UNAIDS Technical Support Mechanism (TSM)

Final Report May 2025

Contents

Acronyms

|	
A&P	Asia and the Pacific region
ASHM	Australasian Society for HIV Medicine
C19RM	COVID-19 Response Mechanism
CLO	Community-led organisation
CSO	Civil society organisation
DSD	Differentiated Service Delivery
EECA	Eastern Europe and Central Asia
ESA	Eastern and Southern Africa region
FP	Focal Point
GBV	Gender-based violence
GC6/GC7/GC8	Grant Cycle 6, Grant Cycle 7, Grant Cycle 8
GCT	Global Centre Team (UNAIDS Geneva)
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
KP	Key population
KVP	Key and vulnerable populations
LAC	Latin America and the Caribbean region
LOA	Letter of Agreement
MEL	Monitoring, Evaluation & Learning
MENA	Middle East and North Africa region
MTR	Mid-term Review
NFM3	New Funding Model 3 (or Grant Cycle 6)
NSP	National Strategic Plan
ODU	Operations Delivery Unit (OPM and Genesis)
OPM	Oxford Policy Management
PEPFAR	(United States) President's Emergency Plan for Aids Relief
PLHIV	People living with HIV and AIDS
PR	Principal Recipient (of Global Fund grant)
RA	Result Area
RSSH	Resilient and sustainable systems for health
RTA	Regional Technical Advisor
SR/SSR	Sub-recipient / Sub-sub-recipient (of Global Fund grant)
SRM	Sustainability Roadmap
SWO	Stop Work Order
TA	Technical assistance
TAF	Technical Assistance Form
TASL	Technical assistance to Sierra Leone
TSM	Technical Support Mechanism
UCO	UNAIDS Country Offices
UNAIDS	Joint United Nations Programme for HIV/AIDS
USAID	United States Agency for International Development
VSD	Virtual Support Desk
WCA	Western and Central Africa region

Introduction

Though much has been achieved in the global HIV response over the past 30 years, important gaps and barriers remain which negatively impact on service uptake. In 2018, when the Joint United Nations Programme on HIV and AIDS (UNAIDS) and partners envisaged establishing a technical assistance (TA) model to support national HIV responses, they felt that technical support was needed to address the following identified priority areas:

- Align country targets to the 2021 Political Declaration on HIV and AIDS, and 2021-2026 Global AIDS Strategy (and, subsequently, the more recent Global Fund Strategy 2023-2028) in all strategic documents, plans, and policies;
- Ensure an investment focus on locations and populations most in need, hardest to reach;
- Address barriers and constraints to securing effective and comprehensive priority HIV prevention programmes;
- Support the sub-national level (cities, provinces, districts) to engage in the expanded HIV response and develop sub-national strategies, plans, and policies;
- Remove barriers to services through re-configured service delivery systems, including service integration, community service delivery; differentiated care models; addressing stigma and discrimination; and real-time strategic information including sub-national programme data; and
- Support the equitable financing of HIV programmes and services, and transition and sustainability planning to reduce dependency on external financing.

In 2018, UNAIDS contracted the UK-based Oxford Policy Management (OPM) firm as the Implementing Partner for the UNAIDS-Technical Support Mechanism (TSM). An overview of the TSM is provided in Figure 1.

Figure 1. An overview of the TSM
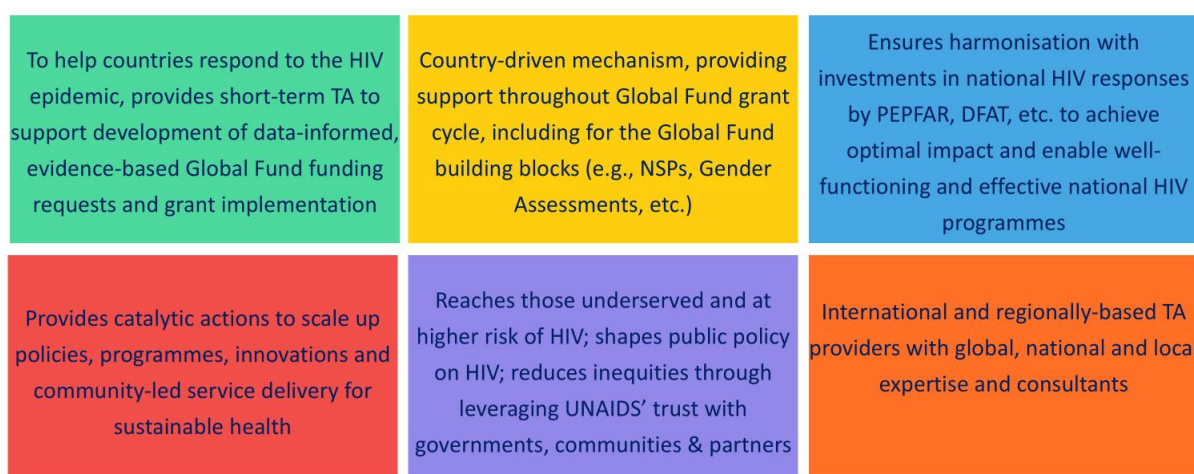
Through the TSM, OPM, together with its sub-contractor Genesis Analytics in South Africa, subsequently provided quality-assured technical support to help strengthen the HIV response in 76 countries around the world through two independent contracts: contract one covered 2018 to mid-September 2022; and contract two covered Sept- 2022 to October 2026, before it came to an abrupt and premature suspension in late January 2025, and later closure in April 2025 due to President Trump's Executive Stop-Work-Order (SWO).

This brief report highlights the past seven years of hugely successful TSM implementation, summarises some lessons learnt and provides suggestions for the future.

1. Background to the TSM Programme

The TSM programme was established by UNAIDS in May 2018 to support countries to fully leverage the investments made by the United States President's Emergency Plan for Aids Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The programme was funded predominantly by the United States Agency for International Development (USAID) with its Global Fund set-asides[1] being used to support the provision of much-needed TA, and with some additional funding from other sources for ad hoc technical assistance requests (drawdowns). The programme aimed to help countries design, manage and implement their Global Fund HIV and HIV/TB grants – as well as components related to health system strengthening – supporting stakeholders to reach the most underserved populations and those at higher risk of HIV-infection, thus aiming to reduce inequities in access to healthcare while also strengthening the sustainability of effective programmes.

The programme's budget for the seven-year period has grown considerably from that envisaged under Phase 1 to the latest extension under Phase 2 in June 2024.

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[1] One of six Global Fund partnership models, Bilateral Global Fund Set Asides refers to funding channelled directly by bilateral partners (donors) to country partners by 'setting-aside 'a proportion of total contribution to the Global Fund, to be used alongside Global Fund-managed programmes and support programme implementation.

Figure 2. UNAIDS-TSM Cumulative Budget and Growth 2018-2025
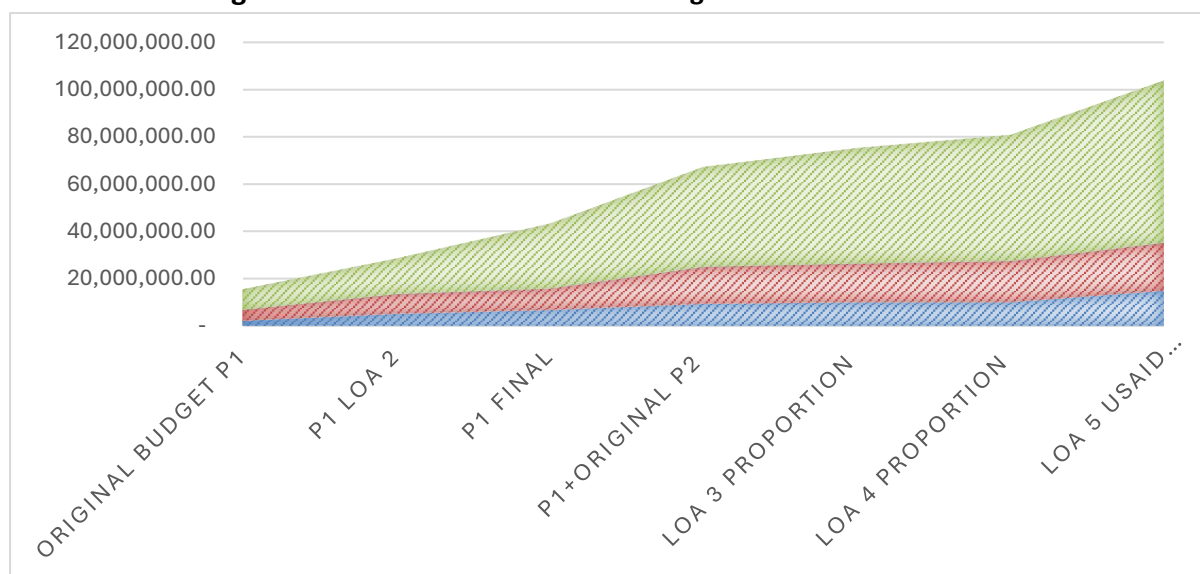
It should be noted that had the TSM been able to continue working until the close of its agreed extension, October 2026, the budget expended would have exceeded USD 100 million as per Letter of Agreement (LOA) 5 for the second part of Phase 2.

Through its programme, the TSM has delivered timely, strategically planned and coordinated rapid technical support to scale up national HIV responses in over 75 countries across Asia and the Pacific (A&P), Eastern Europe and Central Asia, (EECA), Eastern and Southern Africa (ESA), Latin America and the Caribbean (LAC), Middle East and North Africa (MENA) and Western and Central Africa (WCA). Since 2018 the list of eligible countries has been revised from year to year but over the seven-year period a total of 76 different countries have been supported. In the past year the TSM has provided support to almost all 55 countries eligible in 2024 – see Box A.

Box A: TSM-Eligible Countries supported according to the 2024 Statement of Work

Eastern and Southern Africa
1. Angola
2. Botswana
3. Eswatini
4. Ethiopia
5. Kenya
6. Lesotho
7. Madagascar
8. Malawi
9. Mozambique
10. Namibia
11. Rwanda
12. South Sudan
13. South Africa
14. Uganda
15. United Republic of Tanzania
16. Zambia
17. Zimbabwe
Western And Central Africa
18. Benin
19. Burkina Faso
20. Burundi
21. Cameroon
22. Côte d'Ivoire
23. Democratic Republic of the Congo
24. Ghana
25. Liberia
26. Mali
27. Nigeria
28. Senegal
29. Sierra Leone
30. Togo

Asia and the Pacific
31. Bangladesh
32. Cambodia
33. India
34. Indonesia
35. Lao People's Democratic Republic
36. Myanmar
37. Nepal
38. Pakistan
39. Papua New Guinea
40. Philippines
41. Thailand
42. Viet Nam

Eastern Europe and Central Asia
43. Kazakhstan
44. Kyrgyzstan
45. Tajikistan
46. Ukraine

Latin America and the Caribbean
47. Columbia
48. Dominican Republic
49. El Salvador
50. Guatemala
51. Guyana
52. Haiti
53. Honduras
54. Jamaica
Middle East and North Africa
55. Morocco

2.   Objectives and Priorities

2.1   Objectives

The UNAIDS-TSM programme aimed to contribute to ending AIDS as a public health threat by 2030 through supporting effective, efficient, evidence-informed, human rights-based, community-led, and sustainable equitable Global Fund programmes and systems to meet targets and maintain impact. While OPM's role as the TSM implementing partner ended in early 2025, as a direct result of the USAID spending cuts, UNAIDS continues to support TSM in Geneva and through its country and regional offices. The fundamentals of how the TSM supported service delivery are illustrated in Figure 3.

Figure 3. The basics of TSM support delivery
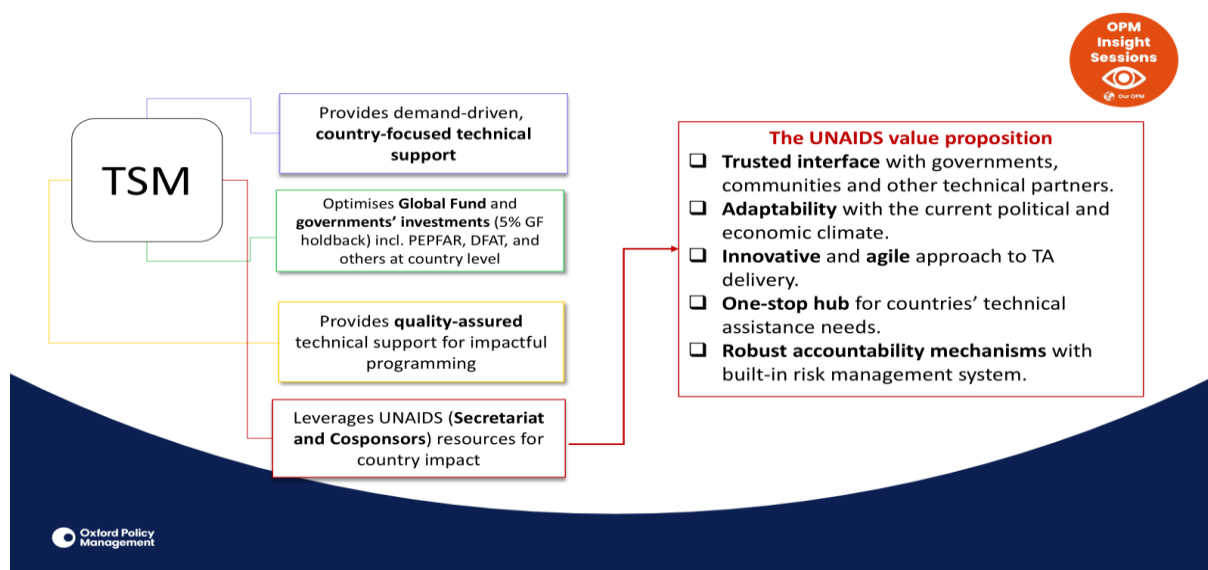
2.2   Priorities

During OPM's tenure as Implementing Partner, the programme focused on the following priorities:

(a) Support countries and Global Fund grant implementers to obtain the most recent and accurate data, especially on key and vulnerable populations (KVPs), to: (i) inform national programmes to ensure appropriate targeting of interventions and improve Global Fund grant implementation: and (ii) prepare well in advance for the forthcoming data needs for the New Funding Model 3 (NFM3) / Global Fund Grant Cycle 6 (GC6) and Global Fund Grant Cycle 7 (GC7) building blocks (e.g. National Strategic Plans and Mid-term Reviews (NSPs/ MTRs) and GC6 as well as GC7 funding requests.

(b) Support initiatives to ensure the long-term sustainability of the HIV response, in the context of reduced external resources, economic downturns and the need for immediate transformative action. Under the ~~current and~~ final Statement of Work, HIV Sustainability Roadmaps (SRMs) were expected to be developed to help more than 50 countries navigate the path towards sustainability in their HIV responses.

(c) Strengthen technical support to encourage an improvement in supportive legal and policy environments for delivering national HIV responses and achieving the 10-10-10 targets by conducting human rights assessments, addressing the safety and security of key populations (KPs) and KP-led organisations and tackling barriers to accessing HIV prevention, testing, treatment and care services, especially in fragile, challenging and criminalised contexts.

(d) Assist countries and Global Fund grant implementers to find new and innovative ways to reach key populations and other vulnerable groups with tailored services, without which the 2030 targets could not be achieved.

(e) Support Global Fund grant recipients in accelerating implementation aimed at closing HIV prevention, testing and treatment gaps, with a particular focus on children, adolescent girls and young women, and other underserved KVPs. Special attention would continue to be given to supporting civil society organisations (CSOs) in the context of shrinking civil space; without which

the 30-60-80 community targets of the 2021 Political Declaration would remain out of reach. This includes strengthening the capacities of community led-organisations (CLOs) and non-governmental Global Fund sub-recipients (SRs) and sub-sub-recipients (SSRs) and empowering communities to advocate for and deliver services, and monitor their implementation (e.g., through community-led monitoring).

Box B provides some examples of the TSM support that has been provided over the past seven years.

Box B: Some Examples of TSM Support

- Development and peer review of **Global Fund applications**.

- **National Strategic Plan** development and **mid-term reviews/endline evaluations**.

- **HIV estimate modelling** e.g. key population size estimates**.**

- **National AIDS Spending Assessments**, investment cases, target setting, costing & allocation optimisation through modelling.

- **Integrated Biological and Behavioural Surveillances**, key population size estimates, gender assessments, and synthesis of data to enhance efforts to target key and vulnerable populations.

- Improved **programme design and impact assessments** for prevention programmes.

- Strengthened **CSO capacity**, including initiatives for **adolescent girls and young women**.

- Supported the **elimination of user fees**, and costing of **social contracting**.

- Implementation of **Stigma Index 2.0, gender assessments**, expansion of **community-led responses**.

- **Development of HIV Sustainability Roadmaps**.

- **Conducted webinars** for consultants in technical areas related to Global Fund proposal development, Global Fund materials, etc.

- **Developed learning materials**, e.g. handbook on Differentiated HIV Service Delivery, country case studies, lessons learnt from Global Fund applications.

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3.   Work Undertaken

Together, OPM, as the TSM Implementing Partner, and its regional sub-contractor, Genesis Analytics, responded to the priority needs of countries seeking to address challenges as they arose. We helped to deliver rapid response technical support on a demand-driven basis to country governments, civil society groups and networks of people living with HIV (PLHIV), or affected by HIV, in a total of 76 countries during a seven-year period across the geographic areas listed in Box A.

Over the past seven years, we have supported **993 separate assignments** using **103,245 consultant days.** This figure would of course have increased had the programme not come to an untimely end, especially with GC8 about to be launched later in 2025.

A large part of our work was to help governments, and affected communities within those countries, to generate and use robust evidence on their HIV epidemics in order to understand who the most vulnerable groups are and where they live. This evidence was then used to inform the development of costed national HIV strategies, as well as prevention and treatment plans. We also supported

different country stakeholders to develop and use the evidence they needed for policies that would enable greater access to HIV programmes and services, especially for vulnerable groups who are often stigmatised due to their HIV status, their gender or gender identity, drug use or profession.

The main factors that enabled the successful operation of the TSM were: (a) leadership, management and administration personnel who covered all operational, management, coordination, and technical areas and worked together as a team; (b) access to a broad base of appropriate consultant resources; (c) providing TA appropriate to the region, country and technical area; (d) provision of quality assurance, oversight and / or backstopping of assignments / consultants; and (e) an integrated approach to service delivery (see 3.3 below).

3.1   TSM technical leadership and Management

TSM management was overseen by: (i) four staff in UNAIDS Geneva – the Global Centre Team (GCT); and (ii) an OPM TSM Board of four members.

The TSM programme implementation management and administration team comprised:
- Programme Director, Deputy, and Operations Delivery Unit (ODU) plus one Database Administrator in OPM, Oxford (15 staff);
- Technical Director, two Regional Technical Advisors (RTAs) and 13 thematic/technical Focal Points (FPs) in various countries globally (of which three came from Genesis Analytics);
- Genesis Analytics (11 staff consisting of four ODU+ three MEL+ one RTA [+ three FPs]); and
- Finance (three OPM and one Genesis Analytics).

The **TOTAL number of 43 staff** (excluding GCT and Board) were not all full-time posts, for example, most FPs were only contracted for two to four days a month, which was very cost-effective considering the total amount of assignments that were managed by the TSM.

Figure 4 shows the TSM management team at the time of programme closure in January 2025.

Figure 4. The TSM Ecosystem: Staffing at the time of closure, January 2025
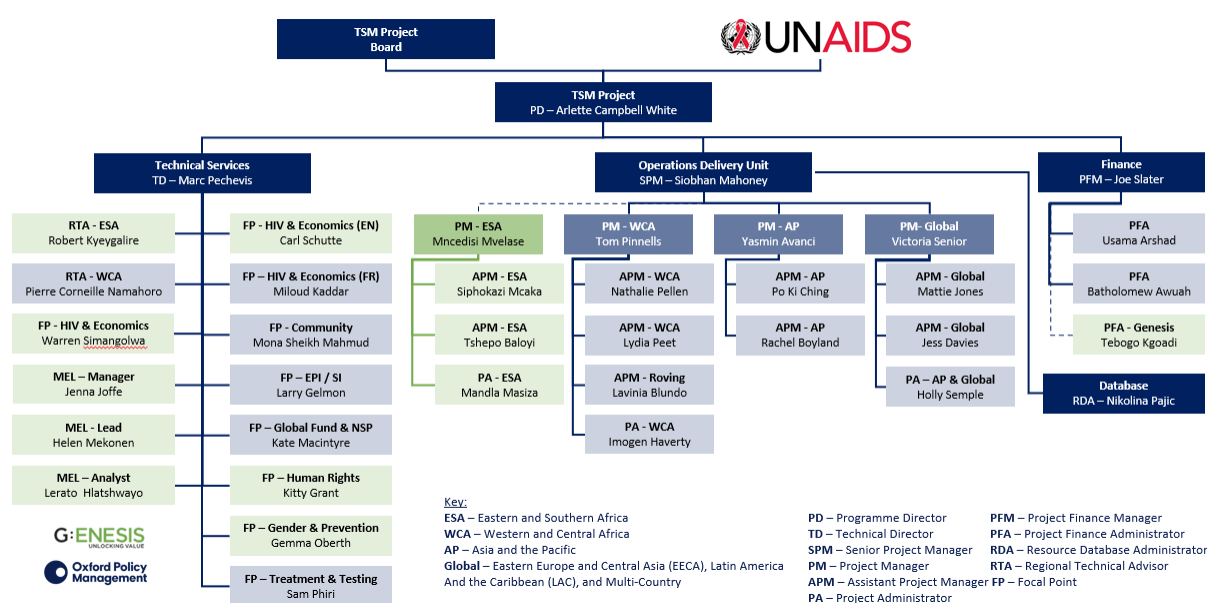
3.2   Consultant Resources

To provide the TA when and where needed, we engaged thematic experts carefully selected from our database of 2,339 consultants. Consistent with our policy to build national capacity and excellence, we prioritised the use of national and regional specialists from the countries themselves:

- 90% came from the country or region in which they worked.
- 52% spoke English as a first language
- Of the remaining 48% of consultants, the following were the most commonly spoken languages: French: 31%; Spanish: 8%; Portuguese: 6%; Russian: 3%
- After English, Swahili was the most spoken language as was to be expected with so many consultants coming from ESA.

3.3   Integrated Approach

The integrated approach we applied to TSM service delivery throughout our assignment is illustrated in Figure 5.

Figure 5. TSM's integrated approach to TA to support effective service delivery

3.4   Planning support

We assisted in developing or refining the scope of assignments to ensure that the provided technical support was strategic, efficient, and matched individual countries' needs. This included reviewing and discussing with UNAIDS the annual technical support plans developed by the UNAIDS Country Offices (UCOs) and regional offices, planning well in advance the TA needs to support GC6 and GC7 funding requests, where the demand for experienced consultants is always high in a competitive context, and also developing pre-filled Technical Application Forms (TAFs) to facilitate the work of the UCOs. We also participated in weekly GC7 coordination meetings for WCA with the Global Fund Secretariat and other main technical assistance providers in the region (including Expertise France, GIZ, UN agencies and others).

3.5   Coverage throughout the full project implementation cycle

We managed all assignments throughout the full Global Fund project cycle, aiming to ensure that outcomes met – if not exceeded – the requirements of each assignment. We worked with UNAIDS, its cosponsors, country clients, the Global Fund, partners and consultants to assure the quality implementation of each assignment by: (i) monitoring progress and resolving any potential issues; (ii)

ensuring that client feedback was incorporated into each assignment to inform quality improvement; and (iii) peer reviewing all deliverables.

3.6 Coverage in the time of COVID-19

When the COVID-19 pandemic hit in early 2020, we were at the peak of support for GC6 funding requests (Second and Third Windows). OPM and Genesis managed to evacuate the many consultants present in the countries as a matter of urgency before the airports closed and we then ensured that the work continued remotely, by reorganising and facilitating the work of the consultants who were not nationals. Together with UNAIDS, we also organised thematic webinars, reinforced the advisory and backstopping activities through our FPs and our colleagues in Geneva or in the regional offices, and conducted and coordinated numerous remote peer reviews of drafts (in collaboration with UN agencies and partners). This flexibility and adaptability contributed greatly to the successful submission of GC6 funding requests and C19RM applications. It is this 'new' model of virtual support that worked so well it resulted in the formal establishment of **the Virtual Support Desk (VSD)** for GC7 and beyond, with four dedicated staff and about 20 or so peer reviewers across the thematic areas.

3.7 Strategic learning and communications

Through developing a variety of learning initiatives, we helped to ensure all collated information and lessons learnt were fed back into the programme to drive improvements and capacity building activities. Strategic learning also helped us to navigate complex social and political environments, providing the flexibility to respond to changing contexts and ensuring organisations trying to affect change had access to the methods and information needed to do so. For both GC6 and GC7 we developed and delivered a series of webinars on topics where consultants indicted they needed further support – for example, five webinars on prioritisation (something that countries really struggled with) and three on costing and budgeting, amongst others. We were in the process of planning something similar for GC8 based on the 'lessons learnt' for GC7.

3.8 Additional Funding Workstreams

in early 2024 OPM was successful in submitting and winning the second UNAIDS-TSM bid, enabling us to continue providing our technical support and consultancy services to UNAIDS. The second two-year contract started in September 2022 with a budget of US$24 million, which subsequently grow to $60 million over the five contract extensions.

The success of the programme in delivering the GC6 and GC7 funding cycles building blocks and funding requests – in particular the increasing visibility of the VSD mechanism which started providing peer reviews for GC6 and COVID-19 Response Mechanism (C19RM) grants, draft funding requests, NSPs and other documents, before being further refined and developed for GC7 – led to additional funding workstreams. Hence, by the LOA 5 amendment of June 2024, the TSM had grown to support three major workstreams:

1. **Technical Assistance Forms (TAFs)** 2018 to 2025.
2. **Sustainability Roadmaps (SRMs)** 2024-2025.
3. **Accelerated support to Global Fund Grant implementation in two countries – Cameroon and Sierra Leone** since 2024, specifically, in Cameroon for C19RM and in Sierra Leone for

NFM3 / GC6 HIV programme implementation. The latter Global Fund workstream was a specific request from the Global Fund to UNAIDS to assist countries lagging in their national HIV responses to utilise unspent funds to move the programmes along and was a direct result of the TSM's success and widening visibility through the work of the VSD.

Technical Assistance Forms

The majority of TSM funds were channelled through national TAFs produced UCOs. There were also some regional and global TAFs. Figure 6 indicates the volume – and importance – of TAFs assignments received and implemented.

Figure 6. Proportion of UNAIDS-TSM expenditure on TAFs, SRMs and grant implementation
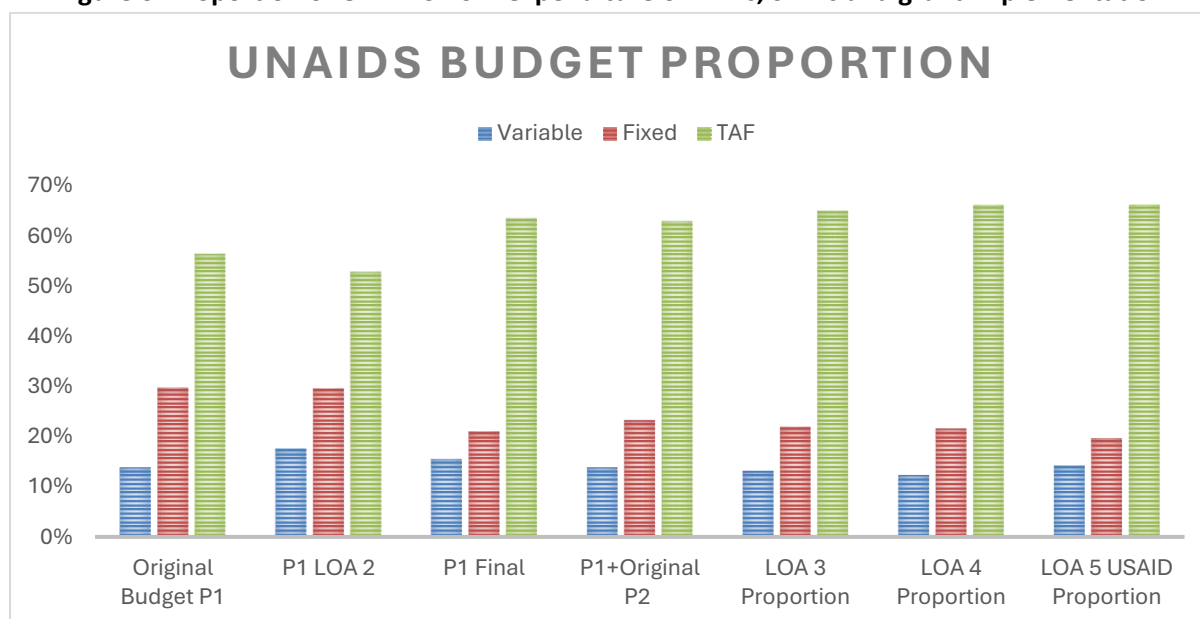
At the time of the forced closure of the TSM programme, there were **more than 150 TAFs in active implementation** or not yet closed that had to be suspended and then terminated.

Sustainability Roadmaps

In 2024, we began preparation for 31 countries to develop their SRMs (out of an envisaged total of 50 or so). At the time of the SWO, eight of these countries had fully implemented the SRM Part A with TSM support and were poised to start on Part B which was the action-oriented workplan part of the SRM.

Global Fund grant implementation support

One country (Sierra Leone) was supported in its Global Fund grant implementation under GC6 amounting to US$ 726,938. This programme was known as Technical Support to Sierra Leone (TASL) and included over 20 TAFs. Through TASL TSM supported the logistics for 14 workshops and contracted 17 consultants. This was a considerable achievement as it was a completely new way of working - liaising between the Global Fund, UNAIDS GCT, UNAIDS Sierra Leone Country Office and OPM-TSM WCA region – to deliver almost one million dollars of funding within an extremely short space of time (just under three months). It entailed working with Orange Money to get the funds out to workshop participants and local implementers, itself an unprecedented new way of working.

After TASL's closure in the summer of 2024, OPM began the implementation of support to Cameroon's C19RM grant. However, we were only able to support two of these TAFs before the TSM was ordered to stop work in January 2025.

3.9 Virtual Support Desk

The VSD had three primary functions:
1. Virtual review of NSPs, draft Global Fund applications and other supporting material.
2. Virtual support to UNAIDS TSM in-country technical missions, coaching of local consultants.
3. Strategic learning and skill-building.

Figure 7. Virtual Support Desk for GC7 building blocks and funding requests
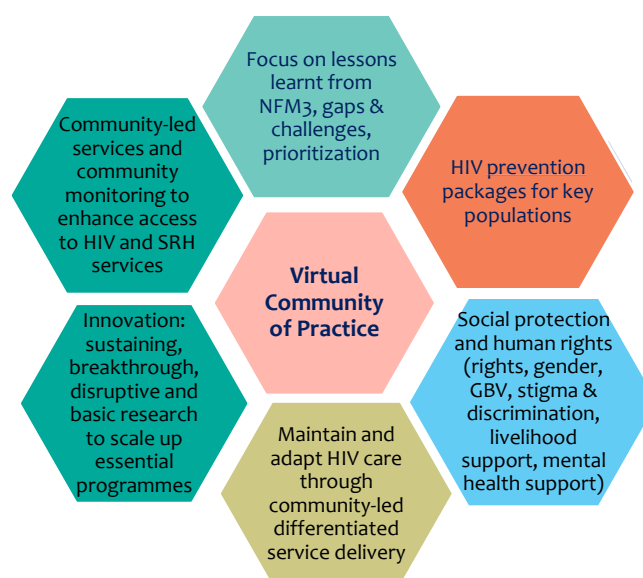
Through the VSD, practitioners could:

- **Receive virtual support from specialists on HIV and COVID-19 and community systems. Specialists** carried out virtual desk reviews of draft proposal 'building blocks' (e.g., NSPs, MTRs, gender assessments, other reports) and draft GC7 funding request applications or clarified technical questions.
- Access and share the **latest Global Fund material, guidance and templates, global guidelines, and examples for HIV services and cross-cutting considerations for community, human rights and gender.**
- Participate in our **webinars** on specific topics.

As an example of the VSD's work, under GC7 we peer reviewed about 50 draft funding requests for Windows 1, 2, 3, 5 and 6 for 39 countries; of these, some countries were reviewed twice or even three times at their request. Each review might be conducted by between eight to 16 consultants depending on the country, size of allocation and priority afforded to the country, resulting in lengthy reports which nonetheless synthesised each individual peer review into a combined overarching review (while still maintaining the separate thematic reviews for the relevant consultants to examine in more detail).

4 Monitoring and Evaluation and Strategic Learning

4.1 The Multi-Year Results Framework

The TSM supported effective, efficient, rights-focused, people-centred, and sustainable programmes and systems to meet the global HIV targets through four result areas, with a fifth one added in 2024 to specifically encompass the SRMs:

Result Area 1 – Harnessing and utilising data: Countries are empowered and utilising data to accelerate policy and programmatic implementation in priority areas, targeting sub-population gaps, HIV treatment and prevention gaps and access to HIV-related services.

Result Area 2 – Accelerating implementation to close gaps: Countries and communities within them accelerate implementation aimed at closing HIV prevention and treatment gaps to ensure impact, including through community-led responses, with an emphasis on addressing access to services gaps to reach children, adolescent girls and young women and other underserved, KVPs.

Result Area 3 – Accelerating implementation through policy and law reform, human rights, and gender: Countries intensify effective policy and law reform, improve and support human rights and gender equality, and reduce stigma and discrimination to address gaps to ensure impact.

Result Area 4 – Promoting equitable financing and sustaining the HIV response: Countries increase political commitments, domestic HIV resource mobilisation, efficiency, and sustainability of financing for their HIV responses, with an emphasis on expanding community-led HIV responses, human rights, and reaching populations left behind.

Result Area 5: Developing and implementing HIV Response Sustainability Roadmaps and Frameworks: Low- to middle-income countries develop and implement specific HIV Response Sustainability Roadmaps.

Each result area had Immediate Outcome Statements, each of which had one or more Output Deliverables attached. As well as being tracked online on an ongoing basis, these were regularly reported on to our donors through Semi-Annual Reports (USAID) and an Annual Report (UNAIDS), all of which are available on request.

4.2 Strategic Learning and Capacity Building

Throughout its seven years of operations, the TSM offered a comprehensive programme of learning opportunities in various forms:

1. Webinars for consultants on thematic areas, particularly geared towards Global Fund grant cycles, ranging from topics such as prioritisation in funding request development to community approaches through to costing and budgeting, and everything in between.
2. Learning products, such as:
   o In-depth country briefing notes (e.g., Indonesia and Kenya)
   o Technical toolkits (e.g., Differentiated HIV Service Delivery)
   o Lessons Learnt from GC7 (was to be published by UNAIDS until SWO came into being).

A comprehensive Operational Manual was also produced to support project management. The refinement of the Operational Manual became increasingly necessary as the programme matured –

being a complex project with multiple clients, a high financial turnover and many moving pieces with sometimes as many as 12 consultants working on a particular country assignment, strict adherence to policies and procedures became even more important. As regulations tightened with more constraints – for example, relating to what was acceptable for funding, the language to be used, and so on – the Operational Toolkit became increasingly indispensable and remains an excellent example of how to project manage.

To ensure timely and effective programme delivery while also building technical capacity, two innovative mechanisms were successfully piloted; (i) Focal Point – Operations Delivery Unit Shadowing Initiative; and (ii) Emerging Consultants Mentoring Project.

4.2.1   Focal Point – Operations Delivery Unit Shadowing Initiative

Five FPs covering the areas of Community & Service Delivery, HIV Prevention & Gender, Human Rights, Strategic Information & Review, and Testing & Treatment agreed to allow seven ODU staff members to 'shadow' them during the course of implementing a TAF. The main feature of this initiative are summarised in Box C.

The shadowing initiative gave the ODU staff more of a feel for the technical elements of the work which helped them be better able to support the FPs in the initial search of consultants and TAF implementation by providing them with a clearer idea of the technical work involved.

Box C: Focal Point Shadowing Initiative

➢ **Mentoring/Shadowing**
  ▪ The FP set aside an hour a week (per APM) to hold a 1:1 call, advise on reading materials, provide guidance/clarity on any queries raised by the APM.
➢ **Events / Documents**
  ▪ The FP flagged any upcoming webinars and/or useful documents (i.e. UNAIDS Technical Briefs) which they thought would match the APM's expressed interests.
  ▪ The two would then meet to discuss technical content issues.
➢ **Deliverable/ Feedback (following each session)**
  ▪ The APM drafted a short brief outlining how the process worked, what they learnt and what worked / did not work.
  ▪ The FP also provided feedback on the process.
➢ **Assignment-specific activities included:**
  ▪ TAF and CV review, background documents, deliverables review (inception Reports, etc.), completed Effected Results Forms during and post-assignment.

What worked well

The enthusiasm of APMs and their willingness to learn and the interest of the FPs in participating / sharing their knowledge were a good start to the shadowing initiative. The first sessions worked well when workloads were more manageable*,* starting with establishing APM's expectations right from the beginning. Initial topics of discussion were focused on areas that were relevant to APMs' immediate responsibilities in managing TA, e.g. reviewing TOR, TAF, CV search and review, Effected Results Forms or reports produced by the consultants. The provision of reading materials ahead of sessions, and preparation of three to four key questions for discussion helped to guide subsequent session and also responded to thematic sub-areas as requested by the APM.

What worked less well

The TSM workload could be quite variable and an Increase in workload on both sides meant that the sessions took a backseat or had to stop. Participants over-estimated how much additional capacity they had to work on these sessions. Scheduling could be very challenging, especially for the FPs. The technical content of the 'lessons' were a bit too challenging considering the APMs' lack of previous technical experience/knowledge. Moreover, momentum was lost when assignments had long gaps in-between products and processes.

Nonethless, both FPs and APMs enjoyed the process, and we would have continued to roll out the initiative, after adjusting based on the above findings, had the TSM continued.

4.2.2   Emerging Consultants Project

The idea for this initiative arose from the realisation that many of the TSM's best consultants were near retirement and there were fewer well-qualified and experienced mid-level and junior consultants able to replace them, especially those with experience of Global Fund proposal development.

Its aim was two-fold:
   (a) Diversify the existing pool of consultants (and replace the ageing pool of consultants with younger and mid-level consultants) by identifying emerging consultants from the global south, especially women.
   (b) Familiarise consultants with the Global Fund process around the grant cycle and funding request development.

It was to be piloted in countries where the UCO was willing to add an extra person to partner with a senior person in any thematic area during funding request development, such as HIV Economics/Costing, Gender, Community, and so on. The modality was to: (a) identify emerging consultants; and (b) pair up a junior / mid-level consultant with a more experienced one.

In terms of building capacity, as well as on the job mentoring, a series of M&E webinars for emerging M&E consultants was delivered in 2024 by the Australasian Society for HIV Medicine (ASHM), followed by a two-part online test to receive a diploma, attended by approximately 50 consultants.

In the end, one such mentoring opportunity took place with two community consultants, one senior and one junior, being provided for the Mozambique funding request. TSM had hoped to be able to continue this initiative with the upcoming GC8 funding request development.
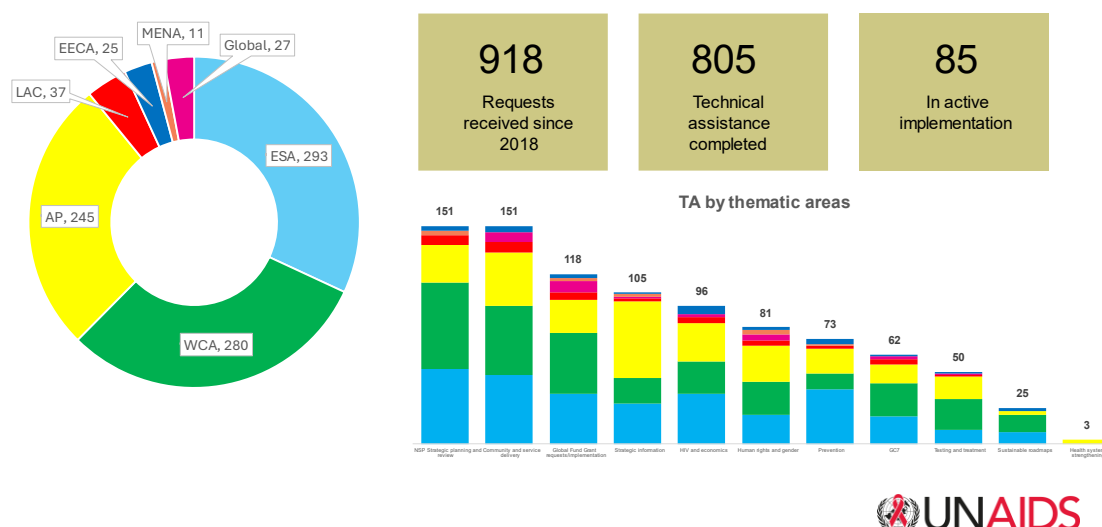
5   Outcomes

Over the six and a half years of the TSM, 918 requests for technical assistance were received. Of these, 805 were completed and 85 were in active implementation at the time of closure – see Figure 8.

Figure 8. TSM Demand and Supply

The major outcomes of the TSM programme over the seven-year period were:

1. Greater and better use of data.
2. New and/or updated national strategies and plans
3. Funding leveraged during GC6 and GC7.
4. Increased organisational capacity to strengthen community systems.
5. Excellence in quality assurance: peer reviews of key deliverables through the VSD and / or by FPs.

5.1   Greater and better use of data

Since 2018 we supported better use of evidence to make the needed change in countries' HIV responses. For example:

- 50 countries gathered, analysed and / or modelled HIV epidemic data, which provided them with the granularity of data needed to prioritise where to invest their HIV related resources;
- 22 countries conducted Stigma Index 2 assessments, which informed their plans for reducing stigma and discrimination towards PLHIV and KVP;
- 22 countries conducted Gender Assessments, which informed the understanding and planning to reduce the gender inequalities for most affected by a country's HIV epidemic;
- 54 countries developed evidence-based, costed national HIV strategic plans (NSPs); and
- Eight of 31 countries developing Part A of their SRM were able to complete them before the SWO came into effect.

At both regional and country level, the TSM has seen better use of granular data to generate evidence to support regional stigma and discrimination trends, thus addressing legal / human rights barriers affecting programme effectiveness, especially by CLOs, which has fed into the development of the GC6 and GC7 grant applications. The TSM has enhanced regional / national stakeholders' capacity to develop evidence-based HIV policies and strategies, particularly targeting key or

underserved populations in priority geographical settings, hence supporting the design of Global Fund grant interventions in country and their delivery by PRs and SRs.

The TSM's support expanded the evidence base for gender-related inequalities and rationalised increased Global Fund investment into gender transformative interventions. With the finalisation of the global Inequalities Assessment Toolkit, in future all Global Fund grant countries will be able to generate new data on inequalities, including human rights- and gender-related inequalities, to support increased funding for human rights and gender (HRG) interventions within Global Fund funding requests and NSPs – the cornerstones of the HIV response and grant implementation.

5.2   New Updated National HIV Strategies and Plans

Countries developed new or updated national HIV strategies or policies related to Triple Elimination (of HIV, STIs and Hepatitis B and C), gender assessments, stigma indexes or NASAs which served as building blocks for Global Fund funding requests. Moreover, significant technical support was provided for countries to develop new or revised HIV Prevention Roadmaps, aligning with globally agreed targets and strategies, to improve prevention services delivery by PRs and SRs within Global Fund grants.

5.3   Funding leveraged during GC6 and GC7

To support funding request development, TA was provided first for the development of critical building blocks noted above to provide the evidence base needed to develop targeted programme interventions. These building blocks (epidemiological surveys, Stigma Indexes, gender assessments, NSPs and other reviews, integrated bio-behavioural surveys (IBBS) and so on) were essential for helping countries to mobilise domestic and external resources to fund their HIV responses.

In 2020 / 22 the TSM supported 62 countries to leverage US$7.4 billion from the Global Fund to fund their HIV and tuberculosis programmes; and in 2023/25 the TSM helped 56 countries[2] to leverage approximately US$6.8 billion from the Global Fund to fund their HIV/TB programmes. This included activities aimed at strengthening resilient and sustainable systems for health (RSSH).

5.4   Increased capacity to strengthen community systems

The TSM increased organisational capacities to strengthen community systems, advocacy, and differentiated service delivery (DSD) models, emphasising community engagement and empowerment. Key population networks played a more prominent role in their countries' GC7 funding cycles through analysing allocations for community-led responses. In doing so, they have increased their capacities to keep national stakeholders including PRs and SRs engaged in Global Fund-supported interventions accountable for these plans and identified key areas of improvement of community engagement and leadership to strengthen Global Fund grants.

5.5   Excellence in quality assurance

The peer reviews of key deliverables through the VSD which had started somewhat modestly with NFM3 / CG6 and C19RM really took off for GC7 to the extent that the success of the system became widely known beyond UNAIDS by other practitioners, TA providers and donors. As a result, the VSD was asked by the Global Fund to peer review draft funding requests for non-eligible countries such as

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[2] This includes Egypt, a non-USAID country, reviewed at the request of the Global Fund.

Egypt which needed special assistance (paid for by non-USAID funds). Having attracted the attention of the Global Fund is also one of the reasons why the Global Fund requested UNAIDS-TSM to support the last-minute implementation of delayed GC6 activities in Sierra Leone, and C19RM in Cameroon.

Based on the success of the rounds of peer reviews, a 'lessons learnt' document was put together which was in the process of being prepared for publication by UNAIDS when the SWO came through and therefore had to be shelved. However, this document also served as the basis to bring together 300 or so practitioners, partners, donors, the Global Fund and others at a one-day workshop in April 2024 at which the basis of a partnership-wide TA consultation was launched in preparation for the upcoming GC8 funding cycle due to start in mid-2025. It was expected that this type of collaboration would have resulted in better coordinated TA efforts for GC8 with less overlap and more complementary teamwork from the various donors.

6   Conclusion

A great deal has been achieved over the past seven years, thanks to the unfailing involvement and commitment of all the partners in this global technical assistance project. Despite its ambition, its inevitable complexity in ensuring country ownership, and a rapidly changing environment, the TSM has successfully fulfilled its contract with the recipients and the donor/s and delivered a high-quality programme in a cost-effective manner – in particular given the very low margin agreed by OPM to support the programme's implementation.

Given the size and complexity of the programme, one of the TSM's successes is due to its flexibility and adaptability – for example, in the time of COVID when we had dozens of consultants in country. We nonetheless managed to evacuate them and ensure the work continued at the same high quality. TSM took over the mantle from the World Health Organization (WHO) by holding webinars, establishing a helpdesk to take over peer reviews, and conducting backstopping. Hence, despite this huge and complex project we have always been able to adapt to a changing environment in a nimble and participatory way.

The TSM has been instrumental in positioning UNAIDS as a leading provider of technical assistance for Global Fund programmes and enabled many countries in advancing towards the 2030 goals. Through its contributions to GC6 and GC7, UNAIDS' TSM facilitated the release of US$14.2 billion from the Global Fund in support of the global HIV/AIDS response. The intention was to maintain this high standard of technical assistance for the GC8 application round—potentially delivering an equal or even greater level of impact for the HIV/AIDS community and its beneficiaries. However, the abrupt termination of the programme in January 2025, the uncertainty about the future of the US Government's development aid, particularly for the fight against AIDS, and the cuts in overseas development assistance (ODA) budgets announced by many European countries are threatening the gains that have been made and are now at risk of being reversed.

A new chapter will have to be written to ensure that the efforts and investments of the last 20 years have not been in vain. Both countries and donors will have to mobilise new resources, prioritise the most cost-effective interventions and rethink technical assistance approaches, while working on the sustainability of programmes.

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