



**Leveraging Country Leadership to  
Advance Resilience for a Sustainable  
HIV Response Pre and Post 2030**

Position Paper of the Directors General of  
National AIDS Commissions on  
Sustainability of the HIV Response

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## HIV Leadership Forum National AIDS Coordinating Authorities

### Angola

Instituto Nacional de Luta Contra Sida (INLS) (National Institute for the Fight Against AIDS)

### Brazil

Department of Chronic Condition Diseases and Sexually Transmitted Infections

### Cameroon

Comite National De Lutte Contre Le Sida (National AIDS Control Committee)

### China

National Center for AIDS/STD Control and Prevention (NCAIDS)

### Colombia

National AIDS Council

### Democratic Republic of the Congo

National Multisectoral Programme to Combat HIV/AIDS (PNMLS)

### Eswatini

National Emergency Response Council on HIV and AIDS (NERCHA)

### Ethiopia

HIV/AIDS Prevention and Control Office (HAPCO)

### Ghana

Ghana AIDS Commission (GAC)

### India

National AIDS Control Organisation (NACO)

### Indonesia

No coordinating agency present – KPAN dissolved by Presidential Order in 2017

### Islamic Republic of Iran

No separate agency

### Kenya

National Syndemic Diseases Control Council

### Lesotho

National AIDS Commission Lesotho

### Madagascar

National Committee for the Fight against AIDS

### Malawi

Malawi National AIDS Commission

### Mauritius

National AIDS Secretariat

### Mexico

The National Center for the Prevention and Control of HIV/AIDS (CENSIDA)

### Namibia

Namibia National AIDS Committee

### Nigeria

National Agency for the Control of AIDS (NACA)

### Pakistan

National AIDS Control Programme (NACP)

### Philippines

Philippine National AIDS Council (NACP)

### Rwanda

Rwanda Biomedical Centre's HIV/AIDS, STIs, and other Blood Borne Infections

### South Africa

South African National AIDS Council (SANAC)

### South Sudan

South Sudan AIDS Commission (SSAC)

### Tanzania

Tanzania Commission for AIDS (TACAIDS)

### Uganda

Uganda AIDS Commission (UAC)

### Ukraine

Public Health Centre of Ukraine

### Zambia

National HIV/AIDS/STI Council (NAC)

### Zimbabwe

National AIDS Council (NACZ)

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# 1. INTRODUCTION

*"Sustainable country-led HIV programmes remain an elusive goal, despite remarkable progress in the global AIDS response over the past two decades."*

While the vertical approach to responding to HIV —characterized by dedicated systems for data management, human resources, diagnostics, surveillance, and supply chains—has driven unprecedented achievements, declining donor funding necessitates a strategic transition toward government-managed, integrated programmes.

The pursuit of HIV response sustainability is not novel. For two decades, development partners have introduced various frameworks—including guidance documents, sustainability indices, transition policies, and co-financing requirements—emphasizing country ownership, domestic financing, investment cases, and efficiency studies. However, these did not result in attaining sustainability, and the current HIV service delivery model, operating parallel to government systems with high overhead costs, continues to challenge true sustainability.

Recognizing this critical juncture, the HIV Leadership Forum— a community of practice comprising Directors General from National AIDS Commissions across Africa, Asia, and Latin America — committed to providing strategic direction toward attainable sustainability goals as articulated in the Forums' 2023 position paper titled "Sustaining Effective Leadership to Secure Gains, Bridge Disparities, and Expedite Progress."

In 2024, the Forum established a working group to develop a country-informed position paper proposing considerations for sustaining HIV responses while preserving and advancing the significant gains achieved to date.

## 1.1 Key Challenges to HIV Response Sustainability

Drawing on lessons from past sustainability planning processes, this position paper identifies critical challenges that current roadmap development processes have yet to address adequately.

They include:

- i) **Absence of shared vision and understanding:** Global health actors and country stakeholders operate with divergent definitions and interpretations of 'sustainability' in the context of HIV response. The lack of collective agreement on essential elements requiring transformation to achieve sustainability has led to misaligned objectives and fragmented country planning processes.
- ii) **A global HIV design, delivery, and funding architecture incompatible with the current framework of government-managed services:** Historically, HIV programmes have been structured vertically, funded off-budget, and delivered through multiple nongovernmental implementing partners in countries. While this approach has been instrumental in achieving unprecedented gains in programme coverage, quality, and impact, it has also led to fragmented treatment and prevention programs and an ecosystem with diverse, overlapping, and parallel data tools, diagnostic platforms, surveillance systems, and supply chains that operate independently of the public health infrastructure. Additionally, the deployment modalities of supplementary HIV health workers render them incompatible with government regulations, making direct absorption into the national health system challenging.



*HIV testing at St. Anthony's Parish, Enugu-Ezike, Nigeria*

- iii) **Adoption of a one-size-fits-all approach:** This often overlooks a country's unique national macroeconomic, political, legal, and social contexts that shape its public policy and health investments: As countries expand their Universal Health Coverage (UHC) and Primary Health Care (PHC) commitments, their national HIV responses need to design service packages that align with those priorities. Equally, UHC and PHC planning needs to consider the unique national complexities of existing vertical systems inside their countries to facilitate effective HIV integration.
- iv) **Limited focus on comprehensive epidemic analysis:** Current epidemic analyses remain narrowly focused on HIV metrics while failing to account for critical intersecting factors, which include non-communicable diseases, gender-based violence, substance use, and educational attainment, among other social determinants for health.
- v) **Insufficient emphasis on primary HIV prevention:** Sustainability planning processes have inadequately addressed primary HIV prevention strategies, scale-up of emerging scientific breakthroughs, and integration of prevention services into broader health systems. These gaps leave countries vulnerable to potential epidemic resurgence.
- vi) **Limited investments towards resilience of local communities:** The roles of local NGOs and CBOs and community-led initiatives in the future model of the response have not been articulated. Negotiations to safeguard resources and social contracting options remain largely absent within sustainability planning.
- vii) **Weak transition management and shared accountability frameworks:** The absence of institutionalized transition management and shared accountability mechanisms to track fidelity to transition commitments towards sustainability undermines long-term planning efforts to evolve the HIV response model. This includes disjointed coordination, limited stakeholder accountability measures, and inadequate resource allocation for transition management.

## 1.2 Setting Countries up to Succeed

Understanding these critical challenges to HIV response sustainability and the fact that the transition to sustainability is a medium to long-term pathway that both countries and the global community must adopt, the Forum proposes a comprehensive model to address existing gaps and strengthen ongoing sustainability planning efforts. This model comprises four key elements designed to enhance countries' progress towards a successful transition:

- i) **Country-centric evaluation for readiness and resilience building:** Sustainable HIV responses must align with each country's unique national context, including political systems, financial structures, and health systems. This alignment requires



thoroughly evaluating current donor-driven, NGO-based delivery systems' compatibility with government-managed programs. The evaluation process encompasses a detailed contextual analysis that maps existing HIV programs and projects, including data management tools such as Electronic Medical Records (EMR) systems, laboratory platforms, surveillance approaches, supply chains, and donor-funded health workforce.

Country HIV epidemic analysis must account for evolving demographic, epidemiological, and economic landscapes while examining interactions with broader health and structural determinants. This comprehensive information will enable countries to develop informed transition plans that specify elements requiring reform and outline clear pathways toward an evolved and sustainable response.

Additionally, this analysis will inform Universal Health Coverage (UHC) and Primary Health Care (PHC) integration efforts, which must address the complexities of existing vertical systems unique to each country. A country's understanding of the fragmented HIV prevention landscape is essential for programming that will propel incidence declines.

- ii) **Reform of global HIV service delivery and funding architecture:** The paper poses critical questions and reflections for the worldwide community to enable country-level success through a willingness to transform the existing HIV model and align the evolved model with government systems and institutions while maintaining program effectiveness.
- iii) **Institutionalise transition management:** Recognising that the transition of the HIV response will be deliberate and progressive, the Forum advocates for a structured transition management approach where each country institutionalises the leadership and processes of transition. This requires countries to establish designated institutions or teams with clear execution authority over transition processes. Institutionalization will help ensure continuity and systematic progress throughout the transition period.
- iv) **Promote mutual accountability:** The success of the HIV response depends heavily on maintaining the political, technical, and social visibility of the program. A robust mutual accountability framework will be required to track the fidelity of all stakeholders—donors, governments, communities, faith-based organizations, and market actors—to people-centered transition commitments. Countries will be required to convene regular multilateral dialogues embedded to address critical issues, including predictability of funding levels and priorities from both donors and governments, flexible resource utilization to make investments in strengthening government systems that will host HIV programs, establishment of integrated service delivery models, human resources and commodity security, enhancement of primary HIV prevention, support for key and vulnerable populations.

These four elements serve as mutually reinforcing pillars for achieving sustainability goals. Success in sustainability planning and integration hinges on stakeholders—governments, donors, and development partners—fully understanding each country's operational context. Countries must allocate sufficient resources to build resilience in five domains necessary to sustain an evolved and robust HIV response managed through the public health systems: political and governance, financial, communities, research and innovation, granular epidemic analysis and programme resilience.

This insight is crucial for redesigning HIV models that align with national systems, developing realistic transition plans, and enhancing multilateral negotiations on critical transition priorities and commitments.

## 1.4 Path Forward to 2030 and Beyond

To achieve a sustained and resilient HIV response beyond 2030, the HIV Leadership Forum will prioritize and develop tools to support:

- i) **Country-led context and HIV programme alignment appraisals** that describe, qualify and quantify the HIV operating landscape in-country to provide data for transition planning towards an evolved HIV response model that can function via government financing, social and health system. They will:
  - map the state of HIV treatment and prevention programs to guide the development of coherent, jointed HIV programmes and services;
  - evaluate the HIV operational support systems at facility, subnational, and national levels (e.g., data tools, Electronic Medical Records (EMRs), reporting systems, lab platforms, surveillance mechanisms, and supply chains); and
  - analyse the HIV workforce to inform capacity retention efforts.
- ii) **Epidemic appraisals** at national and sub-national levels;
- iii) **Forecasted costs**, including syndemic considerations;
- iv) **Formulation of evolved models** HIV programme delivery and funding;
- v) **Transition planning** and multi-lateral and multistakeholder negotiations;
- vi) Promote transition management and accountability mechanisms;
- vii) **Continued Advocacy and stakeholder engagement** to build the political and social capital necessary to enhance budget allocations and drive sustainability, and
- viii) **Reforms of service delivery and funding architecture** at all levels, including support for transition management and multi-lateral negotiations.

The HIV Leadership Forum urgently calls for increased country leadership and domestic investments to finance the HIV response. The time has come to move beyond the comfort of dedicated resources and vertical program predictability.

Establishing a pathway that recognizes the necessity of global and country-level reform in the HIV response architecture through a deliberate process that vigilantly protects gains achieved to date is crucial.

Transitioning to sustainable, country-owned HIV responses requires bold leadership, unwavering commitment, and collaborative action from all stakeholders. Only through such coordinated efforts can we ensure the long-term sustainability of HIV programmes while maintaining and advancing the remarkable progress achieved over past decades.

## 2. BACKGROUND

*"Over the past two decades, the global HIV response has achieved remarkable progress. The number of new HIV infections has been halved, and AIDS-related deaths have dropped by two-thirds since 2002."*

### 2.1 The HIV Response

The expansion of access to life-saving antiretroviral therapy (ART) has enabled people living with HIV to lead longer, healthier lives—an outcome that seemed improbable at the turn of the century. By 2022, 73% of the estimated 39 million people living with HIV were receiving treatment and 71% of those achieved viral suppression. In southern Africa, life expectancy, once in decline due to HIV, has been restored.

Despite these gains, global targets remain unmet. The 2020 goal to reduce new infections by 75% was missed, with 1.3 million new cases reported in 2023, significantly above the target of fewer than 370,000. Additionally, AIDS-related deaths totalled 630,000, exceeding the goal of fewer than 250,000. Treatment coverage also fell short, with 29.8 million people on ART, well below the 2025 target of 34 million.

While progress has been significant, it remains fragile, particularly with no cure for HIV in sight. The success of the HIV response has primarily been driven by its vertical nature—programs targeting specific diseases with focused data, human resources, diagnostics, surveillance, procurement, supply chain systems, and comprehensive strategies that yield rapid results. While favoured by donor countries for their effectiveness, these vertical programs face ongoing challenges in sustaining and scaling the gains achieved.

The HIV response has benefited from substantial Overseas Development Assistance (ODA) to combat the disease in low- and lower-middle-income countries, with global institutions like UNAIDS, the Global Fund, PEPFAR, and UNITAID playing key roles.

However, resources are now declining, prompting renewed efforts toward sustainability planning. According to the OECD's 2021 report<sup>1</sup>, donor priorities are shifting, resulting in reduced ODA allocations for HIV and AIDS. This decline has renewed focus on transitioning the HIV response from a donor-driven, vertical approach to a government-managed programme.

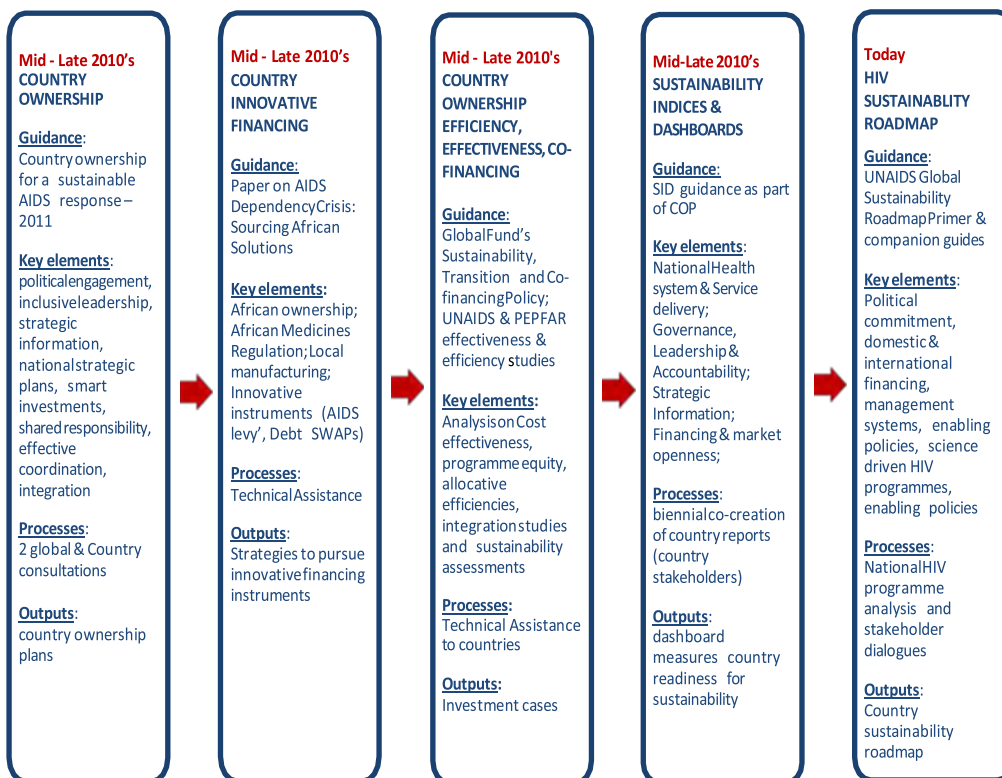
## 2.2 Sustainability of the HIV Response: The Elusive Twenty-Year Journey

The focus on sustainability in the HIV response is not new and has long been part of global public health discourse. Early efforts in the mid-2000s were framed as "country ownership" under frameworks like the Paris Declaration (2005)<sup>2</sup> and the Accra Agenda for Action (2008).

This vision emphasized host country leadership in developing and overseeing national strategic plans, with mutual accountability between global and local actors. However, despite this focus, HIV programme design and implementation continued to be largely driven by the Global North<sup>3,4,5</sup>.

In the 2010s, domestic financing emerged as a key sustainability pathway. Investment cases and innovative financing instruments such as AIDS levies and debt swaps aimed to increase the fiscus and direct added resources toward HIV programmes. Zimbabwe's AIDS Levy is a rare but notable example of this approach in action. Efficiency studies sought to promote cost-savings in programmes<sup>6,7</sup>.

Figure 1 'HIV sustainability' processes and investments over two decades



<sup>1</sup>OECD (2021), OECD International Development Statistics, Volume 2020 Issue 1, OECD Publishing, Paris, <https://doi.org/10.1787/g2g99aa0-en>.

<sup>2</sup>The Paris declaration on aid effectiveness. <http://www.oecd.org/dataoecd/11/41/34428351.pdf>

<sup>3</sup>PEPFAR/USAID Issue Brief. 2013. Country ownership

<sup>4</sup>Country ownership for a sustainable AIDS response: from principles to practice. [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20120717\\_JC2134\\_UNAIDS\\_Country\\_Ownership\\_Discussion\\_Paper.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20120717_JC2134_UNAIDS_Country_Ownership_Discussion_Paper.pdf).

<sup>5</sup>Hirschhorn L, Talbot J et al. 2013. From scaling up to sustainability in HIV: potential lessons for moving forward. *Global Health*. doi: 10.1186/1744-8603-9-57.

<sup>6</sup>Zeng W, Shepard DS, et al (2012) How much can we gain from improved efficiency? An examination of performance of national HIV/AIDS programs and its determinants in low- and middle-income countries. *BMC Health Serv Res* 12: 74.dd

<sup>7</sup>Vassal A, Remme M, et al 2013. Financing Essential HIV Services: A New Economic Agenda. *Plos Medicine* <https://doi.org/10.1371/journal.pmed.1001567>

<sup>8</sup>Social Contracting Policy Brief

<sup>9</sup>Kibachio J, et al., (2019). Recommendations for the use of mathematical modelling to support decision-making on integration of non-communicable diseases into HIV care, *Journal of International AIDS Society*, 23 (Suppl 1):e25505, Jun 2020. doi: 10.1002/jia2.25

## 2.3 The HIV Leadership Forum

The HIV Leadership Forum, a community of practice comprising Directors General from National AIDS Commissions across Africa, Asia, and Latin America, has emerged as a critical voice in shaping sustainable HIV response strategies. Since 2023, the Forum has comprehensively analysed challenges and opportunities for achieving genuine sustainability in the global and country-level HIV response.

At its landmark 15th meeting in Namibia, the Forum launched a seminal position paper titled "Sustaining Effective Leadership to Secure Gains, Bridge Disparities, and Expedite Progress." This document critically examined the HIV response's historical trajectory and its implications for achieving sustainable outcomes.

Building on this foundation, the Forum's steering committee, during its February 16th, 2024, meeting, established a dedicated thought leadership working group to develop a comprehensive position paper outlining key considerations for achieving sustainability.

A dedicated thought leadership working group was established at this meeting to develop a comprehensive position paper outlining key considerations for achieving sustainability. The working group employed a systematic strengths/opportunities and weaknesses/threats analytical approach to articulate key positions through seven virtual sessions and one in person meeting during 2024. The full Forum of Directors General collaborated to produce this comprehensive document.

This position paper serves multiple strategic purposes:

- i) Synthesizes lessons from past and ongoing sustainability planning processes;
- ii) Identifies critical threats to successfully transitioning from the current state to sustainable government- managed HIV programmes;
- iii) Proposes key considerations for transitioning towards government-managed programmes; and
- iv) Ensures preservation and advancement of existing gains.

While focusing primarily on public health delivery, the Forum acknowledges the evolving role of the private sector in HIV service delivery. Rather than concentrating on specific HIV service delivery programmes such as HIV Testing, Antiretroviral Therapy (ART), Prevention of Mother-to-Child Transmission (PMTCT), Voluntary Medical Male Circumcision (VMMC), or condom distribution, the paper examines the broader HIV ecosystem supporting these programmes, including:

- i) Service delivery architecture;
- ii) Human resource management;
- iii) Laboratory diagnostic systems;
- iv) Data and surveillance frameworks;
- v) Community engagement mechanisms;
- vi) Supply chain operations;
- vii) Financing structures; and
- viii) Country leadership frameworks.



*The HIV Leadership Forum Directors General Steering Committee, Namibia 2024*

## 3.

# THREATS TO COUNTRY READINESS

### 3.0 The Threats to Countries' Readiness and Effective Transitions to Sustainable HIV Responses

The HIV Leadership Forum identifies five critical challenges that have hindered past sustainability efforts and continue to affect current sustainability roadmap planning processes.

#### 3.1 A Lack of Shared Vision, Common Understanding, or Common End Goals of Sustainability

A unified vision and common end goals regarding 'sustainability' in the HIV response are missing among global health actors and recipient countries. Organizations such as PEPFAR, the Global Fund, and UNAIDS each define sustainability in distinct terms. At the national level, various stakeholders— including governments, civil society, and the private sector—interpret concepts like sustainability, transition, self-reliance, and country ownership in divergent ways.

In ongoing dialogues, countries have yet to articulate collectively what an evolved HIV response entails, particularly regarding the management of services and the program support ecosystem by government entities. They have also failed to identify the key elements of the HIV response design, service delivery, and funding architecture that must change for sustainability to be achieved.

Furthermore, the roles and functions of stakeholders—such as governments, development partners, donors, community-based organizations, non-governmental organizations (NGOs), the private sector, and faith-based organizations— in the future evolved HIV model have not been adequately considered. This lack of a collective vision among HIV response actors is likely to result in misaligned objectives, compromising the ability to achieve cohesive and realistic country roadmaps.

### **3.2 Current Externally Funded HIV Program Delivery & Funding Architecture is Incompatible with Sustainable Government-Driven/Managed Services**

The current donor-driven framework for HIV design, delivery, and funding has been essential to the unprecedented gains made in coverage, quality, and impact of HIV programs. It has introduced many practices into the broader public health landscape, such as large-scale indicator monitoring, the application of science and evidence for routine service delivery, stronger health systems, enhanced diagnostics, and increased human resource capacities worldwide.

However, this model has also created parallel systems across HIV programme support areas that are not aligned with government systems.

***"The standard organization of ministries of health globally relies on shared systems that support programme planning and facility service delivery, while the HIV service and delivery architecture does not align with this framework."***

Typically, HIV programmes are delivered by NGOs with specialized expertise. The multiplicity of implementing partners across any country, contracted for diverse programmes with minimum government visibility of the landscape has resulted in overlapping data, human resources, diagnostics, surveillance, procurement, and supply chain systems that operate parallel to the public health infrastructure.

Furthermore, governments have limited visibility of these landscapes of actors, programmes and systems. Investments made for health systems using HIV-specific resources have often led to the creation of parallel disease-specific systems within ministries. This overall architecture complicates efforts to unify the HIV response under government management or to achieve health sector integration of services. Therefore, sustainability planning must visualize and model an evolved HIV response architecture that aligns with government systems and craft clear transition pathways for this evolution.

The specific challenges entail the following:

- i) **HIV programme design and delivery model:** HIV programmes operate based on global technical guidance and standards for services such as Antiretroviral Therapy (ART), Prevention of Mother-to-Child Transmission (PMTCT), Voluntary Medical Male Circumcision (VMMC), testing, and diagnostics, which have facilitated scale. However, the involvement of multiple NGOs and implementing partners, each with different contracts and reporting structures across various geographic locations and facilities, has resulted in fragmented and costly programmes that will be difficult to transition to government management in their current state.

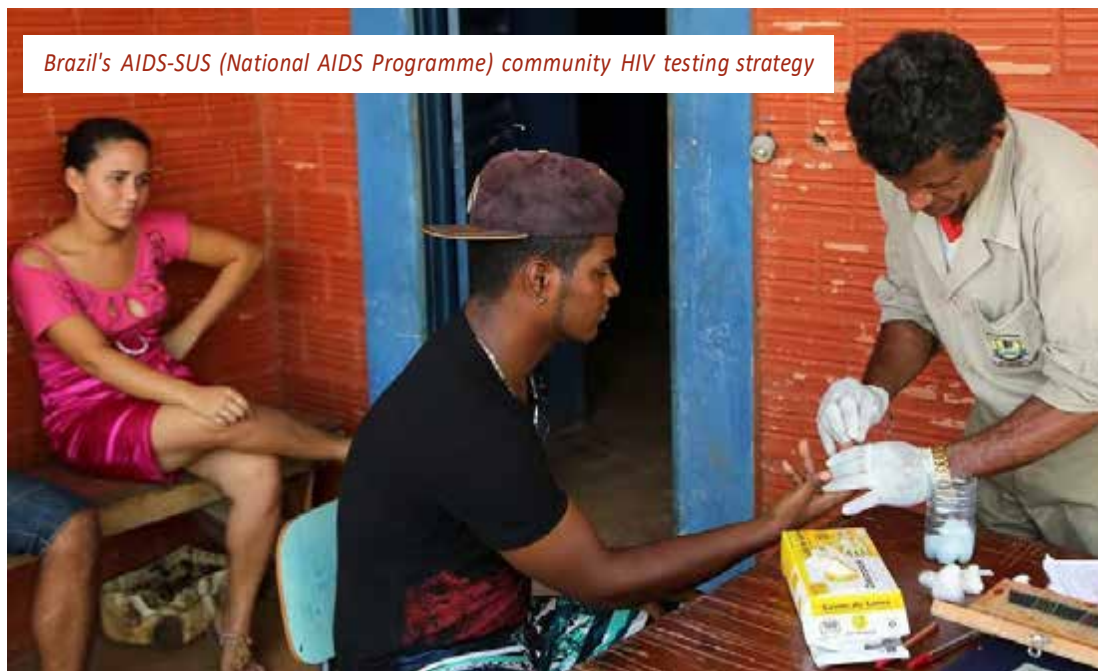
***"Co-location of HIV services has not always translated to integration within health facilities. While sustainability envisions government leadership, without visibility of these projects in each country, programme coherence for successful transition and integration with national programs is unlikely."***

- ii) **Human resources:** The HIV response has invested substantially in capacity building and training additional human resources to support health service delivery and management. Typically employed by NGOs, this health workforce— including nurses, medical officers, clinical staff, laboratory technicians, and pharmaceutical officers— operates across community, primary, and tertiary care levels. They have significantly contributed to high-quality care, as evidenced by achievements such as high rates of viral suppression, HIV testing, PMTCT, and VMMC coverage.

They also continue to serve as a stop-gap measure for scarce human resources for health in many countries. Additionally, technical expertise in program support areas such as epidemiology, supply chains, diagnostics systems, and research resides within the private sector and NGOs. Transition efforts must deliberately create avenues to leverage these capacities for the broader health system.

The entire portfolio of these workers—including their numbers, terms of service, areas of deployment, and recruitment processes—is often not readily available to governments, complicating planning for retaining this critical capacity. Moreover, recruitment practices and employment terms vary across NGOs and are frequently misaligned with government regulations.

Consequently, absorption or any other form of retention will likely need to be mediated through legally designed pathways in collaboration with national civil service management authorities.



*Brazil's AIDS-SUS (National AIDS Programme) community HIV testing strategy*

- iii) **Data and strategic information:** National AIDS monitoring and evaluation frameworks have established a foundation for rigorous program monitoring, built on evolving performance indicators that are now standard in global public health systems. Data collected and collated at the national level and aggregated globally plays a central role in decision-making, resource allocation, program evaluation, and course correction. While challenges such as data accuracy, timeliness, and completeness persist in many countries, the overall HIV data ecosystem remains a strong pillar of the response. The proliferation of disparate and non-interoperable data tools, electronic medical records (EMRs), and management systems for HIV services—often owned and operated by different implementing partners and reporting to parallel donor systems—hinders the central Ministry of Health (MOH) from gaining a unified view of the data and the HIV response.

***" Pertinent data collected by donor-funded projects are not always shared with country governments or collated in national health information management systems, which can also be multiple, leading to data gaps."***

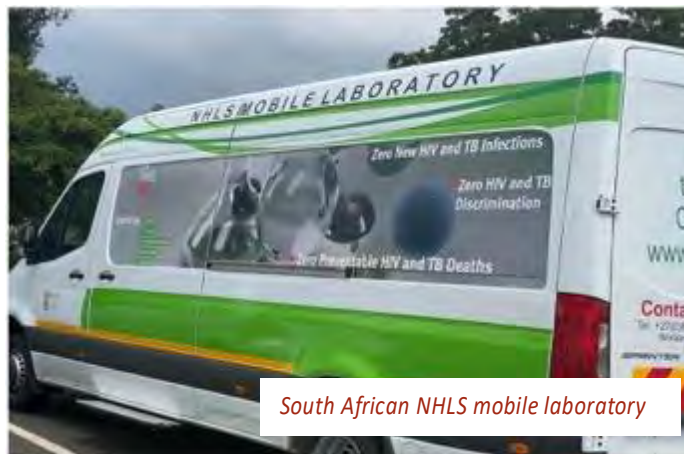
Investments to strengthen country health data systems have often resulted in quasi-parallel HIV (and TB, malaria) data systems within ministries of health that do not interact or integrate with the national central health data system, usually the District Health Information System (DHIS), which is vital for long-term sustainability.

Global HIV targets have provided political gravitas for HIV action at the country level. These targets are centered around the Global AIDS Monitoring process, with countries collecting, collating, and developing annual national and sub-national estimates. However, these processes and many globally set targets and indicators are often top-down, with limited country input, duplicative, challenging to measure, and increasing the cost of program monitoring.

- iv) **Surveys and surveillance:** Surveys, modelling, and diagnostic surveillance techniques have advanced over time, providing a broad baseline of data often triangulated at the global level to advance the response. At the country level, surveys and surveillance are increasingly fragmented, limiting their utility for national planning and advocacy. For instance, bio-behavioural surveys and stigma indices conducted by key populations or people living with HIV (PLHIV) networks are not linked to national data platforms or Global AIDS Monitoring (GAM) reporting indicators on country performance. Similarly, PEPFAR-funded AIDS impact evaluation surveys exclude important data on co-morbidities or syndemics, thus missing opportunities for country ownership across health sector leadership. Additionally, biomarker samples and data collected from these surveys are typically not stored with government institutions, further reducing their value for future planning and sustainability. Conversely, nationally funded health surveys often limit HIV indicators because they are already captured in separate surveys.

*"Without mechanisms to routinely share these data, political prioritization of the HIV response is hampered, posing a threat to long-term sustainability."*

- v) **Laboratory diagnostics:** Diagnostic tools such as viral load testing, drug resistance testing, and molecular diagnostics have significantly improved HIV patient outcomes, enabling better monitoring of



South African NHLS mobile laboratory

treatment efficacy and early detection of drug resistance. However, similar to other support systems noted above, the diagnostics landscape is disjointed, with different platforms and technologies operated by various partners. Some of these systems are designed exclusively for HIV-specific testing, limiting their applicability to other diseases despite the potential for broader utility in the public health system. This lack of a unified approach undermines the goal of integrating HIV services into national health systems.

- vi) **Supply chains and commodity security:** HIV programmes have built strong technical capacity in forecasting, procurement, and distribution, but this expertise remains largely siloed in donor-funded systems and has not been fully integrated into national health systems, which the HIV response will rely on. Pooled procurement mechanisms, like those offered by the Global Fund, have provided vital commodities. However, these global mechanisms do not develop in-country supply chain management capacity. This dependence on external systems also hinders the establishment of long-term commodity security within government frameworks. 12 HIV-related prevention and treatment commodities are often absent from national essential medicines lists and Universal Health Coverage (UHC) packages. These commodities shape health budget priorities because they rely on off-budget donor funding, with their true costs largely unpublished. Sustainability planning must include policy revisions as foundations for securing domestic funding.

***"Predictability from donors regarding transitions in funding levels and timelines is essential for commodity security planning and costing in the medium and long term to avoid disruptions in stock and subsequent access to services."***

- vii) **Leaving communities behind:** Communities have played a critical role in advocacy, accountability of government and donors and developing innovative strategies for key and vulnerable populations and persons living with HIV, often reaching those with limited access to formal health and social services. However, these community initiatives are typically funded through International NGOs and have limited linkage to other national community-level service delivery systems. Social contracting has been proposed as a way for governments to provide public funds to community-based organizations (CBOs) for delivering public services. A policy brief by the HIV Leadership Forum<sup>10</sup> highlights the challenges faced in implementing social contracting, including tensions between governments and NGOs, particularly around accountability, legal barriers, and human rights violations among key populations.

<sup>10</sup>HIV Prevention Coalition  
[https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/implementing\\_social\\_contracting\\_for\\_hiv\\_prevention\\_policy\\_brief.pdf](https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/implementing_social_contracting_for_hiv_prevention_policy_brief.pdf)

There is also a lack of operationalized frameworks for social contracting, budgets, and forecasting reports void of high NGO overhead costs. Additionally, there is a disconnect between community and health service information systems and an absence of accountability frameworks to harmonize community-level workers, including peer educators and community health workers.

The value of the contributions of community-led interventions in HIV care remains largely undocumented across countries. The lack of indicators to measure the contribution of community actors in national health frameworks is a significant barrier to motivating governments to develop and implement social contracts.

- viii) **Gaps in the integration of HIV services in the context of universal health efforts:** In most countries, the HIV response has been considered in the context of Universal Health Coverage (UHC) and with proposals that it can be used to bolster the achievement of Primary Health Care (PHC). Several global tools are available to guide countries on integrating HIV services into other disease areas. However, these efforts have paid limited attention to how to redesign a vertically designed service delivery and funding model with multiple processes, systems, and actors at global and country levels to fit and integrate with/into the government infrastructure and systems. Few, if any, countries have interrogated, qualified and quantified the nature of their vertical programmes to inform integration frameworks. Additionally, decisions to remodel the HIV response in the context of primary health care will also need to address considerations such as HIV stigma and discrimination, disease burden, and geographical disparities.
- ix) **Domestic financing and management of services:** A key sustainability goal is to increase domestic financing share. It is important to remember that HIV funding will be part of a health basket that includes competing needs. Decisions to prioritize funding for HIV will be made in the context of increasing chronic care costs, pandemic preparedness needs, a focus on universal health coverage, and climate change imperatives. Reflection on government financing ecosystems is needed to bridge the disconnect between stakeholders responsible for financial and technical planning.

A transition from donor-driven to government-managed services will involve navigating complex funding streams, including on- and off-budget contributions, bilateral agreements, and varying planning and budget cycles and requirements. For example, PEPFAR's annual operational plans, the Global Fund for HIV, Tuberculosis, and Malaria's three-year grant cycles, and government budget processes are usually not aligned. Additionally, governments lack accurate insight into the actual costs of HIV interventions, which is essential for effective planning and forecasting of domestic resources.

The combination of inflated service delivery costs and mandatory co-financing requirements of vertically funded disease programs that often compel governments to allocate limited resources to programme areas already heavily funded by donors, creates barriers to mobilizing domestic resources. These scenarios often lead to a distorted view by national treasuries and parliaments of the HIV response as "over-funded," reducing their willingness to allocate additional resources in the context of overstretched fiscal environments.

### 3.3 HIV Primary Prevention is Left Behind

Current sustainability efforts focus heavily on the globally agreed diagnosis and treatment targets, such as the 95-95-95 targets for diagnosis, ART initiation, and viral suppression. While these goals are critical and sustained, public health-driven HIV prevention programs will be equally essential. Global HIV incidence remains high, with over 1.3 million people still undiagnosed in Africa and rising infection rates among key populations in Europe, Asia, and Latin America. Every new infection translates into an additional lifetime treatment cost, further straining health budgets.

HIV prevention programmes have historically remained fragmented, disjointed, and challenging to scale. Critical gaps in national systems—such as securing prevention commodities, harmonizing projects to epidemics, and joint planning and monitoring performance—are common across countries. In areas where HIV incidence trends downward, modelling data indicates that progress made to date could be reversed without robust and continuous HIV prevention efforts.

***“Regions with growing epidemics may not be sufficiently funded to adopt scientific breakthroughs, especially in ARV-based prevention such as Pre-Exposure Prophylaxis (PrEP).”***

Leveraging non-health stakeholders to expand delivery channels—such as through youth programmes, pharmacies, or social media platforms—is not prioritized in sustainability dialogues.

### 3.4 A One-Size-Fits-All Approach that Neglects Country Decision-Making and Investment Contexts

Globally designed sustainability roadmaps often fail to consider each country's unique political, social, economic, and legal contexts, ignoring local complexities. While evidence-based and standardized HIV interventions have been beneficial for global scalability, applying the same approach to HIV sustainability planning has arguably become one of its core weaknesses.

Past efforts have resulted in roadmaps and documents focusing on short-term outputs and targets, overshadowing long-term sustainability goals. They are often challenging to translate into meaningful local action for the reforms needed to redesign and transition HIV service

delivery and systems. Without being designed within countries' legislative and financing frameworks and health sector priorities, sustainability efforts will likely be difficult to achieve, remaining marginal to broader national ecosystems and resources.

### **3.5 Limited Transition Management Execution and Shared Accountability Monitoring**

Sustainability initiatives have limited country input in their design and implementation. Although country leadership is a desired principle, targets, processes, and timelines rarely evolve with country agencies at their core, despite existing capacities and leadership institutions such as National AIDS Coordinating Authorities. However, successful transition management will require nationally-led multi-sector decisions across political, legal, and executive branches. For instance, human resources capacities currently recruited and remunerated using NGO systems will need to be retained during any transition and will likely involve complex negotiations between governments and those donors who support these HIV workforces. The challenges faced in securing consensus with the various vertical disease programme working groups illustrates the difficulties ahead, potentially proving insufficient to resolve them.

***"Future HIV technical assistance models must be routinely designed by country actors identifying their country's needs in order for sustainable impact to be achieved."***

The design and delivery of technical assistance for countries to achieve a sustained HIV response has all too often been led by consultants and institutions from the Global North. They have been mostly funded by development partners who manage, evaluate, and determine success metrics for short-term goals rather than fostering long-term systemic change. Country stakeholders will likely only have participated in these exercises as part of short-term goals.

Moving forward, however, countries' leadership and capacities need to lead the incorporation of checks and balances so that the functions of design, implementation, and evaluation are vested separately between donors and countries.

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Sustainability planning, like all interventions, requires success metrics and performance monitoring. Past monitoring efforts have focused on tracking government commitments for additional domestic resources. Yet the HIV response is a complex interplay of global health actors and multiple stakeholders with varied stakes and interests in-country. The governing principle, therefore, for monitoring must be premised on shared accountability, where the metrics and mechanisms established track fidelity to commitments by donors, governments, communities, and the private sector.



*Lifesaving commodities being distributed in Odessa, Ukraine*

## 4. SETTING COUNTRIES UP TO SUCCEED

*"In many countries, the design of HIV programs is misaligned with government-managed health services. Without reforming the HIV delivery model and integrating it with broader health services, persistent funding, and accountability gaps will likely hinder progress."*

### 4.0 Setting Up Countries to Succeed in the HIV Response

The HIV Leadership Forum emphasizes the importance of a critical shift in the global health landscape: the necessity for governments, donors, and communities to transcend the comfort of established funding streams and predictable vertical programs and initiate a transition towards country-led, country-managed models to foster a sustainable HIV response that effectively serves all citizens—including those living with HIV, as well as key and vulnerable populations.

This transformation is not merely a logistical adjustment; it is a fundamental rethinking of how HIV programs are designed and action towards a new way of implementation.

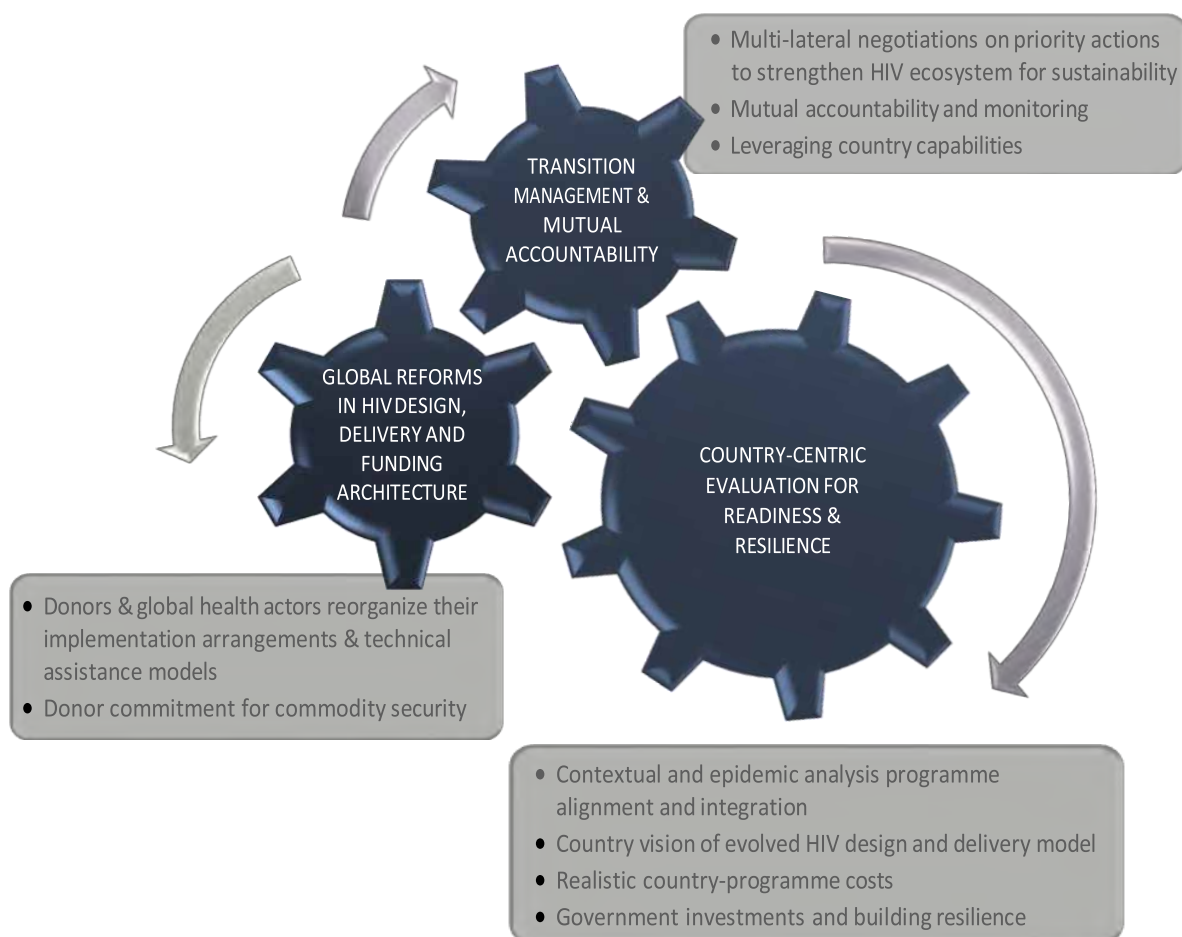
The ongoing development of a comprehensive roadmap prioritizes essential programmatic interventions aimed at enhancing diagnosis, treatment, and viral suppression, as well as preventing mother-to-child transmission of HIV and promoting Voluntary Male Medical Circumcision (VMMC). However, a significant gap remains in addressing the broader ecosystem influencing program outcomes.

The National AIDS Control Authorities (NACAs), in their position paper titled "Sustaining Effective Leadership to Secure Gains, Bridge Disparities, and Expedite Progress," emphasize the importance of country leadership in the sustainability discourse. This aligns with the pressing need for countries to establish systems that effectively respond to shifts in external resources and the diminishing funds allocated for HIV initiatives.

The Forum advocates for a country-centred sustainability planning model, which encompasses three key components:

- i) Country-centric evaluation for readiness and resilience
- ii) Global reforms in HIV design, delivery, and funding architecture
- iii) Transition management and mutual accountability

**Figure 2: A country-centric HIV sustainability model**



## 4.1 A Country-centric Evaluation for Readiness and Resilience

It is essential to recognize that each country possesses unique political, legal, social, and macroeconomic factors that shape policy prioritization and funding allocation.

Historically, the HIV response has benefited from its vertical structure and autonomous systems.

However, for a sustainable HIV response, alignment with national contexts is imperative, leveraging local governance, financing, and health systems.

To facilitate this alignment, the Forum has established shared definitions for sustainability-related concepts:

- i) **HIV sustainability:** The capacity to maintain and enhance HIV programme performance and health outcomes for people living with HIV and key populations within a country's financial, political, legal, social, and health ecosystem.
- ii) **Country ownership:** The agency of government and stakeholders to guide resource deployment, set HIV priorities, and align programming with national objectives, thereby taking responsibility for outcomes.
- iii) **Transition:** The intentional, gradual shift of the HIV programme from donor-driven management to domestically governed health systems while safeguarding and accelerating gains in HIV, tuberculosis (TB), malaria, and health system strengthening.
- iv) **Resilience:** The ability of a country—its people, institutions, and systems—to adapt and recover from adversity without reversing progress, ensuring that HIV remains a political priority, financial resources are secured, and government stewardship and community engagement foster an innovative, science-driven, and integrated HIV response.

#### 4.1.1 Contextual Country Analysis, HIV Program Alignment, and Integration

Conducting a contextual analysis and aligning the HIV programme with national priorities, systems, and processes is essential. As Universal Health Coverage (UHC) expands, the HIV response must consider each country's UHC configuration to design prevention, diagnostic, and treatment service packages that align with UHC priorities and financing schemes. Conversely, UHC and Primary Health Care (PHC) planning must account for the complexities of existing vertical systems to achieve effective integration.

To inform sustainability and establish frameworks that align HIV services—such as Antiretroviral Therapy (ART), Prevention of Mother-to-Child Transmission (PMTCT), VMMC, and Pre-exposure Prophylaxis (PrEP)—within public health infrastructure, a comprehensive country context analysis is proposed:

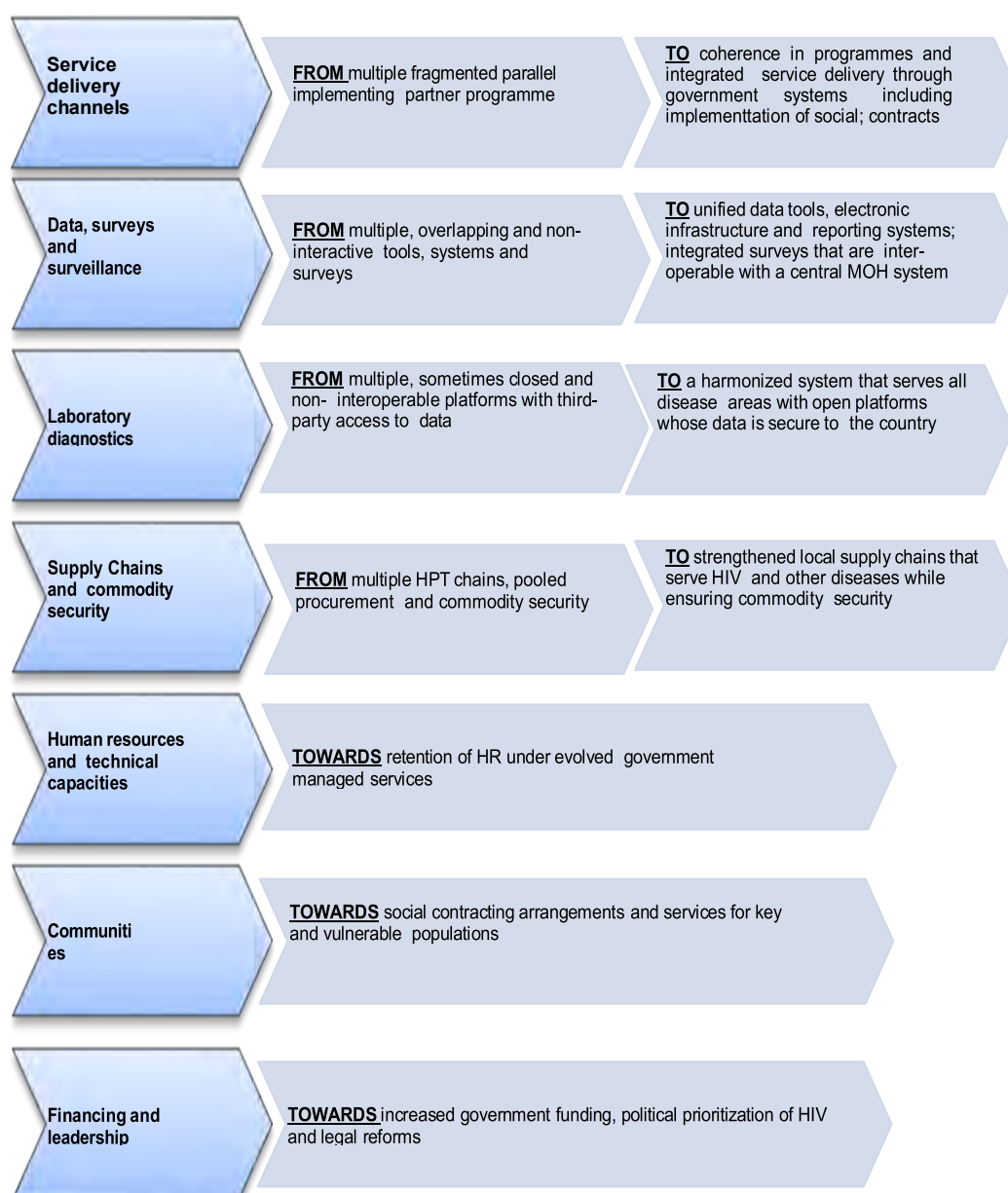
- i) **Mapping current HIV projects:** Assess the status of ART, PMTCT, VMMC, and HIV testing service delivery and community support programmes and describe the landscape of implementing partners, including community-led services, geographic locations and facilities, populations reached, and funding sources.
- ii) **Evaluating HIV prevention projects** Analyse the types of HIV prevention interventions, their quality, coverage, geographic distribution, multi-sector initiatives, service providers, and populations reached, triangulate these data with epidemic trends, and make recommendations.
- iii) **Assessing data tools and systems** Review HIV data and reporting systems and infrastructure, including tools, electronic medical records (EMRs), digital systems, and platforms, and their characteristics, including factors that define operational costs such as licensing arrangements, to identify opportunities for unification and interoperability with Ministry of Health (MOH) systems while fulfilling the data needs of diverse stakeholders.
- iv) **Human resources mapping** Quantify the country's existing HIV capacities by developing a master list of donor-funded HIV workforce that includes details such as cadres, numbers, the facilities they are deployed in, and terms of service. This may be provided by donors and implementing partners. A government health worker needs assessment should be available. These two critical documents should be utilized to rationalize and inform negotiations for pathways and transitional funding to support the retention or transfer of capacity to strengthen government systems.
- v) **Laboratory capacity assessments** Evaluate laboratory diagnostic infrastructure and capabilities to describe and quantify operating platforms' numbers, types, and characteristics and develop a harmonization approach.
- vi) **Supply Chain analysis** Identify operational supply chain systems and devise strategies for consolidation, transfer of supply chain management capacities, and transition from pooled to country procurement systems while ensuring continuity.

### 4.1.2 Country Vision of an Evolved HIV Model

The UNAIDS primer and companion guide recommend that country stakeholders collaboratively develop a shared vision for a sustainable HIV response. The Forum advocates for these visions to be grounded in a model that integrates seamlessly into an MOH-led system addressing multiple disease areas.

This includes assessing the compatibility of current architecture with government-managed programmes and identifying specific components of the existing HIV response model that require modification for an effective transition to a government-run model.

Figure 3 An illustration for an evolved HIV design and delivery architecture



### 4.1.3 Evolving Demographic, Epidemiologic, and Economic Contexts

Current appraisals of the HIV epidemic often focus narrowly on HIV data, neglecting the broader health determinants and evolving epidemiological, demographic, and structural environments. To inform sustainable roadmaps, countries must consider the intersections of HIV with broader social and health determinants, such as the aging population of people living with HIV, whose health needs extend beyond HIV care to include chronic disease management, mental health, and mobility challenges. For instance, Kibachio et al, (2019) projected a future increase in noncommunicable diseases (NCDs) among people living with HIV at a higher rate than general populations in Kenya.

*Driving HIV awareness through sports in Casablanca, Morocco*



#### 4.1.4 Prioritizing Primary HIV Prevention

The HIV Leadership Forum has reviewed current scenarios and developed multisectoral guidance to scale up prevention efforts, addressing program fragmentation and duplication. Country-level experiences, such as Uganda's, illustrate how multisectoral action can enhance programme coherence, expand coverage, and secure national budgetary support for HIV prevention initiatives.

A thorough understanding of the state of prevention programs is paramount. This involves detailing service types, assessing quality, evaluating coverage levels, identifying funding partners, analysing program costs, and pinpointing service delivery locations. Countries can optimize resource allocation and transition planning by triangulating this information with epidemiological data.

Collaboration among donors, NGOs, and governments must include sharing information on funding levels, prioritized interventions, and geographic focus areas through joint planning platforms. Such cooperation can prevent overlaps, fill service delivery gaps, and ensure efficient resource allocation.

Sustainability planning should also incorporate the ten action areas outlined in the HIV prevention roadmap, focusing on leveraging multiple sectors. This will be essential to secure delivery platforms for prevention products.

***"The information and communication technology (ICT) sector can be harnessed to access social media platforms, while the social services sector can promote the uptake of emerging prevention technologies like oral, topical, or injectable PrEP."***

#### 4.1.5 Investing in the Resilience of the HIV Response

While each country's fiscal space and discipline are critical for carving out viable pathways to sustainability, governments must be prepared to invest more in strengthening the capacities of institutions, systems, and communities that support the HIV response. The HIV Leadership Forum has identified five domains of resilience necessary for sustaining a robust HIV response:

- i) **Political and governance resilience:** Establish mechanisms to strengthen political and governance systems that prioritize HIV amidst competing agendas. This includes institutionalizing HIV priorities, regular progress reporting, and integrating HIV elements into broader national objectives. This will be achieved by:
  - **Institutionalizing HIV priorities:** Embedding HIV-related elements into the agendas, processes, and calendars of political, executive, and agenda-setting institutions at both national and sub-national levels.
  - **Regular progress reporting:** To maintain its prominence, updates on HIV progress should be included in platforms like State of the Nation addresses or cabinet reviews.
  - **Integrating with national priorities:** Making HIV elements and resources a core part of broader national objectives, such as universal health coverage (UHC).
  - **Sector-wide indicators and budgets:** Ensure all relevant sectors incorporate HIV indicators within their performance metrics and allocate corresponding budgets. The Forum's multisector guidance for HIV prevention scale-up identifies priority sectors and their relevant activities.
  - **Deliberate institutional capacity building and reforms:** Enhancing the management, systems, and technical capacities of country institutions and human resources to effectively design, implement, and advance an integrated HIV response.

- ii) **Financial resilience:** Increase domestic budgetary allocations for the HIV response through realistic cost assessments, tailored National AIDS Spending Assessment (NASA) reporting, and joint annual planning involving all stakeholders. This can be realised through:
- **Realistic cost assessments:** Conduct regular and accurate cost evaluations of government-delivered HIV services to support advocacy efforts with national treasuries and parliaments for appropriate budget allocations.
  - **Tailored NASA financial reporting:** Adapt National AIDS Spending Assessment (NASA) reports to align with the country's Medium-Term Expenditure Framework (MTEF) budget outlook papers and planning documents, investment cases, and program-based budgeting for greater relevance and utility.
  - **Increase opportunities for domestic resource funding allocation:** The HIV Programme budget cycles need to align with country budgeting timelines. Ensure that both on and off-budget HIV planning and reporting comply with the country's annual budgeting cycles (even where they also comply with donor budgeting requirements) to capture the cost of the HIV response within government processes and outlook papers.
  - **Joint annual planning:** A unified coordination mechanism facilitates collaborative planning involving government, donors, and stakeholders. This ensures HIV priorities are consistently reflected in medium-term fiscal strategies, sustaining critical components like HIV commodities and supply chains.
- iii) **Community resilience:** Safeguard financing, representation, and voice in decision-making for local NGOs and communities. This can be achieved by:
- **Community voices in national decision-making:** Support communities' representatives as part of national joint coordination mechanisms, decision-making processes
  - **Linkage to reporting frameworks:** Connect community services, community HIV data, such as bio-behavioural indicators and the stigma index, and community-led monitoring data to national reporting frameworks, reinforcing their contributions and influence in the budgeting process.

- **Social contracting and domestic financing:** Establish social contracting frameworks that provide avenues through community-led programmes and initiatives can access domestic financing. The HIV Leadership Forum has developed a Social Contracting Policy Brief that outlines possible pathways.
- iv) **Research and Innovation Resilience:** Promote national mechanisms that facilitate innovation and linkages across government agencies to accelerate the adoption of scientific advancements.
- v) **Granular Epidemic Analysis and Program Resilience:** It will be essential to prioritize program quality and scale-up while enhancing the capacity for granular epidemic analysis, which correlates co-morbidities and syndemics impacting the country's HIV response.

By addressing these domains, countries can navigate the complexities of the HIV landscape, ensuring a sustainable and effective response that meets the needs of all populations.



*Staff members of the Center for Disease Control and Prevention in Haigang District, Qinhuangdao teach students about HIV prevention (Photo by Cao Jianxiang/Xinhua)*

## 4.2 Global Reforms in HIV Design, Delivery, and Funding Architecture

Donors and the global health community must actively reflect on and address the following key considerations to ensure a successful transition to country leadership.

### Key Considerations for Successful Transition to Country Leadership in HIV Response

- i) Do global health actors have a clear vision for a government-managed HIV response?
- ii) How will donors reorganize funding to align global HIV response design and implementation with government systems, considering:
  - Multiple overlapping programs and diverse NGO contracts across countries
  - Parallel data tools, surveillance, and laboratory platforms
  - Limited visibility of off-budget resources
- iii) What is the definitive role of global actors in ensuring HIV commodity security, in particular ARVs while strengthening national procurement and supply chain management capacities?
- iv) In a government-led HIV programme, what roles will development partners, global health institutions, communities, and the private sector play?
- v) How will donors support the transition and retention of human resources within government-managed services?
- vi) What commitments will be made to ensure continued services for key and vulnerable populations in challenging environments?
- vii) Do global actors have a deliberate plan to redesign technical assistance models and transfer capacities effectively?
- viii) Are there intentional efforts to ensure equitable representation of governments in all global technical and decision-making fora?
- ix) Are there opportunities to provide flexible and predictable funding to support investments in national systems that will implement the HIV program?
- x) What structures, indicators, and accountability frameworks are needed to track the fidelity of commitments by donors, governments, and communities for a sustained HIV response?

## 4.3 Transition Management and Mutual Accountability

To navigate the complexities of transitioning to a sustainable HIV response, countries must establish robust structures that guide and accelerate long-term changes in societal systems. This involves placing long-term decision-making responsibilities, coordination, execution authority, and regular evaluations within the framework of national governance. By doing so, countries can ensure effective follow-up and course correction throughout the transition process.

### 4.3.1 Country Leadership for the HIV Response

Governments play a pivotal role in prioritizing funding and building the capacities of institutions, systems, and communities that support the HIV response. Institutionalizing transition management will be essential for countries to successfully implement transition plans, facilitate multilateral negotiations, track accountability indicators, and enhance political and social visibility.

Governments must also create a supportive legal and policy environment by eliminating discriminatory laws and practices while advancing a social contracting framework to strengthen partnerships. The "Three Ones" model—one national HIV framework, one coordinating authority, and one monitoring system—was designed to institutionalize a country-led coordination mechanism for harmonized HIV planning, resource management, monitoring, and reporting. Revisiting and reinforcing these principles will be crucial for successfully shifting to government-led services.

A multi-sectoral approach is vital for safeguarding progress in the HIV response and ensuring its sustainability. This includes establishing a joint planning and review mechanism that promotes transparency over donor and government resources, routinely sets program priorities, and facilitates oversight throughout the transition process.

### 4.3.2 Routine Multilateral Negotiations

Structured and ongoing multilateral negotiations among donors, development partners, and governments are essential for addressing transition priorities and resolving potential conflicts in sustainability planning and implementation beyond 2030. These dialogues should involve key stakeholders, including national treasuries, relevant ministries, and parliamentary institutions, to inform funding priorities such as the 2025 Country Operational Plans (COPs), Global Fund grants, and other forms of health assistance.

Key agenda items for these negotiations may include:

- i) **Predictability and transparency:** Ensuring clear communication regarding funding levels, timelines, and priorities from both donors and governments to enable realistic HIV response planning.
- ii) **Resource flexibility:** Exploring flexible use of resources, such as COP25 and Global Fund grants in 2025, to invest in Ministry of Health systems that can support other disease areas, thereby creating a foundation for an integrated HIV response.
- iii) **Security of HIV commodities:** Securing access to HIV prevention and treatment commodities before and after 2030.
- iv) **Primary HIV prevention focus:** Emphasizing primary prevention efforts to sustain declining HIV incidence rates.
- v) **Transition principles and commitments:**
  - **Country HIV portfolio visibility:** Ensuring transparency of ongoing and planned projects, implementing partners, and resource allocations to allow governments to assess expectations.
  - **Unified data systems:** Establishing integrated data systems aligned with the central Ministry of Health to support evidence-based planning.
  - **Open, interoperable systems:** Promoting open data and laboratory diagnostic systems.
  - **Supply chain strengthening and transition:** Shifting towards country-led pooled supply chain systems and localized alternatives for greater control and adaptability.
  - **Safeguarding human resources:** Gaining visibility into human resources— cadres, roles, numbers, and employment terms— deployed in government facilities to aid negotiations and resource planning.
  - **Support for key and vulnerable populations:** Providing resources and facilitation for programs targeting key and vulnerable populations.
- vi) **Shared accountability mechanism:** Developing a joint accountability framework to monitor adherence to transition commitments across donors, government entities, and community stakeholders.

### 4.3.3 Mutual Accountability

Currently, accountability dialogues often focus primarily on government responsibility, reflecting the significant role governments play in securing a sustainable response for their citizens. However, the HIV response is a complex network of interdependent actors, including development partners, government entities, communities, global and local non-governmental organizations (NGOs), and the private sector.

A comprehensive accountability framework led by the transition management team is essential to monitoring adherence to the transition strategy and commitments. This framework should encompass all key stakeholders— governments, donors, communities, and market actors. It must include clear monitoring indicators, a robust tracking system, and designated oversight responsibilities.

Dedicated resources are crucial to support and sustain this stewardship process over the coming years. An inclusive accountability approach recognizes the interconnectedness of all stakeholders, ensuring that each fulfills its role in achieving a sustainable HIV response.



*Quezon City Health Department's mobile clinics providing HIV services in the community*

## 4.4 Leveraging Countries' Capabilities for Resilience: Lessons from COVID-19

The successful management of COVID-19 through country-led systems offers valuable insights crucial for informing the current discourse on HIV sustainability<sup>11</sup>.

<sup>11</sup>Wilmot et al, 2020  
Epidemic/Pandemic  
Response in Africa:  
Covid-19 in Egypt,  
Ethiopia, Kenya,  
Nigeria, South Africa,  
Columbia University

1. In the absence of global health guidance and traditional technical assistance models, countries responded to COVID-19 in unexpected ways, defying predictions of high mortality rates and health system failures.
2. Governments turned inward, galvanizing political support and reallocating roles to non-health ministries and government agencies in alignment with their mandates. Resources were deployed in accordance with public finance management regulations, facilitating social protection initiatives for community mobilization and support for vulnerable individuals and children.
3. Additionally, trade policies were adapted to promote local manufacturing of personal protective equipment (PPE), while innovations in information and communication technology (ICT) led to the rapid approval of digital solutions. Functional public-private partnerships, coordinated by government entities, continuously adapted to the evolving crisis.
4. Additionally, trade policies were adapted to promote local manufacturing of personal protective equipment (PPE), while innovations in information and communication technology (ICT) led to the rapid approval of digital solutions. Functional public-private partnerships, coordinated by government entities, continuously adapted to the evolving crisis.
5. To establish COVID-19 surveillance and diagnostics systems swiftly, donor-funded infrastructure for HIV and tuberculosis (TB) diagnostics was repurposed and integrated with central Ministry of Health (MOH) systems, enabling real-time decision-making.
6. However, despite these lessons learned, HIV and TB programs have not fully leveraged these systems to generate readily available real-time data for programming, continuing to rely on retrospective data instead. Sustainability plans must prioritize country dialogues that identify missed opportunities to end the epidemic, ensuring that the insights gained from the pandemic inform future health strategies.

# 5.

## THE PATH FORWARD

### 5.1 Strategic Investments and Priority Actions

To ensure a sustained and resilient HIV response beyond 2030, the HIV Leadership Forum will focus on institutionalizing processes and mutual accountability frameworks. This includes conducting epidemic appraisals at national and sub-national levels, forecasting costs that address syndemics, and reforming service delivery and funding architectures at all levels. National AIDS Coordinating Authorities (NACAs) will lead these efforts, guiding countries to undertake strategic actions that set them up for success.

Figure 4: Strategic country investments

<p><b>Conduct country context and HIV alignment appraisal for mapping of country HIV portfolios (undertaken by countries)</b></p>	<p><b>Undertake a country HIV epidemic appraisal that takes into consideration social, structural determinants of success for HIV</b></p>	<p><b>Formulate a re-imagined country HIV delivery and funding architecture &amp; develop responsibility frameworks in this new future</b></p>
<ul style="list-style-type: none"> <li>• <i>the HIV Leadership Forum has developed a tool for such appraisals</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>develop tools to forecast demographic and other disease transitions and co-morbidities that will influence future HIV programme design</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Articulate difference between current and future for elements of the response (data, HR, labs etc, and roles of donors, govt, NGOs, communities etc)</i></li> </ul>
<p><b>Establish costing framework for country managed HIV programme</b></p>	<p><b>Establish routine multi-lateral engagement mechanism to address critical transition issues</b></p>	<p><b>Institutionalize transition and establish a mutual accountability framework</b></p>
<ul style="list-style-type: none"> <li>• <i>cost HIV services based on government delivered services to inform budgeting and resource negotiations</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>funding predictability and flexibility; commodity security; social contracting; key and vulnerable populations</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>develop metrics and processes to monitor transition and stakeholders</i></li> <li>• <i>appoint an agency with mandate oversee transition</i></li> <li>• <i>reform Technical Assistance models</i></li> </ul>

National AIDS Coordinating Authorities (NACAs) will prioritize the following actions:

- i) **Continued advocacy and stakeholder engagement:** Strengthening advocacy efforts is essential for engaging country stakeholders, leaders, and politicians. This engagement aims to reinforce government leadership and responsibility, ultimately driving increased investments in the HIV response. Building political and social capital is crucial for enhancing budget allocations and ensuring sustainability.
- ii) **Comprehensive context analysis for sustainability planning and meaningful integration:** Countries must thoroughly describe, qualify, and quantify their HIV response context as a foundation for sustainability planning and integration. A context analysis and HIV program alignment appraisal will provide critical data to inform transition plans towards an evolved HIV response model that can function via government financing, social and health system. This appraisal should include:
  - **Documenting HIV treatment programmes:** Record the status of HIV treatment initiatives, including the number and locations of projects for various programmes such as Antiretroviral Therapy (ART), Voluntary Medical Male Circumcision (VMMC), and Prevention of Mother-to-Child Transmission (PMTCT). Include details on implementation arrangements, data collection, reporting mechanisms, implementing partners, their performance, and budgets.
  - **Assessing HIV prevention programmes:** Document the types of prevention programs, their quality, coverage, geographic locations, service providers, multi-sector linkages, and community initiatives, correlating this information with epidemiological data.
  - **Evaluating the HIV operational ecosystem:** Detail the HIV ecosystem support infrastructure and systems in use at facility, subnational, and national levels— such as data tools, Electronic Medical Records (EMRs), reporting systems, laboratory platforms, surveillance mechanisms, and supply chains. Include characteristics like licensing, operational costs, and ownership to inform a coherent national programme.
  - **Analysing the HIV workforce:** Document the status of the HIV workforce, including numbers, professional cadres, deployment facilities, employer terms and conditions, training, and periods of service. This information is vital for understanding the current context and informing the retention and transition of the HIV workforce. This baseline will be required to rationalize human resources and explore legally viable retention or capacity transfer pathways. For example, in the Global Fund's GC7 funding, human resources cuts led to random staff releases, resulting in the loss of long-term investments and capacities.

- iii) **Conducting HIV epidemic analysis:** Analyse the epidemic while considering its intersections with other determinants. For instance, Kenya has modelled the future prevalence of non-communicable diseases (NCDs), drug use, and gender-based violence (GBV), demonstrating that individuals living with HIV will experience a higher per capita increase in NCDs by 2030 compared to the general population.
- iv) **Formulating an evolved HIV programme delivery and funding model:** that clearly articulates elements in the current country landscape that need to change to attain the desired future. This should also include a matrix outlining stakeholders' envisioned roles and functions in the evolved HIV framework.
- v) **Developing comprehensive transition plans:** This may include creating multiple transition plans that outline the steps, stakeholders, critical actors, and decision-makers necessary to effect changes towards sustainability & integration in different elements of the HIV programme.
- vi) **Preparing country-specific agenda items for multilateral and multistakeholder negotiations:** These may include submissions to the Global Fund, requests for reprogramming or portfolio optimizations, and planning for the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) 25.
- vii) **Institutionalizing transition management and accountability mechanisms:** Embed within national systems, establishing mutual accountability mechanisms to ensure sustained commitment and oversight throughout the transition process.

Achieving success will require a collective willingness from governments, donors, and communities to move beyond the comfort of established resources and the predictability of vertical programs. Together, they must seek innovative pathways that foster a sustainable and effective HIV response.

## ANNEX: A COUNTRY-CENTRIC PATHWAY FOR TRANSITION AND READINESS TOWARDS SUSTAINING THE HIV RESPONSE

### HIV PROGRAMME MANAGEMENT AND DELIVERY

**Vision for a Sustainable HIV Response:** Government leadership and agency in the co-creation of country HIV programme delivery architecture that aligns with country systems and priorities, has a clear responsibility framework (for government, donors and communities) and high-level technical capacities resident in government and necessary epi and data tools in use at sub- national levels.

Current HIV Response Landscape	The HIV Response Sustainability Challenge	Priority Actions
<ul style="list-style-type: none"> <li>• Universal HIV care, encompassing access, quality, and affordable services, should be implemented at scale with a global uniformity that facilitates broader deployment of cross- country learning.</li> <li>• HIV programme models are typically vertical, consisting of standalone services even when co-located in public facilities. These models often rely on earmarked funding, specialized staff, diagnostics, and infrastructure, and are not integrated into facility-managed services.</li> <li>• Programme delivery is largely conducted through NGOs and implementing partners, which incur high overhead costs and retain significant levels of technical management and capacity that are not yet present within government structures.</li> <li>• While there have been significant contributions to health systems overall, HIV systems remain quasi-parallel to the central systems that serve other diseases.</li> </ul>	<ul style="list-style-type: none"> <li>• The presence of multiple NGOs and implementers, each with various contracts operating in different locations within the country, has resulted in overlapping, fragmented, and duplicated programmes.</li> <li>• The government has limited visibility of the country’s portfolio of programs, making it unlikely to achieve program coherence, integration potential, and effective government management.</li> <li>• There have been insufficient investments in central systems that serve all diseases (including data, diagnostics, and supply chains), which are essential for sustaining the HIV response.</li> <li>• There is a limited appetite for multi-sector investments for programming and monitoring that are essential to address societal enablers.</li> <li>• Limited attention is given to review of technical assistance models in view of capacities that have been gained over time in countries</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-lateral engagement for donors to provide a portfolio of ongoing and planned projects, implementing partner project locations, and resourcing levels. <ul style="list-style-type: none"> <li>○ Governments share resourcing envelopes and outputs.</li> </ul> </li> <li>• Alternatively, countries should conduct HIV programmes’ portfolio mapping: <ul style="list-style-type: none"> <li>○ Map current and future planned HIV projects in the country as a basis to inform the co-creation of a coherent national programme by stakeholders.</li> </ul> </li> <li>• Formulate the country’s evolved HIV model informed by mapping, articulating specific areas of change.</li> <li>• Develop a transition plan.</li> <li>• Include a responsibility framework with the roles of stakeholders— donors, government, communities, private sector, and markets—in the future architecture.</li> <li>• Articulate proposed technical assistance models informed by country needs and managed by the countries.</li> </ul>

## HUMAN RESOURCES

**Vision for a sustainable HIV response:** Adequate HR within primary and secondary care levels in government facilities that can provide integrated and holistic patient care vs single disease care and PLHIV, key and vulnerable populations get high quality and dignified HIV and health services care.

Current HIV Response Landscape	The HIV Response Sustainability Challenge	Priority Actions
<ul style="list-style-type: none"> <li>• Well-trained additional HIV workforce who provides high- quality HIV diagnostics, care, or testing across health facilities.</li> <li>• The HIV workforce complements healthcare services in the facilities where they are deployed.</li> <li>• The HIV workforce is funded by donors and employed via NGOs. Their presence in health facilities remains significant for the scale-up of HIV.</li> <li>• Programming capacity for HIV systems management (diagnostics, surveillance, epidemiology, supply chains, and programming) is largely resident in NGOs and implementing partners.</li> <li>• Pre-service and in-service training for HIV care.</li> </ul>	<ul style="list-style-type: none"> <li>• The numbers, cadres, their roles, facilities of deployment, and NGO employers are not visible or disclosed to the government, which is expected to absorb these staff.</li> <li>• Health workforce needs and gaps across health facilities are not always clearly articulated or available from the government.</li> <li>• Recruitment, terms, and conditions of the HIV workforce deployed to facilities do not align with government regulations; thus, these staff cannot be transferred to or absorbed by the government. These capacities are likely to be lost, increasing unmet HR gaps in most countries.</li> <li>• The HIV workforce deployed in facilities is administratively responsible to NGOs, not health facility supervisors.</li> <li>• The HIV workforce is disease-centric rather than patient-centric, focusing solely on HIV care and thus not prepared for integrated services.</li> <li>• There are no deliberations regarding the transfer of the technical capacity that is currently resident in NGOs to support government services.</li> </ul>	<ul style="list-style-type: none"> <li>• Multilateral engagement to:             <ul style="list-style-type: none"> <li>○ Map and analyse the HIV workforce (numbers, professional cadres, deployment facilities, terms, and conditions) and develop a master list of all supplemental donor-funded HIV workforce.</li> <li>○ The government should provide a comprehensive list of health workforce needs and gaps.</li> <li>○ Use these two datasets to undertake a prioritization and rationalization process to determine human resource and capacity transition and/or retention.</li> <li>○ Achieve consensus between the government and donors on short- and medium-term funding arrangements.</li> </ul> </li> <li>• Review options and define a viable pathway (legal, policy, or process) for the retention and/or transition of the donor- funded HIV workforce to support government-managed services.</li> <li>• Develop a strategy for the optimization of technical human resources in and post- transition.</li> <li>• Review health provider training and institutionalize HIV in pre-service and in-service curricula.</li> <li>• Governments should increase allocations and ceilings for human resources for health:             <ul style="list-style-type: none"> <li>○ NACAs should support negotiations with Parliament and the National Treasury for additional resources for human resources over time, in line with the agreed staff transition plan.</li> </ul> </li> </ul>

## COMMUNITY

**Vision for a Sustainable HIV Response:** Active and funded country social contracting mechanisms that leverage the strengths of local NGOs and communities with community-led responses linked to national reporting and therefore community contributions counted with opportunities for access to budgets

Current HIV Response Landscape	The HIV Response Sustainability Challenge	Priority Actions
<ul style="list-style-type: none"> <li>• Communities continue to innovate and deliver HIV services to key and vulnerable populations.</li> <li>• Communities continue to hold governments, donors, and other stakeholders accountable.</li> <li>• Local NGOs and communities are increasingly crowded out of global funding, becoming third and fourth-tier recipients of funds.</li> <li>• The roles and functions of communities are becoming increasingly clear.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a conflation between communities, international and local NGOs, and CBOs, creating challenges in identifying pathways for community support.</li> <li>• There is no/limited linkage between community activities and national-level reporting, which serves as the basis for performance/programme-based budgeting used by national treasuries for resource allocation.</li> <li>• There is a lack of frameworks and mechanisms in countries that allow for social contracting.</li> <li>• Scenario-based implications of the integration of HIV services for PLHIV, key and vulnerable populations have not been assessed, although integration is being proposed.</li> <li>• There are limited resources for local NGOs and communities from the global level.</li> <li>• There are inadequate linkages between the HIV community-led responses and primary health care functions, as well as community health workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Articulate and embed the functions and roles of communities within the evolved HIV model at the country level.</li> <li>• Develop a framework for community-led monitoring embedded within the evolved HIV model.</li> <li>• Establish policy frameworks for social contracting within public finance management systems.<sup>1</sup></li> <li>• Develop mechanisms that link community activities with the national reporting system and align them to budgeting cycles.</li> <li>• Review legal and policy frameworks to identify opportunities to advance prevention and treatment services for key and vulnerable population and communities in the evolved model.</li> </ul>

<sup>1</sup> The HIV leadership forum has developed a policy brief that outlines options and opportunities for social contracting

## DATA, SURVEILLANCE AND RESEARCH

**Vision for a sustainable HIV response:** Routine real-time data for HIV available through national/central data systems, while maintaining high quality data and a functional surveillance system.

Current HIV Response Landscape	The HIV Response Sustainability Challenge	Priority Actions
<ul style="list-style-type: none"> <li>• Indicator-based performance monitoring has become standard for broader public health management.</li> <li>• National estimates conducted annually via NACAs continue to course-correct the response at both global and country levels.</li> <li>• Parallel data systems and surveillance infrastructure exist within countries and ministries, creating duplicate decision-making points.</li> <li>• HIV impact surveys remain standalone, with no consideration for relevant syndemics, thus not resource efficient.</li> <li>• Significant investments have been made in research and research capacities that are available for broader health</li> </ul>	<ul style="list-style-type: none"> <li>• There is a lack of visibility and information/knowledge among stakeholders and governments regarding the country landscape of the HIV operating data ecosystem—tools, EMRs, monitoring and reporting systems in use across facilities at sub-national and national levels.</li> <li>• There is a lack of tools that support countries in defining their epidemics in relation to their syndemics and their country contexts, including at the sub-national level.</li> <li>• Different data and surveillance systems are owned disparately—some by partner NGOs and donors—with limited access by governments.</li> <li>• HIV research that is not aligned with the national agenda, and results are not shared with countries.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate and map the types and characteristics of the HIV data tools, EMRs, reporting systems, surveillance and program monitoring systems in use in the country at facility, sub-national, and national levels.               <ul style="list-style-type: none"> <li>○ Multi-sectoral and multi-stakeholder engagement:</li> <li>○ Develop consensus on the country approach for the unification, interoperability, or harmonization of the data ecosystem.</li> <li>○ Negotiate investments for integrated data infrastructure that meets the needs of all stakeholders.</li> </ul> </li> <li>• Invest in capacities and simplified tools for epi appraisals and decision-making within government structures at facility, sub and national levels.</li> <li>• Invest in strengthening central data systems for the health sector that will serve country health sector, donor and community data needs <i>(Lessons from COVID demonstrate countries' capacities to leverage HIV systems to deliver daily data.)</i></li> <li>• Develop integrated surveillance approaches.</li> <li>• Develop a transition strategy for unified country data systems.</li> <li>• Develop metrics to measure progress towards unified data systems.               <ul style="list-style-type: none"> <li>○ Pool health population-based surveys to optimize resources and review the HIV response against the broader health sector.</li> </ul> </li> </ul>

## DIAGNOSTICS

**Vision for a Sustainable HIV Response:** Routine real-time data for HIV available through national/central health data systems, while maintaining high quality data and a functional surveillance system; a functioning national health diagnostics management framework in place.

Current HIV Response Landscape	The HIV Response Sustainability Challenge	Priority Actions
<ul style="list-style-type: none"> <li>Country laboratory capacities have increased significantly, both in human technical capacity and infrastructure.</li> <li>The HIV laboratory diagnostics systems (personnel, infrastructure, and reporting systems) have become the backbone of the COVID-19 testing and response programme.</li> <li>Different partners support laboratory infrastructure and systems for HIV, TB, and Malaria across countries.</li> <li>Countries have shifted over time from routine measures such as sentinel surveillance or CD4 counts.</li> <li>Diagnostics such as viral load testing and resistance testing are high-cost and not delivered consistently.</li> </ul>	<ul style="list-style-type: none"> <li>There is a lack of visibility and information/knowledge among stakeholders and governments regarding the country landscape of the HIV operating laboratory diagnostics ecosystem, including tools, EMRs, laboratory platforms, and diagnostic records in use at facility, sub-national, and national levels.</li> <li>Some diagnostics are designated exclusively for HIV and TB use and are not available for other diseases, even where capacities exist.</li> <li>Some diagnostic platforms are closed, with operating systems and licenses owned or in custody of NGOs.</li> <li>The costs of HIV diagnostics (HT, VL, RT) are high.</li> <li>- There is a lack of overall health laboratory diagnostics frameworks and strategies in countries</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate and map the types and characteristics of the HIV operational ecosystem, including laboratory diagnostic platforms and reporting systems in use in the country at facility, sub-national, and national levels.</li> <li>Multi-sectoral engagement to develop consensus on the country approach for the unification, interoperability, or harmonization of the data ecosystem.</li> <li>Multi-lateral negotiations for investments in integrated laboratory diagnostic platforms and reporting systems that meet the needs of all stakeholders.</li> <li>Invest in strengthening the interoperability of laboratory diagnostics systems and reporting for the health sector, making them available for use across different disease areas.</li> <li>Refine the approach to diagnostics management to balance health system capacity, quality of care, and cost in a sustainable manner.</li> <li>Develop feasible transition arrangements for unified diagnostic platforms that support the broader health system.</li> <li>Develop metrics to measure progress.</li> </ul>

## SUPPLY CHAIN

**Vision for a Sustainable HIV Response:** National health forecasting and quantification, efficient procurement and supply chain systems in place and functional optimally for HIV commodity supply chains, without overseas pooled funding mechanisms. Increased national budgetary allocations to fulfil health needs, including integrated HIV services, products and technologies

Current HIV Response Landscape	The HIV Response Sustainability Challenge	Priority Actions
<ul style="list-style-type: none"> <li>• HIV, TB and Malaria standalone forecasting and quantification systems are in place in country.</li> <li>• Some countries use global pooled procurement mechanisms and thus have limited capabilities for supply chain management.</li> <li>• Due to off-budget funding HIV commodities are not always included in national essential medicines lists.</li> <li>• Country procurement and Supply chains capacities have increased significantly but are largely outside of government systems and not extended to other health care areas.</li> </ul>	<ul style="list-style-type: none"> <li>• National budgets for HIV commodities are inadequate.</li> <li>• The costs of HIV commodities are sometimes opaque to governments that are expected to fill the donor gap.</li> <li>• The fulfilment of national pipelines for commodities is subject to donor priorities, which sometimes overlap or create unmet needs, even in the presence of available resources.</li> <li>• - Standalone HIV forecasting and quantification reduces the overall efficiency of the health system.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase national budget allocations for health, HIV services and commodities.</li> <li>• Include HIV commodities in the Essential Medicines Lists.</li> <li>• Engage in multilateral negotiations and stakeholder advocacy to ensure long-term security of HIV commodities, particularly for ARVs for prevention and treatment.</li> <li>• Strengthen countries' capacities for forecasting, quantification, and procurement at the country level, including a capacitated dedicated Health Products and Technologies (HPT) Unit.</li> <li>• Invest in a transition plan to progressively reduce countries' reliance on global pooled procurement systems.             <ul style="list-style-type: none"> <li>○ Promote transparency in procurement costs and commitments to facilitate engagements with national treasuries regarding domestic resource allocation.</li> <li>○ Engage negotiations with relevant actors to create a unified and transparent commodities management structure at country level.</li> </ul> </li> <li>• Data from this mechanism can be utilized in negotiations with Parliament and national treasuries to address unmet resource needs.</li> </ul>

## FINANCING

**Vision for a Sustainable HIV Response:** Efficiency is the guiding principles for both donors and government and resources available for Health and the HIV response from Government and donors are visible in a single planning pool, allocated based on country priorities and country needs.

Current HIV Response Landscape	The HIV Response Sustainability Challenge	Priority Actions
<ul style="list-style-type: none"> <li>• HIV is largely funded off- budget</li> <li>• HIV funding continues to be critical to the successes observed in the HIV response.</li> <li>• HIV funding has supplemented health sector resources to strengthen capacities and build infrastructure.</li> <li>• Economic and investment analysis and cases are crucial for continued HIV advocacy and prioritization.</li> <li>• National AIDS Spending Assessments are routinized and provide financing data.</li> <li>• The program costs of INGOs and NGOs consist of high overhead costs, often used as a reference for calculating domestic financing needs.</li> <li>• Co-financing requirements for HIV (and other donor- funded HIV programmes) lead to the reallocation of limited exchequer funds from under-resourced to over-resourced programme areas.</li> </ul>	<ul style="list-style-type: none"> <li>• There are insufficient government allocations for the HIV response.</li> <li>• Inefficient resource utilization results in a loss of value for money, as only a fraction of the funds that donors communicate as grants to the country reach service delivery.</li> <li>• Donor resources are focused on HIV programmes, often excluding support for critical systems that would be essential for a sustainable HIV response.</li> <li>• There is duplication of resources due to overlapping implementing partner programmes which limits the country capacity to articulate unmet needs in the response and to effectively lobby national treasuries for funding.</li> <li>• There is no single cost reference for services making governments blind to their budgetary needs.</li> <li>• Missing linkage between programme outputs and the financed inputs by both government and donors.</li> <li>• The budgeting cycles of donors and governments differ, and there is rarely intentional alignment in planning.</li> </ul>	<ul style="list-style-type: none"> <li>• Governments to make additional investments to cover the unmet HIV prevention and treatment resource needs.</li> <li>• Government-led multilateral negotiations to establish a resource coordination mechanism as part of transition management where HIV response resources from both government and donors are visible in a single planning pool.</li> <li>• Generate realistic costs for government-managed HIV services (including diagnostics, ART, PMTCT, VMMC, condoms, PrEP, and PEP services).</li> <li>• Develop a costing framework for routine collection and analysis of costing data for health services, which will include HIV.</li> <li>• Design and cost packages of HIV prevention and treatment services for integration with community services, across sectors and within primary, secondary, and tertiary facilities.</li> <li>• Ensure that HIV indicators and reporting are institutionalized within agenda-setting institutions, Medium-Term Expenditure Framework (MTEF) processes, and political institutions and calendars.</li> <li>• Cost HIV services within Health care financing schemes.</li> <li>• Adapt National AIDS Spending assessment reports to align with the country's' Medium- Term Expenditure Framework budget processes.</li> </ul>

## POLITICAL PRIORITIZATION AND COUNTRY LEADERSHIP

**Vision for a Sustainable HIV Response:** Country political resilience includes aspirations espouse country's managing and funding an equitable, dignified health. and HIV response adequately.

Current HIV Response Landscape	The HIV Response Sustainability Challenge	Priority Actions
<ul style="list-style-type: none"> <li>• Ministries of Health have provided leadership to HIV programmes and services delivery and invested in capacity development.</li> <li>• Communities' and community- led organizations continue to provide services and undertake advocacy for quality and accountability stakeholders at country level.</li> <li>• There is a strong history of National AIDS Coordinating Commissions who have legal mandate and capacity that:               <ul style="list-style-type: none"> <li>○ Maintains a multi-sectoral HIV response and HIV positioning across government institution</li> <li>○ Promotes HIV prevention as a priority</li> <li>○ Ensures communities are part of the country HIV response</li> </ul> </li> <li>• Undertake routine multi-stakeholder HIV strategy development and monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• There is a mismatch between national development planning and donor-funded health sector programmes planning.</li> <li>• HIV as a political priority has waned overtime.</li> <li>• There are insufficient linkages between country political and financing priorities and the HIV response exacerbated by limited investments to build political goodwill for sustainability.</li> <li>• There is limited social and political awareness regarding sustainability.</li> <li>• There are a lack of mutual accountability approaches for transition management and tracking fidelity to commitments by governments, donors, and communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Embed HIV elements into the agendas, processes and calendars of political, executive and agenda setting institutions of countries.</li> <li>• Ensure inclusion of HIV elements in key platforms such as state of the national addresses, cabinet reviews, and within political priorities such as UHC.</li> <li>• Engage in multilateral negotiations to develop consensus on the essentials of transition management, including a mutual accountability framework with performance indicators and a tracking system.</li> <li>• Include HIV indicators, performance metrics and budgets across multiple sectors.</li> <li>• Institutionalize HIV reporting within financing, governance, and political processes and institutions.</li> <li>• Develop a joint media and community engagement strategy involving government, donors, and communities to enhance readiness for change.</li> <li>• Create a joint media and community engagement strategy to socialize and promote readiness for a sustainable response.</li> <li>• The government to appoint an agency responsible for stewarding the transition, reporting on the roadmap process, and tracking progress.</li> </ul>



## **Leveraging Country Leadership to Advance Resilience for a Sustainable HIV Response Pre and Post 2030**

Position Paper of the Directors General of National AIDS Commissions on Sustainability of the HIV Response

October 2024

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