

UNAIDS Technical Support Facilities

Mid-Term Review

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AP	Asia Pacific
APCASO	Asia Pacific Coalition of AIDS Service Organizations
APNSW	Asia Pacific Network of Sex Workers
APTIN	Asia Pacific Transgender Network
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism
CBO	Community based organization
CD	Capacity development
CPMS	Consultant Portfolio Management System
CSO	Civil society organization
DFAT	Department of Foreign Affairs and Trade (Australia)
EANNASO	Eastern African National Networks of AIDS Service Organizations
EF	Expertise France
ESA	East and Southern Africa
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GMS	Grant Management Solutions (USAID)
HEARD	Health Economics and HIV and AIDS Research Division
HIV	Human Immunodeficiency Virus
IHAA	International HIV/AIDS Alliance
IPPF	International Planned Parenthood Federation
KI	Key informant
KP	Key populations
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PMP	Performance monitoring plan
PMTCT	Prevention of mother to child transmission
PR	Principal Recipient
PrEP	Pre-exposure prophylaxis
PSM	Procurement and supply management
MARPs	Most-at-risk populations
M&E	Monitoring and evaluation
MIC	Middle Income Country
MSM	Men who have sex with men
MTR	Mid term review
MTTS	Medium term technical support
NAC	National AIDS Committee
NFM	New Funding Model (Global Fund)
NSP	National Strategic Plan
ODA	Office Development Assistance
QA	Quality assurance
RFP	Request for proposal
RPA	Regional Programme Adviser (UNAIDS)
RST	Regional Support Team (UNAIDS)

SDG	Sustainable Development Goal
SI	Strategic information
SoP	Standard operating procedure
SR	Sub-recipient
STTS	Short term technical support
SWEAT	Sex Workers Education and Advocacy Taskforce
TAF	Technical Assistance Fund
TA	Technical assistance
TB	Tuberculosis
TIMS	TSF Integrated Management System
ToR	Terms of Reference
TRP	Technical Review Panel (Global Fund)
TS	Technical support ¹
TSF	Technical Support Facility
UCD	UNAIDS Country Director
UCO	UNAIDS Country Office
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Emergency Fund
USAID	United States Agency for International Development
WCA	West and Central Africa
WHO	World Health Organization

¹ The definition of Technical Support (TS) as is used in this document is a modality where funding or technical knowledge is provided as a jointly planned, collaborative process with recipient partners.

EXECUTIVE SUMMARY

This report details the findings of an independent mid-term review (MTR) of the Technical Support Facilities (TSFs) which were contracted in 2014 and given an initial two-year contract (mid 2014-mid 2016) with the possibility of a two-year extension.

The purpose of the MTR was to determine:

- **Effectiveness:** How well are the TSFs meeting their mission of providing quality technical support (TS) to country partners and capacity building to manage the local and regional epidemic response?
- **Relevance:** How well are the TSFs design, mission, and service provision continuing to meet the needs of regional clients and stakeholders?
- **Efficiency:** How well are the TSFs and UNAIDS using available resources to meet their mission?
- **Sustainability:** To what extent will the benefits of TSF support continue when UNAIDS support is no longer available and how can improved sustainability be optimized?

The TSFs were established by UNAIDS in 2005 as regionally based mechanisms to facilitate the provision of quality assured, flexible and demand driven TS to strengthen regional and national HIV responses within those regions most highly impacted by the HIV/AIDS epidemic. In addition to TS the TSFs also work to strengthen the capacity of country partners to manage AIDS programs effectively, assist in the professional development of national and regional consultants and encourage a harmonized and collaborative approach to the delivery of TS amongst development partners.

The TSFs operate as out-sourced, separate entities managed by external organizations on a contractual basis. The current structure follows a 2011 review and comprises three TSFs in Eastern and Southern Africa, West and Central Africa and Asia Pacific. Collectively the TSFs manage and deliver demand-driven TS across 70 countries in these regions. The current contract holders are the ICI Santé led consortium (West and Central Africa - WCA), Mott MacDonald (Eastern and Southern Africa - ESA) and the International Planned Parenthood Federation (Asia Pacific - AP). The Asia Pacific TSF also covers the South Asia region.

The TSFs serve government ministries and departments, National AIDS Committees (NACs), Global Fund (GF) grantees and Country Coordinating Mechanisms (CCMs) and civil society organizations (CSOs). Types of support and services provided include epidemic assessment, strategy development, resource mobilization, program implementation and systems strengthening, civil society strengthening, governance and monitoring and evaluation (M&E).

The MTR was conducted by a consortium of three independent consultants contracted by UNAIDS following a Request for Proposal (RFP) process. The evaluation team employed a mixed-methodology approach (qualitative and quantitative data) to build an evidence for findings through a comprehensive literature review, in-depth interviews of TSF clients and key stakeholders and field visits including country visits, discussions with UNAIDS RST personnel and visits to TSF offices in Dakar (Senegal²), Johannesburg (South Africa) and Kuala Lumpur (Malaysia) which allowed for a comprehensive review of TSF processes.

The TSFs have continued to perform well over the current contract period. They continue to work closely with UNAIDS Country Offices (UCOs) and have been effective in meeting the short-term technical support (STTS) needs of country and regional partners.

Under the current contract period from mid-2014 there has been a strong focus on providing services in response to the advent of the Global Fund (GF) New Funding Model (NFM) that was introduced in 2013. This shifted funding from a project-based to an allocation-based approach with the aim of greater certainty and predictability of grant support. This has focused much of the TSF assistance across all regions on supporting countries in developing the “building blocks” of the response – specifically the development of National Strategic Plans, Investment Cases and funding proposal Concept Notes. Almost three-quarters of TSF assignments over the last two years have had a GF process component focus. Through these processes the TSFs globally have contributed to the unlocking of over \$5 billion in new grant funding over the current contract period for an investment of a little under \$4 million from the UNAIDS Technical Assistance Funds (TAF). Over 62 countries have been assisted in these upstream activities supporting national planning, program costing and proposal development. Demand for TSF services remains high and the TSFs remain high volume programs averaging over 100 assignments per annum, significantly higher than other like type STTS providers.

The TSFs have provided important leverage for UNAIDS. Advantaged by being seen by country and regional partners as honest brokers and being supported by the UNAIDS global technical architecture, the TSFs are important agents for the UNAIDS policy agenda at country level. TSF technical support has been able to leverage UNAIDS capacity to facilitate and stimulate policy and strategy dialogue around key cross cutting issues (gender, human rights, stigma and discrimination) towards creating a more enabling environment for prevention, testing and treatment services. TSF provided TS has also enabled UNAIDS to advocate for and facilitate the genuine participation of civil society (CSOs) and community based organizations (CBOs) in particular, in the response. The TSF and UNAIDS relationship is mutually reinforcing. UCOs and Regional Support Teams (RSTs) play a critical technical backstopping role to TSF consultants at the field level. Technical backstopping of consultants is a critical quality control measure to ensure acceptable standards of performance and

² The TSF-WCA is located in Ouagadougou, Burkina Faso. However due to security concerns meetings with the TSF-WCA and other field level stakeholders were held in Dakar, Senegal.

delivery of quality outcomes and products. Clear demarcation and definition is needed of the roles of UCOs, RSTs and the TSFs in collaborating to support the delivery of TS to further improve its effectiveness.

Whilst the TSFs remain effective in responding to demand driven requests for STTS, the rapidly changing landscape of the HIV response with the Sustainable Development Goals (SDG) integration of HIV into the broader health agenda and a shift from an emergency response to a longer-term focus on health systems is creating new demands and opportunities for TSF services. These changes are occurring against a backdrop of donor retreat, particularly in the Asia Pacific region, as a number of countries transition towards graduation from Global Fund and donor assistance. To remain relevant and to better position the TSFs to stay ahead of the curve in response to these environmental changes and new emerging needs, the TSF model needs to evolve. This will require the TSFs to pivot towards a more proactive setting to remain agile in their response to new grant implementation demands and supporting the UNAIDS Fast Track agenda to rapidly scale up prevention, testing and treatment service coverage. Better policy alignment of TSF TS focus with the UNAIDS Fast Track Strategy, which aims to end the epidemic by 2030 through the rapid scale up of prevention, testing and treatment services, will require an increasing focus on supporting grant implementation where TSF TS can affect program services and quality.

There was a strong consensus among all stakeholders in all regions that the *raison d'être* for TSFs, which are at the core of the UNAIDS technical support strategy, remains valid and continues to respond to the needs of country partners. However, with the changes in the broader, rapidly evolving environment within which the TSFs function, this demand-driven model has limitations in anticipating TS needs. There is a desire by country partners to see greater engagement with the TSFs in an iterative process on how the TSFs can best respond to their new and emerging TS needs.

This new setting is envisaged through a strategic partnership approach that builds upon ongoing relationships with key strategic partners – the GF Secretariat, USAID and the United States President's Emergency Plan for AIDS Relief (PEPFAR), CSOs and CBOs, key populations (KPs) and priority country partners – to identify the critical, high-value niche areas, building on existing TSF subsector strengths as well as new areas of work, where UNAIDS and the TSFs can be most effective in supporting efforts to scale up prevention, testing and treatment. This will allow the TSFs to build on existing relationships with regional and country partners, and leverage off the UNAIDS global architecture and strong working relationships with other TS providers, to define areas where TSF TS can be best directed towards embedding and operationalizing the UNAIDS Fast Track agenda.

There is an important role for UNAIDS at a global level in opening dialogue with key partners to set the needed policy groundwork as the basis for country level collaborations which define where the interests of partners, such as PEPFAR, USAID's Grant Management Solutions (GMS), the International HIV/AIDS Alliance (IHAA) and, in West and Central Africa, Expertise France intersect

with those of the TSFs. This partnership model should include improved access to qualified expertise, stronger working relationships with country stakeholders, and more efficient service delivery through closer collaboration with key development partners.

The TSFs remain efficient and a number proxy indicators highlight that the TSFs compare well against other like-type out-sourced STTS modalities. All the TSFs are lean, light touch organizational structures employing on average nine persons. On a comparison of average fee rates the TSF-AP has the lowest daily average fee rate of all STTS providers with a range across the TSFs of \$410-\$571. The TSFs also compare favorably to other out-sourced contracted service providers on the overhead cost ratio of total program costs, with a range across the TSFs of 16-26% compared to GMS which presently operates at 46%. A key comparative advantage of the TSFs is their ability to mobilize experts quickly. All TSFs are able to mobilize within 21 days, on par with the much larger GMS program and far quicker than other providers.

Whilst the TSFs remain largely efficient in their operation, there are also some process improvements that can further improve efficiency and lower operating costs. These can partially be realized through employing a strategic partnership approach that will yield better efficiencies from closer coordination and shared resources with development partners. Some efficiency will be gained from better configuration and use of TSF services, particularly the elimination of current low value functions. There is a strong appetite from other development partners to explore cost-sharing and cost-reduction initiatives including co-location, common databases and sharing of capacity development costs. The TSFs would also benefit from a common fee rate ceiling policy which will help contain some of the inflationary effects of high demand specialized expertise.

Some improvements are also possible in the Quality Assurance process chain, particularly Quality at Exit. There is an opportunity to make better use of the rich technical knowledge and insights gained from TSF assignments by harvesting and disseminating this information. This knowledge has value for analyzing trends in TS provision and forecasting TS needs, supporting analytical tools development and providing thought leadership on how future TS could be provided more effectively and efficiently. It also has potential value in informing UNAIDS and GF policy development given the unique position of TSF TS in supporting national responses and interpreting GF processes. Better knowledge management will also support improved quality control of consultant performance.

Repositioning the TSFs to shape demand and map and respond to emerging areas of need in grant implementation, whilst retaining capacity to respond to ongoing GF process compliance requirements, will help build more sustainable outcomes from TSF TS. The current model, with its urgency of mobilization and short input duration carries inherent risks in the speed of process. A more collaborative, planned and coordinated approach in a market where comparative advantage

and natural divisions of labour between TS providers can be better exploited will enhance the quality and sustainability of TS services.

It is anticipated there will be a surge in demand for STTS in 2017 driven by the coalescing of new GF proposal development and commencement of grant implementation. This is anticipated to place increased demand and expectation on the TSFs. There will be a need to replenish the consultant databases to respond to needs identified through the strategic partnership dialogue process with development and country partners. Some of the anticipated areas of demand for TS support in grant implementation may include cross cutting areas such as financial and program management, monitoring and evaluation, program costing and national resource mobilization as well as specific technical areas. UNAIDS and the TSFs could also play a key leadership role in supporting sustainability and transition planning. Transition planning is presently poorly formulated and UNAIDS is seen by other development partners as being well placed to lead on these important issues. Furthermore, the GF current draft strategy emphasizes the need for a differentiated country approach with promotion and protection of gender and human rights and supporting the meaningful engagement of KPs. These are constituencies which go beyond a HIV focus but are areas where UNAIDS and the TSFs can provide support and add value.

There are alternative business models that could be considered to support the transformation to a strategic partnership model and the potential for a more independent financial setting. These include a centralized, single TSF mechanism, a shared cost model, a panel system and in-sourcing some TSF functions to UNAIDS. The type of organization where the TSF is nested is highly influential on the prospects to evolve to meet this increased functionality and move towards greater financial sustainability. Any moves towards transforming the TSF business model needs to ensure that its core values and advantages remain part of any new model including the ability to mobilize high quality expertise quickly; its independence and neutrality as an honest broker of TS; and strong knowledge of the Global Fund processes and requirements.

A transition pathway will be needed to move from the current modality to an alternative. Given the anticipated increase in demand for TSF services in the short term, as grant implementation needs and the new Concept Note window coalesce for a number of client countries, dramatic structural change would not be ideal prior to 2018.

1. INTRODUCTION

UNAIDS has commissioned an independent mid-term review (MTR) of the Technical Support Facilities (TSFs) which were contracted in 2014 and given an initial two-year contract (mid 2014-mid 2016) with the possibility of a two-year extension. The purpose of the MTR was to determine:

- **Effectiveness:** How well are the TSFs meeting their mission of providing quality technical support (TS) to country partners and capacity building to manage the local and regional epidemic response?
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- **Efficiency:** How well are the TSFs and UNAIDS using available resources to meet their mission?
- **Sustainability:** To what extent will the benefits of TSF support continue when UNAIDS support is no longer available and how can improved sustainability be optimized?

The MTR was conducted between February and May 2016. Terms of Reference (ToRs) for the review are at Annex 1. This report details the findings of the MTR.

The TSFs were established in 2005 as regionally based mechanisms to facilitate the provision of quality assured, flexible and demand driven TS to strengthen regional and national HIV responses within those regions most highly impacted by the HIV/AIDS epidemic. In addition to TS the TSFs also work to strengthen the capacity of country partners to manage AIDS programs effectively, assist in the professional development of national and regional consultants and encourage a harmonized and collaborative approach to the delivery of TS amongst development partners.

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The TSF MTR is being conducted against a backdrop of change. The rapidly evolving donor and HIV response landscape with the Sustainable Development Goals (SDG) shift towards integrating HIV into the broader health agenda has potential implications for HIV-related TS, along with a shift from an “emergency” response to longer-term health systems strengthening. There are also possible changes to the shape and role of UNAIDS being considered. Consequently, in addition to performance, this review has been tasked with considering the nature of TS, emerging areas of TS need and possible alternative approaches to the delivery of TS.

The current contract period has seen significant demand for TSF services in response to the introduction of the GF New Funding Model (NFM) in 2013 to move from a project-based to an allocation-based approach to funding. This period has also seen the development of the *UNAIDS Strategy for 2016–2021 Fast-tracking to Zero*. It has also been characterized by the emergence of a new provider of TS in Expertise France (EF) and new funding for Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) that has presented both challenges and opportunities in the way TSF delivers and coordinates TS.

2. METHODOLOGY

The MTR was conducted by a consortium of three independent consultants contracted by UNAIDS following a Request for Proposal (RFP) process. The evaluation team employed a mixed-methodology approach (qualitative and quantitative data) to build an evidence for findings through a comprehensive literature review, in-depth interviews of TSF clients and key stakeholders and field visits including country visits, discussions with UNAIDS RST personnel and visits to TSF offices in Dakar (Senegal³), Johannesburg (South Africa) and Kuala Lumpur (Malaysia) which allowed for a comprehensive review of TSF processes. A full bibliography is provided at Annex 2.

The evaluation team undertook an extensive series of qualitative in-person and remote interviews with key informants (KIs). Prioritization of key stakeholders was undertaken in consultation with UNAIDS and the TSFs to arrive at a prioritized list of KIs for interview. Over 160 KIs were interviewed constituting a representative sampling of:

- UNAIDS Headquarters, Regional Directors, UNAIDS Regional Support Teams (RST) ESA, WCA and AP advisors and technical staff.
- UNAIDS Country Directors (UCD) and UNAIDS Country Office (UCO) staff.
- TSF regional directors and staff.
- Co-sponsors (UNICEF, UNDP, WHO, UN Women).
- Senior operational and financial personnel from the three TSF host organizations including Mott MacDonald, ICI-Santé and International Planned Parenthood Federation.
- Country partner beneficiaries of technical support from the TSFs.
- Global Fund Secretariat staff including the Strategy Development Team, Grant Management Division, Technical Cooperation Hub and select Fund Portfolio Managers.
- Key civil society and non-government organizations, both national and international, engaged in the implementation of the national response.
- A sample of consultants engaged by each of the regional TSFs.
- Other Technical Support providers including USAID, Grant Management Solutions (GMS), the United States President's Emergency Plan for AIDS Relief (PEPFAR), EF and GIZ BACKUP Health and the International HIV/AIDS Alliance (IHAA).

Interviews were conducted on a semi-structured basis using interview templates that were developed during the Inception Phase of the MTR. Interview templates were tailored for each category of key informant. Copies of the interview templates are provided at Annex 3.

Questions were structured, and sorted into a data matrix grid, based on the key review objectives of determining the effectiveness, relevance, efficiency and sustainability of the TSFs. The data collection grid was used to analyze the data collected across the three regions for common themes

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and issues. All data were triangulated at the analysis stage. Preliminary findings from the review were presented to UNAIDS and key TSF representatives on 18 April 2016.

There are some limitations with the MTR. The MTR was conducted over a period of three months and consequently the depth of discussion on some issues covered in the MTR was limited. A number of issues raised in this report would benefit from further analysis. In particular, the calculations of the return on investment from Concept Note development need further scrutiny than time and space has allowed here. There could also be more consideration of the business model options. Finally, the uncertainty over the future business model of UNAIDS created limitations in considering what may be possible as alternative ways of working with the UNAIDS architecture.

3. FINDINGS

3.1 Effectiveness

TSF Performance: Results and Impact

Over the last two years the TSFs have continued to operate in a dynamic environment for the HIV response. The TSFs have been highly responsive to country priorities and their technical support (TS) needs in this environment. From a management viewpoint the TSFs have all been able to respond quickly to country requests and mobilize quality TS in timely fashion in support of country-defined needs. On average, for example, in the AP region, the mobilization of technical support (i.e. from the time the terms of reference and scope of mission are received to the deployment of consultants) has taken about 18 days, while in WCA this has revolved around 20 days. Likewise, for ESA, the response time has been between two to three weeks. This rapid reaction time stands more than favourably against other TS providers such as the USAID GMS and EF who operate out-sourced TS models. In addition, numerous country partners have expressed their appreciation of the degree of flexibility shown by the TSFs and their ability to adapt to changes in schedules and requirements along the way. Altogether the responsiveness and “agility” of the TSF mechanism are singled out by country partners as distinctive characteristics of the TSFs’ performance.

On the whole, the quality of TS mobilized by the TSFs is judged to be good by country partners and clients as well as by development partners. TSF consultants are seen as being highly experienced and advantaged by being drawn from the regions in which they work, bringing strong social, cultural and political contextual understanding to assignments. The ability to attract, access and capacitate a pool of experienced, regionally based consultants is seen as a particular strength of the TSF regionally-based model.

At inception, UNAIDS UCOs and RSTs and the TSF collaborate with clients in drawing up terms of reference (ToR) that capture and cover the scope of work and define clear expectations and deliverables for the TS mission. Consultants are occasionally given the opportunity to engage in that process, although this is performed often at a late stage. A number of consultants expressed a desire to be more actively involved in shaping the ToRs to ensure definition and agreement of deliverables. The TSFs by and large exercise due diligence in identifying and matching the required expertise for the missions’ purpose, while clients participate in the choice of consultant, usually from a short list of three drawn up by the TSF. There are however some instances where the TSFs have had little say in the choice of consultants, with clients themselves or UNAIDS pre-selecting and even imposing “their” preferred experts.

Technical backstopping of consultants is a critical quality control measure to ensure acceptable standards of performance and delivery of quality outcomes and products. There are some variations to technical backstopping across the TSFs. The TSF-WCA assumes a more direct technical backstopping function than is provided by the other TSFs where, given the challenges in staffing, technical oversight is limited. Therefore, the technical support role of UCOs and RSTs is seen as critical and a key part of the partnership between UNAIDS and the TSFs. Much of the technical backstopping depends on the support from the UCO. Such backstopping is reportedly robust specifically from those UNAIDS UCDs who appreciate TS provided by the TSF as an asset and an important cog for UNAIDS credibility and leverage in-country, and this is verified from consultants' experiences.

Given how highly influential UCO engagement is on the success or otherwise of some types of interventions, this presents an uncontrollable risk to the TSFs and by extension UNAIDS. Operational relationships of the RSTs, UCOs, and TSFs should be reviewed and re-aligned to strengthen their complementarities. The review should lead to an agreed roadmap and improved protocols should be developed with respect to lines of accountability and communication. Codified protocols and demarcation of responsibility between UCOs, RST and the TSF consultant, including as part of the ToRs, would bring greater clarity and consistency to the buttressing of TS through the UCO and RST and the TSFs. These should be standardized across the TSFs.

Recommendation

- 1. UNAIDS should ensure more coherence and consistency in UCO's support to TSF missions, including technical backstopping when needed. The roles and responsibilities of the UCO and the RST vis à vis the TSF role in supporting field implementation should be clearly spelt out in the ToRs for assignments and codified protocols should be developed for the planning, prioritizing and delivery of TS including agreed upon roles and responsibilities for request submissions, communication and knowledge sharing.*

The TS from the TSFs has delivered concrete results principally in terms of helping countries to meet resource mobilization needs. In the last two years' country demands for TS have been largely dictated by the GF's roll-out of the NFM. The NFM, introduced in 2013, is an allocation-based mechanism that aims to foster better strategic use of predictable funding. The areas that have therefore benefited from TSFs' TS in 2014-15 are largely related to the development of GF Concept Notes and thus to securing GF grants for country programmes.

Across the three regions, the TSFs have provided TS for the development of 56 Concept Notes. Importantly, over 90% of the Concept Notes have been successful and these have helped unlock over \$5 billion of funding for an investment of a little under \$4 million from the UNAIDS Technical Assistance Funds (TAF). In the process, the TSFs have built up regional pools of expertise on GF

processes that can be readily drawn upon for what will be a continuing cyclical need of countries in this regard in the short to medium term. These regional pools of expertise will complement in-country capacity at both government and non-government levels that will have been built in the process of supporting the development of Concept Notes in the last couple of years. This is building capacity for country and regional partners to take on increasing ownership of this process.

Almost three-quarters of TSF assignments over the last two years have had a GF process component focus. In support of this, the TSFs have mobilized significant TS for 62 countries for their “upstream” efforts or the essential building blocks in developing robust Concept Notes. These included nearly 30 National Strategic Plans (NSPs) for example in Côte d’Ivoire, Burkina Faso, Malawi, Angola, South Sudan, India, Afghanistan and Myanmar as well as provincial plans (in Pakistan). In addition, organizational strengthening and country dialogue engagement plans for Key Populations (KPs) in Indonesia, Côte d’Ivoire, Uganda and regional Asia have been developed as well as several modes of transmission studies and estimates (Mali, Chad, Uganda) and monitoring and evaluation frameworks (Benin, Kenya, Cambodia). There has also been over 20 investment cases developed in countries such as South Africa, Tanzania, Bangladesh, Botswana, Namibia, Solomon Islands and several Nigerian states.

More pertinent is the role that TSFs have played in mobilizing support for CSOs and Community Based Organization (CBO) networks. Indeed, the TSF in Asia has been particularly strong in supporting CSO organizational development needs and boosting their ability to qualify as GF Principal Recipients (PRs) and Sub Recipients (SR). For example, support has been provided to a number of regional and national organizations including the Asia Pacific Transgender Network (APTN), Indonesia AIDS Coalition, the Asia Pacific Network of Sex Workers (APNSW) and the Asia Pacific Coalition of AIDS Service Organizations (APCASO). In WCA the TSF fielded a consultant from a regional CSO to ensure communities’ active participation in the Concept Note development process in Burkina Faso, and a national consultant with CBO experience to support that process in Cameroon and likewise in the Democratic Republic of the Congo. In east and southern Africa (ESA) the TSF-ESA has provided support for KP consultations in Tanzania and Zimbabwe, the Strategic Plan for the network of sex workers in Southern Africa (SWEAT), the MARPS Network Action Plan in Uganda and a regional CCM forum for the Eastern African National Networks of AIDS Service Organizations (EANNASO).

TSF and the UNAIDS Agenda

The TSFs have provided important leverage for UNAIDS. The TSF's responsiveness to the immediate needs of countries, coupled with its UNAIDS identity, has contributed to enhancing UNAIDS credibility and provided UNAIDS at country and regional level with a stronger platform to fulfil its leadership and advocacy roles. Many UCDs have recognised the value of the TSF mechanism and the TAF resources, above and beyond the immediate benefits of meeting countries' technical support needs. As described by one UCD in Africa the TSF is the "oil and engine of UNAIDS at country level". In addition to the technical support that it mobilizes, the TSF's responsiveness and contribution to the response, along with its UNAIDS identity, have bought considerable goodwill for UNAIDS and, arguably, heightened UNAIDS Country Offices' ability to positively influence the response. This is notably through enabling UCOs to support country efforts with greater transparency and more strategic coordination among TS providers, and through enabling UNAIDS in the process to enhance country ownership and leadership of the response. In both examples, the "no-strings attached" nature of the TSF TS buys invaluable political leverage and space for UNAIDS Country Directors to buttress country leadership and ownership.

TSF TS has also been able to leverage UNAIDS capacity to facilitate and stimulate policy and strategy dialogue around key cross cutting issues (gender, human rights, stigma and discrimination) creating a more enabling environment. This aspect is, and will be, particularly important as countries strive to overcome the obstacles to achieving the 90-90-90 targets,⁴ notably in contexts where access to services for KPs is proving particularly challenging. TSF TS has also facilitated UNAIDS ability to participate in the broader health sector dialogue that now underpins much of the HIV policy and strategy dialogue in most settings. This has been the case for example in Pakistan where TSF-AP support for national strategy development and Concept Note consultations assisted Pakistan to secure an \$18 million GF grant and mobilise an additional \$3.7 million of domestic resources. At the same time the political capital this support generated gained UNAIDS a seat at the table on broader health systems strengthening dialogue. That broader policy dialogue example is, and will increasingly be, the case in many more, if not all, countries, and it will be important for UCDs to be in the room alongside WHO, the World Bank, and other cosponsors and take HIV out of isolation.

TS provided through the TSF has also enabled UNAIDS to advocate for and facilitate the genuine participation of civil society, and of CBOs in particular, in the response. Even as the GF and others acknowledge and underline the importance of resilient and sustainable health systems and the role of communities therein, the engagement and capacity building of communities, CBOs and CSOs will be a critical issue and challenge to be met and, if there is a niche where UNAIDS can fully exploit its leadership and advocacy roles, this is arguably the one. This is also an area that is less served by other TS providers, with the exception of IHAA.

⁴ 90% of people living with HIV knowing their status; 90% of people with diagnosed HIV infection receiving treatment; 90% of people on treatment having suppressed viral load.

UNAIDS will continue to have a critical enabling role to play in supporting the TSFs that will need to be activated on a number of levels. At the political level, UNAIDS being seen as an honest broker of TS unencumbered by bilateral affiliation and agendas gives the TSF integrity and impartiality as a TS partner, as was noted by a number of country partner key informants. Similarly, UNAIDS has a critical role to play in creating the enabling environment and space for the TSFs to operate effectively, particularly in support of regional and national KP CSOs. This has been an important and successful feature of the TSFs' work and will become increasingly important as many CSO PRs move into grant implementation.

In the technical space, UNAIDS through the UCOs and RST Regional Programme Advisers (RPAs) need to continue to play a critical technical backstopping role to TSF consultants at the field level. As previously noted, the degree of UCO leadership and support for TS missions is a fundamental factor in the successful impact of TS. This role needs to be formalised to enhance performance consistency. There is significant performance and reputational risk associated with often single consultants operating under the TSF/UNAIDS banner. UCOs can help defray that risk by providing important grounding and support for consultants in the field. UCOs can be important for helping the consultant understand stakeholder relationships and the broader political dynamics within a country and by facilitating access to key individuals. In some instances, UNAIDS ongoing support for country partners can provide crucial follow-on and continuity to embed and activate TS.

At a policy level it is essential that there be better alignment to the policy objectives of UNAIDS in the 90-90-90 and Fast Track agendas. Whilst the Fast Track agenda is still being worked through with country partners there is the opportunity to complete internal alignment and incorporate the TSF to operationalize Fast Track as their guiding *raison d'être*.

Recommendation

2. UNAIDS should ensure strategic and programmatic alignment of UCOs, RSTs and TSFs to the Fast Track agenda and articulate how to operationalize the Fast Track targets in TS provision.

The TSF Comparative Advantage

Besides their undoubted responsiveness, the TSF mechanism and modality have by all accounts demonstrated comparative advantages vis à vis other TS providers. Foremost is the fact that the TSFs mobilize expertise that is predominantly rooted locally and regionally. All stakeholders recognise and underline this aspect as one of the comparative advantages and major added value of the TSF model. There are of course obvious cost benefits from sourcing expertise locally. But there are, importantly, many more soft and less evident benefits. Such local expertise offers the advantage of contextual knowledge, and heightened sensitivity to, and awareness of, social and cultural factors that are critical for trust and credibility with clients.

An acknowledged comparative advantage of the current TSF over other modalities is the ability to mobilize quickly in response to client needs. At present the TSFs all have the ability to mobilize personnel in under three weeks, often sooner. This compares well against other TS providers, particularly GMS who operate large in-house infrastructure to support consultant mobilization. A number of TSF country client informants cite the ability of the TSFs to mobilise highly experienced consultant personnel quickly as a key comparative advantage of the TSF over other TS providers. Commonly cited was the TSF's ease of access, timeliness in delivery and responsiveness to country needs.

All the TSFs have updated and are gradually consolidating their respective databases so as to refine access to, and enhance identification of, the most suitable regional expertise for any given TS need. The WCA TSF in particular has now put the final touches to a revamped web platform that will greatly improve the TSF's search capability, notably with regard to individuals' experience in discrete regional thematic or cross cutting issues.

For most clients and development partners alike the regional TSF model is one that has helped and is helping to transform the notion of south-south cooperation from a pious wish into a practical reality. In WCA more than 90% of the experts are from within the Region, while this figure is over 75% in ESA and over 80% in Asia.

Issues and Challenges

The TSF mechanism and the TSF modality have undoubtedly been effective in the last two years in mobilizing and ensuring timely quality-assured TS that is responsive to country partners' needs and priorities. Specifically, the TSFs have largely delivered on their contractual obligations and the major expectations with regard to the use of the TAF, not least the provision of support to countries to access financing from the GF. As outlined, the efforts of the TSFs in supporting the development of Concept Notes but also, importantly, addressing upstream country needs with regard to strategic frameworks and plans and the many critical building blocks including strategic information and investment cases, have unlocked significant funding and positioned country partners well to take leadership in managing the national response. In the process, however, and notwithstanding any achievements and positive outcomes to date, a number of issues and challenges have emerged that have an impact on the effectiveness of the TSFs.

The effectiveness (and for that matter the relevance) of the TSF is to a great extent dependent upon the leadership and support roles played by UNAIDS at country and at regional level. There are a number of factors that determine the effectiveness of the TSF mechanism and modality, and eventually the impact of the technical support from the TSF. The most important – and the one that truly sets it apart from other technical support providers - is its UNAIDS identity and the fact that it can lean on the UNAIDS architecture and in particular a dedicated UNAIDS presence at country and regional level. The UNAIDS identity grants the TSF trust and credibility, but more

importantly, the UCOs in particular and also the RSTs have critical complementary roles to TS provision.

Any appraisal of the TSF's performance cannot be dissociated from considerations of the dynamics between the TSF, the UCOs, specifically the UCDs, and the RPAs and leadership of the RSTs. Of specific importance are the roles that the UCOs and RSTs play in working with the TSF, country partners and other stakeholders to:

- Identify and forecast TS needs.
- Provide clear direction and purpose to the TS missions, such that they are congruent with country needs and priorities and are reflected in robust ToRs.
- Submit/approve TS requests that enhance the overall strategic impact and efficient use of TAF resources.
- Identify and share opportunities (e.g. regional meetings/workshops) for the TSF to engage with country partners and learn about technical updates/developments.

In addition, UCOs have a critical role to play during the course of TS missions through:

- Ensuring strategic coordination of the missions with other TS providers and thus maximizing benefits and impact.
- Facilitating the missions' interaction with relevant players and policy and strategy dialogue in-country.
- Complementing and supporting TSF roles in providing technical backstopping and generally ensuring the quality of support provided.

The TSFs to date have been largely configured as reactive entities. While the responsiveness of the TSFs to country requests has been rightly applauded as an unquestioned advantage, there is acknowledgement that they should be more proactive. Now that many countries have more predictable funding, UCOs and RSTs can play a key role in working with the TSFs and country partners to identify and better forecast their needs.

Another key issue is the present uneven alignment of the use of TAF funding with UNAIDS global strategies, principally the Fast-Track agenda. This issue reflects a lack of coherence within UNAIDS that results in the TAF and, consequently, the mobilization of TS by the TSF, being channelled unevenly to some countries and, GF demands aside, across a wide range of thematic areas. In particular, there does not appear to be a clear policy for country prioritization for the use of TAF. With the Fast-Track agenda gaining momentum such prioritization will become more of an imperative for UNAIDS.

With the focus in many countries shifting to programme implementation, it will be important for UNAIDS to define the TS areas that TAF should be used for and ensure some degree of coherence and consistency in the way that UCOs and RSTs harness TSF TS.

Recommendation

3. Aside from the GF requirements, UNAIDS should set priorities for the use of TAF funds and ensure a consistent application of such use by UCOs and RSTs in line with the Fast Track targets agenda. This may necessitate prioritizing TAF funds for priority Fast Track countries.

Reporting, Measuring Results and Knowledge Sharing

Effective capturing and reporting of results is essential to the evidence-based demonstration for the TSFs effectiveness and relevance and the broader advocacy agenda of UNAIDS. There has been insufficient knowledge capture within the TSFs and knowledge sharing between the TSFs. By the same token, the whole narrative about the TSFs and their contribution to country responses, and the visibility and promotion of that contribution, needs to be improved. There has been and will be a rich diversity of experiences and lessons learnt from the multitude of TS missions carried out by TSF consultants. However, at present there is no systematic or formal capture of these experiences/lessons learnt, nor the time and space for these to be shared within the TSF region and, much less still, between TSFs.

Moreover, and more critically, the whole narrative about the TSFs and their contribution to country responses is largely articulated around activities and quantifiable outputs. This has led to a lack of recognition among critical players of the real value of TSF-mobilized technical support to countries, and in particular its value-added in an environment where there are many actors and players in any given space.

There is also limited visibility of the TSFs on the main UNAIDS or RST websites. Evidence from the review suggests these mediums are viewed by potential clients to seek information on the performance and credentials of the TSFs. Presently the TSFs are not promoted as a resource nor is project history provided which underplays the TSFs role as the key technical support mechanism of UNAIDS.

UNAIDS and the TSFs need to get better at capturing, telling and promoting the narrative of success and the impacts that flow from TAF-funded TS. Current reporting is too outputs-focused and needs a much sharper focus on reporting results and outcomes from the provision of TS. This is recognised by a number of TSFs, some of whom have proposed concepts like log-frame based indicators with baselines and targets that can be used to better measure performance. At a minimum, the current six monthly reporting narrative report template needs to be revised to include standardized outcomes and results (rather than outputs) based reporting.

Recommendation

4. UNAIDS needs to improve the narrative and the promotion of TSFs contributions to the response with a particular focus on reporting of results and impacts of TSF TS and the considerable leverage for UNAIDS derived from TSF support to countries. This should involve reform of the six monthly reporting narrative report template to include a greater focus on outcomes and results from TSF TS and better promotion of the TSFs on UNAIDS and RST websites.

Knowledge sharing between the TSF regions should be instituted. TSFs are demanding this and are keen to share experiences and innovations. The benefits of sharing effective approaches to TS provision and regional innovations in cost effectiveness should be shared between the TSFs. For example, unpacking the possible technical factors that drive lower cost of Concept Note development in the AP region could provide some important lessons for other regions, particularly WCA where costs are significantly higher. Similarly approaches to CSO organizational development in the AP region could be relevant for WCA and ESA as they increase engagement with CSOs as they move into grant implementation.

Recommendation

5. UNAIDS Geneva, with the support of the RSTs, should facilitate sharing of lessons and experiences between TSFs instituting regularized knowledge exchange forums and possibly developing an online platform where key lessons from effective approaches to the delivery of TS can be exchanged.

An improved performance reporting narrative will help better capture the results from TSF TS and the UNAIDS investment. There are other means that could be employed to improve results. The use of longitudinal assessments to track the impact of TSF TS through the continuum of processes – e.g. concept note to grant implementation outcomes – could be one means of better capturing impact. The ongoing work of the Global Fund and the Expanded Core Group of bilateral and multilateral donors on development of a Quality Assurance (QA) Framework for TS could provide a means to independently assess the quality of all TS providers.

UNAIDS may wish to borrow from the current GMS Performance Monitoring Plan (PMP) that defines a series of performance indicators and targets across the project's three objectives. It sets performance targets that are outcome focused and could provide a model for a more effective results based monitoring framework than is presently employed in managing the TSF. There will be an opportunity during the contract extension negotiations with the three TSFs to look at the suitability of current governance documentation (strategic plans; work plans; M&E frameworks) to consider new performance targets that are outcomes and results focused rather than output driven and ensure strategic alignment of the TSFs with UNAIDS strategy.

3.2 Relevance

Context of Short Term Technical Support

Short-term technical support (STTS) has functioned in recent years in a context characterized by changes that significantly impact on its structure, priorities and delivery modalities. A number of these are considered below.

Sustainable Development Goals

The inclusion of HIV in the SDGs under the all-encompassing framework for health issues (SDG3 “ensure healthy lives and promote well-being for all at all ages”) signaled the shift from a single-disease focus to a more wide-ranging approach for addressing HIV issues. Notwithstanding the specific HIV and AIDS target in SDG3 and the opportunities for HIV/AIDS to be addressed synergistically with other SDGs (5, 10,16,17), this new positioning was a clear step towards moving HIV and AIDS out of its isolation to a broader health context. This paradigm shift has implications for national AIDS programs. It now calls for a systems approach to HIV and AIDS that would forge partnerships with other parts of the health system and that would require more effective collaborations in order to better use financial resources. These linkages have widened the base of country partners, both within and outside the health sectors, who would need TS. Several key informants at country level pointed out that guidance and TS on this critical multi-sectoral shift in the response to HIV and AIDS will be vital.

Global Fund New Funding Model

The GF continues to be the largest financing mechanism for AIDS, TB and Malaria. As such, it carries considerable influence on country policies and practices, as indicated by its investment decisions. The NFM marked the initiation of the Concept Note as a grant proposal tool and a platform for country dialogue among partners and with the GF Secretariat. Though this was intended to be a more rationalized approach to large-scale financing, a large proportion of country stakeholders believed that GF processes have become further complicated, numerous, confusing and challenging to comply with without expert support to meet funding requirements.

In addition, the building blocks for the GF grants – NSPs, costing and budgeting of interventions, and M&E frameworks – require technical support to ensure that Concept Notes are coherent and aligned. Consequently, country TS demands have clustered around compliance with GF processes. In 2015, the TSFs supported 28 countries to work on these building blocks including supporting the development of their Concept Notes⁵.

⁵ UNAIDS. A Report to USAID Through the Office of the Global AIDS Coordinator: Technical Support to Maximize Impact of Global Fund Grants in Country. Progress Report 1 January-31 December 2015. April 2016.

Increased availability of technical support

In addition to the TSFs, bilateral and multilateral technical support mechanisms now supporting country needs in GF processes include the GMS of the US Government, GIZ BACKUP Health initiative of the German Government, EF of the French Government, and WHO.

These TS providers have directed their support in areas where their comparative advantages have a good fit with country technical needs. The GMS provides management-related technical support to GF implementers in five areas: governance and leadership, financial and grant management, procurement and supply management of pharmaceuticals and commodities, and M&E and reporting. CCMs comprise around 60% of assignments and PRs 40%⁶. The GIZ BACKUP Health assists countries within existing country mechanisms and structures with a strong capacity building disposition towards systems strengthening. EF manages the French 5% Initiative, which also provides technical support to GF grant recipients, largely focused on programmatic needs or structural problems in implementation areas such as supply and inventory management and operational research.

WHO supports efforts that strengthen health sector accountabilities such as epidemiological data collection and identification of appropriate interventions for HIV, TB, and malaria, and for joint HIV/TB programming. The IHAA operates five Regional Technical Support Hubs, which provide services to non-government and CBOs, governments, UN agencies and private sector organizations in specialized programmatic areas and in GF Concept Note development and grant implementation, with a focus on community systems strengthening and management support for PRs and SRs. It should be noted that other TS providers with the exception of IHAA are more broadly spread across the three diseases, while TSF and IHAA have a more HIV specific focus.

This extraordinary availability of TS resources operating in a GF-centric/dominated climate has created an apparent buyer's market for technical support. There is also an evident division of specialization among the providers, with the TSF occupying a credible position in the domain of the "building blocks" of the response, namely NSPs and Investment Cases and national costings. This environment has created a TS market favorable to country partners that enables easier access by countries to technical support more than ever before, and provides a platform for synergies among TS providers. Country level key informants stated there is greater confidence among NACs and CCMs to deal with the challenges of GF requirements and grant performance, with readily available TS in country.

⁶ USAID. Midterm Evaluation of the Grant Management Solutions II Project. March 2016.

UNAIDS Fast Track Strategy

Countries have aligned their responses along the ambitious 90-90-90 Fast Track targets by 2020 set by UNAIDS, with 30 countries accounting for 89% of new infections specifically identified as priorities. Alongside the accelerated treatment targets, the Fast Track strategy sets higher coverage and investment targets for prevention programs, including condom promotion, voluntary male circumcision, and opioid substitution therapy for people who inject drugs. UNAIDS has particularly led the advocacy for KPs, many of whom have no or little contact with HIV prevention services, as a Fast Track priority. Towards this end, scaling up critical enablers, such as community mobilization, stigma and discrimination reduction, and gender equality, is crucial to reach groups who are left behind on a sustainable basis.

These new UNAIDS targets press countries to accelerate implementation in critical locations with the highest HIV burden. With the GF and other strategic partners coalescing around the Fast Track targets, the TSFs need to be in step with them through forward planning of what TS country partners need and when.

TS Demands and Emerging Areas of Need

The demand for TSF-delivered technical support to the GF NFM remains high, particularly as countries with approved grants enter the implementation stage and other countries enter a new window for Concept Note development. The TSFs have filled a significant demand for technical support from countries and have added value to their collective effort. In 2014, the TSF supported 60 countries globally through over 120 technical support assignments⁷. In 2015, the TSFs responded to substantially higher demands, as shown in the table below:

Table 1: Number of TS Assignments 2014-2015⁸

Region	No. of TS Assignments	Period
Asia-Pacific	148	June 2014 - June 2015
Eastern and Southern Africa	140	April 2014 - December 2015
Western and Central Africa	148	July 2014 - June 2015

A large proportion of these assignments were directed towards support to responses of country partners to the GF NFM, specifically in developing Concept Notes and in the building blocks of the NFM. This specific niche was essential in leveraging GF resources. Development of Concept Notes is clustered under the thematic area of Strategy Development and Resource Mobilization, which also includes national strategic planning, investment cases, and costing and budgeting. The building blocks for the NFM – strategic information system, review of the epidemiological situation, programmatic financial analyses - are reported under the thematic area of Situational

⁷ UNAIDS. Progress Report: Technical Support to Strengthen Global Fund Processes in Country. January-December 2014.

⁸ Sourced from regional progress reports

Analyses/Epidemiological Assessment. Since the introduction of the NFM in 2013, country partners have concentrated on these building blocks as inputs into the Concept Notes.

Table 2 below shows that in all the regions, when the two thematic areas are taken together, on average over two-thirds (66%) of technical support provided from 2014-2015 were dominated by GF process compliance. Annex 4: Report on the TSF-ESA further shows the demand trends from 2010-2015 in six Fast Track countries in the region and illustrates the surge in demand in these two thematic areas in the last two years.

Table 2: % of Consultancy Days for Global Fund-related Technical Support

Region	Period	NFM Concept Note	NFM Building Blocks
Asia-Pacific	June - Dec 2014	56%	10%
	Jan 2014 - June 2015	45%	10%
Eastern-Southern Africa	April - Sept 2014	82%	11%
	Oct 2014 - Sept 2015	61%	13%
Western and Central Africa	July - Dec 2014	57%	6%
	Jan 2015 - June 2015	42%	12%

Two important aspects of TSF assistance to the NFM are important to note: i) simultaneous country demands for technical support, and ii) the rigid timelines attached to Concept Note submission. These dynamics caused concurrent heavy workloads on the TSFs, which required efficient consultant management as well as effective management of country relationships to ensure quality TS delivery. Under these conditions, sole focus on GF-related needs of country partners was called for, in order to mitigate performance risks. These also imposed constraints on the TSFs from undertaking or seeking out assignments with other clients or engaging in other thematic areas, consequently boxing them into a single-issue (support of GF work) mechanism. While the TSFs are expected to function as demand-driven mechanisms, global-level UNAIDS key informants expressed concern that they had diminished capacities to advance other essential UNAIDS agenda, such as policy advocacy on the enabling environment (e.g. legal reform, stigma reduction) which is necessary for scaling up programs towards more ambitious targets set forward by the Fast Track strategy.

There was likewise a concern that Concept Notes did not fully exploit opportunities for integrating Fast Track targets, although a number were developed prior to the release of the Fast Track strategy. While country partners confirmed that the Concept Notes reflected “accelerated” targets, the alignment of Concept Notes to Fast Track targets was uncertain, as some consultants reported limited familiarity with the UNAIDS strategy. Most UCOs and RST staff reported taking on technical backstopping roles, although this varied from one country to another, contingent on the level of engagement of the UCOs in the process, the consultants’ methodologies, and their relationships with the country partners. A standard operating procedure on quality assurance of Concept Notes,

similar to the peer review framework initiated in the ESA region and the mock GF Technical Review Panel (TRP) and peer review process organized by TSF-WCA for windows 4 and 5 respectively, was seen to be a helpful measure as reported by key informants. This peer review process in ESA was a successful partnership among the RST, the TSF, and the Health Economics and HIV and AIDS Research Division (HEARD), a leading regional research center focused on public health policy and practice.

As GF processes are cyclical, a demand surge for TS will emerge again in 2017. Several countries will put forward new Concept Notes, and other countries will begin program implementation. Based on the TSF's rich experience in Concept Note development, there are expectations that it will be called on for support. At the same time, a number of countries will face implementation challenges in moving towards their ambitious targets. Despite the limited work of the TSFs on implementation issues, it can define a role that is inextricably linked to its specialty areas. Feedback from key informants from the GF and TS providers emphasized three areas vital to effective implementation: alternative service delivery models, management capacities of PRs and SRs, and sustainability and transition planning. UNAIDS special focus on civil society participation and on a strategic investment approach were viewed as excellent vantage points for positioning TSFs' technical support role in the implementation phase.

Recommendation

6. To strengthen the quality of Concept Notes, a peer review process similar to the ESA and WCA initiatives should be considered under the coordination and management of the TSF and the RST. Peer reviewers, selected by TSFs and RSTs and organized by thematic areas, use agreed-on criteria for reviewing each Concept Note to increase probability for approval with a minimum of iterations. It is important for country partners to buy into this review process and recognize the advantages to their application efforts.

Current TSF expertise areas, which are focused on pre-start tasks in the GF continuum, need to be reviewed and re-tooled to have a better fit with the challenges of emerging TS demands in 2017 that are vital in scaling up the implementation agenda. It is imperative for TSFs to assess the expertise profile of their consultancy pool and determine what areas within the implementation continuum they are positioned to support. Such classification will: a) help TSFs anticipate the level of assignment load that they can take on, b) identify the specific implementation issues they are already capacitated for, and c) delimit areas where other technical resources or providers should be tapped. In addition, the RST and TSF should plan solid capacity building measures for consultants considered qualified for providing technical support in implementation areas.

There is a leadership opportunity for UNAIDS and the TSFs to support better planning for transition from GF and ODA assistance to sustainable domestic health financing. A number of countries will transition out of Global GF support over the next five years posing challenges for sustainability of

the HIV response. This threat is magnified by withdrawal or scaling down of support from other donors. Transition planning is recognized as currently poorly planned⁹. There is presently a lack of leadership in this space. UNAIDS is seen by a number of stakeholders, including other development partners, as being well placed to lead on these important issues. Transition planning is becoming an immediate focus for a number of countries in the Asia Pacific region but will increasingly impact other regions in the short to medium term.

Recommendation

7. The TSFs need to work with UNAIDS, country partners and development partners to identify what areas within the implementation continuum they are positioned to support. This should be supplemented by retooling of TSF capability including replenishment of the consultant database to source skills required for implementation.

Remaining Relevant

To remain relevant, the TSF modality will need to pivot towards a more proactive setting to remain agile in meeting grant implementation demands and supporting Fast Track scale up. The primary objective of UNAIDS TS to strengthen country capacities in their AIDS response through tailored, context-specific and timely technical assistance remains the touchstone of the TSFs. Partnerships, use of top quality regional expertise, filling capacity gaps, flexible and agile operations are guiding principles since TSFs were established in 2006 and continue to be performance benchmarks. There was a strong consensus among all stakeholders in all regions that the *raison d'être* for TSFs, which are at the core of the UNAIDS technical support strategy, is valid and continues to respond to the needs of country partners. However, with the changes in the broader, rapidly evolving environment within which the TSFs function, this demand-driven model loses its 'front footing' in terms of anticipating TS needs.

It is therefore imperative for UNAIDS and the TSFs to pinpoint their comparative advantages, and reach out more dynamically to country partners and other TS providers to develop tailored TS packages. Almost all country partners reported that they would like to see greater engagement with the TSFs in an iterative process on how the TSFs can best respond to their TS needs. In its current reactive configuration, this interaction is limited to "only when the need arises", thus limiting opportunities for anticipating and prioritizing needs over a longer timeframe, for realistically allocating financial and consultant resources, and for developing expertise in other thematic areas that may not be currently needed but would be relevant in the future.

The TS delivery modalities of the three TSFs have essentially remained the same over the 10 years of operation commonly characterized by a single consultant, output/deliverable-based with a limited/short-term timeframe in country methodology. There was a change in 2013 to allow for

⁹ Pearson M and Mundy J, Graduating from global health programme financing. Lessons learned and future challenges in the Asia Pacific region. Paper presented at the 2015 Australasian Aid Conference. 2015.

longer term TS to be considered. This has been used in some instances, mostly relating to Investment Cases, but could be used better. Key informants, particularly other TS providers, thought the TSF standard approach does not reflect the variations across country contexts and needs that call for differentiated approaches. Additionally, it does not adequately address implementation bottlenecks that require a mix of expertise for systems-based solutions, such as PR/SR management capacities, procurement systems management, scale-up of new interventions such as Test and Treat, and health financing. When the team approach was used in some assignments, opportunities for team pre-planning were minimal or absent.

Most CSOs believed that their TS needs related to organizational development, which was best addressed through long or medium-term assistance, as the support for the APNSW highlights. In addition, levels of effort were structured with narrow time flexibilities – basically a single visit delivery modality - and did not plan in advance that consultant days would need to be broken up over several periods of time. Exceptions to this modality were in the rollout of the investment approach, where a range of expertise had to be organized to deal with a variety of distinct issues. However, there were differing views, particularly among country level key informants, who believed that the task-specific modality has been effective in immediate problem solving and should not be discarded as an option for TS delivery.

A majority of UCOs and country partners did not associate UNAIDS or TSF strengths with grant implementation, which is within the specialization arena of most other TS providers. Global level UNAIDS key informants believed that, while TSFs lack the experience in program implementation, their association with UNAIDS and its role in policy advocacy were jumping boards to position their TS around strengthening a supportive policy environment to Fast Track targets. There continue to be policy barriers to increased uptake and equitable coverage and quality of services for key populations. The TSFs have not yet exploited their affinity to UNAIDS in its policy advocacy role as a distinct contribution in the grant implementation phase. As discussed in the section on *Effectiveness*, there are opportunities for TSFs to better leverage UNAIDS capacity and influence around broader policy issues and for increased strategic alignment of RSTs, UCOs and TSFs to Fast Track targets.

There was limited outreach to other TS providers in terms of drawing on or mobilizing their respective comparative advantage into their ambit, which would then move the TSF model along a Strategic Partnerships Model (SPM) structure. The SPM is a more pro-active, forward projecting positioning for the TSFs that builds ongoing relationships with key strategic partners. These partners include the GF Secretariat, USAID and PEPFAR, CBOs and CSOs, KPs and key country partners. The SPM is about working with these partners to identify the critical, high-value niche areas where TSF TS can support scaling up testing and treatment towards the Fast Track targets. At a practical level it means providing ongoing support to CSOs who have been enabled as PRs and SRs and supporting them through the grant implementation phase. It means continuing to support KPs

representation in country dialogue, in CCMs and organizationally. It means working with PEPFAR and USAID to position the TSF most effectively in the division of labour to support embedding and operationalizing the Fast Track agenda in second and third NSPs, new Concept Notes and grant implementation. It also means creating more efficiencies from closer collaboration between development partners.

The SPM concept revolves around the principle of linking partners as a network in the same assignments, providing services based on their specialization. Such a model offers efficiencies, through cost and resource sharing, and effectiveness, through a more holistic response to country needs. Partners, such as PEPFAR, GMS, IHAA, and networks of KPs have indicated willingness to explore this strategic partnerships approach. Other TS providers (WHO, GMS, EF and IHAA) emphasized there would be high value in collaborating with the TSFs. The GMS indicated keen interest in joint capacity-building and TS performance norm setting; WHO in engaging the consultants' pool to capacitate country partners on health systems strengthening issues; and IHAA in advancing KP programming. However, some TS providers reported institutional procurement policy barriers and lack of facilitating mechanisms as non-conducive factors to a strategic partnerships structure.

Recommendation

8. In line with its convening function, UNAIDS should initiate the Strategic Partnerships Model as an innovation for the delivery of TS and to place the TSFs on a more pro-active stance towards shaping TS demands and needs.

There is an important role for UNAIDS at a global level to open dialogues with key partners to set the needed policy groundwork as the basis for country level collaborations. Interests of partners, such as PEPFAR, GMS, and IHAA intersect with those of the TSFs, including access to qualified expertise, improved relationships with country stakeholders, and reduced costs of services. Finding the intersection of interest is critical to establishing the purpose of the alliance approach and securing the investment – both in terms of resources and commitment. At a country level, UCOs have a key function in working with country partners to assess technical support needs and identify high-value niche areas based on comparative advantages. These common interest intersections are building blocks for partnerships or alliances at country level that will benefit country partners as they face the challenges of GF implementation. The SPM would be an improved approach for country partners to access expertise from a broader alliance, rather than have TS executed by a single partner alone.

Recommendation

9. In order to carve a niche area within the implementation timeline, the RSTs should support a country-level process to draw out the policy barriers to achieving Fast Track targets, which a good number of countries have already identified in their investment cases. Jointly with

TSFs, a TS agenda especially for policy advocacy should be developed as the TSF specialization in grant implementation and put forward in dialogues with country partners. In addition, the relevant TS partner and TSF consultants should be specifically organized and capacitated.

Recommendation

10. Following dialogue with country partners, UCOs and the RST should establish a country-differentiated TS strategy and package for their respective regions. These differentiated packages should be based on a consultative process with country partners, realistically costed and integrated into the grants' operational plans. A differentiated approach strengthens tailored country-specific technical support, increases likelihood for outcome-level results, and can bring about operational efficiencies.

The role of TSFs as principally short-term contractual brokers and managers limits their potential for strategic value adding. Several key informants cited disadvantages inherent in STTS modalities that do not yield visible outcomes, among them:

- Focus on transactional outputs/deliverables rather than long-term sustained CD, with narrow opportunities to strengthen client capacity to perform the same functions.
- Lack of attention to broader institutional capacity to ensure that the output is used to achieve higher level outcomes.
- Limited ability to garner political commitment to systemic reforms.
- Uneven technical strengths of TSF consultants.

Country partners confirmed that a mix of short-term and medium-term technical assistance (MTTS) may have more sustained and visible results, but this modality needs early assessment and planning. They also agreed it would be ideal that STTS should be provided as part of an overall package of support, for example such as a series of short-term inputs over a longer period of time. However, UCOs also pointed out that advanced TS plans would not necessarily materialize easily due to other “emergencies” that had to be addressed, notwithstanding the evident need for such plans.

Recommendation

11. The TSFs should consider more use of Medium Term Technical Support modalities like those used in supporting CSOs in the Asia Pacific region to provide greater flexibility to respond to the multifaceted needs of clients.

3.3 Efficiency

Quality Assurance Processes

As noted under *Effectiveness*, the maintenance of adequate QA procedures along the process chain from entry, to implementation, to exit is fundamental to maintaining performance standards and the reputational integrity of the TSFs as a reliable provider of high quality TS. All TSFs have QA processes that are defined under Standard Operating Procedures (SoPs). These vary in quality and relevance with the TSF ESA recently revising their processes and the TSF AP SoPs acknowledged as being in need of updating from the current 2012 version. All SoPs heavily focus on what could be described as the *Quality at Entry* part of the process chain. This commonly involves all or part of consultant identification and screening including CV checks, viewing of samples of past work, an assessment of technical and writing skills and an interrogation of soft skills, and the mobilization and placement of consultants.

The TSF-ESA recently produced *Technical Support for Health Programmes: A Guide for Clients*¹⁰ provides detailed process steps and checklists defining the preparatory, implementation and closure processes associated with client management and consultant mobilisation and management. This document provides a useful reference that other TSFs could learn from to develop streamlined processes for managing TA requests, particularly TSF-AP who have an acknowledged need to update their SoPs.

Some informants noted the need for *QA at Entry* to better interrogate for technical competencies and understanding of UNAIDS strategic agenda including the Fast Track targets. Currently the proxy indicators for QA are outputs focused – number of consultants in the database, number of consultancy days mobilised. It is crucial that the TSFs are able to capture and verify the critical importance of technical competencies and technical relevance, particularly in relation to the NFM and Fast Track.

Quality at Implementation is largely confined to consultant and client relationship management. The TSFs, with the exception of the TSF WCA through a backstopping cadre of senior experts, have not been configured to ensure consistent quality control on technical matters through backstopping of consultants or reviews of assignment products. While TSF staff have a responsibility in this regard it is a function that requires UCOs or RST RPAs to fulfill complementary roles. The issue for the TSFs is that UCO engagement and support for TS assignments is varied, as was discussed under *Effectiveness*, and steps have been recommended to address this issue.

The *Quality at Exit* process at finalisation and close out of assignments presents an excellent opportunity to harvest the rich technical knowledge that is generated by TSF assignments. Tool development, for example, for repeating processes (e.g. Concept Note) could benefit from capturing technical knowledge and work through methodology insights from TS assignments. There

¹⁰ This is a draft document at present.

are presently no tools to support Concept Note processes. At present the *Quality at Exit* processes are largely compliance driven. Whilst the instruments are in place to capture client and consultant feedback (e.g. End of Mission reports, client, consultant feedback) their current structure and application is simplistic and narrow in focus. Feedback through more qualitative processes would be more valuable and provide the level of detail to measure results and impact as well as capturing strategic information (SI) generated from TS assignments. A more detailed post-assignment analysis process would also help build improved quality control process over consultant performance.

Due to the compliance focus of end of assignments processes, important strategic information (SI) that is being generated from TSF TS assignments is not being captured, analysed and potentially disseminated. This information has value for analysing trends in TS provision and potentially using this data to identify ongoing trends and forecast needs, as well as capturing insights into effective approaches, including operational insights and work through methodologies, which could support tools development and thought leadership on how future TS could be provided more effectively and efficiently. The platforms for dissemination already exist through the UNAIDS supported Data Hub and there are other platforms and stakeholders who would be interested in this SI including the Global Fund and other TS providers.

Recommendation

12. UNAIDS and the TSFs should address the Quality at Exit process to better capture and make use of strategic information, results and technical knowledge generated from TS assignments.

The TSFs have not generated learning products that would be useful resources (e.g. lessons learned about technical support delivery, standards of performance of consultants, technical briefings, and success stories for purposes of advocacy and marketing). A number of newly recruited consultants expressed the need to have tools to guide delivery methodologies as well as to ascertain similar standards of quality. In addition, post-assignment processes had not focused on harnessing strategic country information that would be useful for future TS needs mapping. Because the TSF modality gives consultants a large degree of independence during the delivery stage, a good number of UCOs believe, moreover, that these toolkits will help safeguard and standardize quality.

Recommendation

13. The TSFs should consider developing learning products and toolkits as a means of ensuring standardized quality of technical support. These could include toolkits for consultant management, development of National Strategic Plans and Concept Notes. To ensure efficiency, there should be a coordinated approach and sharing of tools across the TSFs. These toolkits should be accessible to consultants and country partners as they have high value to the capacity development objective of TSFs.

All TSFs report high levels of client satisfaction with consultants and TSF management performance. Across all TSFs the satisfaction rating is around 85%. The TSFs use standardized feedback mechanisms to solicit the views of clients. Whilst the return rates for these instruments is high the limited interrogation of opinions on performance (there are 5 categories of questions), the lack of follow up to draw more detailed qualitative assessment of performance, and the limitations of clients being identified and attributed to comments limits their value and utility.

Consultants complain that they are rarely included in the feedback loop. The client satisfaction data and anecdotal evidence suggests there are few experiences of poor consultant performance raised where there is this is not systematically followed up with clients to explore in more detail the cause of poor performance. However, feedback mechanisms could be better used to provide insights into effective approaches that work, highlight best practice, provide better quality control of consultant performance, and harvest strategic information and lessons learnt that would be of value in framing future interventions. As with the reporting template, a more sophisticated and mixed-method approach to collecting, collating and disseminating feedback would potentially enhance the quality of TS provided through the TSFs as well as providing useful technical feedback and knowledge for TS consultants and country partners particularly in terms of their choice of TS provider.

A number of consultants interviewed for the review want to see the End of Mission Reports as a two-way process of feedback where client feedback on consultant performance is fed back to them. There is a high level of motivation to use the End of Mission report to provide insights into technical issues but at present there is little feedback being provided to consultants in response to these reports which can help shape their focus and enhance their value.

Process and Cost Efficiency

A key indicator of process efficiency is the ability to mobilise high quality personnel, and support them pastorally, and manage client relations through assignments. In this all the TSFs perform well. However, from a business process point of view it could be argued that the TSF is spread across too many low demand thematic areas that is adding cost to the structure through consultant identification and training and maintaining a larger database than otherwise would be necessary.

The TSFs have continued to deal with the issue of sole or preferred sourcing of consultants by either UCOs or country partner clients. Typically this involves clients pre-selecting preferred consultants for assignments. Sole or preferred sourcing of consultants presents a number of threats. It undermines the integrity of the *QA at Entry* processes that are dedicated to screening and pre-qualifying consultants. It can reduce the ability of the TSF to negotiate rates or terms that can drive up overall rates. It can also mean the best qualified consultant is not selected and disempowers the TSFs in managing the assignment presenting a potential conflict of interest that the TSF is unable to mitigate. This places performance risk with the UCO or client rather than the TSF where it should be and where it is designed to be managed through QA processes. Sole

sourcing needs to be curtailed and actively discouraged by UCOs, the RSTs and the TSFs. It would be more helpful to have valued consultants with strong reputations referred to the TSFs for inclusion in the database before specific ToRs arise so that they may be considered as part of a more competitive and quality controlled selection process.

Recommendation

14. Sole or preferred candidate sourcing needs to be actively discouraged by UNAIDS UCOs, RSTs and the TSFs as it undermines the integrity of the QA processes and represents a potential conflict of interest.

Cost efficiency and value for money is an ongoing consideration for the TSFs, and indeed all donors, in an increasingly resource challenged environment. For the purpose of determining the cost efficiency and value for money of the TSFs we have sought to benchmark known costs against other like-type out-sourced TS providers and calculate a broad return on investment from TSF TS. All the TSFs are lean, light touch organizational structures employing on average 9 persons, much less than the 33 head count employed by GMS although it should be noted that the functionality of the GMS with in-house technical management is vastly different.

As consultancy costs comprise a significant proportion of program costs they serve as a useful proxy for cost efficiency. The table below compares the TSFs against other TS providers including overhead cost ratios (as a ratio of total program costs) where these apply in like-type out-sourced business models.

Table 3: Technical Support Providers Fee Rate and Overhead Costs Comparison

Technical Support Provider	Current Avg. Daily Fee Rate (USD)	Overhead Ratios
Grant Management Solutions II (USAID)	449	46% ¹¹
TSF Asia Pacific	410	16%
TSF West and Central Africa	453	26%
TSF East and Southern Africa	571	23%
Technical Service Provider 1	512	34%
Technical Service Provider 2	510 ¹²	N/A
Aspirational Donor	520	N/A

GMS II is unique among other TS providers in that the fee rate is capped at \$643 under the U.S. Government Contractor Salary Threshold maximum daily rate. UNAIDS follows the WHO consultant

¹¹ This figure is the actual load factor for GMSII at December 2015 compared to the budgeted load factor of 33%.

¹² This is a median figure.

pay band ranges and the TSFs are expected to align to it. The TSFs should consider implementing a fee ceiling policy, possibly capped at the upper limit of the current WHO pay band range. This will not likely diminish the quality of consultants prepared to work with the TSF – qualitative data collected from this review highlights that the TSF has a large cadre of highly experienced consultants attracted to TSF work who often work below normal fee rate. The TSFs also occupy a large market share of current Global Fund related TS provision, averaging over 100 assignments per annum. This compares to USAID GMS which has averaged under 60 assignments during its three-year operational life to date and Expertise France who conducted 112 assignments between 2013 and 2014.

The higher average fee rate for TSF ESA is attributable to demand for specialized skills that are in low supply in the region which has led to a higher use of international consultants¹³. The higher overhead ratio for TSF-WCA is partly explained by the TSF-WCA undertaking in-house technical backstopping functions.

Recommendation

15. UNAIDS and the TSFs should consider instituting a fee rate ceiling policy.

The most significant demonstration of the TSF's effectiveness, relevance, efficiency and value to country partners, the Global Fund and other TS providers is demonstrated in the return on investment for Global Fund Concept Notes. Whilst it must be cautioned that there cannot be any direction attribution of outcomes it nonetheless represents a crude proxy indicator of the value for money derived from this stream of TSF TS¹⁴. The table below highlights the TSF results from supporting Concept Notes during the current contract period. The ratio differentials between TSF-AP and TSF-WCA may be worth exploring further to explain the cost variance and to identify if there are some cost efficiencies in the TSF-AP approach which could help reduce costs in WCA.

¹³ High demand/low supply skills in the region include working with KPs and harm reduction. The higher use of international consultants and the need for building local capacity in these in-demand areas is discussed in the TSF-ESA Six Month Narrative Reports.

¹⁴ There is no direct attribution between Concept Note development and grant approval as there are further process steps (TRP approval, grant making etc) preceding grant finalization and confirmation of the final grant amount. In addition TSF TS has been in some instances part of a broader TS process in Concept Note development. Figures here include both Concept Note value and final approved grant value where known. As such the figures presented here should not be construed as representing an actual return on investment calculation but rather a crude estimate against known TSF TS costs.

Table 4: Estimated Return on Investment from Concept Note Development

Region	No. of CN ¹⁵	Success Rate	Cost	Grant Value	Rol	Cost as % of Grant
AP	17	89% ¹⁶	\$0.77m	\$2.1bn	1:2,727	0.04%
ESA	19	100%	\$1.15m	\$1.6bn	1: 1,391	0.07%
WCA	20	100%	\$1.93m	\$1.4bn	1:725	0.14%
Global	56	96%	\$3.85m	\$5.1bn	1:1,325	0.08%

The TSFs were conceived to have the potential to eventually evolve from dependency on UNAIDS financial support to be self-sustaining. This has never been achievable for a number of reasons. These include factors not envisaged at design including the entry of a new free TS provider in EF and the additional funding of GIZ and the competition for fee-paying clients from other development partners including IHAA and the USAID GMS enabled Regional Partners. Current challenges inherent in working through complex national procurement systems remain further barriers to fee-for-service provision. Whilst some host organizations have aspirations to cede from UNAIDS financial dependency the data suggests that the ability to generate a viable revenue stream is limited - the percentage of fee paying clients during the current contract period is 12% globally, with rates below 10% for AP and ESA¹⁷. This aspiration may need to be reconsidered if the current TSF configuration is to remain.

Despite the limited prospects for financial sustainability of the current model there are some cost reduction options that could be pursued. The review has identified a strong appetite from other development partners for closer collaboration and coordination to drive cost and process efficiencies. These include cost-sharing and co-location with other TS providers including IHAA in East Africa and a future GMSIII regionalized model. GMS have also expressed interest in cost-sharing for consultant training costs and there are potential further efficiencies in a shared centralised database. Given the significant overlap in consultants between TS providers these initiatives are readily achievable.

There are also opportunities within the current business model to drive cost efficiencies. This could include shared CD resources, tools and databases, especially for the WCA and ESA regions, and translation services. Further efficiency would be gained if the TSF is used less as a contracting mechanism for low level activities such as conference or meeting organization.

There are also leveraging opportunities that should be explored to generate additional financing streams and efficiencies from better coordination. Global Fund country level PR funding for

¹⁵ This figure includes Concept Notes that are pending decision. There are 7 Concept Note proposals awaiting decision by the TRP.

¹⁶ This figure does not include 3 Concept Note proposals that are pending decision by the TRP.

¹⁷ Data derived from six monthly TSF progress reports July-December 2015 for WCA and AP and April-September 2015 for ESA.

implementation of grants should be mapped and appraised by the TSFs as a potential new source of fee-paying work. The Global Fund has indicated an interest in TSF being a service provider to PRs in grant implementation. The TSF-WCA has already been successful in this market as per the example of Cameroon where, following effective TSF support for the country's TB/HIV Concept Note and its approval by the GF, the TSF has been asked by the PR (Cameroon Ministry of Health) to provide all TS needed during grant implementation to the end of 2017. Other such arrangements with PRs are being negotiated in Togo.

There is also some indication that DFAT (Australia) may be reviving interest in establishing a 5% mechanism. The TSF model could offer potential efficiencies and synergies as a vehicle for Australian funding. There is also an opportunity for UNAIDS to inform the design of the new USAID TS model post-GMSII. Any consideration by USAID of a future regionalized model may offer opportunities for cost sharing in infrastructure and program coordination through a cost effective TS division of labour.

Recommendation

16. UNAIDS should seek to inform the design of the proposed new USAID TS modality and the suggested Australian modality identifying opportunities for cost sharing in infrastructure and program coordination.

3.4 Sustainability

Factors influencing sustainability – Technical Support

A key feature of the TSF TS is the strong country ownership of the TS process. From identification of need, framing of the ToRs, and the selection of the consultant country partners are in the driving seat. A number of country partner stakeholders value the TSFs and UNAIDS as being an impartial honest broker provider of TS and highlighted this as a consideration in selection of TSF services.

Sustainability of TSF TS is also critically influenced by the degree of country partner engagement and counterpart commitment to enabling and supporting assignments. The challenges of meeting tight timeframes and product deliverables can threaten effective counterpart engagement in TS processes but it is critical if there is to be process redundancy achieved for repetitive processes (such as Concept Note development) and country partners capacitated to activate and maximize the impact of TS, particularly where it may relate to new technical approaches (e.g. Pakistan community based testing) or contentious issues (e.g. harm reduction in Myanmar). Future ToRs should clearly define the counterpart allocation and responsibilities to tasks associated with TS. This will be particularly critical as the TSFs seek to impact on grant implementation.

Recommendation

17. Assignment ToRs need to confirm and define counterpart commitment and responsibilities associated with TS delivery.

To be sustainable and maximize impact, TS through the TSF needs to be aligned to the Fast Track strategy. Presently too many low value assignments which are not linked to Fast Track are defraying the effectiveness of limited TAF funding. Policy and programmatic alignment and prioritization of TAF funding is needed. It is incumbent upon UNAIDS Geneva to articulate a clear policy and programmatic direction for the Fast Track initiative including how it is intended to be operationalized. At present there is no clear direction for the RSTs, UCOs and the TSFs on how to operationalize the Fast Track agenda through TS. Critical opportunities will emerge with second and third generation NSPs, the new Concept Note window and defining a strategic role in grant implementation to drive the Fast Track agenda.

Reshaping the TSFs to be more pro-active and better positioned to map and respond to emerging areas of TS need in grant implementation will help build more sustainable outcomes from TSF TS. The current rapid mobilization model carries inherent risks in the speed of process. As one TSF staff member described it, “there is a need to manage demand more strategically”. A more planned approach will enhance the definition of intended TS outcomes and suitable technical solutions. There should be sufficient corporate memory and knowledge developed from the first iteration of the NFM cycle to better inform the planning and design of TS for the new iteration of NSPs and Concept Notes in 2017.

Moving to a SPM where development and country partners are engaged to define the loci of TSF TS as part of a broader TS process will enhance sustainability as the TSF focus broadens beyond short-term, product based processes and deliverables. This will require replenishment of the consultant database. Having built a strong regional and national consultancy pool, the challenge will be to supplement it with new skills in line with new areas of technical and cross cutting needs relating to grant implementation as will be defined through a dialogue process with key development and country partners. Anticipated areas of need may include cross cutting areas such as financial and program management, M&E, costings and national resource mobilization as well as specific technical areas. The proposed new Global Fund strategy¹⁸ highlights the need for a differentiated country approach with strong emphasis on promoting and protecting gender and human rights and supporting the meaningful engagement of KPs – all of which go beyond a HIV focus but are areas where UNAIDS and the TSFs can provide support and add value.

Factors influencing sustainability – Business Model

As noted earlier, there are some limitations to the current demand driven approach of the TSFs. As much of the TSF TS has been directed to meet NFM process compliance, it is likely that countries have other unaddressed TS needs that have been given lower priority due to the need to firstly address GF eligibility. It is also a model that can create dependency through cyclical repetitive processes, its focus on addressing compliance bottlenecks and on product driven deliverables. As

¹⁸ The Global Fund Strategy 2017-2022: Investing to End Epidemics. Draft.

noted, to remain relevant, the TSFs need to be able to pivot beyond the demand driven modality to pro-actively define, with development and country partners, a TS space in supporting grant implementation.

The type of organization where the TSF is nested is highly influential on the prospects for the TSF to evolve to meet this increased functionality and move towards greater financial sustainability. At present the ICI-Sante consortium managing the TSF-WCA comes closest to realising this potential. They have recently proposed two options for reform of the TSF business model to move towards a “preferred client” relationship. This is seen as having the advantage to UNAIDS of optimizing its TS costs whilst reducing administrative procedures, and for the TSF allowing it to independently and freely sell TS services to other customers¹⁹. It allows the consortium to position itself for independent revenue raising whilst retaining a commitment to UNAIDS TS needs. This is a viable alternative modality to the current business model that blends certainty of TS supply for UNAIDS needs with the flexibility to the host of pursuing commercial revenue streams.

These proposed models are congruent with the intent of the original TSF/UNAIDS arrangement. It would also ensure that UNAIDS does not lose the many benefits that it has garnered over the last few years of a ready made strategic partnership with the respective TSF hosts.

The viability of this “preferred client” model is very much tied to the nature of the host TSF organization and the regional TS market. The TSF-WCA is advantaged by being hosted by a specialist health sector consortium with strong existing market credentials and is active in a region where there is a high level of donor activity and GF grant focus. There may be lessons for the other regional TSFs on how to similarly envisage innovative, cost saving future business models. This and other models are considered further below.

Future Business Model Options

There are a number of alternative business models that could be considered to the current demand driven TSF modality. Work being undertaken in parallel with this review will provide a cost-benefit analysis for some of these model options.

The table in Annex 5 summarizes the design, pros and cons and issues for consideration of alternative business models. Further independent work has been commissioned by UNAIDS to better understand the costs and benefits of alternative business models. This will provide an important supplement to the issues raised and considered in this report.

The evidence gathered from this review highlights that stakeholders see the comparative advantages of the current TSFs model as being the ability to mobilize expertise quickly; its independence and neutrality as an honest broker of TS; and strong knowledge of the GF NFM

¹⁹ Technical Support Facility – West and Central Africa. 4th Half Yearly Narrative Report. 1 July – 31 December 2015.

processes and requirements. Also the regional hosting which privileges the mobilization of local and regional expertise is acknowledged by most partners as a major added value and comparative advantage of the current TSF model. Any alternative model would need to carefully weigh not just the financial benefits but also the process efficiencies that are inherent in the current model including quality control and risk management of TS. Ultimately it will be an equation as to what degree of quality UNAIDS are prepared to fund and where UNAIDS wishes to locate the administrative and risk management roles in supporting TS provision. However, under a move to a SPM replacing the current brokerage model the urgency of TS mobilization should diminish as TS becomes better-planned thereby placing less emphasis on this as a key requirement of TS provision.

Whatever model is preferred there remains a compelling case for ongoing administrative oversight and management of the program by UNAIDS HQ and the Regional Focal Point. It is important there remains a defined regional point of reference for TSF engagement with UNAIDS and that quality control of performance is actively managed by UNAIDS. Maximizing the benefits of the TSF TS modality requires dedicated UNAIDS staff time.

A transition pathway will be needed to move from the current modality to an alternative. Given the anticipated increase in demand for TSF services in the short term, as grant implementation needs and the new Concept Note window coalesce for a number of TSF client countries, dramatic structural change would not be ideal prior to 2018. Any moves towards transforming the TSF business model needs to ensure that its core values and advantages remain part of any new model.

Recommendation

18. The TSFs should be encouraged to broaden their clientele scope beyond UNAIDS, in the light of emerging perspectives at UNAIDS HQ related to re-structuring TS modalities. This diversification will lead to greater financial sustainability of technical support mechanisms, thus ensuring continued availability and access of government and civil society organizations to TS.

Capacity Development

Fostering CD is one of the core objectives of the TSFs. Capacity development (CD) is intended to meet the needs of both strengthening capacities of country partners to identify, plan and manage TS needs, and of consultants in technical areas and in Global Fund processes and UNAIDS strategy. The TSFs are all provided budgets to deliver CD activities. There is also an expectation of in-situ CD of TS recipients through the delivery of TS assignments by TSF consultants.

The CD element of the program is ambitious and the successful activation and achievement of this component remains challenging. The TSFs reported CD efforts to be constrained by time, staffing, and funding factors. The delivery of CD to date has largely been workshop based responding to country partner identified needs. As part of their contractual obligations, a variety of capacity-building initiatives reflecting the unique programmatic directions in their regions have been implemented. Notable was the strong support for CSO/KP networks in the Asia-Pacific region,

while the West and Central African and Eastern and Southern African regions emphasized familiarization with GF processes. These initiatives, however, did not report durable results and follow-up plans, indicating the need for a better-planned approach to capacity building. There has been some partnering in the delivery of CD with other development partners and TS providers. There has been little use made to date of twinning or leveraging use of technology enabled virtual platforms for CD as used by other TS providers although twinning arrangements have been successfully deployed in earlier iterations of the TSFs.

A number of consultants noted the challenges of in-situ CD of TS recipients under a modality that is product driven to deliver in a very short 20-30 day timeframe. There have been over 25 CD modules for country and regional partners delivered over the current contract period. However, only six were conducted in the last reporting period – all by WCA as the other TSFs re-evaluated the CD focus²⁰. Whilst a number of useful CD activities have been undertaken, including enabling CBOs and for KPs in particular to actively engage in delivering treatment and care in WCA and the long term placements of CD support to APNSW and APCASO, much of the CD spend has lacked an evident strategic focus that ties it to the activation and leveraging of TSF TS and UNAIDS strategy. A focus on building individual capacity rather than institutional capacity at the country partner level also risks diminishing the effectiveness and sustainability of capacity development interventions.

The definition of deliverables under this component are also poorly spelt out in the TSF performance contract. There is no results measurement or accountability framework used to measure CD effectiveness. Current reporting of CD is largely activity focused. As with other aspects of the program, there needs to be better measuring of CD effectiveness and reporting of CD outcomes notwithstanding the serious limitations of direct attribution and the interplay of other externalities that influence the impact of CD.

There have been limited CD activities for regional and national consultants by the TSFs over the current contract period. The current approach to consultant CD has some limitations. There is demand from a number of consultants for TSF CD to be certified and have value as a professional development credential like the GMS Boot Camp consultant training. Anecdotal evidence from one region suggests that there would be less than 50% take up of CD activities for consultants if they were required to pay. The TSFs have built a strong cadre of regional and national consultant capacity over 10 years of operation. Whilst there remains strong demand for consultant CD that is focused on interpreting new GF processes (as these frequently evolve), this is seen by some as a professional development skill that enhances employability and therefore has a commercial value. It is questionable to what degree providing free professional development of this type is an effective spend and therefore should remain a focus of TSF funded CD.

²⁰ As reviewed in TSF – WCA 4th Half Yearly Narrative. July 1st to December 31st 2015; TSF – ESA. Six Month Narrative Report. April- September 2015; TSF-AP Phase 3 Third Six-Month Report. July to December 2015.

The TSF-AP has recently sought to partner with specialist regional CD organizations (SWASTI, Empower School of Health) to deliver CD and this presents a better and more efficient model for future CD activities. These organizations, and other development partners with CD capability like GMS and IHAA, are better placed than the TSF to deliver on CD activities and are willing to partner with the TSFs for more cost-effective and efficient delivery of CD activities. However, in order to ensure alignment of CD activities under a framework which ties CD to supporting and activating TS and to the Fast Track strategy future CD budgets should be managed by UNAIDS HQ or the RSTs. This will better locate CD where there could be leveraging of relationships with development partners and specialist training organizations and a dedicated focus on investing in CD aligned to the strategic agenda of the Fast Track strategy. It will also allow for leveraging of internal expertise such as the RST RPAs to deliver CD training to consultants, particularly in relation to key UNAIDS strategic initiatives.

The other alternative use of the CD allocation would be to roll the funds into the TAF pool. This would allow TAF funds to potentially support high value, strategic CD activities which are better aligned to the UNAIDS Fast Track agenda. Defining the strategic focus of TAF funding of CD activities should remain the responsibility of the RSTs.

Recommendation

19. Greater investment is needed in building capacities at country counterpart level through a more systematized and strategically aligned program developed with country partners. This function would be better placed under the management of UNAIDS HQ or the RST allowing for a dedicated focus on investing in CD aligned to the strategic agenda of UNAIDS and the Fast Track strategy.

4. CONCLUSIONS

The TSFs are performing well against their current mandate to provide quality assured, demand driven TS in supporting countries in adapting to the NFM and supporting GF process compliance. This review finds that they remain relevant and continue to operate effectively and efficiently. The TSFs have been particularly strong in supporting the development of the 'building blocks' of the response – NSPs, Investment Cases and Concept Notes. An indicator of their success is the more than \$5 billion the TSFs has helped unlock for country and regional partners globally during the current contract period. The TSFs have been less successful in other areas of work, namely in cross cutting governance and oversight strengthening of CCMs where the TSF TS modality is less suited and in capacitating country partners and consultants. The CD element of the program may be better located with the RSTs where a more consistent alignment of the objectives of TS and CD can be maintained.

Whilst the current TSF model of TS has been effective and the TSFs occupy a significant share of the GF directed TS market, to remain relevant the TSF business model needs to evolve from its current brokerage form to a more pro-active setting defined by developing a strategic partnership approach to client engagement. This strategic approach is defined by identifying a high value strategic role for the TSFs in supporting grant implementation and working with country and development partners and CSOs to articulate a place for the TSFs to contribute to effective grant implementation. This will better position the TSFs to support the Fast Track targets through supporting scale up of testing and treatment services including supporting community based services. It will also position the TSFs to lead on sustainability and transition support. There is presently a lack of leadership in this space and UNAIDS is seen by a number of stakeholders as being well placed to lead on these important issues.

To realize this shift will require commitment and support from UNAIDS UCOs and RSTs to facilitate TSF access to country and regional partners such as PRs and SRs to identify and map TS needs in relation to grant support. It will require dialogue with development partners, principally USAID (GMS), PEPFAR, the GF Secretariat and, in West and Southern Africa Expertise France and GIZ, to locate the most strategic investments that the TSF can make in supporting grant implementation in a coordinated and cost effective manner. This may necessitate the use of longer term modalities such as MTTs which some TSFs have successfully deployed to date.

The strategic partnership approach will require alignment of TSF TAF funding to the Fast Track strategy and articulation of that strategy at an operational level. In line with this UNAIDS should set priorities for the use of TAF funds and ensure a consistent application by UCOs and RSTs in line with the Fast Track targets agenda.

The TSFs compare well to other TS providers on efficiency measures of time to mobilize consultants, consultant fee rates and the overhead costs as a ratio of total program costs. They could increase their value however through better *Quality at Exit* processes including capturing strategic information, better quality control of consultant performance and improving the performance reporting narrative. There is considerable regional variation between the TSFs both in approaches to managing TS and market positioning. The TSFs and UNAIDS would benefit from a platform of exchange between the TSFs to facilitate this knowledge sharing.

2017 will see high demand for TSF services as the new Concept Notes window opens and grants move into implementation. Whatever future configuration of the business model is preferred, it will need to ensure that the TSFs retain their ability to mobilize expertise quickly, that their independence and neutrality as an honest broker of TS and that strong knowledge of the GF NFM processes and requirements is maintained. A transition plan will be needed to support any move to a new business model to ensure the TSFs can be managed effectively through any process of change.

5. RECOMMENDATIONS

The following recommendations are made:

Effectiveness

1. UNAIDS should ensure more coherence and consistency in UCO's support to TSF missions, including technical backstopping when needed. The roles and responsibilities of the UCO and the RST vis à vis the TSF role in supporting field implementation should be clearly spelt out in the ToRs for assignments and codified protocols should be developed for the planning, prioritizing and delivery of TS including agreed upon roles and responsibilities for request submissions, communication and knowledge sharing.
2. UNAIDS should ensure strategic and programmatic alignment of UCOs, RSTs and TSFs to the Fast Track agenda and articulate how to operationalize the Fast Track targets in TS provision.
3. Aside from the GF requirements, UNAIDS should set priorities for the use of TAF funds and ensure a consistent application of such use by UCOs and RSTs in line with the Fast Track targets agenda. This may necessitate prioritizing TAF funds for priority Fast Track countries.
4. UNAIDS needs to improve the narrative and the promotion of TSFs contributions to the response with a particular focus on reporting of results and impacts of TSF TS and the considerable leverage for UNAIDS derived from TSF support to countries. This should involve reform of the six monthly reporting narrative report template to include a greater focus on outcomes and results from TSF TS and better promotion of the TSFs on UNAIDS and RST websites.
5. UNAIDS Geneva, with the support of the RSTs, should facilitate sharing of lessons and experiences between TSFs instituting regularized knowledge exchange forums and possibly developing an online platform where key lessons from effective approaches to the delivery of TS can be exchanged.

Relevance

6. To strengthen the quality of Concept Notes, a peer review process similar to the ESA and WCA initiatives should be considered under the coordination and management of the TSF and the RST. Peer reviewers, selected by TSFs and RSTs and organized by thematic areas, use agreed-on criteria for reviewing each Concept Note to increase probability for approval with a minimum of iterations. It is important for country partners to buy into this review process and recognize the advantages to their application efforts.

7. The TSFs need to work with UNAIDS, country partners and development partners to identify what areas within the implementation continuum they are positioned to support. This should be supplemented by retooling of TSF capability including replenishment of the consultant database to source skills required for implementation.
8. In line with its convening function, UNAIDS should initiate the Strategic Partnerships Model as an innovation for the delivery of TS and to place the TSFs on a more pro-active stance towards shaping TS demands and needs.
9. In order to carve a niche area within the implementation timeline, the RSTs should support a country-level process to draw out the policy barriers to achieving Fast Track targets, which a good number of countries have already identified in their investment cases. Jointly with TSFs, a TS agenda especially for policy advocacy should be developed as the TSF specialization in grant implementation and put forward in dialogues with country partners. In addition, the relevant TS partner and TSF consultants should be specifically organized and capacitated.
10. Following dialogue with country partners, UCOs and the RST should establish a country-differentiated TS strategy and package for their respective regions. These differentiated packages should be based on a consultative process with country partners, realistically costed and integrated into the grants' operational plans. A differentiated approach strengthens tailored country-specific technical support, increases likelihood for outcome-level results, and can bring about operational efficiencies.
11. The TSFs should consider more use of Medium Term Technical Support modalities like those used in supporting CSOs in the Asia Pacific region to provide greater flexibility to respond to the multifaceted needs of clients.

Efficiency

12. UNAIDS and the TSFs should address the Quality at Exit process to better capture and make use of strategic information, results and technical knowledge generated from TS assignments.
13. The TSFs should consider developing learning products and toolkits as a means of ensuring standardized quality of technical support. These could include toolkits for consultant management, development of National Strategic Plans and Concept Notes. To ensure efficiency, there should be a coordinated approach and sharing of tools across the TSFs. These toolkits should be accessible to consultants and country partners as they have high value to the capacity development objective of TSFs.

14. Sole or preferred candidate sourcing needs to be actively discouraged by UNAIDS UCOs, RSTs and the TSFs as it undermines the integrity of the QA processes and represents a potential conflict of interest.
15. UNAIDS and the TSFs should consider instituting a fee rate ceiling policy.
16. UNAIDS should seek to inform the design of the proposed new USAID TS modality and the suggested Australian modality identifying opportunities for cost sharing in infrastructure and program coordination.

Sustainability

17. Assignment ToRs need to confirm and define counterpart commitment and responsibilities associated with TS delivery.
18. The TSFs should be encouraged to broaden their clientele scope beyond UNAIDS, in the light of emerging perspectives at UNAIDS HQ related to re-structuring TS modalities. This diversification will lead to greater financial sustainability of technical support mechanisms, thus ensuring continued availability and access of government and civil society organizations to TS.
19. Greater investment is needed in building capacities at country counterpart level through a more systematized and strategically aligned program developed with country partners. This function would be better placed under the management of UNAIDS HQ or the RST allowing for a dedicated focus on investing in CD aligned to the strategic agenda of UNAIDS and the Fast Track strategy.

ANNEX 1 – TERMS OF REFERENCE



TERMS OF REFERENCE

Mid-Term Review of Technical Support Facilities for Eastern and Southern Africa, West and Central Africa, and Asia Pacific

General Information:

Services/Work Description:	Consultancy Services for Mid-Term Review of the Technical Support Facilities
Project/Program Title:	Mid-term Review of the Technical Support Facilities for Eastern and Southern Africa, West and Central Africa and Asia Pacific
Post Title:	Consultancy (Individual/Organisation)
Consultant/Organisation:	Senior Level
Expected Start Date:	February 2016
Expected End Date:	April 2016

Background:

Appropriate, quality technical support is a cornerstone for strengthened national HIV responses. By facilitating and providing focused technical support, UNAIDS has helped countries develop HIV investment cases and strategic plans, mobilize critical resources, strengthen health and community systems, address capacity constraints and overcome implementation bottlenecks. In doing so, UNAIDS has worked hard to ensure that the support reinforces the principles of country ownership/leadership, development effectiveness and value for money.

The Technical Support Facilities (TSFs) are the cornerstones of UNAIDS's technical support work in the highly HIV-affected regions of Eastern and Southern Africa, West and Central Africa and Asia-Pacific. UNAIDS established the TSFs to facilitate and manage the provision of demand-driven, quality-assured technical support to government ministries and departments, national AIDS coordinating bodies, Global Fund grantees, CCMs, and civil society organizations.

UNAIDS supports three TSFs covering 70 countries in the regions that have close to 90% of the global AIDS burden. Each TSF comprises a small management team that is hosted by an existing regional institution or consortium (two private sector consultancy firms and an NGO) which liaises closely with the respective UNAIDS regional support teams (RSTs). The contracts between UNAIDS and the Technical Support Facilities are managed by the UNAIDS RSTs in collaboration with UNAIDS Geneva, and are adapted to align to the priorities of the region

Over the years the TSFs have established a strong reputation for providing high-quality technical support that fits country realities and needs. The TSFs work closely with their clients to develop tailored solutions. They support clients in refining and clarifying their needs, and developing precise terms of reference. They provide short-lists of experienced, quality-assured consultants (mainly from the relevant country or region) for the assignment. On average, each TSF provides between 3000-3500 of technical support days per year through 100-120 assignments.

The overall objectives of the TSF are:

- To support more strategic and effective national AIDS responses through the provision of timely, high quality short- and longer term technical support to national governments, CCMs, Principal Recipients, Sub Recipients, AIDS councils, civil society partners and the UN;
- To assist in the professional development of national and regional consultants to provide technical support in specific technical areas;
- To strengthen the capacity of country partners to effectively plan and manage AIDS programs including Global Fund Grants;
- To encourage a harmonized and collaborative approach among partners in the delivery of technical support through knowledge transfer, South-South collaboration, dissemination of lessons learned, and sharing of tools developed.

The TSF respond to requests for technical support in the following areas:

Governance: NAC, CCM governance and oversight

Situational Analysis/Epidemic Assessment: Review and syntheses of the epidemiological situation; modes of transmissions studies; Know Your Epidemic, Know Your Response studies; National AIDS Spending Assessments; programmatic and financial gap analyses; sustainable financing studies.

Strategy Development and Resource Mobilization: Strategic and operational review and planning; development of HIV investment cases and national strategic frameworks; costing and budgeting; Global Fund concept note development and quality assurance;

Program Implementation and Systems Strengthening: Development of annual operational plans; Community system strengthening; strengthening financial and programmatic management and accountability; gender programming; HIV/TB integration; Human Rights programming; organizational development; risk management; procurement and supply chain management.

Monitoring and Evaluation; Design, assessment and strengthening of monitoring and evaluation systems

Civil society strengthening: support to civil society organizations to develop, implement and monitor their contributions to Fast-Tracking national AIDS responses.

TSF Contract Holders:

The TSFs are hosted by the following regional organizations:

Eastern and Southern Africa	Health and Development Africa , Johannesburg, South Africa (TSF contract holder since 2006 as the TSF for Southern Africa and covering Eastern and Southern Africa since 2013)
West and Central Africa	Consortium ICI-Santé/Health Focus/RAF represented by Initiatives Conseil International Santé (ICI-Santé) Ouagadougou, Burkina Faso (contract holder since March 2014)
Asia Pacific	International Planned Parenthood Federation – East, South East Asia and Oceania (IPPF-ESEAO) Regional Office, Kuala Lumpur, Malaysia (contract holder since 2006 as the TSF for SE Asia and Pacific and covered Asia Pacific since 2013)

The Technical Support Environment in 2014-2015

The Global Fund's New Funding Model (NFM) was revised and launched in February 2013 and then fully implemented since March 2014. In 2014 and into 2015, the number of technical support requests to the TSFs from countries increased markedly as countries embarked on the transition to the NFM.

UNAIDS adapted its technical support work to assist countries in seizing the new opportunities and managing the requirements and processes associated with the NFM. The main areas of request during this period included support for the "building blocks" of the concept note— NSP review and development, gender assessment, Modes of Transmission studies, HIV investment case development and assistance for concept note finalization. Requests for Global Fund grant implementation support dropped during this period, but is expected to increase in 2016.

The new UNAIDS 2016-2021 Strategy, is geared at achieving an ambitious but achievable set of 10 targets by 2020, including:

- 90% of people living with HIV know their HIV status; 90% of people living with HIV eligible for treatment are on ART; and 90% of people living with HIV on treatment achieve viral suppression.
- 90% of key populations, including sex workers, men who have sex with men, persons who inject drugs, transgender people and prisoners, as well as migrants, have access to HIV combination prevention services
- 90% of people living with, at risk of and affected by HIV report no discrimination, especially in health education and the workplace, and
- Zero new infections among children and mothers are alive and well
- 90% of women and girls live free from gender inequality and gender-based violence to mitigate risk an impact of HIV; and
- Overall financial investments for the AIDS response in low- and middle-income countries reach at least USD 30 billion, with continued increase from the current levels of domestic public sources

UNAIDS estimations show that if these ambitious targets are achieved, 28 million HIV infections and 21 million AIDS-related deaths would be averted between 2015 and 2030, and USD 24 billion of additional costs for HIV treatment would be avoided. Moreover, achieving the 2020 targets would set the stage for ending the global AIDS epidemic by 2030.

As countries adopt these ambitious Fast-Track targets, there will be a need to assist countries in revising strategic and operational plans to align them with the Fast Track approach, thereby facilitating achievement of the 90-90-90 targets, maintaining epidemic control, and increasing programmatic and financial sustainability.

As countries adopt these ambitious Fast-Track targets, their need for prompt, quality-assured and appropriate technical support will increase in a number of key areas to support transformative shifts like (1) frontloading an increasingly diverse bundle of investments; (2) laser-like focusing on the locations, populations and interventions that will deliver the greatest impact; (3) catalysing innovation for people who need it most; (4) leveraging regional leadership and political institutions for more targeted, sustainable and accountable responses; (5) launching a new era of intersectoral partnerships to address the determinants of vulnerability, including discrimination and gender inequality; and (6) committing to the GIPA principle (Greater Involvement of People living with HIV) and people centred accountability under the 2030 Agenda for Sustainable Development.

Mid-Term Review

Following an international tendering process the TSF contract holders are given an initial two year contract with the possibility of a two year extension based on satisfactory performance. UNAIDS would like to

undertake a mid-term review of the TSF program and is looking for a consultant team to review the entire program, with some specific reflections on each individual TSF.

Purpose of the Review

The main purpose of the review is to determine:

Effectiveness: how well are the TSFs performing in achieving their mission of providing quality-assured technical support to country partners; scaling up capacities of country partners; and strengthening regional capacities of providers of technical support? What aspects of the programme should be scaled up or down, done differently and which should be dropped? How quickly have the TSFs adapted their operations to the changing financing environment and strategic priorities in the regions [e.g. application of the HIV investment cases, the development of joint HIV and TB concept notes, adoption of the Fast Track Approach, etc.?

Relevance: how well TSF's mission, design and structure continue to be fit-for-purpose to serve the needs of partners and stakeholders, given a changing environment including the UNAIDS 2016-2021 Strategy, Global Fund NFM, funding constraints and the larger technical support landscape? How well TSF have promoted their value added, impact, unique contributions to the technical support delivery field, and their opportunities to serve a diverse range of clients and stakeholders, including civil society. How has the technical support provided through the TSFs lead to concrete results at country level? What could the TSFs do to better enhance their visibility and unique added-value in regions where an increasing number of technical support providers are emerging.

Efficiency: how well are the TSFs and UNAIDS using available resources to reach its mission? The review team will: 1) review the efficiency of the systems, processes and procedures used to deliver technical support and capacity development 2) Review the efficiency of the TSF quality assurance system of delivering technical support and capacity development activities; and 3) rapidity of responding to demands and internal clearing procedures.

Sustainability: to what extent will the benefits of technical support provided by the TSFs continue when UNAIDS support is no longer available? What are the factors influencing the achievement of sustainability of TSF services?

In addition, the review team will examine the UNAIDS structure used to guide and monitor the work of the TSF. This will include the division of labour between UNAIDS Country Offices, RSTs and UNAIDS HQ in Geneva.

Report Format:

The final report should be 20-25 pages long with annexes and follow the format below:

1. **Executive summary:** Summary of the review, with emphasis on main findings, conclusions, lessons learned and recommendations.
2. **Introduction:** Brief description of the TSF program, regions covered and their specific issues and its purpose, history, organisation and stakeholders
3. **Methodology of the review:** Presentation of the review's purpose and methodology (criteria, questions, review matrix (data collection and analysis), stakeholders participation to the review process etc.)
4. **Main findings:** Factual evidence (results) relevant to the questions asked by the review and interpretations of such evidence; provide analysis of specific contributions of technical support provided through the TSF to the AIDS response in at least 5 Fast-Track countries per region,
5. **Conclusions/Lessons learned:** General conclusions with a potential for wider application and use and specific conclusions for each region/TSF

6. **Recommendations:** Actionable proposals regarding programme improvements addressed to the client of the evaluation (UNAIDS and the TSFs) or other intended users/stakeholders. Recommendations shall include what aspects of the programme can be scaled up or down, done differently and discontinued
7. **Annexes:** Terms of reference, data collection tools, references, etc.

Key Informants for the Review

- UNAIDS HQ, RST and UCO staff
- Technical Support Facility Staff
- TSF clients (MOH, CCMs, PRs, SRs, Civil Society organizations, co-sponsors, others)
- TSF consultants
- Global Fund (TC Hub, FPM)
- Technical Support Providers (i.e. GIZ Backup, Expertise France, USG, WHO, CRG Special Initiatives, Stop TS, Alliance Hubs)

Management of the Review

The UNAIDS Senior Adviser, Technical Support, is responsible for the management of the review with support from UNAIDS Regional Focal Points. UNAIDS RSTs for Eastern and Southern Africa, West and Central Africa and Asia Pacific will facilitate access to information and provide necessary logistic/organizational support for data collection and TSF visits as necessary.

Profile of the Consultant Team

The consultant team shall have the following qualifications:

- Higher level degree (at least a Master's degree) in public health, or a social science discipline with sound knowledge of HIV and public health responses to HIV
- Extensive knowledge of (minimum of 10 years) and demonstrated relevant experience of conducting reviews and evaluations, preferably including for UN agencies
- Sound knowledge of technical support and capacity development
- Strong qualitative data collection and analysis skills
- Excellent communication, facilitation and interpersonal skills
- Demonstrated ability to work independently and in a team, with tight deadlines, prioritize and under pressure
- Ability to work in both English and French (at least one team member should be able to work in both French and English)

Background Documentation

- Request for Proposal (RFP) for the TSF Eastern and Southern Africa, West and Central Africa and Asia Pacific
- TSF Letter of Agreement (LOA) and Annexes
- UNAIDS Annual TSF Report – 2013 and 2014
- UNAIDS/TSF Summary Report for 2014 and 2015
- Approved Proposal, Work Plan and Detailed Budget
- UNAIDS Financial and Progress Reporting Format
- TSF Six Monthly Narrative and Financial Reports
- TSF External Review Reports- 2011/2012

ANNEX 2 – BIBLIOGRAPHY

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ANNEX 3 – DATA COLLECTION TOOLS

UNAIDS TSF Mid Term Review Introductory Points and Interview Templates

Introductory points for all interviews and focus groups:

The introduction will cover the following points:

Purpose of evaluation

UNAIDS has commissioned a mid-term review (MTR) of the Technical Support Facilities (TSFs) which were contracted in 2013 and given an initial two year contract (2014-2015) with the possibility of a two year extension (2016-2017). The MTR is being conducted by three independent consultants who have been contracted by UNAIDS. The purpose of the MTR is to determine:

1. The effectiveness of the TSFs and how well each is performing in achieving their mission of providing quality-assured technical support to country partners; scaling up capacities of country partners and strengthening regional capacities of providers of technical support.
2. The relevance of the TSFs mission, design and structure and whether they continue to be fit-for-purpose to serve the needs of partners and stakeholders given a changing environment including the UNAIDS 2016-2021 Strategy, Global Fund NFM, funding constraints and the larger technical support landscape.
3. The efficiency of the TSFs and how well the TSFs and UNAIDS are using available resources to reach its mission.
4. The sustainability of technical support provided under the TSFs and to what extent the benefits of technical support provided by the TSFs continue when UNAIDS support is no longer available.

You have the right to decline to answer any questions and to end the interview at any time without consequence.

The information we collect from you today will be used by us in developing our key findings and conclusions for this evaluation. However, the evaluation report will not name individuals as the source of information. The report will describe the sources of information in more general ways that will protect your confidentiality. Please be assured that we will not be disclosing information you have provided to others in a way that would identify you.

Do you have any questions about the purpose of the evaluation or this interview?

Is it OK to proceed with the interview?

Stakeholders:

- UNAIDS HQ, RST and UCO staff
- TSF staff
- TSF clients (MoH, CCMs, PRs, SRs, CSOs, co-sponsors and others)
- TSF consultants
- Global Fund (TC Hub, FPMs)
- Technical Support Providers (GIZ BACKUP, Expertise France, USG, WHO, CRG Special Initiatives, Stop TB, Alliance Hubs)

UNAIDS HQ, RST and UCO Staff**Context**

1. Can you describe the challenges and opportunities as you see in relation to the current landscape of technical support (TS)?
2. Please describe how you/your office enables the TSFs to achieve their objectives, and in particular the role you/your office plays in identifying, scoping, quality assuring and monitoring performance of TSF provided TS?
3. In supporting the UNAIDS Fast Track strategic objective or the Global Fund NFM what do you see as the critical contributions of the TSF? Please give examples and highlight specific areas where TSF expertise was helpful.
4. How do the respective roles of HQ, RST and Country Office work with each other in the delivery of the TSF and UNAIDS agendas?
5. What could be done better and/or differently, by UNAIDS in general and your office in particular, to facilitate the work of TSFs?
6. What are the needs and/or opportunities in the near-term for TS that would help support achieving the UNAIDS strategy? What changes may be needed in the TS strategy, system and modalities to enable the TSFs to perform their strategic role?
7. As countries move along the continuum from building investment cases to concept note development to grant implementation, what TS will be needed? Do you think the TSFs currently have capacities to provide the needed expertise? If not what other TS options are available?

Relevance

8. What do you see as the TSFs niche or comparative advantage over other TS providers?
9. What in your view should be the main technical areas of focus of the TSFs?
 - a. In which stated focus areas for TS provision by the TSFs are the TSFs perceived to be doing well most consistently as determined by impact in terms of country results?
 - b. In what areas are they not so effective/more inconsistent?
10. In your opinion, what aspects or areas of TS should be scaled up or down, done differently and which should be dropped? Are there any areas where TSFs can unequivocally claim a competitive and/or comparative advantage?
 - a. Could focusing on these areas help shape a more effective and “niche” expertise for the TSF and help to raise its profile?
11. How could the TSFs better market their services and better position themselves as effective providers of TS vis a vis other TS providers? In your experience, what are the main factors that dictate different clients’ choice of TSF-TS as the preferred option? (prompt: quality assurance, timeliness, funding, the UNAIDS imprimatur)
12. Is there among the different stakeholders (TS clients, development partners, and also Co-sponsors) a coherent and shared understanding of the TSFs’ identity and stated role, especially with regard to its focus areas for TS? And by the same token are there in your experience different expectations by different stakeholders of the TSF’s contribution in support of effective country responses?

13. What do you see as the emerging areas of TS needs by country partners?
 - a. How well equipped do you believe the TSFs are in terms of processes and resourcing to respond to these emerging areas of need?
 - b. Are other TS providers possibly better placed to respond to emerging areas of TS needs?
14. (For UCOs) Are there any unmet areas of TS needs that should be a priority for this country over the next two years?
15. (For RST): Are there significant differences in demand for TS between countries in the region? If so, what are the main reasons for such difference?

Efficiency

16. What do you see as the value of TSF TS to country partners, both in a monetized sense (value for money) and non-monetized sense (strategic value)?
17. Are there any of the current TSF processes in sourcing, funding and delivering TSF-TS that can be done differently in order to enhance value-for-money? Are there any lessons learnt across different regions that offer pointers in this regard?
18. Is there potential to advocate for and develop a division of labour amongst the major TS providers that would create better efficiencies in the delivery of TS to country partners, playing to the niche strengths and specializations of the respective TS providers?
19. How effective is the coordination of TS among the TS providers and the collaboration between those that are engaged in the same programme areas? How is UNAIDS performing in this regard at the different levels? Are there good examples of coordination at regional and country level?
20. Are the conditions and modalities attached to accessing the TSF and the draw down funds ensuring that TS is provided as a lever for achieving UNAIDS' broader strategies? Should there be modifications?

Effectiveness

21. From your experience, what do you consider as the key factors and operational steps in a successful TSF assignment? Can you point to any specific examples?
22. What are the most common reasons for assignments that are deemed less successful?
23. (For UCOs) What is the in-country mechanism being followed to identify TS needs of partners?
24. (For UCOs) Is the current mechanism of identifying TS needs from the country partners working well or is there any scope for improvement? Do you have any suggestions?
25. (For UCOs), TS provision is usually for one piece of work/task. What modalities can TSFs have to strengthen the continued value of single pieces of work?
26. (For UCOs) Are we able to address all crucial TS requirements related to Global Fund grant implementation partners (PRs, SRs) and the UNAIDS Fast Track Initiatives?
27. (For RST and UCOs) Could you provide examples of how TSF TS has contributed to country and regional capacity development for the provision of relevant, quality TS to countries and/or how TSF TS is contributing to improving access to quality services for treatment, prevention, care and support?

Sustainability

28. Do you consider the results of TSF TS sustainable in the sense of having a longer term impact or change effect? If so why, and if not why not? What are the main threats? Are there any opportunities?
29. How sustainable is the current TSF model and TSF modus operandi? Which aspects do you see as robust? Which ones are most fragile and why?
30. What are the main facilitating factors for effective TS coordination and the major constraints? (Prompt: UNAIDS role in buttressing strong national leadership/ownership etc.)

Additional questions for Co-sponsors

1. What are the Co-sponsors' expectations of the TSFs in the provision of TS at country and regional level?
2. To what extent do the Co-sponsors own and support the TSFs?
3. How effectively does the TS provided by TSFs in their priority areas complement that which devolves to the Co-sponsors in the UNAIDS division of labour? How are resources for TS for UNAIDS distributed (within UBRAF)?
4. Are there any examples of collaboration/coordination in the provision of TS from TSFs and Co-sponsors at country and regional levels?
5. Have there been any instances of competition/ duplication?
6. Are there robust coordination mechanisms for TS at the country and regional level and what are the roles of UNAIDS staff therein?

TSF Staff**Relevance**

1. In your opinion, are there priority countries in the region that are not well-served by the TSF? Why? What are barriers in these countries (e.g., language, low interest of UNAIDS Country Office, presence of other TS providers etc.) that reduce their access to TS?
2. What do you see as the TSFs niche or comparative advantage over other TS providers?
3. How do you undertake TS demand forecasting and trend analysis?
 - a. By the end of the TSF current contract period how many TS
 - b. What are you seeing as trends over time in terms of the areas of most demand for TSF services?
4. In your opinion, what aspects or areas of technical support should be scaled up or down, done differently and which should be dropped? Would focusing on certain areas help shape a more effective profile of expertise of the TSF?
5. What do you see as the priority areas for TS support to GF recipients and country partners in the remaining two years of the TSF contract?
 - a. Any emerging or anticipated trends in TS needs
6. How do you promote and market TSF services?

7. What could the TSFs do to better enhance their visibility and profile in regions where an increasing number of TS providers are emerging?

Efficiency

8. What are the key cost drivers in the program?
 - a. Operational/Direct costs (program costs – consultant fees etc.)
 - b. Direct support costs (administration costs including logistics costs)?
 - c. Indirect costs
9. How does the TSF program actively manage program costs?
10. Do you have any process maps that detail how you respond to demand and manage the internal clearing process?
 - a. If not, can you please describe this process?
11. Is the HR and staff structure of the TSF/Host Organization appropriate to manage the work load?
12. What is the total number of consultants on the TSF database
 - a. How many of these consultants have been utilized on TSF assignments?
 - b. What is the range of assignments consultants have undertaken (i.e. 0<)?

Effectiveness

13. Please describe the process for quality assurance of consultants and performance?
 - a. Quality at entry
 - b. What is the average turn-around time for processing, approval and deployment of consultants into the field?
 - c. Quality at exit (post-assignment lessons learned capture and application of this knowledge)
 - d. What percentage of consultants underperform and how do you respond?
14. Describe the process for Quality Assuring technical support?
 - a. What resources are deployed to technically support field teams?
 - b. What roles/s do the UNAIDS Country Office and RST play in ensuring quality of TS before, during, and after technical support process?
15. What do you see as the opportunities for process improvement in TS QA?
16. What are the key factors that result in a successful TSF assignment and the key factors contributing to less successful assignments? (Prompt: country related, TS related, etc.)
17. How do you determine the mix and size of a TSF consultant team and the length of each assignment?
 - a. What is the average size of a consulting team for TSF
 - b. What is the average length of assignments? What has been the longest duration of a TS assignment? What was the reason for this?
 - c. What are the barriers to multi-consultant teams for complex assignments?
 - d. Are there demands for having longer-term consultancy assignments and what would be the barriers/challenges to meeting long-term TS needs?
18. Do TSF consultant teams work with/collaborate with other organizations in the provision of TS?
 - a. To what extent and for what purpose?

- b. Do TSF teams try to link country clients with others who can provide medium to longer term capacity building to build on the short term work done by the TSF? In which areas have you noted where collaboration with other TS providers is needed?
19. How does the TSF capture lessons learned from TS assignments?
 - a. How are these lessons applied? Evidence of change resulting?
 - b. Do you share lessons learned with others and are there systems in place? (UNAIDS, GF Secretariat, other GF TS providers, etc.)
 20. How does the TSF coordinate and share information with other TS providers/programs such as Expertise France, GMS (USAID), GIZ BACKUP, WHO, RBM, Stop TB Partnership?
 21. What challenges has the TSF faced in responding to the changing landscape of TS provision and UNAIDS and GF policy positions (e.g. application of HIV investment cases; the development of joint HIV and TB concept notes; adoption of the Fast Track Approach, etc.?)
 - a. How quickly and effectively has the TSF adapted their operations to the changing financing environment and strategic priorities in the region?
 22. Can you describe the profile of your consultant database? Which areas of expertise do you consider your strongest? Your weakest?
 23. Do you feel supported enough by the management of the TSF, your host organization and UNAIDS?
 - a. Which are the areas that you would like to see some improvements?
 - b. What would be your suggestion to make the TSF function more effectively?

Sustainability

24. Can you describe how you work with UNAIDS and the role of UNAIDS in providing technical support to the work of the TSF
 - a. How effective is this approach in ensuring the provision of timely and quality TS?
 - b. What aspects do you consider as most helpful in facilitating your work?
 - c. Are there any aspects which you would modify and, if so, what would you do differently?
25. Describe your approach to capacity development of TS recipients?
 - a. Can you point to evidence of sustainable capacity development change in country clients (e.g. CCMs, PRs etc.)?
 - b. In what areas have you systematically developed consultants' capacities? How were these areas selected? Which new skills areas do you foresee requiring capacity development?
26. To what extent is the TSF building institutional capacity and how do you do this?
 - a. What are the results (evidence)?
27. What are the factors influencing the achievement of sustainability of TSF services?
28. What opportunities exist to develop new and more economical modes of TS delivery?

Broader Context

1. Can you describe the current landscape of TS?
2. There is an expectation for TS to support the UNAIDS roles of partnership building, pushing the political agenda, and high-level advocacy. Is this a fair or realistic expectation given the present TSF system and modalities?

3. In supporting the UNAIDS Fast Track strategic objective or the Global Fund NFM what do you see as the critical contributions of the TSF? Please give examples and highlight specific areas where TSF expertise was helpful?
4. What could be done better and/or differently by UNAIDS in general and your office in particular, to facilitate the work of the TSFs?
5. What are the needs and/or opportunities in the near term for TS that would help support achieving the UNAIDS strategy? What changes are needed in the TS strategy, system and modalities to enable TSFs to perform this strategic role?
6. As countries move along the continuum from building investment cases to concept note development to grant implementation, what TS will be needed? Do you think the TSFs currently have capacities to provide the needed expertise? If not what other TS options are available?

TSF Host Organization

1. How does your host organization as the manager of the TSF interact with the various UNAIDS offices?
2. As the lead of the host organization that is managing the TSF, what are the tangible benefits to your organization of hosting the TSF?
3. Have you faced any specific challenges in managing this TSF?
4. Do you want to see any changes in the program, policies and management of the TSF?
5. Do you have any specific suggestions for UNAIDS to consider in terms of the structure, purpose or management of the TSF?

TSF Clients

Context-setting

1. What was the specific purpose of the technical support?
2. What did you expect to be the result? How did you intend to use the result/s of the technical support?
3. Were you already familiar with the TSF's services and, in particular, with its stated priority areas for provision of TS?

Relevance

4. Why did you request TS for the assignment which was carried out by the TSF and how did you go about determining exactly what type of TS you needed?
5. Was the TSF your preferred choice? What did you hope to gain from the TS? Why choose the TSF for assistance? Specifically, what type of TS did you request?
 - a. NSP
 - b. Governance: NAC ; CCM governance and oversight
 - c. Situational Analysis/Epidemic Assessment
 - d. Strategy Development and Resource Mobilisation
 - e. Program Implementation and Systems Strengthening

- f. Monitoring and Evaluation
 - g. Civil Society Strengthening
 - h. Others
6. Why did this area need TS? How did it fit into the overall national response?
 7. Have you had recourse to other TS providers in this area before or since?
 8. Given the broader national response, what other areas do you see where you may need further TS? Which TS provider would you consider as most appropriate to provide this type of TS? Why?
 9. Given what you know of the TSF structure and its services and the capacity and services offered by other providers, what do you think would be the main arguments for TSFs to continue to play a pivotal role in TS provision?
 - a. If so, in what areas?
 10. What other TS providers have you received assistance from previously?
 - a. How did the TSF compare in terms of quality; effectiveness; impact and sustainability compared to other TS providers you have worked with?

Effectiveness

11. How responsive and accessible was the TSF to your TS needs?
 - a. What were any barriers or constraints in accessing or making effective use of TS?
12. What factors facilitated accessing the TS and its delivery?
 - a. Was the TSF flexible in the way it responded to your TS needs? How? (including response to needs identified subsequent to the TS request/when the TSF consultant arrived in-country)
 - b. Did the TS achieve its objectives and what happened as a result of the TS?
 - c. In addition to deliverables and immediate outputs achieved by the end of the TSF assignment, were there any longer term outcomes? (e.g., capacity development outcomes, improved governance/management, improved grant performance etc.)
 - d. Do you consider these results sustainable? Why/why not? Evidence of lasting change?
 - e. Did the TSF team help you to develop tools, instruments, plans, or materials for your work? If so, what was developed? Are they useful? Does your organization still use the tools?
13. What did you think of the way that TS was provided by TSF? (Prompts: Well organized? Did TSF consultants facilitate you to be the primary problem solvers of issues? How did they do this? Describe the approach of the consultant. Was their approach effective? Or did they do most of the work? Did you feel that the timeframe was appropriate for the type of TS requested?)
 - a. What did you like best about the way the TSF consultant team approached the task?
 - b. What did you like least?
 - c. How could TSF improve how it provides TS?
 - d. Did the TSF consultant team work with you to understand your needs so that their TS was tailored to your situation? How did they do this and was it effective?
 - e. Did you have any interaction with the TSF HQ team? If so, what form of interaction did they take?
 - f. Were you aware if the TSF HQ team provided appropriate support for the consultant(s) during the mission?

Efficiency

14. What is the value of TSF technical support from your perspective both in a monetized sense (value for money) and non-monetized sense (strategic value)?
 - a. Compared to other TS providers you may have worked with, what is the comparative advantage of the TSF over other TS providers (i.e. what is it that the TSF may do better than other TS providers?)
15. How well was the TSF team supported in the field during the assignment by the TSF host organisation?
16. Did the TSF TS team consult with or work with other TS providers at the country level? Was this needed? Was any consultation or joint work effective?
17. What roles did the UNAIDS Country Office and the RST play before, during, and after the delivery of the TS? Were there any other needs for their support?
18. What ways/means were in place to ensure the quality of the TS? How satisfied were you with these ways/means?

Sustainability

19. Can you describe any capacity building/development outcomes or longer term change effects or benefits emanating from the TSF TS?
20. Have any bilateral and multilateral development partners supported medium to longer term capacity building to build on the short term work done by the TSF? How?
21. How would you like future TS to be delivered?
 - a. What alternative types of TS modality would you suggest for enhancing efficiency and cost effectiveness?
 - b. What alternative types of TS modality would you suggest for enhancing sustainability?
22. As you move forward with implementing the national response, what challenges do you see in securing and accessing needed technical support? What areas are emerging as priorities for technical support?

Profile

23. What could the TSFs do to better enhance their visibility and profile against other TS providers?

Broader Context

1. What did you see as the critical contributions of the TSF in, for example, supporting the UNAIDS Fast Track strategic objective or the Global Fund NFM? Please give examples and highlight specific areas where TSF expertise was helpful, e.g., expanding service coverage to left-behind groups? Could these contributions have been made by other TS providers?
2. As your country moves along the continuum from building investment cases to concept note development to grant implementation, what TS will you be needing? Do you think the current TS modality of short-term assistance facilitates your need for a range of various expertise, depending on what phase your country is in? If not, what other TS options are available for you?
3. What are the needs and/or opportunities in the near-term for TS that would help the country achieve the Fast Track strategy? What changes are needed in the TS strategy, system and modalities to enable TSFs to perform this strategic role?

1. Participant introductions to cover:
 - a. How long have you been a TSF consultant?
 - b. How many TSF assignments have you undertaken?
 - c. In what roles?
 - d. How many other team members were there on the assignments you have participated in?
 - e. Have you worked for other TS providers? If so whom?
 - i. How was that different from working with the TSF?
2. How effective is the TSF in preparing consultants for assignments?
 - a. Explain the process
 - b. What do you consider the strengths/weaknesses/areas for improvement?
 - c. How does the preparation process compare to other TS providers you may have worked for?
3. How adequately prepared are you prior to your first trip on a new assignment? Strengths/weaknesses/areas for improvement? (Check for confidence and preparedness for working in new country contexts.)
4. Please explain the process at end of assignment for debriefing with the TSF or any other post-assignment engagement with the TSF?
 - a. Following an assignment do you receive any feedback from TSF? Do you find this feedback useful?
5. How does TSF go about providing back up support and supervision for teams on assignment?
 - a. What are the strengths or weaknesses of the TSF approach to technical back up?
 - b. Are there any areas for improvement you could recommend regarding back up support?
6. Comparing the scope of works for the assignment you received pre-assignment and what you found to be the case when in-country was there any variance?
 - a. If so how did you manage or respond to this?
7. On trips do you work with other organizations beyond the immediate client (national, development partners, other TS providers)?
 - a. To what extent and for what purpose? Probe: do you try to link the client with others who can provide medium to longer term capacity building to build on the short term work done by the TSF?
8. What challenges have you met while on assignment? Are there mechanisms available for you to overcome these, in order to ensure you are able to deliver on your assignment?
9. To what extent have your TSF assignments met their objectives?
 - a. What happened as a result of the TS?
 - b. Do you consider these results sustainable? Why/why not?
 - c. In addition to deliverables and immediate outputs achieved by the end of the TSF assignment, are you aware of any longer term outcomes that flowed from the immediate results?
10. What do you consider to be the strengths and weaknesses of the TSF way of delivering TS?
 - a. What improvements could be made?
 - b. To what extent do the TS recipients meaningfully participate in and own the TS or is there an expectation that the TSF team will do everything? (Please provide examples).
 - c. How could the cost effectiveness of TSF TS be enhanced?

- d. How could the sustainability of results from TSF TS be enhanced?
 - e. Views on balance between short, medium and long term TS.
 - f. From any work you have done, what do you consider to be the comparative strengths and weaknesses of the TS modalities of the TSF?
11. Do TSF consultant teams and the TSF Head Office capture lessons learned from your assignments?
 - a. How is this done?
 - b. How is this information used by consultants and the TSF?
 - c. What evidence is there of how lessons learned are used and what changes have there been?
 12. To what extent do you think that the TS recipients depend on you for decision making?
 - a. As a consultant, how do you go about creating ownership of the process and the product of the TS support?
 13. What have been the most significant TS needs during your time on TSF assignments?
 14. As the countries move along the continuum from building investment cases to concept note development to grant implementation, what TS will be needed?
 15. How would you like future TSF TS to be delivered?
 - a. What alternative types of TS modality would you suggest for enhancing efficiency and cost effectiveness?
 - b. What alternative types of TS modality would you suggest for enhancing sustainability?
 16. What could the TSFs do to better enhance their visibility and profile in regions where an increasing number of TS providers are emerging?

Global Fund

FPMs

1. Can you describe how you work with the UCD and UCO?
2. What contact do you have with TSF on a regular and episodic basis?

Relevance

3. Given what you know of the TSF structure and its services and what you know of the capacity and services offered by other providers, what do you think would be the main arguments for TSFs to continue to play a pivotal role in TS provision? if so, in which areas?
4. What is the strategic value of TSF TS to the GF?
 - a. How is it valuable?
5. From your experience with the TSF, what did you see as their specific contribution in helping countries move towards the Fast Track strategy? Please give examples and highlight specific areas where TSF expertise was helpful?
6. What do you see as the particular niche or comparative advantage of the TSF compared to other TS providers?

7. How well have the TSFs promoted their added value and impact to the TS delivery field?
8. What could the TSFs do to better enhance their visibility and unique added-value in regions where an increasing number of technical support providers are emerging?

Effectiveness

9. What is your perception of the quality of TS provided by the TSFs?
 - a. Did the TS achieve its objectives? If not, why not?
 - b. Was the TSF flexible in the way it responded to the TS needs in this country? How? (including response to needs identified subsequent to the TS request)
 - c. What was the outcome as a result of the TS?
 - d. In addition to deliverables and immediate outputs achieved by the end of the TS assignment, were there any longer term outcomes? (e.g., improved governance/management, improved grant performance etc.).
 - e. How has the TS provided through the TSFs led to concrete results at the country level?
 - f. Do you consider these results sustainable? Why/why not?
10. Do you receive reports from the TSF after trips and assignments have been completed? How do you use those reports? Does TSF have any confidentiality obligations to country partners (e.g. CCMs, PRs) which constrain their communication with you?
11. How quickly and effectively have the TSFs adapted their operations to the changing financing environment and strategic priorities in the regions (e.g. application of HIV investment cases; the development of joint HIV and TB concept notes; adoption of the Fast Track Approach, etc.?)

Efficiency

12. What do you see as the value of TSF TS to country partners, both in a monetized sense (value for money) and non-monetized sense (strategic value)?
13. Does the TSF represent good value for money from a client perspective in comparison to other forms of like-TS?
14. Can you see any cost savings/efficiency opportunities from the TSFs?
15. What is your view on the appropriateness of the size of TSF consultant teams? (too small/large/about right)
16. How efficient is the TSF Quality Assurance system of delivering technical support and capacity development activities?
17. Based on what you have observed, do you think that the TSF TS model can be improved? How?

Sustainability

18. To what extent will the benefits of technical support provided by the TSF's continue when UNAIDS support is no longer available?
19. What are the factors influencing the achievement of sustainability of TSF services?

Future Directions

20. What key changes do you anticipate in the next GF Strategy and how that will be operationalized?
 - a. How will these changes affect TS needs (new TS needs/changes in TS needs)?
 - b. What changes are needed in the TS strategy, system and modalities to enable TSFs to perform this strategic role?

21. How would you like future GF TS to be delivered?
 - a. What alternative types of GF TS modality would you suggest for enhancing efficiency and cost effectiveness?
 - b. What alternative types of GF TS modality would you suggest for enhancing sustainability?

Global Fund

Technical Cooperation Hub/Implementation Through Partnership

1. What has been your degree of involvement with the TSFs and in what areas?
2. What are your responsibilities for technical cooperation in your work in the GF?
3. What is your perception of the quality of TS provided by the TSFs?
 - a. In your experience, does the TS achieve its objectives in the delivery of TS? If not, why not?
 - b. Is the TSF flexible in the way it responds to the TS needs of country partners? How?
 - c. What has been the outcome of TS provision to country partners in terms of impact?
 - i. In addition to the deliverables and immediate outputs achieved by the end of the TS assignment, were there any longer term outcomes? Can you cite examples?
 - ii. Do you consider these results sustainable? Why/why not?
4. How does the TSF compare to other TS providers in terms of quality, effectiveness and results?
5. What do you see as the key strengths, weaknesses and challenges of the TSFs work?
6. In what ways could the TSFs strengthen their work?
7. What do you see as the particular niche or comparative advantage the TSF TS has in providing TS to Global Fund recipients?
8. What do you see as the value of TSF TS to country partners, both in a monetized sense (value for money) and non-monetized sense (strategic value)?
9. To what extent is the results of the TSF TS sustainable?
 - a. What are the factors which contribute to sustainability?
10. What are the key TS needs for countries that will be transitioning out of the Global Fund?
 - a. Which TS providers are currently meeting those needs?
 - b. Is this a growing area of demand?
11. What do you see as the priority areas for TS to CCMs and PRs over the short to medium term (0-5 years)?
 - a. Are there any emerging or anticipated trends in TS needs?
12. What are the key changes that you anticipate in the next Global Fund strategy and how will these be operationalized?
 - a. How will this affect TS needs?
 - b. What changes are needed in the TS strategy, system and modalities to enable TSFs to perform this strategic role?
13. How would you like future Global Fund TS to be provided?

- a. What alternative types of Global Fund TS modalities would you suggest for enhancing efficiency and cost effectiveness?
- b. What alternative types of Global Fund TS modalities would you suggest for enhancing sustainability?

Other Technical Support Providers

1. Please describe the nature of your Technical Support (TS) to the Global Fund and country partners
 - a. What types of assistance/areas of work does your organization provide to GF and country partner recipients?
 - b. Have there been occasions where TS funded by your organization has preceded, collaborated with or followed TSF work?
 - c. In which areas do you consider having comparative advantage?
2. Does your organization have any engagement with the TSFs and/or UNAIDS in relation to TS provision and capacity development?
 - a. If yes, is the nature of the engagement through a formalized mechanism or on an ad-hoc opportunistic basis?
 - b. If yes, what is the nature of that engagement and how does your organization and UNAIDS/TSF work together?
 - c. Has the TSF or UNAIDS or any national body (NAP, CCM) sought to coordinate assistance in collaboration or consultation with your organization
 - i. If so how is this coordination or collaboration managed or arranged?
3. Has your organization ever used TSF quality assured consultants on TS assignments in support of Global Fund recipients (e.g. CCM, PR, SR, SSR etc.) or country partners?
 - a. If yes, what has been your views on the quality and technical competence of TSF qualified consultants?
4. Are there ways that the TSF's could work more effectively with:
 - a. the Global Fund
 - b. Global Fund funding recipients
 - c. Country partners
 - d. your organization
5. What are the implications of recent changes to your organization? Does this mean there will be changes moving forward?
 - a. (For Expertise France) The re-branding and structural change into Expertise France?
 - b. (For GIZ) Resumption of funding and changes to your geographic and technical focus areas?
 - c. (For GMS) Outcome of the recent review?
6. How effective is the coordination of TS among the TS providers and the collaboration between those that are engaged in the same program areas? How is UNAIDS performing in this regard at the different levels? Are there good examples of coordination at regional and country level?
7. Is there possibly a natural division of labour between TS providers built on specializations (e.g. UNAIDS NSP development; GMS grant making; GIZ CCM Secretariat support and civil society strengthening etc) that could improve TS efficiency and effectiveness?
8. Most GF TS providers focus on short term TS. Is there a need or demand for longer-term forms of TS? If so, what form might this TS take?

9. Is it reasonable to expect any long-term capacity development or sustainability from short term TS?
10. What do you see as being the current priority needs of GF recipients in terms of TS needs? What are the priorities for capacity development?
11. In the longer term, what do you see as being the future needs or areas of unmet need of GF recipients in terms of TS?
 - a. Do you consider the TSF as having the necessary skill sets and experience to meet these needs?
12. How do you measure the results of your TS in terms of immediate deliverables and medium to longer-term outcomes?
13. Are there alternative TS modalities that may be more effective in support of GF objectives, particularly in light of the NFM architecture, than the TS models currently employed?
14. How are consultants sourced and accredited through your system?
15. If your organization engages consultants to provide TS to GF recipients or country partners what type of training or pre-mission QA processes do you follow to prepare consultants for missions?

ANNEX 4 – REPORT ON THE REGIONAL TSFS

4.1 The Technical Support Facility in Asia Pacific

Context

The Technical Support Facility – Asia Pacific (TSF-AP) is managed by the International Planned Parenthood Federation’s (IPPF) East and South-East Asia and Oceania Regional Office in Kuala Lumpur, Malaysia. IPPF have been the host organization to the TSF-AP since its inception in 2006. The facility initially covered South East Asia and the Pacific area but later expanded to include South Asia in 2012 and now covers 38 countries.

The HIV profile of the region is characterized by a concentrated epidemic amongst KPs whom represent a growing proportion of new infections, particularly amongst men who have sex with men (MSM). There were an estimated 5 million people living with HIV in the region and an estimated 340,000 new infections in 2014, with the number of new infections rising by 3% over the period 2010-2014. Regionally, twelve countries carry 90% of all cases with China, India and Indonesia accounting for 78% of new infections²¹.

Key challenges include expanding HIV diagnostics through community led approaches to address low rates of testing and combined prevention services particularly for those most at risk. A key challenge is addressing law reform and stigma and discrimination. Punitive laws prevent services reaching and being accessed by KPs. Same-sex activities are criminalized in 18 countries in the region as is sex work in 33 countries²². Only one in three members of KPs have taken a HIV test there is limited funding of prevention services.

A number of countries are transitioning towards Middle Income Country (MIC) status and graduation from ODA at a time of declining donor presence. TS may be required to support transition, particularly in the areas of sustainable financing and the strengthening of health systems to take on the costs and roles of externally funded programs in areas such as logistics, PSM, civil society programming, human resources and M&E²³. The TSF-AP is one of few facilities active in the region specifically supporting NACs and GF processes. Expertise France is active in six francophone associated countries²⁴. The volume of GMS work is low and GTZ has moved its focus to Africa. Whilst PEPFAR have significant programs in some countries and WHO have been supported to provide TA in areas of epidemiological analysis and country dialogue for joint TB-HIV Concept Notes, the TSF-AP remains the “last man standing” and is seen, as one informant described it, as the “go to” organization for HIV related TS.

Effectiveness

The TSF-AP suffered from high staff turnover in 2014 emanating from a decision by IPPF to align TSF-AP staff conditions with internal IPPF standards. These staffing changes and the challenges of recruiting new Programme Managers, which was not completed until the after the first quarter in

²¹ The 12 countries are China, Cambodia, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand and Vietnam.

²² HIV Law Commission. Punitive laws hindering the response in Asia and the Pacific (October 2014).

²³ Pearson M and Mundy J, Graduating from global health programme financing. Lessons learned and future challenges in the Asia Pacific region. Paper presented at the 2015 Australasian Aid Conference. 2015.

²⁴ The six countries are Cambodia, Lao PDR, Myanmar, Thailand, Vanuatu and Vietnam.

2015, had some impact on the quality of support provided to partners and consultants through the assignment process chain. The result was an inconsistent approach to managing the TS mobilization and client relationship management processes and a lack of continuity of contact points for clients and consultants within the TSF.

The situation has stabilized from mid-2015 under the able leadership of the Interim Director. The recruitment over the past twelve months of experienced Programme Managers has raised the quality of engagement with clients and consultants according to informants to this review. Remarkably though, despite the staffing ructions, the volume of activity remained high. The TSF-AP has performed well against outputs targets. In the current contract period they have facilitated 204 assignments (136% of target) with 6,778 days of TS (129% of target). Whilst the number of assignments declined in 2015 over 2014 this reflected a particular spike with the NFM needs peaking in 2014. There has been a strong GF focus with three quarters of assignments completing components of GF processes, including Concept Notes. All regions have been broadly represented in the distribution of funding (South Asia 28%; East and South East Asia 35%) with the exception of the low demand Pacific (4%). Regional organizations have attracted nearly a third of funding (32%).

Generating fee paying clients has been less successful. Against a target of 45 over the current contract period the TSF-AP undertook 9 paid assignments. It is unlikely that the ambitious contracted targets of 30% will ever be met under the current TSF host configuration given the low demand for fee paying consultancy services caused by ongoing access to grant TA and the preference of potential clients to source their own consultants.

The TSF has built strengths in particular niches including the preparation of National Strategic Plans (NSPs) and Investment Cases with 17 completed during the current contract period. The TSF-AP has been particularly effective in the development of Concept Notes achieving a very high success rate (89%) of the 17 Concept Notes supported and contributing to the securing of \$2.1bn in grant funding for a cost of \$0.77m, including \$0.49m in consultant fees. In other words, for every \$1 spent on TS funding \$2,664 has been unlocked for grant recipients, the best rate of return across all TSF regions.

Another key success of the TSF-AP has been in supporting the organizational development needs of CSOs. Building on strong strategic focus and relationships developed through the lead of the RST, the TSF-AP has developed considerable expertise in the organizational capacitating of CSOs to qualify as PRs and SRs at regional and country levels. Considerable success has been achieved with KP CSOs representing transgender and sex workers in particular. The longer-term placement of an adviser to the Asia Pacific Network of Sex Workers (APNSW) has demonstrated a successful partnership approach to meeting needs that could serve as a model for future assistance to CSOs in other regions. It has proven relatively cost effective and has engendered important embedded gains in organizational and program management capacities that has qualified the APNSW for SR grant funding.

The TSF-AP has been less successful in cross cutting support to CCMs in governance and oversight strengthening. Eight assignments have been undertaken in this period. A particular success of this form of assistance has been support to the Pacific Islands Regional Multi-country (PIRM) CCM. In this case the TSF-AP provided one of the few means of support available to the client and highlights the value the TSF-AP has to Pacific clients in a region where there is a limited donor presence for GF support.

The TSF-AP has been similarly less successful in building the capacity of country partners and the professional development of national and regional consultants. This is attributed in the reporting to staff instability and gaps in having a dedicated Focal Point within TSF-AP. Whilst this has resulted in a limited number of capacity development (CD) activities, some important CD undertakings for country partners have occurred during the contract period. These include strengthening community based HIV testing in Pakistan, strategic planning for positive women network in India and training on the stigma index for FJN+.

Feedback on the quality and utility of the training of consultants has been mixed. Consultants generally consider accreditation of training to be an important yardstick of training credibility. There are better credentialed, specialist organizations in the region whom the TSF-AP has sought to partner with for the provision of training such as the Empower School of Health. This is a positive development towards improving the value and relevance of CD activities and should be the continued mode for delivery of capacity development. A more aligned focus is also needed which links CD activities to the UNAIDS strategic agenda such as Fast Track and that seeks to utilize CD to embed, reinforce and activate TS.

There is presently a proposal by IPPF to move the TSF-AP office to Bangkok. In light of the previous disruptions, UNAIDS should engage IPPF at a senior level to understand the possible implications for management of the TSF of this proposal and to seek a mitigation strategy to ensure TSF services are not affected were this to occur.

Relevance

The TSF-AP remains relevant and its services are in high demand as demonstrated by the 204 assignments conducted in the current contract period to the end of 2015. The TSF-AP is a high volume STTS provider compared to GMS (8²⁵) and EF (27²⁶). The TSF-AP will continue to occupy a large share of the STTS market in the region as donor retreat from the region leaves a large unmet demand for TS services.

The key challenge for TSF-AP will be positioning itself to “stay ahead of the curve” in better anticipating TS needs in the region and remaining relevant to clients through a partnership approach facilitated by UCOs and the RST with country and regional partners including CSOs. Deeper engagement with PEPFAR may provide the opportunity for the TSF-AP and UNAIDS to move into supporting grant implementation where TS can contribute to the scale up of prevention, testing and treatment services in line with the Fast Track targets for the 11 priority countries in the region.

2017 will be a year of anticipated high demand for TSF-AP services through a coalescing of grant implementation and a new Concept Note development cycle. It is important that the TSF-AP is recalibrated in the meantime to respond effectively to what will likely be a surge in demand for its services across current and new fronts of activity. Countries expected to embark on Concept Note development from mid-2016 will include India, Indonesia, Pakistan, Vietnam, Cambodia, Malaysia, Myanmar and Lao PDR. Grants will also close at the end of 2017 in PNG, Thailand and Philippines.

²⁵ Covers GMS Year 3 (October 2014 to September 2015) activities.

²⁶ Channel 1 short-term expertise missions. There have been an additional five Channel 2 projects funded.

Regional CSOs who have been supported by the TSF-AP to qualify for grant recipient status will move into grant implementation over the same period requiring support for cross cutting as well as technical needs. These could include ongoing organizational development, financial and program management, M&E and building the performance management as PRs of SRs. In the emerging landscape greater emphasis will be needed on community service delivery that will require a strategic shift from the facility based service delivery model. The TSF-AP has built strengths in supporting community based organizations and programs and should be well placed to support the development and scaling up of these new models.

It is pleasing that the current leadership of the TSF-AP is focused on these potential new frontiers as articulated in the Work Plan 1 January – 30 June 2016. The TSF-AP will need to build on its areas of strength to support implementation needs that may include both management support to PRs but potentially also support for technical areas. This could include supporting recalibrated approaches throughout the prevention cascade including introduction and scaling of biomedical interventions (PrEP), providing one stop services for KPs and scaling up community led counseling and testing. It will need to ensure that it maintains capability to respond to the new Concept Note funding window as may be required. And the TSF-AP will also need to be alert to the leadership role that will be required of UNAIDS to support country program sustainability and transition from ODA to domestic financing. Potential areas of TS demand may include further support for developing Investment Cases and activating them in those countries who need support with domestic mobilization.

The TSF-AP develops considerable leverage and political capital for UNAIDS in the region. Bringing money to the table is an important point of difference between UNAIDS and other agencies in a region that has witnessed rapid bilateral donor decline in recent years. Building on the work of the TSF-AP with KP CSOs provides an avenue for UNAIDS to pursue its advocacy agenda of legal reform and anti-stigma and discrimination, the use of enhanced technologies to promote access and addressing gender in-equalities in service access and delivery. There are good examples of UNAIDS synergistically leveraging off TSF-AP TS to take a convening role (Afghanistan), get entry to wider health systems strengthening discussions (Pakistan) and provide leadership to enable regions to expand services (Pacific).

To remain relevant, the TSF-AP needs to reposition and reconfigure to expand from its current narrow focus on supporting GF process compliance to supporting cross cutting and technical needs of grant implementation partners, many of whom have been supported to quality as PRs and will require ongoing support through grant implementation. This will require a shift towards a strategic partnership approach, building closer working relations at the country partner and regional partner level to map and plan TS needs. It will require the support of UCOs and the RST to facilitate access to country partners and development partners including the GF, PEPFAR and USAID to leverage resources and identify strategic interventions that the TSF-AP can support in grant implementation to affect the Fast Track scale up agenda. There are potential cost savings and coordination benefits that could be gained through closer collaboration with USAID and development partners.

The TSF-AP is right to highlight the low demand for services from a number of Fast Track priority countries in the region. This needs to be addressed and TAF funding better aligned to the Fast Track targets for this funding to support the strategic objectives of scale up. If UNAIDS is going to give effect to the roll out of Fast Track, it may require a prioritized approach to TS funding for the 11

priority Fast Track countries in the region giving better focus to the direction of TAF funding in support of the Fast Track targets.

Efficiency

The TSF-AP has three main business process systems and a series of management systems and tools that are deployed to quality assure consultant entry, consultant management and assignment management including client and UNAIDS relationships. Whilst these processes appear to be adequate they are acknowledged as being out of date and not reflective of some of the process improvements and innovations that have been engineered recently by the Programme Managers and other staff. The current SoPs (*Standard Operational Procedure of Consultancy Management Unit, TSF SEAP*) was last updated in October 2012 and lacks the level of detail reflecting what is now required to resource and operationalize assignments. Similarly, the *How it all works: Operations Manual* version is from July 2012. The Interim Director and staff acknowledge this and have the intent to reform internal business process systems.

The TSF-AP also deploy a “TA Management Workflow” outlining a 56-step process chain over 27 days elapsed time which supports the process of TS management from request to closure. A proxy indicator of current process systems is the time to mobilization of consultants that has averaged 18.5 days over the current contract period, better than other regional TSFs and other TS providers.

There are presently over 800 consultants registered in the TSF-AP database. Whilst a small proportion of these are considered active and suitable (around 150) new consultants are being deployed. In the reporting period July-December 2015 over a third of consultants used were new consultants. The TSF-AP also engages a high proportion of national (46%) and regional (38%) consultants.

The biggest efficiency challenge presently facing the TSF-AP is its IT platform. TSF AP IT system (particularly the TSF Integrated Management Systems (TIMS), Consultant Portfolio Management System (CPMS) and even the server) broke down on several occasions and is now being upgraded and enhanced for full deployment in the coming months. However, the external IT platform also needs attention. Interface problems and functionality limitations have been highlighted by both consultants and clients with the TSF-AP website. Consultants complain that it is difficult to navigate the CPMS to update CVs. Clients have noted that the website doesn’t promote the TSFs areas of expertise to assist potential clients in “TS shopping” as one country partner describes it.

The Programme Managers have introduced some important process innovations designed to enhance quality control over consultant performance, definition of the ToRs, client and consultant expectations on deliverables and outcomes, and results and outcomes capture. These are useful innovations in process that will enhance the quality of performance management and reporting. “The Outcomes Feedback Form” could be a useful tool to capture outcomes and results. This was introduced in January 2016 and a number of clients have responded so far. The TSF-AP intends to collect outcomes feedback from all clients, consolidate and analyse the results, and include them in the 4th 6-month report.

The TSF-AP compares well against the other TSFs and peer organizations on fee rates and overhead costs. The TSF-AP pays the lowest average fee rates (\$410) against all other TSFs and other like-type TS providers. This is surprising given the number of highly experienced consultants used by TSF-AP.

On overhead rates as a proportion of costs, the TSF-AP rates first amongst peers advantaged by the host organization structure and asset contribution to the project.

Whilst quality assurance processes are in place for the entry and implementation components of assignments, current procedures around the close out of projects is weak. Current End of Mission Reports and client and consultant feedback are largely processed for contractual compliance and are not being systematically mined for strategic information value that could help inform a more pro-active and engaged position for the TSF-AP. The TSF-AP could be capturing strategic information from assignments and using this to 1) promote the capabilities of the TSF through case study write ups on the TSF website, 2) disseminate effective approaches and technical innovations through the UNAIDS Regional Data Hub.

The TSF-AP has recognized the need to make better use of the programmatic information that is generated and has been advocating for a Knowledge Management position to be created within the TSF. This is a good idea. The Knowledge Management brief could be widened to include strategic information capture and dissemination. Capturing of effective technical work through methodologies, evidence of best practice, and insights into GF process reform opportunities has value for the UNAIDS' advocacy agenda and for TS providers as a resource on effective approaches.

A more descriptive reporting narratives of results and outcomes from TS would significantly enhance the demonstrated value of the TSF-AP. Current reporting is heavily process and outputs focused and fails to capture the high value performance narrative that TSF TS has delivered in the region. The low visibility and awareness of the TSF in the region was highlighted by a number of country and regional partners and is in part attributable to this missing narrative in the reporting documents, on the TSF website and amongst the broader TSF stakeholder constituency.

Sustainability

The TSF-AP Interim Director and her senior staff understand the need to reform the operational model of the TSF. The current Work Plan 1 January to 30 June 2016 proposes a number of initiatives to improve coordination with the RST and UCOs in marketing and partnership development, better align the TSF TS focus with the UNAIDS strategy, improve results tracking and introduce a knowledge management function to improve the functionality of the TSF-AP model. These would be positive steps towards building a strategic partnership approach with country partners, CSOs and development partners to define new key strategic areas of TS to grant implementation that can support scale up of testing and treatment services in the region.

There are a number of opportunities for the TSF-AP to operationalize a new strategic partnership model. Some suggested possible approaches may include:

- Define and demarcate the roles, responsibilities and working protocols between the TSF, RST and UCOs. The UCOs and RST can facilitate access for the TSF to country and regional partners and development partners to operationalize the strategic partnership model.
- Support UCOs and the RST to advocate for take up of the Fast Track targets. Identify opportunities to use TS to embed targets (e.g. NSPs, Investment Cases, Concept Notes, grant implementation).
- Assist country and regional partners to map TS needs. Build upon the strong relationships already developed with regional and national CSO/CBOs networks to map TS needs as PRs and SRs.

- Work with key development partners (USAID, PEPFAR) to define key strategic niche roles for TSF TS in grant implementation, focusing on supporting community based programs for testing and treatment.
- Build closer relations with Global Fund Country Teams and Fund Portfolio Managers.
- Take an active leadership role in development partner coordination, particularly in South East Asia and the Pacific where donor numbers have diminished, and in country transition to sustainable financing, an area where UNAIDS leadership is needed.
- Be pro-active in engaging potential new funding agencies including DFAT (Australia) and their proposed 5% Initiative plans.
- Look for leveraging and pooled funding opportunities, knowledge and resource sharing (e.g. co-funded training with IHAA and GMS and knowledge sharing through IHAA regional Technical Hub) to drive better efficiencies through partnership models including collaborative work assignments where TSF collaborates as part of a bigger TS need (e.g. with GMS on PR support).
- Consider opportunities to deploy medium term technical support in support of targeted, strategic capacity development using the APCASO partnership relationship as a model in how TS can effectively and efficiently support organizational development, network strengthening and TS needs mapping.

The challenge for the TSF-AP will be managing potential organizational change whilst expanding its functional capacity and retaining the current quality of personnel. It will need to manage threats from relocation whilst reforming the operational model to become more pro-actively orientated in anticipating TS needs. This will need to be facilitated and enabled by UNAIDS UCOs and the RST and better defined working protocols. It will require more active shaping of TS demand and finding appropriate, high value niches in grant implementation.

The TSF-AP will need to refresh its procedural documentation and potentially its staffing structure to meet this new orientation. There will need to be considerable time invested in dialogue and planning with UCOs, the RST and country and regional partners to map future TS needs. This will also necessitate replenishment of the consultant database. The TSF-AP should continue to look for opportunities to continue to transform the business model including innovations in service delivery to continue to drive down cost and improve ways of delivering high quality TS to country and regional partners in support of the Fast Track targets.

Specific Recommendations: TSF-AP

- UNAIDS should engage IPPF at a senior level to understand the possible implications for TSF management of the planned move of the TSF office to Bangkok and to seek an assurance that potential staffing movements will be managed without further disruption to TSF services.
- The TSF-AP should be encouraged to partner with reputable regional CD specialist organizations in order to deliver this component of the program.
- A more aligned focus is needed for CD which links CD activities to the UNAIDS strategic agenda such as Fast Track and that seeks to utilize CD through the program to embed, reinforce and activate TS.
- TAF funding should be prioritized to support the 11 priority Fast Track countries in the region.
- To remain relevant, the TSF-AP needs to reposition and reconfigure to a strategic partnership approach with country partners, regional and national CSOs and key development partners including PEPFAR, USAID and WHO to expand from its current narrow focus on supporting GF process compliance to supporting cross cutting and technical needs of grant implementation partners.

- The TSF-AP needs to improve its website by providing better access for consultants to update their details and relevant credentials and project experience for clients considering TSF services.
- Improve the Quality at Exit processes to better capture, analyze and disseminate strategic information, technical knowledge and effective approaches from TS assignments.
- UNAIDS should reconsider the TSF-AP's request for a dedicated Knowledge Management position.
- Use strategic information capture from assignments to improve the TSF's performance reporting narrative with a greater focus on reporting on results and outcomes from TSF TS.

4.2 The Technical Support Facility in West and Central Africa

Context

The TSF in West and Central Africa operates in a context that presents many challenges to countries' efforts to respond effectively to their health and development agendas. Of the 25 countries that make up the WCA region 11 are among the 20 countries with the lowest GDP per capita as listed by the World Bank in 2014. Many are caught in a chronic cycle of political and social instability, complicated in many settings by humanitarian crises and, increasingly of late, the growing threat of terrorism.

In terms of the HIV situation specifically, while the overall prevalence is relatively low at 2.3% (with a range of between 0.5 – c. 5%), 80% of the HIV burden is borne by five countries, namely Nigeria, Cameroon, the Democratic Republic of Congo, Côte d'Ivoire, and Chad. The relatively low prevalence rate, together with competing priorities, make it hard to keep HIV on the political agenda. The WCA region has an ART coverage of only 24% (as of end 2014) and of only 42% for PMTCT, indicating that there are many obstacles and issues in terms of ensuring access to quality services for those in need, and in particular key populations. Persisting stigmatisation and discrimination, criminalisation of key populations, broader human rights issues and gender issues, as underscored by the particular vulnerability of girls and women, are prevalent. The recent Ebola epidemic has highlighted the weaknesses of health systems in many countries and, underscoring the weaknesses of health and community systems in general, 11 of the 20 countries on the Global Fund's Implementation through Partnership (ITP) list are from WCA.

These facts all point to the difficulties in sound programmatic implementation and the challenges facing countries as they strive to achieve their 90/90/90 goals. Resolving this conundrum is a must if the yawning gaps in access to quality HIV services are to be closed and these goals met. This will require multi-pronged and multi-faceted approaches tailored to the different and specific situations confronting countries. What it also means is that many countries in the region will continue to need and rely on technical support that is equally and suitably "tailored" to their needs and priorities. And all this at a time when dedicated HIV resources are becoming more constrained and when HIV needs to be tackled "out of isolation". That is through collaborative approaches relevant to other regional health issues and with the Sustainable Development Goals on the horizon.

Salient findings

The TSF has largely delivered on its contractual obligation to mobilize and deliver timely quality-assured technical support responsive to country needs.

The responsiveness of the TSF is a characteristic that is unanimously lauded by country partners, clients and UNAIDS staff alike when asked about the performance of the TSF. Timeliness of TSF support is unquestioned and “Réactivité, agilité, flexibilité” are the attributes that invariably come through all key informants’ appreciation of the TSF. In quantitative terms, on a random sample of missions deployed in 20 countries, the time lapse between a formal request (with terms of reference) and the arrival of the consultant(s) is 20 days +/- 8 days. Altogether, for all TSF assignments the extremes in lapse time ranged between 2 and 42 days.

The TSF’s mobilization of predominantly local and regional expertise is an added value and a comparative advantage vis à vis other TS providers.

Given the diversity of political, social and cultural contexts within which the responses in WCA countries are nested, it is widely acknowledged that awareness of, and sensitivity to, these differences are important for consultants’ credibility and ultimately their effectiveness. Hence the importance and relevance of locally or regionally-sourced expertise.

The TSF’s capacity to mobilize primarily local and regional support is indeed acknowledged by all informants as a major added value of the TSF mechanism and a comparative advantage vis à vis other major TS providers in the region, including Grant Managements Solutions, Expertise France or GIZ.

Notwithstanding the fact that a number of senior experts mobilized by the TSF are also called upon by other TS providers, over 90% of the TSF consultants in the last two years have been from the region or the countries requesting TS themselves.

The quality of technical support provided by the TSF is judged as good although there remain areas of quality assurance processes that can be strengthened.

The quality assurance process is strongest at entry. In most cases the TSF programme officers liaise with UNAIDS Country Offices on the terms of reference and in defining the scope of assignments and the expected deliverables. The consultants are drawn from a TSF database that is now integrated into a revamped web platform. The latter has significantly enhanced the search capability of the TSF and its ability to match the requirements of an assignment with the most appropriate and quality-assured expertise. This platform also will assist UNAIDS RST and Country Offices, clients and country partners to monitor assignments in real time and allow clients, consultants and UNAIDS among others to register comments and receive feedback on various aspects of the assignments.

During the assignments and at exit there are aspects of quality assurance that can be better applied. At these stages, roles and accountabilities with regard to quality assurance are not well defined. There are diverse appreciations by consultants of the quality of the support and oversight from the TSF, and technical backstopping in particular is an area that needs strengthening. While the TSF itself has a role therein (which it has tried to fulfil with, for example, senior experts providing back-up support), its capacity to do so has limitations. It is an area where the responsibility of UNAIDS, not least that of the UCO, should be clearly engaged.

As the focus shifts from planning to implementation, engagement by UNAIDS in technical backstopping will be increasingly relevant. The capacity of the UCOS’ and the RSTs will need to be

better and more consistently exploited to ensure that country clients derive optimal benefit from TAF-funded technical support. QA processes at exit also need to be more systematic. While clients' feedback on the outcome of assignments and on consultants' performance is systematically obtained, there is no systematic process of appraisal of the outputs from TAF-funded missions by UNAIDS.

Technical support mobilized through the TSF has unlocked significant resources for country responses.

In 2014-15 country priorities have been largely dictated by the need to mobilize resources, specifically by the roll-out of the Global Fund's New Funding Model and the development of Concept Notes. Unsurprisingly, the bulk of technical support assignments in the last two years, and in particular the first three semesters, has revolved around addressing The Global Fund's requirements and processes. Of nearly 250 TSF assignments, more than 90 (or over 35%) have related to the New Funding Model requirements and the development of concept notes; while an additional 40 concerned the so-called "building blocks", including strategic plans and investment cases.

There are differing appreciations of the TSF's focus in the last 2 years on (what are seen at times as unduly demanding) Global Fund requirements. The fact is, however, that one of the TSF's contractual obligations is to support countries in securing Global Fund grants through the provision of quality-assured TS. Importantly, the outcome of that support has been overwhelmingly positive. The TSF-WCA has supported 19 of the 25 WCA countries (as well as one regional inter-governmental organization) in the preparation and development of Global Fund concept notes. All of them have been successful and have translated, or will translate, into Global Fund grants.

Altogether a potential \$1.47 billion has been unlocked for an investment of \$1.4 million in terms of TAF funding for the assignments. There are a number of other actors involved in supporting the overall process and its different elements, and it is not easy – indeed it would be disingenuous – to apportion credit to one or other actors under these conditions. Nonetheless there can be little argument that the TSF's contribution has been significant, and at times pivotal, in ensuring a successful outcome. This review highlights two such cases - those of The Democratic Republic of the Congo and of Cameroon.

The Democratic Republic of the Congo

The development of a joint TB/HIV Concept Note in the DRC in 2014 presented numerous challenges. A first CN for HIV had not been approved by the Global Fund's TRP. This renewed process benefited from technical support provided by a number of multilateral and bilateral organizations, including USAID, PEPFAR, Expertise France, UNICEF and WHO. At one stage there were 15 experts engaged at the same time in the process, a situation that called for someone with leadership, management and diplomatic skills as much as technical competencies, to ensure that all the inputs were harnessed and in the client's best interests. The TSF provided the lead consultant for that process, besides fielding a consultant for costing and budgeting.

The result: For an investment of \$105,000 of TAF funds, the TSF thus played a lead role in the development of a joint TB/HIV Concept Note that subsequently translated into a grant of \$295 million.

Cameroon

One of the best illustrative cases of the TSF's (along with UNAIDS) unquestioned contribution in securing GF funds for countries is Cameroon, the country with the highest regional burden of PLHA (over 650,000) and with an ART coverage of less than 30%.

Cameroon developed a concept note for the 3 diseases in 2014. A TSF consultant participated in that process but his inputs were ignored by national authorities who considered that the expertise was not required and was being "prescribed" by UNAIDS. The CN did not get approved and the Technical Review Panel of the Fund asked for a re-formulation. On this subsequent occasion the authorities requested UNAIDS support and the TSF invested considerable effort in supporting the development of a joint HIV/TB CN – over 15 assignments totalling 300 consultant-days, and involving 2 lead consultants, one costing expert, one expert for PR capacity assessment, one consultant to support the UCO in coordinating the overall effort, as well as 2 national consultants. In addition, the RST provided valuable technical backstopping.

The result: A Concept Note that was approved in June 2015 and unblocked nearly \$130 million currently going through grant approval process for a total investment in TAF of \$193,000.

The UNAIDS leadership at country level is vital and its quality and capacity are significant determinants of the TSF's effectiveness and performance.

The capacity of UNAIDS Country Directors and their credibility with country partners and national policy makers is critical to determining their ability to influence decisions on the mobilization of TSF and in ensuring optimal use of TAF resources. Strong leadership at the country level reflects a strategic contribution of UNAIDS in addressing country priorities and needs. Subsequently the commitment and willingness of such leadership to ensure that UCOs facilitate and support TSF consultants impacts on the quality of outputs and outcomes of TSF assignments.

It is evident that appreciation for the TSF's contribution, by clients but also by other country partners, is greatest and most consistent in those countries where UCDs have embraced and promoted the value-added of TS mobilized through the TSF. In turn it reflects positively on UNAIDS and enhances the UCDs' ability to fulfil their broader leadership and advocacy roles, notably in support of an enabling environment for access to services. At least one UCD credits the goodwill afforded UNAIDS by the TSF for her ability to engage more effectively with policy makers on sensitive issues around key populations. There is, however, uneven recognition and exploitation by UNAIDS country offices of such potential synergy.

The dynamics between the TSF and the RST are equally important in determining the effectiveness of the TSF support and its impact in terms of improving access to quality services for those in need.

Given the processes that underpin the use of TAF resources and thus determine the mobilization of TSF by the TSF, the relationship of the TSF with the RST is equally critical. In this regard, the uncertainty surrounding funding and the possible consequences upon staffing and possibly the architecture of UNAIDS, including the RST, is undeniably having an impact on morale of staff. Inevitably it also has repercussions on the dynamics of relationships between the RST and the TSF.

There are some misgivings about resources being channelled to the TSF, notwithstanding the appreciation that they are earmarked for technical support that is to be managed by the TSF. These are reinforced by the fact that in recent times funding for the RST has been reduced which, in

the view of some staff, hampers their ability to discharge their roles optimally. For others, too, there are some TSF assignments that could have been suitably carried out by the RST. In addition, the nature of the contract with the TSF is such that there are a few blurred areas of accountability which has created some early tensions between the RST and the TSF management. These, however, are being dealt with and are largely resolved.

As with the UCOs and UCDs, there are evident complementarities and synergies between the TSF and the RST that can be better harnessed, given both the TS management flexibility of the TSF and the technical capacity and expertise within the RSTs.

While it is debatable whether it would be cost-effective and efficient to have UNAIDS staff deployed for any prolonged period of two weeks or more, which is the case for the majority of TSF assignments, it is clear that the RST has a critical role to play in ensuring that the technical support mobilized by the TSF is of the highest possible quality, effective and responsive to country needs and priorities. The RST has an evidently critical technical backstopping role which will become more prominent as the focus in countries shifts to programme implementation. While some of this can be offered remotely (the RST/UCO dynamics are important too in this regard), at other times a short-term presence of RST leadership for political advocacy for example, and of RPAs for policy and strategy dialogue with national and international partners, will be warranted in order to optimise any related TSF assignments.

Looking Ahead

Overall the UNAIDS/TSF arrangement in WCA has been a productive partnership. The TSF's host organization credentials, allied to its UNAIDS identity, has ensured that the TSF/UNAIDS arrangement has been of significant mutual benefit.

Locating the new TSF for WCA in a host organization/consortium that has a strong regional footprint and a robust health and development focus has arguably been a win-win arrangement for both the consortium and UNAIDS. Specifically, for UNAIDS the TSF's tangible contribution of timely and quality technical support for countries has boosted/is boosting UNAIDS Country Offices' visibility and credibility and, thereby, their ability to positively influence the response.

One UCD in WCA describes the TSF as "l'huile et le moteur" (the oil and engine) of UNAIDS at country level. In other words, beyond the immediate technical support needs addressed by the TSF, its UNAIDS identity provides the UCO with credibility and visibility that the UCD can then utilise to enhance his or her UNAIDS leadership and advocacy roles. These roles are, and will be, especially critical in a region where there are as many political, social and cultural barriers to access to services as there are economic and structural ones.

This appreciation of the "extra" value-added benefits to UNAIDS capability that the TSF generates comes from several UCDs who have been especially adept at mobilizing technical support from the TSF and facilitating TSF assignments, notably in Benin, Niger and Cameroon. The following are some examples of where UCDs have gained extra leverage as a result of the TSF/UNAIDS partnership:

- Enabling UCDs to facilitate more strategic coordination on TS among different providers.
- Thereby enabling UCDs to further buttress their national ownership and leadership roles.

- Enabling more effective advocacy by UNAIDS for civil society inclusion and participation in policy and strategy dialogue.
- Enabling their engagement in the political and financial spheres, and thus ensuring that HIV is not lost in the broader development agenda.

For the TSF, and especially, for the host organization and ICI-Santé in particular, the association with the UNAIDS brand is a calling card that has enhanced its credibility and credentials. It has thus gained considerable traction from the partnership and can capitalize on this for its broader health and development agenda, making it a valuable strategic partner for UNAIDS as HIV is increasingly addressed within the SDGs.

UNAIDS with the TSF should build on and exploit these mutual benefits over the next two years, while simultaneously planning for the medium to longer-term in what is a dynamic and fast-changing environment for the global response.

The environment around the HIV response has perhaps never been in a more fluid and dynamic state than at present. The fast-evolving science around HIV has changed the nature of the HIV response and transformed global ambitions and targets. The UNAIDS Fast-Track agenda and the 2016-2021 Strategy spell out and detail the challenges that need to be overcome and the opportunities to be seized if the visionary goal of ending AIDS by 2030 is to be achieved. It requires among other things that we “take the AIDS response further out of isolation and unleash its potential as a pathfinder to deliver on other SDGs”.

At the same time, as the focus shifts from planning to implementation of programmes (but also with a new cycle of concept note development in 2017), it is important to consider:

- How are the TAF resources best utilized over the next 2 years?
- From the lessons learnt over the last 2 years of the TSF/UNAIDS partnership, how can that arrangement be made more effective, efficient and relevant during the remaining contractual period?

Specific Recommendations: TSF-WCA

- The RST with UCOs to set priorities for the use of TAF resources with regard to countries.
- UCOs, at least in Fast-Track countries, together with country partners to identify and forecast TS needs for the next cycle of Global Fund processes.
- The RST with the TSF to ensure that the use of TAF resources is aligned as much as possible with UNAIDS strategies.
- UNAIDS to revisit RST funding so as to enable short-term RST support for TSF assignments.
- TSF to revisit and strengthen QA processes particularly at exit.
- RST, with UCOs, to support TSF in ensuring technical backstopping as and when relevant for TSF missions.
- TSF, together with UNAIDS RST and COs especially, to establish new and/or consolidate existing strategic partnerships with other TS providers (Expertise France, GIZ, GMS) and development partners in the WCA through existing global, regional and local platforms and initiatives.
- TSF to continue to broaden its fee-paying client base, including among PRs of Global Fund grants (as in Cameroon and Togo).
- TSF, with UNAIDS COs and RST, to capture and disseminate best practices and lessons learnt from TS missions.
- TSF, through RST, to share development of its new web platform and database with other TSFs.

- UNAIDS to facilitate knowledge sharing between TSFs.
- UNAIDS to give due consideration to the alternative business models being proposed by the TSF host organization.

4.3 The Technical Support Facility in Eastern and Southern Africa

Context

The TSF in Eastern and Southern Africa is a mature TSF, established in 2005 as the TSF dedicated to Southern Africa and subsequently merged with the TSF Eastern Africa in 2012. It now acts as the technical support hub for 21 countries that currently account for about 50% of the global HIV burden. Fifteen countries account for nearly 75% of all people living with HIV, with 9 of these countries being in the Eastern and Southern African region²⁷. Despite the diversity in the scale of the HIV epidemic and the wide range of country capacities, all countries have committed to scaling up prevention and treatment programs. With 8 million people living with HIV now receiving HRT programs, the region is expected to see a decline in new HIV infections and in AIDS-related deaths.

Mott McDonald, a global management, engineering, and development consultancy, have hosted the TSF since 2013 after acquiring Health and Development Africa (HDA), the previous TSF hosts for Southern Africa. Its health portfolio covers communicable and non-communicable diseases, with a focus on health systems improvement and human resource management. The integration of HDA administrative systems into Mott McDonald's needed a period of transition, and the TSF now reports full integration which enables the TSF to avail of a wider range of financial and management services embedded in the Mott McDonald systems.

The TSF has provided 5,475 technical support days through 140 assignments over 18 months (April 2014-December 2015). During this contract period, the TSF focused on topical thematic areas: Global Fund implementation, shifts to Fast Track targets, sustainability and transition planning, and country partners and consultant capacities.

Findings

The TSF has shown substantial results and is considered by all sectors of key informants to effectively respond to their demand for quality short-term technical support.

The TSF's work on 16 Concept Notes, which included 14 countries²⁸ and 2 regional civil society organizations²⁹, unlocked US\$1.13 billion for 11 countries whose Concept Notes have been approved. Thirteen of these 16 country applications are among the UNAIDS Fast Track countries, thus enhancing their prospects to achieve Fast Track targets. In addition, six Concept Notes will raise significant resources for accelerated implementation of HIV/TB programs, a first-time development in the region. Nine countries are now in the grant implementation stage, five in the grant-making phase, while three are waiting for GF decisions.

²⁷ UNAIDS. The GAP Report. 2014 (South Africa, Kenya, Mozambique, Uganda, United Republic of Tanzania, Zimbabwe, Zambia, Malawi, Ethiopia).

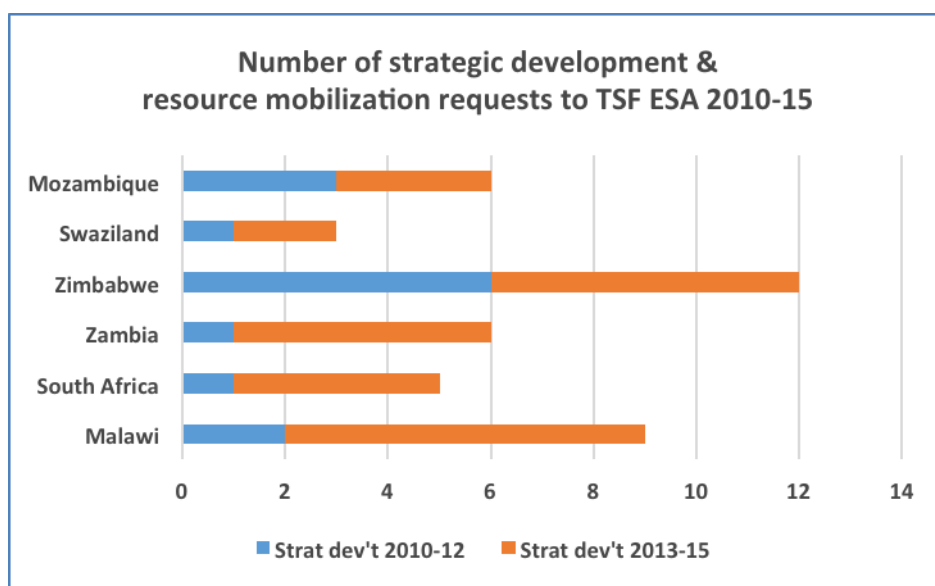
²⁸ Angola, Botswana, Comoros, Kenya, Lesotho, Malawi, Mauritius, Mozambique, South Sudan, Swaziland, Tanzania, Zambia, Zanzibar, Zimbabwe

²⁹ Kenya AIDS NGOs Consortium, KP Reach.

With the TSF support, countries defined high-impact, evidence-based HIV services and priorities for resource allocation. Using a strategic investment approach, eight countries - 5 being Fast Track priority countries - completed their Investment Cases, which served as building blocks for Global Fund Concept Notes and new generations of National Strategic Plans. Country partners, such as South Africa and Namibia, believed that the investment framework was a vital tool in strategic decision-making, particularly in defining high-impact interventions. The Global Fund and PEPFAR supported the use of this innovative tool to underpin their national efforts, with the Global Fund explicitly encouraging countries to seek technical assistance to develop investment cases.

The demand for technical support in thematic areas of Strategy Development and Resource Mobilization, under which Concept Notes and investment cases are clustered, constituted 80% of TSF assignments in 2014. Illustratively, Figure 1 below shows large increases in demand in the thematic area of Strategy Development and Resource Mobilization in the period 2013-2015 in just 6 countries that are among the top country recipients of technical support. Country partners and UCOs reported that the TSF contributions in these exercises brought them political capital that they can leverage, as their countries move into implementation.

Figure 1: TS demand in strategic development



There was broad consensus among key informants of the vital role of the TSF in responding to their needs, particularly in a setting of rapid changes in Global Fund requirements and of new biomedical-oriented approaches for HIV prevention and treatment. Country partners, technical support providers and UCOs expressed confidence in TSF expertise in areas that have evolved as TSF niche areas, namely, the New Funding Model modalities, national strategic planning, epidemiological assessments, monitoring and evaluation, and costing and budgeting.

Country partners spoke positively of the TSF as a mechanism that facilitates and supports country ownership and leadership of the TS process and result. It was important to them that external consultants practiced collegial and collaborative working relationships, facilitated dialogues among multiple partners, and honored country decisions on issues. This aspect was key in ensuring that outputs were effectively used to trigger needed organizational, systems, or political changes. Kenya’s country partner cited country ownership as the foundation for effective, externally sourced

TS. A further indication of the country's buying into the investment approach is the establishment of an HIV Investments team in the NAC Commission charged with sustainable financing and transition planning.

Notwithstanding this extensive experience with Global Fund processes, the TSF had not mined precious strategic knowledge that it could leverage and share to enhance its performance, profile and competitiveness. Consultants and other partners largely saw project closeout documentation as pre-payment obligations. Several consultants agreed that they were well placed to provide up-to-date strategic information on the country response and propose next steps towards continuing capacity building.

Though the simplified contractual modality offered by the TSF-ESA is a clear advantage to countries and UCOs, the region's technical support approach needs stronger strategic underpinnings.

UCOs emphasized the political value of rapid responses to country requests towards enhancing UNAIDS' credibility and agility as a key and strategic partner of country partners. This is the comparative advantage the TSF has built over the years, and no other TS provider has the capability for this level of agility. There was general agreement that this advantage should be safeguarded for UNAIDS to maintain its status and visibility with country partners.

There was, however, concern that the TSF channel, as a quick contractual mechanism, may not be always be the best approach, from a strategic, efficiency and cost-effective standpoint. From an economic viewpoint, it was pointed out that, when the TS activity is anticipated or forecasted within a 3-month period, the normal procurement channels of UNAIDS would provide some cost savings and operational efficiencies. Another occasion where the TSF contractual arrangement is not efficient involves multiple institutional partnerships, where institutional cultures and systems are so different that the contractual process is better managed under UNAIDS, rather than by the TSF.

The UCOs also perceived the technical support strategy and system to be "ad hoc", in which a "first come, first served" basis was more often the practice. There was consensus that the purpose, criteria and access points for TS and the use of the Technical Assistance and Draw Down Funds had to be more clearly communicated. Key informants among the UCOs and TSF staff believed TS decisions needed to consider: a) focusing on thematic areas with more potential for high impact results, b) TS mapping that will help the TSF deploy their consultant and staff resources more effectively, efficiently and predictably and reduce pressure on the TSF procurement system for rapid deployment, and c) having clear protocols for consultants that will uphold integrity of technical inputs.

There were differing views regarding the expectation that short-term technical support should include a capacity development component in order to increase its strategic value. Country partners believed that capacity development should continue to be integrated within the TS process. Twinning arrangements between external consultants and local counterparts were common in countries such as South Africa, Malawi, and Kenya. A good number of consultants reported voluntarily taking advantage of windows for skills transfer, but these happened arbitrarily and were not defined in their Terms of Reference. In 2014, only 7% of the operating budget went into capacity development activities, basically directed for consultants. On the other hand,

initiatives to building capacities of country partners had been largely more random than planned. A more vigorous capacity development program had been agreed on with the RST. Given time and budget constraints, the program, as it is presently envisioned in the TSF work plan, still needs to spell out realistic and specific results for country partners and consultants. In addition, the strategic grounding of these CD efforts towards advancing country implementation of Fast Track targets has to be clearly articulated³⁰.

The effectiveness of the TS modality is predicated on the functionality of the complementary roles of the TSF, RST and UCOs.

The strategic and collaborative partnership of these three stakeholders has been the foundation of the TS modality. Each stakeholder has important, interdependent roles which should operate in harmony. Discussions with respective key informants revealed different perspectives on their roles and the extent to which they are able to perform those roles. Being at the frontline and in direct contact with country partners, the UCOs agreed they are best positioned to understand the TS needs and how requests for TSF support contribute towards achieving results. They carry a critical responsibility in working with country partners on defining the scope of the technical support and in interfacing with the TSF and the RST to outline the political and programmatic context of the work of the TSF consultant. Moreover, the UCOs understood they act as the link to other technical partners who can provide supplementary technical and political support, as part of the convening role of UNAIDS. The RST team saw their function essentially as safeguarding the strategic direction and application of technical support and as providing management oversight of the TSF. In a context of rapid changes, the RST had the critical role of articulating UNAIDS strategies and drawing up a plan for implementing them. The TSF highlighted their role as implementation or execution in nature, and placed high value on deploying quality consultants to countries as their primary mandate. However, the TSF has envisaged playing a more strategic management role.

A notable illustration of the value of a functional tripartite relationship was on the investment approach rollout. With the emphasis on investing in high-impact, evidence-informed strategies, the investment approach was a tool for identifying priorities and efficiency points. The vigorous advocacy of UNAIDS for the investment approach elicited largely positive responses from the countries, which triggered a wave of demand for technical support. As an innovation of UNAIDS at global level, the initiatives towards developing investment cases required a strong RST-TSF collaboration, with the RST actively sourcing expertise in the field of health economics and TSF providing auxiliary support in their known areas of strength, such as epidemiological analysis, as a piece in the overall investment case.

South Africa

The high-value result of the investment approach was best demonstrated in South Africa. With a combined investment from the TSF (\$120,000) and in-country partners (\$100,000), UNAIDS secured and supported the leadership of the Ministry of Health and the South Africa National AIDS Commission in the development process. This investment case was the basis of the country's Global Fund Concept Note costed at \$380 million, with half allocated for prevention services targeting key populations. In addition, the investment approach mobilized domestic funding, despite financial constraints faced by the country.

³⁰ TSF-ESA Capacity Development Workplan. 2015.

In 2014-2015, there were 681 consultancy days and a funding investment of close to \$500,000 in the rollout of the investment approach. The RST-TSF-UCO collaboration resulted in nine investment cases.

Feedback from key informants at country level pointed to intense challenges in the investment case development process. A concern was the limited knowledge of UNAIDS country staff and TSF consultants on the use, development and benefits of the approach itself. The investment approach rollout highlighted the indispensable role of the RST as the technical backbone. In fact, sole sourcing of international consultants by RST was needed in order to lead the country efforts. “Learning and doing as they went” was the perception of several UCO staff of the efforts of country partners, underlining the importance of sufficiently engaging and preparing UCOs and TSF consultants in advance of rolling out policy or program innovations. There was also strong agreement that there is still work to be done by UCOs to make the investment approach a useful tool for national strategic planning and Global Fund requirements.

The challenge in a symbiotic tripartite structure is that the chain is only as strong as its weakest link. A large proportion of key informants agreed that roles and accountabilities with this chain are not always clearly defined or observed.

The grant implementation phase will require TSF to develop expertise in areas not traditionally within the TSF space and to pivot to new interlocutors.

At least nine countries in the region are currently implementing their grants and another five are in the grant-making stage. The TSF will be hard-pressed to carve out space within the implementation spectrum where its strengths can be positioned. Previous attempts in CCM strengthening did not generate positive results and country partners associated this area as the GMS niche. Some key informants indicated the TSF would do well to drill down into its areas with proven specializations that are also needed in the implementation phase, rather than engage in the space where GMS or GIZ operate. Country partners identified areas including strategic information for cities and district levels, monitoring and evaluation of programs, and capacity assessment of partners as emerging areas for TSF support. The GF emphasized the need to improve collection and use of accurate data on key populations and strengthening their participation in concept note development and the grant-making and implementation process. In addition, there had also been a noticeably meager TSF support to critical enablers, such as gender, human rights and stigma, which are barriers to accelerated program scale-up, despite the clear GF strategy urging integration of human rights and gender equality throughout the grant cycle and ensuring that human rights are not infringed upon in any of the supported programs. Some consultants reported lack of expertise in these areas, especially in policy reform supportive of key populations access to HIV services.

The TSF’s support for civil society organizations had expanded, but its work had not seen concrete results in terms of greater capacity among these organizations. One regional CSO indicated difficulty of access to support and wavering commitment in investing in their institutional development, an area that also does not receive GF support. While there had been a good amount of involvement with organizations or networks of people living with HIV, largely in strategic planning, there had not been a deliberate plan of support towards increasing their program implementation skills. Community and civil society-led service delivery has been promoted as a way of scaling up and reaching excluded groups, but there is no capacity development strategy in most countries around which TSF can hang their TS support. This is an obvious gap and casts a light

into core TS areas specific to CSOs such as partnership building among CSO and coordination and collaboration management.

The introduction of the investment approach is significant in signaling a shift in the approach to country partnerships in the future, predominantly through increased involvement of the finance ministry. While the TSF and UCOs have already built strong links and working relationships with the health sector, the Fast Track strategy strongly underpinned on an investment approach required a pivot towards partners in the finance sector. This shift had significant implications for the TSF, as it was perceived as “new territory” for the TSF and UCOs who required systematic guidance from RST.

Specific Recommendations: TSF-ESA

- In view of the anticipated demand surge for TS in 2017, a clear policy and strategy on technical support for the region are needed immediately. Given changes in the funding environment and the expectation for broader outcomes of technical support, a targeted and differentiated strategy may be considered, in which countries with the deepest capacity gaps are prioritized with tailored TS packages. The UNAIDS Fast Track targets should be the overarching frame and the TS approach should be outcome-oriented, prioritize high-value and high-impact approaches, and seriously consider funding limits. Some questions to keep in mind include: a) what outcomes or results are desired in order to significantly achieve Fast Track targets? b) given funding constraints, how can TS be more focused and value-added? and c) what is the modality mix (short-term and medium-term) that will be effective?
- Opportunities abound to enhance the TSF as a technical resource that can better serve TS needs of a large and diverse region. The TSF should harness the vast amount of knowledge arising from its extensive experience with Global Fund processes. This knowledge base comprises a strong mix of actual experience, values, contextual information, and expert insight that the TSF can package as a commodity in the knowledge marketplace. Furthermore, it can link seamlessly into the TSF capacity development program. At the outset, it will require investments in both a collaborative process with country partners as well as production and dissemination of learning resources, including country case studies, good practices, and lessons learned. Using electronic-based channels for flash updates on Global Fund and UNAIDS policies and directions can likewise serve a knowledge management component. In addition, the TSF should position itself as a credible resource on technical support management, such as in its initial work on a Consultant Guide, particularly in developing consultant performance standards and quality assurance measures.
- An operations protocol outlining clear institutional roles and accountabilities should be developed, agreed on, and observed. To highlight the interdependent roles of the RST, TSF, and the UCOs, a policy of inclusive decision-making among these three key stakeholders, should be a guiding principle. The protocol should aim to: a) evolve the TSF into a technical resource beyond their current contract management function, b) place UCOs as an important mover in the TS process in country and the collaborator and interlocutor for TSF consultants, and c) locate responsibility for technical quality assurance with the RST.
- The TSF should build on its promising engagement with civil society organizations, both national and regional, to prepare them for their implementation roles in GF grants. A carefully thought out strategy should a) prioritize specific countries where there is a wide range of civil society

PRs and SRs, b) map capacity needs and put in place a capacity development roadmap that will be a significant component in TAF funding support.

- Sharper and more defined alignment of the TSF to the principles of the investment approach is critical in view of the GF's call for sustainability or transition planning. Country partners need to own the process of mobilizing their own resources, and thus, adequate time to obtain their buy-in should be planned for. To assist countries in fleshing out strategies for increased domestic financing for health, managing the interface between the health and finance branches of government will demand some capacity building among regional consultants who can provide countries with further follow-up TS. Institutional capacity to manage the process of GF withdrawal is critical in successful transitions, and UNAIDS/RST should commit to supporting transition capacity-building.
- In pivoting to new stakeholders, the TSF should extract key lessons from the investment approach process. This includes identifying the appropriate skills sets in the relatively new area of health economics among TSF consultants who could be mobilized; the political advocacy needed in sectors other than health; providing adequate learning and training resources to accelerate the learning curve of consultants; and recognizing the macro-level priorities of the country that would impact on resource allocation for HIV and AIDS programs.

ANNEX 5 – ALTERNATIVE BUSINESS MODELS

Model Design	Pros	Cons	Opportunities and Threats
Preferred client - Current TSFs offer UNAIDS preferred client rates and defined consulting day allocation through a draw down type facility but otherwise TSFs pursue commercial clients	Defined TS allocation at reduced cost; cost sharing (70:30) of overhead costs with estimated savings of approx. \$900,000 p.a.	Not all current hosts are likely to be able to achieve financial sustainability; May require additional TS role for UCOs and RSTs to meet TS gaps	Risk to financial sustainability of this model for some current host organizations; Potential for competing interests of preferred client servicing and pursuit of commercial clients
Panel of pre-qualified providers - Organizations are pre-qualified to source consultants across a variety of defined areas of need	Provides access and flexibility to a wider range of skill sets through multiple sources; Some fixed costs savings	Administratively more complex for UNAIDS with multiple provider contracts; Value adding potential of host TSF model lost	Requires a more active role for RST/UCOs to identify needs and connect to TS providers; UNAIDS branding diminished
Single Mechanism – Current three regional TSFs replaced by a centralized, single TSF mechanism	Reduced administrative burden to UNAIDS; May facilitate better integration of UNAIDS strategic agenda	Loss of regional profile and networks; Diminished direct relationships with country and regional partners	Will require strong linkages to UCOs and RSTs networks to identify demand and manage country and regional partner relationships; Narrow range of organizations able to provide architecture and reach to administer global program
In-sourced Model - Current TSF functions performed in-house by UNAIDS personnel	Core operational cost savings of approx. \$3m p.a.; Positions UNAIDS as a direct TS provider	Opportunity cost to current functions of UNAIDS personnel; Reduced agility and flexibility to mobilize range of TSF specialist skills	This model moves UNAIDS into technical provision and will require a high level of staff mobility and a cultural shift in the way UNAIDS works. A move to this model would require a period of transition to ensure internal skill sets could be developed to fill some TSF functions particularly around GF processes

ANNEX 6 – INTERVIEW LIST

Eastern and Southern Africa		
	Name	Role / Organization
TSF Staff		
1	Jami Johnson	Director
2	George Murumba	Project Manager
3	Russell Rensburg	Senior Technical Associate
4	Grace Karuiki-Kerongo	Senior Technical Consultant
5	Musha Mvanga	Contracts and Administration Manager
6	Katlego Motlogelwa	Junior Technical Associate
7	John Wilson	Programme Development Lead, Mott McDonald
8	Howard Thomas	Manager, International Health South Africa, Mott McDonald
UNAIDS Staff		
9	Pierre Somse	Deputy Director, Regional Support Team
10	Iris Semini	RST Strategic Investment Adviser, TSF Focal Point
11	Amala Reddy	RST Strategic Information Adviser
12	Faith Mamba	RST Strategic Investment Adviser
13	Biziwick Mawale	RST Regional Program Adviser
14	Jackie Makokha	Community Mobilization and Networking Adviser
15	Michel Ogba	RST Operations Officer
16	Sophia Mukawa Monico	RST Regional Program Adviser
17	Ama Sande	Country Director, Malawi
18	Emmanuel Kasheeka	Strategic Information Adviser, Tanzania
19	Dr Jantine Jacobi	Country Director, Kenya
20	Eva Kiwonga	Strategic Information Adviser, South Africa
21	Gloria Bille	Country Director, Swaziland
22	Michael Bartos	Country Director, Zimbabwe
23	Sun Gang	Country Director, Botswana
24	Mumtaz Mia	Strategic Interventions Adviser, South Sudan
25	Benjamin Godet	Strategic Investments Adviser, Mozambique
26	Nancy Fee	Deputy Director, UNAIDS Country Office, South Africa
National Partners		
27	Mme Palesa Matsasa	Lesotho CCM Executive Secretary
28	Dean Phiri	Zambia CCM Focal Point, Deputy
29	Regina Ombam	Kenya [NAC] - Head, Strategy Development
30	Chimwemwe Mablekwisi	Malawi - Deputy Director, AIDS Malawi
31	Sesupo Makakole-Nene	South Africa - Chief Director, Global Fund
Civil Society		

32	Evelyn Letio	NEPWU, South Sudan South Sudan network of women living with HIV
33	Peter Kamau	Deputy Executive Director Kenya AIDS NGO Consortium (KANCO)
34	Olive Mumba	Executive Director Eastern Africa National Network of Aids Service Organization (EANNASO)
<i>TSF Consultants</i>		
35	Anthony Kinghorn	
36	Markus Hacker	
37	Alozie Ananaba	
38	Dave Burrows	
39	Gemma Oberth	
40	Woldemedhin Haile	
41	Dr Ayana Yeneabat	
42	Simon Muchiru	
43	Jennifer Kaahwa	
West and Central Africa		
	Name	Role / Organization
<i>TSF Staff</i>		
44	Jean-Baptiste Guiard-Schmid	Director, Technical Support Facility WCA
45	Viviane Lompo	Programme Officer
46	Marcel Lougué	Programme Officer
47	Daniel Lawson	Information Technology Officer
48	Martial Zongo	Financial and Administrative Officer
<i>UNAIDS Staff</i>		
49	Leopold Zekeng	Deputy Director, Regional Support Team
50	Richard Amenyah	Investment and Efficiency Adviser, and TSF focal point, Regional Support Team
51	Clémence Baré	Regional Adviser, Strategic Investment and Efficiency, Regional Support Team
52	Hugues Lago	Senior Strategic Treatment and Prevention Adviser, Key Populations, Regional Support Team
53	Lalla Touré	Senior Global Plan Adviser, PMTCT, Regional Support Team
54	Eric Verschueren	Global Outreach and Advocacy Adviser, Regional Support Team
55	Joy Backory	Regional Community Mobilization and Networking Adviser, Regional Support Team
56	Mach-Houd Kouton	Senior Adviser (on secondment from French Foreign Affairs Ministry), Regional Support Team
57	Rui Fernandes-Dioniso	Programme Officer, Human Rights, Regional Support Team
58	Demba Kone	Country Director, Senegal
59	Marie-Margarete Molnar	Country Director, Benin
60	Marc Saba	Country Director, République Démocratique du Congo
61	Bilali Camara	Country Director, Nigeria
62	Michael Gboun	Country Director, Guinea
63	Patricia Ongpin	Strategic Information Officer, Guinea
64	Tamsir Sall	Country Director, Côte d'Ivoire
65	Azara Bamba-Louquet	Country Director, Niger
66	Yafflo Ouattara	Country Director, Haiti (previously Country Director, Cameroon)

67	Helen Odido	Investment and Efficiency Adviser, Ghana
68	Christian Mouala	County Director, Togo
National Partners		
69	Idrissa Kone	Executive Secretary, ALCO (Abidjan-Lagos Corridor project)
70	Collins Agyarko-Nti	Chairman, CCM, Ghana
71	Daniel Norgbedzie	Executive Secretary, CCM, Ghana
72	Dr Zeinabou Alhousseini	Coordinatrice Nationale, Comité Intersectoriel de Lutte contre les IST et le Sida, Niger
73	Dr Justine Houzanmé	Vice-Présidente, CNCO (CCM), Benin
74	Professor Vincent Pitché	Conseil national de Lutte contre le Sida (National AIDS Council), Togo
75	Dr Ali Himorou Bah Chabi	Programme National de Lutte contre le Sida (PNLS ou NAP), Benin
Civil Society		
76	Steave Nemande	AMsHER (African Men for Sexual Health and Rights) and TSF Consultant
77	Innocent Laison	Executive Director, African Aids Society Organizations (AFRICASO) and TSF Consultant
Co-sponsors		
78	Pierre Robert	UNFPA, Senegal
79	Ludo Bok	Global AIDS Coordinator and Team Leader, Development and Effectiveness, HIV, Health and Development Group, UNDP, New York
Consultants		
80	Kemal Chérabi	
81	Mamadou Kone	
82	Pat Youri	
83	Steave Nemande (see also Civil Society)	
84	Innocent Laison (see also Civil Society)	
Asia Pacific		
	Name	Role / Organization
TSF Staff		
85	Sun Paranjothy	Interim Director
86	Revanta Dharmarajah	Programme Manager, SP
87	Roberto Nebriada	Programme Manager, M&E
88	Vishwa Deepak	Programme Manager, CD
89	Veronikaa Nagapan	Consultancy Officer
90	Janath Anantha Vass	Business Manager
91	Suzanne Azavedo	Finance Assistant
92	Fardiana Radrali	Administration and Contracts Assistant
UNAIDS Staff		
93	Steve Kraus	Director, UNAIDS Regional Support Team, Bangkok
94	Eammon Murphy	UNAIDS Country Director, Myanmar
95	Cho Kah Sin	Country Director, UCO Indonesia
96	David Bridger	Senior Policy Adviser, UCO Indonesia
97	Tony Lisle	Community FP, UNAIDS Regional Support Team, Bangkok
98	Tatiana Shoumilina	UNAIDS Country Director, UNAIDS Thailand
99	Marlyn Borromeo	Regional Investment and Efficiency Adviser,

		RST Asia and the Pacific, Bangkok
100	Manuel Da Quinta	Regional Community Mobilization and Networking Adviser, RST Asia and the Pacific, Bangkok
101	Hairudin Masnin	UNAIDS Country Manager, Malaysia
102	Maju Varghese	TSF FP, RST Asia and the Pacific, Bangkok
103	Fahimida Iqbal Khan	Community Mobilisation Adviser, UCO Pakistan
National Partners		
104	Joselyn Pang	Director, Global Fund Project Malaysian AIDS Council
105	Dr Kemal N. Siregar	Secretary National AIDS Commission, Indonesia
106	Sala Tupou-Tamani	Coordinator Secretariat to the PRIM CCM, Fiji
Civil Society		
107	Kay Thi Win	Asia Pacific Network of Sex Workers
108	Natt Kraipet	Network Coordinator Asia and Pacific Transgender Network (APTN)
109	Shiba Phurailatpam	Coordinator Asia Pacific Network of People Living with HIV/AIDS
110	Gaj Gurung	Technical Working Member Youth LEAD, Thailand
111	Daniel Marguari	CEO, Spiritia Foundation, Indonesia
112	Aditya Wardhana	Executive Director, Indonesian AIDS Coalition
113	Jennifer Ho	Deputy Director Asia Pacific Council of AIDS Service Organizations (APCASO)
114	RD Marte	Executive Director Asia Pacific Council of AIDS Service Organizations (APCASO)
Co-sponsors		
115	Iriantoni Almuna	National Programme Officer UN Women, Indonesia, Gender and HIV Focal Point
Consultants		
116	Karabi Baruah	
117	Kathleen Casey	
118	Anshuman Bardhan	
119	Jan Willem de Lind van Wijngaarden	
120	Tono Permana	
121	Dr Carmelia Basri	
122	Sally Wellesley	
123	Sarah Zaidi	
124	Mona Sheikh Mahmud	
125	Andrew Vickery	
126	Dechen Wangmo	
127	Halibur Rahman	
Global Stakeholders		
128	Eric Fleutlot	Regional Counsellor in Global Health

		French Embassy, Bangkok, Thailand
129	Angela Chaudhuri	Executive Director, SWASTI
130	Greg Munro	International HIV/AIDS Alliance - Director, Technical Cooperation
131	John Beku	International HIV/AIDS Alliance - Regional Manager for Eastern and Southern Africa
132	Ces Millado and Jenny Berg	International HIV/AIDS Alliance
133	Catherine Severo	Project Director, Grant Management Solutions II
134	Bruce Lerner	Consultant
135	Igor Oliynyk	Global Fund to Fight AIDS, Tuberculosis and Malaria – Adviser, Technical Assistance and Partnership
136	Emily Hughes	Global Fund to Fight AIDS, Tuberculosis and Malaria – Adviser, Technical Assistance and Partnership
137	Caty Fall Sow	Global Fund to Fight AIDS, Tuberculosis and Malaria – Regional Manager, West and Central Africa
138	Tina Draser	Global Fund to Fight AIDS, Tuberculosis and Malaria – Fund Portfolio Manager, West and Central Africa
139	Yousouf Sawadogo	Global Fund to Fight AIDS, Tuberculosis and Malaria - Portfolio Fund Manager, Togo
140	Shimon Prohow	USAID - Technical Adviser, Country Support, PEPFAR
141	Sarah Weber	USAID, Senior Multilateral Advisor, Washington
142	Lisa Luchsinger	USAID, Multilateral Team Leader
143	Christelle Boulanger	French Ministry of Foreign Affairs and International Development, Coordinator, Initiative 5%
144	Estelle Tiphonnet Diawara	French Ministry of Foreign Affairs and International Development
145	Sylvie Boulanger	French Ministry of Foreign Affairs and International Development
146	Stéphanie Tchiombano	French Ministry of Foreign Affairs and International Development, Former Coordinator (until Oct/Nov 2015), Initiative 5%
147	Tanja Lubbers	HIVOS, Regional Director HIVOS Regional Office for Southern Africa
148	Huzeifa Bodel	GIZ Africa Head of the Zambia Multi-Sectoral HIV Programme
Co-sponsors		
149	Christian Gunneberg	WHO, Global TB Program, Technical Support Coordination
150	Mazuwa Banda	WHO – Technical Adviser, Programme Development and Implementation
151	Mayada Yousef Fox	WHO – Technical Adviser, Programme Development and Implementation
UNAIDS Geneva		
135	Lisa Carty	UNAIDS – Director, US Liaison Office
136	Pradeep Kakkattil	UNAIDS – Chief, Aid Effectiveness and Country Capacities
152	Mbulawa Mugabe	Director, Country Impact and Sustainability
153	Brad Hersh	Senior Adviser, Global Financing and Partner Coordination, Resource Mobilisation Division
154	Judy Polsky	Senior Adviser, External Relations, Resource Mobilisation Division
155	Annie Shakarishvili	Senior Technical Adviser, Washington Liaison Office

156	Susan O'Leary	Senior Adviser, Technical Support
157	Luiz Loures	Deputy Executive Director
158	Mahesh Mahalingham	Office of the Deputy Executive Director
159	Joel Rehnstrom	Director, Planning, Finance and Accountability
160	George Shaw	Deputy Director, Planning, Finance and Accountability
161	Tim Martineau	Chief of Staff
162	Myriam Zitterbart	Focal Point ESA, Office of the Global Plan and Global Fund
163	Veronique Collard	Focal Point WCA, Office of the Global Plan and Global Fund
164	Michael Hahn	Chief, Global Financing and Partner Coordination Division