Baseline Evaluation Report of Sustainable HIV Financing in Transition (SHIFT) Project in Indonesia, Malaysia, Philippines and Thailand

SHIFT
Sustainable HIV Financing in Transition

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AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS

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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
CCM	Country Coordinating Mechanism
CRM	CSO resource mobilisation platform
CSO	Civil society organisation
FGD	Focus-group discussion
FPM	Fund Portfolio Manager
GAPR	Global AIDS Progress Report
GDP	Gross domestic product
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency syndrome
IAC	Indonesian AIDS Coalition
IDR	Indonesian Rupiah
KII	Key informant interview
M&E	Monitoring and evaluation
MAC	Malaysian AIDS Council
MOH	Ministry of Health
MSM	Men who have sex with men
NA	Not available
NAC	National AIDS Commission
NASA	National AIDS Spending Assessment
NGO	Non-governmental organisation
NHSO	National Health Security Office
PHP	Philippines Peso
PLHIV	People living with HIV
PNAC	Philippines National AIDS Council
PR	Principal recipient
PWID	People who inject drugs
RM	Malaysian Ringgit
SDG	Sustainable Development Goals
SHIFT	Sustainable HIV Financing in Transition
SR	Sub-recipient
STC	Sustainability, transition and co-financing
THB	Thai Baht
TG	Transgender people
TNAF	Thai National AIDS Foundation
UHC	Universal health care
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV
USD	United States Dollar

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Executive summary

Background

Sustainable funding for civil society organisations (CSOs) and community groups is a critical issue that could significantly compromise the HIV response in Asia over coming years. While significant gains have been made in involving CSOs and community representatives in expanding treatment coverage and preventing transmission across the region, these successes will be compromised if individuals and groups are not supported to participate effectively in discussions related to sustainable HIV financing. The Sustainable HIV Financing in Transition (SHIFT) project was designed to support advocacy, capacity building and use of strategic information to facilitate meaningful CSO engagement in discussions related to sustainable financing and transitions towards domestic funding in Indonesia, Malaysia, the Philippines and Thailand, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Fundamentally, the SHIFT project was designed to respond to growing risks due to widening funding gaps in national HIV responses triggered by transitions from international to domestic financing.

Objectives and methodology

The baseline evaluation aimed to develop impact and outcome indicators for SHIFT and collect baseline data for these indicators. It was carried out by an independent consultant, Mr. Pascal Tanguay, from July to August 2017 in the four project countries, using literature review, key informant interviews (KII) and focused group discussions (FGD) to collect both primary and secondary data. A total of 57 individuals were interviewed, including national Global Fund principal recipients (PRs), SHIFT sub-recipients (SRs), Country Coordinating Mechanisms (CCM), ministries of health (MOH) and national AIDS commissions (NAC) representatives, as well as development partners, key population representatives and other CSOs. The results were triangulated and verified through transparent and participatory processes that involved the SHIFT project partners and key stakeholders from the region.

Key findings

- **Funding mechanisms for CSOs.** All project countries have established national mechanisms to fund CSOs with domestic resources. However, in all countries except for Malaysia, the funding mechanisms are either difficult to access due to increasingly stringent accessibility criteria[1], or provide limited support that would not significantly contribute to achieving sustainable HIV responses. In Malaysia, the Malaysian AIDS Council (MAC) was explicitly setup as a government-operated NGO to allocate and disburse funds to CSOs[2].
- **Allocative efficiency.** Across the project countries, a relatively small proportion of both national prevention and total expenditure were invested to prevent HIV among key populations, especially among MSM, despite the fact that most new infections and/or HIV prevalence rates were much higher among key populations than that among the general population.
- **Gaps in strategic information.** The baseline assessment revealed common gaps

[1] See also: Bogner, M. 16 September 2015. "Civil society space shrinks in South-East Asia" in *Myanmar Times*, online at: http://www.mmtimes.com/index.php/opinion/16491-civil-society-space-shrinks-in-south-east-asia.html.
[2] Ministry of Health. 2016. *The Global AIDS Response Progress Report 2016*. (http://www.moh.gov.my/images/gallery/Report/Malaysia%20GARPR%202016_Final.pdf)

in strategic information across all four project countries, namely a publicly available list of clearly identifiable CSO and key population representatives on the CCM; and up-to-date incidence and prevalence data disaggregated for every key population. In addition, data on domestic funding for CSOs and a list of recipients was not available in all project countries save in Malaysia. Expenditure data, disaggregated by key population was available only for Thailand and Malaysia. These are significant gaps in the NASA and GAPR reports which point to weaknesses in national M&E and reporting systems.

- **Transition plans**. All SHIFT project countries save the Philippines have developed a transition plan to manage the withdrawal of Global Fund support for HIV programming, but none of the interviewees across the four countries were able to share the Global Fund transition plans, raising questions of accessibility and transparency. Absence of transition plans in the SHIFT countries should be considered an urgent advocacy priority, targeting both the Global Fund (to improve requirements and address systemic gaps) and towards MOH to ensure that transitions are contextualised beyond the Global Fund's withdrawal.

Key recommendations

- **Develop additional information tools for evidence-based advocacy**: Given the capacity and information gaps among national SRs and the wider CSO community in the region, the SHIFT project has an opportunity to strategically position itself as the main hub for dissemination of information and evidence to support advocacy efforts to promote sustainable financing of the HIV response. Specifically, SHIFT partners should develop country specific summaries of baseline values and a short regional summary for public dissemination
- **Develop tailored communication strategies for each country and for each stakeholder group to promote SHIFT and its objectives:** Given the important differences between the SHIFT countries, it will be important for each national SR to develop a tailored advocacy strategy that addresses country-specific issues and concerns.
- **Establish formal partnerships with national CSOs who focus on budget monitoring and advocacy:** Where possible, project partners should explore the possibility of establishing official partnerships with CSOs that have established capacity in budget monitoring and advocacy. For instance, in Indonesia, an official partnership is already in place between IAC and Seknas Fitra, a local NGO working on budget monitoring and advocacy, which could be expanded to further support the implementation of the SHIFT, including collecting baseline values at district level and increasing credibility of project results.

The findings from this report will be used to enhance the SHIFT project and present opportunities for future work. In particular, the identified indicators (6 impact indicators and 17 outcome indicators) will be used to measure the outcomes and impact of the SHIFT project at the end of the two years of implementation and they represent the first attempt to develop a coherent evaluation methodology for any future project involving HIV financing, transitioning and sustainability for CSOs.

1. Introduction

Sustainable funding for civil society organisations (CSOs) and community groups is a critical issue that could significantly compromise the HIV response in Asia over coming years. While significant gains have been made in involving CSOs and community representatives in expanding treatment coverage and preventing transmission across the region, these successes will be compromised if individuals and groups are not supported to participate effectively in discussions related to sustainable HIV financing. The Sustainable HIV Financing in Transition (SHIFT) project was designed to support advocacy, capacity building and use of strategic information in order to facilitate meaningful CSO engagement in discussions related to sustainable financing and transitions towards domestic funding in Indonesia, Malaysia, the Philippines and Thailand, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

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.[3] 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.[4]

To achieve these targets against dwindling external resources, CSOs are increasingly expected to mobilise sustainable resources from national government sources. A number of concepts and tools have been used in other sectors to address sustainability issues. The SHIFT project was designed to unpack four relevant technical areas: fiscal space, allocative efficiency, transition planning, and domestic funding mechanisms for CSOs *(see Annex 1 for definitions and examples of these technical concepts).* The present report is a summary of the key issues related to the assessment of baseline values against project outcome and impact indicators *(see Annex 2 for a detailed list and definitions of indicators*). The report provides an overview of the methodology, limitations, overall key findings, specific indicator-by-indicator baseline values, with country-specific results, as well as conclusions and recommendations.

2. Objectives

The objectives of the baseline evaluation, defined by SHIFT project partners, included three core components:

- To develop impact and outcome indicators;
- To assess baseline values at national level for all impact and outcome indicators across the four countries; and
- To develop guidelines for the end-line evaluation.

[3] Open Society Foundations. 2015. *Ready, Willing, and Able? Challenges Faced by Countries Losing Global Fund Support*.
[4] Hetch, R. (Ed.) 2013. *Cost & Choices: Financing the long-term fight against AIDS*. aids2031.

This report was prepared to inform CSOs in Asia about the results of the baseline assessment in an effort to encourage the integration of financing concepts in HIV-related advocacy activities led by CSOs in the region and beyond. The report aims to highlight existing evidence supplemented by new findings relevant to CSO financing for HIV.

3. Methodology and process

The baseline assessment was designed in April 2017 through discussions between AFAO representatives and the assessment team. The assessment team initiated a thorough desk review of over 200 documents to inform the development of outcome and impact indicators, to inform the development of the SHIFT project theory of change, and to identify baseline values for those indicators in May 2017. The desk review covered SHIFT project and country concept notes, SHIFT reports and M&E tools, financial assessment tools, transition planning tools; health financing assessments, analyses and reports; official guidance documents from Global Fund and other donors, national laws and policies relevant to HIV and CSO financing; peer reviewed journal articles, official reports, and United Nations (UN) guidance documents; as well as advocacy documents, grey literature and media reports related to HIV and CSO financing in Asia and beyond.

Proposed baseline indicators were shared with project partners, adjusted based on feedback, and finalised in June 2017, informing the development of an interview guide with suggested questions *(see the interview guide in Annex 3*). Also in June, the assessment team coordinated with national SR to organise an additional round of data collection through in-country face-to-face semi-structured key informant interviews (KII) and focus-group discussions (FGD). Data collection to establish baseline values for the SHIFT project indicators was initiated in July 2017 with duty travel to Malaysia (2-4 July), Indonesia (5-8 July), and the Philippines (9-11 July), while data collection in Thailand (24-31 July) was conducted from the consultant's country of residence (Thailand).

Prior to initiating data collection, the consultant held skype consultations with each national SHIFT partner (SR) to identify the key stakeholders for interviews, and the consultant shared the interview guide ahead of the country visits, with both country partners and key stakeholders. Key stakeholders selected for baseline interviews included national Global Fund PR, SHIFT SR, Country Coordinating Mechanisms (CCM), ministries of health (MOH) and national AIDS commissions (NAC) representatives, as well as development partners, key population representatives and other CSOs. A total of 57 individuals were interviewed and a detailed list of respondents is included in *Annex 4.* During KII and FGD, the interview guide was adapted for each respondent to generate the best available data.

In August 2017, all data collected from the desk review and from the in-country KII and FGD was analysed to set baseline values for all SHIFT outcome and impact indicators. A draft of the values was shared with all SHIFT project partners, adjusted based on feedback, and presented officially on 7 August to the SHIFT regional partners at the AFAO office in Bangkok, Thailand. On 30 August, the assessment consultant presented the detailed results of the baseline assessment to the UNAIDS Data Hub team at the AFAO office in Bangkok, Thailand. On 6 September 2017, AFAO's M&E Officer presented highlights from the baseline assessment to the participants of the first SHIFT progress review meeting in Kuala Lumpur, Malaysia, where all regional and country SR representatives and some

CCM members were in attendance. Feedback from each presentation was also integrated in the final products related to the SHIFT baseline assessment.

The feedback received ensured triangulation and verification of the results presented in this report. In effect, the several rounds of consultation with project partners as well as relevant stakeholders and agencies ensured that the content of this report most accurately reflects the current situation related to HIV financing for CSOs in the four project countries.

4. Limitations

Limitations regarding the baseline assessment have been identified and divided into two sub-sections: the first is on limitations regarding the data collection process in the context of the baseline assessment while the other focuses on the limitations with respect to the data itself.

4.1 Data collection

Only a few days were spent in each country, largely due to budget restrictions. Originally, the scope of work for this assignment was to be home-based but AFAO and the assessment consultant agreed that face-to-face interviews would be more conducive and productive. However, the limited amount of time in each country implied that KII and FGD were restricted to the availability of key stakeholders. In Indonesia and the Philippines, an additional day was spent for KII to reach out to development partners; no relevant development partners with offices in Malaysia were identified for the baseline assessment.

While there is significant variation in the number of respondents from each country, the selection was led by the SHIFT in-country SR, which coordinated logistical arrangements for KII and FGD. Though a comparable number of key informants were contacted in each country, the response varied considerably. Note that KII and FGD were scheduled immediately after Ramadan holidays with significant implications for availability of key informants in Indonesia and Malaysia.

Language barriers were a significant issue in a number of countries although having a representative from the SHIFT SR during the interviews was very helpful. However, a number of documents that were shared with the assessment consultant are published in local languages – so there may be more data than what will be presented in this baseline assessment final report, although it was not possible for the assessment consultant to assess their content.

The scope of work was limited to collecting baseline data at national level, while many of the project partners will be also working at the district or city level. There were important pragmatic limitations in establishing district baseline values with the assessment consultant's support – time, resources and language, etc. In that respect it was agreed with project partners to use the baseline assessment as a capacity building effort and to support the national SR in replicating the process at local level for their selected districts or cities.

4.2 Data

Baseline values for impact indicators were sourced from the published literature, compiled by government agencies and development partners. In essence, baseline values for impact indicators are largely dependent on those agencies and their timelines. The baseline assessment process revealed that many countries are behind on their own schedule for releasing critical reports such as the National AIDS Spending Assessments (NASA). This implies that baseline data for the SHIFT project is based on data from the year 2015 although some baseline values have been set using data from 2014 and 2013.

Most importantly, 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.

Important epidemiological data gaps remain in national HIV reporting systems across the region, including in the four SHIFT countries. For example, incidence and prevalence data were not found for all key populations in each country, limiting the capacity to draw reliable conclusions about HIV financing among key populations. While some key population groups (such as migrants) may not be officially recognised in all SHIFT countries, they are relevant to the HIV epidemics all four countries, yet very limited prevalence or incidence data was found about these groups from national sources.

Data about composition of national CCM was not clearly available from the Global Fund website – while all members were listed with their contact details, rarely was there information available about the employer, the population represented and the role of each individual on the CCM, limiting the analysis regarding representation of CSO and key populations in external funding mechanisms.

All currency conversions were done using exchange rates from www.oanda.com, based on historical data from January to December of each year.

5. Key findings

5.1 General findings

Impact indicator data such as total annual expenditure on HIV was largely available for all countries, through the NASA and Global AIDS Progress Reports (GAPR) compiled and published by government and development agencies. However, data for one impact indicator – *Proportion of national domestic HIV expenditure allocated to CSO* – was only available for Indonesia and Malaysia. Neither the Philippines or Thailand included calculations regarding CSO funding allocation in the national HIV response as part of their regular reporting. Similarly, outcome indicators regarding the proportion of domestic funding allocated to CSOs working with key population, and the number of CSOs accessing domestic funding are not integrated in national monitoring, evaluation, or reporting mechanisms.

At outcome level, the baseline assessment revealed that a limited number of coalitions were currently advocating for sustainable HIV financing in each project country, either at

national or at district level. Existing coalitions varied in their composition, scope and capacity, though in both Indonesia and the Philippines, a national CSO mechanism is in place for national budget advocacy and watchdogging. The baseline assessment process also revealed an appetite among HIV CSO representing key populations across the four project countries to participate in such discussions, though all identified capacity building on such issues as a priority in order to engage meaningfully.

5.1.1 CSO representation in funding mechanisms

CSO and key populations are represented on domestic and external funding mechanisms in all project countries. Though CSO and key population representatives have seats on such mechanisms, the baseline assessment process revealed that many who currently occupy those seats do not feel capacitated to engage meaningfully, while those who do not have seats feel they do not have meaningful access to their CSO and key population representatives on those mechanisms across the four project countries. Most CSO recipients of the Global Fund knew their representatives on CCM and even on domestic funding mechanisms but such was not the case for CSO who are not current recipients of the Global Fund, pointing to a significant weakness in the context of sustainability.

5.1.2 Transition planning

Regarding Global Fund transitions, Fund Portfolio Managers (FPM) across the four countries have very different approaches and levels of understanding when it comes to transition-related issues. In one SHIFT project country, stakeholders report that the FPM has informed implementers and other Global Fund-related stakeholders that there will be no transition despite the country being included in the Global Fund's list of transitioning countries, detailed in its sustainability, transitions and co-financing (STC) policy; CSOs and key stakeholders in one country report their perception that the FPM has shown little to no interest in engaging in transition-related discussions; and in another, key stakeholders interviewed reported that the FPM has not yet discussed transitions, at least with the key civil society stakeholders. This points to significant weaknesses in Global Fund's transition and sustainability strategy where additional CSO advocacy could be of great value.

5.1.3 Domestic funding mechanisms for CSO

All project countries have established national mechanisms to fund CSOs with domestic resources. However, in all countries except for Malaysia, the funding mechanisms are either difficult to access due to increasingly stringent accessibility criteria,[5] or provide limited support that would not significantly contribute to achieving sustainable HIV responses. In all countries save Malaysia, laws and policies either directly limit access to domestic resources for community-based CSOs (i.e. prohibitive accessibility criteria) or indirectly reduce government's willingness to award funding to those same groups (i.e. absence of enabling laws and policies, past corruption scandals).

In Malaysia, the Malaysian AIDS Council (MAC) was setup as a government-operated NGO to allocate and disburse funds to CSOs.[6] Though MAC supports CSOs and provides numerous seats to CSO and key population representatives in its decision-making

[5] See also: Bogner, M. 16 September 2015. "Civil society space shrinks in South-East Asia" in *Myanmar Times*, online at: http://www.mmtimes.com/index.php/opinion/16491-civil-society-space-shrinks-in-south-east-asia.html.
[6] Ministry of Health. 2016. *The Global AIDS Response Progress Report 2016*. (http://www.moh.gov.my/images/gallery/Report/Malaysia%20GARPR%202016_Final.pdf)

structures, many CSOs who are recipients of domestic funds lack confidence in MAC's ability and willingness to advocate for complex issues and represent the voice of civil society when engaging with government officials. Meanwhile, MAC representatives acknowledge that advocating for complex issues may cost significant amount of political capital that may generate more impact if invested according to a more balanced strategy.

> *"The moment CSOs get funded through domestic sources is the moment they will lose their ability to advocate and hold their governments to account. They'll simply be gagged and silenced."*
>
> – KII respondent

5.1.4 "Trust" and sustainability

The issue of "trust" was raised in every project country, virtually by every stakeholder group: CSO and key population representatives; government representatives; and development partners. Government officials lack trust in CSOs, and respondents noted that this was largely due to concerns regarding financial management of such recipients and increased interest in addressing corruption. For example, corruption scandals were uncovered in the Philippines where government officials had established fake NGOs to channel funds illegally, so government officials have been wary of investing in NGOs given the events of the past. In contrast, CSO representatives expressed distrust of government agencies to make evidence-based decisions regarding HIV financing and their fundamental willingness to work with CSO as meaningful partners. For example, CSO representatives in Indonesia noted that budget allocations in some districts were not based on evidence of epidemiological need but rather on ideology and personal connections.

The literature on CSO participation in Asia suggests that:

> *governments across Asia remain ambivalent about CSOs, seeing them as a combination of political threat, partner and talisman of globalisation. This means closer government scrutiny and tighter regulatory monitoring because the state doesn't trust them and wants to know what they are doing and at whose behest. The political sensitivities of the authorities mean there are no-go zones and taboo topics where CSOs are not welcome or can only operate under duress and within tightly circumscribed bounds.*

The issue of trust has been identified as critical to achieving sustainability, though the baseline assessment did not reveal any feasible solutions to this conundrum. That said, more advocacy is clearly needed to sensitise donors like the Global Fund to consider the "trust factor" in their transition planning plans and strategies.

5.1.5 Corporate social responsibility

In every project country, respondents highlighted corporate social responsibility and social contracting mechanisms as sources of potential funding for the HIV response; however, in every project country, CSOs noted significant concerns regarding receiving support from the corporate sector:

- **Corporate donors are unlikely to support key populations programming**: for example, stakeholders in the Philippines noted that Shell Corp invests in HIV programmes related to the labour force but not in key population programmes; in 2017, Starbucks made public statements in support of LGBT communities which triggered public statements from Malaysian and Indonesian officials calling for boycotts of their products;
- **Programmes supported with corporate funds will have to support a corporate strategy rather than prioritising the population in need:** stakeholders in Thailand noted that Chevron's contributions to the Global Fund were earmarked specifically to avoid investments in programmes for key population;
- **Corporate sector contributions represent only a minuscule proportion of total HIV expenditure and are not sustainable:** data from Indonesia shows that private sector contributions to the national HIV response represented only 0.06% and 0.02% of total HIV expenditure in 2013 and 2014;[7] in Thailand, since initiating their transition in early 2015, both government and CSO resource mobilisation strategies have targeted the corporate sector, yet less than USD 1 million has been mobilised collectively to date.

> *"It is absolutely crazy to expect that the private sector will fund HIV programmes targeting key populations! What would be their motivation for doing so? It will never work, especially in Asia. Even if it did, it would completely compromise CSOs capacity to do their work effectively!"*
>
> *– KII respondent*

Only in Malaysia have CSO partners expressed serious interest in scaling up resource mobilisation and advocacy targeting the corporate sector during KII and FGD. MAC's close partner - Malaysia AIDS Foundation - has successfully mobilised significant funds from the private sector and plans are being developed to further expand the organisation's corporate resource base.

5.1.6 Universal Health Care

All four project countries have a functioning universal health care (UHC) system that absorbs part of patients' HIV treatment and care service costs. Data collected in Malaysia and Thailand shows that all citizens have access to UHC (except migrants and youth), including members of key populations. In Indonesia, disaggregated data from local surveys conducted by IAC shows that between 21% (transgender) and up to 90% (people who inject drugs) of key populations are registered in the national UHC system.

Though a functioning UHC is in place in all four countries, KII and FGD revealed important limitations in UHC's potential contributions to expanding the fiscal space for HIV: JKIM, the universal health coverage scheme in Indonesia, is on the verge of bankruptcy; in Malaysia and Thailand, UHC coverage is considered unlikely to change in the near future as other priorities are attracting national health resources; and in the Philippines, PhilHealth contributions to CSOs are likely to be channelled through government health

[7] National AIDS Commission. 2015. *National AIDS Spending Assessment 2013-2014*.

agencies. These limitations are important in considering the development of country-specific advocacy strategies focusing on UHC for HIV financing.

5.1.7 Capacity building

Across all four countries, KII and FGD revealed that CSOs feel that they currently do not have the knowledge and skills necessary to effectively participant and contribute to the development of strategic financing decisions. CSOs in all four project countries also had limited plans beyond the SHIFT project to address HIV financing at the time of the baseline assessment. And CSO respondents in all four project countries felt they had limited capacity and opportunities to identify and engage in advocacy for HIV financing at national level, and much less at district level. These results are to be confirmed and triangulated against the results of APCASO's capacity assessment in each project country.

Capacity building for CSOs has been offered by several partners – from CSO Seknas Fitra in Indonesia to UNAIDS in the Philippines – to support the development of vibrant CSO engagement in financing discussions as well as to support achievement of the SHIFT goals and objectives. Specifically, Seknas Fitra has developed training modules on budget monitoring and advocacy (in Bahasa), which could be reviewed for relevance and, where appropriate, translated and adapted for each project country.

5.1.8 Strategic information

The baseline assessment revealed common gaps in strategic information across all four project countries, namely a publicly available list of clearly identifiable CSO and key population representatives on the CCM; and up-to-date incidence and prevalence data disaggregated for every key population. In addition, data on domestic funding for CSO and a list of recipients was not available in all project countries save Malaysia. Expenditure data, disaggregated by key population was available only for Thailand and Malaysia. These are significant gaps in the NASA and GAPR reports which point to weaknesses in national M&E and reporting systems. While all relevant SHIFT indicators were already included in Malaysia's M&E and reporting framework save one – the proportion of funding from domestic funding mechanisms allocated to HIV prevention among key populations (outcome indicator #13 – see Annex 2) – other project countries did not report against indicators related to CSO financing, especially from domestic sources.

5.2 Country findings

5.2.1 Indonesia

A total of 24 people from 12 different organisations were interviewed in Indonesia. A large proportion of interviewed stakeholders were key population network representatives who were invited to a FGD hosted by IAC. Major findings from the KII shows that there are high levels of interest for HIV financing issues in Indonesia (especially among development partners). Virtually every partner interviewed noted an interest in receiving regular updates from IAC, including pre- and post-activity communications, to improve collaboration and make sure results are widely used for advocacy purposes.

"HIV financing is our priority and we want to support the SHIFT project in order to maximise impact, avoid duplication and ensure that CSO can continue to play their critical role in the national HIV response."

– UNAIDS Country Coordinator

However, MOH plans to abolish the NAC by the end of 2017, and no plan had been formulated at the time of the baseline assessment detailing how NAC's functions will be integrated and taken over by MOH. Other significant findings that will not show in the baseline values include reports from key stakeholders that antiretroviral (ARV) medications in Indonesia cost three to four times more than in neighbouring countries, providing an opportunity to advocate for allocative efficiency.

Finally, the NGO Seknas Fitra has the mandate and mission to monitor the national and district level budgeting processes, conduct capacity building targeting CSO to improve skills on budget advocacy, and implement budget advocacy on a regular basis – providing an opportunity to establish a partnership that could enhance results across all three SHIFT project objectives in Indonesia. This opportunity is especially relevant, as IAC's capacity may be stretched as they take up the PR mantle in 2018.

All of the data collected during KII and FGD reflected results from 2014 – data for 2015 onwards was not available at the time of the baseline assessment.

5.2.2 Malaysia

In Malaysia, a total of nine individuals across seven different organisations were interviewed. Discussions with MAC and its partner representatives revealed that there is limited understanding about the fundamental objectives of the SHIFT project in Malaysia. Scale-up targeted communications in Malaysia will therefore be critical to ensure that key stakeholders understand the value of the SHIFT project. Respondents also noted that a CSO financing mechanisms that involved participation of CSOs was already in place and well established. While functional and effective, an assessment of the mechanism – the Malaysian AIDS Council – was being planned at the time of the baseline assessment, to identify strengths that can be replicated elsewhere as well as challenges that need to be overcome to achieve sustainable HIV financing for CSOs. Finally, respondents noted that Malaysia's National Strategic Plan on HIV 2016-2030 is comprehensive and includes high-level commitments to HIV financing from domestic sources. However, respondents reported a top-down approach in health financing that impacts on HIV budgeting for CSOs in Malaysia and restricts engagement at certain levels. Many respondents highlighted that MAC is the gatekeeper for effective HIV financing advocacy towards MOH and other government agencies, and to push for effective and transparent HIV budgeting processes, as well as greater civil society engagement and collaboration with government agencies. Meanwhile, some respondents noted that private sector social enterprise initiatives have the potential to create alternative avenues for CSO financing. However, respondents also highlighted that current opportunities are limited.

Most of the data collected during KII and FGD reflected results from 2014 – data for 2015 onwards was not available at the time of the baseline assessment.

5.2.3 Philippines

A total of 12 people across seven different organisations were interviewed in the Philippines. Major findings from the KII and FGD show that there are high levels of interest for HIV financing issues in the Philippines (especially among development partners). However, respondents pointed to significant weaknesses in the national HIV strategy, where key population programmes are not prioritised for prevention. Virtually every partner interviewed noted an interest in receiving regular updates from ACHIEVE, including pre- and post-activity communications, in order to improve collaboration and make sure results are widely used.

However, data about the Philippines was difficult to obtain and it seemed as if some of the respondents were reluctant to share published reports with ACHIEVE and the SHIFT assessment consultant. In addition, the role of the Philippines National AIDS Council (PNAC) has been described by several respondents as unclear and weak. The NGO Social Watch Philippines has the mandate and mission to monitor the national and district level budgeting processes, to conduct capacity building targeting CSOs in order to improve skills on budget advocacy, and to implement budget advocacy on a regular basis – providing an opportunity to establish a partnership that could enhance results across all three SHIFT project objectives in Philippines.

All of the data collected during KII and FGD reflected results from 2015 – with some exceptions for data from 2013.

5.2.4 Thailand

A total of seven individuals across five organisations were interviewed in Thailand. Major findings from the KII and FGD show that an important number of stakeholders are involved in discussions related to HIV financing, but that there is little unity – data collection with respondents reflected increasing tensions with a number of lead agencies pushing for the establishment of domestic funding mechanisms with limited consultation with potential recipients and implementers, and important differences in expectations and membership. Several mechanisms are being established to fill the gap left in the wake of the Global Fund's potential withdrawal (see the *Specific findings* section below), but aligning with one or the other may be perceived as choosing a side, against or in support of the national government's strategy.

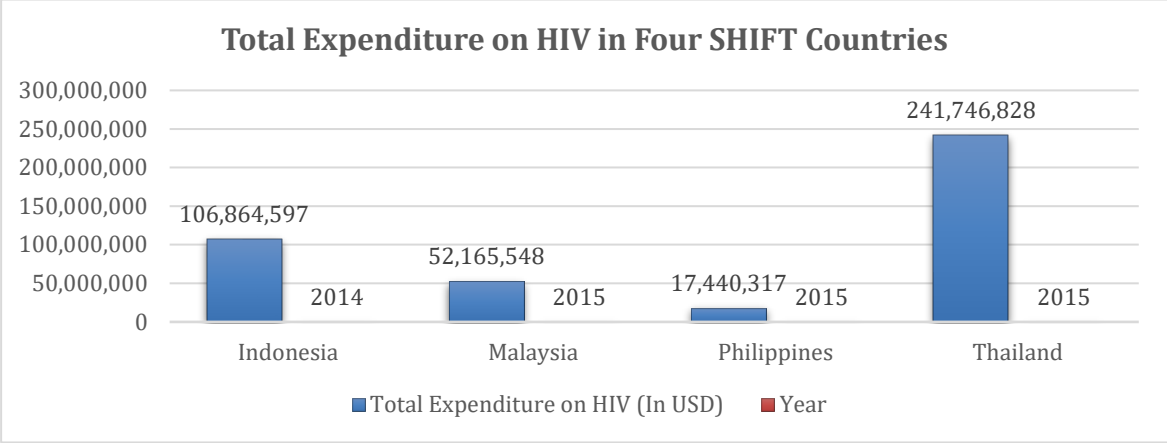
All the data collected during KII and FGD reflected results from 2015.

5.3 Specific findings

This section provides detailed baseline values for each of SHIFT project indicators (6 impact indicators and 17 outcome indicators). In addition to the values, additional narrative details are provided to texture the values and provide further relevant explanations. Annex 2 provides a list of indicators with their definitions.

5.3.1 Impact indicator baseline values

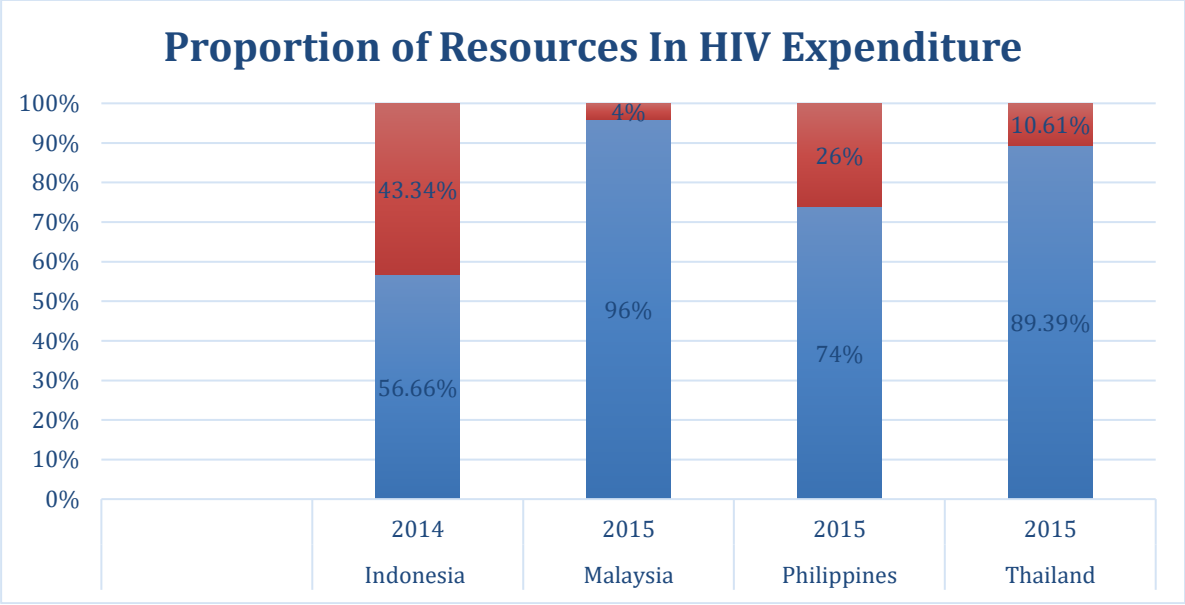
Indicator 1: Total expenditure on HIV per year



* Baseline values were primarily sourced from the desk review, particularly from NASA and GAPR publications obtained through MOH, NAC and UNAIDS offices.

Expenditure was selected as an indicator although such data will always be published retroactively; however, budget data may not be actually representative of what is actually implemented (planned vs implemented).

Indicator 2: Proportion of domestic and external resources in HIV expenditure



* Baseline values were primarily sourced from the desk review, particularly from NASA and GAPR publications obtained through MOH, NAC and UNAIDS offices.

As transitions are implemented, there should be an increased proportion of funding sourced from domestic agencies and a diminishing proportion of funding from international sources.

Indicator 3: Resource gap to fully implement the country's national strategic plan on HIV

Countries	Resources Gap (in USD)	Period
Indonesia	106,864,597	2015-2019
Malaysia	Not Available(NA)	NA
Philippines	17,440,317	2015-2017
Thailand	241,746,828	2015-2017

* Baseline values were primarily sourced from the desk review, particularly National Investment Cases and Global Fund Concept Notes obtained through MOH, NAC and UNAIDS offices.

The gap is calculated over a five-year period in Indonesia compared to three-year periods in the Philippine and Thailand. Indonesia's resource gap was also influenced by the coverage of the assessment which was limited to 75 out of over 500 districts, such that the resource gap is not representative of the total national need for HIV. No data on the scope of Malaysia's resource gap for HIV was identified during the baseline assessment.

Thailand's three-year resource gap is very close to a full year's worth of HIV expenditure (compared against Indicator 1 baseline value). However, the same formula applied to the Philippines shows that the same three-year gap represents more than ten times the value of a full year of HIV expenditure. While the five-year resource gap in Indonesia represents not quite twice the value of a year's worth of HIV expenditure, the baseline data collection process revealed that Indonesia's national HIV-related targets are among the lowest in the region, explaining the smaller gap compared to Thailand.

Indicator 4: Proportion of national domestic HIV expenditure allocated to CSOs

Countries	Total national domestic HIV expenditure	Amount allocated to CSOs	Proportion of the total allocated to CSOs
Indonesia	59,918,007.43	568,141.95	0.94%
Malaysia	50,078,926.31	1,603,630	3.2%
Philippines		NA	NA
Thailand		NA	NA

* Baseline values were primarily sourced from the desk review, particularly from NASA and GAPR publications obtained through MOH, NAC and UNAIDS offices.

Data was only identified for Indonesia and Malaysia, which showed that a small proportion of national domestic HIV funds was invested in CSOs; advocacy is needed to address these data gaps in Philippines and Thailand. Ideally, at end-line, data against this indicator should include sources of funding for CSOs to support targeted advocacy efforts. As transitions are being implemented, there should be an increased proportion of CSOs funded through domestic mechanisms and an increase in the number of agencies providing funding to CSOs.

Indicator 5: Amount and proportion of HIV expenditure allocated by key population against prevalence & new infection rates

* Baseline values were primarily sourced from the desk review, particularly from NASA and GAPR publications obtained through MOH, NAC and UNAIDS offices, including the UNAIDS Data Hub.

Data against this indicator should ideally be disaggregated by key populations, and compared against both prevalence and most importantly the proportion of new HIV cases for each key population group, as shown in the four country tables below.

Indonesia

Population	Epidemiology		Investment (2014)		Proportion against 2014 expenditure	
	Proportion of new cases (total new cases in 2014 = 65,757)	**Prevalence**	**Local currency (IDR)**	**USD**	**Proportion of total national HIV prevention expenditure**	**Proportion of total national HIV expenditure**
MSM	22.09%	8.50%	652,563,854	55,004	0.31%	0.05%
PWID	3.34%	36.40%	16,687,145,915	1,406,544	7.96%	1.32%
Sex workers	FSW (direct): 5.86% FSW (indirect): 1.36% MSW: 2.02% Clients: 24.42%	MSW: 18% FSW (direct): 10% FSW (indirect): 3%	2,499,636,092	210,692	1.19%	0.20%
Migrants	N/A	N/A	N/A	N/A	N/A	N/A
Youth	N/A	N/A	34,240,276,003	2,886,081	16.34%	2.70%
TG	N/A	N/A	N/A	N/A	N/A	N/A
Prisoners	N/A	6.50%	N/A	N/A	N/A	N/A

A very small proportion of both prevention and total expenditure are invested to prevent HIV among MSM, despite the fact that significantly more new infections are identified among this group; conversely, a much larger proportion of resources is invested in HIV prevention among PWID while the proportion of new HIV cases among this group is considerably lower than among MSM and many other key populations.

Malaysia

Population	Epidemiology		Investment (2014)		Proportion against 2014 expenditure	
	Proportion of new cases	**Prevalence**	**Local currency (RM)**	**USD**	**Proportion of total national HIV prevention expenditure**	**Proportion of total national HIV expenditure**
MSM	N/A	8.50%	101,269	26,134	0.34%	0.05%
PWID	N/A	36.40%	11,034,167	2,847,587	36.85%	5.64%
Sex workers	N/A	MSW: 18% FSW (direct): 10% FSW	2,296,195	592,579	7.67%	1.17%

		(indirect): 3%				
Migrants	N/A	N/A	N/A	N/A	N/A	N/A
Youth	N/A	N/A	1,022,684	263,924	3.42%	0.52%
TG	N/A	N/A	N/A	N/A	N/A	N/A
Prisoners	N/A	6.50%	N/A	N/A	N/A	N/A

The proportion of HIV prevention expenditure aligns with HIV prevalence among this group. In contrast, the proportion of HIV prevention expenditure invested in MSM programming is disproportionately lower. However, comparing expenditure against prevalence provides useful information, comparing investments with the proportion of new cases generates a more representative picture. Unfortunately, during the baseline assessment, data regarding the proportion of new HIV cases by key populations in Malaysia was not identified.

Philippines

Population	**Epidemiology**		**Investment (2011)**		**Proportion against 2011 expenditure**	
	Proportion of new cases (total new cases in 2013 = 4,814)	**Prevalence**	**Local currency (PHP)**	**USD**	**Proportion of total national HIV prevention expenditure**	**Proportion of total national HIV expenditure**
MSM	95.00%	2.93%	21,522,752	505,861	13.85%	4.00%
PWID	4.00%	Male: 48.24% Female: 30.39%	5,380,688	126,465	3.46%	1.00%
Sex workers	N/A	FSW (registered) : 0.07% FSW (freelance): 1.03%	75,329,631	1,770,514	48.48%	14.00%
Migrants	N/A	N/A	N/A	N/A	N/A	N/A
Youth	N/A	N/A	N/A	N/A	N/A	N/A
TG	N/A	N/A	N/A	N/A	N/A	N/A
Prisoners	N/A	N/A	N/A	N/A	N/A	N/A

A very large proportion of prevention and total expenditure are invested to prevent HIV among sex workers, despite the fact that prevalence is low and that data about the proportion of new cases in this group was not identified during the baseline assessment. Conversely, a much smaller proportion of resources are invested in HIV prevention among MSM while the vast majority of new infections are identified among this group.

Data sources that informed baseline values for the Philippines were considerably dated (from 2011) compared to data collected in the other three SHIFT project countries for the same indicator.

Thailand

Population	Epidemiology		Investment (2015)		Proportion against 2015 expenditure	
	Proportion of new cases (total new cases in 2015 = 7,324)	**Prevalence**	**Local currency (THB)**	**USD**	**Proportion of total national HIV prevention expenditure**	**Proportion of total national HIV expenditure**
MSM	46.67%	7.10%	63,690,000	1,866,754	4.46%	0.77%
PWID	11.13%	25.20%	26,650,000	781,112	1.87%	0.32%
Sex workers	10.83%	MSW: 12.2% FSW: 2.2%	4,210,000	123,395	0.30%	0.05%
Migrants	N/A	N/A	N/A	N/A	N/A	N/A
Youth	N/A	N/A	80,650,000	2,363,852	5.65%	0.98%
TG	N/A	10-17%	1,250,000	36,637.5	0.09%	0.02%
Prisoners	N/A	25%	N/A	N/A	N/A	N/A

There is limited alignment between epidemiological and expenditure data: programmes targeting MSM, among whom the proportion of new HIV cases is highest, represent the largest share of the expenditure on key population programming, and similar patterns for PWID and sex workers. However, while the ranking of epidemiological versus expenditure data may align, the overall proportions remain very low. In addition, prevalence data from Thailand also indicates that HIV allocations may not optimally distributed.

Epidemiological and investment data were generally unavailable regarding migrants, youth, TG and prisoners across all four SHIFT project countries. Though they may not be specifically labelled as key populations in international guidance documents, these populations' vulnerability of HIV warrants their inclusion in analyses related to sustainable HIV financing, particularly given the impact of HIV among them in the four SHIFT project countries. While some data points from Indonesia, Malaysia and Thailand are available regarding those populations, no data regarding these four groups was identified for the Philippines during the baseline assessment.

Though data informing Indicator 5 baseline values from the Philippines was by far the most dated, data for all four SHIFT project countries, across the six impact indicators, was dated in the context of the current planning and active implementation of transitions worth hundreds of millions of dollars in those four countries. The most recent data points – from 2015 – were two years old at the time of the baseline assessment, implying that current plans being developed based on this data may not be representative of the current situation.

Indicator 6: Amount (USD) and proportion of national HIV expenditure allocated to major HIV response activities

Budget category	Indonesia		Malaysia		Philippines		Thailand	
	Amount	%	Amount	%	Amount	%	Amount	%
Prevention	17,663,981	16.53	7,726,521	15.30	5,523,126	31.67	41,822,201	17.3
Care and treatment	35,003,781	32.76	32,876,997	65.10	9,783,052	56.09	161,486,881	66.8
Orphans and vulnerable children	12,642	0.01	733,465	1.45	N/A	N/A	0	0.0
Programme management and admin strengthening	31,344,832	29.33	7,857,451	15.56	1,538,210	8.82	14,021,316	5.8
Human resources	17,949,453	16.80	514,635	1.02	N/A	N/A	6,285,418	2.6
Social protection and social services	2,337,734	2.19	516,140	1.02	440,400	2.53	14,263,063	5.9
Enabling environment	1,992,294	1.86	180,111	0.36	155,526	0.89	725,240	0.3
Research	559,880	0.52	100,222	0.20	N/A	N/A	3,142,709	1.3
Total	106,864,597	100	50,505,541	100	17,440,315	100	241,746,828	100

* Baseline values were primarily sourced from the desk review, particularly from NASA and GAPR publications obtained through MOH, NAC and UNAIDS offices.

Data against this indicator should ideally be disaggregated by major budget line items (as shown in the table above), standardised for reporting progress to UNAIDS and Global Fund. However, reporting against these budget categories is not fully standardised – as indicated in the limitation sections, some countries include expenditure for HIV testing as part of treatment (Philippines), while others might include it as part of prevention. The fact that national reporting is not standardised implies that cross-country comparisons may be misleading.

5.3.2 Outcome indicator baseline values

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

At the time of baseline data collection, no policy instruments were influenced by SHIFT project activities. Given that the agreements between SHIFT project partners and the Global Fund were signed between late May and early July 2017, the project was still in its inception phase during the baseline assessment.

However, the baseline assessment identified a number of policy instruments in each country that were already in place to support CSO financing. In Indonesia, Laws 17/2003, 25/2004, and 14/2008 specifically promote transparency in national and state level budgeting processes; a Presidential Commitment is in place to allocate 5% of the national budget to health; and a set of minimum service standards compels district level authorities to fund CSOs. In Malaysia, legal instruments from 1966 mandate the registration of non-profit organisations offices in the Ministry of Home Affairs; and

criminal records of founding members are important barriers to registration. In the Philippines, mechanisms are in place for bottom-up budgeting which require government agencies to establish partnerships with CSOs; legal instruments from 1991 and 2017 promote transparency in the budgeting process; and the General Appropriations Act allows local authorities to implement certain projects and programmes in collaboration with CSOs. In Thailand, a special legal instrument (*Ma Tra 44*) empowers national authorities to issue and execute any order considered necessary to the welfare of the Kingdom.[8] These policy instruments have been identified through KII and FGD as important tools for advocacy related to sustainable HIV financing for CSOs.

National SRs should be required to report on this indicator on a quarterly basis to track changes in the legal and policy environment in regard to HIV financing. Ideally, data against this indicator should be disaggregated against: type of instrument (laws, policies or, procedures, etc); level at which instrument will be effective (local, national, regional); approval level (drafted, proposed, adopted, modified, etc).

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

Very few advocacy coalitions or mechanisms specifically addressing sustainability for HIV programming were in place in the four SHIFT project countries at the time of the baseline assessment. In Indonesia, SR-IAC and its existing partner Seknas Fitra have been coordinating efforts to build capacity of CSOs to advocate in the context of national and district-level budgeting processes. As a result of their combined efforts, a district-level CSO coalition was established in Samara under the umbrella of the Coalition for Healthy Samara. In the Philippines, ACHIEVE and its partner Social Watch Philippines have been working together to influence budgeting decisions related to HIV financing through the Alternative Budget Initiative. Social Watch Philippines is the national coordinating agency for the Alternative Budget Initiative, while ACHIEVE is the chair for its HIV sub-cluster.

In contrast, in Malaysia and Thailand, the SHIFT SRs – MAC in Malaysia and TNAF in Thailand – represent the only identified mechanisms supporting advocacy for sustainable HIV financing for CSOs. In Malaysia, MAC remains the main channel for HIV CSOs to access domestic funds and to advocate to government authorities (historically targeting MOH) for HIV financing. In contrast, in Thailand, TNAF was in process of establishing the CSO Resource Mobilisation (CRM) platform as a dedicated CSO financing mechanism at the time of the baseline assessment.

SHIFT SRs should be required to report on this indicator on a quarterly basis in order to track new advocacy opportunities, potential partners, and address emerging issues. Ideally, data against this indicator should be disaggregated by level (local, national, regional).

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

All four SHIFT project countries have established external and domestic funding mechanisms to support the national HIV response. All four project countries are recipients of the Global Fund and have established CCMs with a number of seats allocated

[8] See https://en.wikipedia.org/wiki/2014_interim_constitution_of_Thailand.

to civil society and key population representatives, ranging from five in Indonesia to ten in Thailand. 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.

Domestic funding mechanisms have also provided seats for civil society and key population representatives to participate in financing decisions: in Indonesia, the NAC include five key population representatives and two represent people living with HIV (PLHIV) out of 26 members; and in the Philippines, six seats are provided to CSO representatives out of 24 seats. In Malaysia, MAC involves a number of CSO partners in various levels of organisational management and decision-making, through the Board and its regular membership base; however, the technical review panel that reviews CSO funding proposals within MAC is composed of government officials (eight seats), development partners (two seats) and academia (one seat). Essentially, MAC has developed several mechanisms to involve CSO partners at different levels, except where decisions about funding allocations for CSOs are being made. In Thailand, plans for operating the CRM platform were not yet finalised at the time of the baseline assessment, although KII and FGD hinted at significant CSO participation in management, resource mobilisation and allocation decision-making once the platform is operational.

As transitions are being implemented, SHIFT activities should lead to an increase in representation of CSOs and key populations in domestic funding mechanisms. Data against this indicator should ideally be disaggregated against domestic vs international mechanisms; by level (local vs national); and by key population.

Indicator 10: Existence and quality of transition plan at national level

As noted earlier, all SHIFT project countries save the Philippines had developed a transition plan to manage the withdrawal of Global Fund support for HIV programming, at the time of the baseline assessment. In Indonesia, respondents from NAC had not seen the transition plan; in Malaysia, respondents were unable to provide a copy of the transition plan; and in Thailand, KII and FGD respondents noted that there was no transition plan, despite public statements from high-level Global Fund representatives pointing to the contrary, making the situation there extremely confusing and challenging, given many irreconcilably opposing views and positions.

> *The [Technical Review Panel] noted as a good example an applicant [Thailand] in window 2 that was voluntarily transitioning from Global Fund support early. The applicant provided a well-thought out, well-defined exit strategy.* – Technical Review Panel (February 2015)[9]

> *Communities, civil society, NGOs and the government are all working together. We have a very clear transitional plan to end AIDS, stop TB and eliminate malaria and*

[9] Technical Review Panel of the Global Fund. 2015. *Report of the Technical Review Panel on the concept notes submitted in the third and fourth windows of the funding model*. (https://www.theglobalfund.org/media/3115/fundingmodel_conceptnotes-windows-03-04-trp_report_en.pdf)

we can only do this working with key populations. – CCM Chair, Thailand (August 2015)[10]

The [transition] plan [for Thailand] is still being developed. […] The process was rushed and not inclusive. – Interim Executive Director, Global Fund (October 2015)[11]

With the Global Fund's exit and the government's lack of preparedness, the country's HIV response will suddenly have to juggle with one hand tied behind its back, even as the balls are falling faster. Government-NGO coordination in HIV prevention that took years to hone will undoubtedly atrophy, leaving key populations vulnerable again. – Advocacy and Communications Officer, Thailand principal Global Fund recipient (February 2016)[12]

We have a transition plan. It's just not written down in a document. – Executive Director, Thailand principal Global Fund recipient (July 2017)

In all three countries where transition plans were developed, the process and outputs have been systematically owned by the CCM (both in terms of process and results) and KII and FGD indicate that such plans are exclusively focused on addressing the resource gap left by the withdrawal of the Global Fund, rather than on addressing financial sustainability issues across the national HIV response. Given that evidence shows that CCM tend to be disbanded within a short time after transitions from Global Fund financing are completed,[13] CCM ownership of transition plans may compromise instead of enabling national sustainability.

At the time of baseline data collection, UNAIDS was advertising a 60-day consultancy to generate the national transition plan for the Philippines. The development of the Philippines transition plan represents an opportunity for targeted advocacy towards national stakeholders to ensure both meaningful participation of CSO and key population representatives while promoting greater transparency and improved ownership mechanisms in transition processes and mechanisms in the Philippines. A recent transition preparedness assessment was conducted in the Philippines pointing to critical weaknesses that could undermine HIV programming if and when donors like the Global Fund withdraw.[14]

Data against this indicator should ideally include a checklist to verify quality of the plan. The checklist[15] should include, at minimum, the following elements:

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[10] The Global Fund, "Reaching Out to the Most Vulnerable in Bangkok," Global Fund News Flash, 6 August 2015, http://reliefweb27881.rssing.com/chan-44226687/all_p12.html.

[11] Stated in plenary session at the International Harm Reduction Conference in Kuala Lumpur in October 2015. See the video of the full plenary titled *Leadership in Transition* at http://drogriporter.hu/en/kualalumpursessions.

[12] Likhitpreechakul, P. 17 February 2016. "Amid the good news a ticking time bomb for Aids in Thailand" in *The Nation.* (http://www.nationmultimedia.com/opinion/Amid-the-good-news-a-ticking-time-bomb-for-Aids-in-30279445.html)

[13] Gotsadze, T. et al. 2015. *Transition and sustainability of Global Fund supported programs: Synthesis report of selected country case studies and reviews*. Curatio International.

[14] Gotsadze, T. 2017. *The Philippines HIV/AIDS Program Transition from Donor Support Transition Preparedness Assessment*. Curation Intrnational Foundation.

[15] The proposed checklist as developed based on Burrows, D. and Oberth, G. (2016) *Transition from Donor Funding: Recommendations for transitioning countries.* AIDS Project Management Group; additional sources include: Gotsadze, T. 2017. *The Philippines HIV/AIDS Program Transition from Donor Support Transition Preparedness Assessment*. Curatio International Foundation; Gotsadze, T. et al. 2015. *Transition and sustainability of Global Fund supported programs: Synthesis report of selected country case studies and reviews*. Curatio International Foundation; World Bank. 2016. *Checklist for Transition Planning of National HIV Responses*.

- Publicly available,
- Clear timeline,
- High-level political commitment,
- Country ownership mechanisms,
- Meaningful CSO participation
- Comprehensive monitoring and evaluation frameworks,
- Sources of technical support,
- Capacity building mechanisms including for CSO.

Absence of transition plans in the SHIFT countries should be considered an urgent advocacy priority, targeting both the Global Fund (to improve requirements and address systemic gaps) and towards MOH to ensure that transitions are contextualised beyond the Global Fund's withdrawal.

Analysis of transition plans (where available) should be conducted to assess quality of the plans and develop advocacy messages based on the gaps identified.

Indicator 11: Number of CSO that participate in the development, implementation, monitoring and evaluation of the transition plan

Though stakeholders in the three countries acknowledged the existence of the transition plans, very few stakeholders report having seen a document bearing that title (even among CCM members, especially among CSO and key population representatives on the CCM), no CSO representatives interviewed were consulted in the development of the plans (except for one[16]), and the plans remain unavailable to the public or even to implementing partners. This points to an issue related to transparency regarding the transition as a whole and the lack of meaningful participation of CSO and key population representatives in the development of the transition plans is a critical gap. Ideally, data against this indicator should be disaggregated by key population.

Limited involvement of CSOs in transition processes is also a significant gap that should guide development of advocacy messages and targeting of audiences under the SHIFT project.

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

As noted above, all four SHIFT project countries have a domestic funding mechanism in place to support CSOs. In Indonesia, three mechanisms are in place – direct advocacy to government decision-makers involved in budgeting processes; the *danahiba*, a small grants programme capped a two one-year grants for all CSOs beyond HIV and health; and the *rupiah munri,* a domestic revenues purse collected from taxation, for which no legislation is in place to facilitate of hinder financing for HIV CSOs. In Malaysia, MAC was originally designed as a government-operated NGO to support CSO funding and implementation. MAC requires its recipients to conform to the proposal process, to provide proof of organisational registration per national legal requirements and well as audited accounts, and be Malaysian nationals. In the Philippines, contracting requirements have been tightened to require CSO accreditation in order to access public funding. KII and FGD revealed that newly introduced stringent accreditation

[16] In Indonesia, one CSO key population representative was involved in the development of the transition plan because of her role as the chair of the oversight committee, which led the development of the plan.

requirements[17] have created administrative barriers for CSOs to access public funding, as the majority of CSOs are not registered legal entities and/or lack the capacity to meet the accreditation requirements. Only a few, large CSOs have managed to obtain accreditation and access public funding.

In Thailand, four mechanisms are either in place or being developed to finance CSOs involved in the response to HIV. The Thai Fund was established in 1997 with a ceiling of THB 50 million (USD 1.7 million) per year, awarding multiple small grants through PR-Department of Disease Control under MOH. The National Health Security Office (NHSO) under MOH established a new mechanism in 2016 with a total of THB 200 million (USD 7 million) per year exclusively for organisations officially registered as "health service providers"; however, due to a lack of enabling laws and policies, funds from NHSO could not be awarded to CSOs and instead were granted to community hospitals in 2016 and CSO accessibility remains unclear. The CRM platform is still being established and aims to mobilise THB 50 million (USD 1.7 million) in 2017-2018 to support HIV prevention activities implemented by CSOs. In parallel, the Three Diseases Fund is being established by PR-Department of Disease Control with the aim of mobilising THB 1.5 billion. Both the CRM and the Three Disease Fund plan to mobilise their resources by targeting private sector donors' corporate social responsibility programmes. However, at the time of the baseline assessment, the combined efforts across the two mechanisms mobilised less than USD 1 million.

Data against this indicator should ideally be disaggregated by: accessibility requirements and criteria for each mechanism; other accessibility restrictions and; level of operation (local/national). National SR should be required to regularly report on this indicator on a quarterly basis to track changes in domestic funding mechanisms.

In later stages of the project, it would be relevant and useful to track the expansion of such mechanisms by analysing the total purse for CSOs; the amount and proportion of the CSO purse allocated for HIV prevention among key populations; as well as a list of the sources that contributed to the allocation for CSOs.

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

Across the four SHIFT project countries save for Malaysia, no data was identified to establish baseline values for Indicator 13. Data from Malaysia indicates that the total sum awarded by MOH to MAC for HIV-related activities (100%) is awarded to CSOs for prevention activities. While it is unlikely that MAC allocates the full MOH allocation to CSOs, the proportion is likely to be significant. Further details about MOH's allocation should be clarified before the end-line assessment.

Limited availability of data against this indicator points to an urgent advocacy priority, targeting both the Global Fund to improve requirements and address systemic gaps, and

[17] Criteria include: 1. Name Verification Slip; 2. Articles of Incorporation (AI) and By-laws (BL); 3. Joint affidavit of two incorporators to change corporate name (not required if already stated in AI); 4. List of members certified by the corporate secretary, unless already stated in the Articles of Incorporation; and 5. List of the names of contributors or donors and the amounts contributed or donated certified by the treasurer. Foundations must have a minimum contribution of at least One Million Pesos (P1,000,000.00). 6. Endorsement/clearance from other government agencies, if applicable; 7. For Foundations: Notarized certificate of bank deposit of the contribution which shall not be less than P1,000,000.00 and statement of willingness to allow the Commission to conduct an audit; 8. For Religious corporations: Refer to Sections 109-116 of the Code, and an affidavit of affirmation or verification by the chief priest, rabbi, minister or presiding elder; 9. For Federations: Certified list of member-associations by corporate secretary or president.

MOH to ensure that tracking of funding for CSOs and key populations. Limited funding for key population prevention is also significant gap that should guide development of advocacy messages and targeting of audiences.

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

Across the four SHIFT project countries save for Malaysia, no data was identified to establish baseline values for Indicator 14. Data from Malaysia indicates that a total of 21 CSOs received funding from MAC in 2015.

Limited availability of data against this indicator should be an urgent advocacy priority, targeting both the Global Fund to improve requirements and address systemic gaps and MOH to ensure that transitions are contextualised beyond the Global Fund's withdrawal. Limited number of CSO recipients for key population prevention from domestic funding is also a significant gap that should guide development of advocacy messages and targeting of audiences.

Indicator 15: Existence of UHC system at national level

All four SHIFT project countries have an established UHC system operating across the country. However, KII and FGD revealed that the UHC in Philippines and Thailand are struggling to meet their existing financial obligations with the risk of bankruptcy on the horizon, according to some respondents. KII and FGD respondents were overwhelmingly unenthusiastic about the prospects of expanding fiscal space through UHC across the four project countries, noting that UHC were prioritising other health issues in addition to the financial difficulties noted above.

Indicator 16: Coverage of HIV services in UHC

In all four SHIFT project countries, UHC systems absorb some costs related to HIV services. However, the extent of coverage and the out-of-pocket cost to the client varies from country to country. In Indonesia, coverage is provided at no cost to the client, and financial support is provided for HTC, inpatient viral load testing, CD4 testing, STI testing and partial coverage for STI treatment. Services related to ART, TB and HCV are not covered under the Indonesian UHC. In Malaysia, coverage is provided for RM 1-5 (USD 0.24 – 1.20) per service use per client, and financial support is provided for HTC, viral load and CD4 testing, ART first line, treatment for STI and opportunistic infections, and prevention of mother-to-child transmission. In the Philippines, coverage is provided for an annual fee of PHP 2,400 (USD 48),[18] and the outpatient HIV/AIDS treatment package, introduced in 2010, provides support for up to PHP 30,000 (USD 600) worth of HIV services. Services covered by PhilHealth include all drugs and medicines, viral load and CD4 testing, ART toxicity assessments, and professional fees. In Thailand, all HIV services are free and covered under the UHC programme.

Data against this indicator should ideally be disaggregated by service, and indicate what proportion of the cost (per use or per annum) is borne by the client. Service coverage should reflect access to:

- HIV counselling and testing (HTC)

[18] For high salaried employees, annual UHC registration costs PHP 3,600 (USD 72); UHC registration is free for seniors.

- Viral load testing
- CD4 testing
- STI testing and treatment
- ART first line
- ART second line
- TB testing and treatment
- HCV testing and treatment.

Indicator 17: Proportion of key populations who are enrolled in national UHC
While UHC systems are in place across the four SHIFT project countries, utilisation of such systems varies significantly: in Indonesia and in Malaysia, UHC coverage reaches 51.8% and 37% of the national population respectively. Specifically related to key population coverage, IAC has collected data through client surveys in order to establish the proportion of key populations enrolled in UHC. Their data shows that between 80% to 90% of PWID are enrolled in UHC, compared to approximately 30% of MSM and 21% of TG. In the Philippines, only 15% of eligible PLHIV have used the UHC system, and no data was identified regarding key population coverage in UHC. In Malaysia and Thailand, all citizens are covered and special health insurance programmes have been established for migrant workers.

Data against this indicator should ideally be disaggregated by key population. Data collection for the end-line assessment should rely on SR-led surveys as implemented in Indonesia, in countries that have prioritised advocacy related to expansion of UHC to address financial sustainability of CSOs.

Three capacity building-related indicators: #18, #19 and #20
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 CSOs are able to identify and engage in new venues for advocacy on HIV financing

The three indicators were designed for capacity building activities. Prior to initiating baseline data collection, APCASO developed the *SHIFT Needs Assessment Tool* to identify capacity building needs among SHIFT project partners and their in-country partners. KII and FGD conducted during the baseline assessment overlapped with APCASO's needs assessment. More information on these three indicators will be provided in APCASO's capacity needs assessment report.

Regarding all three capacity building indicators, across the four SHIFT project countries, the baseline assessment revealed that HIV CSOs have limited capacity, understanding of key stakeholders and budgeting processes and financing mechanisms, especially at district level. However, at the time of the baseline assessment, the SHIFT project was still in its inception phase and no advocacy or communication activities had been officially implemented.

Specifically related to Indictor 18, in Indonesia, Seknas Fitra and IAC had already jointly trained over 200 participants from CSOs across 35 districts on budget monitoring and advocacy with a plan to roll out additional trainings in a total of 75 districts by end of 2017. In the Philippines, the baseline assessment revealed limited engagement on HIV

budget advocacy, even within the Alternative Budget Initiative, though Social Watch Philippines has the capacity and interest to deliver training on budget advocacy and watchdogging. In Thailand, a series of workshops supported by UNAIDS were held to develop a national resource mobilisation strategy, which resulted in efforts to establish the CRM platform.

Data against this indicator should ideally be disaggregated against the following dimensions: costed HIV and health interventions in national strategic plans; investment case scenarios; proposed policies with budget provisions; and overall local and national budget cycles.

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

At the time of baseline data collection, the SHIFT project was still in its inception phase and limited activities had been implemented while public communications and advocacy were being designed. As such, baseline values for all countries against Indicator 21 are all 'zero' (0) given that no SHIFT recommendations were published at the time of baseline assessment. However, the indicator definition implies that all SHIFT publications in each country can be counted as positive results against this indicator.

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

The baseline assessment revealed important gaps where data against a number of indicators was not identified or available. Across all four SHIFT project countries, a list of clearly identified CCM members and their roles was not available publicly; and up-to-date incidence, prevalence and expenditure data was not consistently available, 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 population and the number of CSOs 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. In the Philippines and Thailand, data about the proportion of national domestic HIV expenditure allocated to CSOs was not identified or available during the baseline assessment. Lastly, 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.

While these gaps in the data point to significant constraints for planning transitions towards sustainable national HIV responses, they also represent critical advocacy opportunities that should guide the efforts of the SHIFT partners across the four countries. Ideally, by the end of the project, the gaps identified at baseline should be addressed with new evidence.

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

The baseline assessment revealed that SHIFT indicators were generally well integrated in national M&E systems. For example, all SHIFT project impact indicators seem to be integrated in national M&E systems in Malaysia. However, some important gaps have been identified: in all SHIFT project countries save Malaysia, CSO related indicators (Indicators 13 and 14) were not integrated in national M&E systems; in 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,[19] the SHIFT indicator regarding key population enrolment in UHC (Indicator 16) was not integrated in national M&E systems.

6. Conclusions

6.1 Data collection

Virtually all CSO representatives interviewed showed high interest in engaging in discussions related to HIV financing, but often felt out of the loop, felt that they lacked the capacity and confidence, felt that they did not have access to tailored information, and felt that they did not know appropriate target audiences for advocacy. Traditional HIV advocacy has focused on scaling up service delivery and putting in place an enabling environment, but very few HIV CSOs have been involved in HIV financing advocacy, especially at national or district level in Southeast Asia.

Given that many of the CSOs interviewed had limited capacity on HIV financing and advocacy on such issues, the baseline assessment was also used as an opportunity for capacity building in-country, including among SHIFT partners. During the country visits, it was noted that all four SHIFT national partners have important capacity gaps in managing the SHIFT project and where existing budget watchdogs are in place, it may be effective to invite them to play a formal role in the project to support the original country SR.

Transparency, especially in financial management of public resources, was identified as a barrier in all four project countries. For example, expenditure data analyses were not easily obtained in the four project countries; significant delays affected access to key documents that should be made public and disseminated widely among key national stakeholders. This points to significant weaknesses in government agencies' (and CCM) communication strategies related to financing, transition and sustainability. This issue also links to widespread concerns over "trust" between government and civil society.

While the baseline assessment was completed at national level by the assessment consultant, establishing baseline values for selected project districts will be critical to generate impact for the SHIFT project. While the national partners should be relatively comfortable in establishing baseline values at district level, those mechanisms can be dauntingly complicated, especially from an external perspective.

6.2 Data

[19] In reality, none of the four SHIFT project countries regularly report on UHC enrolment among key populations. However, given that Malaysia and Thailand's UHC systems automatically cover all citizens, the indicator is not relevant for those two countries.

Given the limited availability of up-to-date data, baseline values for the SHIFT project outcome and impact indicators have relied on data from published sources dating to 2015 (and 2014/13 in some cases). This is compounded by gaps in expenditure data disaggregated by key population, further exacerbated by epidemiological data gaps related to key populations. It is therefore worrisome that as transitions have already been initiated in several countries, for some years already, yet there are still critical expenditure and epidemiological data gaps that must be addressed in order to make effective (and evidence-based) decisions that will generate sustainable HIV responses. It is indeed hard to conceive how the transition process as promoted by the Global Fund can achieve sustainable outcomes if up-to-date baseline data to measure progress against national objectives is not yet available.

Access to up-to-date expenditure and epidemiological data will be critical to assessing the impact of the SHIFT project at the national level. The SHIFT project's impact should therefore be measured using national instruments managed by government agencies and reported to development partners.

None of the stakeholders across the four countries were able to share the Global Fund transition plans (although the transition plan for Malaysia was later obtained through other means). Both Indonesia and Thailand noted that such a plan was developed, however neither could share an actual document. The Global Fund has initiated national transitions worth hundreds of millions of dollars but there seems to be a gap in transparency or availability of these plans.

6.3 Transitions and sustainability in Asia

Donors and development partners have acknowledged the value of CSOs in HIV responses. From invaluable contributions to service delivery to leading calls for reform though advocacy and facilitating meaningful engagement of affected communities, CSOs have been recognised in many parts of the world as valuable partners in addressing challenging social issues.[20] The Global Fund acknowledges the importance of CSO contributions to achieving sustainable HIV responses:

> *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.*[21]

If we assume that meaningful CSO engagement in national HIV responses is a necessary precondition to achieving sustainable impact, successful transitions will contribute to facilitating sustainable financing for CSOs. However, 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, as indicated above. The baseline assessment in Malaysia confirmed the content of SHIFT project reports pointing to this situation, where MAC recipients feel that there is limited transparency and willingness on MAC's part to advocate on behalf of recipients or communities.

[20] Ball, A. and Tinasti, K. 2014. *HIV, universal health coverage and the post-2015 development agenda: A discussion paper*. World Health Organisation.
[21] Strategy, Investment and Impact Committee. 2015. Sustainability and Transitions. Global Fund.

But evidence related specifically to Global Fund transitions shows that involvement of CSOs rapidly deteriorates after transitions are completed. For example, in Romania, the HIV epidemic among PWID was rapidly escalated after Global Fund's withdrawal in 2010. Another report indicates that collaboration between CSO and governments break down rapidly:

> *After Global Fund support, government partnerships with CSO worsened in almost all [eight] countries with the exception of those countries that continue to contract CSO for service delivery. There are also limited examples where partnership and collaboration weakened within the CSO community due to emerging competition for limited public resources after transition*. [...] *The key reasons reported in different case studies are: the government's unwillingness to absorb funding for prevention after the grant ends; limited fiscal space for taking over prevention funding; the absence of well formulated and functioning CSO contracting mechanisms; weak CSO capacity to access available public funding; and legislative barriers to the deployment of community outreach workers in the public system.*[22]

To make matters more difficult, in Asia, the majority of countries receiving funds from the Global Fund are managed by illiberal governments, many of which are military and religious dictatorships, including those amongst the four SHIFT countries.[23] Evidence from the region shows that spaces for CSOs are shrinking as a result of government actions and lack of support from multilateral and bilateral donors.[24] Specifically, illiberal Asian governments tend to perceive CSOs with suspicion, even as dangerous opponents, given that successes generated by CSOs imply a certain loss of face for Asian government who have essentially failed to meet the needs of their citizens. If government are rational actors, their motivation to sustainably support CSOs is therefore likely to be weak.

Addressing these issues will be critical to achieving sustainable HIV responses in Asia and the SHIFT project already contributes to a growing global body of knowledge and experience about transitions and sustainability in the context of HIV financing for CSO. But considerable challenges lie ahead and even with the contributions from the SHIFT project, the risks related to Global Fund transitions in Asia – especially in the four SHIFT project countries – are daunting and could easily undermine instead of achieving sustainability.

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[22] Gotsadze, T. et al. 2015. *Transition and sustainability of Global Fund supported programs: Synthesis report of selected country case studies and reviews*. Curatio International.

[23] Kingston, J. 29 April 2017. "Civil society across Asia is flowering but fragile" in *The Japan Times*, online at: http://www.japantimes.co.jp/opinion/2017/04/29/commentary/civil-society-across-asia-flowering-fragile/ - .WUi7NTOB3Up; Bogner, M. 16 September 2015. "Civil society space shrinks in South-East Asia" in *Myanmar Times*, online at: http://www.mmtimes.com/index.php/opinion/16491-civil-society-space-shrinks-in-south-east-asia.html.

[24] CSO Partnership for Development Effectiveness. 2016. "Asia-Pacific CSOs express concern over shrinking civil society space, strong private sector push," online at: http://csopartnership.org/asia-pacific-csos-express-concern-over-shrinking-civil-society-space-strong-private-sector-push/; Unmüßig, B. 11 March 2016. "Civil society under pressure – shrinking – closing – no space," online at: https://tn.boell.org/en/2016/03/11/civil-society-under-pressure-shrinking-closing-no-space.

7. Recommendations

- **Rapidly develop additional information tools to share with national partners**: Given the capacity and information gaps among national SR and the wider CSO community in the region, the SHIFT project has an opportunity to strategically position itself as the main hub for dissemination of information and evidence to support efforts to promote sustainable financing of the HIV response. Tailored, short reports, translated in local languages, would go a long way in building confidence of SHIFT SR while supporting their advocacy efforts. The tools – information sheets and policy briefs, infographics, training modules, short summaries of relevant publications – should be promoted to build capacity of project partners. Specifically, SHIFT partners should develop country specific summaries of baseline values and a short regional summary for public dissemination.

- **Promote use of strategic data and information about sustainable HIV financing among CSO:** In addition to information tools for SHIFT SR, additional tools should be developed to promote the project and encourage additional CSO in mobilising to participate in HIV financing advocacy. Essentially, baseline interviews revealed that relevant publications are often too difficult to understand (not to mention, usually only available in English) and CSO and key population representatives feel the information they contain is inaccessible. To address this issue, a project factsheet should be translated and disseminated, as well as country-specific factsheets, collating relevant baseline values and key issues. These could be used as handouts and promotional material as well to support advocacy efforts.

- **Develop tailored communication strategies for each country and for each stakeholder group to promote SHIFT and its objectives:** Given the important differences between the SHIFT countries, it will be important for each national SR to develop a tailored advocacy strategy that addresses country-specific issues and concerns. Key messages that resonated with baseline interview respondents were relatively simple but effective: among CSO, the project was presented as a vehicle to promote CSO and key population participation, cast in the context of rights (CSO have a right to be involved in financing decisions, to access information); with government officials and development partners, the SHIFT project was presented as a tool for CSO to assess and manage the risks to their own financing in the context of donor withdrawal. Across the four project countries, the risk management approach was particularly effective for defusing concerns raised by governments that perceived the SHIFT project as potentially unnecessary, while the rights-based approach was particularly effective in convincing CSO to take an interest in HIV financing issues. Note that pull communication will not likely be effective given the important gaps that exist in knowledge and capacity among CSO – a push strategy, where information is actively pushed into the recipient's field of perception – is likely to produce better results, though such a strategy will require more targeted interventions, will require more active involvement on the part of those managing the information, and will require more resources than a pull strategy.

- **Encourage national project SR to actively share information about their activities prior to and after implementation with key stakeholders in the country:** Many CSO, government agencies and development partners are investing in issues related to sustainability of the HIV response. They are keen to support the SHIFT project, to work alongside CSO leaders in HIV financing, and to make use and promote the results of the SHIFT project. However, in many project countries, development partners felt that CSO did not share their plans, compromising opportunities for collaboration. Each national SR should be encouraged to develop a workplan factsheet in local language to disseminate information to all relevant agencies about the SHIFT project timeline and activities to encourage further transparency and support meaningful participation among CSO.

- **Establish formal partnerships with national CSO whose mission is budget monitoring and advocacy:** Where possible, project partners should explore the possibility of establishing official partnerships with CSO that have established capacity in budget monitoring and advocacy. Such partnerships may contribute to collecting baseline values at district level, reducing the workload for in-country SR (especially for IAC which will become a PR in 2018), to increasing credibility of project results, to facilitating capacity building (on HIV for budget CSO and on budget for HIV CSO), and collecting end-line data for the final evaluation, both at national and district level. In Indonesia, an official partnership is already in place between IAC and Seknas Fitra that could be expanded to further support the implementation of the SHIFT project.

- **Influence the development of the Philippines transition plan:** The SHIFT project team has an opportunity to influence the development of the Philippines' transition plan given that it will be developed imminently. The SHIFT project team should capitalise on the opportunity to advocate to relevant authorities to address some of the issues identified in this report and through the baseline assessment, document the process of the development of the plan, and hopefully use the end result as a model for good practice (or at least to formulate recommendations to Global Fund about development of national transitions plans).

- **Work with relevant development partners to assess timelines for release for impact indicator data:** Contact both UNAIDS and World Bank to obtain a country-by-country list of expected dates for the release of NASA and GARP reports. Those reports are critical to assessing the impact of the SHIFT project and aligning – where possible – with national schedules may help sustain the SHIFT project beyond the original timeline (advocating for an extension). The timeline should also be made public on the online Knowledge Management Hub.

- **Use the APCASO capacity assessment to triangulate and confirm baseline values related to capacity of CSO:** APCASO has been conducting national assessments of CSO capacity regarding HIV financing. The results of the assessments should be used to corroborate the results of the baseline assessment and provide qualitative texture to the results.

- **Translate key documents to support implementation of SHIFT:** Key documents have been identified through the baseline assessment process, which

could be used to support the project. For example, Seknas Fitra in Indonesia has developed a training module to build capacity of CSO on budget monitoring and advocacy. Unfortunately, the toolkit is in Bahasa Indonesia, but if translated, it could be adapted to each country context to support capacity development in line with project Objectives 2 and 3. All relevant documents identified through the baseline assessment have been shared with APCOM to be included in the online Knowledge Management Hub.

- **Communicate baseline results to Global Fund and other regional partners:** The results of the baseline assessment should be shared with Global Fund, with other development partners and donors, including with regional key population networks. Given that the project PR is based in Bangkok, it is recommended that SHIFT project partners convene a one-day meeting with regional key population networks and development partners to share baseline results.

- **Conduct end-line assessment to measure outcomes and impact:** In addition to the data collected through a desk review, the SHIFT end-line evaluation should rely on information collected from key stakeholders and informants especially at national level. Contributions from key stakeholders should be obtained through KII and FGD; depending on resources available, interviews should ideally be conducted face-to-face by an external evaluator, using and adapting the interview guide used during the baseline assessment. The evaluation report should compare end-line values with baseline values and provide detailed explanations for the changes, identifying SHIFT project contributions to the changes. However, expectations related to changes from baseline to end-line should take into consideration that the SHIFT project was implemented for less than two years so it will be unreasonable to expect that the SHIFT project can contribute to significant changes against impact indicators. In contrast, the project should be able to generate significant change at outcome level.

8. Annex

8.1: Definitions and examples of technical concepts in SHIFT program

Fiscal space

In the context of the SHIFT project, fiscal space for health and HIV is defined as the availability of budgetary space for increasing public spending for health (in general) and HIV (specifically) without jeopardising the country's financial sustainability. In recent years, fiscal space has been applied to public health to explore opportunities to mobilise additional domestic resources to strengthen health systems and to respond to specific diseases, including HIV. For example, across the Asia-Pacific region, the fiscal space for HIV prevention activities has been largely funded by external partners: funding for 95% of prevention interventions targeting MSM, for 94% of prevention interventions targeting sex workers, and for 82% of HIV prevention interventions targeting PWID is sourced outside national jurisdictions.[25] Expansion of fiscal space for health (or greater domestic spending on health) has been regularly linked to increases in national gross domestic product (GDP).

Expansion of fiscal space for health and HIV has been increasingly tied to expansion of (UHC), one of the overarching Sustainable Development Goals (SDG) related to health. UHC is generally defined as an aspirational goal that all people use the preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, without suffering financial hardship. By integrating HIV-related testing and treatment interventions in UHC coverage, the fiscal space for HIV is increased. All four SHIFT countries have established UHC and HIV-related services are covered to a varying extent in each country, though there may be fiscal space to further expand coverage. In that sense, fiscal space defines the boundaries or the envelope of potential resources available for achieving and sustaining both UHC and the HIV response.

Allocative efficiency

The concept of value for money has been integrated in how an increasing number of donors, who support the HIV response, evaluate and assess where to invest their limited resources. Efficiency of allocations, or allocative efficiency, is an important component of value for money. In the SHIFT project, allocative efficiency for the HIV response is about investing available or anticipated additional funds to the right interventions or programs and targeting appropriate groups in such a way that leads to the optimal outcome for the HIV epidemic.[26] As a crude example of allocative (in)efficiency, reports have highlighted that in the Asia-Pacific region, allocations for targeted HIV prevention programmes for key populations represent only 8% of total investments in HIV prevention while HIV transmission remains concentrated among key populations. [27] This implies that significant resources are allocated where they are not necessarily producing the most impact and conversely, where resources are sorely needed, important funding gaps remain.

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[25] High-Level Panel on AIDS Funding Landscape in Asia and the Pacific. 2015. *Investing for Results: How Asia Pacific countries can invest for ending AIDS*.

[26] The SHIFT definition for allocative efficiency is based on and aligned with the definition used by the World Bank: see Heard, E. et al. 2015. *HIV Allocative Efficiency Analysis - Guidelines: Methods for improving the Efficiency of HIV Resource Allocation*. World Bank.

[27] United Nations Economic and Social Council for Asia and the Pacific. 2015. Review of the financing of national HIV and AIDS responses in the Asia-Pacific region. E/ESCAP/HIV/IGM.2/3.

Transitions
Transitions from external to domestic financing imply a planned process spread over a defined period of time. In that sense, transitions are defined under the SHIFT project as the process by which a country moves towards fully funding and implementing its health programs, practices and interventions in a sustainable manner through the interaction of enabling factors. Within the Global Fund context, a country will transition more than once - between income classifications and then from support altogether - before achieving sustainability. The World Bank has identified three critical dimensions in transition planning: governance and institutional mechanisms, service delivery and financing. Several discussions are currently ongoing at various levels to develop unified frameworks to assist countries facilitate transitions, taking into consideration parameters such as capacity, willingness, readiness, risks, as well as specific components such as accountability, human resources, service delivery, and policy environments.

Domestic funding mechanisms for CSO
While the concepts explored above are being documented in the context of the global HIV response, domestic funding mechanisms for CSOs have received far less attention. However, a 2014 survey found that globally, 59% of CSOs were implementing human rights programmes in the context of the global HIV response, and nearly 70% of those were not receiving any direct domestic funding to support their activities.[28] Yet as fiscal space increases and allocative efficiency improves, transitions are likely to be accelerated. Given that significant components of national HIV responses rely on CSOs and community groups, successful transitions will depend on the existence of effective domestic financing mechanisms to meaningfully sustain CSO's engagement. CSO funding mechanisms need to be in place, need to allocate sufficient resources for HIV interventions, and CSOs must be able to access such funds.

Sustainable financing for HIV CSOs
Sustainable financing is an increasingly important component of resource mobilisation in the global HIV response. For example, the Global Fund now requires that *Concept Notes* include an analysis of fiscal space, allocative efficiency, and transition planning at the national level. Integrating a fiscal space framework in advocacy activities creates opportunities for additional accountability and performance monitoring over governments and international donors. While the concepts used in this context and in the SHIFT project may be new to many CSOs and community representatives, several activities are being piloted across the globe – including the SHIFT project – to facilitate civil society and community participation in such discussions.

In order to meaningfully participate and effectively contribute to the discussions related to sustainable HIV financing, CSOs and community groups will need to integrate new key messages in their advocacy activities and target new audiences - such as ministries of finance. Capacities will need to be strengthened and production and use of strategic information will need to be scaled up to ensure that advocacy activities are targeted and generate results. The SHIFT project is but one example of efforts designed to support CSO and community engagement in discussions and decisions related to sustainable financing for HIV.

[28] High-Level Panel on AIDS Funding Landscape in Asia and the Pacific. 2015. *Investing for Results: How Asia Pacific countries can invest for ending AIDS*.

Annex 2: SHIFT impact and outcome indicators and definitions

Impact Indicator 1: Total expenditure on HIV per year All resources spent on HIV-related activities across the country in Year X.
Impact Indicator 2: Proportion of domestic and external resources in HIV expenditure "Total national domestic HIV expenditure in Year X" *divided by* "Total expenditure on HIV in Year X" = Proportion of domestic resources allocated to HIV. "Total external HIV expenditure in Year X" *divided by* "Total expenditure on HIV in Year X" = Proportion of domestic resources allocated to HIV. Note that "Proportion of domestic resources allocated to HIV" plus "Proportion of domestic resources allocated to HIV" should total 100%.
Impact Indicator 3: Resource gap to fully implement the country's national strategic plan on HIV 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.
Impact Indicator 4: Proportion of national domestic HIV expenditure allocated to CSO "Total allocation to CSO for HIV-related activities in Year X" *divided by* "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.
Impact Indicator 5: Amount and proportion of HIV expenditure allocated by key population against prevalence & new infection rates See Tables on pages 19-21.
Impact Indicator 6: Amount and proportion of national HIV expenditure allocated to major HIV response activities Countries regularly report to UNAIDS and the Global Fund on expenditure against major budget categories. These reporting categories are now largely standardised and published in major financial and technical reports.
Outcome Indicator 7: Number of policy instruments developed to support project goal Policy instruments include laws, policies, guidelines, procedures, etc. 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.
Outcome Indicator 8: Number of advocacy coalitions, plans or mechanisms that support evidence-based key messages about sustainable financing 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. 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.

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.
Outcome Indicator 9: Number of seats allocated to CSO within funding and financing mechanisms and platforms 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.
Outcome Indicator 10: Existence and quality of transition plan at national level 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. Quality assessment criteria were sourced from Burrows, D. and Oberth, G. (2016) *Transition from Donor Funding: Recommendations for transitioning countries.* AIDS Project Management Group.
Outcome Indicator 11: Number of CSO that participate in the development, implementation, monitoring and evaluation of the transition plan 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.
Outcome Indicator 12: Existence of a domestic mechanism to fund CSO involved in the national HIV response List all mechanisms at local and national level that provide funding to CSO for HIV-related activities.
Outcome Indicator 13: Proportion of funding from domestic funding mechanisms allocated to HIV prevention among key populations "Total amount of funding from domestic sources allocated to HIV prevention among key populations in Year X" *divided by* "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.
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 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.
Outcome Indicator 15: Existence of UHC system at national level 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. *HIV, universal health coverage and the post-2015 development agenda - A discussion pape*r).

Outcome Indicator 16: Coverage of HIV services in UHC Coverage is defined as partial or total absorption of costs by a third party for services rendered to a client HIV services are defined as testing and treatment (see disaggregation details in the report).
Outcome Indicator 17: Proportion of key populations who are enrolled in national UHC "Total number of key populations who are enrolled in UHC" *divided by* "Total number of key populations" = Out of total key populations, proportion that have access to UHC.
Outcome Indicator 18: HIV CSO and coalition partners are able to contribute effectively to budget processes Effective contribution to the budget process in this indicator means that CSOs and their coalition partners are able to submit position papers and/or propose budgeted or costed HIV interventions to national or local budget stakeholders, and their position papers or proposals are accepted or referenced by the same stakeholders.
Outcome Indicator 19: HIV CSO' advocacy plans in relation to health and HIV financing are improved The advocacy plans of HIV CSOs are considered improved if they reviewed or revised for the purpose of incorporating objectives and/or activities that are specific to HIV financing advocacy.
Outcome Indicator 20: HIV CSO are able to identify and engage in new venues for advocacy on HIV financing HIV CSOs are able to engage in new venues for advocacy on HIV financing when they are able to implement advocacy activities in new geographic areas, that target new HIV financing stakeholder, or in new advocacy domains as defined in the SHIFT Advocacy Framework.
Outcome Indicator 21: Number of strategic recommendations from SHIFT documents integrated in CSO advocacy messages Count the number of publications that specifically refer to SHIFT outputs, outcomes, impacts, processes and recommendations (ideally with official reference and citation).
Outcome Indicator 22: Data gaps identified during baseline assessment phase are filled with new evidence 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).
Outcome Indicator 23: Integrated SHIFT project indicators in regional and national M&E systems 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.

Annex 3: SHIFT Interview guide

INTRODUCTION:
Financing context in HIV
SHIFT project objectives, partners, countries, activities
Indicators and baseline assessment
Selection of key stakeholders for inputs
Share SHIFT Factsheet

HEALTH ECONOMICS:
Have you worked on HIV financing before?
Describe your experience / interest

FISCAL SPACE:
1a. What is the total HIV expenditure HIV in 2015? in 2016?
1b. What is the total HIV budget in 2015? in 2016?
1c. Where is this data from?

2. Do you know what proportion of HIV expenditure (for 2015/2016) comes from domestic sources? from external sources?
2a. What are the domestic sources of funding for HIV? external?
2c. Where is this data from?

ALLOCATIVE EFFICIENCY:
3a. What proportion of national domestic HIV expenditure was allocated to CSO in 2015/2016?
3b. How many CSO received funding for HIV-related activities in 2015/2016?
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**	**2015**	**2016**
MSM				
PWID				
SW				
Migrants				
Youth				

5a. What proportion of national HIV expenditure was invested in the following strategies in 2015/2016?
5b. Where is this data from?

Table 2:

	Expenditure	
Intervention	**2015**	**2016**
Prevention		
Treatment and care		
Management and admin		

ADVOCACY:

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?

TRANSITION PLANNING:

9a. Does your country have a transition plan?
9b. Have CSO / KP representatives seen the plan? which KPs? Is it accessible publicly? Obtain copy of the transition plan
9c. Were CSO / KP representatives involved in the development of the transition plan? which KPs?
9d. 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?
9e. Where is this data from?

DOMESTIC FUNDING MECHANISM FOR CSO:
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 2015? in 2016?
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 2015/2016?
11d. Where is this data from?

UNIVERSAL HEALTH CARE:
12a. Des your country have universal health care system?
12b. Which HIV services are (not) covered by the UHC? Up to how much ($/%)
12c. Are there any restrictions preventing key populations from enrolling / accessing UHC? list
12d. What percentage of each population is currently enrolled in UHC?
- MSM?
- PWID?
- SW?
- Migrants?
- Youth?
12e. Where is this data from?

CAPACITY BUILDING:
13. See results of APCASO capacity assessment

STRATEGIC INFORMATION:
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?

Annex 4: Key informant interviews

#	Country	Name	Organisation	Date Interviewed
1	Malaysia	Norlela binti Mokhtar	Persatuan Wahidayah Malaysia	3-Jul-17
2	Malaysia	Parimelazhagan Ellan	MAC	3-Jul-17
3	Malaysia	Tamayanty Kurusamy	MAC	3-Jul-17
4	Malaysia	Anushiya Karunanithy	MAC	3-Jul-17
5	Malaysia	Dr. Mohd Nasir Bin Abd. Aziz	MOH	3-Jul-17
6	Malaysia	Henry Chang		4-Jul-17
7	Malaysia	Che Zuraidah		4-Jul-17
8	Malaysia	Kamal Pilos		4-Jul-17
9	Malaysia	Dr. Maznah Dahlui	University of Malaya	4-Jul-17
10	Indonesia	Halik Sidik	NAC	5-Jul-17
11	Indonesia	Yufrizal Putra Candra	NAC	5-Jul-17
12	Indonesia	Pandu Harimurti	World Bank	5-Jul-17
13	Indonesia	Tina Boonto	UNAIDS	6-Jul-17
14	Indonesia	Dr. Lely Wahyuniar	UNAIDS	6-Jul-17
15	Indonesia	Elis Widen	UNAIDS	6-Jul-17
16	Indonesia	Yenti NurHidayat	Seknas Fitra	6-Jul-17
17	Indonesia	Beta	Seknas Fitra	6-Jul-17
18	Indonesia	Endang Budi Hastuti	MOH	7-Jul-17
19	Indonesia	Sindi Putri	IAC	7-Jul-17
20	Indonesia	Hilman Panji Utama	IAC	7-Jul-17
21	Indonesia	Lina	IAC	7-Jul-17
22	Indonesia	Sabam	IAC	7-Jul-17
23	Indonesia	Iman Rachman	IAC	7-Jul-17
24	Indonesia	Aditya	IAC	7-Jul-17
25	Indonesia	Irwandy	IAC	7-Jul-17
26	Indonesia	Hartini	Positive Indonesian Women	7-Jul-17
27	Indonesia	Cynthia	Positive Indonesian Women	7-Jul-17
28	Indonesia	Verdy	Indonesia Positive Network	7-Jul-17
29	Indonesia	Claudius	Indonesia Positive Network	7-Jul-17
30	Indonesia	Beni	Sex worker network	7-Jul-17
31	Indonesia	Ael	Fokus Muda	7-Jul-17
32	Indonesia	Edo	PKNI	7-Jul-17
33	Indonesia	Dheni	GWLINA	7-Jul-17
35	Philippines	Mara Quesada	ACHIEVE	9-Jul-17
36	Philippines	Shyne Catedral	ACHIEVE	9-Jul-17
37	Philippines	Florence Jatulan-Mira	ACHIEVE	9-Jul-17
38	Philippines	Darren Perez	ACHIEVE	9-Jul-17

39	Philippines	Dr. Miel Nora	Save the Children	10-Jul-17
40	Philippines	Peter Mosende	UNAIDS	10-Jul-17
41	Philippines	Alce Quitalig	Social Watch Phil.- Alternative Budget Initiative	10-Jul-17
42	Philippines	Dr. Emilia May P. Aquino	Philippines CCM	11-Jul-17
43	Philippines	Dr. Gundo Weiler	WHO	11-Jul-17
44	Philippines	Arlene S. Ruiz	NEDA	11-Jul-17
45	Philippines	Dr. Jose Gerard B. Belimac	Department of Health	14-Jul-17
46	Philippines	Patrick Gascon	PNAC Secretariat	14-Jul-17
51	Thailand	Dr. Petschri Sirinirund	CCM	27-Jul-17
52	Thailand	Thaedsak Jumnogsin	Rainbow Sky	21-Jul-17
53	Thailand	Surang Janyaem	SWING	21-Jul-17
54	Thailand		SWING	21-Jul-17
55	Thailand	Choovit Thongbai	Pink Monkey	21-Jul-17
56	Thailand	Apiwat Kwangkaew	TNP+	21-Jul-17
57	Thailand	Promboon Panitchpakdi	RTF	31-Jul-17