

HIV RESPONSE SUSTAINABILITY PRIMER



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Executive summary

As countries work to reach the goal of ending AIDS as a public health threat by 2030, planning is urgently needed for sustaining HIV response gains beyond 2030. The strategies and delivery modalities required for scaling up prevention and treatment services to reach the 2030 goal will differ from those needed for long-term sustainability. Leveraging societal enablers will be especially critical for sustainability, including minimizing HIV vulnerability and ensuring access to services in future decades. Rather than build incrementally on what is already in place, sustainability will demand transformations in policy, programmes and systems. These transformations will be reflected and influence the future plans of every relevant actor.

Achieving the 2025 and 2030 goals will require strong political leadership and the active engagement of people living with HIV and key and vulnerable populations across multiple sectors. Resources will need to be mobilized from both domestic and international sources. Sustainability will require different measures and approaches in diverse settings, highlighting the importance of tailoring sustainability planning and implementation for specific contexts, with existing efforts being leveraged. Flexibility and resilience will be essential in the face of changes in national HIV epidemics as well as in economic, political and social contexts.

This Primer document outlines a new approach to planning and implementing sustainable national HIV responses, that aims to galvanize efforts and to drive sustainable HIV Response transformations to reach and maintain epidemic control beyond 2030, by upholding the right to health for all. Through country driven and owned processes based on the most recent data, countries will develop specific HIV Response Sustainability Roadmaps. These Roadmaps will identify high-level outcomes across key domains of sustainability, including political leadership, quality access to services, system capacities, enabling policies, and domestic and international financing.

The processes for developing the Roadmaps are aligned with the principles, goals and targets set out in the Global AIDS Strategy 2021–2026 and in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. International partners will support country driven processes through the provision of technical support, including the resources described in this Primer. The creative deliberation that these ongoing national processes will encourage, with civil society and communities playing a central role, will help drive global, regional and country dialogues on the next global AIDS strategy, including the specific transformations in the HIV response that will be required beyond 2030.

01

**Overview:
a paradigm
shift for HIV
sustainability**

As countries work to reach the goal of ending AIDS as a public health threat by 2030, planning is urgently needed for sustaining the gains from the HIV response beyond 2030. The strategies and delivery modalities required for scaling up prevention and treatment services and to ensure a stable enabling environment to reach the 2030 target will differ from those that will be needed for long-term sustainability. Leveraging societal enablers will be especially critical for sustainability, including minimizing HIV vulnerability and ensuring access to services in future decades. Rather than build incrementally on what is already in place, sustainability will demand transformations in human rights based, people centred policies, programmes and systems.

The goal of sustainability is not to perpetuate the HIV response in its current form. Rather, it is to ensure the durability of the *impact* of the HIV response. This will require a shift in focus to long-term sustainability. Transformative action, starting now, will be needed to make this a reality by and beyond 2030.

Achieving interim global AIDS targets for 2025, reaching the 2030 goal of ending AIDS as a public health threat, and sustaining these gains beyond 2030 will require strong political leadership and the active engagement of multiple groups, including communities, civil society, people living with HIV and key and vulnerable populations. Resources will need to be mobilized from both domestic and international sources. Service approaches and systems will need to be adapted to deliver holistic, integrated, person centred care, with attention to comorbidities experienced by people living with HIV across the life cycle. Counterproductive policies that increase vulnerability and diminish service access will need to be repealed or reformed. Both service approaches and policy reform will need to take account of the unique needs of key¹ and vulnerable populations, which are often poorly served by mainstream systems in many countries.

Sustainability will require different measures and approaches in diverse settings, highlighting the importance of tailoring sustainability planning and implementation for specific contexts. Flexibility and resilience will be essential, to ensure sustainability in the face of evolving national HIV epidemics and in different economic, political and social environments.



This Primer outlines a new approach to planning for and implementing sustainable national HIV responses—to reach global AIDS targets and maintain the gains of the HIV response beyond 2030. Through country driven and owned processes that leverage country specific data, countries will develop HIV Response Sustainability Roadmaps.

The HIV Response Sustainability Roadmap will chart the pathways for country level strategies and actions to achieve and sustain impact, leaving no one behind. Long term sustainability will require a dynamic HIV response that achieves the following:

- Predicts, prevents, detects and responds to new infections.
- Sustains viral load suppression, by achieving 95–95–95 targets and population level viral suppression among people living with HIV, of more than 86% among all age groups and genders, as well as key populations.
- Achieves the 10–10–10 targets, by ending or reducing inequities that drive the HIV epidemic.



The Roadmap will identify high level outcomes (HLOs) across key domains of the new sustainability framework, including: political leadership; effective and equitable service access and quality; systems capacities; enabling policies; and domestic and international financing. Country processes will outline pathways for achieving these HLOs, including needed policy, programmatic and systems level transformations. The roadmap approach is holistic and flexible, not focused only on financial sustainability. It will leverage, integrate and build on existing and ongoing efforts of previous sustainability and roadmap exercises.

Country engagement to develop these roadmaps will unfold in distinct phases (Figure 1):

- a. *Country leadership, sustainability dialogue and consultations.* The Sustainability Working Group, a multisectoral governance mechanism to drive the design, implementation and monitoring of the sustainability agenda in a country, will be set up. It will define the goals of the country specific sustainability vision and take stock of progress made on HIV response sustainability. Extensive, inclusive, country-level dialogue and engagement will inform the process.

Figure 1

Country roadmap cycle, design and implementation



b. *HIV Response Sustainability Roadmap (the Roadmap)*. The Roadmap, based on a comprehensive, data driven assessment, will provide an integrated and selective framework of goals, HLOs and strategies. It will focus on transformations towards human rights based, people centred programmes and systems to sustain the gains of the HIV response. Drafted using a phased approach (Roadmap Part A and Roadmap Part B), the Roadmap will prioritize actions to leave no one behind.

c. *Transformation Plan Implementation*. Implementation will build the capacities needed for sustainability, coordinate efforts, and leverage new data or insights to make needed adaptations and revise the Roadmap as needed.

A key aim of this process is to strengthen and sustain strong, inclusive country leadership to reach global AIDS targets, maintain HIV related gains and leave no one behind. As the Roadmap aims to outline a vision for the future, the process should begin by clarifying the impact that will need to be sustained, defining country level benchmarks and the health benefits that will accrue from a sustainable response. Clarifying the desired result will enable countries then to identify the transformations required at policy, programmatic, financing, community response and system levels that will make it happen.

The Sustainability Roadmap will be distinct from, yet complimentary to national strategic planning exercises (Box 1). Whereas national strategic plans (NSPs) typically focus on short and intermediate term

BOX 1

NSPs and sustainability roadmaps

National HIV strategic plans (NSPs) and HIV Response Sustainability Roadmaps as proposed under this new approach are comprehensive documents needed to guide approaches and actions in responding to the HIV epidemic at country level. However, while synergising each other, there are important differences between the two:

- **Scope.** NSPs are broader in scope, providing a framework for the design and strategic directions of the government for the full range of strategies and interventions needed to achieve set national policy objectives to address the HIV epidemic, including prevention, treatment, care and support. The new HIV Response Sustainability Approach, by contrast, focuses on the *transformations and adaptations* needed to accelerate action to achieve the 2030 goals and sustain impact and equity in the post-2030 context.
- **Timeframe.** Unlike NSPs, which typically cover three–five years, Sustainability Roadmaps will articulate a longer-term vision that extends beyond 2030. Roadmaps should aid in framing the next generation of NSPs, which will need to begin focusing on long term sustainability challenges. The new HIV Response Sustainability Approach calls for longer term ‘visioning’ to set out

the broader strategic vision beyond 2030, while being propositional about the earlier transformations which are starting to accelerate progress towards achieving the 2030 goals.

- **Emphasis.** Whereas NSPs typically focus on the ‘nuts and bolts’ of specific programmatic responses (e.g. HIV testing and counselling, condom promotion, HIV treatment, stigma reduction), the Roadmaps will take a more holistic approach, including the importance of country leadership and ownership, programmatic transformation, and health system strengthening and integration for longer term sustainability beyond 2030.
- **Ownership.** Previous transition and sustainability planning has more often been led by international actors, with a heavier focus on financing. The new Sustainability Roadmaps, like NSPs, will be both country led, inclusive of community participation, and will take a more holistic approach.
- **Perspectives.** While NSPs tend to build incrementally on what is already in place, the new Roadmaps will focus on identifying and driving the transformations required for a sustainable impact of the response beyond 2030.



outcomes, the Sustainability Roadmap will focus on the long term, HIV related outcomes and impacts that countries aim to sustain in the years and decades beyond 2030. In place of the usual effort of national strategic planning to build on what is already in place, the process for developing the Sustainability Roadmap will encourage countries to identify the transformations needed to sustain HIV related gains beyond 2030. These adaptations and transformations are expected to have broader positive implications beyond HIV, in protecting against other public health threats, strengthening national systems and institutions for health and equity, maintaining or improving an enabling environment, and resourcing broader health and social development objectives.

Each country's Roadmap will be a living document, allowing for the continual reassessment and evolution of HIV interventions, programmes and policies as contexts and circumstances change. The specific transformations in HIV responses, systems for health and societal enablers will differ from country to country (and, in some cases, within countries).

As a key transformation required for long term sustainability, countries are advised to prioritize the careful and effective integration of the HIV response in national systems, with appropriate attention to reforms

or modifications required for key and vulnerable populations. This transformation will increase efficiency, promote equity, maximize resource utilization and contribute to the dual goal of achieving and sustaining HIV epidemic control and strengthening human rights based, people centred systems for health² (1).

The process for developing the HIV Response Sustainability Roadmap is aligned with the principles, goals and targets set out in the Global AIDS Strategy 2021–2026 and in the 2021 Political Declaration on Ending AIDS. International partners will support country driven processes through the provision of technical support, including a series of resources described in this Primer. In addition to accelerating and sustaining progress in achieving global AIDS targets, the creative deliberation that these ongoing national processes will encourage will also help drive global, regional and country dialogues regarding the next global AIDS strategy, including the specific transformations in the HIV response that will be required beyond 2030.

The proposed new approach to sustainability will require all participants, including international actors, to be ready to undergo transformations on the way they have been carrying forward the response to better prepare for the post 2030 world.

02

**The time to
transform the
HIV response
is now**



Progress towards both the 2030 goal of ending AIDS and the 2025 milestone targets has been mixed. While some countries are within reach of the prevention and treatment targets (including several countries that have either achieved or are poised to achieve the 95–95–95 testing and treatment targets), many other countries lag behind. In addition, most countries are far from achieving the 10–10–10 targets, which describe the key actions needed for ensuring that the right policies and legal environment in place, reducing stigma and ensuring gender equality—all of which are essential to meeting and sustaining prevention and testing targets. Moreover, even as progress to date underscores the feasibility of rapid gains, global, political and financial circumstances have significantly changed since the goal of ending AIDS as a public health threat was first endorsed in the United Nations Sustainable Development Goals (SDGs). Building on progress made and lessons learned from HIV response sustainability efforts over the last decade, a paradigm shift is required to revitalize and transform efforts to reach the global target of ending AIDS as a public health threat by 2030 and to ensure long-term sustainability in the context of complex environments and competing priorities.

2.1. Steady but uneven progress towards the 2025 and 2030 global AIDS target.

There is clear evidence that countries can end AIDS as a public health threat. **New HIV infections** globally have declined by 59% since HIV incidence peaked in 1995 and by 38% since 2010. Extensive provision of antiretrovirals to pregnant and breastfeeding women cut the number of new HIV infections among children by 58% between 2010 and 2022.

While some countries (including some low income countries with a high burden of HIV) are on track to meet the 2030 goal of reducing new HIV infections by 90% (2010 baseline), new infections are increasing in other countries and across certain regions. In settings where most HIV transmission occurs in the general population (most of sub-Saharan Africa), new HIV infections have decreased markedly since 2010. In regions where most HIV transmission is among key populations who are at increased risk of HIV, the number of new infections has changed little as underlying inequalities continue to slow progress towards reaching global AIDS targets.

AIDS related deaths have declined by 51% since 2010. Although the world is not currently on track to reach the 2025 global AIDS mortality target of no more than 350 000 annual AIDS related deaths, this target is nevertheless within reach. Timely HIV testing and initiation of antiretroviral therapy improve the health, well-being and life expectancy of people living with HIV.

Between 2015 and 2022, the proportion of people living with HIV who were virally suppressed increased from 40% to 71%—remarkable progress in a short period of time. In addition to being able to live healthy lives, people with suppressed viral loads cannot transmit HIV to others. Thus, HIV treatment is also a powerful prevention tool. Reaching and maintaining high levels of viral suppression advances long-term sustainability by reducing over time the number of people who need life-long treatment. However, inequalities in treatment coverage (such as lower coverage in many countries among men generally and among key populations) contribute to ongoing, preventable HIV transmission.

Societal enablers play a critical role in accelerating and sustaining the gains of the HIV response, reducing HIV vulnerability and enabling people who are living with or at risk of HIV to access essential prevention and treatment services. Evidence shows that repressive legal environments, gender inequality and gender-based violence, HIV related stigma and

discrimination, and limited access to justice worsen HIV outcomes and impede HIV responses. Achieving the 10–10–10 targets³ will support countries in reaching HIV incidence and AIDS mortality targets (2).

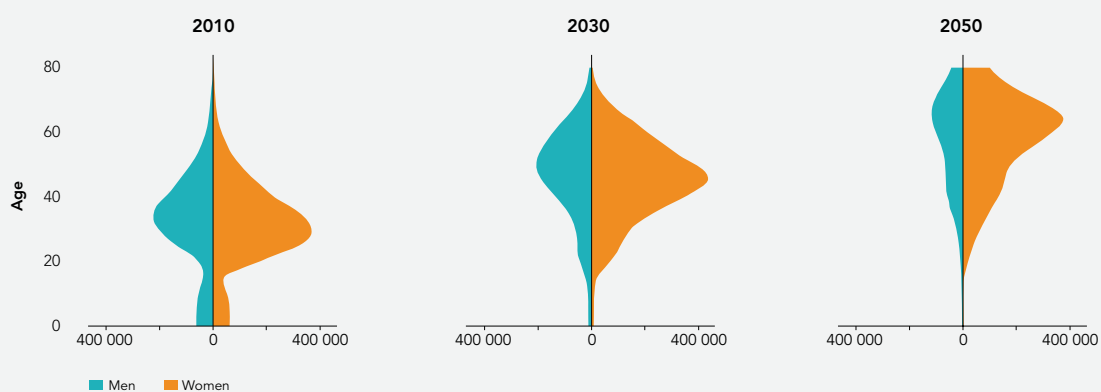
While AIDS can be ended as a public health threat, HIV related interventions will still be required after 2030 to sustain and safeguard that accomplishment. Integration with other relevant services, drawing on lessons from the HIV response and maintaining the strengths of those programmes and systems, will become even more important as the population living with HIV ages and contends with additional comorbidities.

Merely continuing HIV services as they are will not lead to sustainability beyond 2030. Maintaining epidemic control requires a transformational reconfiguration of the HIV response. As the response evolves, some existing programme activities will not be needed, and other aspects of the response will need to be transformed (3).

Epidemiological projections of different service coverage, including scenarios for ‘business as usual’, suggest that the population composition of people living with HIV beyond 2030 will grow older (Figure 2). Services for treatment as well as prevention will need to focus on different populations and will need to consider the comorbidities of that ageing population.

Figure 2

Estimated number of people living with HIV by age and sex, eastern and southern Africa, 2010, 2030 and 2050 projections, assuming global 2025 HIV targets are met



Source: UNAIDS global HIV estimates 2023 (for 2010 and 2030) and Goals-ASM model projections (for 2050) prepared by Jeff Imai-Eaton for the *Charting the HIV epidemic dialogue*, 2023.

2.2. HIV financing is at risk

The substantial and widening funding gap for the global HIV response poses a potentially critical impediment to long-term sustainability. In 2022, US\$ 20.8 billion (constant 2019 United States dollars) was available for the HIV response in low and middle income countries—2.6% less than in 2021 and well short of the \$29.3 billion needed by 2025. Having increased substantially in the early 2010s, HIV funding has since fallen back to the same level as in 2013 (Figure 3). Efforts to reach the 2030 goal of ending AIDS and to sustain HIV-related gains beyond 2030 will need to rely on principles of global solidarity and shared responsibility, with robust investments from both international and domestic sources.

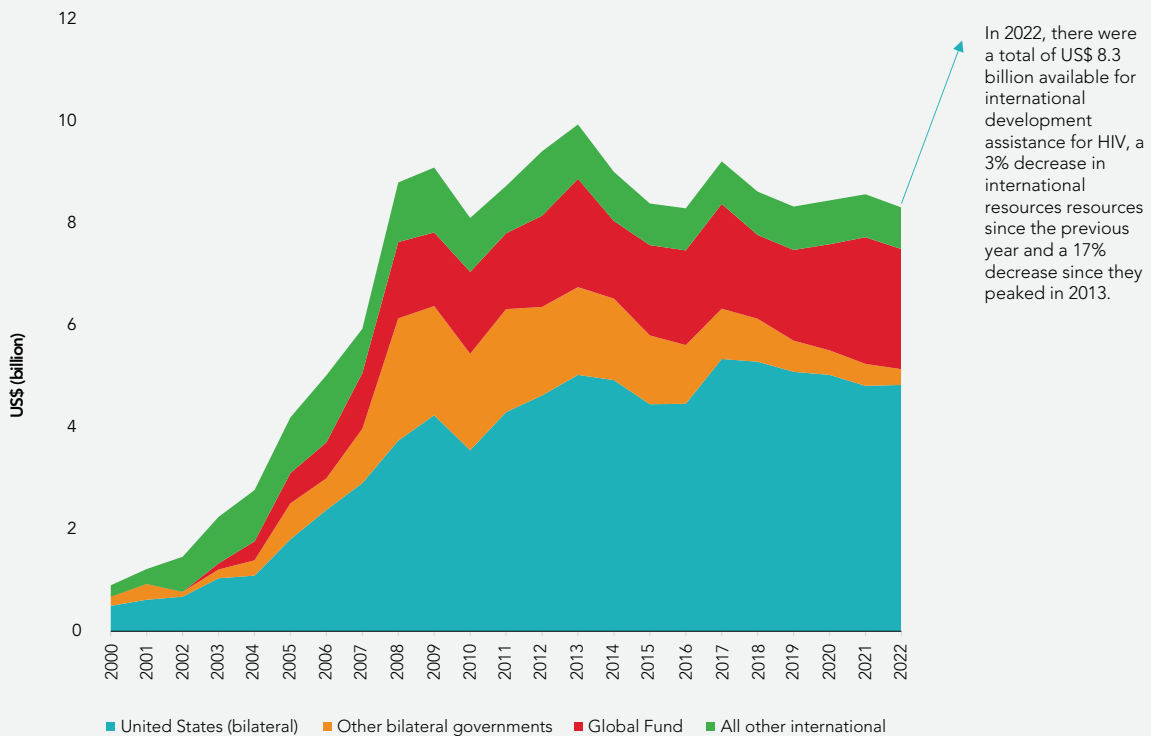
Two dynamics account for the HIV funding gap. First, **international HIV assistance** is declining. While the Global Fund and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) have maintained robust funding,

HIV financing from other donors has fallen by 61% since 2010. These shortfalls are short-sighted, as investing in the HIV response yields high returns on saving lives, reducing mortality, strengthening systems for health, contributing to health security and generating both social benefits and economic growth (5).

Although international financing is essential to reach global AIDS targets and to sustain gains beyond 2030, mobilizing donor funding for HIV is becoming ever-more difficult. Competing priorities, such as climate change and job creation, are contributing to shifts in donor funding. There are also growing concerns among donors and implementers regarding fragmentation and inefficiencies across the global health architecture, with too many multilateral and bilateral institutions competing for resources, investing in overlapping areas, and creating excessive coordination and reporting burdens for countries that receive assistance.

Figure 3

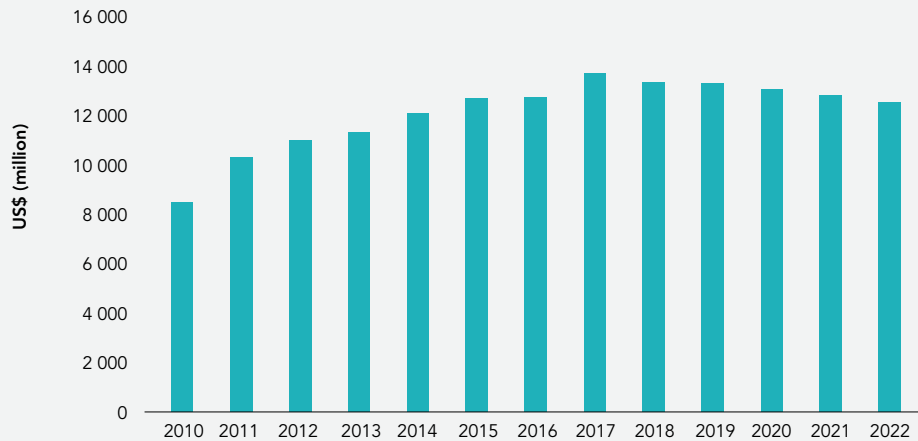
International resource availability for HIV in low- and middle-income countries, 2000–2022



Source: UNAIDS financial estimates, 2023 (<http://hivfinancial.unaids.org/hivfinancialdashboards.html>).
 Note: The resource estimates are presented in constant 2019 US dollars.

Figure 4

Domestic resources available for HIV in low – and middle-income country, 2010 – 2022



Domestic source of funding was the main driver of the growth for HIV resources during the last decade.

The growth of domestic resources and the increases became smaller from the mid-2010s onward and then halted in 2018.

In 2022, Domestic resources for HIV were over 2% lower than in 2021.

Source: UNAIDS financial estimates, 2023 (<http://hivfinancial.unaids.org/hivfinancialdashboards.html>).

Note: The resource estimates are presented in constant 2019 US dollars.

Second, **domestic investments** are no longer serving as a driver of new HIV resources. In part, this reflects the challenging global macroeconomic environment. Many low and middle income countries have struggled to return to pre-COVID economic growth and government spending trajectories, particularly with respect to health, education and social spending. Reversing earlier trends towards increased public spending on health, low income and upper middle-income countries have experienced steep declines in health spending, as inflation and unsustainable debt service costs have imposed additional budgetary challenges.^(6, 7) Debt service increased over the last decade by approximately 64% in developing countries overall and by 132% in Africa ⁽⁸⁾. The World Bank has noted that in 37 of 78 countries for which data were analysed, health spending no longer appears to be a priority for many governments, as the health share of general government spending in 2022 fell below 2019 levels. Currently, 3.3 billion people,

including more than half of Africa's total population, live in countries that spend more on debt interest payments than on health and education ⁽⁸⁾.

Sustaining and further increasing donor support are urgently needed, but new thinking and modalities will be required to mobilize and diversify sufficient resources in an increasingly complex international financing context. In addition to spurring new investments, the new approach to sustainability must also increase efficiencies with respect to resource utilization, maximize impact and balance the resource needs to achieve short-term impact with much-needed investments for long-term sustainability. There is a need to ensure country ownership and reduce donor fragmentation, better aligning international assistance with the principles for aid effectiveness outlined in the Paris Declaration, the Accra Agenda for Action ⁽⁹⁾, and the Busan Partnership for Development Cooperation ⁽¹⁰⁾.

2.3. Progress towards universal health coverage has stalled

Pursuing HIV response sustainability and its people-centred integration into health systems will occur in a context where the world is off-track in making significant progress towards universal health coverage (SDG 3.8) by 2030. Health services coverage has stagnated since 2015, and the proportion of the global population that faces catastrophic levels of out of pocket health spending has increased, with those more vulnerable being the most affected. In 2021, about half the world's population—4.5 billion people—was not covered by essential health services, and in 2019 about two billion people experienced financial hardship due to out of pocket spending on health, including 344 million people living in extreme poverty (11). Increased uptake of antiretroviral therapy (11) is primarily (about 60%) responsible for improvements seen in the Universal Health Coverage Index between 2000 and 2021, underscoring the need for much greater health spending and sustained efforts to strengthen weak, understaffed and fragmented health systems (12). Building robust, resilient health systems is essential to achieve gains across the SDG 3 targets, including ending AIDS as a public health threat.

HIV investments are already making substantial contributions to expanded health service access, helping countries strengthen their health systems and lay the foundation to achieve and sustain universal health coverage. A recent review found that investments by the Global Fund are helping close health workforce gaps, generate robust and multipurpose laboratory capacity, aid countries in scaling up digital health approaches, build resilient commodity procurement and supply chain systems, and strengthen overall health governance (13). As a key contribution to the sustainability of HIV related gains and the strengthening of broader systems for health, the HIV response is supporting communities to lead in health planning, service delivery and monitoring and evaluation—an approach that proved especially critical during COVID-19, when rapid community led responses preserved HIV service access and bolstered COVID-19 control efforts.

Addressing persistent challenges and building on achievements and lessons learned to date, the new approach to HIV response sustainability calls for transformations in national responses that

simultaneously accelerate progress towards achieving AIDS targets and invest in health care systems to sustain impact through stronger, people centred systems for health. Inequities long entrenched in existing systems must be addressed, and systems must be transformed to leverage and integrate HIV delivery modalities and multipurpose delivery platforms to strengthen primary care while optimizing HIV health outcomes.

2.4. HIV response that transforms to epidemic dynamics

Epidemiological modelling suggests that a different response will be required for countries that have achieved the 2025 targets, underscoring the importance of focusing on transformations required for sustainability. That response will need to be focused on five key areas:

- As new infections among young people continue to decline, the ageing HIV population will require an intensified focus on comorbidities, and national responses will need to shift prevention efforts to focus on where exposure risk remains high.
- To maximize the best health outcomes and minimize onward transmission, testing services will need to be easily available, minimizing time from sero-conversion to treatment services.
- Prevention services will need to be more nimble to reach an ageing population and increasingly more marginalized populations and to follow the geographical areas where there is the highest prevalence of unsuppressed viral load.
- A number of societal enablers will need to remain in place for a controlled epidemic, including: comprehensive sexuality education to ensure that new generations know the risks of HIV; strong integrated management systems that allow countries to manage services; and societal enablers to end criminalization, stigma and discrimination and gender inequalities.
- Ensure that communities are an integral and valued part of the HIV response in different aspects, including through the development of social contracting mechanisms.

03

The new sustainability framework, approach and components



BOX 2

The **vision** of the HIV Response Sustainability Approach is to “galvanize efforts and to drive sustainable HIV Response transformations to reach and maintain epidemic control beyond 2030, by upholding the right to health for all”.

*Achieving this vision will require agreement on a clear definition of HIV response sustainability. The following **definition** is being proposed: a country’s ability to have and use, in an enabling environment, people centred systems for health and equity, empowered and capable institutions and community led organizations, and adequate, equitably distributed, resources to reach and sustain the end of AIDS as a public health threat by 2030 and beyond, upholding the right to health for all.*

The vision and definition of the HIV Response Sustainability Approach recognize that the availability and effective utilization of human, financial and infrastructure resources, coupled with local, institutional and community led organization capacities, are essential to achieve the 2030 goal of ending AIDS as public health threat and to enable long-term sustainability of impact and equity.

The definition aligns with the evolving thinking of countries, key donors and partners, which have defined their own vision of HIV response sustainability. The Global Fund, for example, defines sustainability as “the ability of a health programme or country to scale up and maintain service coverage to a level, in line with epidemiological context, that will provide for continued control of a public health problem and support efforts to eliminate HIV, tuberculosis, and malaria even after the cessation of external funding by the Global Fund and other major external donors” (14).

The five-year strategy PEPFAR defines sustainability for HIV programming as “a country having and using its enabling environment, capable institutions, functional systems, domestic resources, and diverse capacities within the national system [...] to sustain



the achievement of the 95–95–95 targets; to ensure equity in its HIV response; and to protect against other public health threats.” (15) PEPFAR’s strategy aims to promote “a sustainability agenda on three fronts: 1) Political, 2) Programmatic, and 3) Financial.”

The UHC2030 partnership “Understand[s] sustainability as a health system’s ability to sustain or increase effective coverage of priority interventions and associated outcomes towards UHC” (16).

While differing country contexts may require specific adaptations, the vision and the definition of the HIV Response Sustainability Approach provide the backdrop for the design of country specific HIV Response Sustainability Roadmaps. Past and ongoing work on sustainability and roadmaps will be leveraged and distilled to bring even more value through the new approach proposed.

Figure 5

HIV Response Sustainability Approach



3.1. A new sustainability framework

In keeping with the holistic, people centred approach to the HIV response in the Global AIDS Strategy, the proposed sustainability framework (Figure 5) outlines five components that are required across all countries to achieve the global AIDS targets for 2025 and 2030 and sustain these gains beyond, with equity, regardless of the HIV epidemic status and country context:

1. **Political commitment** to shared responsibility and to effective, inclusive and participatory multisectoral governance and policies, with communities at the centre.
2. Science driven, effective, and high impact HIV **prevention and treatment programmes**, and ensuring the well-being of people living with HIV.
3. **Management systems** that are built on strong local and institutional capacities to deliver effective, context specific, people centred, integrated HIV services for equitable and sustained impact. These should include people centred surveillance, data, human resources, health care and social systems, without compromising quality and effectiveness.
4. **Enabling policies** that support equitable, accessible and high quality HIV services that leave no one behind and come with strong community leadership and engagement.
5. **Domestic and international financing** that is adequate, sustainable and equitable, including: increasing domestic resources; integrating HIV financing into benefit packages and public budgets; sustainable financing of community led programmes; closing the funding gap for key and vulnerable populations and maintaining donor funding.



BOX 3

Key recommendations for the new sustainability roadmaps

The new HIV Response Sustainability Approach brings forward significant shifts that will shape the advocacy, engagement and development of country tailored pathways towards sustaining the gains of the HIV response. In developing and implementing the Roadmap, each country is advised to:

- **Start with the future in mind.** Rather than start from an expectation of maintaining and investing in what already exists, countries are advised to start by identifying the ultimate impact the response aims to achieve and sustain. By understanding the ultimate destination of national efforts, country level stakeholders will be able to identify the policy, programmatic and systems level transformations required to make this happen.
- **Prioritize high level outcomes.** The HLOs in each country's Roadmap should be appropriate for specific contexts and aligned with the country's sustainability goals and targets. HLOs, usually achieved over a long time horizon, articulate sustained improvements in all components, including political, programmatic, systems for health, financing transformations and societal enablers required to achieve the targets and ensure the long-term sustainability of impact.
- **Focus on transformations to build pathways to sustainability.** Marked, sustained changes in HIV programmes, policies, systems and financing are essential to address the structural and societal barriers that slow progress and exacerbate inequalities. Rather than focus on improving programme performance in the short to medium term, as most national planning processes usually do, Sustainability Roadmaps will anticipate the evolution of the epidemic as well as programme, policy and system related changes that will affect each country's ability to attain and maintain epidemic control.
- Depending on the context, proposed transformations may include integrating existing HIV services into primary health care services, or incorporating HIV services into primary health care platforms, without compromising access, equity, uptake, quality of services and other interventions (17, 18). By tailoring the process to each country's context, including the collection and analysis of country specific data, the Roadmap will help countries identify transformations that are suited to their specific needs.
- **Use a dynamic approach.** The Roadmap is a living document. From its outset, each country Roadmap will take account of likely epidemic patterns beyond 2030, coupled with projected changes in health systems, financing and the enabling environment. The Roadmap will not be a one-off effort, but rather an ongoing process that involves regular review, assessment and adaptation to HIV epidemic transitions and contextual changes in countries (19). The iterative, evidence informed process will allow for the continual reassessment and evolution of HIV interventions, programmes and policies within changing political, delivery and other contexts, as well as ongoing assessment of the evolving fit between the effectiveness of interventions to achieve global AIDS targets, on the one hand, and equity and local and practice settings, on the other.
- **The Roadmap intends to influence the actions of international actors and help mobilize donor and other funding** by highlighting the investments needed for programme and system transformations, without compromising the achievement of the HIV response targets. This will transform donor funding, contributing to the dual goals of accelerating progress towards epidemic control and implementing the steps required to meet the change objectives in each country's journey towards their HLOs. The transformed approach to donor assistance will also ensure that HIV related investments advance progress across the breadth of SDG 3, ensure health security and build robust, resilient and sustainable, people centred systems.

The framework seeks to inform coherent global, regional and country advocacy and the design and implementation of country specific HIV Response Sustainability Roadmaps. It is not a rigid structure, but instead has been designed to be a forward-looking, flexible, dynamic, iterative approach to be customized to different country contexts and HIV epidemic dynamics.

Each component of the framework is a critical pathway for achieving and sustaining epidemic control. By implementing the five components of the framework, country teams, implementers, national partners and communities will be able to: anticipate the shifts required to sustain impact; engage early in the long process of people centred system strengthening; and prepare for and prevent or manage sustainability related challenges.

However, while flexible, the framework expressly avoids a pick and choose approach among its five components, as all are interrelated and mutually reinforcing. Only when all components are pursued will the framework be translated into a robust progress towards sustainability.

3.2. Towards a new generation of Sustainability Roadmaps

The Country Sustainability Roadmap is an instrument that translates the HIV Response Sustainability vision and definition into country tailored sustainability goals, targets, strategies and actions that will achieve global AIDS targets and maintain impact in a sustainable way beyond 2030, leaving no one behind. A country tailored roadmap should lead to a high quality and high impact national HIV response—including political commitment, government, policies, programmes, services and financing—within equitable, integrated, functional, national and community health and other relevant sectors' institutions and systems.

A key aim of this process is **to strengthen and sustain strong, inclusive country leadership** to reach the global 2030 AIDS goal and to sustain epidemic control into the future. Pathways identified by the Roadmap will prioritize the investments needed to build national management capacities to sustain programmes and systems beyond 2030.



04

**The HIV
Response
Sustainability
Roadmap**



In line with the thinking emerging from dialogues on HIV response sustainability, development of each country's Roadmap will reflect a set of guiding principles and will:

- Be aligned to national priorities.
- Be based on the meaningful and measurable involvement of civil society, especially people living with HIV and people belonging to key and vulnerable populations.
- Be based on human rights, non-discrimination and gender equality.
- Be based on the best available scientific evidence and technical knowledge.
- Promote comprehensive responses to HIV that integrate prevention, treatment, care and support.

4.1. Structure of the Roadmap

As a general rule, the Roadmap should look into the longer term and reflect a flexible approach, taking into account the anticipated impact of actions during and beyond this period on a country's transformation to sustainability. A well defined country Roadmap includes both short-term and long-term milestones (such as epidemiological targets) to guide implementation.

The Roadmap itself will be the product of extensive country engagement, which in turn will lead to agreement on key goals. Dialogue towards the development of the Roadmap should clarify the goals, vision and development timeline. International partners will develop templates and companion guides to support and inform the process of developing the Roadmap.



BOX 4

As each Country Roadmap aims to reflect and guide an ongoing, iterative process, monitoring of outcomes along the path to epidemic control is essential. Metrics (still under consideration) that are pertinent for determining national progress towards epidemic control include:

- An HIV incidence prevalence ratio of <0.03 (based on new HIV infections and the total population living with HIV).
- Population level viral suppression among people living with HIV of more than 86% (i.e. achievement of the 95–95–95 targets) among all age groups and genders, as well as key populations.
- Achieving the 10–10–10 targets.

BOX 5

The Roadmap considers and incorporates change objectives and leverages funding to implement both direct and indirect pathways to achieving its HLOs. Direct pathways relate to transformations of the HIV response programmes and modalities that lead to achieving and sustaining epidemic control. Indirect pathways must consider objectives related to institutional development, strengthening community organizations, local capacities, management and leadership, knowledge transfer, demonstration of effects, addressing data gaps, and preparatory work to enable system transformations. These could also include market related interventions, such as those to unlock innovative and effective private sector solutions and support market creation that contribute to long-term impact, effectiveness, and efficiency of the HIV response, without compromising equity and the right to health for all.

The Roadmap divides HLOs into a phased approach, including tangible change objectives, transformation plan and implementation, building on lessons learned from previous work on HIV response sustainability and the current status sustainability assessment.

To facilitate participatory, evidence informed, quality design and implementation, the Roadmap will encompass four components (Figure 3):

1. **Current State HIV Response Sustainability Assessment** is the primary analytical document that underpins and informs the development of Roadmap Part A. It presents the best possible analysis based on available evidence, identifying the key priorities to meet short, medium and long-term programmatic and systems challenges in consultation with multistakeholders and partners.
2. **Roadmap Part A** is a concise document, focused, selective and as candid as possible, developed based on the Sustainability Assessment and other relevant information and informed by multistakeholders and community participatory contribution. The bulk of Part A will be devoted to identifying and prioritizing HLOs and the change objectives for each framework component. It articulates the results chain, including the intervention logic that explains how each change objective is expected to contribute to the related HLO(s), and how each HLO contributes to the targets and goals.

In general, Roadmap Part A should be around 20–25 pages (text), structured around five building blocks: (a) summary of the sustainability goal, targets, HLO and change objectives; (b) country context, summary of the country's HIV epidemic dynamics and progress towards the national HIV response impact targets; (c) summary of the macroeconomic landscape combined with HIV and health financing; (d) synthesis of the key findings and prioritized HLOs for each component of the Sustainability Framework (Section 3.1), the change objectives and their expected contribution to HLOs; and (e) a set of annexes that provide additional information.

3. **Roadmap Part B** outlines the transformation plan, implementation guidance, monitoring and evaluation measures and resource needs to achieve the change objectives and advance towards the HLOs. It indicates shifts and adjustments in engagement and implementation that may be required over time based on learning and lessons learned through the implementation process, newly available knowledge or the emergence of new knowledge gaps. Considerations of shifting priorities are particularly relevant in the countries affected by conflict, emergencies and humanitarian settings.

4. **Implementation, monitoring, and adjustments.**

This phase consists of the implementation of the transformation plan, the prioritized recommendations, assessment of progress, identification of lessons learned, adjustments required due to changing contexts, and revisiting as needed the Roadmap design and implementation.



4.2. Five steps for developing the HIV Response Sustainability Roadmap

Countries are at different points on the path towards the 2025 and 2030 global AIDS targets and goals, and they are also at different stages of planning for sustaining that achievement in the long-term. The HIV Response Sustainability Roadmap will be developed in ways that are flexible, while taking account of existing processes and strategies. The extent to which the content of a country's Roadmap is new will depend on how far the country has progressed already in its sustainability planning. The phases are

outlined in Figure 6 and summarized below, including proposed timelines.

Further detail will be made available in the Companion Guide for developing the Country HIV Sustainability Roadmap Part A.

Phase 1: Plan the sustainability journey: Country engagement and goal setting (January–March 2024). Inclusive processes at the country level will be crucial for successfully developing and implementing the Roadmap. Accordingly, plan development will begin with the design and the establishment of the country stewardship and engagement process

Figure 6

Roadmap



intended to achieve a broad understanding of and political buy-in for the development and use of the country tailored Roadmap. Countries should consider establishing a small core country team to initiate the preparatory steps to plan the sustainability journey (an approach that has worked well in several countries). A Sustainability Working Group will be established—such a working group or a similar structure may already exist and be operational—to drive the country's future work in the HIV Response Sustainability Roadmap design and implementation. The Working Group should include community led organizations of people living with HIV and key and vulnerable populations, with attention to ensure representation from women and young people from these communities. In countries with such a mechanism, the country team will reconsider current stakeholder participation and expand, if needed, to include other partners and stakeholders relevant to the country-tailored HIV sustainability response. To co-create country tailored and people centred sustainability pathways, a sustainability dialogue, led by the Working Group, will reflect on the national HIV response vision to define the country tailored, sustainability focused goals and impact targets to drive the Roadmap design and identify essential transformations for sustainability. Phase 1 of the development of the Roadmap will also include establishing the scope, timeline, roles, responsibilities and country consultations for design of the Roadmap.

Phase 2: Current state HIV Response Sustainability Assessment (Sustainability Assessment) (April–June 2024).

The Sustainability Assessment will consist of a targeted rapid desk review of the status of HIV response sustainability in the country. The assessment will not be exhaustive, but will focus on those key elements of the HIV response required to achieve and/or sustain impact. The assessment will generate a deeper, data-backed understanding of gaps and challenges in the current HIV response, including data gaps, given the country level goals for sustaining impact in the long term. It will also yield a set of HLOs that are needed and the result chain and pathways delineating how HLOs contribute to achieving the country's sustainability goals and impact targets. By comparing the current-state assessment results to the 'future state summary', countries can identify gaps and challenges and prioritize and rationalize the domain specific HLOs, ensuring that the final list is feasible and high impact and identifies change objectives to achieve HLOs.

Phase 3: Development of country HIV Response Sustainability Roadmap A (July–December 2024).

In this phase, the country team will draw on the assessment's findings, recommendations and other relevant information to develop the four main sections of Part A. The HLOs and change objectives will be selectively chosen to reflect needed people centred systems transformations, combined with considerations of equity, feasibility, acceptability and affordability. The methodology, criteria and participatory approach for prioritizing HLOs and change objectives should be explicit and transparent in an annex of the Roadmap Part A document. The change objectives articulate the results chain leading to the HLOs, encompassing direct and indirect pathways to achieve the HLOs. Country dialogue and participatory reviews will be held to discuss and contribute to the finalization of the Roadmap Part A. An indicative template for Roadmap Part A will be provided in the Companion Guide for reference.

Phase 4: Development of Roadmap Part B—Creating a Transformation Plan (January–May 2025).

Once Part A, outlining the goals, impact targets, HLOs and change objectives, is developed, the country team will elaborate a selective and flexible transformation plan to flesh out the strategies and interventions to achieve the change objectives and contribute to the HLOs. This plan will serve as Part B of the Roadmap and will include a monitoring and evaluation plan with milestones, benchmarks and indicators, a quality management plan, a risk mitigation plan and a detailed implementation timeline with roles, responsibilities and resources required for implementation of the prioritized interventions. Further guidance will be provided on how to arrive at those outputs.

Phase 5: Implementation and monitoring (June 2025 onwards).

Phase 5 is the implementation phase of the Roadmap. Here, the transformation plan is put into action through in-country, detailed implementation plans. Monitoring of progress should facilitate adaptive learning and updates to the Roadmap (Part A or B), as needed. Implementation will require consultations and engagement with all stakeholders, including policymakers and government partners from HIV response, health care and other key sectors (finance, planning, education, etc.), donors and communities. The working group will provide oversight and coordination of implementation, organize consultations with stakeholders and communicate progress and challenges.

A photograph of a woman with dark braided hair, wearing a purple and blue plaid shirt, smiling warmly. She is holding a young child with dark curly hair, who is wearing a dark grey shirt and a white long-sleeved shirt. The child is looking off to the side. The background is a solid green wall.

05

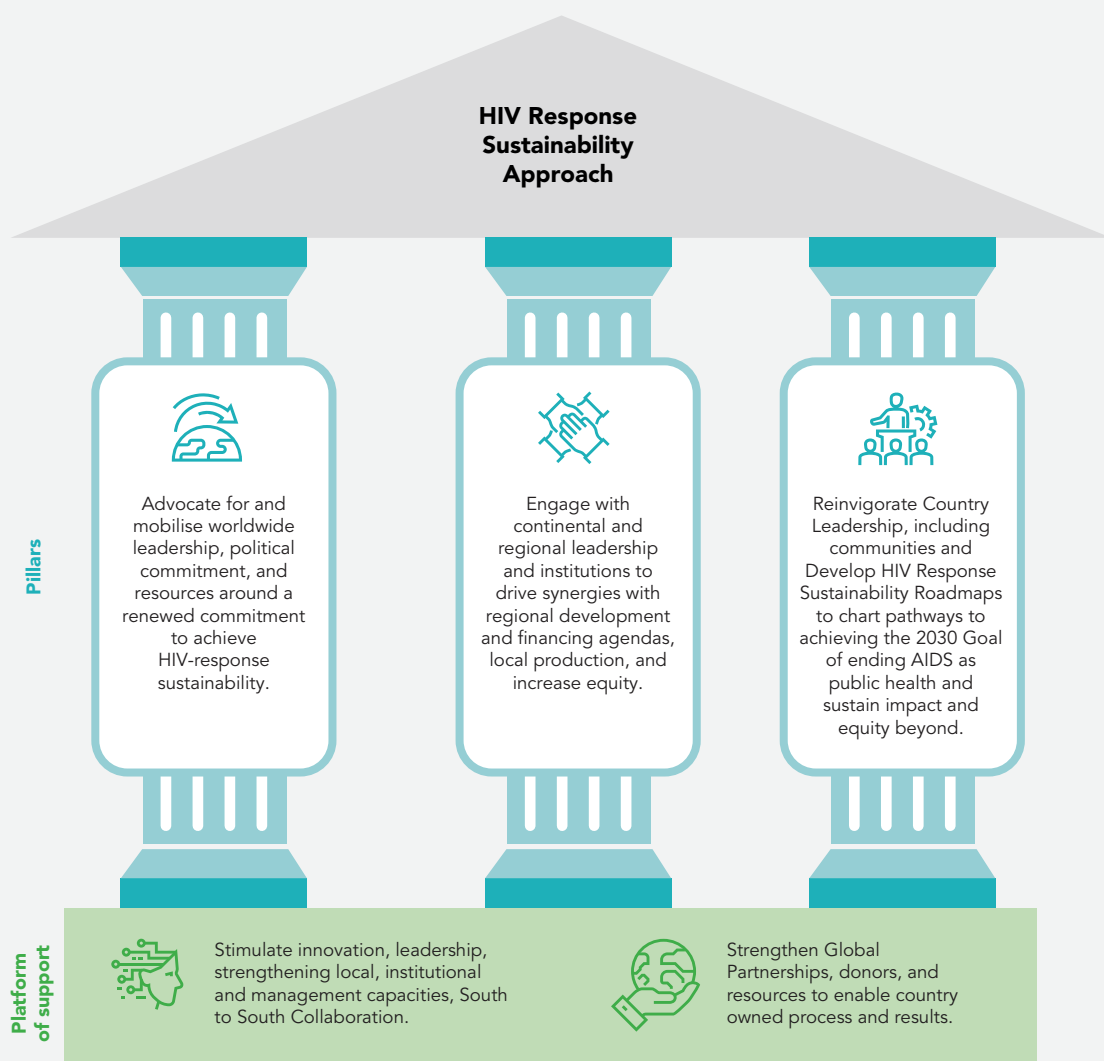
**Partnerships
for Sustaining
the Gains:
Getting to
2030 and
beyond**

5.1. A multipronged approach that leverages leadership and partnerships at all levels

The global AIDS community, including contributions from UNAIDS, PEPFAR, the Global Fund and other stakeholders, will foster partnerships to build momentum, advocate for global policies and commitments, and harness resources for accelerating the country and regional actions towards sustainability. The main pillars will include the following:

Figure 7

HIV Response Sustainability Approach – new: Pillars



Advocate for and mobilize leadership, political commitment and resources for a renewed commitment to achieve HIV response sustainability

As underlined in the Financing for Development Addis Ababa Agenda (20) and the SDGs, strong political commitment is vital for advancing a new era of HIV response sustainability. Political leadership at the highest level, matched with country level ownership and community activism, has driven the innovations, policy changes and domestic and donor investments that have led to the remarkable achievements of the global HIV response thus far. Reinvigorated political commitment and activism are needed to add fresh impetus to HIV response sustainability towards country results, and to increase accountability and transparency.

Engage with continental and regional political institutions, development banks and partners to increase synergies with development and financing agendas

In Africa, work towards sustainability will build on the African Road Map on Shared Responsibility and Global Solidarity, the African Union's African Leadership Meeting on Health Financing, the upcoming African Union summits on health financing and HIV sustainability or the emergence of the the African Medicines Agency, among other initiatives. Similarly, the Association of Southeast Asian Nations Leaders' 2022 Declaration on Ending Inequalities and Getting On-Track to End AIDS by 2030 provides a platform for country level action (21). Collaboration with the Pan-American Health Organization and United Nations Economic Commission for Latin America and the Caribbean to advance sustainability

of the HIV response will build on the increasing focus and synergies on addressing inequalities and integrating HIV programmes, including for key populations, in universal health coverage without compromising effectiveness and equity.

Regional collaborations will help solve key issues related to HIV response sustainability that lend themselves to actions with regional partners. Promoting and pursuing local production of health technologies and commodities and removing policy barriers to facilitate equitable access to health technologies are examples of regional initiatives that can yield benefits across countries while realising economies of scale and strengthening resilient and sustainable systems and capacities. For example, UNAIDS and the Pan American Health Organization supported the Columbian government in adopting and implementing the decision to request compulsory licensing of dolutegravir, and assess procurement options to increase efficiency and equity of access.

Revitalize the commitments and actions of countries towards HIV response sustainability by supporting country-led HIV Response Sustainability Roadmaps

Governments, communities and organizations of people living with HIV will drive the HIV response sustainability agenda across countries and regions. The joint efforts of UNAIDS, in collaboration with PEPFAR, the Global Fund and other key partners, will actively support country led HIV response sustainability, with particular focus on Roadmap development and implementation and aligning their support with each country's national vision, HLOs, priorities and transformation plan.

Stimulate innovation, leadership, strengthening local, institutional and management capacities, South to South collaboration

The joint efforts on HIV response sustainability will promote virtual platforms through regional and global dialogues to share knowledge, resources and experiences to address common issues among stakeholders, people living with HIV, community led organizations, donors and implementing partners. Proactive communications through participatory approaches will facilitate strategic learning, celebrate progress and address emerging bottlenecks through country led solutions, while fostering collaboration among countries in the global South. The emerging lessons learned will contribute to adjusting and enriching the HIV response sustainability approach, and inform more effective strategies, partnerships and tools to support country-led sustainability Roadmap implementation.

Strengthen partnerships and leverage resources to enable country led results

UNAIDS and partners aspire to advocate for and mobilize commitment to coherent, ongoing support for country and regional partners to advance the sustainability of HIV related gains. Partnering with country stakeholders, PEPFAR, the Global Fund and other critical actors, UNAIDS will promote country leadership, develop tools and methods, and deliver technical assistance and capacity-building to strengthen each country's capacities to develop and implement the Roadmaps effectively. The focus will be on enhancing multistakeholder and participatory governance and management structures and capacities to lead the HIV response sustainability approach with communities at the centre, and to make HIV response part of the broader health and social development financing agenda.



Annex 1

Tools to advance the new sustainability approach

Tools and guidance documents will be available to facilitate drafting and implementation of the HIV Response Sustainability Roadmap:

- **Template and Companion Guide for Roadmap Part A.** The Guide will provide information on how to develop the HIV Response Sustainability Roadmap Part A, which aim to be completed by December 2024. The Companion Guide will include the Country Engagement Guide, a synthesis of the Current State Assessment Guide, an analytical resource package and the Roadmap Part A Template and Guidance. It includes detailed information on the various steps and expectations for all outputs. The Template and Companion Guide Part A will be shared as drafts ready to work, but open for review and comments among a wide group of stakeholders, community led organizations and civil society, UNAIDS Secretariat and cosponsors, PEPFAR, the Global Fund, academic institutions, and other partners.
- **Analytical Resource Pack.** This will consist of data, including data graphics and additional qualitative information tailored for selected technical domains. The contents will be drawn from data which countries have submitted to UNAIDS or signed-off on for use at the country level.
- **Roadmap Templates.** Indicative Part A and Part B Templates will be provided for reference. They contain basic guidance for completion and include all the necessary sections of the Roadmap. The Roadmap design and implementation requires that both templates are completed, adapted to country context and needs.
- **Template and Companion Guide for Roadmap Part B.** The Part B Template and Guide will be developed and launched in the second quarter of 2024. The Guide will include policy and technical guidance for developing, implementing and adjusting the country transformational plan. Emerging lessons from Part A development will inform and shape the Part B Guide, including how to tailor it to diverse country contexts, epidemic patterns and needs. As with Part A, the Template for Part B can be completed with references to existing policies or new information as appropriate.



Annex 2

Key concepts

HIV Response Sustainability Approach

Describes the approach to advance the sustainability of the HIV response at global, regional and country level. The goal of the approach is to galvanize efforts to drive sustainable people centred HIV response transformations to reach and maintain the end of AIDS as public health threat beyond 2030, ensuring growing equity and upholding the right to health for all.

Country HIV Response Sustainability Roadmap (Country Roadmap)

The Country Roadmap is a technically sound and politically attractive national document that charts pathways towards achieving and sustaining the end of AIDS as a public health threat by 2030 and beyond, while upholding the right to health. It sets out a people centred sustainability strategy, a country's vision and goals, and actions that will guide its progress in the sustainability journey, addressing inequities and ensuring that no one is left behind. It will be presented in two phases: Part A and Part B. Part A will include the Current State Assessment results and the country's goals, HLOs and impact targets.

HIV Response Sustainability Roadmap Part A

The HIV Response Sustainability Roadmap Part A contains the country's sustainability goal(s); prioritized HLOs; and change objectives that will put the country on the pathway to achieving the 2025 targets and securing the long-term sustainability of the impact by and beyond 2030.

High level outcomes

HLOs are transformative changes necessary to achieve the country's long-term impact targets (or goals) identified for a given technical domain. The HLOs articulate sustained improvements to the AIDS response components, including programme and system transformation, required to achieve the targets and ensure the long-term sustainability of impact.

Technical domain

The technical domains are the areas proposed to be assessed (in the assessment stage) to take stock of the current status of the HIV epidemic and response, before advancing into signalling key transformations and HLOs. They are grouped in four areas: (i) governance and leadership (country ownership, political leadership, multistakeholder role); (ii) programmes and policies (primary prevention, test-treat-Viral Load Suppression cascade, elimination of mother to child transmission, well-being and quality of life); (iii) systems (service delivery and integration, systems inputs, surveillance and monitoring, enabling environment and reducing inequalities, community response), and (iv) sustainable and equitable financing (macro-fiscal, HIV financing, efficiency and community financing).

Current State HIV Response Sustainability Assessment (CSA)

The CSA is a targeted, evidence informed analysis of the status of HIV response sustainability in a given country. A template for this assessment will be provided which outlines the sustainability framework and technical domains for inclusion. The CSA will guide countries in defining their future desired state of the HIV response. It will also facilitate setting and prioritizing of HLOs, change objectives, and impact targets (see below).-

Companion Guide Part A

The Companion Guide contains detailed guidance for Roadmap development. This tool can assist country teams in planning the overall process, conducting the Current State Assessment (see below), setting and prioritization of HLOs, and drafting the country's HIV Sustainability Roadmap Part A. A Template for the Roadmap will be provided as an appendix to this Primer.

HIV Response Sustainability Roadmap Part B

Part B of the Roadmap will outline the transformation plan, implementation guidance, monitoring and evaluation measures and resource needs to achieve the change objectives and advance towards the HLOs. It will indicate shifts and adjustments in engagement and implementation that may be required over time based on learning and lessons learned through the implementation process, newly available knowledge, or the emergence of new knowledge gaps. Adequate design tools for part B will be developed and shared in the first half of 2024.

Impact targets

High impact targets describe what must be achieved for HIV to no longer be a public health threat (e.g. viral load suppression, the capacity to prevent, detect and respond to new infections, and eliminating or significantly reducing inequities in addition to specific country imperatives). Impact targets should reflect the impact that is expected to be achieved for each technical domain in the sustainability framework. Impact targets are higher level than both HLOs and the future state description, which both describe what will happen in a sustainable response.

Guiding principles

These are values or rules for engagement that will guide and govern the work of the Sustainability Roadmap group throughout the development and execution of the Roadmap. These should be agreed to by all stakeholders and should establish the role of the country (government and civil society) at the helm of the sustainability planning process.

HIV Response Sustainability Consultations

Country Sustainability Dialogues can be used by countries to ensure buy-in and broad, participatory engagement throughout Roadmap development. Discussions during the dialogues will allow countries to define their own path to sustainability. This may include deliberations on how the country sets the vision of how it will achieve a sustainable, country led response; how it agrees on an approach, who will be involved, existing gaps and challenges, and how to obtain consensus around the process and its desired outcome. For this reason, Country Dialogues should likely be a series of regular and ongoing discussions and consultations (progressively involving all stakeholders).



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Endnotes

- 1 UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and people in prisons and other closed settings as the five main key population groups that are particularly vulnerable to HIV and frequently lack access to services.
- 2 The World Health Organization defines “systems for health” as “systems ready to respond to both known and unknown future threats, hazards and risks.” Systems for health “address social, economic, environmental and commercial drivers of health,” underscoring the importance of effective engagement and coordination with sectors beyond the health sector itself.
- 3 By 2025, less than 10% of countries should have: punitive legal and policy environments that deny or limit access to services; less than 10% of people living with HIV and key populations experience stigma and discrimination; and less than 10% of women, girls, people living with HIV, and key populations experience gender inequality and violence.

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