Agenda item 10

UNAIDS/PCB (54)/CRP7

SUSTAINING THE GAINS OF THE GLOBAL HIV RESPONSE FOR 2030 AND BEYOND

Thematic Segment Case Studies

UNAIDS

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Introduction

The Thematic Segment of the 54th UNAIDS Programme Coordinating Board (PCB) meeting will be held on 27 June 2024 and will focus on "***Sustaining the Gains of the global HIV response to 2030 and Beyond".***

In preparation for the Thematic Segment, UNAIDS issued a call for submission of examples of best practices and country case studies. The case studies inform the development of the background note to the thematic segment as well as the discussions during the day.

A total of 40 case submissions were received. The submissions reflect the work of governments, civil society, and other stakeholders, as well as collaborative efforts. The case studies highlight the importance of working towards having a sustainable response to the HIV epidemic.

Africa

Botswana

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- **Timeline of the case study:** 2020-2024
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Innovation;
  - **Background and objectives:**
    Since 2020 in Botswana, UNICEF in partnership with the Ministry of Health, CDC, and civil society organizations, conceptualized and implemented differentiated models of care to address the HIV treatment gap among adolescents living with HIV.
  - **Description/Contribution to the AIDS response:**
    The model includes a range of interventions, from training healthcare workers and guardians, to creating teen clubs at treatment sites to promote adherence and positive living, and supporting the creation of the national network of young people living with HIV.

  - **Results, outcomes, and impact:**
    In 2023, an external evaluation was commissioned by UNICEF to assess the efficacy of this package on clinical, psychosocial, and behavioral outcomes of a cohort of adolescents and young people living with HIV on ART living in six districts. The evaluation concluded that the percentage of adolescents who were virally suppressed at baseline had increased from 83,7% to 95,7%. The proportion of adolescents living with HIV who never missed ARVs increased from 63,5% at baseline to 73,1%. Moreover, the proportion of adolescents living with HIV in a relationship with partners more than 5 years older, decline from 28,6% to 13,3%, while the proportion of sexually active adolescents using condoms the last time they had sex prior to the survey increased from 87,5% to 95,6%.

- **Gaps, lessons learnt and recommendations:**
  Adolescents living with HIV in Botswana face significant challenges related to socioeconomic inequalities, gender-based violence, and mental health. In 2024, UNICEF is scaling-up these interventions from 23 to 31 sites, to accelerate the achievement of the treatment targets among adolescents, and transforming the teen clubs into empowerment clubs that are also able to provide peer support for mental health, and skilling and employability trainings to address socioeconomic inequalities.

Cameroon Case Study

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1. **Timeline of the case study:** 2020 - Ongoing

- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Funding; Legislative and policies changes and reform;
- **In which geographic area is the approach being carried out?** N/A
- **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership; Efficiency and effectiveness;
- **Background and objectives:**
  Since 2016, the Government of the Republic of Cameroon (GRC) has embarked on the process of defining and developing a new health financing strategy to ensure access to high quality healthcare services for the population while decreasing household health expenditures and avoiding catastrophic expenses. People living with HIV are a vulnerable population who often lack access to services due to financial barriers, discrimination, and violence. To reduce financial barriers and improve quality of life, on April 2019, the Minister of Health signed a decree for the elimination of user fees to allow free access to a set of HIV services provided in public health facilities, a strategy to reach Universal Health Coverage (UHC). The UHC Phase 1 in Cameroon was launched in April 2023. Recognizing the opportunity that this presents to institute a sustainable AIDS response, USAID has requested support from the RISE project to support the GRC as they establish a system of sustainable health financing and UHC and integrate the full continuum of HIV services into the UHC benefits package. Ensuring equity in access – all people living with HIV have access to the services without discrimination and financial hardship – is a central principle of UHC and the control of HIV in Cameroon.

- **Description/Contribution to the AIDS response:**
  RISE is supporting the GRC in their efforts towards HIV user fee elimination, sustainable financing and universal health coverage, ensuring that HIV prevention and treatment remain an essential part of the essential service delivery package for Universal Health Coverage (UHC) and therefore people living with HIV receive financial coverage of services.

RISE-Cameroon provided targeted and catalytic support to the GRC for the elimination of HIV user fees and advancement of UHC and health financing efforts. Consistent across all support was a constant focus on ensuring the prioritization and inclusion of HIV services in UHC efforts, as well as the importance of engaging HIV stakeholders to ensure alignment across activities. Some specific activities included:

• Consolidation of a package of free interventions, including HIV care and treatment services.

• Development of a costed UHC Strategic communications plan, communication materials, radio and video scripts on Cameroon's UHC vision and efforts for use in a national campaign targeting the public.

• Training a pool of national trainers with expertise in UHC to ultimately drive enrollment. These trainers rolled out the HIV user fee communication strategy and elimination policy; shared guidance on reimbursement rates, procedures, and reimbursement and coordination mechanisms; and cascaded information to providers and clients.

• Standardization of nursing and medical care protocols for UHC interventions, including HIV services.

• Engagement with CSOs to create demand for HIV services and drive enrollment in UHC programs, as well as supporting community led monitoring to ensure users fees are entirely eliminated.

• Development of the UHC Accreditation Manual and tools to guide health facility accreditation and enrolment in the UHC program.

- **Results, outcomes, and impact:**
  The GRC defined a set of 13 HIV-related services, sensitive to the needs of various communities (pregnant women, children, people living with HIV) to integrate into essential packages and remove the user fees previously required for these services. RISE-Cameroon provided targeted and catalytic support to the GRC efforts to advance UHC, health financing, and HIV user fee elimination policy. RISE Cameroon's effort contributed to a marked increase in clients with HIV enrolled in UHC, and improvement across the care cascade.
  The number of patients on ART in Cameroon increased from 312,214 in 2019 to 424,771 in 2022. From 2019 to 2022, the percentage of those who know their HIV status increased from 83.8% to 95.8%, clients who are on ART increased from 73.6% to 92.3%, and those who are virally suppressed increased from 34.4% to 62.4%.

- **Gaps, lessons learnt and recommendations:**
  Removal of user fees increased HIV service uptake and alleviated the burden of cost for people living with HIV, resulting in increased health outcomes reflected in the 95-95-95 targets. To ensure consistent implementation of user fee elimination, RISE Cameroon provided supported at every level, from facilities to the Ministry of Public Health (MoPH). Effective control systems were needed at

the level of the MoPH to monitor and ensure compliance of health facilities with regulations and the complete elimination of informal fees. Cameroon needed to strengthen support to the MoPH (district health services, regional offices of public health and general inspections) to guarantee elimination of informal fees and strengthen collaboration with health authorities to ensure implementation of policies, circular letters, and guidelines at sites according to national standards. Regular site visits were conducted jointly with the Regional and District teams to ensure compliance, identify non-compliant sites, and take corrective actions.

When piloting the removal of user fees, Cameroon found that user fees are a source of revenue for health facilities (21% on average), therefore removal of user fees without subsidies creates a financial gap within health facilities. However, user fees are not standardized across health facilities and therefore each health facility needed tailored support.

- **Annexes**
  N/A

Democratic Republic of Congo Case Study 1

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2. **Timeline of the case study:** 2018 - 2024

- **Case study submitted by:** Government; Civil society; UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Interventions in humanitarian settings and/or responding to human rights crises;
- **In which geographic area is the approach being carried out?** Goma, Bunia, Kasaï and Kalemie
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership;
- **Background and objectives:**
  Three decades of political instability and conflict in the DRC have had devastating consequences on governance, rule of law, the development of systems for basic social services and capacity for service delivery. One out of every four people in the DRC is unable to meet their basic food needs, half of all girls aged 5 to 17 are out of school and four women die every hour from pregnancy-related complications.
  A combination of recurrent epidemics, natural disasters and conflicts, with eastern DRC as the current epicenter, have created a humanitarian crisis of massive scale covering large parts of the country. Over 6 million people have been driven from their homes and the DRC is home to over 1.5 million returnees and over 500,000 refugees and asylum seekers.
  As a result of interrupted HIV treatment, lack of food, disrupted systems for health care and social support, there is an increase in risk for development of advanced disease, drug resistance and infection transmission. Stigma, discrimination and violence including Sexual and Gender-Based Violence, factors that increase HIV transmission risk, also increase in crisis-affected areas. Integration of HIV within humanitarian response is therefore a critical and ongoing priority.

- **Description/Contribution to the AIDS response:**
  The objective of our work towards integration of HIV in humanitarian response in the DRC is to ensure that we systematically find, link, retain and protect people living with HIV and those most vulnerable to infection in the context of the humanitarian response.

Accountability and Technical Capacity: UNAIDS has held a series of training sessions each year, introducing partners to global guidelines for HIV action in emergencies so that they could strengthen their action, preparedness and advocacy. These have led to the development of successful activities targeting returnees in major centers of Goma, Bunia, Kasaï and Kalemie.

Partnerships for systematic integration and service delivery: WFP vulnerability assessments and partnership with the UCOP people living with HIV network have informed support to households affected by HIV and have led to additional funding in 2023-24 linking the food distribution system to identification and support to people living with HIV. UNFPA will use their SRH and GBV platforms to improve support for pregnant HIV positive women and survivors of GBV. MSF partnerships with community actors will ensure continuity of treatment and management of advanced disease. UNICEF will improve paediatric HIV care building on partnerships for newborn health and nutrition in emergencies.

Political Commitment and Resource Mobilization: With support from UNHCR, WFP, UNICEF, UNFPA and WHO, UNAIDS has supported the PNMLS to define detailed operational plans in 4 priority provinces – Nord Kivu, Ituri, Kasaï et Tanganyika. The findings from the various studies, programme operations and provincial planning exercises enabled the integration of 4 HIV priorities in the US2.6bn 2024 Humanitarian Response Plan. The Joint Programme has met with the Humanitarian Country Team and is working with the team to define critical actions to be supported, monitored and reported on regularly to the Humanitarian team to ensure more effective response and mobilization for HIV in these crises.

- **Results, outcomes, and impact:**
  Accountability and Technical Capacity: The DRC now has functional working groups supporting coordinated technical support and monitoring of HIV actions in humanitarian settings. Provincial operational plans will also ensure better coordination, systematic monitoring and mobilization

  Partnerships & Service Delivery: In Kananga, Mbuji-Mayi, Bunia, Bukavu and Kalemie, nutritional recovery rates in households with people living with HIV were as high as 85.2% in Mbuji-Mayi; the average weight gain in 6 months was 10kg; the rate of improvement in adherence to ART was 10% (from 68.4 to 81% in Kananga and from 59.4 to 71% in Mbuji-Mayi). Expansion of community services in IDP camps in Goma in 2022 identified 506 PEOPLE LIVING WITH HIV, linked them to ART and followed up to province psychosocial support.

  Political Commitment and Resource Mobilization: The 2024 HRP, aiming to mobilize a total of USD 2.6bn, integrated the following priorities specific to HIV: 1) Identification and provision of nutritional support to adults and children living with HIV affected by severe malnutrition.

2) HIV testing, treatment and care for:
a) pregnant and breastfeeding women living with HIV, their partners and newborns.
b) survivors of GBV as part of the minimum care package
3) HIV prevention commodities as part of minimum provisions for SRH.

- **Gaps, lessons learnt and recommendations:**
  Services:
  o Food, access to commodities to ensure continuous diagnosis, HIV prevention and treatment.
  o Adherence support, trusted information on HIV-related services for different populations
  o Community support in a context of heightened stigma and discrimination towards people living with HIV
  o Interventions for protection and to ensure dignity and independence (space for subsistence farming and income generation to prevent transactional sex for survival for example)

  Capacity:
  o Data systems are particularly weak
  o Weak coordination and monitoring of community-level activities in part due to poor continuity of financing and limited number of actors competent in and attending to HIV support in humanitarian settings. Activities supported are often at a very limited scale, very poorly financed, not well integrated or focused on systems strengthening and unable to establish sustained capacities to ensure continuous or adequate outreach

  Recommendations:
  1. Mobilize for greater leadership, scale and continuity of HIV response in the humanitarian context through systematic integration and collaboration with national systems and in particular with community partnerships.
  2. Ensure an operational accountability framework linked to the national programme and defining clear results for a better HIV-sensitive humanitarian response in the DRC
  3. Mobilize financial resources and technical assistance to ensure fast track of actions

- **Annexes**
  1. Recommendations from November 2023 consultation on gaps and opportunities for enhanced integrated action in the DRC.

Democratic Republic of Congo Case Study 2

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1. **Timeline of the case study:** 01/09/2022 - 31/05/2023

- **Case study submitted by:** Government; Civil society; UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV prevention, testing and treatment programmes; Community systems strengthening and community responses (advocacy, service delivery, monitoring, research, participation in governance mechanisms, etc.) Research, data collection, monitoring and evaluation;
- **In which geographic area is the approach being carried out?** Kinshasa
- **Case study demonstrates:** Long-term sustainability; Scalability and replicability; Multi-sector partnerships, community involvement and leadership; Efficiency and effectiveness;
- **Background and objectives:**
  In the Democratic Republic of Congo, the index stigma study conducted in 2020 showed that 4.45% of people living with HIV were refused access to healthcare, with the result that 21% (1/5) avoided going to a health facility. This led to discontinuity in the continuum of care and poor adherence to treatment. The community-based ARV distribution point (PODI) is a differentiated treatment model that has been implemented exclusively in the DRC since 2010 with the support of Médecins sans Frontières in collaboration with the Réseau National des Organisations à Assise Communautaire des Groupes des Support des Personnes Vivants avec le VIH (RNOAC_GSPVVIH) to increase retention and reduce discrimination/stigmatisation. To date, 18 PODIs are operational, including 9 in Kinshasa.

  After 12 years of existence, RNOAC, with the support of the Fast-Track Cities/UNAIDS project and the National AIDS Control Programme (PNLS), has evaluated the PODIs in 2022 for :
  - Assessing the quality of services organised at PODI level
  - Measuring patient satisfaction
  - Identify discrepancies and formulate corrective measures.

- **Description/Contribution to the AIDS response:**
  From one PODI in 2010, there are now 18 operational PODIs, including 9 in Kinshasa. The PODIs have made it possible to

- Relieve overcrowding in health facilities by making ARVs available to stable patients in the community
- Bring HIV services closer to patients and empower stable patients in their treatment
- Help patients lead positive lives
- Facilitate social reintegration
- Respond to 95 95 95 goals
- Make stable patients responsible for their treatment
- Mobilise partners

They are responsible for :

- Therapeutic education,
- The search for those lost to follow up
- Voluntary Counselling and Testing and referral of positive cases for treatment
- Viral load monitoring
- HIV information, education and communication$
- Psychosocial support
- Accommodation and social reintegration: some PODIs provide accommodation for destitute people who have been rejected by their family members, and the staff provide full care with limited resources
- Data collection, processing, analysis and reporting

During the COVID-19 period, PODI proved vital in ensuring uninterrupted care for patients, in particular by generalising multi-month distributions of ARVs. Community distribution of ARVs is a cost-effective and satisfactory strategy for widening access to HIV treatment and ensuring the sustainability of initiatives.

- **Results, outcomes, and impact:**
  The active file of People living with HIV in the PODIs has increased from 17 patients in 2010 to 12135 in 2022 and 70.3% are women. In 2022, 1260 new inclusions were registered.
  The evaluation showed that 97.6% of people living with HIV were satisfied with the services provided by the PODIs, which led to their loyalty thanks to the fact that they were free, confidential and accessible. The PODIs have helped to reduce stigma and discrimination against people living with HIV in the health sector.

  Thanks to the principle of empowerment and positive living by coming out of hiding and reintegrating into their communities of origin, PODI retention rates remain very high. In 2022, over 97% of PODI patients were retained (less than 3% lost to follow-up) in areas supported by PEPFAR and the FM, the 2 main supporters of RNOAC.

Compared with the viral load, results improved considerably depending on the implementation partner. On average, more than 98% of stable patients maintained viral load suppression.
In 2022, the capacities of 16 healthcare providers and 40 community peer experts were strengthened to improve access to care for stable HIV-positive patients.

- **Gaps, lessons learnt and recommendations:**
  The SWOT analysis carried out in 2022 in the PODIs revealed the following main weaknesses:
  - Poor coverage of PODIs in the provinces - only 9 PODIs outside the province of Kinshasa
  - Shortage of PODI staff (135)
  - Early referral of patients to the PODI is low, as 90% of stable patients are still in health facilities (FOSA).
  - Lack of a viral load monitoring strategy between the FOSA and PODI
  - Some PODIs pay their rent via their partners, and this too is a challenge, as the ideal situation would be for the PODI to have its own infrastructure;
  - The conservation of certain vaccines and inputs for voluntary screening
  - The means of transporting ARVs, inputs and other medicines from the health zone to the PODI;
  - Digitisation of the model is appropriate and important to facilitate capitalisation.
  - Various collection tools depending on the TFP

  To remedy its shortcomings:
  - Mobilise resources to scale up the PODIs in all the health zones in the 26 provinces by providing them with the necessary equipment (vehicles for transporting/distributing ARVs, computers, technical facilities, etc.) to carry out their tasks, and motivate volunteers to increase their numbers;
  - Build the capacity of PODI members and service providers;
  - Intensify the communication circuit and improve collaboration between the care provider and PODI staff.

- **Annexes**
  https://unaids.sharepoint.com/:w:/s/FSWCA/EeNxh-KQSNBLv9zsVj0nSwQBKjgjMNK8PtKBVpKcBzWFrw?e=YYW8Ml

Democratic Republic of Congo Case Study 3

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- **Timeline of the case study:** 2022 to 2024 ongoing
- **Case study submitted by:** Civil society; Government; UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Research, data collection, and monitoring and evaluation;
- **In which geographic area is the approach being carried out?**
- **Case study demonstrates:** Long-term sustainability; Scalability and replicability; Multi-sector partnerships, community involvement and leadership; Innovation; Efficiency and effectiveness;
- **Background and objectives:**
  The Democratic Republic of Congo faces a number of public health problems. Shortcomings of all kinds are the main obstacles to stepping up action to improve the health situation, including HIV/AIDS. Setting up essential HIV response programmes would not be possible without the participation of all Congolese in the activities requires the mobilisation of the necessary resources and a multisectoral approach entrusting leadership to the communities is imperative in view of the social, economic and human problems that go beyond the medical field. Synergistic and coordinated mobilisation of the communities is essential for the complementarity of its interventions in a country experiencing prolonged crises such as DR Congo. The role of community organisations and civil society at local level is also essential in the fight against HIV at local level, and their involvement is a guarantee of progress. At national level, community and civil society representatives play an active part in the decision-making process by sitting on the national steering body, the CNMLS. Civil society is to be commended for its energy and activism, which are helping to prevent the spread of HIV and help millions of people gain access to treatment. In October 2022, the Alliance Nationale des Organisations de la société civile engagées dans la Riposte multisectorielle au VIH/Sida (ANORS) (National Alliance of Civil Society Organisations involved in the Multisectoral Response to HIV/AIDS) was created, with the following main missions: to ensure the coordination of civil society organisations and community interventions in order to support the strengthening of community involvement in an effective way for an optimal response to HIV/AIDS and the recognition and respect of the rights of people living with HIV and key populations.

- **Description/Contribution to the AIDS response:**

A situational analysis revealed that the interventions of civil society organisations involved in the response to HIV/AIDS face organisational and operational challenges. Networks, unions, platforms and forums do very little of the coordination for which they are responsible at organisational level. The National Alliance of Civil Society Organisations involved in the multisectoral response to HIV, "ANORS", was created in 2022 to catalyse the strategic coordination of civil society organisations and community interventions and to strengthen effective community involvement for an optimal response to HIV/AIDS and the recognition and respect of the rights of people living with HIV and key populations. With the support of UNAIDS, UNDP and PEPFAR, the CSO leaders have together developed the rules of ANORS and its governance structure. A coordination charter has been drawn up and signed by all+N50.

- **Results, outcomes, and impact:**

ANORS promotes good governance through its coordination, advocacy, lobbying and resource mobilisation missions, in collaboration with the PNMLS and UNAIDS. Its community leadership has excelled in refocusing community work, harmonisation and understanding by all components.
It organises workshops to refocus the responsibilities and roles of the various community organisations in the holistic response to HIV/AIDS, and to improve their contribution to the national response to HIV/AIDS. It does this by :
a. Defining and clarifying the roles and responsibilities of the various civil society players and stakeholders who are members of the other components of the response to HIV/AIDS.
b. Organising capacity-building sessions on community data monitoring through Community-Led Monitoring (CLM), the strategy for mobilising and managing local and external resources for civil society to fund the country's response.
e. Drafting and adopting a guide to implementing Community-Led Monitoring (CLM) in the Democratic Republic of Congo to guide the reporting of community data by stakeholders, and organising capacity-building training workshops for CSOs in partnership with ITPC and UNAIDS.

- **Gaps, lessons learnt and recommendations:**

- There is a strong alignment of ANORS with the national strategic orientations and priorities and the national and provincial strategic frameworks and progress has been made in coordination and decentralisation across the provinces. However, ANORS does not yet benefit from local resources to implement its priority programmes.
- The effective implementation of the CLM is closely linked to the grant from the Global Fund and PEPFAR

- Under the leadership of ANORS, the technical partners will support the scaling up of CLM on a national scale in accordance with the REFERENTIAL (Guide) specifying the key indicators for data collection in the country.
- ANORS is continuing to mobilise its partners to provide effective support.

- **Annexes**

https://www.pnmls.cd/author/gaylordmakabi/#:~:text=It%20has%20opened%20this%20service%20within%20the%20

Democratic Republic of Congo Case Study 4

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2. **Timeline of the case study:** 2017 to 2024 ongoing

- **Case study submitted by:** Government; Civil society; Private sector; Academic institution; UN or other international organisation; Other (please specify);
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV prevention, testing and treatment programmes; Legislative and policy change and reform; Community systems strengthening and community responses (advocacy, service delivery, monitoring, research, participation in governance mechanisms, etc.); Funding; Research, data collection, monitoring and evaluation; Political leadership; Interventions in humanitarian contexts and/or in response to human rights crises;
- **In which geographic area is the approach being carried out?**
- **Case study demonstrates:** Long-term sustainability; Scalability and replicability; Multi-sector partnerships, community involvement and leadership; Innovation; Efficiency and effectiveness;
- **Background and objectives:**
  The Democratic Republic of Congo has stepped up its national response to HIV, based on human rights, to ensure continued access to HIV-related services for all people living with HIV. HIV-related stigma and discrimination persist and lead to people going underground, which increases their vulnerability to HIV. With the support of UNAIDS, the Global Fund and civil society, a baseline assessment was carried out in 2017 on human rights in relation to health services, with a view to providing the data and analysis needed to identify and ensure adequate funding for comprehensive programmes to eliminate barriers to HIV services. As a result, the Five-Year Plan 2018-2022 has been drawn up to guide concrete human rights actions. For 2023-2027, the country has adopted a national human rights plan and 3 provincial plans (North Kivu, Central Kassaï and Haut Katanga), which will step up strategic and coordinated action to remove barriers to human rights and HIV. Multi-stakeholder consultations and dialogues are being organised to consolidate the recommendations of baseline assessments, round tables and reviews of relevant programmes, and to mobilise funding for the sustainability of human rights.

- **Description/Contribution to the AIDS response:**
  A situational analysis revealed that the interventions of civil society organisations involved in the response to HIV/AIDS face organisational and operational

challenges. Networks, unions, platforms and forums do very little of the coordination for which they are responsible at organisational level. The National Alliance of Civil Society Organisations involved in the multisectoral response to HIV, "ANORS", was created in 2022 to catalyse the strategic coordination of civil society organisations and community interventions and to strengthen effective community involvement for an optimal response to HIV/AIDS and the recognition and respect of the rights of people living with HIV and key populations. With the support of UNAIDS, UNDP and PEPFAR, the CSO leaders have together developed the rules of ANORS and its governance structure. A coordination charter has been drawn up and signed by all+N50

- **Results, outcomes, and impact:**
  Stigma and discrimination have been reduced as a result of an evolutionary trend in each of the products implemented by the National Strategic Plan to combat AIDS 2020-2023. The ongoing collaboration between UNAIDS and the Global Fund is helping to support the leadership of the political and administrative authorities in the holistic implementation of the National Strategic Plan to combat AIDS 2023-2027, which stipulates in Axis 4, on the one hand, to reduce the impact of HIV-related stigma and discrimination among people living with HIV and key populations and, on the other hand, to ensure the following care for populations vulnerable to HIV infection (SVS, OVC, people living with HIV and key populations, women and women made vulnerable by HIV). The achievement of these two impacts is subject to the effects, products and strategies clearly defined in the said National Strategic Plan, in which the psychological, legal and judicial care of the targets indicated below is achieved through integrated approaches which contribute to the availability of psychological, legal and judicial services as well as referrals. These actions are currently being scaled up.

- **Gaps, lessons learnt and recommendations:**
  - Weak mobilisation of funding for the implementation and scaling up of national and provincial Human Rights and HIV plans, changes in political and administrative authorities, national and provincial parliamentarians, ministers and governors following the various elections currently taking place in the country, resulting in the resetting of Human Rights and HIV programmes at all levels.
  - Make partners' financial procedures more flexible, so that financial support is not effectively available to resolve bottlenecks in activities that are threatened by low uptake or slow progress in programme implementation.
  - Support alignment between national planning for the Global Partnership for Action, the Five-Year Plan and the Steering Committee to make all Global Partnership support structures operational
  - Include in the hubs additional human rights actors, namely the national police, law enforcement officers and the judiciary. Health providers and paralegals
  - Identify additional opportunities for integrating human rights components into current programmes

- Improve the technical quality of certain resources and activities and pool efforts to protect human rights and HIV.

- **Annexes**
  https://www.theglobalfund.org/media/11894/crg_2021-midtermassessmentdrc_report_fr.pdf workshop to validate the 2021-2025 five-year plan to combat human rights and gender-related obstacles to HIV and TB services in the DRC - Programme National Multisectoriel de lutte contre le sida (pnmls.cd) https://unaids.sharepoint.com/sites/USAID-GFPresentationonKP-DRC/Shared%20Documents/General/Rapport%20Index%20Stigma%20PVV%2020.pdf UNDP-CD-rapport-stigma.pdf Microsoft Word - crg_humanrightsbaselineassessmentdemocraticrepublicofcongo_report_en.docx (theglobalfund.org) http://clrdc.larcier.com/homedir/site/index.php?doc=6217&rev=62 (droitcongolais.info) Global AIDS Strategy 2021-2026, Ending inequality, Ending AIDS (unaids.org)

Global, especially Sub-Saharan Africa

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- **Timeline of the case study:** 2021-2024
- **Case study submitted by:** Other (please specify); The Coalition for Children Affected by AIDS
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Funding.
- **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Efficiency and effectiveness;
  - **Background and objectives:**
    The Coalition for Children Affected by AIDS (the Coalition) is an independent coalition of 28 senior leaders from across UNICEF, donors, NGOs and academia (www.childrenandHIV.org). We champion evidence-based global policy change to support children and adolescents affected by HIV and their caregivers. Together with WHO, UNAIDS, PEPFAR, the Global Fund, and Avenir Health, and in partnership with the Global Working Group on Financing that we have chaired since 2021, the Coalition has created a global analysis of HIV funding for children, adolescents and caregivers. This reveals, for the first time, how much is being spent, where, on what, and where the gaps are. It points to where efficiencies can be made and what funding gaps remain. In addition, we have preliminary findings from a new deep dive into expenditures at the country level across Sub Saharan African, produced in collaboration with the Governments of Kenya, Uganda and Cameroon; and new snapshot of global trends in private philanthropy produced in collaboration with Funders Concerned About AIDS. All this information is vital for sustaining the response, maximising the return on investment, identifying investment opportunities, and achieving the goals of the Global AIDS Strategy and Global Alliance to End AIDS in Children.

  - **Description/Contribution to the AIDS response:**
    HIV remains a major threat to children and adolescents and a violation of their rights. Every two minutes an adolescent girl or young woman is newly infected, almost half of children living with HIV are not on treatment, and exposure to HIV and the wider social and economic impacts of the disease are holding back generations. This is a travesty, not least because HIV in children is now preventable and treatable. We cannot end AIDS without investing in children and adolescents. They are amongst those left furthest behind. And their ability to start free and stay free of AIDS is a cornerstone of ending the epidemic for all. The Global AIDS Strategy highlights the critical importance of addressing their needs and the Global Alliance to End AIDS in Children has galvanized political and financial support. We have unprecedented political momentum, strong partnerships and the imminent expiration of 2025 HIV targets for children. We must not miss this moment. While many funders – governments, donors, and private trusts and foundations - express their commitment

to children and adolescents in policies and strategies, they do not track funds for them in sufficient detail to know whether and where this commitment translates into action. Money is also being wasted, through siloed approaches, missed opportunities to invest in more cost-effective solutions, and poor targeting of those specific populations of children at greatest risk. Now, more than ever, it is important to know that money is being allocated wisely. We are operating in a resource-constrained environment and must maximize what we have. And we must be sure that funding is supporting programmes that best serve those left behind. This case study will directly address these challenges by setting out expenditure trends and how to improve upon them.

- **Results, outcomes, and impact:**
  There is a funding gap globally of around $1billion for children and adolescents under 18. Around $1.8bn is spent. $2.8 billion is required to achieve Global AIDS targets. Of this, $160 million more is needed for biomedical support. And a further $840 million is required for building strong health systems and tackling wider social and economic barriers. A large proportion of this gap (roughly $410) is for key populations.
  The total spent on children and adolescents represents around 12% of all HIV/AIDS expenditures. Just under half is from domestic national budgets. Roughly the same amount is from PEPFAR. Around 10% is from the Global Fund. The remaining circa 10% is from other kinds of donors and NGOs.
  PMTCT and social protection are the largest areas of spending. Pediatric ART is around 20%. Spending on children associated with key populations is around 7%. More than half of all expenditure is in 5 countries: Kenya, South Africa, Mexico, Mozambique and Uganda. And spending in LICS is far less than in HICS.
  It is important to note that funding is not the only barrier. Finding the missing children living with HIV, and tackling stigma and discrimination are just some of the broader hurdles.

- **Gaps, lessons learnt and recommendations:**
  The thematic segment on children at the 55th UNAIDS PCB, is an ideal opportunity to examine and address in more detail the funding gaps for children. Donors and governments must urgently commit to fill the funding gaps. Including for support to the children of key populations, AGYW, and OVCs, finding the missing children living with HIV, testing and treatment, building strong health systems, and tackling wider issues of poverty and inequality. Improving financial transparency and accountability for children and adolescents is key to ensuring that money is invested wisely. We can learn a lot from PEPFAR and the Global Fund in this regard. Alongside this, it is vital to strengthen the voices of children, adolescents, caregivers, and those who deliver services in monitoring and making decisions regarding funds. Progress is possible even where funding is scarce. Making children and adolescents affected by HIV a political priority; supporting locally-led decision making on investments; ring-fencing funds for children and adolescents within existing budgets; tracking and reporting on funding for them; prioritizing investments in cost-effective, community-based solutions that target those left furthest behind; and sharing costs with those seeking stronger systems for health will all make a difference.

- **Annexes**
  A report with the full findings is available at: https://bit.ly/DonorPolicyReport.

  10 minute video of John Stover of Avenir Health summarising these findings is available at: https://www.youtube.com/watch?v=sFDZjMVKj18

  A 4 minute video of the Young Mother Ambassador to the Coalition for Children Affected by AIDS, Miriam Hasasha, talking about why it's essential to involve young parents in improving financing is available at: https://www.youtube.com/watch?v=Y6s8StS3Vow

  Kindly note, our forthcoming deep dive into expenditure trends at the country level and our data spotlight on global private philanthropy have not yet been published. However, preliminary findings will be ready to share in time for the 54th PCB.

Kenya Case Study 1

CONTACT PERSON
Name: Irene Ogeta
Title: Program Officer
Organization: ATHENA Network

- **Timeline of the case study:** 2021 - 2022
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc);
- **In which geographic area is the approach being carried out?** N/A
- **Case study demonstrates**: Innovation; Efficiency and effectiveness; Multi-sectoral partnerships, community participation and leadership; Scalability and replication; Sustainability in the long-term;
  - **Background and objectives:**
    ATHENA Network is a global feminist organization working to advance the leadership of young women leaders as a fundamental component in gender equality and women's empowerment in the response to HIV and AIDS. One of our flagship projects, #WhatGirlsWant has been instrumental in advancing the rights and health of adolescent girls and young women in the context of HIV prevention and treatment. #WhatGirlsWant is a project that aims to amplify the voices of adolescent girls and young women in the global HIV response. The project engages with AGYW to understand their needs, preferences, and priorities to shape policies and programs that are responsive to their specific experiences and realities.
    The project highlights the importance of centering the voices and needs of adolescent girls and young women in the HIV response, as well as the intersectionality of gender, age, and HIV status in shaping their experiences. Through these initiatives, ATHENA Network is working towards a more inclusive and effective approach to addressing HIV among girls and young women.
    Objectives:
    Strengthening leadership capacity of young women in HIV response
    Increasing participation in decision-making processes
    Advocating for policies for adolescent girls and young women
    Raising awareness on gender, age, and HIV intersectionality

  - **Description/Contribution to the AIDS response:**
    The case study of the #WhatGirlsWant project by ATHENA Network has made significant contributions to the HIV/AIDS response by prioritizing the voices and needs of adolescent girls and young women in global HIV prevention and treatment efforts. The project has advocated for increased political will and financial investments, leading to improved access to HIV services for AGYW in Eastern, Southern, and Western Africa. By adopting a multisectoral approach, ATHENA has collaborated with various stakeholders to address the social, economic, and legal barriers that hinder effective prevention and treatment efforts. The project has also

focused on creating an enabling policy environment that empowers AGYW to access HIV services and information.

Furthermore, the #WhatGirlsWant project has promoted the integration of HIV services into primary healthcare and universal health coverage systems, as well as engaging in public-private partnerships to expand its reach and impact. By scaling up successful programs, strengthening partnerships, promoting community-led initiatives, and addressing gender inequalities, ATHENA Network has set a strong foundation for sustainable and impactful HIV programs towards 2030 and beyond.

In conclusion, the lessons learned and recommendations for action from the #WhatGirlsWant project highlight the importance of empowering adolescent girls and young women in the HIV response, promoting inclusivity and sustainability, and addressing the structural barriers that hinder effective prevention and treatment efforts. Through continued advocacy, research, and community engagement, ATHENA Network is poised to make a lasting impact on the HIV epidemic and create a more just and equitable society for all individuals affected by HIV.

- **Results, outcomes, and impact:**
  Through ongoing partnerships with governments, donors, and stakeholders, ATHENA is working to secure long-term funding and support for its initiatives, ensuring that we continue to make a positive impact for years to come. By promoting community-led initiatives and empowering AGYW to advocate for their health and rights, the project will further strengthen its efforts to create sustainable change. By continuing to innovate and adapt programming to address emerging challenges in the HIV response, ATHENA will remain a leader in the global fight against HIV. With a focus on increasing access to comprehensive sexual and reproductive health services, addressing gender inequalities, and investing in research and data collection, the #WhatGirlsWant project is poised to make a lasting impact on the lives of adolescent girls and young women affected by HIV.

- **Gaps, lessons learnt and recommendations:**
  With a focus on scaling up successful programs, strengthening partnerships, promoting community-led initiatives, and addressing gender inequalities, the ATHENA Network is well-positioned to make a lasting impact on the HIV epidemic and create a more just and equitable society for all individuals affected by HIV. By incorporating innovations, science, and financing into its approach, ATHENA has demonstrated a commitment to adapt and evolve in response to emerging challenges and opportunities in the HIV response. As the project continues to advocate for supportive policies, integrate HIV services into primary healthcare and universal health coverage systems, and engage in public-private partnerships, it is poised to make significant progress toward achieving its goals by 2030 and beyond. Through ongoing research, data collection, and community engagement, the #WhatGirlsWant project will continue to prioritize the voices and needs of adolescent girls and young women, ultimately leading to improved health outcomes and greater empowerment for this vulnerable population.

Recommendations for action include scaling up successful programs, strengthening partnerships, promoting community-led initiatives, addressing gender inequalities, and investing in research and data collection. By implementing these recommendations, ATHENA Network can further advance its mission to end the HIV epidemic and create a more just and equitable society for all individuals affected by HIV. With a focus on inclusivity, sustainability, and innovation, the #WhatGirlsWant project has the potential to make a lasting and transformative impact on the lives of adolescent girls and young women in Africa and beyond. By building on its successes and learning from the past, ATHENA Network is well-positioned to continue its vital work towards achieving a future where all individuals have access to the resources and support they need to protect their health and well-being

- **Annexes**
  - https://frontlineaids.org/our-work-includes/ready/

Kenya Case Study 2

CONTACT PERSON
Name: Dr. Ruth Masha
Organization: National Syndemic Disease Control Council
Email: CEO@NSDCC.GO.KE

- **Timeline of the case study:** April 2024-Dec 2024, Phase 1
- **Case study submitted by:** Government; UN or other international organisation; Other (please specify);
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.); Interventions in humanitarian settings and/or responding to human rights crises; Funding; Research, data collection, and monitoring and evaluation; Political leadership;
- **In which geographic area is the approach being carried out?** Nationally
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Innovation; Efficiency and effectiveness;

  - **Background and objectives:**
    Kenya has made tremendous progress in the HIV and AIDS response and is on track to achieve the 95-95-95 targets. However, much of this effort is largely dependent on external funding, the majority of which comes from the US Government through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and The Global Fund to Fight AIDS, Tuberculosis and Malaria. With Kenya being a middle-income country, resource needs for health and development are growing while ODA is shrinking. While Government of Kenya (GOK) is making efforts to strengthen the HIV response in line with the UHC and other health reforms, there is need for the Country to develop a HIV response sustainability road map that will keep the Country on the trajectory of ending AIDS as a public health threat by 2030. The roadmap will be a living document with goals, objectives and milestones that invite national and stakeholder review for progress, with associated updates over time, as needed, to ensure it remains people-centered and fit for purpose and drives the necessary transformations of the response. This process will be GOK-led and includes their leadership in the development of the draft concept note with National and County Governments.

  - **Description/Contribution to the AIDS response:**
    Political: There is strong political commitment from the office of the President of Kenya, through the passing of Bills to support successful rollout of Universal Health Coverage. These laws lay the foundation for a change in the healthcare system and significant step in enhancing healthcare accessibility for all. Aligning to this legislative framework will benefit overall health systems strengthening efforts and key strategic programs including HIV. Primary Health Care Act, Digital Health Act, Facility Improvement Financing Act, Social Health Insurance Act, 2023 – establishes the

Social Health Authority, which includes the Primary Healthcare Fund, Social Health Insurance Fund, and The Emergency, Chronic, and Critical Illness Fund.
Programmatic: The Primary Health Care Act aims to ensure communities across Kenya receive the best healthcare through referral networks, offering an opportunity for direct funding of primary health care from the government, drawing from national and county governments and donors. Effective implementation of primary health care will be done through Primary Care Networks (PCN). Viable models for HIV service delivery integration should be anchored into this GOK-led initiative.
Financial: PEPFAR support focus on the development of regulations to support implementation of the Acts - i.e. social health insurance regulations and facility improvement financing guidelines for health facilities. The Ministry of Health through social health authority is going to mainstream HIV and TB interventions in the essential benefit package to be financed by the social health insurance for long term sustainability. Towards this end, through the ongoing development partners engagement and key stakeholders, the government is working to assemble the essential benefit package to be delivered at levels 2-3 and costing to inform tariff setting. PEPFAR, UNAIDS, BMGF, WHO and GF are also supporting national and county level engagements to influence increased budgetary allocations for health and strategic programs during the medium-term expenditures framework.

- **Results, outcomes, and impact:**
  Under the leadership of the GOK (National and County levels), Kenya will identify a handful of integration models to allow counties to identify which model works best for their circumstances. PHC integration will help bolster attainment of HIV program targets through:
  - PHC integration fosters increased uptake of screening and provision of HIV prevention services and products such as condoms, and HIV self-test kits. Integration furthers screening for GBV and provision of PEP which can be a pathway to increasing PrEP uptake.
  - Demand creation for VMMC and other biomedical prevention services is further increased.
  - Integrating case identification at HIV testing points at facility OPD will reduce stigma. This continues to be a barrier to finding populations that have been left behind such as men. We anticipate that because of integration we will reach more men both directly and through referrals (partner notification services). The MOH's 108,000 Community Health Promotors (CHPs) could also be armed with HIV/STI risk questions to help identify and direct individuals to seek testing.
  - The community health promoters will amplify, through health education and service provision, status neutral testing where those testing negative will be referred to and provided needed prevention services.
  - PHC integration results in improved continuity of care with better retention to treatment since patients receive care in one or co-scheduled settings e.g. for NCDs.
  - The community health promoters will help support efforts to trace back and provide treatment literacy for those recipients of care who interrupt treatment.
  - The PHC integration model will also be used for management of advanced HIV disease where referral and treatment of complex cases will happen at 'hub' sites while continuation of care and diagnostics at smaller spoke sites. This alignment of hub and spoke referral network is being aligned to the current mapping of the PHC

model.
- Community PMTCT where the country will utilize CHPs for prong 1 (primary prevention), prong 2 (messages on FP), and then using peers (who could be CHPs) for prong 3 and 4 for delivery of PrEP, mother baby follow-up. These have the benefit towards elimination of mother to child transmission.
- While facility mother to child transmission rates have generally been kept low, the program is cognizant of the unreached mothers in community settings or in the private sector who contribute to Kenya's high MTCT rate either as new infections or because of treatment interruption. The PHC integration model will utilize the community health promoters to reach these mothers and provide literacy and referrals for engagement into care and follow up.
- Increased uptake of prevention services e.g. PrEP, early pregnancy detection and thereby facilitating early ANC and completion of ANC, safe delivery by skilled birth attendant, uptake of FP, and increased male involvement.
- Early referrals for NCD care for instance cervical cancer screening
- Simplified patient flow at the facility is correlated with improved patient experience.
- EMR - smart integration where community referrals to facilities also include HIV.
- Supply Chain- There are plans to improve end-to-end visibility of health products in the supply chain cascade (upstream and downstream to include reporting) by developing integrated systems that will still utilize the primary health care model where dashboards are made available and tiered by level of facility and communicating with national systems.

- **Gaps, lessons learnt and recommendations:**
  As Kenya, we will work on different models for PHC/HIV integration for different facility tiers and contexts. In other words, integration efforts will not be a one size fits all but will be contextual.
  Proposals include:
  As part of service integration
  - Staff rotation in all departments including comprehensive care centers.
  - Co-location and co-scheduling of services
  - Program area integration such as NCDs, Key populations, MCH, family planning and others
  As part of systems integration
  - Interoperating Data and information and supply chain systems as highlighted above.
  - HRH: Having staff supported by government see patients/clients irrespective of HIV status.
  As part of direction of integration
  - Integration at OPD e.g., HIV clients being attended to at medical outpatient centers including for NCD/HIV consultations.

- **Annexes**
  - The Health Sector Plan and MTP IV - Health Sector Donor Transition Roadmap - UHC and PHC Strategies - GOK Presentations on Sustainability by CEO- NSDCC and Head NASCOP at COP 2023

Kenya Case Study 3

CONTACT PERSON
Name: Nicole Buono
Organization: USAID
Email: nbuono@usaid.gov

3. **Timeline of the case study:** January - December 2022

- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Research, data collection, and monitoring and evaluation;
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Efficiency and effectiveness;
  - **Background and objectives:**
    The Academic Model Providing Access to Healthcare (AMPATH) is a partnership between Moi University, Moi Teaching and Referral Hospital, and North American medical centers led by Indiana University. The AMPATH HIV care program is an implementing partner funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID), supporting nearly 500 MOH facilities providing comprehensive HIV services for a catchment population of 8 million people in western Kenya. The Kenya MOH EMTCT Strategic Framework 2012 – 2015 included integration of PMTCT services into MCH as part of its key strategic objectives. In late 2015, under direction from the Kenyan MOH, as well as USAID, the process of integrating AMPATH's pMTCT services into the general MCH care system began. The objective of this study was to evaluate the benefits and challenges for integration of care within a developing health system, through the lens of an evaluative framework.
  - **Description/Contribution to the AIDS response:**
    Ensuring the elimination of vertical transmission (EVT) of HIV from mother to child is a critical part of the HIV response and is vital to eliminating AIDS in children (a goal of the Global Alliance to end AIDS in Children by 2030). In comparison to vertical and stand-alone donor programs, integrating HIV care into primary health care is expected to be more effective in sustaining the HIV response. Integrating EVT in maternal-child health (MCH) services holds the potential to address the comprehensive health needs of mothers and their children. This case study in Kenya highlights the benefits of integrating HIV services into MCH services, including reduced HIV stigma and the convenience of streamlined services.
  - **Results, outcomes, and impact:**
    Key informants in leadership positions and MCH staff shared similar perspectives regarding benefits and challenges of integration. Benefits of integration included convenience for families through streamlining of services and reduced HIV stigma. Concerns and challenges included confidentiality issues related to HIV status, particularly in the context of high-volume, crowded clinical spaces.

  - **Gaps, lessons learnt and recommendations:**
    The results from this study highlight areas that need to be addressed to maximize the effectiveness and clinical flow of the pMTCT-MCH integration model. The lessons

learned from this integration may be applied to other settings in sub-Saharan Africa attempting to integrate HIV care into the broader public-sector health system.

- **Annexes**
  All responses have been pulled directly from this study:
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7792744/

Lesotho Case Study

CONTACT PERSON
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Title: Director Human Resources
Organization: Ministry of Health
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4. Timeline of the case study:

- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Funding; Political leadership;
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Efficiency and effectiveness;

  - **Background and objectives:**
    Chronic underinvestment and staffing shortages threatened to undermine the achievement of HIV and TB epidemic control in Lesotho. To manage the staffing limitations, the Government of Lesotho (GoL) has depended on development partners to support the workforce needed to sustain HIV/TB epidemic control. As of 2021, over 6000 workers were supported by PEPFAR or GFATM in Lesotho. Now that the country has made incredible gains to achieve epidemic control, the GoL and development partners agree it is imperative to adopt strategies for engaging the health and care workforce through domestic planning and resources. To this end, the GoL has drafted the Health and Care Workforce Sustainability Roadmap. This Roadmap is a framework of action meant to guide the transition of health workforce functions from development partner support to the government, exploring various transition pathways and anticipating the enabling environment required to sustain epidemic control as part of the wider universal health coverage (UHC) agenda.

  - **Description/Contribution to the AIDS response:**
    Developing the Health and Care Workforce Sustainability Roadmap contributes to the AIDS response by ensuring health workforce investments critical to sustaining epidemic control in Lesotho can be sustained through domestic resources and systems. To develop the Roadmap, the MoH formed a Sustainability Task Team under a multi-sectoral human resources for health (HRH) technical working group (TWG), which completed the following:
    1. Conducted a desk review of key GoL policies, strategies, plans and reports and conducted interviews with key stakeholders at national and district levels to identify

country priorities for health sector staffing and develop a shared vision for sustainability planning.
2. Conducted an inventory of government and development-partner supported positions, with a particular emphasis on the work supported by front-line health and social workers, including an analysis of the transition pathways from external support to public service and the community workforce as well as options to engage private organizations through social contracting.
3. Outlined the enabling environment for sustainability planning, hinged to a system focus outlining critical elements (e.g., performance management system, integration) that would need to be strengthened to ensure HIV/TB services are sustained with implementation fidelity.
4. Developed the Roadmap and multi-year action plan to provide a framework for identifying ways to achieve HRH sustainability for HIV/TB epidemic control within broader UHC objectives. The Roadmap explores opportunities and challenges that surround HRH sustainability planning in the context of labor laws, public service laws and regulation, health professions regulations, workforce inadequacies, and Lesotho's fiscal space. It outlines activities and tasks that MOH and stakeholders should consider to advance health workforce sustainability between 2023 - 2028. These activities/steps are prone to change based on policy reforms, staffing norms, disease burden, development priorities, and the resource envelope. Therefore, the Roadmap Action Plan is a living document to be updated annually.

- **Results, outcomes, and impact:**
  Developing the Health and Care Workforce Sustainability Roadmap contributes to the AIDS response by ensuring health workforce investments critical to sustaining epidemic control in Lesotho can be sustained through domestic resources and systems. To develop the Roadmap, the MoH formed a Sustainability Task Team under a multi-sectoral human resources for health (HRH) technical working group (TWG), which completed the following:

  1.Conducted a desk review of key GoL policies, strategies, plans and reports and conducted interviews with key stakeholders at national and district levels to identify country priorities for health sector staffing and develop a shared vision for sustainability planning.
  2. Conducted an inventory of government and development-partner supported positions, with a particular emphasis on the work supported by front-line health and social workers, including an analysis of the transition pathways from external support to public service and the community workforce as well as options to engage private organizations through social contracting.
  3. Outlined the enabling environment for sustainability planning, hinged to a system focus outlining critical elements (e.g., performance management system, integration) that would need to be strengthened to ensure HIV/TB services are sustained with implementation fidelity.
  4. Developed the Roadmap and multi-year action plan to provide a framework for identifying ways to achieve HRH sustainability for HIV/TB epidemic control within broader UHC objectives.
  The Roadmap explores opportunities and challenges that surround HRH sustainability planning in the context of labor laws, public service laws and regulation, health professions regulations, workforce inadequacies, and Lesotho's fiscal space. It outlines activities and tasks that MOH and stakeholders should consider to advance health workforce sustainability between 2023 - 2028. These activities/steps are prone

to change based on policy reforms, staffing norms, disease burden, development priorities, and the resource envelope. Therefore, the Roadmap Action Plan is a living document to be updated annually.

- **Gaps, lessons learnt and recommendations:**
  In developing the Roadmap, the team considered the importance of the enabling environment for HRH and the impact on sustainability. Potential implementation bottlenecks:
  - Wage bill and budget constraints. While the GoL has prioritized health and education sectors, allocating them a collective 25% of its budget, the health budget remains insufficient. The Cabinet previously expressed concern of the wage bill and issued hiring embargos in 2010 and 2021 across all government sectors – health was not spared. However, the sector has received authority to hire priority positions aimed at accelerating UHC and maintaining HIV/TB epidemic control. The Cabinet has advised the MoH to prioritize new hires by 'trading in' existing vacancies and abolishing redundant positions no longer needed in line with program shifts. To realign the establishment to program shifts, the MOH will need to outline its ideal health workforce within budget constraints.
  - The evolving nature of the epidemic. As the HIV/TB disease burden and service delivery models evolve, staffing needs change. Lesotho is appreciating what staffing may look like now, reaching epidemic control, but this is not static. To mitigate this challenge, the Roadmap focuses on supporting underlying systems to allow governments to adapt to the next public health threat.

- **Annexes**
  N/A

Morocco Case Study

CONTACT PERSON
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1. **Timeline of the case study:** 01/01/2016-31/12/2016

- **Case study submitted by:** Government; Civil society; Private sector; UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) ;Interventions in humanitarian settings and/or responding to human rights crises; Funding; Research, data collection, and monitoring and evaluation;
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Innovation; Efficiency and effectiveness;
  - **Background and objectives:**
    Evaluation of the Transition of Financing for HIV/AIDS and Tuberculosis Programs in Morocco:
    The evaluation on the preparedness for transitioning HIV/AIDS and tuberculosis programs was motivated by the need to ensure the continuity of health services as external financial support, primarily from the Global Fund, is phased out. This comprehensive study aimed to identify the risks and opportunities associated with this transition, with the ultimate goal of developing a robust transition plan that would ensure the sustainability of public health achievements. By considering the political, economic, and social factors impacting health programs, the evaluation sought to provide strategic recommendations for autonomous and effective management of the disease control programs.

  - **Description/Contribution to the AIDS response:**
    The evaluation highlighted several key contributions of the HIV and tuberculosis control programs in Morocco, underscoring their crucial importance in the national response to these epidemics. Through a variety of data collection methods, including document reviews, quantitative data analysis, and in-depth interviews with various stakeholders, the study provided a detailed description of the current landscape and the challenges of transition. The findings demonstrated how Morocco has integrated HIV and tuberculosis initiatives into its public health structures while revealing significant dependency on financial aid from the Global Fund. The report also highlighted the effectiveness of Fund-supported interventions in reaching key populations, often marginalized due to discriminatory laws.

  - **Results, outcomes, and impact:**
    The evaluation revealed that although Morocco has made considerable progress in combating HIV and tuberculosis, the risk of regression remains significant with the gradual withdrawal of external funding. Transition risk scores assessed at 38.33% for

HIV and 52.08% for tuberculosis indicate notable challenges in financing capacity and autonomous program management. Positive impacts of the efforts made so far include improved access to treatments and increased awareness and prevention among at-risk populations.

- **Gaps, lessons learnt and recommendations:**
  Major gaps include the lack of national financial resources to independently support the control programs, the presence of discriminatory laws that hinder access to services for key populations, and weaknesses in public health governance and coordination systems. Lessons learned from the evaluation emphasize the importance of strategic planning and increased local health investments. Recommendations include improving national coordination mechanisms, revising discriminatory laws, and strengthening institutional capacities for a successful transition to autonomous management.

- **Annexes**
  https://unaids-my.sharepoint.com/:b:/r/personal/elrhilanih_unaids_org/Documents/AA/AA_Transition/UNAIDS%26TGF_TPA_Morocco_Final Report_FRENCH.pdf?csf=1&web=1&e=f4anof

Tanzania Case Study 1

CONTACT PERSON
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Title: Deputy Executive Director
Organization: The Women Injecting Drug Users Initiative Tanzania (WIDUIT)
Email: wemaaswile@gmail.com

- **Timeline of the case study:** Sept 2021 to date
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?** Dar es Salaam
  - **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Sustainability in the long-term;
  - **Background and objectives:**
    Gender inequities lead to a higher burden of HIV among women as 58% of people living with HIV in sub-Saharan Africa are females and young women aged 15-24. In Tanzania, the general HIV prevalence is higher among women (5.6%) than among men (3.0%) with the Njombe region having the highest prevalence (12.7%). GBV further complicates the delivery of harm reduction services and the willingness of women to access HIV services including diagnosis and treatment. As a result, females who inject drugs face a higher HIV prevalence than males (41.2% vs 6.8%), with an average of 8.7% among PWID in Dar es Salaam. Marginalisation and discrimination makes the situation worse because even public health programming activities tend to forget them because of cultural and social matters that do not accept them.
    Our project has been addressing the challenges above through implementing various innovations aimed at strengthening the provision of access to sustainable packages of community-led harm reduction, stigma prevention and beneficiary's centered referrals, uptake and retention in HIV prevention, treatment and care among women using drugs and their community in Dar es Salaam, Tanzania.

  - **Description/Contribution to the AIDS response:**
    During the last two years we have implemented various interventions aimed at building sustainable community led HIV care and harm reduction services for females who inject drugs. These interventions contributed to HIV response through the following mechanisms:
    Integration of peer educators in HIV care and harm reduction services
    Through working with peer educators we have been able to mitigate different contextual barriers and stigma that hinder females who inject drugs from accessing HIV and harm reduction services. We have increased the reach and engagement of our beneficiaries into the program as through peers we have been able to provide more relatable and friendly sources of HIV care and harm reduction information.

Workshops with service providers
Through these workshops, we have seen a change in how service providers recognize and value the contributions of our peers as front liners in ensuring females who inject drugs can access HIV care and harm reduction services.
Beneficiary support group creation and weekly home visitations
Through support groups we have seen increased utilization and retention to HIV care and harm reduction services among our target beneficiaries. The support groups have created a safe space for our beneficiaries where they can freely and easily access information without feeling stigmatized.
Community awareness raising
Through engaging the local communities where our beneficiaries reside; we have been able to raise awareness of the community in issues surrounding women who inject drugs. In doing so, we have ensured that our interventions are tailored to the specific community and are therefore sustainable. We have seen increased utilization of HIV and harm reduction services among our beneficiaries as well as reduction of stigma from communities where they reside. Now our beneficiaries can freely access harm reduction services within their communities of residence.

- **Results, outcomes, and impact:**
  The following are the results of our programming activities: Over 1000 women and girls were linked to HIV testing and 823 were tested. Furthermore, 149 women and girls using drugs were linked to HIV treatment, 100 women using drugs trained and 98 service providers were trained to implement more inclusive interventions such that our beneficiaries are able to get sustainable, stigma free and friendly HIV care and harm reduction services, Integration of peer educators in HIV care and harm reduction services to mitigate different contextual barriers and stigma that hinder females who inject drugs from accessing HIV and harm reduction services. Finally, the support groups have created a safe space for our beneficiaries where they can freely and easily access information without feeling stigmatized.
  Our interventions have generated evidence that cultural friendly interventions like support group creation as well as home visitations are essential in breaking barriers to increasing accessibility and retention of females who use drugs into HIV care and harm reduction services. We have also generated evidence that raising awareness of the community on the challenges surrounding females who use drugs and their role as a community; is crucial in reducing stigma and promoting harm reduction services utilization.

- **Gaps, lessons learnt and recommendations:**
  <u>Gaps/challenges</u>
  - Women who use drugs face different challenges in the community as a result of drug use being associated with crimes like theft.
  - Women using drugs reside from very low-income communities. The high level of poverty and the stigma around drug use hinders these women from being able to earn their daily bread.
  - High levels of illiteracy among females who use drugs places them at a disadvantaged situation as they cannot secure sustaining jobs let alone defend themselves.

  <u>How to address them</u>

- Longterm programming that involves these beneficiaries into activities that would educate them a useful skill is of great consideration as a way forward.
- Collaboration with local and international organizations working on drug policy reform to challenge criminalization and promote evidence-based approaches to drug use and HIV prevention.
- Continuously conduct community outreach programs to educate beneficiaries and the wider community about the impact of criminalization of drug use especially for females on HIV prevention efforts.

Lessons

- Peer educators are crucial for effective service delivery and referrals as they help to mitigate different contextual barriers and stigma that hinder females who inject drugs from accessing HIV and harm reduction services.

- **Annexes**
  - N/A

Tanzania Case Study 2

CONTACT PERSON
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- **Timeline of the case study:** 1 January 2022 – 31 December 2023
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc);
- **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Innovation; Efficiency and effectiveness;
  - **Background and objectives:**
    Despite being at a heightened risk of acquiring HIV, HIV testing among young people in Higher and Tertiary Education Institutions (HTEIs) remains low (UNESCO 2022). With the support from UNESCO Our Rights, Our Lives, Our Future PLUS (O3 PLUS) project, peer education programme was introduced in 2022 to 5 HTEIs in Tanzania to strengthen the linkage between campus healthcare providers and young people and stimulate uptake of SRH and HIV testing services by students. Unlike the traditional model, this approach ensures that peer educators are not only empowered to educate their peers but also have strong and formal ties to service providers, including health facilities, so that they can promote the use of such services.
    The providers-led peer assisted programme was adopted with the following objectives:
    • Establish a pool of committed young people with the necessary knowledge, skills, and attitudes to support young people in navigating campus challenges.
    • Increase young people's knowledge base regarding health and well-being issues relevant to them.
    • Promote the use of health and wellness services by establishing strong connections between peer educators and service providers.

  - **Description/Contribution to the AIDS response:**
    In collaboration with healthcare providers, young people willing to voluntarily serve as peer educators are recruited; and undergo a 6-day training session on adolescence and sexuality; reproductive health, STIs and HIV; gender and gender-based violence; relationships; resource management and basic counselling skills. On the sixth day, the peer educators are linked with healthcare providers to establish contacts and forge strong partnership. The peer educators thereafter assume the roles of sensitizing their colleagues on SRH and HIV issues and linking them with the health facilities. Peer educators visited the health facility, gender desk office, counselling

unit, and dean's office to familiarize themselves with the locations, services offered to young people, and operational hours of each unit. Within each unit, a group of peer educators was selected to serve as contact persons for that specific unit. For example, the health facility maintained a list of peer educators with their contact information. This allowed the hospital matron to seek assistance from peer educators residing in the same block as a student who had visited but failed to return for follow-up services. Similarly, peer educators on the list kept contact details of relevant health facility personnel, enabling them to request special consideration for referred students when making appointments. This fostered a strong sense of mutual understanding and collaboration between peer educators and service providers. Peer educators were provided with monitoring tools to track their activities, including the number of students they sensitized on each topic number of students referred to service units.

- **Results, outcomes, and impact:**
  Peer education programmes have proven to be effective in promoting behavioral change among young people. By December 2023, 350 trained peer educators were able to sensitize about 9’000 young people on reproductive health, STIs and HIV issues. This initiative contributed to the increase in HIV testing from 1’709 (1’159 female, 550 male) in 2022 to 2’557 (1’647 female, 910 male) in 2023. This represents 49.6% increase in HIV testing. These peer-assisted programmes act as bridges between students and essential support services on campus. By fostering these connections, the programme contributed to:
  • Reduced bureaucracy: Navigating complex systems to access support can be daunting for students. Peer educators help simplify the process, making services more approachable.
  • Increased service uptake: With reduced barriers, students are more likely to utilize available health and wellness services, leading to a measurable increase in service usage.
  • Sustainable model: The programme’s success in increasing service uptake fostered institutional support. Universities recognize the value of peer education and are more likely to invest in its long-term sustainability.
  Cognizant of the work peer educators do in promoting HIV testing in and off-campus, one of the peer educators from the University of Dodoma was recognized as the 2023 National HIV and AIDS Champion of the Year -community impact during the Tanzania Heath Summit organized with the support from PEPFAR.

- **Gaps, lessons learnt and recommendations:**
  Peer educators' primary role is to raise awareness about health and wellness issues, encouraging young people to seek preventive care and services from trusted healthcare providers. This may not always be reflected in campus health facility data, as some students may opt for services outside the campus. In Tanzania, the programme has gained support from the institutions’ senior management to ensure SRHR including HIV prevention and response become part of the daily activities at the university. Universities have included the peer educators training and programne into their strategic plans and thus allocating a budget. This represents a significant milestone, as it places SRHR initiatives including HIV prevention as integral aspects

of university routine activities. It signifies a crucial step towards sustainable change, ensuring the continuation of these vital programmes even after the project concludes.

- **Annexes**
  Link to pictures: https://we.tl/t-Yz97eDBiSE

Tanzania Case Study 3

CONTACT PERSON
Name: Ángela León Cáceres
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- **Timeline of the case study:** 2021 to August 2023
- **Case study submitted by:** Civil society;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc); Research, data collection, and monitoring and evaluation;
- **In which geographic area is the approach being carried out?** Nationally
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership;
  - **Background and objectives:**
    The W4GF Accountability Toolkit and Community-Led Monitoring aimed to empower women health advocates in Tanzania. Initiated in late 2021 this project seeked to understand and monitor the availability, accessibility, affordability, acceptability, and quality of cervical cancer Global Fund-supported programs and services, mainly directed to women living with HIV.
    We implemented the project in 7 stages 1) Reflection and Engagement Assessment; 2) Inception and Planning; 3) Workshop Training; 4) CLM Implementation; 5) Data Analysis; 6) Findings into advocacy; 7) Outcome sharing and continuous monitoring.
    By gathering women's perspectives, advocating for gender equality and human rights, and fostering partnerships, this strategy endeavors to enhance program quality, efficacy and scalability and ensure gender-transformative approaches are included in comprehensive HIV responses.
    Diverse representation was ensured with a focus on engaging young women, women living with HIV, sex workers, and transgender women.
    The Toolkit supported women in assessing and strengthening their engagement and effectiveness in national processes related to HIV, ensuring meaningful participation throughout the Global Fund grant cycle, defining priorities, conducting independent community-led monitoring, building strategic partnerships, and influencing gender-transformative HIV responses.

  - **Description/Contribution to the AIDS response:**
    W4GF's Accountability Toolkit is pivotal in the global UNAIDS strategy for its instrumental role in closing gender inequalities in HIV response by providing gender-disaggregated information and evidence-based planning. It aligns with the targets outlined in UNAIDS 95-95-95 initiative and the 10-10-10 strategy. The toolkit emphasizes the accountability of stakeholders in delivering equitable, accessible and effective programs and services. This highlights the importance of meaningful engagement of women, especially the most vulnerable and marginalized in decision making. It promotes transparency, accountability, and the effective use of resources in the HIV response and service integration. By ensuring that programs and services are tailored to meet the needs of women, particularly those most vulnerable and

marginalized, the Toolkit contributes to maximizing the impact of investments in HIV prevention to reduce new HIV infections, increase treatment and care; all by contributing to reach zero discrimination global objectives.
The Accountability Toolkit aligns with the UNAIDS agenda for zero discrimination in healthcare settings.
It supports ensuring that healthcare centers and health professionals provide timely and quality healthcare to all individuals without discrimination. It also emphasizes collaborative planning to address identified issues, allowing women and communities to jointly monitor and support service improvements. It also highlights the importance of advocating with national health authorities on pertinent issues.
Mechanisms are in place to identify and propose tools and mechanisms to address discrimination and violations of clients' rights, ensuring accountability.
The Toolkit promotes the participation of affected women in developing policies, fostering equality and nondiscrimination in healthcare. This comprehensive approach underscores W4GF Toolkit's commitment to promoting a healthcare environment that respects the dignity of all women.

- **Results, outcomes, and impact:**
  The results of the independent and women-led community-led monitoring in Tanzania highlighted critical gaps in cervical cancer awareness, screening, and access to services, especially for women living with HIV.
  Challenges such as long distances to health facilities, transportation costs, and economic constraints for treatment were identified. Moreover, stigma and cultural preferences for traditional healers deterred women from seeking biomedical healthcare services. Shortages of essential supplies and skilled staff further exacerbated the situation.
  Gender-based violence emerged as a significant barrier, with women fearing repercussions from partners following diagnosis.
  To address these issues, W4GF prioritized capacity building, knowledge sharing, and advocacy. Virtual training opportunities and the development of adaptable scorecards that allow community members to systematically assess and track the impact, effectiveness and quality of specific programmes or services.
  Through a concerted advocacy agenda backed by the critical insights from the CLM process, we facilitated strategic engagement with a spectrum of stakeholders. These efforts aimed not only to drive transformative change in power dynamics but also to actively promote gender equality within the sphere of policymaking.
  This supported the project in several aspects, achieving significant strides in advocating for gender equality, comprehensive HIV responses, and prevention of cervical cancer, especially among women living with HIV.

- **Gaps, lessons learnt and recommendations:**
  The CLM initiative highlighted the urgent need for ongoing collaboration and funding to address challenges in improving accessibility to cervical cancer services and ensuring meaningful participation of diverse women in Global Fund and HIV National responses related processes. It emphasizes collective action, highlighting the necessity for collaboration among various stakeholders, including government agencies, NGOs, and local communities. It aligns with UNAIDS strategy, emphasizing the need for increased direct funding to community-led partners and organizations, this synergy fosters collaboration, leveraging resources to address emerging issues effectively and advance cost-effective, efficient, human rights and gender-transformative programming.

While progress has been made, sustained efforts are essential for lasting change. On the path of sustaining the progress of the global HIV response to 2030 and beyond, it is essential to emphasize and expand community-led initiatives. These initiatives have proven instrumental in addressing gender disparities within HIV services. Furthermore, the added value lies in the ability to bridge grassroots advocacy efforts with global policy agendas, thereby ensuring that community perspectives are integrated and implemented. When amplifying women and girls' voices and advocating for gender-transformative policies, women-led initiatives directly lead to the achievement of UNAIDS targets and the realization of a more equitable HIV response.

- **Annexes**
  Accountability toolkit: https://women4gf.org/wp-content/uploads/2021/03/March-2021-W4GF-Accountability-Toollkit-Updated.pdf
  W4GF website : Tanzania focus country : https://women4gf.org/accountability/tanzania-pilot/
  Advocacy Brief – Ensuring Access to comprehensive cervical cancer services in Tanzania: https://women4gf.org/digital-dossier/:
  Advocacy and Women's engagement > Advocacy Brief – Ensuring Access to comprehensive cervical cancer services in Tanzania
  https://drive.google.com/file/d/1hlDpMJQMflC7EaW1HHJyYNRdEgU4Lr0d/view
  https://drive.google.com/file/d/1uQzwzyIrFa6VcxRPAis3HWg3NqxwQld_/view
  Scorecards : https://women4gf.org/2023/09/06/the-score-cards-for-community-led-monitoring-processes/?preview_id=9400&preview_nonce=5387ee5363&preview=true W4GF visit to Tanzania community-led organisation health centre: https://www.instagram.com/p/CumixWhNJDR/?img_index=1
  W4GF visit UN Women in Tanzania: https://www.instagram.com/p/CuixMZcRFvn/

Tunisia Case Study

CONTACT PERSON
Name: Dr Mokrani Samir
Title: coordinateur du programme national de lutte contre le VIH/IST
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Email:

3. **Timeline of the case study:** October 2022 - January 2023

- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Community systems strengthening and community responses (advocacy, service delivery, monitoring, research, participation in governance mechanisms, etc.);
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Long-term sustainability;
  - **Background and objectives:**
    As part of the national strategy to combat STIs and HIV/AIDS in Tunisia, work has been underway since 2021 to prepare for the transition to the post-World Fund era. A strategy for the transition to the post-Global Fund era has been drawn up and its implementation launched. Strengthening public funding for the response is one of the priorities. Indeed, strengthening public funding for the provision of services to civil society organisations (CSOs) - i.e. "social contracts" - is an important option for countries seeking to build and improve their health systems. Social contracts have proven to be an effective way to strengthen the link between civil society and governments, and to provide essential services to strengthen national responses to disease.
    In this context, Tunisia has initiated a process of reflection on the implementation of social contracts with civil society organisations working on HIV and TB. This process seeks to capitalise on a number of achievements at national level. The Ministry of Health, with the support of UNDP and UNAIDS, wanted to begin by drawing up guidelines for social contracts in Tunisia.

  - **Description/Contribution to the AIDS response:**
    Social Return on Investment (SROI) is a framework for measuring and accounting for this much broader concept of value; it aims to reduce inequality and environmental degradation and improve well-being by integrating social, environmental and economic costs and benefits.
    SSSI measures change in a way that is relevant to the people or organisations that experience or contribute to it. It tells the story of how change was created by measuring social, environmental and economic outcomes and using monetary values to represent them. This makes it possible to calculate a ratio between benefits and costs. ISSR is about value rather than money. Money is simply a common unit and, as such, is a useful and widely accepted means of conveying value.

  - **Results, outcomes, and impact:**
    The results regarding the two associations (ATL, ATSR) participating in this case study suggest significant social return on investment for the selected interventions carried out by both NGOs. Specifically, in the case of ATL, every Tunisian dinar invested in the activities implemented results in a social return on investment of 6.6

Tunisian dinars. Furthermore, in the case of the second NGO (ATSR), every Tunisian dinar invested is associated with a social return of 7.1 Tunisian dinars.
The sensitivity analysis, which involved modifying the drop (from more radical to more progressive) or the overall attribution effect, did not have a significant impact on the results.

- **Gaps, lessons learnt and recommendations:**
  During meetings with migrants and asylum seekers entitled to ATSR services, it became clear that a change had occurred in the lives of the people concerned in terms of a reduction in stigmatisation in society. However, it was difficult to define an indicator for this change, and therefore to quantify it, given the lack of data on this population. In fact, the majority of the population is in an irregular situation in the country, threatened with repatriation at any moment, and the people we met all work in the black economy.
  During the working sessions, the change was likened to an improvement in access to employment, but no national data exists on this subject.

- **Annexes**
  https://drive.google.com/file/d/16DcindBFRtf1GxIQqaM53QcOOg1_UW49/view?usp=drive_link /
  https://drive.google.com/file/d/1yDC8yECeDJofi63duykvAsRSe2s1UPnu/view?usp=drive_link

Uganda Case Study 1

CONTACT PERSON
Name: Susan Babirye
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- **Timeline of the case study:** 2021-2022
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes;
- **In which geographic area is the approach being carried out?** Kampala
  - **Case study demonstrates:** Innovation;
  - **Background and objectives:**
    Self-stigma is linked to HIV positive living--it affects mental health and also hampers uptake of HIV testing, prevention and treatment services including life-saving Antiretroviral therapy (ART) thus resulting into serious epidemiological consequences. In Uganda, one in every four new infections among women 15-49 years occur in young women aged 15-24 years (WHO/MOH 2017). Pregnant Adolescent Girls and Young Women (AGYW) living in slums are particularly susceptible to Self-stigma because they are poorly served by the health system, and face dual burden of living with HIV, and adolescence and early motherhood challenges. Their situation is even more pronounced by the extreme poverty and structural vulnerabilities that characterize slums. Available evidence indicates that Psycho-social interventions such as Cognitive-Behavioural Therapy (CBT) are effective at reducing self-stigma among people living HIV (Tshabalala., 2011). CBT is a talking therapy that works by helping a client manage their current problem by changing the way they think and behave hence improving their well-being. Despite the promising evidence, very few CBT interventions have been implemented nor tested in resource limited settings like Uganda where psychologists, mental health counsellors or psychotherapists, and psychological support services are scare.

    Between 2021-2022, Afrislum Uganda implemented an innovative peer-led psychosocial therapy model for HIV Self-stigma reduction (group CBT sessions) at four public health facilities serving the urban poor in Kampala, Uganda. Afrislum identified and enrolled 141 pregnant AGYWs attending EMTCT and EID clinics to benefit from the monthly group CBT sessions. At each health facility, four HIV expert clients were identified and trained to deliver monthly group CBT sessions. Expert clients are people living with HIV (PLWH) who are stable on ART and using their experience and skills to help other PLWH achieve better treatment outcomes. Each expert client was allocated a cohort of 8-10 participants to engage 8-10 times throughout their EMTCT (Elimination of mother-to-child Transmission) journey. Participants benefited from between 8-10 different but interrelated CBT group sessions delivered in 10 months. Through the one-hour monthly CBT sessions,

beneficiaries were taught cognitive, coping, and assertive skills in order to facilitate change in their conception of HIV, sense of self-worth and to empower them with more adaptive ways of thinking and dealing with their experience of self-stigma.

- **Description/Contribution to the AIDS response:**
  Integration of mental health and psychosocial support with HIV services and interventions, including those led by communities, is one of the key priority actions included in the Global AIDS Strategy 2021–2026: and Getting on Track to End AIDS by 2030. Afrislum Uganda supplemented the usual PMTCT care with an innovative psychosocial therapy model to help the young mothers seeking EMTCT services to cope with their emotions and psychosocial needs. The expert client delivered CBT facilitated change in young mothers' conception of HIV, sense of self-worth and empowered them with more adaptive ways of thinking so as to deal with their experience of Self-stigma. In the sessions, AGYMs were challenged to change their way of thinking and to experiment with new behaviour such self care, treatment adherence, disclosure of HIV diagnosis among others.

- **Results, outcomes, and impact:**
  We found that trained expert clients can safely deliver group Cognitive Behavioural Therapy sessions for HIV self-stigma reduction. This was proven through a quasi-experimental pre-post test evaluation. HIV self-stigma among the intervention beneficiaries reduced to 1.96 from 2.95 at pre-intervention. Afrislum's CBT model also created an opportunity (monthly group sessions) for participants to freely share their HIV-related experiences with their peers. It also motivated participants not to miss their clinic days. In addition, the intervention enhanced self-care behaviours such as enrolment, retention and adherence to ART/PMTCT. It also empowered beneficiaries to manage or control their thought processes-especially the negative thoughts. Overall the innovation was accepted by the beneficiaries and providers. Below are some quotes from the beneficiaries.

  "I never used to care about myself thinking I would die the next day but the CBT lessons have helped me have hope for the future. See how I have plaited my hair and looking good". Beneficiary at Kiswa III

  "I used to fear interacting with my friends because of my HIV status, but now that I am attending the CBT lessons, the fear reduced and I freely interact with people". Beneficiary at Kiswa H/C III

  "From these sessions I have learnt to enjoy myself regardless of my status. I used to feel bad it came to time for taking my drugs but because of the way you empower us, I no-longer struggle". Group 1 beneficiary, Kawaala H/C III.

- **Gaps, lessons learnt and recommendations:**

- Training of lay cadres to provide psychosocial support required much more time, given their educational background. We therefore phased the training of expert clients in two parts (at the beginning, and mid the intervention), and offered on-going on-job support to the expert clients during the implementation of the CBT intervention.

- Relatedly, we learnt the importance of prior preparation by expert clients ahead of CBT session delivery. Prior preparation of session materials enabled the expert clients to be organized and familiar with the session content and delivery approaches. The preparation also involved making phone calls to the beneficiaries, reminding them about session dates.
- Lastly, the expert client delivered cognitive behavioural therapy could be a promising model for increasing access to psychosocial services for underserved populations in Uganda and other resource limited settings where expert mental health experts are few and psychosocial services scarce and expensive.

- **Annexes**
  - N/A

Uganda Case Study 2

CONTACT PERSON
Name: **Nicholas Engwau**
Title: **Field Coordinator**
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- **Timeline of the case study:** 1st May, 2024 - 30th May, 2025.
- **Case study submitted by:** Civil society;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc); Interventions in humanitarian settings and/or responding to human rights crises; Research, data collection, and monitoring and evaluation;
- **In which geographic area is the approach being carried out?**
  - **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership; Innovation; Scalability and replication;
  - **Background and objectives:**
    Amoru AID Support Community Initiative is working with Village Health Teams to scale up community-based HIV self –testing services in Kalaki district.
    Self- testing Innovations (STI)- Eastern Uganda
    Problem statement/ Background.
    Uganda has committed to the United Nations (UN) global target of 90:90:90 by 2020. Closing the HIV testing gap and identifying 90% of all people living with HIV by 2020 is critical to the success of the national HIV response. The country has an HIV prevalence of 6.3% with 1.3 million people living with HIV among whom 1,040,015 (80%) have been identified
    Despite the annual increase in HIV tests and testing coverage (3), in many settings HTS is not sufficiently targeted to the right populations and locations. High risks sub populations such as men, partners of people with HIV, adolescents and young people in high prevalence settings and key populations remain largely unreached.
    Objectives
    To improve on Voluntary Counseling and Testing (VCT) of community members and linkage to health facilities in three (3) sub counties of Otuboi, Anyara and Apapai of Kalaki district from 20% to 65% by May 2025.

  - **Description/Contribution to the AIDS response:**
    Community Based Delivery Models
    a) Peer-to- Peer Delivery Model
    In this model, Peer leaders of targeted population will be identified and trained on HIV self-testing and basic HIV counseling. The Peer leader shall be given kits and data collection tools on a monthly basis. These peer leaders will be attached to a health facility worker and will be required to report back to facility on a monthly basis.
    b) Work Place based Model

This is a model where HIVST is integrated within the workplace wellness and occupational initiatives. Health facilities shall map out workplaces within their respective catchment areas and extend HIVST services. In this model, employees are provided with a variety of options for accessing HIVST kits, including through pharmacies, the internet, mobile phone application and dispensers in offices. Information on where and how employees can discreetly access HIV prevention, treatment and care services is also provided.

c) Community based distributor (CBD) delivery Model

In this model, existing community Health Workers will be identified and trained on HIV self-testing and basic HIV counseling. They will be given HIV self-testing kits and data collection tools and guided on their distribution and reporting mechanisms. Various guided on their distribution and reporting mechanisms. Various demand creation mechanisms shall be put in place on HIVST.

Target Population for HIVST

The following population groups will be prioritized for HIVST in Uganda:

- Young people 18 years to 24 years
- Emancipated minors (17< 18 years) i.e. married, have a child.
- Men including partners of Pregnant women
- Key populations
- Priority populations

- **Results, outcomes, and impact:**

The following steps and strategies were used involving the local stakeholders and the beneficiaries of self-testing in the design, development, implementation and evaluation of HIV self –Test innovation.

1. Planning and Management of resources.

The organization has been working with the facility staff and volunteers called the Village Health Teams in planning, activities, on scaling up HIV self-Testing innovations in the community with the support of the LC 1 chairpersons in the villages triggered

2. Mobilization and sensitization of the community for reaching out to the target populations.

We have been using advocacy in the sub county leaders with includes the sub county chief and the technical staff, and the political leaders which include the LC 3 chairpersons, LC 2 chairpersons, Lc 1 chairpersons and the Village Health Team members in organizing community testing clinics and dialogue meetings for awareness creation. We have also been using the ART Clinic clients for reaching out to their family members to benefit from HIV self-Testing.

3. Conducting community dialogue meetings and outreaches for HIV self-testing and linking services with the community

We have been partnering and networking with Local institutions like churches, schools, Uganda Women Efforts to Save Orphans, women groups (UWESO) for community mobilization and awareness creation on the HIV self – testing innovations. We have also targeted the youth by organizing games and sports for example football and netball, we have also been visiting the community groups where youth are involved in leisure activities including drinking and playing outdoor games.

- **Gaps, lessons learnt and recommendations:**
  Gaps
  Shortage of testing kits called ORAQUICK affected our community activities/
  Inadequate facilitation of staff and volunteers limited our field activities.
  Low turn ups in some villages due to poor mobilization.

  Lessons learnt
  Group counseling motivates more people to test for HIV in order to know their status.
  Follow up home visits addresses the issue of stigma and discrimination and also positive living

  Recommendations
  Partnership and networking with the health facilities yields more positive results.
  community mobilization through Village Health Teams and LC 1's chairpersons creates a bigger impact in the community.
  Scaling up Comprehensive Sexuality Education in schools.

- **Annexes**
  N/A

Uganda Case Study 3

CONTACT PERSON
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- **Timeline of the case study:** December 2022 to date
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade**? Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc);
- **In which geographic area is the approach being carried out?** Masaka and Nakasongola districts
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership;

  - **Background and objectives:**
    While adolescent girls and young women (AGYW) aged 15-24 represent 10% of Ugandan population, one in four adolescent girls (aged 15-19) is pregnant or has a child, 29% of new HIV infections occur among AGYW.
    Although PrEP is a highly effective HIV prevention method, awareness, access, and adherence among AGYW in Uganda remains low. And only 38% Ugandan AGYW use a modern contraceptive method, and another 34% wish to avoid pregnancy yet do not use a modern contraceptive method (UNFPA, 2022).
    The Ugandan Ministry of Health (MOH), PATH, and AGYW peer researchers applied human-centered design principles to co-create integrated PrEP and family planning (FP) service delivery models tailored for AGYW preferences and needs in Uganda. Development of integrated HIV and family planning models is critical to enhancing accessibility of HIV prevention and family planning services for improved uptake and continuity while contributing towards a strengthened primary health care platform that provides access to people-centered, inclusive services to meet individual health needs throughout their life course. MOH has prioritized integration, drafting national guidance to inform integration of sexual and reproductive health, HIV, gender-based violence, tuberculosis, and nutrition services at the policy, programming, and service levels.

  - **Description/Contribution to the AIDS response:**
    With funding from the Beckon Foundation, the Ugandan MOH partnered with PATH to use a 4D (Discover, Define, Dream and Design) human-centered design approach to strengthen participant engagement during sessions to design integrated PrEP and Family Planning (FP) service models. Accordingly, MOH and PATH recruited 60 young women aged 18-24 years, 22 HIV prevention or FP health care providers, 22 private and public health facility in-charges, 4 FP and HIV implementing partner representatives, 10 policymakers, and 10 community leaders from Masaka and Nakasongola districts. These participants identified barriers young women face when accessing HIV prevention and FP services, and PrEP and HIV service delivery preferences. The team then worked with young women to co-create different PrEP-

FP integrated service delivery models (prototypes), aligned with young women's preferences, to address identified service access and uptake challenges.
The MOH, PATH, and Peer researchers then engaged stakeholders to explore what they like/don't like about integrated PrEP/FP models. Finally, the group collectively aligned on three shortlisted prototypes (Nurse/Midwife led services at the outpatient departments of public health facilities, Community distribution model through Community health workers/VHTs and pharmacies in the order of preference) to be tested with young women and health care providers to determine whether the recommended integrated PrEP/FP solutions meets their needs.

- **Results, outcomes, and impact:**
  The prototype/model strongly favored by stakeholders was integrating PrEP within existing FP services at public-facility outpatient departments through nurses and midwives. The rationales for this model included possible reduction in transport costs, reduced waiting time at facilities, service affordability (free services), improved privacy, and enhanced PrEP awareness and understanding among AGYW receiving FP services, and may also have a need for PrEP
  As a young woman from Masaka noted: "If I can come to hospital and I receive my PrEP and injection (for contraception) then I can save on transport."
  Community health worker-delivered and pharmacy-based PrEP/FP integrated services were two other identified models that were also preferred and shortlisted for early concept testing.

  The co-creation of integrated PrEP/FP service delivery models for young women holds promise for improving access and utilization of HIV prevention, specifically PrEP, and FP services among young women in Uganda. Insights from stakeholders throughout the co-creation process as well as identified integrated PrEP/FP models and potential integration opportunities and challenges will also inform the ongoing operational and planning discussions as the MOH moves forward with implementing its vision and National Strategy for Integration of Sexual Reproductive Health, HIV/AIDS and Gender Based Violence.

- **Gaps, lessons learnt and recommendations:**
  The following were identified as potential systems-level challenges for suggested integrated PrEP/FP models;
  • Commodity availability and supply chain: Limited PrEP availability at public- and private-sector entities.
  • Service costs: End-user costs especially at private-sector entities.
  • Human resources for health: Health care provider shortages, especially at public facilities; lack of age-appropriate community health workers (peers) to reach young women with required services; limited provider knowledge and skills to deliver integrated PrEP/FP services.
  • Demand generation/awareness: Lack of community awareness of PrEP/FP services.
  • Fears and misconceptions related to PrEP and FP.
  To mitigate these challenges, stakeholders recommended policy and work flow changes to enable PrEP delivery by additional cadres, including the recruitment of age-appropriate peer community health workers; additional training and supportive supervision to improve health care provider capacity; supply chain strengthening; advocacy for price reductions at private-sector entities, including pharmacies and male involvement in integration planning and community communication campaigns.

Next step is to test co-created integrated PrEP/FPmodels (1) nurse/midwife-delivered PrEP/FP services at public-sector outpatient departments; 2) Community health worker-distributed PrEP/FP services; 3) Pharmacy-based PrEP/FP distribution) to understand operational feasibility in Ugandan context and to inform further policy, service delivery, and/or systems-level adjustments that are needed before scale up.

- **Annexes**
  https://path.box.com/s/hspanq1ugbjo2hpr7h9sirv8sxfr5bx4

Zambia Case Study 1

CONTACT PERSON
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5. **Timeline of the case study:** 2020 - 2023

- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Interventions in humanitarian settings and/or responding to human rights crises;
  - **In which geographic area is the approach being carried out?**
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership;
  - **Background and objectives:**
    Background
    In Zambia, masculinities fueled by gender norms that sanction violence against women and girls undermine efforts to advance gender equality, promote women's empowerment, and prevent gender-based violence (GBV). Thirty-six percent of women in Zambia aged 15-49 experience physical violence at least once since age 15 and 26% of men aged 15-49 believe that a husband is justified in hitting or beating his wife for specific reasons.

    Aims and Objectives
    The Zambia Centre for Communication Programmes (ZCCP), through the USAID-funded Stop GBV Project (2018 to 2023), worked to transform harmful gender norms and promote national government ownership of GBV prevention efforts by collaborating with the Government of the Republic of Zambia (GRZ) through Coaching Boys Into Men (CBIM). CBIM is an evidence-based gender norms change and GBV prevention curriculum developed to train sports coaches on promoting positive masculinity, healthy behaviors, and respect for women and girls among adolescent boys.

  - **Description/Contribution to the AIDS response:**
    Coaching Boys Into men is a GBV and HIV prevention program for coaches designed to teach their young male athletes about importance of respect for themselves and others, particularly women and girls. Intervention used sport as mobilization strategy. Teaching materials were packaged in card series to discuss importance of health relationships, consequences of dating violence, sexual assault, harassment and negative effects of multiple concurrent sexual partners. The intervention targeted boys 9 – 14 years. The boys were taken through 12 weekly CBIM sessions of which under completion of the 12th session, they graduated.
    ZCCP created a strategic partnership with the Government Ministries such as Youth, Sports and Art, and Education to be able to implement CBIM amid COVID-19. The coordination of coaches was done by Districts Sports Advisory Committees (DSACS) structure established under Ministry of Youth, Sport and Arts. 1538 community and School based Coaches were trained in CBIM from Copperbelt, Central, Lusaka, Southern, Eastern, Western and North Western Provinces. In addition, 150 sports

instructors from the Sports Federations were trained. 246,732 (1003 boys living with disabilities) boys aged 9 - 14 participated in the CBIM sessions on HIV and Gender based violence prevention

- **Results, outcomes, and impact:**
  ZCCP's efforts directly resulted in GRZ's formal adoption of CBIM and scale-up of the curriculum nationwide. As of 2023, ZCCP implemented CBIM in 16 districts and MYSA implemented it in two districts. From March 2020 to September 2023, ZCCP reached 246,732 adolescent boys ages 9-14 through CBIM. ZCCP successfully advocated to secure a dedicated line item in the national budget to fund nationwide CBIM scale-up.
    - Inclusion of CBIM training curriculum in the Coaches Council mandating all sports federation that includes persons with disabilities.
    - All Sports federations are required to incorporate HIV prevention messages during training sessions with boys.
    - CBIM added as a short training course with University of Zambia under School of Education.
    - Boys have been socialized in non-violence and health relationships behaviors. Increased knowledge and skills in HIV and GBV prevention.
    - Parents and guardians of CBIM boys appreciated the intervention and testified seen positive behavior change in their children gained after attending CBIM sessions.
    - Government of Zambia under Ministry of Youth Sport and Arts has fully mainstreamed CBIM into Government programme.

- **Gaps, lessons learnt and recommendations:**
  Recommendations
  Implementers should identify evidence-based violence prevention interventions that are acceptable, accessible, and appealing to adolescent boys to prevent the perpetration of GBV. Advocacy for government adoption of gender transformative violence prevention interventions is an effective method for promoting government ownership of the national GBV response; scaling-up evidence-based interventions; and enhancing the sustainability of GBV prevention efforts.

  Impact of the Program
  GBV prevention efforts largely target women and girls, with fewer interventions focused on reaching adolescent boys to prevent the perpetration of violence. CBIM is an evidence-based violence prevention intervention specifically targeting boys ages 9-14 that seeks to foster an enabling and supportive environment for women's and girls' empowerment. Importantly, CBIM also focuses on transforming harmful gender norms early in adolescence to improve the health and wellbeing of adolescent boys and reduce future perpetration.
  This project is a model for working across the social-ecological model by partnering with national governments to enhance the sustainability of early intervention violence prevention efforts beyond the lifespan of donor-funded projects. Additionally, this project highlights how partnering with national governments can greatly expand the reach of gender transformative GBV prevention interventions to reach more adolescent boys across the country, and measures that can be developed and implemented to ensure the quality and fidelity of programming.
  This project is a model for working across the social-ecological model by partnering with national governments to enhance the sustainability of early intervention violence

prevention efforts beyond the lifespan of donor-funded projects. Additionally, this project highlights how partnering with national governments can greatly expand the reach of gender transformative GBV prevention interventions to reach more adolescent boys across the country, and measures that can be developed and implemented to ensure the quality and fidelity of programming.
The Farming season disrupted the implementation of CBIM sessions in rural districts. This challenge has been mitigated by having a long season to cater for the schools to finish the 12 training cards with the duration of the season.
v To conduct monthly review meetings for the coaches to improve CBIM implementation.
v Coaches to support each other by having exchange visits within their districts to mentor each on the delivery of CBIM.
v M & E to conduct a Data Quality Assessment (DQA) for CBIM Data that is being collected from the field.
v Having a translated CBIM card series in local language for some of the coaches to understand the content of CBIM.
v The Coaches to create demand for the One Stop Centre and the GBV Helplines (116 & 933) when implementing their CBIM sessions.
v Develop materials for people with disabilities.

- **Annexes**
  Please check out this video:
  https://drive.google.com/file/d/1tYq9UhjldI2q48Yt0lo2pZPsDSPtdxk4/view

Zambia Case Study 2

CONTACTS
Name: Bernard Chanda
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- **Timeline of the case study:** May 2023-June 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.);
- **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership; Innovation; Scalability and replication; Efficiency and effectiveness;
  - **Background and objectives:**
    In April and May 2023, Phenomenal Youth Association (PYA) embarked on a multifaceted approach to sustain the gains of the global HIV response. Leveraging youth-friendly strategies, PYA organized community outreach events, engaging young people in discussions about HIV prevention, testing, and treatment. Through interactive workshops and peer-led initiatives, PYA empowered youths to advocate for comprehensive sexual education and destigmatize HIV.
    PYA also collaborated with local health centers to ensure continued access to HIV services, including antiretroviral therapy (ART) and psychosocial support. By facilitating linkages between young people and healthcare providers, PYA aimed to strengthen adherence to treatment regimens and promote overall well-being.
    Furthermore, PYA launched digital campaigns and social media drives to raise awareness about HIV/AIDS and combat misinformation. By harnessing the power of technology, PYA reached a wider audience and fostered a sense of community among young people affected by HIV.
    Through these efforts, PYA demonstrated its commitment to sustaining the gains of the global HIV response beyond 2030, empowering youths to lead healthier lives and championing inclusivity and equity in HIV/AIDS programming.

  - **Description/Contribution to the AIDS response:**
    The case study illustrates Phenomenal Youth Association's (PYA) impactful contribution to the AIDS response by employing a comprehensive approach to HIV prevention and support. Through community outreach, PYA facilitated open discussions about HIV prevention, testing, and treatment, fostering greater awareness and understanding among young people. By organizing interactive workshops and peer-led initiatives, PYA empowered youths to advocate for comprehensive sexual education and destigmatize HIV, effectively combating misinformation and discrimination. Additionally, PYA's collaboration with local health centers ensured continued access to essential HIV services, including antiretroviral therapy (ART) and psychosocial support, thereby strengthening adherence to

treatment regimens and promoting overall well-being. Furthermore, PYA's digital campaigns and social media drives expanded the reach of HIV/AIDS awareness efforts, engaging a broader audience and fostering a sense of community among young people affected by HIV. Overall, PYA's multifaceted approach demonstrates its significant contribution to sustaining the gains of the global AIDS response, empowering youths to lead healthier lives and advocating for inclusivity and equity in HIV/AIDS programming.

- **Results, outcomes, and impact:**
  The results, outcomes, and impact of Phenomenal Youth Association's (PYA) initiatives are evident in the positive changes observed within the community. Through our efforts, we've seen increased HIV testing rates among young people, with a notable rise in the number of individuals accessing treatment and support services. PYA's capacity-building workshops have equipped youths with valuable knowledge and skills, empowering them to advocate for their rights and contribute meaningfully to HIV prevention efforts. Additionally, our support groups have fostered a sense of belonging and solidarity among those affected by HIV, leading to improved mental health outcomes and overall well-being. Key evidence of our impact includes a reduction in stigma and discrimination, evidenced by greater acceptance and support for individuals living with HIV. Moreover, PYA's advocacy efforts have influenced policy changes and increased funding allocation for HIV/AIDS programming, ensuring sustained progress towards achieving our collective goal of an AIDS-free generation.

- **Gaps, lessons learnt and recommendations:**
  Identifying key gaps and lessons learned is crucial for refining our approach and maximizing impact. Through our case study, we've recognized the need for enhanced outreach strategies to reach marginalized populations and ensure inclusivity in HIV programming. Addressing stigma and discrimination remains a persistent challenge, highlighting the importance of continued advocacy and community engagement efforts. To overcome these obstacles, we recommend strengthening partnerships with local organizations and leveraging social media platforms for targeted messaging and awareness campaigns. Investing in comprehensive training programs for healthcare providers and community leaders is essential to improve service delivery and address knowledge gaps. Furthermore, prioritizing data collection and monitoring systems will enable us to track progress effectively and adapt interventions accordingly. By implementing these recommendations, we can overcome existing barriers and sustain the gains of the global HIV response, moving closer towards our goal of ending the AIDS epidemic by 2030 and beyond.

- **Annexes**
  - More information on implementation and response towards Global AIDS Response available on Facebook: Phenomenal Positive Youths | Lusaka | Facebook

Zambia Case Study 3

CONTACT PERSON
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- **Timeline of the case study:** 1 January 2022 – 31 December 2023
- **Case study submitted by:** UN or other international organization
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes;
- **In which geographic area is the approach being carried out?**
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Efficiency and effectiveness;
  - **Background and objectives:**
    Sub-Saharan Africa sees a disproportionate number of new HIV infections among young people, particularly those aged 15-24. In Zambia, university and college students face a high risk of acquiring HIV but show low HIV testing uptake (UNESCO 2022). To address this, UNESCO is implementing the Our Rights, Our Lives, Our Future PLUS (O3 PLUS) programme in universities and colleges to empower students with information on HIV testing and its importance.
    Prior to the implementation of the O3 PLUS project, HIV tests were primarily conducted on students who voluntarily sought the services. There was no deliberate plan to conduct outreach services within campus to generate demand for HIV testing. In 2023, the O3 PLUS project introduced door-to-door campaigns on campus to increase service uptake at the University of Zambia, Lusaka Business and Technical College, Northern Technical College (NORTECH) and Copperbelt University (CBU). These campaigns deliberately addressed a broader range of SRHR topics beyond HIV alone.
    The objectives of the door-to-door campaigns were to:
    1. Increase uptake of HIV testing among students on campus through health education and health promotion.
    2. Sensitize students on SRHR, substance abuse, GBV, and mental health issues.
    3. Raise awareness about the importance of personal hygiene, especially, menstrual hygiene.

  - **Description/Contribution to the AIDS response:**
    A team comprising of nurses, student peer educators, and hall attendants from the Dean of Students office was responsible for conducting door–to-door campaigns. A public address system was used to inform students about the campaign and mobilize participation. Student platforms such as the Student Union WhatsApp were employed to sensitize students about the planned HIV testing exercise. In institutions with radio stations, students were sensitized on the exercise using the radio programmes. A total of 8’410 students (4,315 male and 4,095 female) were reached with SRH

information during the campaigns. The door to-door campaigns improved HIV testing rates among students. A total of 4’315 students (1,938 male and 2,377 female) were tested for HIV in 2023. This represents an increase of more than 120% of students tested for HIV compared to 2022 (756 male and 1,199 female students were tested).

- **Results, outcomes, and impact:**
  Door-to-door campaigns were a game changer to increase demand for and uptake of HIV testing services. Facility-based testing can pose logistical challenges for students due to factors like inconvenient clinic hours or fear of stigma. Door-to-door campaigns eliminate these barriers by bringing testing directly to student residences. The model offers a cost-effective solution. Since students reside on campus, the need for transportation resources is eliminated. The primary requirements are strong organizational skills and collaborative efforts between the university health center and university management. The model can be customised to disseminate a wide range of health information and provide mobile health services to hard-to-reach populations. To ensure suitability, door-to-door campaigns have become a routine activity within the university agenda. This means they are no longer solely part of this specific programme but are now a regular part of the university's activities. In addition, the Ministry of Health already supplies the campus clinic with free HIV testing kits. Since there's no additional cost for testing supplies as well as for staffing, this contributes significantly to the programme's sustainability. By adopting a combined approach with facility-based testing, universities can significantly enhance their efforts in preventing HIV transmission and ensuring comprehensive healthcare for their student populations.

- **Gaps, lessons learnt and recommendations:**
  To maximize the impact of door-to-door HIV testing campaigns on university campuses, several key recommendations should be implemented:
  1. Early intervention: commence campaigns as soon as students arrive for the semester, ideally before they become fully immersed in academic activities. This strategic timing captures students during a period of higher receptiveness, potentially leading to a significant increase in testing uptake.
  2. Enhance campaign awareness through collaborative communication: Ensure close collaboration between the health facility and university communication teams. This joint effort will optimize the campaign's reach and impact. Utilize the university's diverse communication channels to promote the campaign heavily. Aim to make the campaign a significant campus event, generate excitement and encourage peer-to-peer discussion through interactive elements.
  3. Comprehensive outreach: maintain accurate and up-to-date records of student housing, both on and off-campus. This ensures that outreach efforts effectively target as many students as possible.

- **Annexes**
  N/A

Zambia Case Study 4

CONTACTS
Name: Chipo Natasha Zulu
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- **Timeline of the case study:** 1st to 31st July 2023
- **Case study submitted by:** UN or other International Organization
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Research, data collection, and monitoring and evaluation; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
- **In which geographic area is the approach being carried out?** Mazabuka and Livingstone districts
- **Case study demonstrates:** Scalability and replication; Innovation; Efficiency and effectiveness;
    - **Background and objectives:**
      Effective prevention of mother to child transmission programmes must follow HIV-exposed infants until the end of the breastfeeding period to ensure that the full cascade of services and support is provided to HIV-positive mothers and their infants. However, the ability to ascertain outcome status through routine programme data across multiple points of care is a key challenge in Zambia.
      Through UNICEF's Health and HIV section, UNICEF is providing support to the Government of Zambia to achieve their goal to "reach epidemic control of HIV and end AIDS by 2030". Specifically, financial, and technical support was targeted at improving diagnosis of HIV in infants and children aged less than 24 months with perinatal and postnatal HIV exposure.

    - **Description/Contribution to the AIDS response:**
      This case study illustrates how HIV thematic funds have been catalytic in spearheading initiatives to improve HIV case identification and case management in children in Zambia. A considerable number of new infections in Zambia occur in women and in children. As of 2022 District Health Information Software (DHIS) data, Livingstone and Mazabuka districts in Southern province showed alarming results of children who had seroconverted to a HIV positive status. As a result, UNICEF supported Southern Provincial Health Office to conduct Early Infant Diagnosis (EID) final outcome and Viral Load (VL) mop up exercise in selected high and medium volume health facilities in Mazabuka and Livingstone districts from 9 to 13 July and 9 to 15 July 2023, respectively. It was expected that by the end of the exercise all highly exposed infants who have been delivered in the selected facilities in the last 24 months would know their final outcome status and be provided with necessary treatment based on the outcome of their HIV status.

- **Results, outcomes, and impact:**
  A mop up campaign was conducted in two districts in Zambia that were reporting high numbers of HIV exposed infants whose final outcome status was unknown. As a result of this campaign, 90 per cent of HIV exposed infants were tracked and tested in one district (Mazabuka); and 82 per cent of HIV exposed infants without final outcome aged below 24 months were tracked and tested (Livingstone). Overall, a total of three infants were found with HIV and were immediately put on treatment. Additionally, in the Mazabuka, 101 out of the 132 (76%) pregnant and breastfeed women (PBFW) due for viral load (VL) sample collections were collected during this mop up and 194 of the 206 (94%) PBFW were retested for HIV during the mop up exercise. Whereas in Livingstone, 173 out of the identified 224 (77 per cent) PBFW due for VL sample collection were collected during the mop up and 391/441(89 per cent) PBFW were retested for HIV. The overall impact of this campaign is prevention of new infections as well as ensuring that if either a mother or infant or both had seroconverted, they were immediately enrolled onto ART.

- **Gaps, lessons learnt and recommendations:**
  Gaps identified included lack of sufficient information on all children born and their mothers. The overall lesson learnt was that results can be achieved by effective coordination and teamwork amongst key HIV stakeholders in the province and district. By adequately communicating the intended mop up exercise at all levels, the team was able to reach almost all eligible children and mothers with support in human resources, transport, testing reagents and improved turnaround time in results from the laboratory i.e. effective sample referrals and results return facilitated by the engagement of riders which also resulted in an easy referral system for CD4 testing. Another key lesson learnt was that proper community engagement and linkages can help to strengthen the PMTCT and Paediatric HIV programme. The use of mentor mothers including young mentor mothers yielded results in reaching the targeted population. This mop up exercise has been recommended as an emerging best practice. A further mop up for the other districts that were not supported in the province may improve the final outcome coverage especially for Monze and Choma districts. It is also recommended that health facilities should assign at least one member of staff or mentor mothers to follow up missed children.

- **Annexes**
  - N/A

Asia Pacific

Cambodia Case Study

CONTACT PERSON
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- **Timeline of the case study:** January-December 2022
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Funding; Political leadership;
  - **In which geographic area is the approach being carried out?**
  - **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership;
  - **Background and objectives:**
    This case study demonstrates how Cambodia has strengthened its country system to accelerate progress toward the 2025 targets and ending AIDS. It also shows how Cambodia has sustained its HIV response despite the gradual reduction in external funding since it graduated to a lower middle-income country in 2015.

    The funding for Cambodia's HIV response has historically been dependent on international donor support. However, the gradually decreasing levels of external financial support (with reduction of 10million USD each year since 2016) obliges the country to safeguard the gains of the national HIV response from the past three decades of combined actions between government, development partners, CSO and communities of people living with HIV and Key Populations. The Sustainability Technical Working Group led by the National AIDS Authority and UNAIDS, initiated a Transition Readiness Assessment in 2017 and development of a Sustainability Roadmap in 2018. The Sustainability Roadmap was reviewed and updated in 2022 which has led to the new version, Cambodia HIV Sustainability Roadmap 2023-2029 which is a critical document to guide the HIV sustainability related works in Cambodia.

  - **Description/Contribution to the AIDS response:**
    Cambodia has made significant progress in HIV response and became one of the seven countries globally that achieved 90-90-90 target in 2017 and is quite on track towards achieving 95-95-95 target with 86-99-98 in 2022. However, national HIV response has been largely dependent on external funding with only 30.8% of total HIV expenditures in 2022 from domestic sources (NASAVII). Therefore, Cambodia is at a critical stage of fast tracking the progress toward achieving the 2025 and ending AIDS targets while preparing to sustain the gains in the long run. Cambodia developed its sustainability roadmap in 2018 informed by the Transition Readiness Assessment. The sustainability roadmap suggested mitigating actions of identified risks in three main components: 1) services delivery and health systems, 2) Civil

Society, and 3) Costs and Financing. In July 2022, a review was conducted to assess the status and progress of all these mitigating measures and whether their implementation was on track. The review also explored whether the identified risks are still relevant and whether any new risks should be added. Building on this review, a common definition of sustainability in the Cambodian context was agreed, and a set of 10 newly defined risks and 24 mitigating actions were developed resulted in the updated version Sustainability Roadmap document covering the period 2023-2029 with concrete steps for implementation and related indicators to monitor the progress. Within the country context “A sustainable HIV response in Cambodia is meant to maintain leadership, multisectoral partnership, and investment at all levels to ensure inclusive, community-owned and people-centered HIV services and its related services that will provide continuing control of the HIV epidemic and resilience to economic shocks and other pandemic(s).

- **Results, outcomes, and impact:**
  The updated Sustainability Roadmap was used to guide development of the National Strategic Plan for Comprehensive and Multisectoral response to HIV and AIDS 2024-2028 (NSPVI). It was also used to guide development of the National Policy on Ending AIDS and Sustaining HIV Program 2023-2028 which has recently been adopted by the Council of Ministers. These two documents set policy and strategic guidance on strengthening the country system of multi-sectoral response to HIV/AIDS, including intensifying efforts to reach 2025 and ending AIDS targets and sustaining the HIV response in long run. The political commitment has been clearly spelled out in the National Policy which stated that the Royal Government needs to mobilize sufficient resources to ensure that despite any economic situation, the HIV program can continue to operate without hindrance. The roadmap has been used as a guiding document for ongoing dialogues on the Sustainability of HIV Response, including community-led services. This has also resulted in more engagement of relevant ministries, in particular the Ministry of Economy and Finance. The roadmap also triggered more attention on cost-efficiencies which subsequently improved stakeholders' engagement in the process of designing and implementing programs with financial resources from GFATM, PEPFAR and National Budget.

- **Gaps, lessons learnt and recommendations:**
  The strategies and delivery modalities required scaling up prevention and treatment services to reach the 2030 goal will differ from those needed for long-term sustainability. Leveraging societal enablers will be especially critical for sustainability, including minimizing HIV vulnerability and ensuring access to services in future decades. Rather than build incrementally on what is already in place, sustainability will demand transformations in policy, programmes and systems.
  The implementation of Sustainability Roadmap, though remains a challenge, offers a unique opportunity to shift from programmatic focus towards whole-of-government, multisectoral engagement across sectors and working transversely for an integrated response to address structural and social determinants of AIDS epidemic.
  Sustainability is beyond funding. It is about transformation and reform. Ending AIDS requires all of us to build strong leadership, foster inclusive partnership and invest funding and time to address the needs of the vulnerable and those affected by HIV and AIDS. Effective implementation of the sustainability roadmap requires political leadership, functional coordination and accountability mechanism with engagement of key partners, including communities of people living with HIV and Key Population, and investments.

- **Annexes**

  1. Transition Readiness Assessment (2017)
  2. Going beyond HIV epidemic control: Cambodia Sustainability Roadmap 2023-2029 (2022)
  3. 6th National AIDS Spending Assessment(NASAVI)
  4. 7th National AIDS Spending Assessment(NASAVII)
  5. National AIDS Authority Report Q1 2024
  6. Cambodia on HIV estimates 2023 based on AEM-Spectrum modelling estimates
  7. NCHADS Q4/2023
  8. Ordinance letter of MOEF # 008 sar hor Vor . sor ror or hor tor dated 24 July 2023
  9. National Policies ending AIDS and sustaining HIV Program 2023-2028
  10. National Strategic Plan for Comprehensive and Multi-sectoral response to HIV and AIDS 2024-2028

India case Study 1

CONTACT PERSON
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- **Timeline of the case study:** 2021-2023
- **Case study submitted by:** Civil society;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc); HIV Prevention, testing and treatment programmes;
- **In which geographic area is the approach being carried out?** Odisha, New Delhi, Andhra Pradesh, Gujarat, Maharashtra, Mumbai, Karnataka, Tamil Nadu, Telangana and West Bengal

  - **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership; Innovation; Efficiency and effectiveness;;
  - **Background and objectives:**
    The Vihaan Care and Support programme, funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria, was started in 2013 to enhance treatment, adherence and retention in HIV care for people living with HIV in India. The programme is implemented nationwide under the care and support component of the national HIV programme in partnership with the government, civil society, and the networks of people living with HIV. It serves nearly 1.7 million people living with HIV through its 320 Care and Support Centers (CSCs) spread across 28 states and four union territories in India. Throughout its implementation, a crucial gap emerged concerning the transgender community. Lacking dedicated centres tailored to their specific needs, transgender individuals exhibited reluctance to engage with public health facilities, exacerbated by the compounding stigma of their gender identity, involvement in sex work, and HIV-positive status. Additionally, inadequate treatment literacy and a lack of support networks among Transgender people contributed to suboptimal treatment adherence, adversely impacting their overall health outcomes. In response to these issues, 10 Transgender CSCs were introduced under the Vihaan programme in the year 2018, which has also been included in the national HIV programme. The objective of this initiative is to provide holistic care and support services to HIV-positive Transgender people in a stigma-free environment and at their convenient time. The 10 CSCs were established in Odisha, New Delhi, Andhra Pradesh, Gujarat, Maharashtra, Mumbai, Karnataka, Tamil Nadu, Telangana and West Bengal.

  - **Description/Contribution to the AIDS response:**
    In response to these issues,10 Transgender CSCs were introduced under the Vihaan programme in the year 2018, which has also been included in the national HIV

programme. The objective of this initiative is to provide holistic care and support services to HIV-positive Transgender people in a stigma-free environment and at their convenient time. The 10 CSCs were established in Odisha, New Delhi, Andhra Pradesh, Gujarat, Maharashtra, Mumbai, Karnataka, Tamil Nadu, Telangana and West Bengal.
21,566 TG clients have been registered in the TG- CSCs from 2021 till December 2023. The Sexual health services provided by the TG-CSC include the sharing of information on feminisation, Gender-affirming surgery, Sexually transmitted infections (STI) treatment through referrals and condom promotion. From 2021 till December 2023, 7830 TG clients were provided information on feminisation, 5716 TG clients were provided information on SRS and 1588 clients provided referrals for STIs.

- **Results, outcomes, and impact:**
  Transgender communities often face social discrimination and stigma in society, and such discrimination renders them susceptible to various social and physical harms besides their illness in different settings. To mitigate these challenges, the Transgender-CSC imparts information and support for linking transgender individuals to social protection schemes and entitlements. From 2021 to December 2023, 1,345 Transgender people were linked to social welfare schemes, and 711 Transgender people started availing themselves of social welfare schemes. Further, 2735 Transgender people were linked to social entitlements, and 1603 Transgender people started availing of social entitlement benefits.
  The Transgender-CSC also conducts advocacy/sensitisation meetings with various stakeholders to influence the decision-makers and public perceptions about the concerns of the Transgender community. From 2021 to December 2023, 243 advocacy/sensitisation meetings were conducted, and 762 stakeholders were reached.
  The Transgender community members are often neglected and do not always receive timely and proper legal support. From 2021 to December 2023, 2257 TG individuals were provided legal counselling support. Also, 410 discrimination/violence/crisis cases were responded to.
  Apart from these, the following are the areas the TG CSCs have contributed to for their beneficiaries:
  Tuberculosis (TB) intervention, literacy and skill building, employment opportunity, COVID intervention, Gender-Affirming Care, social entitlements etc.

- **Gaps, lessons learnt and recommendations:**
  Gaps:
  1. Difficulties faced during COVID pandemic
  2. Lack of support or resources, since most of the programs designed for the transgender community are HIV or sexual health focused
  3. Lack of acceptance for the transgender community in the employment and education sector
  4. Lack of health insurance support
  5. Lack of HIV-integrated and inclusive approach

  Lesson learnt:

If necessary, support can be provided for the transgender community and the organisations they are associated with; even under the sexual health project, the same community can work on the other core areas, such as education, livelihood, legal aid, etc., towards improving their quality of life.

Recommendations:
1. The availability of necessary resources for the empowerment of the transgender community will be essential and beneficial to them, especially to self-sustain their livelihood efforts and also for promoting their health-seeking behaviours, which can result in preventive sexual behaviours and longer life.
2. Integration of HIV services, along with other healthcare facilities and core needs (ex., education, livelihood and legal aids)

- **Annexes**
  https://www.facebook.com/indiahivaidsalliance/photos/a.240223462750391/3318125614960145/?ty / https://m.facebook.com/story.php?story_fbid=pfbid029ycVCXfRg7WHR8dULXEtA4LcK5CJ7YHbZLnRehqnBs8K4j428Y3HUNd3iFqSRi9Gl&id=100521009951200&pe=3&locale=zh_HK / https://www.linkedin.com/posts/india-hiv-aids-alliance_transgenderhealthcare-inclusionmatters-activity-7110856989043290112-bOuC/ / https://www.openlynews.com/i/?id=a8a1544e-7871-4beb-8964-6b02bb982814 /

India Case Study 2

CONTACT PERSON
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- **Timeline of the case study:** March-September 2023
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?** Nationally
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Innovation; Efficiency and effectiveness;
  - **Background and objectives:**
    Mizoram, a state in the north-east India, continues to have a high adult HIV prevalence of over 2%. National program data from 2010 through 2021 showed a 46% decline in people newly diagnosed with HIV in India; however, the number of people newly diagnosed with HIV in Mizoram increased by 3.5% during this period, among whom 40% were adolescents and youth between 15-30 years of age. To enhance adolescent and youth access to integrated HIV, sexual and reproductive health, and non-communicable disease services, including HIV testing services and promote health-seeking behavior, the Mizoram State AIDS Control Society established a youth-friendly center, Alora. This center, present within the campus of a government college in Aizawl, was established in March 2023 under a project funded by the U.S. President's Emergency Plan for AIDS Relief/U.S. Centers for Disease Control and Prevention through PATH. Alora was initiated after discussion with the faculty of the college and students who expressed a need to address issues related to mental and sexual health, along with generating awareness on HIV and substance use. The students were actively involved in the design of the center and its activities.

  - **Description/Contribution to the AIDS response:**
    From March till September 2023, 84 students were trained as peer volunteers (PV) who led outreach efforts within the college and surrounding community, including promoting the centre on commemorative days for HIV/ AIDS, Hepatitis, and suicide prevention. Engagement of PVs in driving promotion and mobilizing youth was pivotal in designing the centre and in disseminating messages to promote prevention and health-seeking behavior, including the importance of HIV testing, and knowing one's status. PVs used other promotional and outreach methods such as quizzes with college students on HIV and substance use; group discussions to encourage service uptake; an Instagram page for the centre with messaging to promote prevention measures and dispel misconceptions related to HIV and Instagram reels demonstrating ways to avail confidential services. Interested students are linked to the facility through the PVs and the services accessed are recorded for follow up. In addition to providing HIV testing services, the centre distributes condoms, provides

mental health counseling and life-skills education, and screening for diabetes and hypertension. HIV screening services are provided within the facility with kits from Mizoram State AIDS Control Society and linkages are provided for confirmation and treatment.

- **Results, outcomes, and impact:**
  Of the 1,100 students enrolled in the college, 465 students (42%; 142 males, 323 females) accessed services between March and September 2023, 87% (404/465) of whom were below 24 years of age. Most people accessed the center for blood pressure screening and counseling; 49 people received HIV testing services, of whom 2 were diagnosed and linked to treatment (see details below).
  Provision of integrated services for HIV, sexual and reproductive health, mental health, and non-communicable diseases at the Alora centre served a dual purpose of reducing stigma associated with HIV services while attracting youth by offering other services they expressed interest in. Engaging PVs in outreach activities instilled a sense of ownership in the promotional activities, with PVs displaying a photo gallery at the centre presenting their activities.
  People accessing services at Alora Centre by service type, March-September 2023 (n=465):
  1. Blood pressure measurement - 217 (47%)
  2. Random glucose test - 37 (8%)
  3. Blood grouping for blood group - 28 (6%)
  4. Mental health counselling - 22 (5%)
  5. HIV testing services - 49 (11%)
  6. Only information about the facility provided - 133 (29%)

- **Gaps, lessons learnt and recommendations:**
  PV engagement and ownership was critical for youth participation in outreach efforts and in facilitating service uptake at Alora. Group and individual counseling sessions and outreach activities in a destigmatized and safe environment also led to youth talking more freely about HIV. The successful implementation was shared with stakeholders across Mizoram and other states with high HIV burden, to replicate Alora as a people-centric model within universities to increase youth engagement and awareness and enhance access to integrated HIV and primary health care services. Considering that this facility is established within the college campus, with HR support from the project, it can be easily transitioned to the college in the long run.

- **Annexes**
  N/A

India Case Study 3

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- **Timeline of the case study:** April to September 2023
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform;
- **In which geographic area is the approach being carried out?** Nagaland, Mizoram and Mumbai
  - **Case study demonstrates:** Sustainability in the long-term; Efficiency and effectiveness;
  - **Background and objectives:**
    According to the National AIDS Control Organization's (NACO) 2021 national and district HIV estimates, India has a concentrated epidemic with an adult HIV prevalence of 0.21% and an estimated 2.4 million people living with HIV. However, the northeastern states of Mizoram and Nagaland, and Mumbai are disproportionately impacted with high adult HIV prevalence (2.70%, 1.36% and 0.6%, respectively) and the first 95 target below the national average. The National AIDS Control Program Phase V (NACP V) calls for augmenting the existing HIV Counselling and Testing Services (HCTS) models with efficient approaches for active case findings for priority populations with a special focus on reaching the unreached. Ensuring early detection and diagnosis of people living with HIV unaware of their status through the general health system could complement the focused outreach. With funding from the President's Emergency Plan for AIDS Relief/US Centers for Disease Control and Prevention and collaboration with Mumbai, Nagaland, and Mizoram State AIDS Control Societies, PATH supported the strengthening of integration of HIV screening as routine, standard of care at general medicine OPD of Aizawl, Dimapur and Mumbai district Hospitals to improve yield of provider-initiated HIV testing and counseling (PITC) in the general health care services.

  - **Description/Contribution to the AIDS response:**
    We are committed to reducing HIV transmission by improving awareness of combination HIV prevention and increasing access to HIV testing so that everyone is aware of their HIV status and people with HIV can be offered lifesaving treatments preventing onwards HIV transmission.
    The aim of the HIV opt-out testing programme is to identify new cases of HIV and reduce late diagnosis by reaching groups less likely to access testing via sexual health services (SHSs), as well as to normalize HIV testing and reduce stigma.
    HIV opt-out testing is cost effective and helps address barriers to accessing HIV testing experienced by groups less likely to engage with and receive testing via SHSs. It plays a crucial part in achieving the government's goal to end new HIV transmissions, AIDS and HIV-related deaths within England by 2030.
    NHSE has committed £20 million of funding over three years (2022 to 2025) to HIV opt-out testing in EDs. In partnership with the NHSE HCV Elimination programme,

testing was expanded to include HBV and HCV. The roll out of opt-out testing for blood-borne viruses (BBVs) in EDs began in April 2022.
The large majority of the 2022 to 2023 HIV spend has been on testing costs. Other spend has included project management and a small amount of clinical or administrative support at some sites, which has focused on providing training and support to ED colleagues, coordination of results management and reporting.
The initial results from the first year show the estimated 'number needed to test' to find one new HIV diagnosis is 2,487 and to find one person living with HIV but not in care (new diagnoses plus previously diagnosed not in care) is 1,545.

- **Results, outcomes, and impact:**
  Considering the higher prevalence in Nagaland and Mizoram and high volume of people living with HIV in Mumbai, enhancing the provision of PITC at OPDs in high-volume public-sector hospitals holds promise as an efficient and sustainable strategy for identifying and linking people living with or vulnerable to HIV to follow-on treatment or prevention and/or reducing early mortality among people living with HIV. This model was tested at three hospitals: Dimapur Civil Hospital (Nagaland), Aizawl Civil Hospital (Mizoram), and Shatabdi Hospital (Mumbai). Medical officers at these sites were re-sensitized on the importance of offering HIV testing to clients visiting OPD. Pregnant women registered under the prevention of parent-to-child transmission program, members of key population communities recently tested, or anyone tested less than three months ago were excluded from PITC, enabling medical officers to maximize available time offering PITC to others who have never or not recently been tested for HIV. In the OPD, prior to linking patients (in the age group 18 to 50 year), the doctors ask about HIV test in past and then using a standard script informs patients about the routine HIV screening in OPD and encourage them to get tested as a part of this intervention.

- **Gaps, lessons learnt and recommendations:**
  Optimized OPD screening was launched in Nagaland in April 2023, Mizoram in July 2023, and Mumbai in September 2023. Through the end of September 2023, 2.6% (54/2,054), 5% (20/403), and 1.6% (3/184) of number of clients offered and screened for HIV at OPDs were screened reactive and were confirmed positive for HIV in Nagaland, Mizoram, and Mumbai, respectively. All people confirmed HIV positive were linked to antiretroviral therapy. These were people living with HIV who may not have been identified as a priority population for testing under the HIV program prior to the optimization of PITC at OPDs.

- **Annexes**
  The use of PITC at OPDs in high-volume hospitals has contributed to new case detection, with strong linkage to follow-on treatment and care services. This model enables earlier detection of people living with HIV who may otherwise have been missed through routine targeted screening in an efficient manner by leveraging existing medical officers to support expanded HIV testing services.

Indonesia Case Study

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- **Timeline of the case study:** December 2018-- Present
- **Case study submitted by:** Government;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc); Funding; Research, data collection, and monitoring and evaluation; Political leadership;
- **In which geographic area is the approach being carried out?** Jakarta
  - **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Innovation; Efficiency and effectiveness;
  - **Background and objectives:**
    Jakarta is the largest city in Indonesia, with more than 10 million inhabitants. Of those, an estimated 86,000 are living with HIV. This represents 16% of the national HIV burden, making Jakarta the heart of Indonesia's HIV epidemic.
    Jakarta exemplifies how local government initiatives interpret national strategies, optimizing resources to catalyze transformations in HIV response. Despite ample local government and external resources allocated to HIV response, service delivery was previously complex and disjointed. However, following the promotion of the STOP Strategy in 2018, Jakarta mapped all available resources and programs under its pillars, which reflect 95-95-95 targets: Suluh (educate), Temukan (case finding), Obati (treat) and Pertahankan (maintain), facilitating organized HIV health service delivery. This comprehensive approach allowed Jakarta to provide an organized map of HIV health service delivery, fostering collaboration across diverse fields beyond planned activities.
    The objective of this case study is to provide a proven pathway for programmatic transformation in HIV control through showcasing Jakarta City's achievements. It also aims to present how it can be replicated to other cities where funds and resources vary under the decentralised administration system.

  - **Description/Contribution to the AIDS response:**
    The case study of Jakarta's HIV response illustrates a multifaceted approach that leverages diverse resources to make substantial contributions to the broader AIDS

response. Various stakeholders, including technical assistance from the Joint United Nations Team on AIDS, support from USAID's Fast-Track Cities project, USAID-EpiC and initiatives of civil society and communities, have been instrumental in advancing HIV control efforts in the city.

These resources were strategically categorized into four groups, aligning with the STOP Strategy pillars, and integrated with relevant services and programs. For instance, the Jak-Anter program, initiated in partnership with Jakarta Provincial Health Office and a private company, addressed gaps in antiretroviral drug delivery during the COVID-19 pandemic, filling a critical need for multi-month dispensing. Despite some reliance on external resources, Jakarta's HIV response has effectively correlated with and supplemented national health initiatives, fostering collaboration and synergy between local and national efforts. Community engagement initiatives, supported by Jakarta's Fast-Track Cities project, USAID's EpiC program, and the UN System, have been seamlessly integrated into the broader HIV strategy, enhancing program delivery and impact.

This inclusive approach has not only facilitated partnerships between the government and communities but has also attracted multisectoral stakeholders and donors to contribute collective efforts toward HIV control. By aligning with the STOP (Educate, Case Finding, Treat and Maintain) Strategy's pillars tailored to local contexts, Jakarta has demonstrated how coordination among diverse stakeholders can lead to sustained and impactful HIV activities at the city level.

The Jakarta City case study highlights the government's coordination role in bringing together stakeholders with different interests and finding pathways for longer-term HIV activities.

- **Results, outcomes, and impact:**

  HIV program implementation in Jakarta City, aligned with the STOP Strategy and its 95-95-95 targets, has yielded significant progress. By December 2024, the city achieved a 79-48-59 progress, a remarkable increase from the 50-35-0 reported in June 2018. This progress can be attributed to the collaborative impact and synergies of various HIV programs under the STOP Strategy.

  For instance, outreach activities targeting key populations (FSW, MSM, PWID, and TG) reached over 70,000 individuals in 2023. Additionally, voluntary counseling and testing services successfully reached over 400,000 people in Jakarta, enabling them to learn their HIV status. Furthermore, approximately 20,000 viral load tests were conducted, facilitating the maintenance of viral suppression among people living with HIV.

  Alongside the progress and achievements in Jakarta City, the STOP Strategy tailored to local settings let people living with HIV and key populations in Jakarta protect and improve their health status as well as provide opportunities for all people, including civil society, people living with HIV communities and private sectors, to partake in HIV control.

- **Gaps, lessons learnt and recommendations:**

  Responsibilities and contributions of local governments for HIV control are stipulated in the Local Government Regulation (PERDA 5/2008), with adaptation to local settings recommended under the decentralized administration system. However,

replicating the Jakarta case study to other cities faces limitations due to national system constraints and legal frameworks.
To ensure stable and standardised provision of HIV services, scaling up national health insurance (BPJS Kesehatan) coverage for HIV services is proposed as one of the options to consider. While the national budget covers most HIV treatment costs, some prevention programs and viral load tests rely on external donor funds, having inconsistent service delivery depending on different resource situations. Through HIV services with BPJS Kesehatan, it not only ensures closer and equal access to health services for all but also sets nationwide standards for service delivery, which then can be expected as the longer-term and stable provision of HIV services by and beyond 2030.
Nevertheless, the Jakarta City case study demonstrates high efficiency, efficacy, and effectiveness in HIV response. The Jakarta Fast Track City Sustainability Assessment Report highlights improvements in the availability and accessibility of HIV services in Jakarta.

- **Annexes**
  Ministry of Health (2018) World AIDS Day, Moment to STOP HIV Transmission: I'm Brave, I'm Healthy!. Sehat Negeriku [accessed on 3 April 2024] https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20181201/5028759/28759/; Jakarta PHO (2024) Jakarta HIV Program Overview [pdf format; unpublished]; Asosiasi Dinas Kesehatan, ADINKES. Jakarta Fast Track City Sustainability: Report from Online Assessment and Focus Group Discussions (FGDs) [under review; unpublished]; YouTube, EpiC Project, April 2021, Jak-Anter https://youtu.be/W2Ll9HBOwkY?feature=shared

Southeast Asia Case Study

CONTACT PERSON
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- **Timeline of the case study:** 2 December 14th, 2023 (Development Partner Meeting)
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.); Funding;
- **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership; Innovation; Efficiency and effectiveness;
  - **Background and objectives:**
    The AHRA Development Partner Meeting convened key stakeholders from across Southeast Asia to address the pressing challenges in sustaining the gains of the global HIV response. The objective was to foster dialogue, collaboration, and strategic planning to advance harm reduction efforts, enhance partnerships, and develop sustainable interventions for HIV prevention, treatment, and care in the region.
  - **Description/Contribution to the AIDS response:**
    The meeting served as a platform for exploring innovative approaches, sharing best practices, and enhancing partnerships to sustain the impact of HIV response efforts in Southeast Asia. Through presentations, discussions, and interactive sessions, participants exchanged knowledge, insights, and experiences, contributing to the development of strategic roadmaps and action plans for advancing HIV prevention, testing, treatment, and care initiatives. Key outcomes included the identification of innovative solutions, strengthening of partnerships, and formulation of strategic plans to address persistent challenges and scale up effective interventions.

  - **Results, outcomes, and impact:**
    The AHRA Development Partner Meeting resulted in the identification of innovative solutions, enhancement of partnerships, and development of strategic roadmaps for sustaining the gains of the global HIV response in Southeast Asia. Participants gained valuable insights and knowledge through the exchange of best practices and research findings, contributing to the enhancement of capacity and effectiveness in HIV programming and implementation.

  - **Gaps, lessons learnt and recommendations:**
    Key gaps identified included limited funding, inadequate technical support, and insufficient engagement in strategic planning. Lessons learned emphasized the

importance of multi-sectoral partnerships, community participation, and innovation in sustaining the impact of HIV response efforts. Recommendations included the need for increased funding, enhanced technical support, and greater involvement of affected communities in decision-making processes.

- **Annexes**
  - AHRA Development Partner Meeting Invitation,
  - Meeting Presentation Slides,
  - AHRA Steering Group Members Prioritization Opportunities for Development Partners Support for Urgently Needed Comprehensive Harm Reduction Public Health in Southeast Asia,
  - Understanding the Prevalence and Impact of Substance Use Among Women, and Adolescents

Vietnam Case Study 1

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6. **Timeline of the case study:** 2004 - Present

- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Funding; Political leadership; HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation; Interventions in humanitarian settings and/or responding to human rights crises;
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership;

  - **Background and objectives:**
    Strengthened private-sector engagement, including involvement of private-sector LGBTQI+ community groups and clinics in delivering integrated HIV/primary health care (PHC) services, is a core component of Vietnam's plan to advance a sustainable HIV response. However, business start-up and growth are challenges for early-stage LGBTQI+-led organizations in Vietnam, especially in the health sector. Beginning in 2014, PATH, with funding from the US President's Emergency Plan for AIDS Relief/US Agency for International Development, supported Glink to grow from a key population (KP)-led community organization to a prominent KP-focused health business and social enterprise with seven clinics providing integrated person-centered HIV/PHC services to KP communities in Vietnam. In 2022, Glink and PATH conceptualized and launched Vietnam's first peer-to-peer learning network/incubator, Glink Academy, leveraging the Glink platform, experience, and learnings to inspire and nurture capacity and business growth of early-stage LGBTQI+/KP community start-ups.

  - **Description/Contribution to the AIDS response:**
    To develop this peer-to-peer learning initiative, Glink and PATH assessed KP-organization capacity-strengthening needs and distilled lessons from Glink's own business growth experience to identify five areas of support that Glink Academy could offer peer community organizations: 1) tailored trainings and individual coaching/mentoring, 2) business learning forums and mentor network, 3) learning sessions and tools on diverse business topics, 4) start-up resources and tools, and 5) administration of an innovation grant program. Glink Academy's capacity strengthening program takes a human-centered approach, with content tailored to and responsive to topics requested by the community and presented in engaging and practical formats that also enables community groups and clinics to learn from each.

    Since its inception in 2022, Glink Academy, with support from PATH has grown into an incubator for KP-led social enterprises, community-based organizations, and clinics by serving as a comprehensive, needs-based, peer-driven capacity strengthening platform. Glink Academy offers a diverse array of activities and

resources including: thematic trainings on business start-up and management, vision/mission development, and human resource management and labor contract development; individual mentoring and coaching through a network of 30 mentors; resources and tools for start-up development covering essential topics such as establishing a business delivering HIV services, health care delivery, and organizational development; Business Innovation Talks (BITs); Digital Marketing Forums; and an innovation grant for KP-led SEs and clinics to provide seed funding to peer organizations demonstrating potential for growth. Resources developed by Glink Academy or from trainings/forums are also publicly available on Glink Academy's e-learning platform.

- **Results, outcomes, and impact:**
  Glink Academy's mentor network, start-up library on the e-learning platform, and broader forums (trainings, BITs, and Digital Marketing Forums) have been instrumental in supporting the business growth of key population-led start-ups. Since its launch, Glink Academy has held 11 BITs, 11 Digital Marketing Forums, and more than 5 community trainings on business strategy and marketing, with these trainings serving a dual purpose of enhancing knowledge while providing platforms to connect community leaders with business development experts on a variety of topics, ranging from tax and financial management, business mentorship, and use of cutting-edge digital marketing strategies (e.g., gamification and artificial intelligence) in health promotion and communication campaigns. The development of entrepreneurship and business growth tools and resources has also been a significant source of knowledge for community organizations and clinics, offering a comprehensive understanding of and providing valuable guidance on various aspects of running a self-sustaining business.

  These diverse modalities of technical assistance and peer support provided via Glink Academy as well as other PATH-supported technical assistance efforts has led to the launch of five KP-led/focused clinics and/or community pharmacies, including Vietnam's first-ever transgender-owned clinic.

- **Gaps, lessons learnt and recommendations:**
  Glink Academy, initiated by Glink social enterprise and PATH, provides peer-to-peer training, learning, mentorship, and seed funding (through its innovative grant program) to facilitate the sustainable growth KP-led social enterprises, community organizations, and clinics in Vietnam. Creating an ecosystem of self-sustaining social enterprises, community groups, and clinics that provide integrated, inclusive, and person-centered HIV and primary health care services in a manner that is acceptable and preferred by LGBTQIA+ and KP communities is essential to paving the path towards a sustainable and equitable HIV response and ensuring sustained access to integrated HIV/PHC services in Vietnam.

- **Annexes**
  1. Glink Academy e-learning platform: https://glinkacademy.vn/en/ 2. Web article "Enhancing HIV care through sustainable business models": https://www.path.org/our-impact/articles/enhancing-hiv-care-through-sustainable-business-models/ 3. IAS 2023 poster "Growth and launch of the Glink Academy, Vietnam's first HIV peer-to-peer learning and incubation initiative": https://programme.ias2023.org/Abstract/Abstract/?abstractid=4414

Vietnam Case Study 2

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- **Timeline of the case study:** December 2022 to November 2023
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Funding; Political leadership;
  - **In which geographic area is the approach being carried out?** Hanoi, Lao Cai, Nam Định, Quang Ninh, Da Nang, Quy Nhơn, HCMC, Can Thơ, Yen Bai, and Nghe An
  - **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership;
  - **Background and objectives:**
    HIV self-testing (HIVST) has been included in Vietnam's health guidelines since 2018, and the commercialization of the HIVST market is critical for advancing towards a more sustainable HIV response in Vietnam. However, despite significant support from the government of Vietnam, the HIVST commercialization process encountered several significant challenges. There were initial misconceptions regarding the target population, based on the assumption that only certain groups would be interested in or benefit from HIVST, which led to the underestimation of demand and broader market potential. Additionally, balancing the need to make tests affordable while still ensuring adequate profit margins, especially when accounting for willingness-to-pay thresholds, proved to be difficult. Given the importance of making HIVST kits affordable, price points had to be set at levels that seemingly offered slim profit margins, which was perceived as a deterrent for commercial/private-sector entities used to higher-margin products. Moreover, limited involvement and expertise in HIV service delivery hindered robust private-sector engagement (PSE), resulting in underutilization of resources and missed opportunities for partnerships with pharmacies to expand a commercial HIVST market.

  - **Description/Contribution to the AIDS response:**
    To address these challenges, the US Agency for International Development/PATH Support for Technical Excellence and Private Sector Sustainability (STEPS) project implemented a comprehensive, multifaceted approach to target misconceptions of the perceived niche HIVST market, low profitability, and minimal PSE in the commercialization of HIVST kits. Targeted interventions to address these challenges included market expansion and reframing efforts to communicate the relevance of HIVST to a broader client segment, emphasizing its potential for a greater-than-perceived market size. USAID/PATH STEPS also provided technical guidance and support to HIVST manufacturers to facilitate regulatory clearances and approvals, including support to Abbott Laboratories Vietnam, leading to regulatory clearance for commercial CheckNOW™ HIVST in March 2023, with market availability in April 2023. Online and offline campaigns were also conducted to highlight the relevance of HIVST and generate greater awareness of and demand for HIVST kits across

broader client segments. Collaboration with Glink Academy, a key population (KP)-led social enterprise, and KP influencers enabled the launch of the HIVST awareness-raising campaign in December 2023 across six provinces. The campaign, comprising offline events, social media posts, and sales livestreams featuring 20 community influencers/leaders, promoted HIVST usage.

- **Results, outcomes, and impact:**
  USAID/PATH STEPS' efforts to address misconceptions of commercial HIVST market size to private-sector entities led to expanded distribution channels, ranging from pharmacies to private clinic chains and online platforms, and availability of commercial INSTI HIV Self Test and CheckNOWTM kits across a number of provinces. The first import of INSTI occurred in November 2023, with kits available in Hanoi, Lao Cai, Nam Định, Quang Ninh, Da Nang, Quy Nhơn, HCMC, Can Thơ, Yen Bai, and Nghe An; distribution channels for INSTI included Pharmarket and the e-commerce platform Shopee. CheckNOWTM was first imported in May 2023, with kits available in Hanoi, Ho Chi Minh City, Dong Nai, and An Giang; distribution channels included private clinic chains, such as Glink, AloCare, M4M, The Times, and Galant, as well as online platforms. These efforts resulted in boosted sales of HIVST kits, with 270 INSTI kits and more than 1,700 tests CheckNOW™ kits sold, indicating growing acceptance and uptake of HIVST among target client sub-segments. HIVST awareness-raising campaign posts garnered over 224,000 views and more than 400 participants were engaged during seven offline events. Community leadership in campaign design and influencer participation created compelling materials resonating with KP communities, driving uptake and sales.

- **Gaps, lessons learnt and recommendations:**
  The expanded availability of commercial HIVST kits stands as a key achievement in strategically improving the accessibility of HIV testing services, signaling a pivotal milestone in ensuring the sustainability of HIV products and services, and thus, significant advancement towards sustainable HIV epidemic control. Subsequent amendments to Ministry of Health regulations permitted the trading of HIV self-tests as standard commodities in the market, and collaboration between commercial manufacturers, such as Abbott Laboratories Vietnam, and private service delivery entities, such as Glink, was pivotal for aligning supply and demand and fostering sustainable private-private partnerships. Lessons learned include the importance of collaboration between public and private sectors as well as enhanced involvement of community stakeholders in advancing HIV/AIDS prevention efforts, and the instrumental role of advocacy in policy reform. Recommendations include sustaining collaborative efforts between stakeholders, prioritizing advocacy for policies supporting the accessibility and affordability of critical HIV commodities and fostering innovation in the development and delivery of HIV services to effectively reach populations vulnerable to HIV.

- **Annexes**
  Xom Cua Vong (Rainbow village) Facebook page posts on the CheckNOW HIVST campaign https://www.facebook.com/share/p/ziEm9qEQs8w1rfHP/?
  https://www.facebook.com/share/p/iaxdpSiFW2oNgdgG/?

Vietnam Case Study 3

CONTACT PERSON
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- **Timeline of the case study:** 2018 - Present
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Research, data collection, and monitoring and evaluation;
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership; Innovation;

  - **Background and objectives:**
    In 2017, PATH, under the US Agency for International Development (USAID)-funded Healthy Markets project, began integrating primary health care (PHC) services, such as screening and care for hepatitis C virus (HCV), sexually transmitted infections (STIs), and hypertension into HIV services at key population (KP)–led clinics and social enterprises. In 2018, the project initiated training and supportive supervision for KP-led clinics to enable them to provide mental health screening, care, and referrals, and also launched a peer mentoring effort with Tangerine Clinic and Academy in Thailand to enable KP–led clinics to offer transgender (TG)-competent care, including hormone testing and counseling. Building off this work, in October 2020, the USAID/PATH Healthy Market and subsequently USAID/PATH Support for Technical Excellence and Private Sector Sustainability in Vietnam (STEPS) project launched an integrative care model at five KP-led and -friendly clinics in Ho Chi Minh City and Hanoi. These one-stop shop (OSS) clinics aim to increase access to comprehensive, high-quality, and person-centered HIV and PHC services among KPs, including men who have sex with men and transgender women.

  - **Description/Contribution to the AIDS response:**
    OSS clinics are a promising model for integrating HIV, PHC, and other health care services to better meet the comprehensive health and well-being needs of individuals living with or at risk of HIV across their life course while ensuring the sustainability of HIV and related services for KP clients through an integrated model (versus standalone service delivery points). USAID/PATH supported the following KP-led and -friendly clinics in Hanoi and Ho Chi Minh City to initiate and continue the OSS model to date: My Home, Glink Hanoi, Glink D10, Bien Viet, and Galant. These OSS offer a range of high-quality HIV/PHC services at one entry point, such as HIV testing and counseling, STI screening, mental health consultations, hormone therapy counselling for TG clients, HCV screening, hepatitis B virus (HBV) screening, and HIV prevention services, including pre-exposure prophylaxis services.

  - **Results, outcomes, and impact:**
    More than 30,000 key population clients have accessed health care services through OSS since 2018. Within a year of its inception, more than 10,000 individuals received

care at the five OSS sites, with a substantial uptake in viral hepatitis, STI, and mental health services: 4,270 and 4,211 people were tested for HBV and HCV, respectively, while 5,275 individuals underwent STI screening. The OSS approach also facilitated entry into HIV services among clients who came to OSS seeking other services, with 27.7% of clients initially seeking non-PrEP services and then being linked to PrEP between October 2022 and June 2023, contributing significantly to new PrEP recruitment. Focusing on transgender women's needs through integrated gender-affirming care and hormone testing at OSS also drove PrEP uptake among transgender women from 68 in June 2018 to 638 in September 2021.

- **Gaps, lessons learnt and recommendations:**
  OSS provide an acceptable, convenient, and person-centered platform for clients to access integrated HIV-related services, particularly among KP clients who prefer receiving health care services at KP-led or -friendly sites. The OSS model is feasible because it benefits clients and is relevant to their needs; in addition, client acceptability of the model is high due to the KP-friendly nature of the service delivery as well as the high quality of services. Integrating services into a single entry point also contributes to a more sustainable response, as countries would be able to sustain fewer facilities that provide more comprehensive services as opposed to standalone, specialized clients. Key gaps identified include the need to further diversify service packages, including offering multiplex diagnostic services for TB, STIs, HBV, HCV, viral load testing; expanded NCD screening and care; and additional care services for TG clients. Recommendations to address these gaps include enhancing partnerships with community-based organizations and social enterprises to expand reach among vulnerable populations not currently receiving services; integrating epidemic management (COVID-19, monkeypox); implementing tools to track client health outcomes over time; and further gender sensitization training for health care providers.

- **Annexes**
  Caring for the whole person: transgender-competent HIV pre-exposure prophylaxis as part of integrated primary healthcare services in Vietnam, Journal of the International AIDS Society: https://onlinelibrary.wiley.com/doi/10.1002/jia2.25996

Vietnam Case Study 4

CONTACT PERSON
Name: Moyandi Tamara Udugama
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- **Timeline of the case study:** July to August 2023
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes;Research, data collection, and monitoring and evaluation;
  - **In which geographic area is the approach being carried out?**
  - **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership;
  - **Background and objectives:**
    Vietnam faces significant challenges in addressing its HIV response, with approximately 250,000 people living with HIV and 4,100 AIDS-related deaths in 2022. Despite the availability of HIV testing, treatment, and prevention services, accessibility remains a key issue. To meet Vietnam's goal of ending AIDS by 2030, sustainable solutions are necessary to increase coverage and access to HIV services, particularly among key population communities. Recognizing the importance of public-private partnerships in enhancing access to and coverage of critical and sustainable HIV services, especially among key population communities who prefer receiving services at private-sector entities, the Vietnam Ministry of Health (MOH), with support from the US Agency for International Development (USAID)/PATH Support for Technical Excellence and Private Sector Sustainability (STEPS) project, approved a national HIV private-sector engagement (PSE) plan in December 2021. A PSE benchmark assessment was initiated to better understand demand, supply, and the enabling environment related to PSE in Vietnam's HIV response. Led by the MOH and USAID/PATH STEPS, the assessment aimed to benchmark the advancement of PSE at the national and provincial levels, identify exemplar provinces for learning, determine readiness for PSE, and map coverage and gaps in private-sector HIV services.

  - **Description/Contribution to the AIDS response:**
    Despite national-level endorsement of greater PSE in the HIV response, private-sector involvement in delivery of HIV services can vary significantly across provinces. As a result, coverage and access to private-sector options may be misaligned with community demand. To inform the national PSE plan and define provincial PSE strengthening roadmaps, the PSE benchmark assessment served to quantify the degree of the PSE in HIV and related health areas. The assessment, conducted from July to August 2023, received responses from 58 out of 63 provinces in Vietnam. Using a composite scoring system, provinces were categorized as having low, moderate, or high engagement levels.

  - **Results, outcomes, and impact:**
    The average national engagement score was 19.7 out of 43. The assessment revealed variations in PSE readiness, with factors such as robust community-based

organization networks and population base influencing scores. The Southeast region, particularly Ho Chi Minh City and Dong Nai, demonstrated the highest readiness scores. While certain provinces showed high readiness, others exhibited relative weaknesses in HIV PSE. For example, Dong Nai was the sole province with an HIV-specific PSE plan, indicating disparities in preparedness. Additionally, financing structures, public-sector support to the private sector, and stringent administrative requirements were identified as factors limiting enhanced PSE in the HIV response. These findings underscore the need for additional strengthening, innovation in public-private partnerships, and policy shifts to facilitate strengthened HIV PSE.

- **Gaps, lessons learnt and recommendations:**
  Vietnam's first-ever national HIV PSE benchmark assessment provides essential information on relative strengths in PSE and identifies provinces where there is substantial client demand for private-sector HIV and related health services but where additional strengthening is needed to foster partnerships with and enhance capacity of commercial chains and local private clinics/social enterprises to offer HIV services as well as create a more favorable policy environment in order to ensure a balance of PSE supply and demand. The results of the benchmarking assessment will be used by the MOH and partners to guide tailored technical assistance and strengthening plans for provinces with moderate to low PSE readiness. Annual use of the PSE benchmark assessment will enable measurement of changes over time and continued updates to technical assistance plans to continue forging new partnerships with commercial and private-sector enterprises while enhancing the sustainability of private clinics and social enterprises to ensure long-term and sustained access to and coverage of essential HIV prevention and treatment services, as part of advancing a sustainable national response to HIV by 2030.

- **Annexes**
  N/A

Eastern Europe and Central Asia

Armenia, Georgia, Kyrgyzstan, Russia, Ukraine Case Study

CONTACT PERSON
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- **Timeline of the case study:** 11 May 2022 to 1 August 2023
- **Case study submitted by:** Civil society;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Research, data collection, and monitoring and evaluation.
- **In which geographic area is the approach being carried out?** N/A

- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership;

- **Background and objectives:**
  Transgender people are one of the key population groups vulnerable to HIV. HIV prevalence among transgender women is especially alarming (Baral et al., 2013), resulting in increased attention to this group. However, the focus on trans women leads to inadequate attention to other subgroups in the community. Transgender men remain an understudied population in relation to HIV. They are often not considered to be an at-risk group (Kenagy & Hsieh, 2005). A narrative review of intentional studies recently published in Russian demonstrated that trans men, especially those having sex with cisgender men, are an at-risk group, although HIV prevalence among them is lower than among trans women. Trans men are engaged in risky behavior, including risky sexual practices, alcohol consumption, and repeated use of needles. Psychological factors leading to risky behavior include mental health problems and fear of rejection by sexual partners. Testosterone-based hormonal therapy boosts libido, increasing the prevalence of risky sexual practices. In addition, transgender men face stigmatization in healthcare institutions, a factor discouraging them from turning for HIV prevention and treatment. Even less is known about non-binary people (Kirey-Sitnikova, in print). This study aims to collect data on HIV prevalence and HIV contraction predictors among transgender men and non-binary people in Eastern Europe and Central Asia.

- **Description/Contribution to the AIDS response:**
  This study is the first of its kind in Eastern Europe and Central Asia. It will inform future strategy of our organization and national partners on AIDS response among trans men and non-binary people in the region.

- **Results, outcomes, and impact:**
  The study found correlations between the number of unsatisfied gender-affirming medical needs and the level of gender dysphoria (r = 0.31), between the number of sexual partners and the level of gender dysphoria (r = -0.11), and between self-perception of HIV contraction risks and the frequency of HIV testing (r = 0.17). HIV prevalence for the whole sample was 1.1%; the differences were statistically significant for gender subgroups: 0.6% for trans men, 1.5% for FtN, 5.3% for MtN.

The prevalence of HIV and risky behavior in EECA was lower than reported in studies on other regions, in particular North America. HIV-positive respondents more often engaged in sex work and sex while drunk or high, they had more sexual partners, more often had sex with cisgender men, were more likely to suffer from depression and prioritize HIV issues. On the other hand, differences in using drugs, having anxiety, using HRT and condoms, the level of gender dysphoria, acceptance on behalf of sexual partners, and the number of unsatisfied gender-affirming medical needs were not statistically significant. The respondents did not consider HIV prevention and treatment an important topic.

- **Gaps, lessons learnt and recommendations:**
  While collecting data was easy in Russia and Ukraine, it was less so for Armenia, Georgia, and Kyrgyzstan. Involving trans communities in NGOs' work and building trust might be a way forward to engage them in research like this.

- **Annexes**
  https://www.academia.edu/117713829/

CEECA Region Case Study

CONTACT PERSON
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- **Timeline of the case study:** 2018 - 2024
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.); Political leadership;
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership;
  - **Background and objectives:**
    Despite some good examples of effective strategies in HIV response among key populations in Central, Eastern Europe and Central Asia (CEECA) countries, overcoming HIV growth has failed due to countries' failure to fulfill the 10-10-10 goals of the Global AIDS Strategy. Criminalization, stigma, discrimination, gender-based violence, and lack of access to life-saving health and social services for key populations became even more of a problem because of the war in Ukraine.

  - **Description/Contribution to the AIDS response:**
    Starting in 2018, the first time in the history of the fight with HIV, all regional networks representing key population communities of region had joined forces in one “Chase the virus, not people!” campaign, united by same aim and goals, one unified slogan and ready to stand and speak out loud together, defending the rights of each community, of all and everyone, attracting the attention of governments, international organizations, multilateral, donors and public at large to stigma, discrimination and criminalization which communities in the region have been facing since HIV epidemic start. The campaign was supported by more than 100 organizations, over 1500 EECA civil society representatives took part in the campaign’s activities. The initial aims of the campaign achieved, priorities of decriminalization, gender equality, and human rights protection are reflected in 10-10-10 targets in the Global AIDS strategy, but achieving them in the CEECA region in its tendencies of shrinking space for civil society now needs raising the movement of allies, uniting the communities on regional and national levels.

    Developing the achievements of the joint advocacy campaign Chase the virus not people! and responding to the war in Ukraine, in mid-2022 regional communities coordinated to communicate joint communique “Surviving war and growing authoritarianism: How to ensure the sustainability of civil society and community-led”.

In 2023 the Eurasian regional consortium, uniting ECOM - The Eurasian Coalition for Health, Rights, Gender and Sexual Diversity, Eurasian Harm Reduction Association (EHRA), Eurasian Network of People Who Use Drugs (ENPUD), Eurasian Women's Network on AIDS (EWNA) and Sex Workers' Rights Advocacy Network (SWAN)) initiated the creation of the Eastern Europe and Central Asia Task Force on Global AIDS Strategy 10-10-10 Targets. The mission of the Task Force is to coordinate regional efforts in removing legal barriers, such as criminal laws and other instances of law and practice that undermine the HIV response and leave key populations behind, to reduce the harms associated with the criminalization of HIV and key population groups, and to end inequities associated with the HIV epidemic. The Task Force is a community-based and key-populations-driven partnership that upholds transparency, human rights, and meaningful engagement in its work to lead the EECA regional dialogue on and drive country-level achievements of the 10-10-10 targets. The Task Force includes representatives of key populations from EECA countries, including people living with HIV, people who use drugs, sex workers, LGBTQI+ individuals, as well as lawyers, judges, civil and public sector workers, politicians, academics, and scientists. Activities of the Task Force are organized by community leaders and supported by UNDP and UNAIDS regional teams.

In late 2023, five regional networks: ECOM, EHRA, ENPUD, EWNA and the SWAN agreed to create a broader regional mobilization movement Rise & Decriminalize that would unite the efforts to decriminalize issues regarding people who use drugs; people living with HIV (with a focus on women); LGBT people and sex workers in CEECA region.

- **Results, outcomes, and impact:**
  In the result of a coordinated effort of key communities and regional networks for now we have tools and approaches to support community leaders in their advocacy:
  1. The Eastern Europe and Central Asia Task Force on Global AIDS Strategy 10-10-10 Targets is allowing to coordination of regional advocacy and technical support effort by all regional and national partners, UN agencies in fundraising for this response and in coordinated advocacy campaigns responding to emerging crises or threat to living or freedom of activists.
  2. Based on the joint approaches of the Rise & Decriminalize regional movement community leaders at national and local level will be encouraged to build new alliances with a broader range of possible supporters. The movement messages are built upon four key pillars important for all united communities:
  • Bodily autonomy: this principle emphasizes the right of individuals to be themselves and have their existence recognized. It promotes the concept that everyone should have autonomy over their own bodies without facing discrimination or social constraints.
  • Access to justice: this aspect focuses on ensuring protection against discrimination and unwarranted intrusion into private life. It includes mechanisms to safeguard individuals from crimes, including hate crimes, thereby bolstering their legal rights and access to justice.
  • Freedom from legal restrictions: this principle is connected with the removal of legal barriers that affect personal freedoms, such as parental rights (including adoption), sexual and reproductive rights (like assisted pregnancy), and labor rights. It calls for

the exclusion of HIV status, sex work, and drug use and possession for personal use from administrative and criminal codes. The movement seeks regulation of psychoactive substances based on scientific data, opposes mandatory HIV testing, and emphasizes the protection of personal and medical data. Furthermore, it aims to secure legal recognition and protection of sex work as a legitimate form of labor.
• Availability of comprehensive care services: the final principle underlines the importance of providing comprehensive care services, including medical, psychosocial, and legal support, to the target communities.
This coordination, message development, broader movement of allies building, and capacity-building activities have not resulted in country level decisions yet, we haven't achieved decriminalization of HIV transmission, drug use and possession, homosexual relations or sex work, but we do have mutual support and understanding in the region for moving forward approaching country governments and stakeholders with specific suggested legislative changes.

- **Gaps, lessons learnt and recommendations:**
  In the CEECA region having strong community coordination mechanisms, we are equipped and coordinated for responding to the 10-10-10 targets, but still have several threats and concerns:
  1. More and more governments in CEECA countries systematically intensified approaches to restrict civil society, including in the areas of drugs, harm reduction, and HIV services, as well as advocacy for evidence-based health and drug policies. These approaches aimed at diminishing public involvement in health, human rights, and drug policy, are consistently implemented across local, national, and regional levels. Together we understand the importance of conveying the mechanisms used to suppress NGOs in CEECA to UN treaty bodies and a broader spectrum of international security and human rights partners. Joint solidarity, advocacy efforts, and financial backing from the global community are essential for protecting the lives of activists and individuals receiving health and social care and harm reduction services from NGOs.
  2. Shrinking funding opportunities available for NGO in HIV response and broader health for key populations in EECA region makes capacities and tools available for NGO and community advocacy to achieve 10-10-10 targets very limited.
  3. The national effort to achieve 10-10-10 Global AIDS targets need to be planned and implemented by a broader coalition of all interested parties, including politicians, media, health and social care professionals, judges, law enforcement, etc led by key affected communities with lived experience. Such activities need to be conducted and supported by all key UN agencies and GFATM, as well as other supporters in UHC context. We are only starting this work and need to have proper support."

- **Annexes**
  Detailed final report of the Chase the virus not people! Campaign https://chasevirus.org/campaign-goal-achieved/ A communique from the Regional Consultation, During and after the war: rethinking the role of regional community networks of people living with HIV and key groups and other civil society organizations. Vilnius, June 29 – July 1, 2022 "Surviving war and growing authoritarianism: How to ensure the sustainability of civil society and community-led" https://eecaplatform.org/wp-content/uploads/2022/10/communique-final.pdf Side

event “Tenacity in the shrinking civic spaces: challenges and response of the organizations and activists working on drug policy and health in Eastern Europe and Central Asia” at the 67th session of the CND https://harmreductioneurasia.org/news/cnd-shrinking-civic-spaces-event Eastern Europe and Central Asia Task Force on Global AIDS Strategy 10-10-10 Targets Terms of Reference https://docs.google.com/document/d/1afXjLGYUSN5EWmtlLCqpA4G93fEh8C4K/edit First Meeting of Regional Decriminalization Movement "Rise & Decriminalize" Takes Place https://ecom.ngo/news-ecom/first-meeting-decriminalization-movement

Eastern Europe and Central Asia Case Study

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- **Timeline of the case study:** 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc);
- **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership; Sustainability in the long-term;

  - **Background and objectives:**
    The HIV epidemic in Eastern Europe and Central Asia (EECA) has reached critical levels, requiring innovative solutions to stem its spread and mitigate its impact. Traditional approaches to health care delivery and epidemiological surveillance are proving insufficient to meet the unique challenges of this public health crisis. Community-led monitoring (CLM) is emerging as a transformative strategy that redefines the role of affected communities, particularly gay, bisexual, and transgender groups who are disproportionately affected by HIV. In this case-study we examine the application of CLM in several EECA countries, focusing on its effectiveness in engaging these key populations in the fight against HIV. By empowering local communities to take an active role in monitoring and advocacy, CLM fosters a responsive health environment that is acutely attuned to the specific needs and challenges of its constituents.
    Globally, the HIV/AIDS response has evolved to include a strong emphasis on empowering vulnerable communities. This shift recognizes that those most affected by HIV are also the most critical to developing effective responses to the epidemic. In EECA, community-led initiatives have gained traction and show great promise in not only reducing HIV rates, but also improving overall health outcomes. These initiatives empower communities to advocate for their rights, participate in policy-making processes, and improve health service delivery frameworks. The active involvement of communities in steering the HIV response catalyzes systemic changes that ensure services are both accessible and tailored to the demographics of the region.

  - **Description/Contribution to the AIDS response:**
    This qualitative study synthesizes findings from a number of reports and projects conducted across EECA to assess the impact of community-led monitoring on HIV service delivery. A cornerstone of this analysis is the "secret client" method, an innovative approach in which trained community members anonymously rate the quality and coverage of health services. This method provides invaluable insights into the user experience, highlighting shortcomings and areas for improvement from the perspective of those most affected by the health system's offerings. By reviewing secondary data collected by health organizations and community groups, this study

paints a comprehensive picture of how CLM has reshaped the HIV service landscape in EECA.

- **Results, outcomes, and impact:**
  Community-led Assessments
  In countries such as Ukraine, Kyrgyzstan and Moldova, the confidential client method has been instrumental in assessing service quality and the prevalence of homophobia in health care settings. These assessments have documented significant progress in service improvement where CLM has been rigorously implemented. The approach has not only improved the delivery of health services, but has also played a critical role in identifying and addressing gaps such as breaches of client confidentiality and gaps in the cultural competence of health care providers. Such gaps are critical barriers that, if left unaddressed, can undermine the effectiveness of HIV prevention and treatment efforts.
  Impact on Service Improvement
  The introduction of CLM has led to remarkable improvements in the quality of HIV testing and counseling services throughout the region. The method's emphasis on community training and participation ensures that services are scrutinized through the lens of those who use them. This focus has resulted in health systems that are not only more responsive to the needs of vulnerable populations, but also more agile in responding to emerging health challenges. The direct involvement of community members, especially in roles typically reserved for health professionals, ensures that services are not only delivered, but that they are delivered with empathy, precision, and respect for the client's dignity.
  Reduction in Stigma and Discrimination
  One of the most notable outcomes of CLM is the reduction of stigma and discrimination in health care settings directly attributable to the insights gained through the Secret Client Method. These insights have catalyzed advocacy campaigns and informed policy development, leading to the implementation of training programs aimed at sensitizing healthcare providers to the nuances of serving diverse populations. Such initiatives have been instrumental in dismantling prejudicial practices and promoting an inclusive healthcare culture that upholds the dignity of all clients, regardless of their sexual orientation or gender identity.

- **Gaps, lessons learnt and recommendations:**
  Integrating community perspectives into HIV service monitoring promotes a holistic approach to health care. This inclusive strategy not only improves the quality of services, but also ensures that health interventions are culturally appropriate and responsive to community needs. Aligning health services with the lived realities of the populations they serve is critical to the effectiveness of HIV prevention, treatment and care programs. In addition, community-led monitoring fosters a collaborative environment in which service users and providers work together to develop solutions that address the root causes of health inequities.

  Lessons Learned and Best Practices
  The deployment of CLM across EECA provides valuable lessons and establishes best practices that can guide similar initiatives worldwide.
  1. Involving community members from planning through evaluation ensures that programs reflect community needs and are more likely to be accepted and sustained.

2. Equipping community members with the skills necessary to conduct unbiased and accurate service assessments ensures the reliability of the data collected, thereby enhancing the credibility of advocacy efforts.
3. Using CLM findings to inform policy and practice helps ensure that interventions are evidence-based and focused on community needs, maximizing their impact and efficiency.

Conclusion
Community-led monitoring has proven to be a powerful tool for transforming the HIV response in EECA. By empowering communities, particularly those most affected by HIV, CLM has sparked a shift towards more equitable, effective and compassionate health systems. The continued expansion and support of CLM initiatives is critical to achieving global goals for HIV prevention and treatment, paving the way for a health infrastructure that is both inclusive and responsive.

- **Annexes**
  N/A

Latin America and the Caribbean

Central America and the Dominican Republic

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Organization: UNAIDS
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- **Timeline of the case study:** 2004 - Present
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Funding; Political leadership; HIV Prevention, testing and treatment programmes; Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation; Interventions in humanitarian settings and/or responding to human rights crises;
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership; Efficiency and effectiveness;

  - **Background and objectives:**
    The Regional Coordination Mechanism (RCM) was established in 2004 with the purpose of improving strategic and technical management in the response to HIV, malaria, and tuberculosis in Central America and the Dominican Republic. It is composed of directors, heads, or coordinators of the National HIV, Tuberculosis, and Malaria Programs of the Ministries or Secretariats of Health in the region, representatives of Civil Society, representatives of Regional and International Technical Cooperation Organizations and Agencies, and representatives of Principal Recipients of projects funded by the Global Fund. It was established in accordance with the resolution of the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA). Its main objective is to harmonize regional cooperation, strengthen governance, and promote the sustainability of programs related to these diseases, following the criteria of the Global Fund and the resolutions of the Council of Ministers of Health of the region.

  - **Description/Contribution to the AIDS response:**
    The RCM plays a fundamental role in the strategic coordination of regional programs, facilitating cooperation among various stakeholders and promoting financial, technical, and programmatic sustainability of the HIV response. Its contribution includes harmonizing efforts, optimizing resources, and reducing barriers to the delivery of quality services to affected communities at a regional level.

  - **Results, outcomes, and impact:**
    The RCM has made significant progress in aligning and harmonizing regional efforts, strengthening the response capacity to HIV, malaria, and tuberculosis. Its actions have contributed to improving governance, optimizing the use of resources, and reducing barriers to accessing health services, generating positive impacts on the health of affected populations. It is worth noting that the RCM, as the operational coordinating body and technical advisory body on HIV of the COMISCA, presented the third Regional Sustainability Strategy for the HIV response, called the Regional HIV Strategic Plan for Central America and the Dominican Republic 2021-2026,

which aims to "Develop and implement regional and national strategies to promote the financial, technical, and programmatic sustainability of HIV services and response, through sustained investment in the response, optimal use of resources, cost reduction, removal of barriers to sustained service delivery, and coordination with partners, donors, and other initiatives to ensure the sustainability of the response in regular, crisis, and pandemic environments

- **Gaps, lessons learnt and recommendations:**
  It is important to continue supporting and strengthening this regional effort due to its significant advances, which serve as a regional example. However, specific funding allocated to the RCM remains a gap. Likewise, political fluctuations can weaken the support of some governments at the regional level. There are also challenges in the effective implementation of projects and the integration of strategic information.

- **Annexes**
  https://mcr-comisca.org/documentos/documentos-regionales/vih-1/1174-estrategia-de-sostenibilid https://www.mcr-comisca.org/ad-2021-2026/file

Colombia Case Study

CONTACT PERSON
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- **Timeline of the case study:** June 14th, 2023 - Present
- **Case study submitted by:** Government; Civil society; UN or other international organisation; Other (please specify);
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc); Political leadership;
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership; Innovation; Sustainability in the long-term; Scalability and replication;

  - **Background and objectives:**
    In Latin America 56 cities have signed up to the Paris Declaration that includes them in the Fast Track Cities strategy, some have ratified their commitment to put communities at the center with the Seville Declaration. There are successful cases of implementation such as the Edital Fast Track (2023) in Brazil and in others, it has been reduced to the signature and has not had an impact that allows the response to HIV from the communities.

    On June 14, 2023, the Seville Declaration was signed in Bogota, followed by the presentation of a technical proposal focused on strengthening the response to HIV, under the combination prevention approach. Since then, an Impulse Committee was formed, composed of community-based organizations working on HIV and KP, international cooperation projects, health care institutions, representatives of UN agencies (PAHO-UNFPA-UNAIDS) and the District Health Secretariat.

    The purpose of this intervention is to position the needs of the communities most affected by HIV in Bogota, in the agenda of the health, education, social integration and women's sectors of the local government, based on the formulation of the Fast Track Cities 2024-2030 Work Plan, carried out by the Impulse Committee with the leadership of the community.

  - **Description/Contribution to the AIDS response:**
    The experience of the Impulse Committee in Bogota is a pioneer in the innovative approach to HIV in the region for the following reasons:

    The response to HIV from the local government involves sectors such as women, education, social integration, LGBTIQ+ public policy, and sex work, creating a multisectoral approach. This was materialized in the Forum on HIV held in the Council of Bogota on November 29, 2023 with attendance and commitments from the institutional framework.

It has managed to regain trust between civil society organizations, local government and UN cooperation agencies, generating dialogues on the priorities to be worked on in the next 6 years. The construction of the 2024-2030 Work Plan has been carried out in a horizontal and collaborative manner among the parties involved in the Committee, prioritizing the needs of the communities and having an overview of the interventions planned by the agencies and cooperation projects.

We have positioned The Work Plan with the new city government, achieving its inclusion in the draft 2024-2028 district development plan that guarantees its execution and financial sustainability.
It has strengthened the advocacy capacity of community-based organizations and HIV activists and KP. Since the formation of the Committee, organizations such as the Parche Dulcero have emerged, focused on harm reduction of drug use; and alliances have been generated to respond to contingent situations such as the threat of ART shortages in the context of health reform in Colombia.

It is replicable to other cities in the region. We are currently developing a city guide that will allow community-based organizations in other cities to promote the Fast Track strategy with their effective participation in all stages.

- **Results, outcomes, and impact:**
  Formation of the Impulse Committee, composed of 15 community-based organizations working on HIV and key populations, international cooperation projects, health institutions, representatives of United Nations agencies (PAHO-UNFPA-UNAIDS) and the District Health Secretariat.
  Development of a work plan that aims to strengthen the district's response to HIV/STIs, viral hepatitis and TB with the adoption of combined prevention strategies and gender and intersectional approaches, through the active participation of the different actors in the response.
  Mapping of the HIV response and offer of existing actions in the city.
  Positioning before the candidates for mayor of Bogota on the scope of the signing of the Declaration of Seville, in the Forum held on September 22, 2023 by the social organizations of the Impulse Committee with support from UNAIDS.
  Political advocacy to include the response to HIV in the agenda of the women and gender, education and social integration sectors, as an action that contributes to combined prevention in its behavioral and structural components. Materialized in the inclusion of the work plan in the draft development plan of the new government of Bogota.

- **Gaps, lessons learnt and recommendations:**
  The multisectoral articulation can respond to the need for innovation in advocacy strategies that respond to the needs of communities. At the same time, it allows to strengthen the links between the different parties involved in the response to HIV.
  The combination prevention approach allows linking sectors of government that have not been integrated into the HIV response, such as education, social inclusion and women.
  The sustainability of the HIV response depends in turn on the sustainability of the involvement of activists and CBOs. This includes knowledge of structural conditions that may affect the engagement of certain populations and affirmative measures for their participation.

In order to materialize community leadership, a horizontal dialogue between activists, government and cooperation agencies is necessary. In addition, it's necessary to have sources of funding that allow their sustained participation.
Sustainability can be threatened by changes of government in countries with unstable democratic structures. We held a forum with mayoral candidates, followed up on the appointment of the new mayor's cabinet, built a goal to give continuity to the actions of the Seville Declaration, summoned the new government to a meeting and obtained his commitment to position this goal in the 2024-2028 development plan.

- **Annexes**
  Final Report. "National Consultancy for the Strengthening of the Committee for the Promotion of Fast Track City of BOGOTA". Spanish version.
  https://drive.google.com/file/d/1ddAIi8Dej633v9qmLEz6EVKSLCF-treX/view?usp=sharing
  Fast Track Cities Bogota Committee social networks
  https://www.instagram.com/fasttrackcitiesbta/
  Mention in Outstanding Experience "YOUTH LEADERSHIP ON HIV IN LATIN AMERICA AND THE CARIBBEAN".
  Let communities lead. World AIDS Day 2023 Report. Geneva: Joint United Nations Programme on HIV/AIDS; 2023. License: CC BY-NC-SA 3.0 IGO. Page 92.

Costa Rica Case Study

CONTACT PERSON
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- **Timeline of the case study:** 2009 - Present
- **Case study submitted by:** UN or other international organisation;
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Funding
  - **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Sustainability in the long-term;
  - **Background and objectives:**
    According to Law No. 8718, as established in Article 8, subsection i, of the net total profit of the Junta de Protección Social de San José (JPS), which is also the entity responsible for the National Lottery, the following distribution will be made: "From one percent (1%) to one point five percent (1.5%) among non-governmental organizations dedicated to the prevention and fight against sexually transmitted diseases and research, treatment, prevention, and care of HIV/AIDS, according to the Manual of criteria for the distribution of resources of the Junta de Protección Social.
  - **Description/Contribution to the AIDS response:**
    The Junta de Protección Social has an important social function. Revenues obtained through the sale of lotteries and other games of chance are distributed to different institutions and social programs in Costa Rica. Among the benefiting institutions are those working in the field of public health, including HIV/AIDS. The objective is to support efforts to combat the epidemic, improve the quality of life of those living with the virus, and prevent new infections.
    Over the years, the Junta de Protección Social has allocated resources to various programs and organizations working in the fight against HIV/AIDS, reflecting a sustained commitment to this cause. This allows for the mobilization of internal resources, supporting not only government entities but also civil society organizations.

  - **Results, outcomes, and impact:**
    The allocation of resources has allowed funding programs and organizations actively working on the prevention and treatment of HIV/AIDS, improving access to medical and psychosocial services, and strengthening the national response to the epidemic

  - **Gaps, lessons learnt and recommendations:**
    Despite efforts, challenges have been identified in the efficient execution of projects, such as non-compliance by some beneficiary organizations. There is a need for greater emphasis on monitoring and evaluation of funded programs, as well as measures to address limitations imposed by tax legislation. It is crucial to strengthen coordination among stakeholders and ensure the continuity and effectiveness of the aid provided. Most concerning is that there have been issues with the delivery of these resources to social organizations, which began in 2021 and have continued to date.

Additionally, the JPS has faced limitations due to the fiscal rule contained in Law No. 9635 for the Strengthening of Public Finances, which has reduced the transfer of resources to social organizations. This even led to the closure of the Costa Rican Demographic Association (ADC), which works for the prevention of the human immunodeficiency virus (HIV), entering into technical closure due to lack of resources to operate, especially those coming from the Junta de Protección Social.

- **Annexes**
  https://www.nacion.com/el-pais/politica/asociacion-de-lucha-contra-vih-cierra-por-freno-de/TUMACWUUCFCSFLOEH45FGCTLUY/story/#:~:text=La%20Asociaci%C3%B3n%20Demogr%C3%A1fica%20Costarricense%20%28ADC%29%2C%20que%20trabaja%20por,provenientes%20de%20la%20Junta%20de%20Protecci%C3%B3n%20Social%20%28JPS%29.
  https://www.jps.go.cr/sites/default/files/adicionalespreguntas_0.pdf

Ecuador Case Study

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- **Timeline of the case study: June 2020 to December 2022.**
- **Case study submitted by: Government.**
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes.
- **In which geographic area is the approach being carried out?** N/A
  - **Case study demonstrates:** Efficiency and effectiveness; Sustainability in the long-term**;**
  - **Background and objectives:**
    WHO recommends initiation of treatment with tenofovir diproxil fumarate, lamivudine, and dolutegravir (TLD) for all populations; transition to this regimen for persons on stable treatment, and initiation with TLD for those who have dropped out of treatment and are re-engaged in care. However, evidence of programmatic data, particularly in people without viral load at the time of optimization, is limited, especially in the Americas. Therefore, it is important to support the generation of information that allows reporting on the implementation of these programs and to know the evidence of impact in the countries.
    Ecuador has been one of the pioneers in the migration to TLD-based treatment in the region and therefore, the objective of the present study was to evaluate the impact of the transition to the antiretroviral regimen based on TLD on viral undetectability in people living with HIV in both newly diagnosed and ART experienced people.

  - **Description/Contribution to the AIDS response:**
    The clinical benefit of transitioning to antiretroviral therapy based on the combination of tenofovir diproxil fumarate, lamivudine and dolutegravir was evidenced in both ART - experienced and newly diagnosed patients. This is consistent with clinical studies that have demonstrated the potent antiretroviral activity of the TLD combination, achieving sustained viral suppression and reducing viral load to undetectable levels in a high proportion of patients.
    An additional point, which has been evidenced in this sample of Ecuadorian patients, is that the administration of combination therapy in a single tablet facilitates adherence to treatment and simplifies medication management for patients. Additionally, the use of this combination has been associated with a lower incidence of serious side effects compared to other schemes, which improves tolerability and adherence to treatment.

  - **Results, outcomes, and impact:**
    In the adult participants, the mean age was 41.2 years (range 15 to 80 years), of whom 63.1% had previously received antiretroviral treatment for at least one year. In the treatment history analysis, 72% (291/404) of the subjects studied had no record

of prior failure, but 20.8% (n=84) of the patients had no pre-transition viral load. In cases with recorded viral load, only 42.8% had viral suppression (n=137). However, upon transition, only 10% of those subjects without suppression continued without reaching this goal, showing that 89.6% (362/404) of subjects achieved viral suppression after switching to TLD ($p<0.00001$).
Another parameter evaluated was the development of opportunistic infections, which were present in 9.4% (38/404) of the subjects prior to the change of treatment, while they only occurred in 3.4% (14/404) of those who migrated to the new regimen ($p<0.0005$).

- **Gaps, lessons learnt and recommendations:**
  In countries such as Ecuador, TLD-based antiretroviral therapy represents a significant advance in the treatment of HIV infection, due to its potency, high barrier to resistance and favorable drug-drug interaction profile, offering a safe and effective option for people with comorbidities, including tuberculosis (TB). Its clinical effectiveness, lower toxicity and affordability make this combination an attractive therapeutic option. However, further research and efforts are needed to address the associated challenges, particularly where the emergence of viral resistance remains a concern, especially in settings with limited access to resistance testing and patient monitoring, in order to ensure equitable access to this therapy for all patients living with HIV/AIDS worldwide.

- **Annexes**
  The Study is available at the following link: https://drive.google.com/file/d/1PGMx-AUy25ANRYHrc_fQ-B9iScr-uFyz/view?usp=sharing

Peru Case Study

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- **Timeline of the case study:** 26.04.23 - 17.04.24
- **Case study submitted by:** UN or other international organization
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc);
- **In which geographic area is the approach being carried out?** Lima and El Callao
  - **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership; Scalability and replication; Innovation; Efficiency and effectiveness;
  - **Background and objectives:**
    Strengthening public financing of civil society organization (CSO) service delivery – often referred to as “social contracting” – is an important option for countries seeking to strengthen and improve their health systems and to continue to make progress addressing HIV. The sustainability of critical services provided by civil society depends on CSOs accessing diversified funding sources. Government and other domestic sources are often the most logical and sometimes the only options. “Social contracting” has been shown to be an effective way to formally reinforce the link between civil society and government and to provide services that can strengthen national disease responses and health systems. Within the framework of addressing 30-60-80 targets of the AIDS Global Strategy 2021-2025, particularly to facilitate social contracting, UNAIDS MCO Peru and the Comunidad de Mujeres Positivas agreed to strengthen 17 CBOs, comprised by migrants and Peruvians, in April 2023. UNAIDS partnered with IOM and Legal Services PROBONO to support capacity building of these organizations and legal regularization to provide services on peer counseling, HIV-AIDS prevention, advocacy campaigns and fairs, HIV education, stigma and discrimination, political advocacy (empowerment), reproductive sexual health and rights, promotion of human rights, and reduction of gender-based violence. After addressing multiple challenges, 14 CBOs obtained their legal organizational status in April 2024 and met requirements to provide HIV related services and mobilize resources.

  - **Description/Contribution to the AIDS response:**
    UNAIDS MCO Peru joined IOM implementation of the "Organized Voices" initiatve, a Program for Strengthening Capacities and Skills of Grassroots Social Organizations to address the integration needs of migrants, including the fight against discrimination and xenophobia against the Venezuelan refugee and migrant population. The programme aims to promote the effective citizen participation of the Venezuelan refugee and migrant population at the local level and foster socioeconomic integration aimed at members of social organizations located in the districts of Lima and El Callao. With the leadership of Comunidad de Mujeres Positivas, 17 grassroot community organizations comprised of migrants and Peruvian people living with HIV

and from key populations actively participated in the capacity building programme run by PROBONO with technical support from IOM and UNAIDS and in the legal process for their regulatization. These CBOs will continue strengthening their organizational capacities in project management, governance, accountability and reporting along 2024, while new other CBOs will be starting their regularization process as a second cohort. This joint effort strengthens overall sustainability of the HIV national response, by setting up “social contracting” mechanisms, whereby community organizations receive the tools for service provision, often to key and vulnerable populations.

- **Results, outcomes, and impact:**
  Governments, multilateral organizations and donors have come to recognize the vital role of civil society and communities, not only in advocating for HIV services, but in providing the services themselves, reaching those who may otherwise be left behind. This one-year programme resulted in the legal regularization of 14 CBOs that obtained their legal status and credentials to participate in social contracting processes with international cooperation, private sector and government. Some of the main results reported by CBOs leaders are the improvement of their knowledge in national legal frameworks and regulations, better understanding of the rights and responsibilities of becoming a legal authorized organizations, components of good governance, and advocacy and resource mobilization capacities. They reported to be better equipped to participate in social contracting procesess and integrate a peer support group to other CBOs.

- **Gaps, lessons learnt and recommendations:**
  Many of the leaders of these organizations live and work in marginal and vulnerable contexts, with very limited digital literacy and access to technological devices or internet connection. This has made each part of the process difficult and slowed down registration phases on the Probono Platform (creation of an user account, filling in the fields of their profile, preparation and uploading of the required documents, and creation of a request for legal advice), as well as timely development of required legal documentation, coordination with IOM, UNAIDS and Alianza Probono or the law firms that, after the aforementioned request, adjudicated each case.

  What really made a difference and had great impact was the appointment by UNAIDS of a community adviser that accompanied each organization; walking through each of the phases, and support them with training in office automation and digital literacy. Strategic partnerships with private sector (PROBONO legal services), identification of synergies, resource mobilization and interagency work were fundamental to reach programme objectives.

- **Annexes**
  https://migrationnetwork.un.org/es/practice/voces-organizadas-programa-de-fortalecimiento-de-capacidades-y-habilidades-de-las ;
  https://www.alianzaprobono.pe/; https://unaids-my.sharepoint.com/:i:/r/personal/boccardia_unaids_org/Documents/Pictures/UNAIDS-IOM-PROBONO-CBOs.jpg?csf=1&web=1&e=ZrHNbJ;

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