioned how Ghana was prioritizing activities based on data and pushed for data-driven evidence. UNAIDS provided an SI consultant to work with the NACP to respond to the TRP comments including estimations of future trends
 - Leading the development, through the provision of technical assistance, of the CSS component of the NFM3 grant resulting in selection of a new CSO PR, CHAG, for implementation. CHAG has subsequently solicited the expertise of UNAIDS to assist in implementation of the community systems strengthening grant

Governance, coordination, harmonization and alignment of national HIV and health sector plans

- The Global Fund NFM3 funding request is aligned to the latest NSP. UNAIDS Secretariat played a key role in supporting the government to ensure alignment of the NSP with the broader HSMTDP. The NSP and Global Fund NFM3 incorporate critical elements from the various relevant policies and strategies (Anti-stigma and Discrimination Strategy 2016-2020 (engaging in information-based approaches which

consist of fact-based information conveyed through verbal and written communication including videos, peer education, pamphlets, media advertisements), Task Sharing Policy (e.g. ensuring ART service provision by lay persons), Human Rights Policy and Strategy (e.g. targeting the most vulnerable MSM and sex workers with tailored services), Differentiated ART Policy (e.g. focus on DSD to ensure equity of services), etc..

- WHO conducted a Cross Programmatic Efficiency study that identified lack of coordination across institutions within MOH and therefore recommended a governance review of the structure, roles, and responsibilities of health sector-related agencies to minimize duplications and overlaps in mandates. Currently the MoH is addressing these challenges through a legislative process, thus, cabinet approval for comprehensive review of Act 525 to streamline health sector governance and coordination. The New National Health Policy (NHP) (2020) gives policy direction on how the sector can strengthen governance and coordination.
- The Development Partners Forum serves as a coordinating body for the health sector response in Ghana and is actively involved in policy, strategy and programme planning discussions. The UNAIDS Secretariat is a member but participation is limited with a more active role played by WHO and UNICEF.
- The UNAIDS Secretariat contributes to oversight and accountability for the national HIV programme, and contributions to strengthening the health system, through its role on the CCM, including recently as the Chair of the ethics committee. The Secretariat has also played a pivotal role in advising the CCM and various steering committees on the role of the Global Fund CCM evolution project designed to improve leadership, accountability and efficiency of grants targeting HIV, RSSH, malaria and TB. UNAIDS role on the CCM is respected by other partners and organizations.

Innovation, agility, the responsiveness of health systems: Differentiated service delivery models; precision public health; agile programmes and use of data to detect issues; data use for quality assurance and forecasting; pandemic preparedness and COVID-19 responses. ⁴⁴

Strength of Evidence: 2

Innovation

- Responding to a call by the Government of Ghana for support in measures to address the impact of COVID-19 and build back better, UNAIDS engaged the Presidential Adviser in the COVID-19 Secretariat on establishing a project that would utilize innovation to strengthen the health system for the benefit of both COVID-19 and the HIV response. The UNAIDS Innovations Unit (headquarters) is partnering with UCO Ghana in this intervention.
 - Based on conversations the Secretariat in Ghana commissioned technical assistance focusing on innovation to strengthen health care in Ghana including and beyond the HIV response. The commissioned technical assistance (kicked off in November 2020) will continue to work closely with the Ghana health services on developing a plan to harness the use of solar technology at facilities, assist in negotiating favourable prices for health products, such as insulin, to address underlying conditions and in an effort to link NCDs with HIV responses, secure artificial intelligence for diagnosis of TB, and assess the feasibility of local manufacturing of specific health commodities. The technical assistance will leverage these opportunities to help put Ghana on the path to build back a stronger and more resilient system for health.

Precision public health for HIV and AIDS

- Overall UNAIDS (the Secretariat and WHO) has leveraged its expertise in strategic information to generate buy-in from stakeholders on country level priorities that are evidence-based, and to gear discussions toward longer-term sustainability aspects particularly for community-based responses.
- The UNAIDS Secretariat has invested in data systems, at the facility and community levels, to improve data availability and quality for analysis and strategic decision making/targeting for service delivery. UNAIDS is recognized by key stakeholders as playing a leadership role and making a significant

44 Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; CBOs, NACP, GAC); NFM2 and NFM3 Global Fund funding requests; West Africa COP 2020 Planning level letter Part 2, 2020; West Africa ROP 2020, Strategic Direction Summary, 2020; WHO Ghana Cross-programmatic efficiency analysis policy brief, 2020; Ghana Joint UN Team on AIDS Joint Plan 2018-2019, Tab 2; Ghana UNDAF final report 2012-2017, 2018; Putting policy to practice: the experience of DSD guidance in Ghana (2019); Innovation to strengthen health care in Ghana in the response to the COVID-19 pandemic (Inception Report), 2020; Differentiated service delivery for HIV in Ghana – operational manual, Dec2017

contribution to efficiently using resources to improve data availability, quality and understanding (e.g. through production of HIV estimates and software resources)

- The added value of UNAIDS (the Secretariat and WHO) long-standing support to strategic information including the provision of updated estimates of HIV through Spectrum and capacity building for better data collection, management and use for programming is evident when considering the development of the latest HIV NSP. The NSP reflects investments based on precision public health targeting both geographically and for KPs, an exercise facilitated by UNAIDS under the leadership of the Secretariat and WHO.
- Spectrum estimates have also been used extensively by Global Fund and PEPFAR to tailor activities to the relevant population groups and to advocate for policy and programme planning. PEPFAR, using the modelling exercises and results, was able to re-focus their support (under ROP19) to one region of Ghana to better demonstrate epidemic control - a decision influenced by data on stagnated progress on reducing new infections and on deaths of people living with HIV. Documentary and KI evidence points to UNAIDS Secretariat and WHO's substantial and robust inputs to both COP and Global Fund funding request development.
- The convening of key stakeholders around HIV data (interagency data review meeting – conceptual thinking aligned to the UNAIDS situation room model⁴⁵) where key players meet monthly to discuss and analyse programmatic data as an entry point to addressing key issues was initiated by the UNAIDS Secretariat with strong support from WHO. Reports are produced, action points developed and followed up in subsequent meetings. Piloting of a simple dashboard developed by the Secretariat is underway to further facilitate data analysis and programming efforts. The meetings have elevated the importance of analysing data for decision making (e.g. discussion around challenges to reaching the 3rd 90 targets which were elevated to the highest levels).
 - Participants in the analysis of this routine data commented: "I have never thought about the challenges that these guys [i.e. health care providers] are having on a day-to-day basis to report on viral load" and another said they were "so happy UNAIDS facilitated these conversations, always been on our books to bring this together, without the goodwill of the UNAIDS this wouldn't have happened"
- WHO provided technical support to the NACP to ensure the adoption of the 2020 strategic information guidelines to improve data quality and use of data. Based on the guidance, and together with the UNAIDS Secretariat who fielded a consultant, they provided financial and technical support to the GAC in an effort to harmonize HIV indicators for improve data quality assurance, reporting and dissemination across implementing partner M&E platforms. This exercise was carried under the work of the interagency data review meetings.

Differentiated Service Delivery (DSD)

- The introduction of DSD in Ghana was spearheaded and continues to be guided by WHO, who has served a catalytic role through leadership of the DSD Task Team and provision of critical financial and technical support. From the beginning WHO led the rapid production of a differentiated models of care operational guideline complete with standard operating procedures and algorithms. WHO, UNAIDS and UNICEF continue to contribute with advisory inputs into DSD design and roll-out with the UNAIDS Secretariat support focused on the community level and UNICEF focus on eMTCT and early infant diagnosis (EID).
- The e-tracker system for ART (developed on 2017 and fully deployed in 2019) has allowed the country to track clients at a transactional level and also to keep track of appointments and potential defaulters. Furthermore, to improve retention rates for ART and better track clients in general a unique identifier system the data was linked in the DHIS2 systems. The ART e-tracker is complemented by the Ghana KPs' unique identification system (GKPUIS) and a soon-to-be-developed community health information system (CHIS) e-tracker to support CSO interventions. The e-tracker system allows health workers to send reminders, track missed appointments and generate visit schedules. Strengthening and expanding the e-tracker system with HIV funding presents further opportunities for improving access to and integration of services and bridging the gap in community-level disaggregation.
- The first DSD models rolled-out in early 2019 focused on longer ART refills of varying lengths (multi-month prescription) across different service provision venues. Later in 2019 differentiated HIV testing service approaches were introduced with an emphasis on index client testing and self-testing. UNAIDS played a role, as a member of the National Task Force for the design of self-testing including ensuring

45 Not a formal situation room such as those promoted and supported by UNAIDS HQ level, using the SISENSE software

representation of people living with HIV in the planning and technical input into the development of tools for facility-level use.

- UNAIDS (WHO, the Secretariat and UNICEF) together with the NACP used programmatic data to determine the rational and critical assumptions for the selection of the regions for piloting of index testing. UNICEF played a catalytic role launching the first index testing exercises in Ghana across five regions. This demonstration effect has resulted in roll-out on a larger scale to different regions and by different stakeholders.
- WHO has served a pivotal role in provision of quality improvement training to frontline health workers for DSD interventions across the country.

Task shifting - comprehensive services to people living with HIV and beyond

- Strong documentary and key informant evidence that the HIV response has been catalytic in supporting integration of MNCH and HIV services for broader integration (e.g. sexual and reproductive health including family planning and psycho-social support/services).
- UNICEF, leveraging its long-standing experience in MNCH in Ghana (including for PMCTC) provided technical assistance to the Ghana health services for development of the Paediatric HIV Services Acceleration Plan and Standard Operating Procedures (SOPs) for integration of PMTCT/EID into routine MNCH services, launching the plan in 2017. Subsequently, they assisted in developing an implementation plan for point-of-care testing to address EID and viral load testing for infants and bring it to scale.
- Additionally, UNICEF developed, based on use of data to detect issues, an operational plan for eMTCT for four HIV high burden regions in Ghana and rolled-out training of health service providers. Currently, they are monitoring the implementation of the eMTCT 2016-2020 acceleration plan and have identified bottlenecks to be addressed by the programme.
- The UNAIDS Secretariat and WHO served a critical role in the development of the task-shifting policy designed to address common health systems related barriers in Ghana including insufficient training of health workers and low quality of services and advocating for the institutionalization of the policy. The impact has been noticeable for PMTCT coverage which has increased (to 74.9 per cent in 2019 from 36 percent in 2016 with an anticipated 28% reduction in 2020 based on spectrum projections) due in part to training midwives and nurses in ANC clinics to initiate ART for HIV-positive pregnant women. The added value for pregnant women is the elimination of barriers such as being referred to ART centres from ANC facilities that do not have ART and reducing the stigma associated with visiting stand-alone HIV clinics. Other task-shifting initiatives include nurses and layperson initiated antiretroviral therapy with piloting ART provision at the community setting.

Community-led approaches: *Inclusion of communities at the governance, planning and service delivery and accountability /monitoring levels⁴⁶.*

Strength of Evidence: 2

The HIV response has contributed to building the institutional capacity and leadership of civil society including networks, NGOs, CBOs and youth to engage in the health care response including targeting of key and vulnerable populations who are victims of stigma, discrimination, violence, and other human rights violations. Several KIs point to UNAIDS having played a catalytic role in this area (e.g. advocating for new leadership in NAP+ and assisting with organization developing of the new leadership) . These civil society representatives serve as archetypes of **new models for health governance geared towards ensuring accountability by the government and equity for all.**

Inclusion of communities in governance and accountability structures

- Based on documentary evidence and KIs UNAIDS, especially the Secretariat, is widely recognized as a leading agency addressing community-based and civil society responses to HIV through their sustained support to improving governance and leadership roles and through support to planning and implementation of key community-based policies, guidelines, and activities. Through support to community systems strengthening UNAIDS, together with UNDP, engages in efforts to reach excluded

⁴⁶ Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; CBOs, NACP, GAC); NFM2 and NFM3 Global Fund funding requests; West Africa COP 2020 Planning level letter Part 2, 2020; West Africa ROP 2020, Consideration for HIV integration with health and social services for the UNAIDS Joint Programme 2020 target-setting exercise, 2020; UNAIDS Strategy Review FG synthesis Template (DPs and GoG), 2020; Restructuring of the models of hope work under the community system strengthening intervention, August 2020; National strategic plan to reduce human rights-related barrier to HIV and TB services: 2020-24

and marginalized populations whose health and human rights are compromised including people living with HIV, youth, MSM etc

- The UNAIDS Secretariat has provided critical institutional capacity building support to NAP+, Hope for Future Generations, WAAF, YHAG and others for institutional and technical strengthening including capacity building for strategic planning and advocacy. This has led to inclusions of CSOs, and the invitation of youth representatives on the CCM and its various committees including for proposal development.
- The following quote is reflective of many respondents - *“government is beginning to listen to and take us (civil society including young people) more seriously, now see things are being done differently. UNAIDS has helped us come to this level, very serious – would be good to do the same for other areas”*.

Service delivery, community-led monitoring

- The Secretariat has been involved, together with WHO and UNICEF, in pioneering programmatic innovation with differentiated AIDS treatment and HIV testing models targeted at reaching KPs and addressing their specific needs at the community level including the provision of community-based testing by Models of Hope trained as laypersons. Models of hope also address psycho social issues, connecting clients to the social welfare department, food support, services for those affected by GBV, etc. This model has been tested for the TB response as well and health facilities are advocating for further development of the models of hope to cover other key service delivery areas.
- The UNAIDS Secretariat, along with the Global Fund, was critical in advocating for and pushing forward the concept of people living with HIV as “Models of Hope”, HIV positive clients in the health care delivery system along the HIV continuum of care. This is done by linking the people living with
- HIV community to the ART centres thereby ensuring access to care and improving retention while also linking them to psychosocial support. The Secretariat played a key role in advocating for the sustainability of the Models of Hope with the MoH. Currently, there are more than 300 Models of Hope working across Ghana reaching over 55,000 (January to August 2020) with services including home-based care, re-initiating defaulting clients on ART (9,000 during the same period), support for community testing, assisting client initiating ART, etc. Their work supporting the ART units with follow-up on defaulting clients has allowed facility-based providers to focus on other aspects of clinical services.
- UNAIDS has played a convening role for civil society organization and youth networks and engages them in critical discussions around community-based support and monitoring of community responses. Through the provision of technical assistance UNAIDS was able to review the community-based monitoring framework for HIV, identify gaps in service delivery, and advocate with the Ghana health service around the critical role of community systems in service provision.
- Community-led monitoring (CLM) is an evolving concept in Ghana. The Global Fund under NFM2 grants attempted to introduce a community-based monitoring system with little success, partly attributed to the design, which employed CBOs to conduct monitoring rather than people living with HIV. UNAIDS has since taken a leading role in helping to design the community-led monitoring systems through:
 - Sponsoring participation of community support advisors, GAC, NACP and representatives from community organizations to attend a training in Geneva on community-led monitoring for HIV responses in line with UNAIDS guidelines, in 2019
 - Subsequently bringing in technical assistance to help define a new community-led monitoring system in line with new UNAIDS guidelines and building on the experience gained during the training
 - Sharing of recommendations from the technical assistance with key stakeholders – however, the final results of the work are yet to come to fruition
 - Assisting the Christian Health Association of Ghana (Global Fund Principal Recipient) with monitoring the new community-led interventions including data collection and monitoring, work to begin in 2021.
 - Engaging two CSOs in development of a project utilizing the current UNAIDS CLM model (ongoing).
- UNAIDS Secretariat led, together with the GAC, the development of the National coalition on HIV prevention in Ghana and supported the completion of the Prevention Roadmap, which targets combination prevention for KPs, adolescents, young girls, women and their male partners. They subsequently supported civil society in the training of 200 youth advocates to lead peer education programmes on HIV prevention and sexual and reproductive health in eight districts.

Response to COVID-19

- UNAIDS Secretariat spearheaded, under the Millennium Promise Alliance together with the National Association of Persons Living with HIV (NAP+) and Youth Health Advocates Ghana (YHAG), a project designed to strengthen community engagement in the response to COVID-19 in Ghana. The objectives

are to train outreach workers and educate community groups, particularly people living with HIV on integration of preventative behaviour change messages into their existing HIV plans. The work will focus on generating evidence for target groups to advocate for services with the MoH (where there may have been disruptions). Finally, the project focuses on encouraging the proper use of PPE by health extension workers and community groups.

- Funds have not yet been disbursed to the implementing partner. This is a new opportunity to show how the HIV community assets and architecture are being used for COVID-19
- UNAIDS Secretariat funded an assessment of community responses to COVID-19 in the Ashanti region of Ghana in August 2020. The study engaged rural communities to assess the knowledge, attitudes, practices and communication campaigns in response to COVID-19 while at the same time looking at knowledge and practices around HIV. The study results were used to inform appropriate strategies and health promotion activities to address HIV and COVID-19 through effective bottom-up approaches.

Addressing inequalities/ inequities: *Improving access to multi-layered services for the most vulnerable and people left behind, including women and young girls.*⁴⁷

Strength of Evidence: 3

Addressing inequalities/inequities through a human rights-based approach

- Historically the link between rights, health policies and public health outcomes has received little attention in Ghana. That said, despite restrictive laws, KPs continue to receive HIV services (e.g. testing) without serious hindrances. The NSP recognizes the need to address human rights, gender, age-related barriers, and inequities in access to services particularly for most-at-risk groups to address their increased vulnerability to HIV. It also recognizes stigma and discrimination, limited legal literacy, punitive laws, gender, and social inequalities as barriers that have affected the uptake of available HIV services particularly for female sex workers and men having sex with men.
- Interventions targeting the most vulnerable with equitable services are prioritized in the NSP including people who inject drugs, men having sex with men, female sex workers, pregnant women, children and high-risk youth. New areas identified under the current NSP include adolescent girls and young women and provision of combination prevention for them, PrEP and PEP for KPs and provision of self-testing to these groups. According to KIs UNAIDS support was critical for completion of key policy documents, and PrEP guidelines, that resulted in implementation of PrEP and has also served a vital role in ensuring the availability of PrEP to key populations through their advocacy with the NACP and GHS as well as the Global Fund and other key stakeholders.
- Strong documentary and key informant evidence that the UNAIDS Secretariat advocates for KPs and their rights to services addressing human rights barriers at the highest levels in various platforms, forums and directly with government leaders.
- UNAIDS Secretariat supported the Ghana AIDS Commission in the development and finalization of the **National Strategic Plan to Reduce Human Rights Related Barriers to HIV and TB Services (2020-2024)**. This was informed by a baseline assessment on human rights barriers (conducted in 2017 as part of the Global Fund "Breaking Down Barriers" project) to evaluate the state of affairs and the work of various stakeholders to address identified barriers. Based on documentary and key informant evidence UNAIDS support included:
 - Deploying the lead technical consultant for the development of the plan
 - Convening multi-stakeholder meetings with representatives from government ministries, departments, and agencies (in particular representatives of the AG and MoH), the Judiciary, the Commission on Human Rights and Administrative Justice (CHRAJ), as well as varied representation from CSO, NGO, networks, associations of people living with HIV, religious organizations and traditional authorities
 - Facilitating, through the forum, the establishment of key issues, challenges along with conclusions and recommendations for the plan and the NSPs for both HIV and TB
 - Serving on the TWG for the development and overall quality assurance of the strategy
 - Assuming responsibility for assisting GAC to develop tools to standardize the monitoring and implementation of the strategy

⁴⁷ Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; CBOs, NACP, GAC); Summary of activities of the Risk Communication for COVID-19 response under the WAPCAS/THGF NFMII grant, 2020; Baseline assessment – Scaling up programs to remove human rights-related barriers to HIV services, Sep2019; National strategic plan to reduce human rights-related barrier to HIV and TB services: 2020-24; National HIV and AIDS anti-stigma and discrimination strategy 2016-2020

- Strong documentary and key informant evidence that UNDP plays a key role in advocating for access by the most vulnerable to critical counselling and legal services aimed at addressing human rights violations through:
 - Serving an instrumental role (development of materials, funding, technical assistance) in engaging and training frontline health care providers, law enforcement agencies, the judicial service, and the CHRAJ (Commission on Human Rights and Administrative Justice) to foster a better understanding of barriers that hinder KPs access to HIV services and ensuring that KPs understand their rights
 - Establishing hotlines, a critical service point, particularly given restrictions to access due to COVID-19
 - Providing sensitization training to media outlets (19 across the country) and 19 regional directors from the CHRAJ and the new stigma index being conducted
- UNAIDS Secretariat is leading a gender assessment of the HIV response with the GAC and UN Gender Team in HQ. The report is currently being finalized. This work is carried out through technical assistance from three national and one international consultant.

Improving access to services for young women and men

- The NFM 3 includes activities to support adolescents and young people through the community adolescent treatment (CAT) programme (begun under NFM2) and targeted interventions for increased testing among adolescent girls and young women and their male partners.
- Based on documentary and KII evidence the Join Team is credited with reaching in-school and out of school youth with not only HIV prevention messaging but also SRHR educational material with the following results:
 - In 2020 the Join Team supported CSOs in the training of over 200 youth advocates to lead peer education activities on HIV prevention and SRHR reaching over 70,000 youth
 - Technical support was also provided to train teachers to lead HIV prevention interventions across the country
- Evidence shows that UNAIDS Secretariat was, and continues to be, supportive of private sector initiatives in the HIV response. According to KIIs they have been instrumental in ensuring that an innovative, social media-driven, private sector outreach service for young women and men targeting HIV and STI services has taken off. *Verifie*, a limited liability company, started by a former medical practitioner, aims at increasing proactivity of young people around their sexual health through ensuring access to more convenient and confidential services for young people. *Verifie* created a platform (app- myverifieapp) where young people can book a service (in a safe space) and consult with a physician about their sexual health. UNAIDS has supported *Verifie* from its inception (2018) through:
 - Providing funding for campaigns and pop-up shops, technical assistance (both from the UNAIDS Secretariat and the Best Practice Team in Geneva – based on a regional level initiative to look at Best Practices; UNAIDS selected *Verifie*), training and capacity building
 - Best Practices Team did not see the social enterprise approach, rather a private sector approach, and therefore dropped off from the regional initiative.
 - Leveraging the support of the GAC to provide test kits and condoms for the campaigns and pop-up shops
 - Working with *Verifie* to provide free HIV and hepatitis B screening at the African Youth SDGs Summit in Ghana and launched a social media campaign was created to enhance the visibility of UNAIDS and *Verifie* conducting free HIV and Hepatitis B screenings at the African Youth SDG Summit using the hashtags, #KnowYourStatus and #LetsHaveAQuickie – 380 people were screened during the summit (November 2020).
 - Supporting their innovative COVID-19 response – reaching out to youth in their homes to provide testing services.
 - Supporting *Verifie* on World AIDS Day for their “Foursome” event along with Ghana AIDS Commission, MTN, French Embassy to Ghana and Ghana Innovation Hub to educate, sensitize, counsel and screen young adults on varied relevant sexual health issues relevant for Ghanaian youth (STIs, HIV, et.c). Brought together players and patrons of health, media, entrepreneurship, and working-class in a welcoming and psychologically rewarding environment to promote the fight against AIDS. Over 200 people were screened and 250 received one on one counselling.



- UNAIDS Secretariat provided **technical support for the roll-out of the people living with HIV Stigma Index 2.0** (initiated in November 2020) through its role on the TWG and will contribute to reviewing and ensuring the quality of the report as well as supporting the dissemination of the findings. The study will help understand the burden of stigma and discrimination among gay men and other men having sex with men, sex workers, transgender persons and people who inject drugs, consequences of stigma and the changes in HIV-related stigma and discrimination over time, which will be used to influence future programming.
- Prior to implementation of the people living with HIV Stigma Index 2.0, UNAIDS hosted/sponsored the **National Consultation on the Global Partnership to eliminate all forms of HIV-related stigma and discrimination** which facilitated meaningful collaboration between national people living with HIV networks (implementing the survey) and KP groups – where historical challenges and misunderstandings had existed.
- The people living with HIV Stigma Index 2.0 is being carried out by NAP+ and Ghana Network of Persons Living with HIV/AIDS. NAP+ has received significant support from UNAIDS, not only for the conduct of the survey but to rebuild its structures and management after challenging times.
- YHAG (Young Health Advocates Ghana), established by Hope for Future Generations (CSO), is the first group to connect young people living with HIV to motivate and educate them about HIV but also TB and malaria. YHAG, established in 2019, has grown to 300 members and covers five regions in Ghana.
- The formation of YHAG was made possible through NFM2 support while UNAIDS has continuously provided technical assistance for organizational capacity building, mentorships, accessing social enterprise funding through the Solidarity Fund (e.g. filmmaking for educational purposes and agricultural improvement projects), and providing safe spaces for congregating.
- UNAIDS Secretariat has held education sessions with YHAG to discuss ART, side-effects of medicines, psycho-social issues, nutrition, access to prevention services etc.
- UNAIDS Secretariat has been instrumental in assisting YHAG to voice their concerns and advocate for young people living with HIV in different forums most notably securing their invitation to attend CCM meetings (only one attended so far) and participate in a youth treatment support study tour to Zimbabwe as part of the NACP delegation. They have done this through:
 - Addressing the group on their various platforms
 - Hosting meetings at the Secretariate office
 - Serving as a keynote speaker for various events

3. Gaps in RSSH where UNAIDS can play a role in the future

The following gaps in RSSH have been identified principally from KI interview evidence.

Context/programmatic gaps

HIV funding, health care financing and UHC

- Given Ghana's classification as a middle-income country overall external health sector funding, including for HIV, is set to decline. This, coupled with inadequate domestic funding and systems to ensure accountability, paints a challenging picture for HIV service delivery in the future. In line with the push for UHC, Ghana has committed to increasing both access to health services and financial protection through a focus on resource mobilization and increasing efficiency to unlock more resources. Commitment to resource mobilization and donor transition include having a resource mobilization strategy in the health financing strategy, advocating for increased allocation from the MoF, deepening the engagement with the private sector, taking leadership of donor coordination etc. along with various PFM reforms. Another critical element is optimizing the NHIS benefit package for UHC.

48 Sources of evidence include: Key informant interviews (UNAIDS Secretariat; Cosponsor agencies; CBOs, NACP, GAC); Understanding and responding to stigma and discrimination in health facilities in Ghana, Intervention endline report Oct 2018; Baseline assessment – Scaling up programs to remove human rights-related barriers to HIV services, Sep2019; National HIV and AIDS anti-stigma and discrimination strategy 2016-2020

- UNAIDS Secretariat is in a unique position to engage with the MoF and advocate, along with the World Bank, who has been a leader in the development of the UHC road map and subsequent development of the UHC costed operational plan, around ensuring adequate financing and access to quality preventive care and treatment services for people living with HIV as well as key and vulnerable populations. At present HIV is scarcely mentioned in the UHC road map and as global literature points out at times seen as contra a UHC agenda with its geographic and population targeted prevention approaches.
- Various stakeholders suggested that UNAIDS Secretariat should tap into its high-level diplomacy, convening gravitas and level of trust among senior ministerial staff, something that PEPFAR and Global Fund do not have, to advocate and support dialogue around the ways and means of incorporating HIV into the UHC agenda and to advocate for increased resource mobilization across the health sector.

Data, Strategic Information, precision public health

- The need for quality, granular and differentiated data to allow targeting of services and resources to those most affected and to conduct real-time monitoring and course correction for achieving health outcomes is evident.
- Gap in data quality and availability remain along with skills to analyse and use data to course-correct programmes at the decentralized level including for community-led monitoring. Convening partners around data (reports/dashboard) for programmatic use presents a valuable lesson from the HIV response at the central level in ensuring the availability, quality of analysis of data for precision public health, which could be applied to the community level as well as beyond the HIV response. Addressing gaps at the community level and beyond HIV programming suggests a similar approach is needed i.e., monthly meetings of key programme staff and stakeholders to assess the quality of data, analyse the data and develop action points to improve data collection and analysis in addition to its application to overall programming. UNAIDS, along with WHO, are in a position to ensure that these key pillars of the HSS building blocks (M&E and community systems strengthening) are addressed and that support to overall data strengthening (where UNAIDS has a comparative advantage) go beyond HIV. Lessons learned from the use of precision public health data and efforts toward improving analytical skills of key GHS staff could be used more broadly across the health sector and bring experience to the roll out of UHC.

Integration of services/health system transition

- Ghana health services appear to have adequate policies/strategies and structures in place through the various levels and facilities, albeit with efficiency challenges, to scale-up integrated services for people living with HIV. This has been facilitated to date through the task shifting policy (e.g. in the ANC setting where PMTCT services are integrated) but could be scaled-up further. There is hope that the UHC road map and the prioritized operational plan and costing will further the integration and alignment agenda. Strong advocacy, a core strength of UNAIDS, to ensure this happens is critical in part by tapping into UNAIDS people centred approaches to ensure broader applicability of guidelines (e.g. cervical cancer, diabetes).

Community engagement and addressing barriers to accessing services

- The infrastructure, through the CPHS (Community-based health planning services) model, and human resources investments by the Ghana health services have proven instrumental in the scale-up of health services although efficiency issues are prominent. Further progress towards epidemic control and the goal of UHC will rely heavily on community engagement and ensuring access to quality services for all.
- Addressing this area requires fully engaging communities as leaders and essential partners, better integrated with health sector structures and reporting mechanisms and sufficiently funded. There are also missed opportunities to address structural issues that are not specific to HIV – such as gender assessments, which could be used to inform access to other health services.
- Opportunities exist, according to KIIs, for UNAIDS, working with critical CSOs (including those that go beyond an HIV remit) to apply critical lessons learned and experience of empowering, training, and employing persons living with HIV from local communities to address barriers to accessing services beyond HIV: e.g. ensuring that models of hope and mentor mothers are replicated for other intervention areas (both models are ideal for addressing other areas including sexual and reproductive health education and services, malaria awareness raising, TB adherence, noncommunicable diseases such as diabetes, etc.; using experience at central level to convene key players around data analysis and use for programming at the community level applicable to different disease areas; further expanding support to community-led monitoring efforts to ensure that data is more integrated in the DHIS2 system.

Organisational Gaps

- **Gaps in UNAIDS Secretariat resourcing and capacity** (financial, human, technical) challenge the ability to implement the existing HIV mandate and constrains engagement/participation in health sector and health systems forums more widely at country level including the forums around UHC which are at a critical implementation stage in Ghana.
- If UNAIDS Secretariat requires a stronger focus on RSSH, greater consensus on the interpretation of RSSH, and guidance on what is required and expected of Secretariat country teams, backed up by adequate resources would be needed.
- If UNAIDS is to continue its critical role in improving strategic information for the HIV response and beyond dedicated resources for an SI team member must be urgently secured.

Documents reviewed

- Annex 3: 2021 Joint UN Plan on AIDS in Ghana: Summary
- 2019 National HIV estimates and projects - Ghana's National Estimates Tea, Ghana AIDS Commission
- 2020-2021 Joint UN Workplan One-page Ghana, 2020
- Action plan for the UNDAF 2012-2016 - revised Sep2013, 2013
- Baseline assessment – Scaling up programs to remove human rights-related barriers to HIV services, Sep2019
- Building back better from COVID-19, Common country analysis and socio-economic response and recover plan, 2020
- Consideration for HIV integration with health and social services for the UNAIDS Joint Programme 2020 target-setting exercise, 2020
- Country progress report - Ghana, Global AIDS monitoring 2019
- Differentiated service delivery for HIV in Ghana – operational manual, Dec2017
- Ghana cross-programmatic efficiency analysis – WHO Policy Brief 2020
- Ghana HIV Policy Scan and Action Plan – improving the supply of HIV and TB commodities for civil society implementers and private providers, 2017
- Ghana Joint UN Team on AIDS Joint Plan 2018-2019, Tab 2
- Ghana UNDAF final report 2012-2017, 2018
- Ghana: Voluntary national review report on the implementation of the 2030 agenda for sustainable development, 2019
- Ghana's roadmap for attaining universal health coverage, 2020
- Global Fund FR, HIV/TB 2017 (NFM2)
- Holistic assessment of the 2017 health sector POW, 2018
- Innovation to strengthen health care in Ghana in the response to the COVID-19 pandemic (Inception Report), 2020
- Moving toward UHC - Ghana 2020, 2020
- NACP Annual Report 2019
- National HIV and AIDS Strategic Plan 2021-2025 (Draft), 2020
- National Health Policy: Ensuring healthy lives for all, Revised Edition, January 2020
- National HIV and AIDS Policy, 2019
- National HIV and AIDS Strategic Plan 2016-2020
- National HIV & AIDs Strategic Plan 2021-2025, October 2020 Draft
- National HIV and AIDS anti-stigma and discrimination strategy 2016-2020
- National strategic plan to reduce human rights-related barrier to HIV and TB services: 2020-24
- NCPI, 2013
- NFM3, 2020
- NSP to Reduce HR-Related Barriers to HIV and TB Services: Ghana, 2020-2024; May 2020
- PEPFAR Ghana SID 4.0 Narrative cover sheet, 2018/2019
- Prioritized operational plan – implementing and financing universal health coverage in Ghana, Oct2020 draft
- Putting policy to practice: the experience of DSD guidance in Ghana (2019)
- Summary of activities of the Risk Communication for COVID-19 response under the WAPCAS/THGF NFMII grant, 2020
- Restructuring of the models of hope work under the community system strengthening intervention, August 2020
- STAR process, Ghana COP 2017 Strategic Direction Summary, 2017
- Thematic Segment: delivering on SDG3: strengthening and integrating comprehensive HIV responses into sustainable health systems for UHC, 2019 (PCB 44)
- Transitioning from donor aid for health: perspectives of national stakeholders in Ghana, 2021
- TRP review NFM 3 HIV/TB, 2020

- UN in Ghana COVID-19 Key Messages - Key message booklet for practitioners and media, 2020
- UNAIDS Strategy Review FG synthesis Template (DPs and GoG), 2020
- UNDAF AR 2016
- Understanding and responding to stigma and discrimination in health facilities in Ghana, Intervention endline report Oct 2018
- United National Ghana, COVID-19 Response Update 1, 2020
- UNSDP 2018-2022, 2018
- West Africa COP 2020 Planning level letter Part 2, 2020
- West Africa ROP 2020, Strategic Direction Summary, 2020
- West Africa ROP 2019 Strategic Direction Summary, 2019
- West Africa Regional Program Operational Plan ROP 2019,
- WHO Ghana Cross-programmatic efficiency analysis policy brief, 2020

Key informants interviewed

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12	Benjamin Gobet	Global Fund Sr Programme Officer, Ghana Country Team	Benjamin.gobet@theglobalfund.org
13	Alexander Quaisie	Verifie – founder	quaisie@gmail.com
14	Dr Poku	Director of technical services, GAC	fnanapoku@ghanais.gov.gh
15	Various participants	YHAG – Youth HIV activists group	

Kyrgyz Republic Case Study Summary

Country Context

- Since its independence in 1991, the Kyrgyz Republic has conducted successive health system reforms and currently spends over eight per cent of its GDP on health. Through the Manas Program (1996-2005), Manas Taalimi National Health Care Reform Program (2006-2010) and Den Sooluk National Health Reform Program (2012-2018), Kyrgyzstan implemented and achieved significant improvements in: service coverage; ensuring a more responsive, efficient, comprehensive, integrated service delivery system; health system financing and its service purchasing function; public health and disease control; and has begun new generation reforms in public health and medical education⁴⁹. The ongoing State Program (2019-2030)⁵⁰ aims at protecting health, ensuring access to essential quality services, strengthening primary health care and decreasing financial hardship for all people and communities, in pursuit of universal health coverage (UHC) by 2030.
- There is documentary and key informant (KI) evidence indicating strong country commitment to end the AIDS epidemic by 2030. The Ministry of Health (MOH) has endorsed the global 90-90-90 strategy and adopted the Fast-Track Initiative based on the WHO Test-&-Start approach. Kyrgyz Republic fully supports and follows targets of the Political Declaration on HIV/AIDS of the UN General Assembly Special Session 2011, as well as of other UN Declarations, UNAIDS and WHO initiatives. Achievement of the targets has been included in the State Programme.
- The national response to HIV is implemented according to the Government Programme for 2017-2021 (The Government of the Kyrgyz Republic Program on Overcoming HIV Infection in the Kyrgyz Republic for 2017-2021) and various resolutions and regulatory documents. As part of the monitoring and quality assurance of HIV diagnosis in the country, a number of regulatory documents were developed and approved: the MoH Decree dated April 17, 2019 No. 530 “On approval of the Rapid HIV Testing Program in the Kyrgyz Republic”, and the MoH Decree dated June 28, 2019 No.728 “On approval of the Methodological Guide for Rapid HIV Testing in the Kyrgyz Republic”.
- The health care system in Kyrgyzstan is funded from public, private, and external sources. State funding comes from the republican and local budgets, and from payroll deductions for the Mandatory Health Insurance Fund (MHIF). External financing is provided through the Sector-Wide Approach (SWAp) by bilateral and multilateral development partners or through individual projects based on bilateral agreements.
- There is still a high level of dependence on donor funding, which covers a significant proportion of funding for HIV interventions (around 75%) and a significant proportion (around 95%) of the amount of prevention programs for key populations and HIV treatment. The agencies that have been mostly involved in fighting the HIV epidemic and supporting the national HIV response in the Kyrgyz Republic are the Global Fund (GF) PEPFAR, USAID, CDC, and the UN Joint Programme (UNAIDS Secretariat, UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO). The GF provides more than 50% of all international funding to the HIV Programme.
- In line with the Transition Plan for domestic funding of the HIV Programme, there is a gradual increase in state funding for ARV procurement and for prevention programmes for key populations. The state budget is covering around 40% of the need for ARVs and diagnostic tests. Further, state funding for HIV infection programs has increased by 40% in the past period, mostly through increases in salaries. Within the framework of the Government Program on HIV (2017-2021), the country introduced for the first time and is now implementing a 5-year plan and mechanism of state financing measures to control HIV. In 2019, 63 million soms (\$906.470) was allocated from the state budget. All funds were used to purchase tests and reagents, ARVs, and direct-acting antiviral drugs for the treatment of hepatitis C in people living with HIV. In addition, 3 million soms (\$41,165) was allocated for the implementation of pilot projects by a state social order for HIV support and care programs.
- Documentary and KI evidence indicate that Kyrgyz Republic has a strong and vibrant civil society which plays an important role in advocacy and is providing monitoring and oversight of the implementation of strategies in the health and other sectors. There are mechanisms in place for contracting NGOs.
- Documentary evidence point that despite significant efforts by government agencies, non-governmental and international organizations, HIV infection continues to grow in the Kyrgyz Republic. Thus, in the last 9 years (from 2011 to 2019) the number of HIV infections in the country has almost tripled from 3,317 to

49 Ismailov M.A. Head of DCRI of MoH of the Kyrgyz Republic - Mid-Term Review of the “Den Sooluk” National Health Reform Program of the Kyrgyz Republic for 2012-2016

50 “Program of the Kyrgyz Republic Government on Public Health Protection and Health Care System Development 2019-2030 - Healthy Person – Prosperous Country” / Resolution of the Government of the Kyrgyz Republic of December 20, 2018 No. 600

8,500. HIV prevalence amounted to 142.9 per 100,000 population⁵¹. Most of new HIV cases are among injecting drug users and is on the rise. In recent years, there has also been an increase in the number of HIV-positive women reaching 43% of the total number of PLHIV in 2019. The key population groups at risk of HIV infection in the country remain PWID, MSM, MS, and prisoners. A steady upward trend in sexual transmission of HIV (general population) could also be observed. In 2019, sexual transmission accounted for 70% of all registered HIV cases, whereas mother-to-child-transmission accounted for 12.3%⁵².

- KI and documentary evidence indicates that stigma and discrimination remain major barriers to accessing HIV services, as perceived by medical professionals and/or society. As a result of stigma and discrimination, or fear of it, KP and vulnerable groups are reluctant to disclose their status and follow up on the results of testing and medical examinations, even if they could have access to services. In addition, stigma and discrimination reduce access to prevention programs.
- COVID-19 placed a significant burden on the health care system in Kyrgyz Republic, both on inpatient and outpatient health care. People living with HIV are recognised as individuals with particular risk from COVID-19⁵³. According to key informants and documentary evidence HIV services continued to be provided without disruptions during the COVID-19 pandemic due to prompt and comprehensive response of the donor community which included provision of protective equipment, strong involvement of CSOs, adaptation of work plans and introduction of innovative approaches and mechanisms.

Findings

1. The contribution of the HIV response to RSSH

Strength of Evidence: 1

- The Kyrgyz Republic health system benefits from various governance models and mechanisms developed under the HIV response (e.g. the Country Coordination Mechanism - CCM) that are applied to other platforms in the health sector. The high-level health sector coordination platform, the Public Health Coordination Council (PHCC), was established in 2014 to strengthen and develop effective measures to protect and promote the health of the population. The PHCC was created to assume the highest level of responsibility for coordination, decision making and approval of health-related issues in Kyrgyzstan⁵⁴.
- International best practices applied in the country, normative guidance and evidence-based interventions form the foundation for country implementation of health programmes beyond HIV, and for health systems⁵⁵.
- There is considerable evidence from KI interviews and documentary sources that funding for the HIV response has made important contributions to health system building blocks through:
 - Strengthening the legal framework including supporting the design and implementation of policies, plans, and high-level interventions delivered at PHC level
 - Supporting decentralisation of the health care system and transfer of services from specialized institutions (e.g. AIDS Centers) to PHCs; participation of local government, increasing responsibility and participation in health financing
 - Building the capacity of health workers (FMC, MDTs, etc) for integration and improving access to a range of services (HIV, TB, Hep C, STI)
 - Improving the capacity of laboratories through accreditation, provision of equipment, and training of laboratory staff that goes beyond HIV
 - Strengthening the procurement and supply management system for a range of medicines and supplies, not just for HIV health products and medicines
 - Supporting health care digitalization with a unified process of ordering and delivering medicines, enabling some health care services to be delivered at the household level⁵⁶.

51 Republican AIDS centre 2019 <http://www.aidscenter.kg/ru/situatsiya-po-vich-v-kr/category/10-2020.html>

52 Ibid

53 Ministry of Health of the Kyrgyz Republic, update of clinical protocol, 2020

54 The Public Health Coordination Council (PHCC) consists of heads or deputy heads of ministries and representatives of non-governmental and non-profit organizations. The Council is chaired by the Vice-Prime Minister for Social Affairs of the Kyrgyz Republic, while the Deputy is the Minister of Health of the Kyrgyz Republic. The PHCC has a mandate to create working groups from among professionals, researchers, and other independent experts including actors of the civil society to implement the tasks entrusted to the Coordinating Council.

55 Программа Правительства Кыргызской Республики по преодолению ВИЧ-инфекции в Кыргызской Республике на 2017-2021 годы, Бишкек, 2017, 85 с

56 <http://cez.med.kg>

- Innovations and new mechanisms in HIV service provision (e.g. multi-month dispensing - MMD, use of virtual platforms for consultations, etc) developed during the COVID19 pandemic could have wider applicability beyond HIV programmes.
- Advocacy for increasing the state funding for the HIV response resulted in a 40% increase for the HIV infection programme (from USD 45.000 equivalent to USD 940.000 equivalent). The Coordination Council for Public Health under the Government of the Kyrgyz Republic, chaired by the Deputy Prime Minister, held a special meeting and instructed the Ministry of Finance to develop measures to address the priority funding for HIV in the process of state budget development.

2. The contribution of UNAIDS in Kyrgyz Republic to the six areas of RSSH identified for this review

Governance and Accountability: *Leadership, governance, accountability, harmonisation and alignment, e.g., evidenced through commitment to the goals and targets in the Political Declaration on HIV as well as UHC targets*

Strength of Evidence: 1

- UNAIDS Secretariat in the Kyrgyz Republic is the leading agency in promoting the HIV response through policy level advisory and advocacy, provision of strategic information, provision and analysis of data for evidence-based decision making, and capacity development at national and local levels (both within and beyond government institutions). From KIs, it appeared that strong commitment, leadership, engagement, and technical expertise of the UNAIDS Secretariat staff in Kyrgyz Republic (country manager) is widely recognised and highly respected by national and international partners.
- KI interview and strong documentary evidence, including minutes of meetings, briefs and various outputs, of UNAIDS Secretariat coordination and facilitation role, with regular monitoring to ensure synergy among UN agencies (and beyond) in joint work planning, technical assistance, implementation support and monitoring of the support to HIV response, RSSH and UHC.
- KI interviews and documentary sources provide evidence of UNAIDS Secretariat and UN system agencies contribution to strengthening of the implementation and monitoring of national strategies, policies and plans with the emphasis alignment with the Sustainable Development Goals (SDGs) and targets.

Role and contribution to the development and review of Global Fund funding requests and NSP

- Documentary and KI interview evidence of UNAIDS Secretariat supporting the process of development of the new funding request for the Global Fund NFM3 that is aligned with the Kyrgyz Republic Program on Overcoming HIV infection in Kyrgyz Republic 2017-2021 and the State Health Program. The UNAIDS Secretariat served as a member of CCM working group/committee for developing of the funding request and provided oversight and coordination of the funding request development. In coordination with GIZ, the Secretariat contracted two experts who provided technical input for HIV treatment and key populations inputs in the NFM3.
- KI interviews and documentary sources provide evidence of UNAIDS Secretariat playing important role in coordinating development, implementation, and monitoring of the Kyrgyz Republic Program on Overcoming HIV infection in Kyrgyz Republic 2017-2021 and the State Health Program (HIV NSP). The UNAIDS Secretariat and Joint Team members provided technical advice and inputs through their participation in relevant working groups and coordination platforms during the design of the HIV NSP. The Program includes a roadmap which specifies the transition to state funding. The Program has also been reviewed by gender and technical expert to ensure proper integration of gender equity aspects, where applicable. According to the Program Plan domestic funds have been increased by more than 7 times for year 2017-2019 for HIV related services⁵⁷.
- There are documentary and KI interview evidence that RSSH considerations in the recent NSP are more prominent. While the previous NSP (2010-2016) focused on enhancing services, including integration, prevention of nosocomial infection, improvement of staff capacity, the current NSP includes a special strategy on RSSH aimed at increasing efficiency of management and coordination of health system in area of HIV. This includes enhancement of strategic data capture, access to services (decentralization, improvement of normative documents, capacity development).

57 MOPH Kyrgyzstan. The Program of the Government of the Kyrgyz Republic on Overcoming HIV infection in Kyrgyz Republic 2017-2021

- According to the KI interviewed the UNAIDS Secretariat is currently in the process of selecting consultants for conducting an evaluation of the national response and the Kyrgyz Republic Program on Overcoming HIV Infection in the Kyrgyz Republic for 2017-2021 implementation (HIV NSP).
- Based on an OIG audit of the MoH role as PR, uncovering corruption, PR-ship was transferred to UNDP (currently serving as the PR). Several attempts to change PR-ship back to government were initiated, the last in 2020, but without success due to current political instability in the country and frequent change of staff in the MOH as well as lack of capacity. There are some KI interview and documentary evidence of UNAIDS Secretariat and JT support to the National Scientific and Practical Center for Infection Control of the "Preventive Medicine" Association under the Ministry of Health that goes beyond HIV, for a gradual transition to a national PR.

Role and contribution to creating enabling environment (normative guidance and policy development) that supports a strong HIV response and goes beyond HIV in some cases:

- KI interviews and documentary sources provide evidence of UNAIDS Secretariat supporting the MoH (advocacy and technical input) to adapt, develop and/or modify the legal framework that enables and supports the HIV response, RSSH and UHC (e.g elimination of foreigner's deportation clause in the Law on HIV, in case of HIV positive test).
- UNAIDS Secretariat supported the MoH in development of the Resolution that supports decentralization of PHC and enables transfer of services by the AIDS Centre to the primary health-care level to institutionalize changes and new practices for infection control and prevention. Further, UNAIDS Secretariat supported and guided the AIDS Centre in development of all protocols, manuals, and documents to address their new function.
- KI informants and documentary evidence highlight UNAIDS Secretariat support to improvement of the law on state procurement and use of international mechanisms that can deliver significant cost-efficiency gains. The UNAIDS Secretariat contracted a consultant to conduct an analysis of the existing regulatory and legal framework, and national mechanisms of procurement of medicines and health related commodities and to develop a set of recommendations on legislative changes enabling procurement of HIV medicines and commodities through international procurement arrangements (2017).
- Under the leadership of the UNAIDS Secretariat, and in partnership with PEPFAR project, support was provided for development of the law on State Social Contracting (2018) with regulations and bylaws to enable contracting of NGOs, followed by the approval of the State Social Contracting Programme with four priority areas, including HIV.
- Strong advocacy and support from the UNAIDS Secretariat and UN joint team contributed to expansion of the availability of medicines through: a) introduction of HIV issues into the new law "On Circulation of Medicines"; b) initiation of amendments to the law "On public procurement"; c) inclusion in the list of vital medicines modern antiretroviral drugs; d) registration of the entire line of antiretroviral drugs and treatment start in compliance with the latest WHO recommendations; and e) initiation of amendments to the Law of the Kyrgyz Republic "On HIV / AIDS in the Kyrgyz Republic "in terms of a one-time payment for persons infected with state and municipal health organizations.

Governance, coordination, harmonization and alignment of national HIV and health sector plans:

- In Kyrgyz Republic support provided by the Global Fund, PEPFAR and UNAIDS is coordinated and fully aligned with the national AIDS strategy and operational plan⁵⁸. This has enabled the implementation of the Test and Treat Policy and social contracting mechanisms, where NGOs are contracted to provide HIV services and the decentralization of HIV services. The impact has been scaling up of treatment and access to HIV services at the primary health care level nationwide.
- There is a considerable evidence from KI interviews and documentary sources on UNAIDS Secretariat staff participation and active contribution in health governance platforms/forums and technical working groups and committees on setting strategic directions⁵⁹. According to the KIs interviewed the UNAIDS Secretariat role is taken seriously, has visibility and is respected by other partners.
- UNAIDS supports MOH leadership through engagement in the Sector Wide Approach (SWAp). UNAIDS is a member of the Joint Annual Review (JAR)/SWAp platform and processes that play a significant role in defining health priorities and informing health policies in Kyrgyz Republic (HIV part of SWAp agenda).
- As a member of Country Coordination Mechanism (CCM), the UNAIDS Secretariat contributes to the oversight and accountability of the national HIV programme. There is KI evidence suggesting that

⁵⁸ <http://hivtbcc.kg>

⁵⁹ Minutes of CCM meetings, WG composition

UNAIDS was particularly involved in the discussion on decentralisation and reorganization of the services and AIDS Centres. The UNAIDS Secretariat also serves as a member of the working group for planning and evaluation of the HIV programme.

- Both KI interviews and documentary evidence point on UNAIDS Secretariat strong engagement and active participation and consultation with the MOH and all the key stakeholders of the HIV national response to review progress, activities, and complementarity across all development partners and discuss the development of PEPFAR ROP2020 plans (Central Asia Regional Operation Plans). In January 2020 a separate regional stakeholder meeting that brought together CSOs, UNAIDS, and GF was co-hosted by PEPFAR and UNAIDS to discuss the unique needs across the region. A significant amount of time was given to strengthening partnerships with regional civil society networks.

Innovation, agility, responsiveness of health systems: Differentiated service delivery models; precision public health; agile programmes; data to detect issues, for quality assurance and forecasting, COVID-19 responses

Strength of Evidence: 1

Precision public health for HIV/AIDS

- UNAIDS added value in providing accurate information and updates on the HIV data through Spectrum estimates to support strategic information and planning is widely recognised. UNAIDS spectrum estimates are used for prioritisation and programming and developing of the Program on Overcoming HIV infection in Kyrgyz Republic 2017-2021.
- There is KI interview and documentary evidence suggesting that UNAIDS Secretariat is making a significant contribution to maximising resources to improve epidemiological, programmatic and financial HIV data availability, quality, management and use.
- KI and documentary evidence highlight significant UNAIDS Secretariat support (with Global Fund funding) for improving value for money in HIV programs through optima modelling - in 2015 the country conducted the Investment case study (Optima)⁶⁰ for optimization of the spending in HIV area. The results of the study were broadly used in the region and in the country. The study was the foundation for development of the current State HIV programme 2017-2021. In 2019 the second wave of Optima was conducted to see the progress in optimization and current spending on HIV. The UNAIDS Secretariat provided technical expertise by contracting 3 experts and organised and facilitated a presentation on Optima modelling results at the national round table and at the regional level (in Ukraine).

Innovation

- Considerable documentary and KI interview evidence of the UNAIDS Secretariat supporting and facilitating innovations and new approaches in ways which support broader health and development benefits. The UNAIDS Secretariat has supported innovations in infection control and prevention, including applying innovations in disinfection and sterilisation of high-level equipment and updates of standards and guidance/manuals for application of protective measures (including training). With UNAIDS Secretariat support, two hospitals for children applied innovations in sterilisation for endoscopes (that include HIV and blood infection). It is expected that in 2021 the guidance will be also applied in hospitals from other regions, as part of the innovative waste management system.
- KI and documentary evidence on the UNAIDS Secretariat contribution to revision of various documents and legal acts to institutionalize changes and new practices for infection control and prevention. At the end of 2020 the UNAIDS Secretariat supported the MoH to revise and update tools and instruments for the assessment of infection control and prevention (based on WHO guidelines). The revised tools/instruments were adopted by MoH and assessments of the infection control systems in 32 hospitals conducted at the end of 2020/beginning of 2021. An assessment report with recommendations was produced.
- Further, the UNAIDS Secretariat supported capacity building and training for the Centre of Infection control in Kyrgyz Republic to carry out monitoring and gain in-house expertise in the control of biological materials (in the frame of the infection control capacity building support). The UNAIDS Secretariat also supported the Centre to increase the quality of testing HIV, Hep B and C and external assessment.

⁶⁰ Optimizing Investments in the Kyrgyz Republic's HIV Response This report summarizes the findings of an allocative efficiency analysis on Kyrgyzstan's national HIV epidemic and response conducted in 2014–2015. The report addresses core questions for resource allocation such as "How can HIV funding be optimally allocated to the combination of HIV response interventions that will yield the highest impact?" and "What level of investment is required to achieve national targets, if we allocate resources optimally?"

Innovation, responsiveness - Differentiated Service Delivery (DSD)

- There is a considerable evidence from KI interviews and documentary sources on UNAIDS Secretariat support in setting up youth friendly services and multidisciplinary teams (MDTs) in Family Medicine Centres (FMCs) comprised of medical staff (infection specialists or family doctor and nurse) and peer consultants (person living or affected by HIV). Peer consultants work as integral members of MDTs, helping people living with HIV remain engaged in care and adhere to prescribed regimens. The UNAIDS Secretariat advocated and provided TA to government to prepare a resolution (in 2019) to enable peer consultants (as they do not have health background) to join multidisciplinary teams giving them the status of social workers at Family Medicine Centre (FMC). MDTs provide services that goes beyond HIV. Currently 10 MDTs work in 4 pilot regions. The plan is to replicate this in other regions.
- By supporting the MoH to develop an order on decentralization of health services, the UNAIDS Secretariat contributed to improving access to all services to the last mile (ensuring provision of services close to place of people residence). The UNAIDS Secretariat also supported development of a legal framework that enabled transfer of the AIDS Centre's services to the primary health-care level which has led to increased coverage of clients enrolled in the HIV treatment, care and support programmes. Further, the UNAIDS Secretariat supported capacity building of health workers from PHC and FMC for providing integrated HIV services (e.g. treatment, psychological services, strategic development, self-help groups, stigma and discrimination, etc).
- Documentary and KI interview evidence highlight the UNAIDS Secretariat support to the MoH for developing an ART adherence plan to support people living with HIV and improve and sustain the retention rate. Multi-month dispensing (MMD) is accessible nationally as per WHO clinical guidelines. MMD for 3 months is already included in the National HIV Clinical Protocols (CP) since 2017. HIV clinical protocols have now been revised and approved for 6-month MMD. Community based ART has been launched. The UNAIDS Secretariat provided support to promotion of MMD as part of a differentiated model of care approach and response to COVID-19 pandemic.
- The UNAIDS Secretariat supported "school of patients" and development of manuals that became part of regular curricula to target health workers, peers and people who work in prevention. All materials are developed in Kyrgyz and Russian. The materials also include audio and video versions of the manual. Although originally planned for multidisciplinary teams' manuals are now (per health workers request) available to all health workers as they found the manuals simple, well written with easily understandable language⁶¹. The use of the manual by health workers proved to be successful in building trust among health workers and people.
- KI interviews and documentary sources provide evidence of UNAIDS Secretariat support to improvement of the medicament maintenance system for the HIV treatment in terms of creation of opportunities for procurement through international organizations and establishment of mechanisms for its performance (following the new State Programme to HIV response and National Transition Plan for state financing of HIV program). Currently the UNAIDS Secretariat is recruiting a national expert to conduct regulatory and legal framework analysis for procurement of medicines (beyond HIV), develop recommendations for legislative changes, and develop mechanisms to avail the procurement of medicines through international organizations (Organizations will be able to buy medicines themselves through the UN "Vlast" www.24.kg).
- Under the leadership and coordination of the UNAIDS Secretariat, UNICEF promoted a point-of-care HIV diagnostic methods for infants with results available within two hours after collecting blood. Dried blood spot (DBS) testing for infants has been introduced, significantly cutting the time for diagnosis and enabling early diagnosis. Before dried blood spot testing was widely introduced only around 15% of infants were diagnosed early (2013). In 2017, early diagnosis increased to nearly 90%.
- By providing child-friendly spaces and psychosocial support in addition to medical treatment, the Osh AIDS centre makes parents feel welcome and encourages them to visit, pick up prescribed medication and get tested regularly. The centre, upgraded by the MoH together with UNICEF and UNAIDS and support from the Government of the Russian Federation, now treats more than 200 children and a psychologist provides psychosocial support to the children living with HIV.

Responsiveness, COVID-19

- According to the KI interviewed UNAIDS is flexible and responsive to the COVID-19 pandemic and is instrumental in supporting technical guidance (WHO, UNFPA, Secretariat) to ensure that minimum services for HIV treatment, prevention and SRH are not interrupted during the COVID-19 pandemic.

61 http://med.kg/images/MyFiles/KP/infeksiya/2017/UNAIDS_Positiv_life_ru_termo_FINAL.pdf

- Under the UNAIDS Secretariat leadership the Joint Team provided support in strengthening National AIDS Centre laboratories (7 laboratories) to equip them to be used for testing COVID-19 and beyond. With the CDC support the Kyrgyz Medical Laboratory of the Scientific and Production Association “Preventive Medicine” under the MOH became the first ISO / IEC accredited lab in Central Asia (CDC accreditation) receiving the ISO/IEC 17043 certificate of international accreditation.
- The UNAIDS Secretariat initiated and supported emergency planning of CSOs to adapt their work plans to focus on vulnerable groups, provide social support, deliver food packages, including powder milk for babies for poor families and families who lost their business due to the COVID-19 pandemic and lockdown. The UNAIDS Secretariat is also supporting the use of virtual platforms (mobile and zoom platforms) for continuation of communication between key and most vulnerable population with health workers and multidisciplinary teams during the pandemic.
- Responding to COVID-19 pandemic, the UNAIDS Secretariat supported CSOs in mobilizing resources and providing the needed assistance to people who are affected by COVID-19 pandemic (people released from prison who are living with HIV, people with TB and representatives of key populations who lost their businesses/homes) by establishing shelters. Shelters provide basic services, as well as referral to medical institutions and work closely with city and regional AIDS centres to send clients for viral load tests, provide adherence counselling, engage lawyers, restore documents, provide psychological assistance, and help with employment. UNAIDS “country envelope” funds were re-programmed to address needs during lockdown to meet security measures in services related to HIV. UCO assisted in transportation of ART for PLHIV stuck in other countries during lockdown.
- KI and documentary evidence point to the excellent coordination, support and collaboration between the UNAIDS Regional Support Team for Eastern Europe and Central Asia and the UNAIDS Secretariat in Kyrgyzstan in responding to the COVID-19 pandemic that resulted in examples of solidarity and unity in supporting people “who are left behind” in the Eastern Europe and Central Asia region. As part of the regional initiative, the UNAIDS Secretariat in Kyrgyzstan provided support to the country in creating an online forum that brings together most of the country’s volunteer organizations and makes it possible to make a direct request for assistance and receive an immediate response. The forum is based on the Telegram platform and facilitates volunteers communicating with each other during an emergency. A famous triathlon sportsman started an online fundraising initiative, inviting world sports stars to join him and raise funds to provide personal protective equipment for doctors at the infectious diseases hospital (USD 6500 raised).
- The UNAIDS Secretariat is also coordinating the Joint Team support to health facilities provided during COVID-19 to ensure synergies among JT members – the UNAIDS Secretariat procured protective materials (suits, gloves, masks, etc), UNICEF procured essential drugs, and UNFPA and UNDP procured PPE, oxygen containers, and WHO provided trainings on various protocols for country clinics to work with their clients.

Community led approaches: *Inclusion of communities at the governance, planning and accountability and monitoring of service delivery*

Strength of Evidence: 2

Inclusion of communities in governance and accountability structures

- Kyrgyz Republic has a unique and vibrant civil society. CSOs play an important role in advocacy and providing monitoring and oversight of strategies in health and other sectors. Initiated by civil society, the National Observation Committee was established in every ministry consisting of CSO members and activists to monitor implementation of strategies.
- There are key informant and documentary evidence of HIV-related CSOs being included in the monitoring and oversight of health sector strategies, beyond HIV. The AIDS centres staff and CSOs, empowered by development partners (including the UNAIDS Secretariat and Joint Team members), are now driving and initiating processes in Kyrgyz Republic (“no need for DPs to push”). With the UNAIDS Secretariat support, a task force on amendments to the national procurement law was established, with CSOs participation, to harmonize normative documents with new legislation (in health and other sectors, e.g. justice, education). The amended law enables procurement from UN entities from under the state budget.
- Since 2015, when the trend of reduced donor funding became evident, civil society initiated creation of a working group on expanding state financing, under the MoH (directive of the MoH of the KR N2 148 dated Feb 27,2015). The decree of the Government of the Kyrgyz Republic on necessity of budgeting of HIV and TB programs was issued in April 2015 (Action Plan of Government of the KR #4998-V dated Apr 23, 2015).

- KI and documentary evidence of CSOs meaningful community engagement in Global Fund grant implementation through the engagement of key populations in the board of trustees and the public councils under Ministries involved in the implementation of the national HIV programmes. Supported by the UNAIDS Secretariat CSO representatives participated at the regional meeting with PEPFAR, UNAIDS and the Global Fund for scaling up CSO-led community-based monitoring of the HIV response.
- KI and documentary evidence highlight the UNAIDS Secretariat work on a “positive deviation” model – training and nourishing leaders and activists to build their knowledge and capacity to participate in decision making processes. With UNAIDS Secretariat support, HIV positive women in Kyrgyzstan received status/recognition and now participate in different WGs, lead initiatives and their work go beyond HIV, covering the whole health sector. For example, the Head of the Women’s Network chairs the Public Observation Council which monitors the work of MOH, and the role supports strategy and policy development for health system building blocks such as procurement and human resources.
- KI and documentary evidence on the UNAIDS Secretariat and Joint Team support in advocacy, technical assistance and capacity building for young key populations. Support to capacity building programmes for young key populations improved their leadership skills thereby strengthening their ability to engage in, and advocate for, national HIV and SRH programming. Eighty community members of key populations improved their skills and knowledge on community empowerment for meaningful participation. While eighty-two young representatives of key populations built their leadership and activism skills for involvement in HIV and SRH programming, implementation and monitoring.

Service delivery, community-led monitoring

- UNAIDS Secretariat and Joint Team members, together with the Kyrgyz Government continue to promote stronger, deeper engagement with civil society groups and to sustain their support and services for vulnerable groups. CSOs are engaged in programmes and interventions at the local level that contribute to develop the capacities of targeted communities, institutions and themselves. According to KIs the UNAIDS Secretariat is seen as flexible and one who “listens” and “hears” what communities are saying.
- There is a considerable evidence from KI interviews and documentary sources on the UNAIDS Secretariat contribution and support to women living with HIV initiative for establishment of the Country Network of Women Living with HIV. The UNAIDS Secretariat contracted an expert to support establishment of the Network and organised a two-day training for network members to build their capacity on organisational development process. Further, the UNAIDS Secretariat facilitated planning workshop for development of the Network strategy and operational plan (in 2019) and supported the head of the Network to attend the Regional Forum on Women, Youth and HIV and contribute to the discussion.
- Established and empowered by the UNAIDS Secretariat, the Network of Women Living with HIV in Kyrgyzstan is working to improve the quality of life for HIV positive women and children (and all affected by HIV) by improving their access to medical and social services and legal support. Recently the Network was successful in the supreme court advocating for changes to be made in the National resolution 773, 27 from Oct 2015, and remove HIV positive women from the list of diseases that ban child adoption and guardianship (the argumentation paper was prepared by the Network. The process was entirely led by HIV positive women from the Network. The UNAIDS Secretariat support to the Network and strengthening of the capacity of HIV positive women in advocacy and strategic planning, resulted in HIV positive women being empowered to take active and even leading role that goes beyond HIV response (e.g head of the Network of the HIV positive women is a member of the Public Observatory Council under the MOH -see above).
- Documentary and key informant evidence of UNAIDS Secretariat and Joint Team members promoting community engagement and community-led services which have enabled key populations to have access to HIV testing and treatment and improved adherence. With UNAIDS Secretariat advocacy and technical support, the State Social Order with Service Standards was produced and approved (2019) for working with key groups and people living with HIV. As part of the implementation of the state social order in the field of HIV, a series of trainings were organised for specialists from NGOs on provision of services in accordance with approved service standards. Applying the State Order and Service Standards, 15 NGOs were contracted and provided services for people who inject drugs, sex workers, men who have sex with men, and people living with HIV, including at four centres for people living with HIV and key populations. In addition, six pilot projects were launched to provide care and support to people living with HIV through public social contracting mechanisms (contracted by Republican AIDS Center). A mobile application was developed to provide information on sexual and reproductive health (SRH) and HIV for young key populations. The application was piloted with men who have sex with men and will soon include other key population groups.
- According to the documents reviewed and KIs interviewed, through the Regional Cooperation Programme funded by Russian Federation, the UNAIDS Secretariat, in partnership with Public Foundation “Araket

Plus”, supported the development of a system of multidisciplinary teams - MDTs (specialists in infectious diseases or a family doctor, a nurse and a peer consultant) based in local health clinics/Family Medical Centres in four regions in Kyrgyzstan (10 medical institutions (three regional centres and seven pilot family medicine centres) to provide a comprehensive package of medical services⁶². Further, the UNAIDS Secretariat advocated and provided technical assistance to the government to prepare a Resolution (in 2019) to enable peer consultants (HIV positive people who do not have health background) to join MDTs. The Resolution has given the peer consultants the status of a social worker. Peer consultants build the trust and empower people living with HIV to visits primary health care clinics and receive a comprehensive package of medical services that goes beyond HIV and provide them with access to social support services. The establishment of MDTs has also resulted in increased number of people living with HIV on ARV treatment⁶³.The institutionalization and expansion of the MDTs have been initiated based on the guidelines for MDTs developed as part of the Regional Cooperation Programme framework.

Integration: *one stop-shops with health needs of people living with HIV that go beyond HIV*

Strength of Evidence: 3

- Documentary and KI evidence highlight important role of the UNAIDS Secretariat in advocacy, normative guidance and technical support for decentralization of medical services to PHC level. The UNAIDS Secretariat, through advocacy and guidance, supported MoH in development of order No. 542 dated 22.04.2019 which includes introducing outreach workers in public health organizations (first time ever), revising the staffing table through inclusion of an infectious disease doctor for the treatment of people living with HIV, and reviewing the workload and salaries for doctors and paramedical staff serving people living with HIV.
- Further, the UNAIDS Secretariat advocated and provided strategic information and guidance to support the MoH in development of the Resolution on decentralization of PHC and transfer of the AIDS Centre’s services to the primary health-care level. By moving many services for people living with HIV from AIDS Centers to the clinics, the role of the AIDS Centre has changed to focus more on coordination, training and seminars for general practitioners and medical staff at the clinics. The transfer of the AIDS Centre’s services to the primary health-care level has increased the overall coverage of clients enrolled in HIV treatment, care and support programmes (people living with HIV go to FMC/PHC level to get all services) with fully integrated services for STI, TB, HIV, Hep B and C, and SRH.
- Under the UNAIDS Secretariat leadership and coordination the Joint Team members provided support for development of guidelines for monitoring and evaluating the national HIV response and have trained specialists of the AIDS Centre. A joint monitoring and evaluation plan for combined TB / HIV infection, based on an updated WHO policy, will ensure an integrated approach and consistency of services and improve the effectiveness of prevention, treatment and care of people living with HIV.
- As there has been a tendency of growing sexual transmission of HIV infection (in general population) in the country for the last few years, under the leadership of the UNAIDS Secretariat, the UNFPA Country Office in Kyrgyzstan has been providing technical assistance to the Government in strengthening linkages between SRH and HIV and their integration into the work of both healthcare institutions and NGOs. This is done through working with key populations to better address the epidemic in the context of combination prevention.
- KI and documentary evidence suggests that HIV response has strengthened education on SRH for Kyrgyzstan youth. UNAIDS, under the leadership of the Secretariat, reaches out to young people with a comprehensive prevention message. UNESCO worked to advance formal and non-formal HIV and health sexuality education in Kyrgyzstan and supported teacher training in Kyrgyzstan in the delivery of lessons on healthy lifestyles and prevention of HIV. Educators in 207 schools were trained to deliver HIV and SRH within compulsory classes on healthy lifestyles, reaching 14 000 pupils. HIV/SRH education was integrated into the curricula of all teacher training universities in the country. Comparative analysis of students’ knowledge of HIV and healthy lifestyle related issues revealed that students who had health

62 LoA between the Russian Federation and Joint United Nations Programme on HIV/AIDS (UNAIDS) signed in 2019 the Russian Federation continued to support the Regional Cooperation Programme: Technical Assistance for HIV and other infectious diseases in countries of Eastern Europe and Central Asia (Phase III) 2019-2021 (hereinafter the Programme). The goal of the Programme is to assist health system in combating HIV, STI and hepatitis epidemics by strengthening anti-epidemic and preventive efforts. The programme will be implemented by four components in five countries of Eastern Europe and Central Asia (Armenia, Belorussia, Kyrgyzstan, Tajikistan and Uzbekistan) in the synergy of all involved partners, including national partners and UN Agencies – Co-sponsors UNAIDS.

63 As a result, more than 1,144 people living with HIV benefited from improved access to health and social services. Close relatives of people living with HIV also participated in programs (from 44 persons in 2012 to 920 in March 2018). The ARV coverage of people living with HIV increased by 3,5 times from 2012 to 2018.

education lessons demonstrated much better knowledge than those who did not. Videos on HIV/SRH, recommended by Ministry of Education in Kyrgyzstan, were disseminated via YouTube for wider access and a web portal on adolescents (teens.kg) developed.

- Under the Regional Cooperation Programme (MoU signed between UNAIDS and the Russian Federation) "Technical assistance for HIV and other infectious diseases in countries of Eastern Europe and Central Asia"⁶⁴, technical assistance was provided in Kyrgyz Republic (facilitated by the UNAIDS Secretariat) for introduction of tools and integrated approaches in laboratory diagnosis for HIV infection with development of standard operational procedures (SOPs) and new diagnostic algorithms. The available WHO/CDC tools on assessing the quality of HIV laboratory diagnostics and indicators of its implementation were adapted. Monitoring visits were carried out to assess the implementation of SOPs at the analytical and preanalytical stage of HIV diagnosis.

Addressing inequalities/inequities: *improving access to multi-layered services for the most vulnerable and people left behind, including women and young girls.*

Strength of Evidence: 2

Gender equality and women empowerment

- The UNAIDS Secretariat facilitated the review of the current Gender Equality Strategy (2012-2020), providing a consultant to design and undertake the review, in collaboration with UN Women, and develop the new Gender Equality Strategy (2021-2030) and its National Action Plan 2021-2023.
- According to the KI interviewed UNAIDS and CSOs advocated and supported the government to establish a National Council for Gender Development under the Government of the Kyrgyz Republic, which ensures the development of recommendations on gender policy, effective models of real gender equality, and common control in the field of gender policy.
- KI interviews and documentary sources provide evidence of UNAIDS Secretariat been instrumental in advocating for, supporting and empowering HIV positive women, and women in general in the Kyrgyz Republic. Under the UNAIDS Secretariat leadership, the Joint Team is promoting the Positive Deviance approach as an innovation to build capacity and leadership skills of socially vulnerable women's groups (women and girls living with HIV, women migrants, victims of violence, LGBTQ). The UNAIDS Secretariat have provided technical and financial assistance to equip women in Kyrgyz Republic with knowledge and skills and make them active and able to lead various initiatives. The UNAIDS Secretariat support goes beyond the national level to support regional collaboration, networking, knowledge, and sharing of experiences and lessons learned.
- Further, under the UNAIDS Secretariat leadership and coordination, the UN Women in Kyrgyzstan (Fund for Gender Equality grantee), strengthened business skills of 73 marginalized women, including those who were living with HIV, used drugs, or were partners of drug users, or were former prisoners. Five micro-grants were awarded to women's groups to develop livelihood business plans to set-up small enterprises and improve their livelihoods. The Fund for Gender Equality, managed by UN Women, reached 310 women from key populations, including women living with HIV in Kyrgyzstan. Participants increased their knowledge about medical services, and had greater access to employment and legal services, peer-to-peer counselling, psychosocial support and humanitarian aid.
- UNAIDS provided training for 700 women in business and self-employed women to develop their skills for economic independence. The programme reached women living with HIV, survivors of sexual violence, mothers of children with disabilities, former prisoners and partners of drug users.
- Further, UNAIDS contributed to establishment of three shelters for women (LUN in Bishkek NGO "Asteria" and Osh city in NGO "Podrugа", for sex workers "Himaya" in Karakol city) to ensure that social support to women is provided with access to medical, social and other services. Accommodation and meals are also provided as well as services for prevention of gender-based violence.

⁶⁴ According to Memorandum of Understanding between UNAIDS and the Russian Federation, the Russian Federation acting as donor to reinforce collaboration for response to HIV epidemic in the Eastern Europe and Central Asia Region and to enhance UNAIDS strategic plan to reverse the epidemic in the Region by 2015. Technical Assistance Programme (Regional Cooperation Programme - RCP) – Phase III for five Countries of Eastern Europe and Central Asia (Armenia, Kyrgyzstan, Tajikistan, Belarus and Uzbekistan) in Combating Infectious Diseases (2019-2021) is build up on the synergy of all involved partners. Each participated country prepared its own Project document (hereinafter named the Project) for the Programme implementation at the country level.

Human rights

- There is a considerable evidence from KI interviews and documentary sources on the UNAIDS Secretariat and UNDP contribution to the Global Fund's initiative on scaling up human rights programmes. As part of the Breaking Down Barriers Initiative, the GF conducted a baseline assessment of the national situation of human rights-related barriers to HIV and TB services and found notable gender-related barriers. The assessment discusses illegal police practices of harassment and violence, population stigma and discrimination and reports of fear of gender-based violence among SW, gay and bisexual men, and PWID. UNAIDS Secretariat and UNDP provided policy and programme support to develop funding requests to the Global Fund, with a focus on defining and costing interventions to address human rights and gender-related barriers to secure additional resources. Kyrgyz Republic received approximately USD 1 million in matching funds to address these human-rights related barriers.
- At the regional level, under the leadership of the UNAIDS Secretariat, UNDP supported the creation of a regional legal aid network in eastern Europe and central Asia⁶⁵ (including Kyrgyzstan) to protect and promote the rights of key populations and people living with HIV.
- According to the KI interviewed because of CSO advocacy efforts supported by UNAIDS a draft law banning "gay propaganda", after undergoing two hearings at Jogorku Kenesh (Parliament of the Kyrgyz Republic), was abandoned. Although its provisions were not included in the Criminal Code of the Kyrgyz Republic, the risk of reinstating this draft law continues to persist.

Services for most vulnerable

- According to the recently completed Focus country evaluation – Kyrgyz HIV evaluation⁶⁶ optima modelling conducted in 2020 confirmed the position stated by UNAIDS and the Global Fund, that funding should be focused on the scaling up antiretroviral therapy and almost exclusively focused on KPs. The 2020 Optima study recommended, in particular, scaling up MSM and PWID programs as well as substantially increasing the share of funding for ART. However, there are some KI interviewed who expressed concerns on recommendations on focusing only on KP because there is an upward trend in sexual transmission of HIV (non-KP and other populations, such as migrants), and therefore a need on focusing beyond traditional KP.
- Ki interviews and documentary evidence highlight UNAIDS Secretariat and JT members presence in national HIV and other health platforms supporting strategic developments and advocating for people living with HIV and key and priority population access to services. It includes advocacy for human resource for health, to alleviate the effect of frequent turnover among health care personnel and improve the attractiveness of the positions and work with key populations. Also, advocacy for funding and investing on capacity building of HIV for family doctors. According to the key informants and various documentary sources⁶⁷ there is an elective course on HIV for family doctors under Kyrgyz Medical Institute of re-training and continuous education; lacking training for nurses and NGOs providing HIV services for KPs.
- According to the documentary and KI evidence, in supporting Kyrgyz Republic to achieve goals and objectives described in their national HIV strategic plans and overall health sector strategy and program (related to RSSH and recognition and realization of the role of community response and systems in the national response), the UNAIDS Secretariat and UN Joint Team are supporting and empowering the Community Based Organisations (CBOs) for active participation in the CCM, advocacy activities and provision of standard services for KPs through the social contracting mechanism (there are standard minimum packages of services to PWID, SW, MSM, PLHIV endorsed by MoH).
- The Minister of Internal Affairs of the Kyrgyz Republic approved an action plan for HIV infection for 2018-2021⁶⁸ which included instructions for the work of internal affairs bodies with key population groups (PWID, MSM, MS, and prisoners). However, the implementation of the action plan and monitoring and assessment of implementation requires significant improvement and involvement of civil society and communities. According to the KI interviewed the UNAIDS and UN join team provide support and contribute to empowerment of the civil society and communities to support those processes.

Reducing stigma and discrimination: *Reduction of stigma and discrimination against PLHIV and key populations within and outside the health sector.*

Strength of Evidence: 2

65 Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Moldova, Russian Federation and Ukraine.

66 The Global Fund/APMG Health. Focused Country Evaluations – Kyrgyz HIV Remote Evaluation Report, November 2020

67 Ibid

68 <http://cbd.minjust.gov.kg/act/view/ru-ru/11589?cl=ru-ru#p3>

- There is a considerable evidence from KI interviews and documentary sources on UNAIDS Secretariat advocacy on stigma and discrimination and provision of strategic information to support implementation of the State Program and its sub-strategy on decreasing the level of stigma and discrimination and increasing tolerance toward people living with HIV and key populations at higher risks.
- KI and documentary evidence point to the UNAIDS key role in supporting and facilitating the Stigma Index 2.0 study. The UNAIDS Secretariat provided technical support by contracting a national expert to conduct the study (2019), starting from adapting questionnaires, developing the algorithm following GNP+ guidance, overseeing the process of interviewing and elaborating the final report in close consultation with key population group members, National AIDS Centre and the UNAIDS Secretariat. All key population groups were covered under the study. The Stigma Index 2.0 contains an expanded healthcare section to look at the impact of stigma on health and access to health across the whole continuum of care, not just HIV services.
- Documentary and KI evidence highlight the UNAIDS Secretariat contribution to the promotion of the country communication strategy against stigma and discrimination towards people living with HIV and key population groups (as part of the State Program Implementation Plan). In 2019 the UNAIDS Secretariat facilitated and provided technical support by contracting an expert to conduct an awareness survey to identify levels of awareness about HIV/AIDS transmission and reasons leading to the stigmatization, and to inform the communication strategy (2019-2021) implementation.
- The goal of achieving zero level of stigma is outlined in the country specific plans along with measures to decriminalize and reduce legal persecution of key groups. The plan also focuses on improving access of key populations to HIV prevention and treatment services, reducing the level of violence, and enabling representatives of key populations to be active participants in programs and teach peer to peer. KI and documentary evidence point to the UNAIDS Secretariat playing a key role in creating opportunities, raising awareness, encouraging participation and promoting messages through support to organization and facilitation of various events including Zero Discrimination Day activities. The UNAIDS Secretariat contracted an expert to organize and conduct activities for the Zero Discrimination Day Campaign to reduce stigma and discrimination. The campaign included various activities such as movie nights and exhibition of the stories of women living with HIV in the form of graphic novels in two cities of the country, and wide spread mass media materials. All activities were implemented jointly with civil society organizations, mass media and UNAIDS.
- In 2020, under Russian programme support (media campaigns components), the UNAIDS Secretariat facilitated an awareness campaign and educational events for the general public in Kyrgyzstan including youth groups. The aim was to improve HIV awareness and testing, as well as public sensitization on the issues of HIV-related stigma and discrimination. Over two million people have been reached with these mass media campaigns which also includes messaging on sexual and reproductive health, gender issues, and HIV testing. Over 300 health workers received training in HIV and sexual and reproductive health which included information about the needs of key population groups.
- There is a considerable documentary evidence on UNAIDS Secretariat support and provision of consultations, helping CSOs to develop work plans to reduce stigma and discrimination and providing financial support for development of promotion videos for TV which can be shared/used also by other countries. In 2020, the UNAIDS Secretariat supported production of a series of videos on the role of women living with HIV in advocacy programs on reducing stigma and discrimination (e.g. Video 1: Adherence to treatment; Video 2: Rights of people living with HIV, stigma and discrimination; Video 3: Access to social and health services. Birth of a child).

3. Gaps in RSSH where UNAIDS can play a role in future

CONTEXT/PROGRAMME GAPS

HIV funding, health care financing and UHC

- There is still significant dependence on donor funding, which covers a proportion of funding for HIV interventions (around 75%) and a significant proportion (around 95%) of the amount for prevention programs for key populations. The Global Fund provides more than 50% of all international funding to the HIV Programme. Country political commitment to support the fight against HIV epidemic is only partially translated into increasing domestic financial support to fund HIV related activities, especially prevention interventions.
- According to the proposed funding request to the Global Fund, the domestic budget envisages covering 50% of country needs in 2022 and 60% in 2023. In addition, domestic funding for prevention programmes

will increase from \$43,000 in 2019 to \$200,000 by 2023. Various stakeholders have suggested that the UNAIDS Secretariat can position itself better to support sustainability strengthening in the RSSH component of the new grant and advocate for the increase in funding from national and local budgets / increased resource mobilization across the health sector for UHC.

Data, Strategic Information, precision public health

- A recent IBBS to assess behaviour change of Key populations (KPs) does not exist and key population size assessments are outdated (from 2010, 2013 and 2016). They also lack the data at district level, which are important at planning the funding for lower than oblast level. Stakeholders agree on the need for current IBBS data for programmatic planning and decision making. The preparatory activities for the new IBBS have started in 2020, however, due to COVID19 pandemic, the work is delayed. It is essential that the UNAIDS Secretariat continue support for maximising resources to improve epidemiological, programmatic and financial data availability, quality, management and use.
- It has been suggested by some of stakeholders that opportunities exist for UNAIDS to contribute to identification of missed HIV cases emerged from the lockdown during COVID-19 pandemic and resulted in decline in case identification and putting people on treatment.

Integration of services/health system transition

- The ongoing decentralisation of the health care system and transfer of services from specialised institutions (AIDS Centres) to the primary health care level resulted in better access to ART sites, reduced the burden of AIDS Centres and removed fear of stigma for those who were using AIDS Centre services. Also, having ARV sites close to homes proved to be an advantage during the COVID-19 epidemic. However, various stakeholders expressed the concern that due to decentralisation of the ART services specialised knowledge of doctors might be lost and that there is a lack of knowledge amongst doctors at PHC level (despite training provided to doctors). The concerns are also expressed in relation to the existence of self-stigma due to smaller cities where persons live (disclosure of status) and that some patients may have been lost to follow-up.
- Various stakeholders pointed to political instability in the country and “difficulties to think long term”. The recent change of the government (Nov 2020) resulted in changes in the strategic direction for health without assessing potential consequences to HIV response and beyond. The government is planning to dissolve/cancel AIDS Centres and also merge oblast hospitals with PHC and FMC. According to various stakeholders, there is an absence of a clear plan or strategy on who will take over the state procurement on ARV and testing, as equipment, knowledge and skills lay in AIDS Centres. The ongoing process of merging the MoH with Ministry of Social Affairs and Mandatory Health Insurance Fund, into one Ministry, adds to the above concerns.
- The UNAIDS Secretariat demonstrated its leading role and added value in coordination and partner mobilization including initiating a partners meeting to discuss new government strategic direction including how changes/reform might affect HIV response and beyond. The UNAIDS Secretariat now has a very important role, with a short window of opportunity to advocate for putting in place models previously restricted/hesitated from stakeholders, support innovative mechanisms and models which proved doable (e.g. during COVID-19 pandemic) and take positive experiences to scale.

Community engagement and addressing barriers to accessing services

- CSOs are meaningfully engaged in Global Fund grant implementation through the engagement of key populations in the board of trustees, the public councils under Ministries involved in the implementation of the national HIV programmes. However, civil society representatives and NGOs are not playing a significant role in the SWAp/JAR coordination platform, nor are they contributing to the thematic working groups under the JAR. While effective contribution of CSOs, especially in prevention and care services, is crucial for obtaining the expected results of HIV/AIDS programmes, a formal mechanism for involving them in the JAR processes has not been established. The UNAIDS Secretariat has a continued critical role to play in empowering CSOs in their important role in advocacy and provision of monitoring and oversight of strategies in health and driving and initiating processes in Kyrgyz Republic.
- Despite increased human rights investment and commitment, so far, there is little evidence of progress in addressing key barriers. Stigma and discrimination associated with HIV and KP that limit access to health services remains high. Community efforts to: document cases of stigma and discrimination against key populations, provide support to victims of violence, and ensure continuous advocacy efforts including engaging the Ombudsman's office are not enough. This is in part due to limited resources and ineffective dialogue with decision-makers. Opportunities exist to focus on clear results, sustainable approaches, actionable and quality interventions to remove human rights-related barriers, and to provide measurable contributions to the HIV care continuum in the new Global Fund grant. UNAIDS is best positioned,

tapping into their technical strength, to support these opportunities and explore innovative approaches to addressing stigma and discrimination.

Organisational gaps

- The current UBRAF framework, Joint Team country plan for Kyrgyz Republic with expected roles and activities and resource allocation are not organised around, and do not provide guidance on RSSH. Coupled with UNAIDS Secretariat limited human and financial resources this constrains broader engagement/participation of the Secretariat in health sector and their greater contribution to RSSH. If UNAIDS Secretariat requires a stronger focus on RSSH common organisational vision, definition, understanding and guidance of how UNAIDS Secretariat is expected to contribute to progressing RSSH is needed.

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