



Sustainable HIV Financing in Transition (SHIFT) Endline Evaluation Report

Australian Federation of AIDS Organisations

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Executive Summary

Sustainable funding for HIV is a critical issue that, if not achieved, could significantly compromise the HIV response in Asia over coming years. While significant gains have been made in expanding treatment coverage and preventing transmission across the region, these successes will be compromised if sustainable funding based on the principles of allocative efficiency and leveraging the respective strengths of different sectors is not achieved. Civil society is uniquely placed to advocate for sustainable financing and be a key partner in implementing the HHIV response. Between 1 January 2017 and 31 December 2018, the SHIFT project was implemented in Indonesia, Malaysia, the Philippines and Thailand to achieve the following objectives:

1. By end of 2018, CSOs in four transition countries effectively advocate for allocative efficiency, increased domestic spending on HIV, and increased fiscal space for CSO HIV programmes by promoting greater political commitment, innovative streams of funding, CSO funding mechanisms and integration of HIV under Universal Health Coverage (UHC);
2. By end of 2018, CSOs in four transition countries have strengthened technical expertise and skills to advocate for allocative efficiency, increased domestic spending on HIV, and increased fiscal space for CSO HIV programmes; and
3. By end of 2018, CSOs have increased access to and use strategic information on HIV financing issues, including allocative efficiency, innovative CSO funding mechanisms, and best practices for countries in transition via regional Knowledge Management Hub.

Data was collected through interviews and focus-group discussions with 88 respondents across the four project countries, based on a structured questionnaire. Four national consultants were hired to lead on data collection across a total of nine sites across the four project countries, and each consultant reported to an international team leader who analysed results and prepared the final evaluation report. Results were validated internally with project partners to ensure accuracy of findings, and a comprehensive peer review process involving nine colleagues was conducted to ensure high quality outputs from the evaluation.

The majority of respondents interviewed for this evaluation felt that the three project objectives had been achieved. Indeed, respondents across the four project countries overwhelmingly agreed that the SHIFT project directly contributed to integrating financing in the national (and sub-national) HIV agenda. Similarly, there was a strong consensus among respondents about the positive advocacy results generated by the SHIFT project in the four project countries. Respondents across the four project countries also agreed that the SHIFT project was a valuable mechanism that directly contributed to the strengthening of CSO and government capacity to address issues related to HIV financing. Multiple respondents noted how the SHIFT project activities had also contributed to the development and repackaging of strategic information which was useful for initiating discussions about HIV financing with both CSO and government stakeholders.

Overall, the SHIFT project was responsible for the implementation of 47 national and regional advocacy activities that mobilised 1,165 people across the four project countries. The SHIFT project was also directly responsible for the implementation of 22 training activities that reached a total of 422 individuals over the project lifespan. And a total of 50 documents were produced over the lifespan of the SHIFT project: 10 studies, 2 tools, and 38 other information products (videos, infographics, promotional materials, etc).

Major achievements in terms of advocacy efforts include the development of sustainable CSO coalitions in three of the four project countries. For example, in Indonesia, two CSO coalitions each with 16 and 14 members were mobilised under the SHIFT project; in the Philippines, 16 CSOs were mobilised under the SHIFT project; and in Thailand, up to 35 CSOs were mobilised. In addition, strategic partnerships in the Indonesia and the Philippines; the allocation of 26 official seats for CSO and key population representatives in domestic funding mechanisms in all project countries; save Indonesia; support for the passage of the *Republic Act #11166* (or the HIV and AIDS Policy Act) of 2018 in the Philippines; the development of city-level investment plans for six cities in the Philippines; the integration of SHIFT project activities in national grants and strategic plans in Indonesia, the Philippines and Thailand; and the development of funding proposals for organisations and coalitions in Indonesia. Ultimately, the changes generated by the SHIFT project have contributed to enhancing meaningful participation of CSO in financing discussions, and to the sustainability of the national HIV responses.

Summary of key achievements in SHIFT countries

1. Philippines
 - CSO coalition mobilisation and advocacy leading to the approval of the *HIV and AIDS Policy Act*
 - Development and application of the investment case planning tool in six cities
 - CSO and key population representatives included on local AIDS councils in several cities
2. Indonesia
 - CSO coalitions focusing on HIV financing established and strengthened in two districts
 - Proposals developed and allocations for CSO working on HIV in 2019-2020 budgets
 - Integration of SHIFT activities in national HIV strategic plan 2020-2024, in national Global Fund grant, and in CSO organisational plans
3. Malaysia
 - Integration of CSO and key population representatives in the Ministry of Health technical review panel
 - Generated significant interest in a study estimating the cost of criminalisation of people who inject drugs
4. Thailand
 - Strengthening trust between government and CSO through the development of a CSO accreditation system
 - Development of guidelines for CSO financing and reimbursement

Though the SHIFT project has not been renewed or extended in 2019, several project components – like the immense motivation towards sustainable financing, the cadre of government and CSO staff who have been sensitised, the development of indicators to continue measuring progress towards sustainable HIV financing, the establishment of CSO coalitions engaged in national and sub-national level advocacy, and the integration of project components in organisational and national strategic plans – will live on beyond the project lifespan. HIV financing has also been included as a priority in the *Sustainability of HIV Services for Key Populations in Asia* project funded by the Global Fund between 2019 and 2021. While the report explores results achieved under each indicator as an important measure of the project's performance, the components that will outlive the project are potentially more valuable in the long run, given that the objectives of the SHIFT project were about sustainability.

While the legacy of the SHIFT project is clear in the four project countries, in contrast, the long-term impact of the SHIFT project on the Global Fund and donors in general remains to be seen. The SHIFT project results have immense potential to inform donor strategies related to sustainability and transitions. Indeed, to what extent will the Global Fund take the results of the SHIFT project into consideration? To what extent will the Sustainability, Transitions and Co-Financing (STC) strategy be adapted in light of the findings at baseline and endline? Will the Global Fund continue to invest in effective projects like SHIFT to support advocacy efforts towards meaningful participation of CSO and key populations in HIV financing discussion and deliberations? Are other major donors supporting the global HIV response attentive to the issues that the SHIFT project raises? While the SHIFT project partners have worked to answer all the questions that were asked of them, can they expect the Global Fund and other donors to reciprocate in kind?

Despite the significant achievements of the SHIFT project, ultimately, like any other large-scale multi-country project, the SHIFT project faced multiple challenges, and several shortcomings have been identified through the endline evaluation process. However, many of the challenges were also overcome, and many of the shortcomings were the result of factors well beyond the project partners' control. The fact that the project timeline was incredibly short, combined with the pioneering nature of the project which could not rely on prior experience or lessons learned, means that every little success is an impressive achievement in and of itself. In the end, the evaluation team can confidently conclude that the SHIFT project has achieved its objectives, even if the results are unequal across the four project countries.

Based on the results achieved and the challenges faced by the SHIFT project partners, the evaluation team formulated the following recommendations to continue to address sustainable financing for CSOs:

- **Replicate SHIFT:** The SHIFT project should be replicated wherever relevant in the context of sustainable HIV financing. Successful transitions towards a sustainable HIV response must include efforts to support the meaningful involvement of CSO and key populations in discussions and

decisions related to financing. The SHIFT project has been a powerful lubricant that has accelerated CSO and community participation in those deliberations. Continuing SHIFT in the four project countries would help consolidate the successes generated over the past two years and replicating the project in other countries and regions would generate new insights and new capacity to facilitate effective transitions. While SHIFT is a pioneering effort, the knowledge base generated by the project partners would be best used to inform and refine further efforts that are designed to achieve similar objectives.

- **Integrate HIV financing:** While the SHIFT project was specifically designed as a regional grant to engage CSOs in advocating for sustainable HIV financing, additional efforts must be made to integrate similar efforts in both multi-country grants and national grants. In parallel, sustainable financing for CSO must be integrated into civil society strengthening as well as resilient and sustainable systems for health grants and efforts in order to ensure that such efforts are not restricted to programmatic, geographic or funding silos. As with enabling environments, sustainable financing must be part of a comprehensive response to HIV.
- **Increase project lifespan:** While the SHIFT project can be considered a pilot project, its very short implementation timeline was a barrier to generating the kinds of results that all involved parties were trying to collectively achieve. While significant positive results were generated, the timeline prevented the project to create meaningful change at impact level. Even at outcome level, some significant positive changes will simply not be sustained given the limited amount of time to establish sustainable mechanisms to allow for continuity. In that sense, efforts seeking to achieve objectives similar to those of the SHIFT project should allow for a more generous project lifespan in order to allow for deeper results at both impact and outcome levels.
- **Monitor and evaluate:** While the global HIV response is often said to be guided by evidence, generated through regular monitoring and independent evaluations like this one, the reality is that evidence related to financing is often not collected and when it is collected, it is rarely used to address specific challenges related to CSO financing at country level. While it is not the Global Fund's policy to extend multi-country grants, the decision not to renew or extend the SHIFT project was made even before this evaluation had been undertaken. Financial data and cost effectiveness measurements, directed at the right audiences, can be more powerful and influential than data about programmatic effectiveness. In this context, additional efforts must be made to monitor and evaluate the financial effectiveness of national HIV responses. The SHIFT outcome and impact indicators represent a potentially powerful tool for CSO to monitor and evaluate budgets while advocating for greater transparency from donors and governments about budgets and expenditures. And including additional variables in the *National AIDS Spending Assessment* (NASA) reports so that disaggregated expenditure information for key population is available must be a priority in order to inform strategic planning before and during transitions, as well as for effective decision-making.

- **Document while implementing:** Many of the successes of the SHIFT project have been briefly captured in this report. However, many of the results generated by the project partners have not been systematically documented. If all parties involved are interested in using projects like SHIFT to inform other similar efforts, then project design must include support for documentation during implementation, as a minimum requirement, so that key elements are captured for further dissemination. In that respect, there is urgent need to capture the operational details related to the project's successes and challenges in case studies to inform interested stakeholders within and beyond the four project countries.
- **Communicate and disseminate:** Given that HIV financing advocacy is both a new and technically complex issue for many key population groups, CSOs and even governments, efficient communication and dissemination plans need to be strategically designed to support advocacy and targeted at the right audiences in order to generate impact. Data collected through regular monitoring, periodic evaluations and project documentation must be disseminated widely, reaching all key stakeholders across key populations, civil society, governments, donors and development partners. Systematic and strategic use of communication platforms is needed to ensure open discussions and deliberations so that everyone has equitable access to the information required to participate meaningfully and make transparent evidence-based decisions about the global HIV response.
- **Advocate for transparency:** All relevant parties involved in promoting sustainable HIV financing must call on responsible stakeholders to improve transparency. There are still important data gaps in terms of epidemiological realities across Asia and the Pacific and the rest of the world; but the financial data gaps are even more pronounced. In that respect, efforts like those implemented under the SHIFT project should include a component targeting government agencies and supporting UN agencies to accelerate the compilation and dissemination of financial information related to the HIV response.
- **Consider the risks:** While there is an increasingly strong global consensus about the need for increased domestic financing in the HIV response, architects of the transitions that will lead us there must remain vigilant and mindful of the risks that such 'successes' can bring about. The Malaysian case is particularly telling, where some local CSOs felt that domestically funded partners were beholden to the government and faced important constraints in their willingness and capacity to genuinely advocate for meaningful change. If transitions to domestic financing imply swapping dependence on international donors for dependence on domestic donors, then the HIV response will be no more sustainable after such transitions, even if full funding from domestic sources has been secured. Genuine sustainability is not only about where the money comes from, but about having access to funds that allow CSO to continue to do their work unhindered. In that respect, responsible stakeholders involved in planning and executing transitions towards a sustainable global HIV response must also develop and refine strategies to address the risks that could compromise rather than support sustainability. That also involves

ensuring that CSO are genuine partners in the response and can also openly advocate for the constituencies they represent.

Acronyms

ACHIEVE	Action for Health Initiatives, Inc.
AFAO	Australian Federation of AIDS Organisations
APCASO	Asia Pacific Coalition of AIDS Service Organisations
APCOM	Asia Pacific Coalition on Male Sexual Health
BAC	Bandung AIDS Coalition
CCM	Country Coordinating Mechanism
CRM	CSO resource mobilisation platform
CSO	Civil society organisation
FGD	Focus-group discussion
GAPR	Global AIDS Progress Report
Global Fund	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency syndrome
IAC	Indonesian AIDS Coalition
IDR	Indonesian Rupiah
M&E	Monitoring and evaluation
MAC	Malaysian AIDS Council
MOH	Ministry of Health
MSM	Men who have sex with men
NAC	National AIDS Commission
NADA	National Anti-Drugs Agency
NASA	National AIDS Spending Assessment
NHSO	National Health Security Office
OHAT	Outpatient HIV/AIDS treatment
PHP	Philippines Peso
PLHIV	People living with HIV
PNAC	Philippines National AIDS Council
PPAT	Planned Parenthood Association of Thailand
PR	Principal recipient
PWID	People who inject drugs
RCM	Regional Coordinating Mechanism
RM	Malaysian Ringgit
RSAT	Rainbow Sky Association of Thailand
SHIFT	Sustainable HIV Financing in Transition
SKS	Semarang Kota Sehat
SR	Sub-recipient
STC	Sustainability, transition and co-financing
THB	Thai Baht
TG	Transgender people
TNAF	Thai National AIDS Foundation
TNP+	Thai Network of People Living with HIV
TRP	Technical Review Panel
UHC	Universal health care
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV
USD	United States Dollar

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Introduction

Sustainable funding for HIV is a critical issue that, if not achieved, could significantly compromise the HIV response in Asia over coming years. While significant gains have been made in expanding treatment coverage and preventing transmission across the region, these successes will be compromised if sustainable funding based on the principles of allocative efficiency and leveraging the respective strengths of different sectors is not achieved. Civil society is uniquely placed to advocate for sustainable financing and be a key partner in implementing the HHIV response. Between 1 January 2017 and 31 December 2018, the SHIFT project was implemented in Indonesia, Malaysia, the Philippines and Thailand to achieve the following objectives:

1. By end of 2018, CSOs in four transition countries effectively advocate for allocative efficiency, increased domestic spending on HIV, and increased fiscal space for CSO HIV programmes by promoting greater political commitment, innovative streams of funding, CSO funding mechanisms and integration of HIV under Universal Health Coverage (UHC);
2. By end of 2018, CSOs in four transition countries have strengthened technical expertise and skills to advocate for allocative efficiency, increased domestic spending on HIV, and increased fiscal space for CSO HIV programmes; and
3. By end of 2018, CSOs have increased access to and use strategic information on HIV financing issues, including allocative efficiency, innovative CSO funding mechanisms, and best practices for countries in transition via regional Knowledge Management Hub.

The project has been implemented in collaboration with AFAO as principal recipient (PR), with APCASO¹ and APCOM as regional sub-recipients (SR), and four national CSOs as country SRs in the four project countries:

- ✓ Indonesia – Indonesian AIDS Coalition (IAC)
- ✓ Malaysia – Malaysian AIDS Council (MAC)
- ✓ Thailand – Thailand National AIDS Foundation (TNAF)
- ✓ Philippines – Action for Health Initiatives, Inc. (ACHIEVE)

Fundamentally, the SHIFT project was designed to respond to growing risks of widening funding gaps in national HIV responses triggered by transitions to domestic financing. More specifically, existing funding gaps for HIV services targeting key populations may be exacerbated if national governments are unable and/or unwilling to allocate resources to interventions for those populations.² Currently, the resource gap to meet 90-90-90 targets by 2030 in Asia is estimated to be second only to the need in Africa – while Africa's disease burden drives the resource need, Asia's population size accounts for the need.³

To achieve these targets against dwindling external resources, CSO are increasingly expected to mobilise sustainable resources from domestic sources. A number of concepts and tools have been used in other sectors to address

¹ The partnership with APCASO was terminated in April 2018.

² Open Society Foundations. 2015. *Ready, Willing, and Able? Challenges Faced by Countries Losing Global Fund Support*.

³ Hetch, R. (Ed.) 2013. *Cost & Choices: Financing the long-term fight against AIDS*. aids2031.

sustainability issues. The SHIFT project was designed to unpack four relevant technical areas: fiscal space, allocative efficiency, transition planning, and domestic funding mechanisms for CSO. The present report is the result of a comparison of baseline values against end-of-project results achieved for all outcome and impact indicators (see Annex 1). This report provides an overview of the methodology, limitations, overall key findings, as well as country-specific results and conclusions.

Methodology

In order to assess the results achieved at outcome and impact levels generated through the implementation of the SHIFT project, a set of indicators were developed at baseline to contextualise the project monitoring and evaluation framework, and provide the basis for the overall project evaluation. Following the development of the outcome and impact indicators, a baseline assessment was conducted against those indicators in July 2017, in order to establish baseline values against each indicator. Project indicators and baseline values are defined in the *Baseline Evaluation Report of Sustainable HIV Financing in Transition (SHIFT) Project in Indonesia, Malaysia, Philippines and Thailand*,⁴ and the project theory of change can be obtained by contacting PR-AFAO.

Based on the experience of the baseline assessment, guidelines were developed to support the implementation of the endline evaluation. The guidelines were developed at the time of the baseline assessment, specifically to ensure that the processes and tools used for the endline evaluation would align with those used during the baseline assessment. The guidelines were used to develop the endline evaluation methodology and to ensure that the three specific objectives of the endline evaluation were achieved:

1. To assess responsiveness and effectiveness of SHIFT project;
2. To identify key achievements, successes, lessons learned and good practices;
3. To formulate recommendations for future work in the area of sustainable HIV financing for CSOs and key population networks in Asia and the Pacific.

Implementing SHIFT endline evaluation

The implementation of the endline evaluation included a planning phase, a data collection phase, and a reporting phase. Overall, the implementation of the endline evaluation was spread over a period of three months to ensure sufficient time for each phase of the evaluation (see details in Table 1 below).

Table 1: Endline evaluation timeline

Completion of desk review	9 November 2018
Finalisation of evaluation methodology	16 November 2018
Planning with national partners	16 November 2018
Data collection	16 November 2018 up to 30 January 2019
Presentation of preliminary findings to AFAO	10 December 2018
Presentation of preliminary findings at SHIFT progress review meeting	13 December 2018
National consultants submit summary reports	31 December 2018
Debrief with national consultants	15 January 2019
Submission of draft report	30 January 2019
Submission of final peer reviewed report	15 March 2019

⁴ Tanguay, P. 2017. *Baseline assessment of sustainable HIV financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand*. Australian Federation of AIDS Organisations. (<https://www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf>)

Phase 1: Planning

Recognising that external evaluations are often more objective and more credible than internal evaluations, especially if the results are meant to inform public efforts like advocacy or capacity building, an international consultant was hired to lead and coordinate the endline evaluation. In addition, PR-AFAO hired a team of national consultants, one from each of the four project countries, to facilitate implementation of the endline evaluation, focusing on data collection.

The evaluation team was briefed by PR-AFAO to ensure familiarity with the project M&E framework as well as with the work of national partners. Given that each country's strategy to address sustainable CSO financing issues has been significantly different, each national partner has prioritised different sets of activities to achieve project goals. In practice, this means that the SHIFT outcome indicators are grouped by themes and while all national partners will have been expected to generate results against those core indicators (advocacy, capacity building, strategic information), not all national partners were expected to contribute to other relevant areas (transition planning, universal health care, domestic funding mechanisms).

An interview questionnaire, based on the baseline assessment guidelines, was developed and adapted for the endline evaluation (see Annex 2). Purposive sampling was used to identify respondents for both the interviews and for focus-group discussions (FGDs), in order to ensure that the respondents could provide meaningful and valuable inputs and insights to inform the evaluation. Key informants identified for interviews during the baseline assessment included national PRs, SHIFT project SRs, representatives from the country coordinating mechanisms (CCM), from ministries of health (MOH), from national AIDS commissions, from development partners, from key populations, and from other CSO including those whose work has focused on budget monitoring and advocacy. The same stakeholder groups were targeted for the endline evaluation, based on guidance from national SRs and approval from PR-AFAO.

Prior to initiating data collection, the lead consultant also facilitated a skype consultation with the national consultants, national partners (country SRs) and AFAO to identify the key stakeholders for interviews, to review the interview guide, and review the methodology and timelines. Coordination between the evaluation team and the national project partners was critical to the success of the endline evaluation. Consultation and coordination with national SRs and national consultants were used to adjust the proposed timeline for data collection, especially for conducting key stakeholder interviews. Specifically, a consensus was essential to ensure effective selection of respondents and informants, as well as for scheduling of interviews and other data collection activities.

At the completion of the planning phase, the evaluation team produced a clear timeline detailing all next steps required to complete the endline evaluation, which was approved by PR-AFAO.

Phase 2: Data collection

The first step of the data collection phase focused on conducting a comprehensive desk review of relevant materials to inform the evaluation team. The evaluation team reviewed over 145 documents, including (but not be limited to) the project concept note, project reports (including progress updates and other regular SR reports), project publications and tools, as well as published materials including, (but not limited) to national AIDS spending assessments (NASA), global AIDS progress reports (GAPR), national investment case scenarios, national Global Fund concept notes, and other relevant publications. National consultants were tasked with the identification and collection of relevant in-country publications and information. Where such in-country resources were only available in local languages, English summaries highlighting key points, conclusions and recommendations were prepared by the national consultants.

In addition to the data collected through the desk review, the SHIFT endline evaluation relied on information collected from key stakeholders and informants especially at national level. Contributions from key stakeholders were obtained through interviews and FGDs, both of which were conducted face-to-face by external evaluators. Interviews were scheduled over a period of 60 minutes, provided that no translation was required and FGDs over a period of 120 to 180 minutes, depending on the number of participants.

At endline, a total of 88 respondents were interviewed, covering both national and sub-national level data and results. Table 2 below shows the distribution of informants by country and by stakeholder category. Annex 3 includes the list of key stakeholders who were interviewed and who participated in FGDs to inform this evaluation. The evaluation team leader spent two working days in Indonesia and the Philippines respectively to support data collection at national level, while the national consultant led on data collection at sub-national levels.

Table 2: Breakdown of evaluation respondents by country and type

	Government	CCM	CSO	Development partners	Other	TOTAL
Indonesia	10		24	1		35
Malaysia	2	4*	15		1	22
Philippines	5	1*	8	1	1	16
Thailand	2	1	17			20
TOTAL	19	6	64	2	2	93

** CCM members are duplicative; CCM member are also from government, CSO, development partners, and other organisations.*

Phase 3: Reporting

During the data collection phase, preliminary results were extrapolated and presented to PR-AFAO for discussion. As a part of the data validation, the lead consultant presented the initial findings of the evaluation to AFAO, APCOM and all country SRs at the 4th Progress Review Meeting of SHIFT, which was held in Pattaya, Thailand on 13 December 2018. Following the presentation of preliminary findings, the evaluation team leader held a debriefing session with each national consultant in order to prepare a first draft of the evaluation report.

The draft endline evaluation report was shared amongst nine peers active in the area of financing for CSO in the HIV sector, in order to invite comments and suggestions to improve the final version. In addition, the report was shared with national consultants for review as well as SHIFT SRs. While the peer review is considered a good process to ensure ownership, the feedback from peers was integrated at the discretion of the evaluation team leader, where inputs provide factual corrections to adjust content, rather than to change substantive conclusions. Once that consensus was in place, the evaluation team finalised the endline evaluation report and submitted to PR-AFAO.

Once the peer review process was completed, the report was shared publicly to support advocacy efforts and targeted presentations should be organised by all project partners at various levels (regional, national, district) to further disseminate the results of the endline evaluation. In addition, the final report was uploaded to the SHIFT Knowledge Management Hub.

Limitations

The evaluation team recognises that the SHIFT project was essentially a pilot project. As far as the literature covers transitions and sustainable financing in the HIV sector, no other projects quite like the SHIFT project were identified. That implies that the SHIFT project partners were essentially pioneers, working in a very new sub-sector of the HIV response. This also implies that the SHIFT project partners had limited access to support, lessons learned and good practices to draw on and to inspire their efforts.

With extremely limited external resources to draw on, the SHIFT project would have also benefited from a regional coordinating committee (RCM, the regional equivalent of a CCM) strategically composed of key regional and national stakeholders. The Global Fund requires all grant implementation to receive oversight and guidance from CCMs, yet the SHIFT project was implemented for its entire lifespan without any external oversight mechanism, leaving the burden of coordination, support and political positioning solely on the PR while managing actual project implementation. This burden potentially resulted in compromised effectiveness, efficiency and strategic positioning of the SHIFT project itself.

In parallel, the data collected to inform the endline evaluation focused almost exclusively on national and sub-national informants and publications, save for a few interviews conducted with internal partners working at the regional level (PR-AFAO and SR-APCOM). No informants from the Global Fund (particularly the Sustainability, Transitions and Co-Financing team or even the Fund Portfolio Manager) or other donors, or from development partners were reached, implying that the results of the evaluation largely reflect an internal perspective of the implementing partners and their beneficiaries at national and sub-national

level. This is a critical gap that also reflects the limited strategic positioning of the SHIFT project globally.

The evaluation was designed to compare endline values with baseline values and provide detailed explanations for the changes, identifying SHIFT project contributions to the changes. The comparison of baseline and endline values helps identify progress against a number of indicators. However, expectations related to changes from baseline to endline should take into consideration that the SHIFT project was implemented for less than two years, given delayed start-up with SRs, including SR assessment, recruitment of both PR and SRs, finalisation of indicators budget, and signing contractual agreements. In that respect, it is unreasonable to expect that the SHIFT project would have contributed to significant changes against impact indicators. In contrast, the project was able to demonstrate significant change at outcome level.

Baseline values were established exclusively at national level, with limited baseline data collected at district or city levels by country SRs in Indonesia and the Philippines. However, given the nature of the project, the endline evaluation was designed to capture results achieved at city, district and sub-national levels in Indonesia, Philippines and Thailand, as indicated in Table 3 below. This means that endline results achieved at sub-national levels cannot be compared to baseline values.

Table 3: Sub-national data collection sites

Country	Level	Locations
Indonesia	National	Jakarta
	District	Semarang
	District	Bandung
Malaysia	National	Kuala Lumpur
Philippines	National	Manila
	City	Cebu
	City	Cagayan de Oro
Thailand	National	Bangkok
	Province	Chiang Mai

Due to a gap in the data collection protocol, the evaluation team was unable to quantify statements in this report. The report therefore relies on wording referring to a majority and a minority of respondents where possible. Despite this important limitation, the statements were carefully crafted to reflect the opinions, views and inputs from informants. The internal review included the national representatives of the evaluation team who collected the data, as well as the project SRs, to ensure that the statements in the report reflect the shared reality of the project as accurately as possible.

Lastly, the timeline for the data collection to inform endline evaluation was short, and the evaluation team had limited opportunity to reach out to the key stakeholders at national and sub-national levels. Data collection took place at the end of 2018 when many stakeholders are extremely busy with end-of-year close-

outs and reporting. In that respect, many of the stakeholders, particularly from government agencies, were unavailable at the time of the data collection.

Findings

This section includes the key findings identified during the endline evaluation of the SHIFT project. The section is divided into four sub-sections, focusing on achievements for each of the four project countries, overall achievements against project objectives, on results against project impact as well as outcome indicators. Necessarily, there will be some overlap and repetition between the results reported in each sub-section. However, each sub-section is important to support advocacy efforts conducted by and targeting different stakeholder groups, and to meet the needs of the SHIFT project partners, which were expressed during the 4th Progress Review Meeting in December 2018.

Country results

Indonesia

“SHIFT provided a comprehensive support package for CSO to meaningfully participate in district level budget allocation processes.” – CSO respondent

Under the leadership of SR-IAC, the SHIFT project in Indonesia generated multiple positive results covering the mapping of the budget cycle and national and sub-national level, coalition building, facilitating participation of CSO in budgeting processes and national and sub-national levels, and integration of sustainable financing strategies in national mechanisms related to HIV.

One of the most important achievements under the SHIFT project in Indonesia has been IAC's capacity to establish and reinforce advocacy coalitions among CSOs at district and at national levels. At national level, IAC strengthened its activities by expanding an existing partnership with Seknas Fitra, a CSO mandated with budget monitoring, in line with recommendations formulated in the baseline assessment report.⁵ Though collaboration between IAC and Seknas Fitra pre-dated the initiation of the SHIFT project, the partnership under this project contributed to enhancing IAC's credibility with government stakeholders, as well as with generating strategic information and strengthening capacity of key stakeholders, especially among CSO at the district level.

“Now that we receive support through the SHIFT project, we no longer walk alone. In the past, CSO representatives barely knew each other, and now we work in alignment, and we practically all know each of the organisations who are involved in HIV-related advocacy.” – CSO respondent

At the district level, IAC was able to reinforce the Semarang Kota Sehat (SKS or the Semarang AIDS Coalition) and establish the Bandung AIDS Coalition (BAC) in those respective districts. In Semarang, 16 local CSOs are now part of the coalition that is designed to advocate to the district government on a range of HIV-related issues, including sustainable HIV financing. Inspired by the success

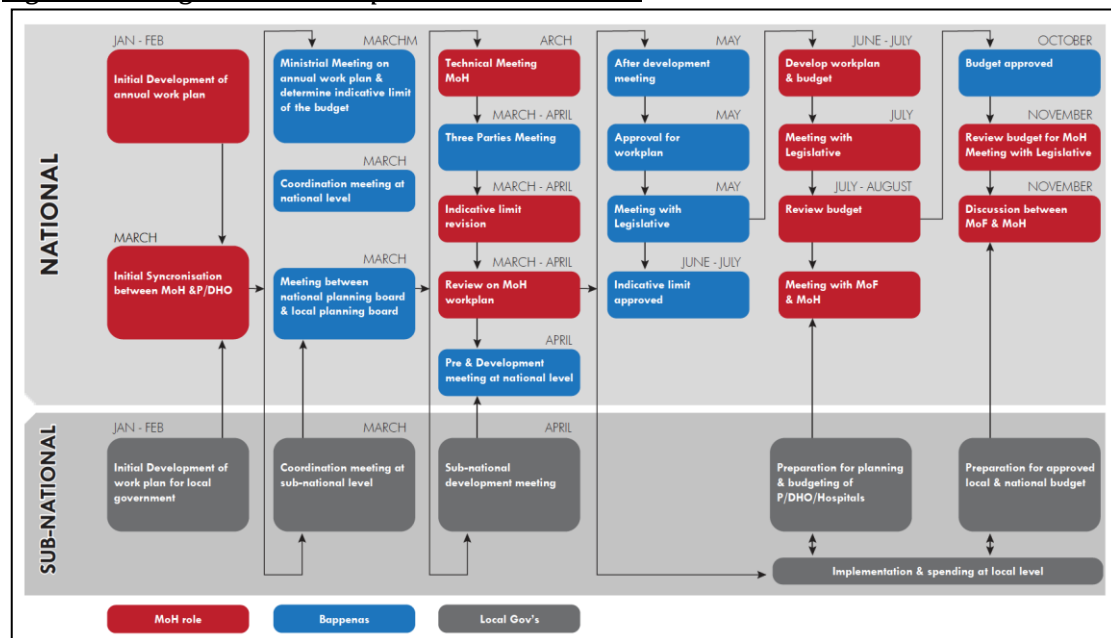
⁵ Tanguay, P. 2017. *Baseline assessment of sustainable HIV financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand*. Australian Federation of AIDS Organisations. (<https://www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf>)

in Semarang, IAC accelerated a similar stream of activities in Bandung where 14 CSO were united under a common strategic goal related to sustainable HIV financing for CSO. In both districts, coalition level proposals were consensually developed, as well as individual proposals for each the organisations represented in the coalitions. Several tentative commitments were made for budget to be allocated to CSO in both districts for 2019-2020.

“With improved CSO capacity, they will be more credible advocates for HIV programming, includes for mobilising domestic funding. If CSO can effectively influence the budgeting process at the district level and submit attractive proposals, then MOH will reap the benefits, quality of programmes will be improved, and CSO contributions will be more significant.” – Government respondent

IAC was able to rapidly map out the national and sub-national budgeting cycle. The cycle, detailed in Figure 1 below, shows the key steps involved in budget allocation across the country. Prior to the SHIFT project, such information was not extensively available among CSO working on HIV-related issues. However, CSO involvement is not specifically indicated or required, so access to this information was critical to ensure strategic engagement in Indonesia. In that context, IAC and Seknas Fitra were able to provide training to the coalition members in Bandung and Semarang to learn when and how to access funding from four different domestic sources.

Figure 1: Budget allocation process in Indonesia ⁶



Led by IAC, the SHIFT project partners in Indonesia were also able to support community-based CSOs in formally registering with government authorities at national and district levels to access domestic funds, a prerequisite to become a formal recipient of such funds. Though many CSO involved in Indonesia’s HIV

⁶ Fuh Teh, M. 2018. *National Situational Assessment of HIV Financing in Indonesia*. Sustainable HIV Financing in Transition. (http://shifhivfinancing.org/wp-content/uploads/2018/07/SHIFT-NSA-Indonesia_print_Final_web-1.pdf)

response are already registered at national level, many are not registered at district level (which is sometimes more demanding than national-level registration), preventing access to funding. To address this obstacle, IAC and Seknas Fitra provided support to coalition members in Bandung and Semarang to complete the registration process.

As a result of the achievements under the SHIFT project, IAC was invited by MOH to prepare a contribution for the upcoming Indonesia National HIV Strategy 2020-2024. Specifically, IAC was invited to prepare the entire section of sustainability and transitions for the national HIV strategic plan, an exceptional acknowledgement of the success under the SHIFT project led by IAC, a significant change from previous national strategic plans which did not specifically acknowledge CSO contributions. IAC has also indicated that, despite the SHIFT project not being renewed, it had already integrated several components of the SHIFT project in activity plans under the national Global Fund grant allocation. That means that several activities undertaken under the SHIFT project are likely to continue in the future, especially in support of district-level coalition efforts. Similarly, multiple CSO part of the district coalitions have also integrated SHIFT-related activities in their organisational workplans and strategies, demonstrating that several components of the SHIFT project have a chance to generate sustainable impacts beyond the SHIFT project's lifespan.

In summary, IAC's capacity to establish strategic coalitions at both the national and district level represents a substantial achievement. Coalition members' capacity was enhanced through SHIFT activities and CSO were formally registered to allow access to domestic sources of funding. IAC's reach at district has been impressive and inspiring for other SHIFT project partners. And many activities initiated under the SHIFT project will be carried forward as part of the national HIV strategy, despite the close-out of the SHIFT project.

Malaysia

"The SHIFT project certainly got people thinking about HIV financing post Global Fund and about allocative efficiency... It is a pretty good term to frame the discussion on how well resources can be allocated for an effective response. SHIFT provides that space for the discussion to take place." – CSO respondent

Managed by SR-MAC, the SHIFT project in Malaysia was a critical catalyst for raising awareness about HIV financing among CSO and stimulating discussion about the sustainability of CSO in the national HIV response. Multiple respondents noted that the SHIFT project had introduced several new eye-opening concepts and built the capacity of CSO stakeholders who felt more confident to raise such issues and advocate for improvements in HIV financing. For example, a number of respondents noted that the proposal writing training workshop had been particularly informative and useful for CSO to improve their funding requests to MOH, Global Fund and other donors. In that respect, the SHIFT project contributed to shaping the discourse about HIV financing among

CSO, especially in terms of allocative efficiency, particularly in regards to funding for HIV prevention programmes targeting men who have sex with men (MSM).

Perhaps the most significant achievement of the SHIFT project in Malaysia is the expansion of the role of the CCM, which now oversees both Global Fund grants as well as MOH-funded projects. In January 2018, CCM members were officially invited to be part of the MOH's Technical Review Panel (TRP), which implies participating in the decision-making processes selection of recipients and allocation for each recipient. This alignment across the CCM and the TRP means that eight key population representatives currently sitting as official members of the CCM are thereby members of the MOH TRP with the same mandate of raising community voices in decisions related to HIV financing.

MAC was also able to mobilise stakeholders in support of the establishment of a technical working group to address sustainable HIV financing, including for CSO. Although the working group has not officially been established at the time of this evaluation, respondents noted that the plans to formally establish the mechanism were not supported by the CCM and MOH. As of late 2018, the future of the national working group remains unclear. Note that the SHIFT workplan in Malaysia also included activities geared towards the establishment of a national task force on HIV financing, which also failed to materialise due to resistance from government stakeholders.

Implementation of the SHIFT project in Malaysia faced a unique challenge given that 96% of funds for the national HIV response were sourced domestically in 2015 (compared to 57% in Indonesia, 74% in the Philippines, and 89% in Thailand),⁷ and that MAC has been operating for more than 25 years as a mechanism to finance CSO involved in the national HIV response. In that respect, many stakeholders in Malaysia felt that the SHIFT project could generate very little impact, even though several opportunities to improve CSO financing were identified by local stakeholders before the SHIFT project took off and throughout the project's lifespan. In the end though, there was very limited ownership of the SHIFT project in Malaysia and significant resistance, particularly from MOH and CCM representatives who viewed the CCM as a sufficient platform for discussion on HIV financing, and that anew mechanism would be duplicative and increase workloads.

In parallel, respondents from Malaysia were virtually unanimous in reporting their perception that MAC had not prioritised SHIFT project activities. The majority of Malaysian respondents also noted concerns about MAC's limited capacity and willingness to genuinely advocate and push government agencies towards significant improvement in HIV financing. Respondents noted that this situation dissuaded them from meaningfully engaging in project activities in Malaysia, thereby compromising ownership across a wide range of efforts implemented under SHIFT. Due in large part to the limited ownership among key

⁷ Tanguay, P. 2017. *Baseline assessment of sustainable HIV financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand*. Australian Federation of AIDS Organisations. (<https://www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf>)

stakeholders, including among leaders of local CSOs, the SHIFT project had limited impact in Malaysia, especially compared to the other project countries.

The Malaysian situation is particularly telling and noteworthy considering that several respondents specifically indicated that MAC's limitations were directly related to its own funding originating from domestic sources. Respondents specifically noted that MAC's financial dependence on MOH funding, and its role as the main channel for CSO HIV funding via MOH essentially compromised the organisation's ability to be an effective advocacy mechanism. Note that this concern was also highlighted in the baseline evaluation report where replacing international funding for domestic funding poses important risks that can compromise CSO capacity to advocate for improvements in the national HIV response:

*"Swapping out international donors and substituting their funds with domestic resources would likely compromise the fundamental capacity and value of CSOs in terms of advocacy and watchdogging, functions that the Global Fund, other donors and development partners acknowledge as necessary to achieving sustainable HIV responses."*⁸

That said, MAC was able to generate significant interest in the cost of criminalisation study (unpublished at the time when this evaluation was being conducted), especially among the National Anti-Drug Agency (NADA), which is mandated with overseeing the national drug control efforts. Obviously, the cost of criminalisation study focused on the cost related to law enforcement interventions targeting people who use and inject drugs to compare the financial implications across public health and public security budgets. While the report is highly anticipated and authorities like NADA may adjust their strategies according to the new data, the fact is that the HIV prevention budget allocation for interventions targeting people who use drugs was aligned with epidemiological realities at baseline (37% of the budget for 36% of the prevalence in 2014).⁹ Yet allocations for HIV prevention among MSM – who are also criminalised in Malaysia – was 0.3% of the prevention budget to address the 8.5% national HIV prevalence rate in 2014.¹⁰ Though the new data about the cost of criminalisation among people who use and inject drugs may be valuable, efforts and resources for this activity could have been more strategically allocated to generate greater, more meaningful impact.

Philippines

"The SHIFT project helped us sustain our organisation by improving our capacity to mobilise local funding for our HIV work." – CSO respondent

⁸ Tanguay, P. 2017. *Baseline assessment of sustainable HIV financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand*. Australian Federation of AIDS Organisations. (<https://www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf>)

⁹ Tanguay, P. 2017. *Baseline assessment of sustainable HIV financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand*. Australian Federation of AIDS Organisations. (<https://www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf>)

¹⁰ Tanguay, P. 2017. *Baseline assessment of sustainable HIV financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand*. Australian Federation of AIDS Organisations. (<https://www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf>)

With ACHIEVE at the helm of the SHIFT project in the Philippines, several positive results have been generated in support of sustainable financing for CSO involved in the national HIV response. From coalition building to policy change as a result of strategic advocacy, as well as strategic planning and tool development through effective partnerships impacting at sub-national levels and integration of key components in organisational and national strategic plans through both meaningful participation of CSO and engagement with existing government structures at sub-national level, the SHIFT project achievements in the Philippines are overwhelmingly positive.

ACHIEVE used the SHIFT project to further existing organisational objectives; in that sense, ACHIEVE was able to harness the value of the SHIFT project and align activity plans with strategic objectives that were already in place. For example, ACHIEVE had been advocating with other partners to facilitate approval of the national HIV and AIDS Policy Act; ACHIEVE used the SHIFT project to expand a growing coalition of 16 CSOs, to strengthen capacity of CSO and other key stakeholders, to support the movement with strategic information, and galvanise advocacy efforts towards a common goal in which sustainable financing was elegantly and compellingly integrated. Similarly, the SHIFT team in the Philippines supported the formation of an informal CSO coalition in Antipolo where up to four organisations came together to advocate for sexual and reproductive health rights.

“At UNAIDS, we know that CSO advocacy is critical to a successful national response. That absolutely must include advocacy for sustainable financing!”
– UNAIDS representative

That strategy proved effective given that, with the support of the SHIFT project, the HIV and AIDS Policy Act was ratified in both the Senate and the House of Representatives after three respective readings, and was formally approved by President Rodrigo Duterte in December 2018 after years of lobbying. The CSO coalition spearheaded by ACHIEVE mobilised several Senators, public figures, PLHIV and other activists and advocates. Ultimately, the coalition was instrumental in getting the Bill approved and several components of the combined advocacy activities led to the long-awaited approval of the new policy. For example, a powerful photo exhibition became such a compelling activity reaching and touching several influential individuals, that the exhibition is still being shown around the country: on World AIDS Day 2018, the exhibition was featured at the University of the Philippines, even after the ratification of the Bill in both Houses.

“Government officials kept asking ‘how much do you need?’ so we realised that we needed to come up with answers to that question. Ultimately, this is an important stepping stone to sustainability and transition planning!”
– CSO respondent

ACHIEVE was also able to formalise a partnership with the national UNAIDS office by aligning strategic objectives and providing support to develop a

powerful budgeting tool that was piloted in six cities across the country. Once the investment calculator was developed, a training workshop targeting the local AIDS councils in the six project sites, was held to strengthen their capacity to use the tool. Ultimately, the tool was deployed and the results were used to estimate the resource gap in those six cities to enhance advocacy efforts and inform budget planning. Now that the tool has been piloted, UNAIDS considers the experiment a huge success and already plans are in place to expand use of the tool to 15 new cities in 2019, and ultimately reach the 140 cities most affected by HIV across the Philippines.

“The SHIFT project has been a powerful tool to convince and influence the government!” – CSO respondent

In parallel, ACHIEVE worked with its coalition partners to establish, strengthen and support local AIDS councils across the six target cities by working with the Local Government Units. For example, respondents note that in Cebu, ACHIEVE and its partners strengthened the relationship with local authorities towards increasing the HIV funding allocation for CSO to 10% of the city budget. Additional proposals were developed and submitted to increase funding allocations for CSO, while some local AIDS councils allocated seats for more meaningful CSO participation in decision-making processes.



Captions: *Left:* Mara Quesada, the Executive Director of ACHIEVE, with Senator Richard J. Gordon at the photo exhibition setup at the Senate. *Right:* The photos exhibited included the personal stories and moving testimonials about how individuals had been impacted by living with HIV.

Thailand

“While the SHIFT project was not the most influential agent for change, it was a powerful lubricant that facilitated progress towards a sustainable HIV response in which CSO have a continued meaningful role.” – CSO respondent

The Thai National AIDS Foundation (TNAF) was responsible for the implementation of the SHIFT project activities in Thailand. Results like the formalisation of a partnership with the national health insurance agency for

domestic financing of CSO, efforts to build a bridge of trust between CSO and government agencies, CSO mobilisation and participation in a domestic financing platform, development of a theoretical collaboration model, documentation of good practices and production of strategic information, and integration of key components of the SHIFT project in the national HIV response are among the most significant successes achieved by TNAF.

With support from the SHIFT project, domestic financing for CSO from the National Health Security Office (NHSO) has been facilitated and scaled up. While plans were in place for such results to be achieved prior to the initiation of the SHIFT project, the support that was mobilised through SHIFT contributed to the elaboration of reimbursement guidelines for CSO service delivery. While preparations for those guidelines pre-dated the SHIFT project, preliminary decisions indicated that CSO could claim funds for services when a client had been supported across the entire service cascade: from recruitment, reach, testing, treatment and retention. The SHIFT project enabled TNAF and members of the CRM to advocate for a differential reimbursement scheme in which clients were recruited, reached and tested, in line with the reality of the work of CSOs in Thailand.

In 2017, a total of 35 CSOs¹¹ received domestic funding for HIV-related activities from NHSO. In 2018, the number of recipients dropped to 12¹², because many small CSOs realized that they had limited capacity, both programmatic and organizational, to apply for and manage a grant from NHSO. Out of the 12, nine target MSM, nine target transgender, one targets sex workers and one targets people who inject drugs. Two financing models for those CSOs, including the NHSO grant for HIV prevention among key populations and the Department of Disease Control's subsidiary fund, were independently documented and promoted during the SHIFT project.¹³ Even more importantly, the Department of Disease Control under MOH selected four CSO – TNAF, PPAT, TNCA, TNP+ and RSAT – to officially sit on the joint executive committee of the subsidiary fund from which CSO working to prevention HIV transmission receive domestic financial support. In parallel, NHSO District 13 in Bangkok also selected four CSO to sit on the joint working group making allocative decisions: TNAF, RSAT, SWING and Ozone Foundation.

In order to expand support for CSO from NHSO and other domestic funding mechanisms, TNAF and SHIFT partners, under the leadership of Raks Thai

¹¹ TNAF, Raks Thai Foundation, Ozone Foundation, Empower Foundation, SWING Foundation, Sisters Foundation, Foundation for AIDS Rights, Human Development Foundation Mercy Center, World Vision Foundation, PPAT, RSAT, Population and Community Development Association, TNCA, Catholic Committee on HIV/AIDS, TNP+, Thai Drug User Network, AIDS Rights Protection Network, Khon Kaen Provincial Network of PLHIV, Thai Positive Women's Network, AIDS Network Foundation, Thai Concern Foundation, POZ Home Center, SHARE Foundation, Pearl S. Buck Foundation, Community Children Foundation, Young Muslim Association of Thailand, Church of Christ in Thailand AIDS Ministry, Pink Monkey, Hor Keaw Si Roong, Palang Puean Ying Group, Power Teen Group, M-Reach, Siam Mission Foundation, M-Friend, and Payoon Sri Trang Group.

¹² RAST, SWING Foundation, Sisters Foundation, Pink Monkey, M+ Foundation, M Lakorn, Ozone Foundation, M Friend, M Reach, Rainbow, Health Opportunity Network, and Caremat.

¹³ Tanguay, P. 2018. An innovative domestic financing partnership to prevent HIV among people who inject drugs in Thailand. Australian Federation of AIDS Organisations. (<http://shifhivfinancing.org/wp-content/uploads/2018/06/PT-SHIFT-Innovative-domestic-financing-for-PWID-in-Thailand.pdf>); United States Agency for International Development. 30 March 2018. Press release: New financing model promotes sustainable, government-supported HIV health services. (<https://www.usaid.gov/asia-regional/press-releases/mar-30-2018-first-community-led-hiv-clinic-high-risk>)

Foundation, worked to develop a CSO accreditation system, to hopefully improve trustworthiness of CSO in the eyes of government officials. The accreditation system includes organisational management components focused on meeting financial management and operational systems requirements, a technical component focused on measuring quality of service delivery, and a human resource component focused on assessing the capacity of staff and workers. Though the accreditation system is neither fully deployed, nor even legally binding, this joint effort mobilising Thai CSO is expected to resonate with government officials and provide a mechanism through which trust can be strengthened.

To support their efforts, TNAF applied a theoretical collaborative governance model to facilitate collaboration and engagement across government and CSO sectors. This model underpins the strategy through which TNAF has conducted its advocacy work in Thailand, building on historical relationships, strengthening capacity and providing incentives for collaboration. The building blocks of the strategy are captured in the case studies that TNAF has commissioned to capture lessons learned and successes. It is worth pointing out that only TNAF took it upon itself to produce case studies related to its successes and results under the SHIFT project. Along with the case studies, TNAF worked with partners in Thailand to generate other strategic information products like the cost of criminalisation study focused on people who inject drugs (unpublished at the time of the evaluation), as well as a study on the laws and policies related to domestic financing for CSO.

Project objectives

Objective 1: Advocacy

The primary objective of the SHIFT project was to support and strengthen advocacy efforts towards improved CSO financing for a sustainable HIV response. The vast majority of respondents interviewed during the data collection process felt that the objective had been achieved. Indeed, respondents across the four project countries overwhelmingly agreed that the SHIFT project was a valuable mechanism that directly contributed to integrating financing in the national (and sub-national) agenda. Similarly, there was a strong consensus among respondents about the positive advocacy results generated by the SHIFT project in the four project countries.

Many respondents noted how the SHIFT project had a powerful influence on CSO and government representatives in each country. In Malaysia and Thailand, for example, multiple respondents noted how the SHIFT project had forced a critical rethink of HIV-related advocacy strategies for small community-based organisations. For those organisations, the SHIFT project advocacy activities represented the first foray in sustainable financing, which positively influenced beneficiaries' advocacy agenda that now formally integrates this issue. Similarly, respondents from Malaysia and Thailand also underlined how government officials are also more sensitive and receptive to HIV financing needs of CSOs. Overall, the SHIFT project was responsible for the implementation of 47 national and regional advocacy activities that mobilised 1,165 people across the four project countries.

In all four project countries, the SHIFT project was a driving force for the establishment and strengthening of CSO coalitions that spearheaded HIV financing advocacy activities: in Indonesia, advocacy efforts at the national level were led by SR-IAC, while the Bandung AIDS Coalition (BAC) was established and the Semarang Kota Sehat (SKS) was extensively strengthened at district levels; in Malaysia, a national platform was created for CSO to discuss sustainable HIV financing and government budget allocations; in the Philippines, a powerful CSO coalition was established through the SHIFT project to support advocacy efforts that led to the endorsement and formal approval of the 2018 HIV and AIDS Policy Act; and in Thailand, CSOs have formally joined and participated in the operations CSO resource mobilisation (CRM) platform as official partners.

Despite these important results, SHIFT-related advocacy efforts were mostly turned inward, at national and sub-national levels in project countries. In that sense, SHIFT advocacy efforts had extremely limited influence on donor agendas and strategies – particularly those of the Global Fund. While influencing Global Fund decisions and policies was not explicitly included in the project objectives, it seems to be an important gap in the design and a missed opportunity. That said, some efforts were made by PR-AFAO to inform Global Fund and other donors, but the absence of an effective RCM combined with limited interest from Global Fund representatives meant that PR-AFAO had very limited influence on donor agendas.

Again, though not explicitly integrated in the project design, AFAO made efforts to mobilise CSO at the regional level as part of advocacy efforts. Unfortunately, the SHIFT project had a limited influence beyond the four project countries, though not for lack of trying. As part of advocacy planning and execution, regional key population networks were regularly invited to attend, participate and formalise alliances with SHIFT partners, with limited success. SHIFT PR and SR representatives consistently note that key population networks were not in a position to prioritise or even integrate sustainable financing in their advocacy plans, either due to a lack of interest or because of other existing priorities.

Objective 2: Capacity building

As part of the SHIFT project, strengthening capacity of CSO was considered a priority objective that would further enhance advocacy efforts towards sustainable HIV financing. The vast majority of respondents interviewed during the data collection process felt that the objective had been achieved. Indeed, respondents across the four project countries agreed that the SHIFT project was a valuable mechanism that directly contributed to the strengthening of CSO and government capacity to address issues related to HIV financing.

Multiple respondents noted how the SHIFT project activities had contributed to the strengthening of skills and knowledge among various constituencies at regional, national and sub-national levels. Multiple platforms and mechanisms were deployed at the regional level and in all four project countries to enhance and strengthen capacity and knowledge, primarily among CSO but also among government officials. Workshops were organised on various topics – from basics of HIV financing, to proposal development, including public speaking, strategic advocacy, and UHC. The SHIFT project was directly responsible for the implementation of 22 training activities that reached a total of 422 individuals over the project lifespan.

Respondents also underlined how the SHIFT project capacity building strategy had been particularly effective at reaching deep into communities at sub-national levels. For example, in Indonesia, the capacity generated by regional workshops was then adapted for national workshops, and national level efforts were further translated into district level activities that reached the CSO and communities that are in greatest need of skills and knowledge to effectively carry out strategic advocacy efforts. That trickle-down effect was particularly visible in Indonesia, although a similar effect was recorded in the Philippines where CSO were able to adapt learning from the regional level to enhance capacity at national and city level efforts.

While the results achieved against the capacity building objective are very positive, several respondents noted that significant capacity needs were not met under the SHIFT project, particularly in regards to basic organisational functions. For example, multiple respondents from the project SRs noted that project management capacity was insufficient and had expectations that the SHIFT project would contribute to organisational strengthening, particularly in regards to financial management. This issue was also echoed in interviews with other CSO beneficiaries in the four project countries.

Several respondents who participated in SHIFT capacity building activities, especially in Malaysia, also noted that the format of those activities had relied almost exclusively on one-off classroom-type workshops, which was considered to have limited value and impact. Instead, multiple respondents noted the need for on-the-job mentoring to properly support the integration of HIV financing in organisational plans and structures. In Malaysia and in other project countries, multiple respondents noted the lack of strategic vision guiding participant selection for capacity building workshops, where selected participants were often not the ones who could influence the organisation's advocacy agenda or its strategic plans.

Objective 3: Strategic information

Like capacity building, the development of strategic information was considered a priority objective that was designed to further enhance advocacy efforts towards sustainable HIV financing. A significant proportion of respondents interviewed during the data collection process felt that the objective had been achieved. Respondents across at least three of the four project countries agreed that the SHIFT project was able to generate valuable strategic information about HIV financing.

Multiple respondents noted how the SHIFT project activities had contributed to the development and repackaging of strategic information which was useful for initiating discussions with both CSO and government stakeholders. A set of 23 outcome and impact indicators was developed to assess performance. Multiple original studies were conducted – including baseline indicator values; mapping the domestic budget cycle in Indonesia, Malaysia and the Philippines; mapping of laws and policies that impact CSO financing in Thailand; calculations of the cost of criminalisation of vulnerable populations in all four project countries; and calculations of unit costs in the Philippines. A city level budget assessment tool was developed in partnership with UNAIDS in the Philippines. APCOM developed brief profiles for each SHIFT country. And several promotional materials – including instructional videos and infographics – were developed. The majority of the materials developed under the SHIFT project were made available through strategic channels – the SHIFT knowledge management hub, Facebook and other social media platforms. In total, 50 documents were produced over the lifespan of the SHIFT project: 10 studies, 2 tools, and 38 other information products (videos, infographics, promotional materials, etc).

However, multiple respondents highlighted that the materials had had extremely limited impact at national level: given that most of the information tools were developed at the regional level, the content was neither new or useful in supporting the advocacy needs of SHIFT SRs. Materials published were considered useful for informing stakeholders operating at the regional and global levels, although, as noted earlier, there were very limited advocacy activities taking place at those levels. In that sense, there seems to have been a significant mismatch between the strategic objective and the target audiences for the materials produced. Additionally, strategic information materials were expected to come out early in the project lifespan in order to support advocacy,

but many of the most useful strategic information products – like the cost of criminalisation studies – had not yet been published at the time of this evaluation. The delays in releasing strategic information significantly compromised efforts, particularly in Malaysia where stakeholders felt that this objective had not been met.

Multiple respondents noted that among the strategic information tools that had been released, the most useful were the videos and infographics. Many respondents noted that the reports and studies were dense, difficult to digest, and hard to integrate at local level, given that community representatives had limited interest and capacity to read through those. In addition, the budget and human resources allocated to support translation into local languages was extremely limited. Lastly, while the SHIFT project partners produced some useful information, there were few tools that were produced so that the information and processes could be replicated elsewhere.

Impact indicators

Indicators 1-6

To assess results at impact level, the evaluation team sought to identify new data about fiscal space and allocative efficiency, particularly at national level, to compare with baseline results. During the baseline assessment, values for the six impact indicators were largely sourced from the National AIDS Spending Assessment (NASA) reports and the Global AIDS Progress Reports (GAPR), as well as, to a lesser extent, from Global Fund Concept Notes. The endline evaluation team worked to obtain the most recent copies of these documents for all four countries, but to no avail – no new NASA or GAPR reports were published containing data for 2017 or 2018,¹⁴ and the countries that submitted new Concept Notes to the Global Fund, like Malaysia, did not provide new data about the financial landscape for HIV.

Table 4: SHIFT impact indicators

Fiscal space	<i>Indicator 1: Total expenditure on HIV per year</i>
	<i>Indicator 2: Proportion of domestic and external resources in HIV expenditure</i>
	<i>Indicator 3: Resource gap to fully implement the country's national strategic plan on HIV</i>
Allocative efficiency	<i>Indicator 4: Proportion of national domestic HIV expenditure allocated to CSO</i>
	<i>Indicator 5: Amount and proportion of HIV expenditure allocated by key population against prevalence & new infection rates</i>
	<i>Indicator 6: Amount and proportion of national HIV expenditure allocated to major HIV response activities</i>

Knowing that these reports are critical tools to inform advocacy efforts for sustainable HIV financing, the baseline assessment report had specifically recommended to “*assess timelines for release [of] impact indicator data*” and to advocate with national authorities and development partners to increase transparency. However, very few efforts were made in the 18-month project lifespan to obtain clarification on the expected publication dates or to advocate for greater transparency in the dissemination of relevant data about HIV financing at national level.

This implies that the impact of SHIFT project could not be assessed at the time of the endline evaluation. Given that the SHIFT project was not extended or renewed, and that impact measurement was not included in the project design, it is unlikely that impact it generated will ever be determined.

¹⁴ In Indonesia, new NASA and GAPR reports were published in 2017 but they contain data for 2015 and 2016. This could allow partners to update baseline values, originally set against 2014 data, but it does not allow the evaluation team to draw conclusions about the impact of the SHIFT project.

Outcome indicators

Indicator 7: Number of policy instruments developed to support project goal

Policy change is a notoriously slow process and, given that the lifespan of the SHIFT project was short, the evaluation team expected limited outcomes against this indicator. However, surprisingly important policy changes took place in the Philippines. At national level, the approval and ratification of the HIV and AIDS Policy Act represents a landmark achievement to which the SHIFT project made significant contributions. At sub-national level, several legal ordinances and memorandums of understanding (MOU) were signed, which paved the way for the establishment of local AIDS councils in at least three locations. Project beneficiaries report that, in Quezon City, an ordinance was approved to reinforce the local AIDS council. In Batangas and Cagayan de Oro, local ordinances, virtually identical to the one approved in Quezon City, were also approved to establish a local AIDS council. Project beneficiaries report that MOUs were signed to legally establish and formalise the operations of local AIDS councils in Pasay and Paranaque. Similarly, there are commitments in place to modify the local AIDS council ordinance in Antipolo to change the allocation strategy as a result of efforts implemented with support of the SHIFT project. In parallel, several proposals were submitted to local AIDS councils – in Cebu, in Batangas, Pasay and other sites to formally include CSO representatives – especially from key population groups – on the local AIDS councils, as well as to increase allocations for HIV and improve allocative efficiency.

In Indonesia, MOH approached SR-IAC to contribute to the development of the national HIV strategy 2020-2024, specifically to support the development of the section on sustainable financing and transitions. SR-IAC was able to integrate the formal definitions of key concepts in the national HIV strategy, thereby influencing both future policy and programming across the country. As in the Philippines, several financing proposals were prepared as a direct result of SHIFT activities: the district level coalitions in Bandung and Semarang, and all their members, prepared proposals for scaling-up fiscal space and for improving targeted allocations based on epidemiological realities.

In Thailand, the SHIFT project supported CSO that worked to develop a set of service delivery reimbursement guidelines that were approved by the NHSO. In parallel, SR-TNAF and SHIFT partners worked to develop a CSO accreditation system designed to improve trustworthiness of CSO in the eyes of government officials. Though the accreditation system is neither fully deployed, nor even legally binding, the work led by TNAF is expected to resonate with government officials and provide a mechanism through which trust can be strengthened.

In Malaysia, no specific policy change took place under the SHIFT project.

Indicator 8: Number of advocacy coalitions, plans or mechanisms that support evidence-based key messages about sustainable financing

All four countries were able to establish CSO advocacy coalitions and strengthen them with technical support. In Indonesia, SR-IAC capitalised on its existing partnership with Seknas Fitra to expand an informal national level CSO coalition

to influence government agencies responsible for health and financing. In parallel, the Bandung AIDS Coalition (BAC) was established with 14 CSO members¹⁵ as a direct result of the SHIFT project, modelled on the successes achieved by an existing CSO coalition established in Semarang prior to the SHIFT project. The 12 CSO members of the Semarang Kota Sehat (SKS)¹⁶ received technical support to strengthen their advocacy capacity and enhance their advocacy efforts.

In Malaysia, efforts were made to establish the first national task force on sustainable HIV financing, but the plan failed to materialise due to resistance from government representatives and CCM members. After a strategic delay, a revised plan proposed the establishment of a national working group on HIV financing, but again, government officials and CCM members felt that the CCM platform was sufficient for the country to discuss HIV financing matters. Despite the resistance, SR-MAC has been able to mobilise an informal coalition including multiple CSO that supported the new mechanisms and developed financing proposals in parallel.

In the Philippines, a national level coalition was established with 16 CSO partner organisations¹⁷ that contributed to the advocacy efforts leading to the approval of the 2018 HIV and AIDS Policy Act. CSO coalition members actively participated in Congressional Forums which supported the passing of this new law. In parallel, the SHIFT team in the Philippines supported the formation of an informal CSO coalition in Antipolo where up to four organisations came together to advocate for sexual and reproductive health rights.

In Thailand, the CSO Resource Mobilisation (CRM) platform was formally established under the leadership of SR-TNAF and with support from the SHIFT project. Established in October 2017 as a local advocacy working group, the CRM coalition initially mobilised 10 members from 10 different CSOs. In 2018, the CRM membership was expanded to include more than 30 organisations, including development partners (such as UNAIDS), private sector companies (like the Sansiri Public Company Ltd. that provides advisory support) and renowned individuals (like Mr. Anan Panyarachun, former Prime Minister of Thailand).

Finally, at the regional level, SR-APCOM established an online knowledge management hub,¹⁸ which serves as a repository of public knowledge, information and tools to support advocacy towards sustainable financing and

¹⁵ Coalition members include Warga Peduli AIDS, Perkumpulan PUZZLE Indonesia, Rumah Cemara, Srikandi Pasundan, Yayasan Grapiks, Female Plus, Koordinator PKN Bandung, PKBI Kota Bandung, Lemba Bantuan Hukum, Bandung, Aissiyah Kota Bandung, Jaringan Indonesia Positif Kota Bandung, IPPI Kota Bandung, Srikandi Pasundan and Fokus Muda.

¹⁶ Coalition members include Yayasan Kalandara, Semarang Gaya Community, Rumah AIRA, PERWARIS Semarang, Rumah Pelangi Indonesia, PKBI Kota Semarang, Madupahat, Yayasan PEKA, Komunitas ODHA Ohidha, LBH Apik Semarang, TB-Aissiyah Semarang, Resos Sunan Kuning.

¹⁷ Coalition members include HIV and AIDS Support House, NoBox Transitions, Kagay-an PLUS Inc, Batang Laging Umiwas sa Tiyak na Impekasyon, Inc., BARAKO Batangas Pride, Inc., Association of Positive Women Advocates, Inc., Cebu United Rainbow LGBT Sector, Urdaneta Rainbow Rights / LGBT Help Desk, TransPinays of Antipolo Organisation, The Library Foundation-Sexuality, Health and Rights Educators Collective, Inc., Peer Educators Movement for Empowerment of Pasay, Antipolo, Manila, Caloocan and Quezon City, Northern Mindanao AIDS Advocates, Decent Image of South Signal Association, Inc., Action for Health Initiatives, Inc. (ACHIEVE), Cebu+, and the Philippines NGO Committee.

¹⁸ Visit the hub at <http://shifthivfinancing.org>.

equitable transitions. The hub represents an important achievement in terms of facilitating dissemination of information, not only for the four project countries, but for the entire HIV sector across the world.

Indicator 9: Number of seats allocated to CSO within funding and financing mechanisms and platforms

In Indonesia, the National AIDS Commission (also known as KPA) was abolished and dismantled, and its functions left unattended, as a result of the Presidential Decree 124/2016, implemented as of December 2017. Though provincial-level HIV commissions continue to operate, the national coordination functions have not been delegated to other agencies. This also implies that the seats for the five key population representatives and the two individuals representing people living with HIV (PLHIV) have been lost. In that respect, the termination of the National AIDS Commission represents an important blow to the sustainability of CSO participation in discussions and decisions related to HIV financing in Indonesia.

In January 2018, all Malaysian CCM members were formally invited to sit on the MOH Technical Review Panel (TRP). The MOH TRP allocates domestic funds to CSO through SR-MAC. The change came as a result of support from the SHIFT project, as well as from ongoing discussion between SR-MAC and MOH aiming to strengthen the oversight role of the CCM in HIV projects. The eight community members representing key populations on the CCM were also given full voting rights in the TRP, allowing greater and more meaningful representation of CSO and key populations in decisions regarding HIV allocations.

In the Philippines, advocacy efforts led to the inclusion of CSO and key population representatives in local AIDS councils. For example, project partners and beneficiaries report that two seats were awarded to CSO representatives in Antipolo, two seats were allocated to CSO representatives in Batangas, three seats were allocated to CSO representatives in Paranaque, and seven of the 17 members of the local AIDS council in Pasay are CSO representatives.

In Thailand, the Department of Disease Control under MOH selected four CSO – TNAF, the Planned Parenthood Association of Thailand (PPAT), the Thai Network of People Living with HIV (TNP+) and the Rainbow Sky Association of Thailand (RSAT) – to officially sit on the executive committee of its subsidiary fund from which CSO working to prevent HIV transmission receive domestic financial support. In parallel, NHSO also selected four CSO to sit on the working group making allocative decisions: TNAF, RSAT, SWING and Ozone Foundation.

The number of seats for CSO and key population representatives in the CCMs has not changed across the four project countries. However, it is worth noting that the availability of information about the CCM members has decreased since the baseline assessment in 2017: at baseline, the Global Fund website listed all CCM members for each of the four project countries, though the position details for each member was not consistently available; in 2018 at the time of the endline evaluation, contact details for only three CCM members from Indonesia were available online, only one from Malaysia, none from the Philippines, and two

from Thailand. This represents a drastic reduction in transparency from the Global Fund, a move that goes in direct contradiction with its own principles of transparency as well as against findings from the SHIFT baseline evaluation.

*The Global Fund website provides a list of CCM members for each country along with contact details; however, the list does not consistently provide job titles, affiliate organisation, or even the type of seat (i.e. CSO representative, PLHIV representative, etc.) that CCM members hold, critically restricting engagement of CSOs and key populations with their representatives on the CCM.*¹⁹

Indicator 10: Existence and quality of transition plan at national level & Indicator 11: Number of CSO that participate in the development, implementation, monitoring and evaluation of the transition plan

Across the four project countries, there was limited engagement of SHIFT partners in regards to transition planning. Despite the fact that the SHIFT project countries were selected specifically because of the upcoming and ongoing transitions from the Global Fund, the lack of progress on this indicator is of great concern. However, given that the SHIFT project allowed in-country SRs to prioritise activities based on where they felt they could achieve results, it is especially telling and worrisome that none of the project SRs chose to work specifically on the issues related to transition planning.

One respondent even highlighted what the evaluation team felt was a profoundly grave misunderstanding of what transition planning should be about:

“Even though there is no document titled ‘transition plan’ per se, we do have a transition plan in our country. It’s just in the head of two or three key stakeholders, both from government and CSO.” – CSO respondent

The statement betrays the acceptance that transition planning is the responsibility of a select few individuals who have significant power, and that others – particularly among CSO – are not, and should not be involved in planning or facilitating an effective transition process.

At country level, no change from baseline was recorded in Indonesia and in Thailand. In Malaysia, an official document was submitted to the Global Fund for approval in August 2018. The content of the eight-page document, shared only with CCM members,²⁰ cannot be compared with the document that was collected during baseline given that no such document was made available to the baseline assessment team. The 2018 plan provides for a full transition to domestic financing for the Malaysian HIV response by 2022, with staggered decrease in Global Fund allocations as detailed in Table 5 below.

¹⁹ Tanguay, P. 2017. *Baseline assessment of sustainable HIV financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand*. Australian Federation of AIDS Organisations. (<https://www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf>)

²⁰ The 2018 transition plan specifies that the document should “be endorsed by MAC, the MOH and the Malaysian CCM,” although none of the non-CCM respondents interviewed for the endline evaluation had seen the transition plan.

Table 5: Malaysia's transition timetable

Year/ Funders	2019	2020	2021	2022
Global Fund	100% - 10 SRs projects	70% - 7 SRs projects	40% - 4 SRs projects	
Domestic Fund		30% - 3 SRs projects	60% - 6 SRs projects	100 % - 10 SRs projects

At the time of the baseline assessment, UNAIDS Philippines was in process of recruiting a consultant team to develop the country's transition plan. More than a year later, the plan has been finalised by Curatio International Foundation, but the document²¹ has not yet been released publicly so the endline evaluation team was unable to assess its content. However, based on respondent feedback, the development of the transition plan for the Philippines was informed by a single meeting with CSO, and only four CSO were consulted in the process.²² Based on feedback from the UNAIDS country office, the proposed transition timeline spans five years and includes provisions for technical assistance from UN agencies, for capacity building, and for performance assessments against a set of indicators.

Indicator 12: Existence of a domestic mechanism to fund CSO involved in the national HIV response

The SHIFT baseline assessment noted that a domestic funding mechanism to support CSOs involved in the HIV response was already in place across the four project countries. No new mechanisms have been established in the SHIFT project countries save in Indonesia, where a new mechanism for CSO financing – called Swakelola (or social contracting) was established through President Decree no 16/2018. In Indonesia and the Philippines, sub-national level financing mechanisms were mapped and targeted as part of activities led by project SRs and their in-country partners.

Indicator 13: Proportion of funding from domestic funding mechanisms allocated to HIV prevention among key populations

In Malaysia, the domestic allocation for CSO working on HIV prevention remains at the same level as at baseline – RM 7 million per year – although plans are in place to increase the allocation to RM 8 million by 2020 and RM 10 million by 2021.

In Thailand, the amount allocated by NHSO remains at approximately THB 200 million, the same amount allocated at baseline. Table 6 below shows the past and upcoming expected budget allocations from NHSO to support HIV prevention among key populations in Thailand.

Table 6: NHSO budget allocations for HIV prevention by target group (in THB millions)

²¹ Gotsadze, T. 2017. *The Philippines HIV/AIDS Program Transition from Donor Support Transition Preparedness Assessment*. Curatio International Foundation.

²² The Library Foundation, the Philippines NGO Committee, the Philippines Association of Family Physicians, and ACHIEVE.

Year	MSM, TG, MSW	FSW	PWID	TOTAL
2016	49.8	101.7	14.3	165.8
2017	99.5	65	21.3	185.8
2018	73	88.7	25.1	186.9
2019	128.4	279.7	43.1	451.2
2020	231.2	279.7	64.6	575.5
2021	238.6	279.7	161.6	679.8
TOTAL	820.5	1,094.5	330	2,245

No new data was available in Indonesia and in the Philippines against this indicator.

Indicator 14: Number of CSO involved targeting key populations as part of the national HIV response receiving funding through domestic mechanisms in the past 12 months

Given that no new data about the fiscal space for HIV was released in 2017 and 2018, the proportion of domestic funding for CSO-led HIV prevention work cannot be calculated. However, nominal data was available for two countries. In Malaysia, 70 CSO projects were funded through SR-MAC in 2017 and 76 in 2018. In Thailand, a total of 30 CSOs received domestic funding for HIV-related activities from NHSO in 2017, compared to 12 in 2018;²³ out of the 2018 recipients, nine target MSM, nine target TG, one targets sex workers and one targets PWID.

No new data was available in Indonesia and in the Philippines against this indicator. Note that none of the four countries have explicitly integrated this indicator in national reporting mechanisms (except in Malaysia where domestic funding allocations for CSO are centralised through SR-MAC), which will continue to thwart effective transition planning and undermine efforts to achieve sustainable national HIV responses.

Indicator 15: Existence of UHC system at national level

No changes compared to baseline were recorded during the project lifespan – all four project countries continue to have a UHC system in place at national level. In Indonesia, the Social Security Organising Agency (Badan Penyelenggara Jaminan Sosial, BPJS), was targeted by the press, which reported a growing deficit estimated at IDR 9 trillion.

Indicator 16: Coverage of HIV services in UHC

Except in the Philippines, SHIFT SRs at country level did not prioritise efforts targeting UHC. As noted in the baseline report, the majority of SHIFT project partners were “overwhelmingly unenthusiastic about the prospect of expanding fiscal space” through UHC, so this area was not prioritised, except to a limited extent in the Philippines. Despite the lack of interest for this component, two

²³ RAST, SWING Foundation, Sisters Foundation, Pink Monkey, M+ Foundation, M Lakorn, Ozone Foundation, M Friend, M Reach, Rainbow, Health Opportunity Network, and Caremat.

dialogues on UHC were organised in September 2017 and March 2018 under the SHIFT project.

PhilHealth has accredited several new institutions to deliver the outpatient HIV/AIDS treatment (OHAT) package, providing at least PHP 11 million in one region alone in 2017, and approximately PHP 8 million for the first semester of 2018. Stand-alone HIV treatment hubs or those operating independently from a PhilHealth-accredited facility, and those satellite treatment hubs or primary HIV care facilities can now apply for accreditation as official PhilHealth OHAT providers. Project partners and beneficiaries report that PhilHealth formally accredited one CSO as an official treatment hub, while a second was in process of being accredited during the endline evaluation. While the number of OHAT providers has increased during the SHIFT project lifespan, financial coverage remains at PHP 30,000, same as at baseline.

“The Department of Health has established more treatment hubs to bring essential health services closer to PLHIV. It is also in this light that PhilHealth extends its effort to accredit additional hubs.” – Government respondent from the Philippines

No changes to UHC coverage were recorded in Indonesia, Malaysia and Thailand.

Indicator 17: Proportion of key populations who are enrolled in national UHC

No new disaggregated data was available regarding key population coverage within the UHC system across all four project countries, although data from the Philippines indicates that 15% of eligible PLHIV have used the UHC system.

Indicator 18: HIV CSO and coalition partners are able to contribute effectively to budget processes; Indicator 19: HIV CSO advocacy plans in relation to health and HIV financing are improved; and Indicator 20: HIV CSO are able to identify and engage in new venues for advocacy on HIV financing

“We have better capacity to understand and analyse the budget process. Not everyone has those kinds of skills, it’s a very new issue for many, but it’s so important to be able to influence budget-related decisions.” – CSO respondent

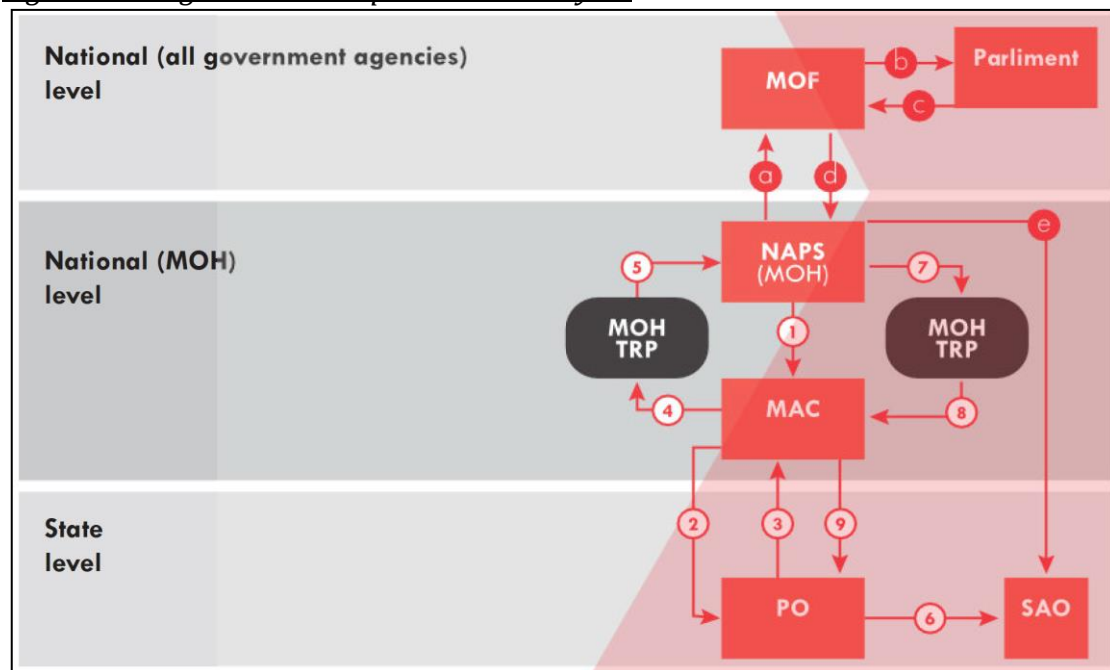
In Indonesia, the capacity of district level coalitions in Bandung and Semarang has been strengthened to allow 30 CSOs to better engage and contribute to the HIV budgeting process. The initial mapping of the budget process (see Figure 1 above) was considered a critical step to enhance CSO participation in the budget process at national and district levels. Building on the data collected in the budget mapping exercise, CSOs in Indonesia were trained through a series of workshops to be able to analyse the process, identify strategic opportunities to influence decisions, and prepare a number of proposals in each district to improve budgetary allocations for HIV. Several respondents noted how the workshops organised at regional level were adapted and replicated to meet the needs of CSO at the national level, which again were adapted and replicated at district level in order to generate impact. The trickle-down influence of the

SHIFT capacity building strategy in Indonesia was particularly successful and influential.

Like in Indonesia, efforts in Malaysia started with a mapping of the budget allocation process (see Figure 2 below). Based on the mapping, several training workshops were organised to enhance CSO capacity to engage in the budgeting process. In fact, most stakeholders in Malaysia saw the SHIFT project as a capacity building effort targeting CSO. A significant proportion of SHIFT related activities focused on preparation and delivery of workshops for the community. For example, a resource mobilisation workshop, two proposal writing workshops, and an advocacy skills training workshop were central components of the SHIFT project in Malaysia, which generated mixed results. Overall, a total of 70 individuals from 28 CSO were trained as a result of SHIFT capacity building activities.

The classroom-based learning approach that underpinned the delivery of capacity building activities has been an effective strategy to introduce concepts to CSO, and respondents confirmed that CSO representatives now know more about the concepts related to HIV financing. However, almost all respondents agreed that the approach had very limited impact in facilitating or supporting advocacy efforts at community level. CSO respondents noted that an on-the-job mentoring approach would have been more effective and pragmatic. In addition, multiple respondents noted that participant selection had not targeted the stakeholders who were positioned to influence either organisational priorities or budgetary decisions.

*Figure 2: Budget allocation process in Malaysia*²⁴



- a Government agencies, including the MOH submit proposals to the Treasury.
b After review and approval by the Minister of Finance and Cabinet, the proposal budget will be presented and debated in the Parliament.
c Approved budget by Parliament.
d The Ministry of Finance will produce the General Warrant to government agencies to proceed with approved budget.
e The HIV/STI Sector of Control Disease Division of Ministry of Health will decide approved funding for respective states and distribute accordingly. Approved funding is usually based on past expenses. At state level, the State AIDS Officer will distribute funding to respective district, also based on past expenses.
- 1 MOH inform MAC to submit proposal.
2 Partner organisations (PO) requested to submit the proposal with the budget within the given deadline.
3 PO submit proposal to MAC with endorsement from the State AIDS Officer.
4 MAC's Internal Technical Review process involved few processes. Firstly, the proposal will be reviewed by respective MAC's focal point and clarified with POs if there's any query. After the clarification process, all proposals will be compiled and reviewed by MAC's technical panel, which consist of Executive Director, Operational Support Division Director, and Financial Audit Committee. The proposals are reviewed and discussed by MAC's internally and recommend approval based on the M&E achievements, financial performance, POs capacity and other related criteria.
5 MAC submit proposal together with MAC' recommendation for approval for MOH.
6 To get support from State AIDS Officer, PO is recommended to meet their respective State AIDS Officer to explain their proposal prior to the MOH technical review process.
7 The National AIDS Programme Secretariat, which is the HIV/STI Sector of Control Disease Division of MOH, will review the recommended proposal submitted by MAC. The technical review panel includes the CCM members, independent government agencies and the member of Finance Ministry. POs are given the opportunity to present their proposal to MOH directly and justify of any queries raised by the panels.
8 MOH finalised and notified MAC of the approved proposal.
9 MAC will then inform successful PO. This process includes organisation assessment on the successful PO and negotiation on budget breakdown.

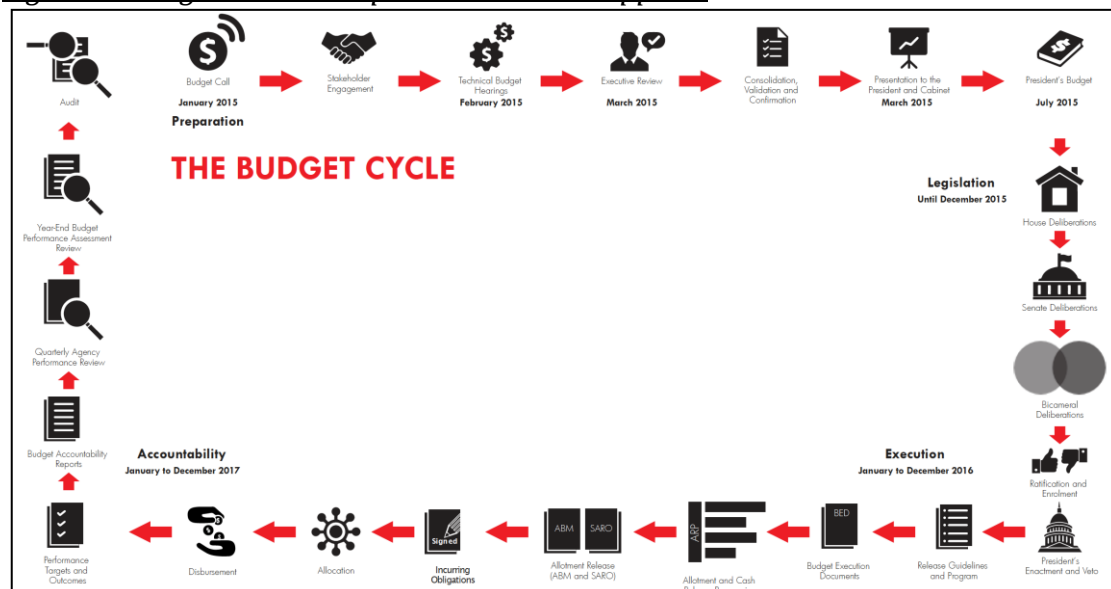
The SHIFT partners in the Philippines also initiated their work with a mapping of the HIV budgeting process (see Figure 3 below), in collaboration with Social Watch Philippines, host of the Alternative Budget Initiative. A number of training

²⁴ Fuh Teh, M. 2018. *National Situational Assessment of HIV Financing in Malaysia*. Sustainable HIV Financing in Transition. (http://shifthivfinancing.org/wp-content/uploads/2018/08/SHIFT-NSA-Malaysia_print_final_reduced.pdf)

workshops were organised to strengthen CSO capacity related to HIV financing. For example, workshops on sustainable financing, on advocacy planning and mapping, on proposal writing, and on the national procurement law allowing CSO to be contracted by the government were organised and delivered. Some of the workshops were adapted and replicated at local level to further support local level efforts.

However, in contrast to efforts in the other SHIFT countries, the capacity building process favoured in the Philippines was embedded and integrated in advocacy activities; instead of hosting classroom-based workshops, ACHIEVE was able to develop partner capacity as part of advocacy efforts. For example, the development of HIV investment plans, developed for six cities, required the development of partners' capacity, but that was done through advocacy planning and preparation, rather than as stand-alone workshops. That strategy was also used to address the community's needs in terms of advocating for the passage of the 2018 HIV and AIDS Policy Act.

Figure 3: Budget allocation process in the Philippines ²⁵



In Thailand, capacity building efforts were much more limited compared to other SHIFT countries. No mapping of the budget cycle was conducted, a limited number of workshops were organised to enhance capacity of CSO, and integrated mentoring was not prioritised. As far as the evaluation team can tell, integration of advocacy for sustainable HIV financing has been limited to a handful of CSO, many of which were already working on this issue prior to the implementation of the SHIFT project.

Indicator 21: Number of strategic recommendations from SHIFT documents integrated in CSO advocacy messages

While it was not possible to determine the exact number of strategic recommendations integrated in SHIFT information and communication

²⁵ Fuh Teh, M. 2018. *National Situational Assessment of HIV Financing in the Philippines*. Sustainable HIV Financing in Transition. (https://www.aidsdatahub.org/sites/default/files/publication/SHIFT_NSA_Philippines_2018.pdf)

products, the evaluation team was able to identify a number of tools and products that directly resulted from the implementation of the project in the four countries. At the regional level, videos explaining the basics of sustainable HIV financing, and another on allocative efficiency, were produced by APCOM.²⁶ At country level, APCOM supported country efforts with infographics, country financing profiles, and the preparation of studies, like the one measuring the cost of criminalisation. Additional studies were conducted and data compiled by APCOM, although several such studies had not been published at the time of the endline evaluation.

At country level, some of the materials were translated. For example, subtitles in Bahasa Indonesia were added to the videos produced by APCOM. In addition, other original materials were developed by the SHIFT SRs in each country. In the Philippines, leaflets, promotional materials like t-shirts were developed, combined with a video²⁷ and several Twitter campaigns. Similarly, in Thailand, promotional materials were prepared and distributed to attract attention and support advocacy efforts. In Indonesia and in Malaysia, the development of strategic information products was limited.

Despite plans for development, publication and dissemination of several information products, many of those plans were delayed and several such products were unavailable at the time of the endline evaluation given that they were still in the production pipeline. That means that a lot of the strategic information products were so late that they had limited impact and value at national level during project implementation. Perhaps the products released in 2019 will be able to generate impact and support advocacy efforts at national level, although without the driving force of a coordinated project like SHIFT, the impact is likely to be rather limited. That said, many of the strategic information products were useful at the regional and global levels, especially to inform donors and other agencies involved in global level advocacy on sustainable HIV financing.

Indicator 22: Data gaps identified during baseline assessment phase are filled with new evidence

The baseline assessment revealed important data gaps where data against a number of indicators was not identified or available. Similarly, at endline, many of the gaps identified at baseline remain unaddressed.

- Across all four SHIFT project countries, a list of clearly identified CCM members and their roles was not available on the Global Fund website, although the national CCM websites did provide those details.
- Up-to-date incidence, prevalence and expenditure data was not consistently available across all four project countries, especially for youth, migrant workers, TG and prisoners.
- In all SHIFT project countries save Malaysia, data about the proportion of funding from domestic funding mechanisms allocated to HIV among key

²⁶ See videos, online at <http://shifthivfinancing.org/thailand/what-is-shift/> and <http://shifthivfinancing.org/thailand/watch-allocative-efficiency-video/>.

²⁷ See video, online at <https://www.dropbox.com/s/csr9thm69oyfgiz/SHIFT%20Crossroads%20Final%20%281%29.mp4?dl=0>.

population and the number of CSO involved targeting key populations as part of the national HIV response receiving funding through domestic mechanisms in the past 12 months was not identified or available.

- In Indonesia and the Philippines, up-to-date data about the macroeconomic landscape – specifically related to fiscal space and allocative efficiency – was not available or identified for the years 2017 and 2018.
- In the Philippines and Thailand, data about the proportion of national domestic HIV expenditure allocated to CSO was not identified or available during the baseline assessment.
- In the Philippines, data about HIV expenditure by budget category was incomplete, and no data was identified or available related to the proportion of key populations enrolled in UHC.

Indicator 23: Integrated SHIFT project indicators in regional and national M&E systems

“It is still uncertain how the issues relating to HIV financing and transition will be integrated in the national programme because there is extremely limited publicly available documentation and strategic information about these issues.” – CCM respondent

The baseline assessment revealed that SHIFT indicators were generally well integrated in national M&E systems. For example, all SHIFT project outcome and impact indicators were integrated in national M&E systems in Malaysia. However, some important gaps have been identified through the baseline assessment: in all SHIFT project countries, save Malaysia, CSO-related indicators (Indicators 13 and 14) were not integrated in national M&E systems; in the Philippines and Thailand, the SHIFT indicator about fiscal data regarding CSO-related HIV expenditure (Indicator 4) was not integrated in national M&E systems; and in Indonesia and the Philippines, the SHIFT indicator regarding key population enrolment in UHC was not integrated in national M&E systems. At endline, none of the missing indicators had been integrated in national M&E systems.

Perhaps more problematic, a lot of the data against indicators, especially impact level indicators, remains unavailable publicly and release of such data is significantly delayed, as indicated in the section on impact indicators above.

Good practice and lessons learned

Implementation of the SHIFT project resulted in several good practices that have been identified and are summarised here. In addition, a number of important lessons have been learned and documented below for the benefit of others who may want to undertake efforts to improve the sustainable financing of their national HIV responses. The evaluation team also highlights the potential long-term legacy of the SHIFT project below.

Good practices

The majority of efforts undertaken within the context of the SHIFT project were focused on generating country-level results, even though, as a regional project, the Global Fund generally encourages recipients to demonstrate regional value added. That means that the SHIFT project was locally driven by country SRs who had the most relevant insights regarding opportunities to improve the national and sub-national situation. That local grounding allowed the project partners to genuinely amplify the voices of CSO and the communities most affected by HIV based on each countries' idiosyncratic realities – fundamentally, the four SHIFT project countries are significantly different, their HIV epidemics and responses are different, and the financing structures supporting the responses are also different. In that sense, there it was not possible or even desirable to have a catch-all one-size-fits-all regional strategy that would apply equally in each of the four SHIFT project countries. The common elements between the four countries allow some comparisons between them but with important limitations. Even the baseline assessment report noted important limitations in making cross-country comparisons:

Some of the data may not be comparable from country to country, in the sense that some of the figures reported against indicators may be calculated differently from country to country. For example, some countries include expenditure for HIV testing as part of prevention, while others include it as part of treatment. The fact that national reporting is not standardised implies that cross-country comparisons may be misleading.²⁸

That local grounding also allowed the SHIFT project to create and expand spaces for CSO to meaningfully engage in discussions and influence decisions related to HIV financing. Overall, CSO reached by the SHIFT project in the four project countries feel that they are better equipped with skills and evidence, and more strategically positioned to tackle the issues related HIV financing, and most importantly, better able to influence decisions made domestically about financing the HIV response in their jurisdictions. That influence comes as a result of the SHIFT project partners having gained the trust of government officials and agencies, a commodity that is often ignored in the discussions regarding sustainable financing and transition planning.

²⁸ Tanguay, P. 2017. *Baseline assessment of sustainable HIV financing for HIV CSOs in Indonesia, Malaysia, Philippines and Thailand*. Australian Federation of AIDS Organisations. (<https://www.afao.org.au/wp-content/uploads/2017/12/SHIFT-Project-Baseline-Report-FINAL-Nov-21.pdf>)

“SHIFT has been an important bridge between CSOs and the government.” – Government respondent

“The SHIFT project really pushed CSOs beyond the comfort zone; we’re used to advocating for better services and for an enabling environment. HIV financing is new, it’s a challenging topic for us, but we realise that it’s also absolutely critical if we are going to continue to be meaningfully involved.” – CSO respondent

Lessons learned

One of the most important lessons learned during the SHIFT project lifespan is the need for flexibility. The SHIFT project is first and foremost an advocacy project designed to influence policies, organisations, and behaviours towards the ultimate goal of getting countries’ HIV responses better and more efficiently resourced. As advocacy efforts are implemented, the landscape changes, sometimes in unpredictable ways – opportunities arise where they were not anticipated, as a direct result of advocacy efforts or even as a result of situational events that have nothing to do with the project; conversely, some expected opportunities, identified in workplans and targeted as part of a project, may not materialise or may be significantly delayed. In that sense, projects focused on generating advocacy results need to remain flexible and adaptable to an evolving context.

“We had savings that we wanted to reprogram in order to maximise impact, but the level of effort required to do so was so intensive and ultimately so risky that it was better to let the funds go back to Geneva rather than try to use them to generate the impact that the donor wants to see.” – CSO respondent

Virtually every project recipient noted that PR-AFAO had done an incredible job in providing that flexibility, inasmuch as it was possible to do so. However, virtually every recipient, including at the PR, noted how difficult and time-consuming making alterations to workplans had been given the donors’ lack of enthusiasm and support for such internal strategic changes. The Global Fund requires recipients to draw up workplans and corresponding budget plans, training plans, advocacy plans, procurement plans, audit plans, and many other plans, long in advance; these plans then lock recipients into a set of activities, based on assumptions identified before the project even begins, that can’t easily be changed during project implementation. Yet the success of advocacy efforts is often predicated on being nimble and flexible to take advantage of emerging opportunities and to capitalise on the successes generated by the project itself that can’t necessarily be predicted in advance.

“The Global Fund’s assumptions regarding performance-based financing are fundamentally incompatible with the policy advocacy objectives of the projects they fund.” – CSO respondent

Multiple respondents also noted that strategic communications had been undervalued under the SHIFT project. Where strategic information was a core objective of the project, multiple respondents noted that simply producing information is not effective if the content does not reach the right audience. Essentially, production of strategic information can support advocacy efforts if and when that information is embedded in a comprehensive communications strategy that facilitates contact with the right audiences. Under the SHIFT project, no such strategy was developed and communications were often *ad hoc*, based on the ideal that the right information would reach the right audiences on its own. SR-APCOM was even able to demonstrate that strategic investments in communications would have greatly enhanced the SHIFT advocacy messages: as a trial, an investment of USD 2 was made to boost strategic information dissemination through Facebook, which generated a seven-fold increase in visibility for one project-related post compared to similar posts. Unfortunately, no budget was allocated in the SHIFT project to support effective information dissemination.

Similarly, evidence generated under the SHIFT project shows that the visibility of strategic information was largely dependent on the packaging of the content. Analysis of SHIFT-related Facebook posts revealed that videos reached more than ten times as many people compared to photos; videos reached 55 times the number of people compared to text-based status updates; and videos reached 15 times the number of people compared to weblinks. This was corroborated by respondents in virtually all project countries where both recipients and beneficiaries of the SHIFT project highlighted that information related HIV financing is so complex that text-based reports and standard publications were especially challenging to digest, to integrate in activities, and to use in support of local advocacy efforts. The evaluation report has already highlighted that respondents had identified the limited literacy of community groups at local level as well as limited English language capacity and limited budgets allocated for translation. Combined with a focus on producing strategic information in 'traditional' text-based packages, penetration among target audiences at community level was unfortunately very limited.

Legacy

Though the SHIFT project will not be renewed or extended in 2019, several components of the project will live on beyond the project lifespan. While the results achieved under each indicator is an important measure of the project's performance, the components that will outlive the project are probably more valuable in the long run given that the objectives of the SHIFT project were about sustainability. Given that some of those elements do not fit neatly under the project objectives, the project indicators or the country-level achievements, the evaluation team included this section as a means to highlight those critical results.

The evaluation team was impressed with the level of interest, motivation and passion that burns bright in the hearts and minds of those individuals who led, implemented, and benefited from the project. Whether another incarnation of

SHIFT materialises, that drive from within to see equitable resourcing of the national HIV response was a common finding in all four project countries. In parallel, multiple respondents reported disappointment about the perceived lack of interest at the Global Fund to continue, expand or extend the SHIFT project. However, those feelings did not diminish advocates' drive; in fact, it seems to have imbued many across the four project country with renewed vigour and determination to continue this important work through other means.

Similarly, across the four project countries, the implementation of the SHIFT project has definitely imbued several individuals – especially from CSO but also including government officials – with more knowledge, information and capacity that has made many of them more receptive and sensitive to the issues related to sustainable HIV financing in their city, their district, their province and their country. That knowledge and capacity will continue to inform decisions, plans and efforts irrespective of whether donors support projects like SHIFT or not. Attitudes have changed for the better, and consideration for issues related to HIV financing affect decisions at all levels.

Among the strategic information tools developed under the SHIFT project, the 23 impact and outcome indicators also represent an important legacy that can be used to continue to inform, guide and support other efforts that seek to enhance the sustainability of CSO financing in the HIV (and other) sector(s). The SHIFT indicators are unique in that they were developed by CSO as tools to track progress, but also to hold governments and donors accountable for their policies, strategies and actions. Those indicators can be adapted to fit the needs of virtually any stakeholder group in almost any geographical context.

Given that advocacy efforts are generally made more compelling by the volume of the voices calling for change, the contributions of the SHIFT project in terms of establishing sustainable CSO coalitions pushing for equitable financing of the HIV response represents a vital success. Though the coalition-building work under SHIFT has already been mentioned in almost every section of this report, it bears noting again here that in many project countries, those coalitions will endure and persevere even without support from the likes of the SHIFT project. In Indonesia, the local coalitions are likely to continue their work on sustainable financing; in the Philippines, after a taste of success related to the approval of the HIV and AIDS Policy Act, the members of the advocacy coalition plans to continue to work together; and in Thailand, the collaborative model is paving the way for more sustainable relationships among CSOs, as well as between CSO and government agencies. All of this lives on after the SHIFT project closes out.

In addition, many of the elements of the SHIFT project have been integrated in either organisational workplans, in HIV-related strategic plans at national and sub-national levels, or both. That implies that the SHIFT project created an effective drive for sustainable change in terms of financing the HIV response. In Indonesia, IAC was able to integrate several activities initiated under SHIFT in the plans that they will be managing as a PR in the future; in parallel, the government has acknowledged the importance of the efforts undertaken by IAC and its partners by explicitly integrating sustainable financing components in the

national HIV response. These elements will continue to generate results and enhance the successes of the SHIFT project well beyond its close out.

While the legacy of the SHIFT project is clear in the four project countries, in contrast, the long-term impact of the SHIFT project on the Global Fund and donors in general remains to be seen. The SHIFT project results have immense potential to inform donor strategies related to sustainability and transitions. Indeed, to what extent will the Global Fund take the results of the SHIFT project into consideration? To what extent will the Sustainability, Transitions and Co-Financing (STC) strategy be adapted in light of the findings at baseline and endline? Will the Global Fund continue to invest in effective projects like SHIFT to support advocacy efforts towards meaningful participation of CSO and key populations in HIV financing discussion and deliberations? Are other major donors supporting the global HIV response attentive to the issues that the SHIFT project raises? While the SHIFT project partners have worked to answer all the questions that were asked of them, can they expect the Global Fund and other donors to reciprocate in kind?

Conclusions

Like any other large-scale multi-country project, the SHIFT project faced multiple challenges, and several shortcomings have been identified through the endline evaluation process. However, many of the challenges were also overcome, and many of the shortcomings were the result of factors well beyond the project partners' control. The fact that the project timeline was incredibly short, combined with the pioneering nature of the project which could not rely on prior experience or lessons learned, means that every little success is an impressive achievement in and of itself.

The review of project results against indicators – particularly impact level indicators – is a powerful reminder that advocacy results take time to yield impact. Yet the outcomes generated – the establishment and strengthening of CSO advocacy coalitions, the increased capacity built and the individuals sensitised, the policies that have changed, the meaningful engagement of CSO and key populations in domestic financing mechanisms, the development of effective planning tools, the production of new and original strategic information, and the new partnerships and increased trust between CSO and governments – are profoundly meaningful, particularly in Indonesia and the Philippines given that domestic funding for HIV lags far behind that invested by the Thai and Malaysian governments. In the end, the evaluation team can confidently conclude that the SHIFT project has achieved its objectives, even if the results are unequal across the four project countries.

The results generated by the SHIFT project demonstrate that it is imperative to have more projects designed to enhance sustainable HIV financing for CSOs, in the four project countries, across the region and all over the globe. It is also imperative that the findings and results of the SHIFT project be integrated in discussions related to HIV sustainability at all levels, including in donors' policies and practices, in CSO plans and advocacy messages, as well as in government financing decisions.

Domestic advocacy for health spending is critical for sustainability and civil society groups advocating for three diseases can play an important role in ensuring future sustainability.²⁹

²⁹ Strategy, Investment and Impact Committee. 2015. *Sustainability and Transitions*. Global Fund.

Recommendations

The following recommendations have been formulated to help all relevant stakeholders address sustainable HIV financing for CSOs.

- **Replicate SHIFT:** The SHIFT project should be replicated wherever relevant in the context of sustainable HIV financing. Successful transitions towards a sustainable HIV response must include efforts to support the meaningful involvement of CSO and key populations in discussions and decisions related to financing. The SHIFT project has been a powerful lubricant that has accelerated CSO and community participation in those deliberations. Continuing SHIFT in the four project countries would help consolidate the successes generated over the past two years, and replicating the project in other countries and regions would generate new insights and new capacity to facilitate effective transitions. While SHIFT is a pioneering effort, the knowledge base generated by the project partners would be best used to inform and refine further efforts that are designed to achieve similar objectives.
- **Integrate HIV financing:** While the SHIFT project was specifically designed as a regional grant to engage CSOs in advocating for sustainable HIV financing, additional efforts must be made to integrate similar efforts in both multi-country grants and national grants. In parallel, sustainable financing for CSO must be integrated into civil society strengthening as well as resilient and sustainable systems for health grants and efforts in order to ensure that such efforts are not restricted to programmatic, geographic or funding silos. As with enabling environments, sustainable financing must be part of a comprehensive response to HIV.
- **Increase project lifespan:** While the SHIFT project can be considered a pilot project, its very short implementation timeline was a barrier to generating the kinds of results that all involved parties were trying to collectively achieve. While significant positive results were generated, the timeline prevented the project to create meaningful change at impact level. Even at outcome level, some significant positive changes will simply not be sustained given the limited amount of time to establish sustainable mechanisms to allow for continuity. In that sense, efforts seeking to achieve objectives similar to those of the SHIFT project should allow for a more generous project lifespan in order to allow for deeper results at both impact and outcome levels.
- **Monitor and evaluate:** While the global HIV response is often said to be guided by evidence, generated through regular monitoring and independent evaluations like this one, the reality is that evidence related to financing is often not collected and when it is collected, it is rarely used to address specific challenges related to CSO financing at country level. While it is not the Global Fund's policy to extend multi-country grants, the decision not to renew or extend the SHIFT project was made even before this evaluation had been undertaken. Financial data and cost effectiveness measurements, directed at the right audiences, can be more powerful and influential than data about programmatic effectiveness. In this context, additional efforts must be made to monitor and evaluate the financial

effectiveness of national HIV responses. The SHIFT outcome and impact indicators represent a potentially powerful tool for CSO to monitor and evaluate budgets while advocating for greater transparency from donors and governments about budgets and expenditures. And including additional variables in the *National AIDS Spending Assessment* (NASA) reports so that disaggregated expenditure information for key population is available must be a priority in order to inform strategic planning before and during transitions, as well as for effective decision-making.

- **Document while implementing:** Many of the successes of the SHIFT project have been briefly captured in this report. However, many of the results generated by the project partners have not been systematically documented. If all parties involved are interested in using projects like SHIFT to inform other similar efforts, then project design must include support for documentation during implementation, as a minimum requirement, so that key elements are captured for further dissemination. In that respect, there is urgent need to capture the operational details related to the project's successes and challenges in case studies to inform interested stakeholders within and beyond the four project countries.
- **Communicate and disseminate:** Given that HIV financing advocacy is both a new and technically complex issue for many key population groups, CSOs and even governments, efficient communication and dissemination plans need to be strategically designed to support advocacy and targeted at the right audiences in order to generate impact. Data collected through regular monitoring, periodic evaluations and project documentation must be disseminated widely, reaching all key stakeholders across key populations, civil society, governments, donors and development partners. Systematic and strategic use of communication platforms is needed to ensure open discussions and deliberations so that everyone has equitable access to the information required to participate meaningfully and make transparent evidence-based decisions about the global HIV response.
- **Increase oversight:** Projects like SHIFT should be supported by an effective oversight mechanism. Not only is a functioning oversight mechanism a requirement of the Global Fund, it is most importantly programmatically critical, especially in the context of HIV financing, where results ideally help influence policy at national and sub-national levels, but also at global levels where donors plan their transition strategies. An effective oversight mechanism is often needed to help the implementing agency overcome strategic and political challenges. In that sense, it is not surprising that the SHIFT project did not include a structured plan for global advocacy given the lack of political support that the PR received throughout the project lifespan.
- **Advocate for transparency:** All relevant parties involved in promoting sustainable HIV financing must call on responsible stakeholders to improve transparency. There are still important data gaps in terms of epidemiological realities across Asia and the Pacific and the rest of the world; but the financial data gaps are even more pronounced. In that respect, efforts like those implemented under the SHIFT project should include a component targeting government agencies and supporting UN

agencies to accelerate the compilation and dissemination of financial information related to the HIV response.

- **Consider the risks:** While there is an increasingly strong global consensus about the need for increased domestic financing in the HIV response, architects of the transitions that will lead us there must remain vigilant and mindful of the risks that such ‘successes’ can bring about. The Malaysian case is particularly telling, where some local CSOs felt that domestically funded partners were beholden to the government and faced important constraints in their willingness and capacity to genuinely advocate for meaningful change. If transitions to domestic financing imply swapping dependence on international donors for dependence on domestic donors, then the HIV response will be no more sustainable after such transitions, even if full funding from domestic sources has been secured. Genuine sustainability is not only about where the money comes from, but about having access to funds that allow CSO to continue to do their work unhindered. In that respect, responsible stakeholders involved in planning and executing transitions towards a sustainable global HIV response must also develop and refine strategies to address the risks that could compromise rather than support sustainability. That also involves ensuring that CSO are genuine partners in the response and can also openly advocate for the constituencies they represent.

Annex 1: SHIFT impact and outcome indicators and definitions

<p>Impact Indicator 1: Total expenditure on HIV per year</p> <p>All resources spent on HIV-related activities across the country in Year X.</p>
<p>Impact Indicator 2: Proportion of domestic and external resources in HIV expenditure</p> <p>"Total national domestic HIV expenditure in Year X" <i>divided by</i> "Total expenditure on HIV in Year X" = Proportion of domestic resources allocated to HIV.</p> <p>"Total external HIV expenditure in Year X" <i>divided by</i> "Total expenditure on HIV in Year X" = Proportion of domestic resources allocated to HIV.</p> <p>Note that "Proportion of domestic resources allocated to HIV" plus "Proportion of domestic resources allocated to HIV" should total 100%.</p>
<p>Impact Indicator 3: Resource gap to fully implement the country's national strategic plan on HIV</p> <p>Over a specific period of time (Year X to Year Z), the amount of money that is currently missing from overall HIV budgets to achieve targets set in the national strategic plans on HIV.</p>
<p>Impact Indicator 4: Proportion of national domestic HIV expenditure allocated to CSO</p> <p>"Total allocation to CSO for HIV-related activities in Year X" <i>divided by</i> "Total national domestic HIV expenditure in Year X" = Out of the total expenditure in a given year, proportion of domestic resources allocated to CSO for HIV-related activities.</p>
<p>Impact Indicator 5: Amount and proportion of HIV expenditure allocated by key population against prevalence & new infection rates</p> <p>See tables in <i>Baseline Evaluation Report of Sustainable HIV Financing in Transition (SHIFT) Project in Indonesia, Malaysia, Philippines and Thailand</i>, pp. 19-21.</p>
<p>Impact Indicator 6: Amount and proportion of national HIV expenditure allocated to major HIV response activities</p> <p>Countries regularly report to UNAIDS and the Global Fund in regards to expenditure against major budget categories. These reporting categories are now largely standardised and published in major financial and technical reports.</p>
<p>Outcome Indicator 7: Number of policy instruments developed to support project goal</p> <p>Policy instruments include laws, policies, guidelines, procedures, etc.</p> <p>Policy instruments can be in various stages of development and deployment but it will be critical to track all CSO-led efforts - from proposals to official changes in policy instruments - to gauge the level of engagement from CSO in advocacy related to HIV financing.</p>
<p>Outcome Indicator 8: Number of advocacy coalitions, plans or mechanisms that support evidence-based key messages about sustainable financing</p> <p>Advocacy coalitions are defined as a formal or informal group of CSO and other partners whose main objective is to advocate for improvements in HIV financing for CSO and key populations.</p> <p>Advocacy plans are defined as any document providing a roadmap for implementing advocacy efforts aiming at generating improvements in HIV financing for CSO and key populations.</p> <p>Advocacy mechanisms are defined as platforms, structures, and other channels through which CSO engage in advocacy efforts aimed at generating improvements in HIV financing for CSO and key populations.</p>

<p>Outcome Indicator 9: Number of seats allocated to CSO within funding and financing mechanisms and platforms</p> <p>Seats refers to the official title held by CSO representatives to vote and formally engage in official proceedings; note that alternates should be included in the number of seats.</p>
<p>Outcome Indicator 10: Existence and quality of transition plan at national level</p> <p>Transition plans are documents owned by CCM and MOH (in the SHIFT countries) that detail the roadmap to implementing a change in sources of funding from external sources towards self-reliance on domestic resources to fund the HIV response.</p> <p>Quality assessment criteria were sourced from Burrows, D. and Oberth, G. (2016) <i>Transition from Donor Funding: Recommendations for transitioning countries</i>. AIDS Project Management Group.</p>
<p>Outcome Indicator 11: Number of CSO that participate in the development, implementation, monitoring and evaluation of the transition plan</p> <p>Count the number of CSO that were engaged in any and all steps of the transition planning process; where multiple individuals from the same CSO were involved, this should be counted as 1, irrespective of the number of individuals; reports from CCM/domestic funding mechanisms should be verified with CSO representatives to corroborate.</p>
<p>Outcome Indicator 12: Existence of a domestic mechanism to fund CSO involved in the national HIV response</p> <p>List all mechanisms at local and national level that provide funding to CSO for HIV-related activities.</p>
<p>Outcome Indicator 13: Proportion of funding from domestic funding mechanisms allocated to HIV prevention among key populations</p> <p>"Total amount of funding from domestic sources allocated to HIV prevention among key populations in Year X" <i>divided by</i> "Total amount of domestic funding for HIV in Year X" = Out of the total expenditure from domestic sources in a given year, proportion of resources allocated to prevention targeting key populations.</p>
<p>Outcome Indicator 14: Number of CSO involved targeting key populations as part of the national HIV response receiving funding through domestic mechanisms in the past 12 months</p> <p>Obtain list of CSO recipients of domestic funding from national and local authorities, identify those that have dedicated HIV prevention activities specifically targeting key populations.</p>
<p>Outcome Indicator 15: Existence of UHC system at national level</p> <p>UHC is defined as ensuring that all people can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while ensuring that the use of these services does not expose the user to financial hardship. (WHO. 2014. <i>HIV, universal health coverage and the post-2015 development agenda - A discussion paper</i>).</p>
<p>Outcome Indicator 16: Coverage of HIV services in UHC</p> <p>Coverage is defined as partial or total absorption of costs by a third party for services rendered to a client</p> <p>HIV services are defined as testing and treatment (see <i>Disaggregation</i> details in the report).</p>
<p>Outcome Indicator 17: Proportion of key populations who are enrolled in national UHC</p> <p>"Total number of key populations who are enrolled in UHC" <i>divided by</i> "Total number of key populations" = Out of total key populations, proportion that have access to UHC.</p>

<p>Outcome Indicator 18: HIV CSO and coalition partners are able to contribute effectively to budget processes</p> <p>Count the number of organisations in which at least one individual has demonstrated the capacity to comprehend costed HIV and health interventions in national strategic plans, investment cases, proposed policies with budget provisions, and overall local and national budget cycles.</p>
<p>Outcome Indicator 19: HIV CSO' advocacy plans in relation to health and HIV financing are improved</p> <p>Count the number of CSO which have expanded their advocacy plans to integrate HIV financing.</p>
<p>Outcome Indicator 20: HIV CSO are able to identify and engage in new venues for advocacy on HIV financing</p> <p>Count the number of organisations in which at least one individual has demonstrated familiarity with the policy-making process and can identify responsible government agencies at the national and district levels.</p>
<p>Outcome Indicator 21: Number of strategic recommendations from SHIFT documents integrated in CSO advocacy messages</p> <p>Count the number of publications that specifically refer to SHIFT outputs, outcomes, impacts, processes and recommendations (ideally with official reference and citation).</p>
<p>Outcome Indicator 22: Data gaps identified during baseline assessment phase are filled with new evidence</p> <p>Data gaps identified during baseline assessment report and other project documents. At end-line, count the number of data gaps that have been addressed (for which there is published evidence).</p>
<p>Outcome Indicator 23: Integrated SHIFT project indicators in regional and national M&E systems</p> <p>Based on the number of SHIFT outcome and impact indicators (23), at end-line, count those which are newly included in official national reporting systems since baseline.</p>

Annex 2: Evaluation interview guide

INTRODUCTION:

Present SHIFT project objectives, partners, countries, activities
Summarise indicators and endline assessment process
Explain selection of respondents and informants

PARTICIPATION IN SHIFT:

A. Describe your involvement with and in the SHIFT project.

OVERALL OBJECTIVES: (For SR, CCM, MOH)

B. Do you feel that the SHIFT project objective 1 was achieved? Please explain.

FOR PR AND SRs:

Was the SHIFT project implemented in an efficient way? Why or why not?

What could have been done differently to improve the overall efficiency?

C. Do you feel that the SHIFT project objective 2 was achieved? Please explain.

D. Do you feel that the SHIFT project objective 3 was achieved? Please explain.

OVERALL VALUE: (For SR, CCM, MOH)

E. What do you feel is the benefit of the SHIFT project for you personally?

F. What do you feel is the benefit of the SHIFT project for your organisation?

G. What do you feel is the benefit of the SHIFT project for your city/district?

H. What do you feel is the benefit of the SHIFT project for your country?

OVERALL PERFORMANCE: (For SR, CCM, MOH)

I. What are the greatest successes related to the SHIFT project?

J. What are the greatest challenges that the SHIFT project has faced?

K. What lessons should the SHIFT project help others learn?

L. What good practices have been developed under the SHIFT project that are worth replicating?

FISCAL SPACE: (Find in NASA and GAPR reports)

1a. What is the total HIV expenditure HIV in 2017? in 2018?

1b. What is the total HIV budget in 2017? in 2018?

1c. What is the proposed / planned or confirmed budget for 2019?

1d. Where is this data from?

2a. Do you know what proportion of HIV expenditure (for 2017/2018) comes from domestic sources? from external sources?

2b. What are the domestic sources of funding for HIV? external?

2c. Where is this data from?

ALLOCATIVE EFFICIENCY: (Find in NASA and GAPR reports)

3a. What proportion of national domestic HIV expenditure was allocated to CSO in 2017/2018?

3b. How many CSO received funding for HIV-related activities in 2017/2018?

3c. Where is this data from?

4a. What is the rate of new infections (incidence rate) among each key population?

4b. What is the HIV prevalence rate among each key population?

4c. How much funding was allocated from domestic HIV resources to cover each group?

4d. Where is this data from?

Table 1:

	Epidemiology		Expenditure	
Population	Incidence (new infections)	Prevalence	2017	2018
MSM				
PWID				
SW				
Migrants				
Youth				

5a. What proportion of national HIV expenditure was invested in the following strategies in 2017/2018?

5b. Where is this data from?

Table 2:

	Expenditure	
Intervention	2017	2018
Prevention		
Treatment and care		
Management and admin		

ADVOCACY: (For ALL stakeholders, key question)

6a. Are there any laws, policies or procedures at national level that are in place to support and enhance sustainability of CSO funding for key populations? Which ones? when was it approved?

6b. Are there any laws, policies or procedures at local level that are in place to support and enhance sustainability of CSO funding for key populations? Which ones? when was it approved?

6c. Where is this data from?

7a. Are there existing national advocacy coalitions whose goal is to enhance sustainability of CSO funding for key populations? Who are the members?

7b. Are there existing local advocacy coalitions whose goal is to enhance sustainability of CSO funding for key populations? Who are the members?

7c. Do any of these coalitions have plans or mechanisms that support evidence-based key messages and clear target audiences?

- Obtain copy of plans
- define what mechanisms are in place
- list target audiences
- list key messages

7d. Where is this data from?

8a. Are CSO / KP represented in domestic funding mechanisms? How many? who are they? which populations do they represent?

8b. Are CSO / KP represented in external funding mechanisms? How many? who are they? which populations do they represent?

8c. Where is this data from?

Stakeholder engagement and advocacy

- How did you involve CSOs, KPs and other stakeholders into the discussion of HIV financing? was a shared advocacy objective and agenda put in place?
- What are the key lessons learnt from engaging key stakeholders in SHIFT advocacy? has it been successful? If yes, why or why not? What could have been improved?

TRANSITION PLANNING:

9a. Are you aware whether your country has a transition plan?

9b. Does your country have a transition plan?

9c. Have CSO / KP representatives seen the plan? which KPs? Is it accessible publicly?

Obtain copy of the transition plan

9d. Were CSO / KP representatives involved in the development of the transition plan? which KPs?

9e. Does the transition plan include:

- a clear timeline? how long?
- high-level political commitment? from whom?
- country ownership mechanisms? which ones?
- comprehensive monitoring and evaluation frameworks? what are the indicators of success?
- sources of technical support? planned or received already? from who?
- capacity building plan? priority groups? priority issues?

9f. Where is this data from?

DOMESTIC FUNDING MECHANISM FOR CSO: (Thailand and Malaysia)

10a. Does your country have a domestic mechanism to fund CSO activities? Does the fund prioritise / include HIV?

10b. What requirements are CSO expected to meet in order to access domestic funding?

10c. What restrictions prevent CSO from accessing domestic funding?

10d. Where is this data from?

11a. How much money was in the domestic fund in 2017? in 2018?

11b. Out of the total amount in the domestic fund, what proportion was allocated to HIV? to HIV among key populations? to each key population?

11c. How many CSO received funds for HIV-related activities in 2017/2018?

11d. Where is this data from?

UNIVERSAL HEALTH CARE: (For Indonesia and Philippines)

12a. In the past two years, what have been the changes to the national universal health care system?

12b. In the past two years, what changes have taken place in the UHC regarding coverage of services related to HIV? (\$/%)

12c. In the past two years, are there any restrictions preventing key populations from enrolling / accessing UHC that have changed?

12d. What percentage of each population is currently enrolled in UHC?

- MSM?

- PWID?

- SW?

- Migrants?

- Youth?

12e. Where is this data from?

CAPACITY BUILDING: (For ALL stakeholders, key question)

13a. Has the SHIFT project led to new or reinforced knowledge and information? Please describe.

13b. Has the SHIFT project led to new or reinforced skills? Please describe.

13c. Has the SHIFT project led to new or reinforced capacity to influence decisions? Please describe.

13d. What are the key lessons learnt from capacitating CSOs and KPs in HIV financing?

STRATEGIC INFORMATION: (For ALL stakeholders, key question)

14a. Have you seen any key messages / recommendations from the SHIFT project to improve sustainability of CSO targeting key populations in your country? What were the key messages / recommendations?

14b. Have you used / translated any key messages / recommendations from the SHIFT project to improve sustainability of CSO targeting key populations in your country? Which ones? who were the target audiences? at what level (national / domestic)? Do you have evidence to support this?

14c. Where is this data from?

14d. Do you feel that the SHIFT project has accelerated production of strategic information related to HIV financing in your country? Please describe.

14e. Do you feel that the SHIFT project has stimulated use of strategic information related to HIV financing in your country?

14f. Have you used strategic information collected/collated/produced by SHIFT to support your advocacy on HIV financing? If yes, could you please give me/us an example?

Annex 3: List of key informants

#	Country	Full name	Organisation	Date interviewed
1	Malaysia	Tamayanty Karusamy	Malaysian AIDS Council (MAC)	21-Nov-18
2	Malaysia	Anu Karunanithy	Malaysian AIDS Council (MAC)	21-Nov-18
3	Malaysia	Prof. Dr. Maznah Dahlui	Faculty of Medicine, University of Malaya	22-Nov-18
4	Malaysia	Stevie Astly	Sarawak AIDS Concern Society (SACS)	26-Nov-18
5	Malaysia	Dr. Mohd Nasir Abd Aziz	Ministry of Health (MOH) & CCM Secretariat	26-Nov-18
6	Malaysia	Martin Choo	Kuala Lumpur AIDS Support Services Society (KLASS)	26-Nov-18
7	Malaysia	Norlela Mokhtar	PEWAHIM & CCM	27-Nov-18
8	Malaysia	Syirin Junisya Mohd Ali	Federation of Reproductive Health Association Malaysia (FRHAM)	27-Nov-18
9	Malaysia	Raymond Tai	PT Foundation	27-Nov-18
10	Malaysia	Muis Moon	Persatuan Advokasi Masyarakat Terpinggir (PAMT)	27-Nov-18
11	Malaysia	Kamal Pilos	Persatuan Kebajikan Komuniti Ikhlas Malaysia (PKKIM) & CCM	27-Nov-18
12	Malaysia	Zulkiflee Zamri	Persatuan Kebajikan Komuniti Ikhlas Malaysia (PKKIM)	27-Nov-18
13	Malaysia	Mohd Afiq	Persatuan Insaf Murni Malaysia	27-Nov-18
14	Malaysia	Norakma	Malaysian Substance Abuse Council (MASAC)	27-Nov-18
15	Malaysia	Parimelazhagan Ellan	Malaysian AIDS Council (MAC)	27-Nov-18
16	Malaysia	Dr. Ravi Ramadah	National Anti-Drug Agency (AADK) & CCM	28-Nov-18
17	Malaysia	Haryati Jonet	Malaysian AIDS Council (MAC)	6-Dec-18
18	Malaysia	Danisha Affandi Tahir	Komited Malaysia Fund	6-Dec-18
19	Malaysia	Nur Hafizah Shukor	Intan Lifezone	8-Dec-18
20	Malaysia	Mohd Hafiz Afendi Abdul Rahman	Sahabat	10-Dec-18
21	Indonesia	Yenti	Siknas Fitra	22-Nov-18
22	Indonesia	Andrian	Fokus Muda	26-Nov-18
23	Indonesia	Anton Eka	PKN Bandung	26-Nov-18
24	Indonesia	Bagus Rahmat	District AIDS Commission	26-Nov-18
25	Indonesia	Denny P.	Jaringan Indonesia Positif Kota Bandung	26-Nov-18
26	Indonesia	Dwi S.	IPPI Kota Bandung	26-Nov-18
27	Indonesia	Ifan A.V	Perkumpulan PUZZLE Indonesia	26-Nov-18
28	Indonesia	Kamalia Purbani	City Mayor's Office	26-Nov-18
29	Indonesia	Kustantonio	Rumah Cemara	26-Nov-18
30	Indonesia	Luvhi Pamungkas	Srikandi Pasundan	26-Nov-18
31	Indonesia	Rani	Female Plus	26-Nov-18
32	Indonesia	Rozan Januar Ishak	Yayasan Grapiks	26-Nov-18
33	Indonesia	Yulia Surahman	Warga Peduli AIDS	26-Nov-18
34	Indonesia	Yuni Dwi Purwani	Semarang Kota Sehat	26-Nov-18

35	Indonesia	Chairur	TB-Aissiyah Semarang	27-Nov-18
36	Indonesia	Emiyati	Madupahat	27-Nov-18
37	Indonesia	Frida	Planning, Research and Development Office	27-Nov-18
38	Indonesia	Gabriel UM Reza Rizkia	Rumah Pelangi Indonesia	27-Nov-18
39	Indonesia	Joseph Yudo	Semarang Gaya Community	27-Nov-18
40	Indonesia	Silvy Mutiari	PERWARIS Semarang	27-Nov-18
41	Indonesia	Widodo	Komunitas ODHA Ohidha	27-Nov-18
42	Indonesia	Yakobus Kristono	Yayasan Kalandara	27-Nov-18
43	Indonesia	Bambang Soekardjo	District AIDS Commission, Semarang City	28-Nov-18
44	Indonesia	Dwi Arti Handayani	Government Planning, Social and Culture Planning and Development district office	28-Nov-18
45	Indonesia	Mada Gautama	Prevention and control disease, District of Health Office Semarang City	28-Nov-18
46	Indonesia	Abin	Yayasan Pesona, Jakarta	29-Nov-18
47	Indonesia	Adi	JIP	29-Nov-18
48	Indonesia	Lenny	Yayasan Srikandi Sejati	29-Nov-18
49	Indonesia	Mariati	Bandung Wangi	29-Nov-18
50	Indonesia	Sintia	IPPI	29-Nov-18
51	Indonesia	Wawan	GWL-INA	29-Nov-18
52	Indonesia	Tina Boonto	UNAIDS & CCM	30-Nov-18
53	Indonesia	Endang Budi Hastuti	Sub-Directorate of STI and HIV	7-Dec-18
54	Thailand	Choovit Thongbai	Pink Monkey	21-Nov-18
55	Thailand	Kamon Uppakaew	Formerly with Thai National AIDS Foundation (TNAF)	27-Nov-18
56	Thailand	Yenjit Sonpoh	Thai National AIDS Foundation (TNAF)	28-Nov-18
57	Thailand	Rapeepun Jommaroeng	Thai National AIDS Foundation (TNAF)	28-Nov-18
58	Thailand	Jutarat Duangnurat	Thai National AIDS Foundation (TNAF)	28-Nov-18
59	Thailand	Kantinun Roongthanathada	National Health Security Office (NHSO)	29-Nov-18
60	Thailand	Dr. Petschri Sirinirund	CCM	29-Nov-18
61	Thailand	Danai Linjongrut	Rainbow Sky	29-Nov-18
62	Thailand	Thaedsak Jumnogsin	Rainbow Sky	29-Nov-18
63	Thailand	Surang Janyaem	SWING	29-Nov-18
64	Thailand	Promboon Panitchpakdi	Raks Thai Foundation	29-Nov-18
65	Thailand	Pensri Sawatcharoenyng	Department of Disease Control, MOH	29-Nov-18
66	Thailand	Veeraphan Ngammee	Ozone Foundation	29-Nov-18
67	Thailand	Pathompong Serkpookiaw	Ozone Foundation	29-Nov-18
68	Thailand	Thanthip Allapach	National Health Security Office (NHSO)	29-Nov-18
69	Thailand	Reverand Sanan Wutti	Church of Christ in Thailand AIDS Ministry & CCM	26-Jan-19
70	Thailand	Pongthorn Chanlearn	Mplus Foundation	27-Jan-19
71	Thailand	Nipa Chompoopa	Raks Thai Foundation	27-Jan-19

72	Thailand	Chotika Chupongsert	National Health Security Office (NHSO)	28-Jan-19
73	Philippines	Shyne Catedral	ACHIEVE Inc.	27-Nov-18
74	Philippines	Darren Eleazar Perez	ACHIEVE Inc.	27-Nov-18
75	Philippines	Florence Mira	ACHIEVE Inc.	27-Nov-18
76	Philippines	Dr. Louie Ocampo	UNAIDS	27-Nov-18
77	Philippines	Elena Felix	Association of Positive Women advocates Inc (APWAI)	28-Nov-18
78	Philippines	Russella P. Relox	Association of Positive Women advocates Inc (APWAI)	28-Nov-18
79	Philippines	Alvan Alvarez	Barako Batangas	28-Nov-18
80	Philippines	Junelyn R. Tabelin	Antipolo	28-Nov-18
81	Philippines	Dr. Teodulfo Jocelito A. Retuya Jr.,	Social Hygiene Clinic	28-Nov-18
82	Philippines	Andrea Gail A. Palagbas	Social Hygiene Clinic	28-Nov-18
83	Philippines	Dr. Alma Corpin	Social Hygiene Clinic	7-Dec-18
84	Philippines	Dr. Ilya Tac-an	Social Hygiene Clinic	7-Dec-18
85	Philippines	Juno Pegarido	IDU Care	7-Dec-18
86	Philippines	Father Dan Cancino	Episcopal Commission on Health Care	12-Dec-18
87	Philippines	Jacqueline A. Calimlim	Department of the Interior and Local Government	12-Dec-18
88	Philippines	Mara Quesada	ACHIEVE	21-Dec-18