SKPA-2

March 2023

OVERARCHING

SKPA-2 Baseline Assessment Report

National STD/AIDS Control Programme
SRI LANKA

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HEALTH EQUITY MATTERS

ACRONYMS AND ABBREVIATIONS

ACHIEVE	Action for Health Initiatives (Philippines)
APCOM	(Formerly, the) Asia Pacific Coalition for Men's Sexual Health
ART	Antiretroviral Therapy
CBO	Community-Based Organization
CBT	Community-Based Testing
CCM	(Global Fund) Country Coordinating Mechanism
CLM	Community-Led Monitoring
DFAT	(Australian Government) Department of Foreign Affairs and Trade
DoH	Department of Health
EpiC	(PEPFAR) Meeting Targets and Maintaining Epidemic Control (program)
GEM	Gender Equity Marker
HIVST	HIV Self-Testing
HMIS	Health Management Information System
ICWAP	International Community of Women Living with HIV Asia Pacific
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
M&E	Monitoring and Evaluation
MoF	Ministry of Finance
MoH	Ministry of Health
NACP	National AIDS Control Program (Bhutan)
NGO	Non-Government Organization
NSACP	National STD/AIDS Control Programme (Sri Lanka)
NSP	National Strategic Plan
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PNAC	Philippine National AIDS Council
POCT	Point-Of-Care Test
PR	(Global Fund) Principal Recipient
PrEP	Pre-Exposure Prophylaxis
SKPA-1	Sustainability of HIV Services for Key Populations in Southeast Asia (2018-2021)
SKPA-2	Sustainability of HIV Services for Key Populations in Southeast Asia (2022-2025)
SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STC	Save the Children (Bhutan)
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
UHC	Universal Health Coverage

UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WHO	World Health Organization
YFHC	Youth for Health Centre (Mongolia)

ACKNOWLEDGMENTS

Health Equity Matters wishes to acknowledge and thank our partners including host country partners and key informants who generously contributed their time, expertise and knowledge throughout the baseline assessment process. Without your contribution this assessment would not have been possible.

We would also like to sincerely thank the SKPA-2 subrecipients who played a pivotal role in identifying the key informants, setting up meetings and providing support to the visiting baseline assessment team.

Thanks are also due to members of the SKPA-2 Regional Steering Committee and especially the Chair, Dr. Taoufik Bakkali, for their strategic oversight of SKPA-2 and for reviewing the baseline assessment reports. Health Equity Matters would also like to acknowledge and thank the Country Coordinating Mechanism representatives from each SKPA-2 country who sit on the Regional Steering Committee. Your support was critical to ensuring successful engagement in the baseline assessment in each country. We look forward to working with you and your colleagues in Bhutan, Mongolia, the Philippines and Sri Lanka to harmonize the findings and recommendations in support of strengthening your national HIV programs.

Guidance and inputs from our technical partners have strengthened the assessment process. Health Equity Matters wishes to acknowledge the significant contributions made by the Joint United Nations Programme on HIV and AIDS (UNAIDS) Regional Support Team for Asia and the Pacific (RST) and the World Health Organization.

Special acknowledgement and thanks are due to the many key population organizations and individuals, including people living with HIV, who participated in the assessment. We hope that the findings and recommendations in this report will result in tangible outcomes at country and regional level, and to improvements in the quality and availability of HIV services for key populations.

Funding for this activity was provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria as an activity under the Sustainability of HIV Services for Key Populations in South-East Asia (SKPA)-2 Program. We wish to thank all our colleagues at the Global Fund for their ongoing technical guidance and insights and extend a special thank you to Bryan Morris, Fund Portfolio Manager for the South-East Asia Regional Team.

Acknowledgments

The writing of the five baseline assessment reports were undertaken by a team of independent regional and national consultants and Health Equity Matters/SKPA-2 staff. Health Equity Matters wishes to think the regional consultant team – which included Jim Rock, Regional Team Leader; Dr. Katya Burns, Human Rights and Gender expert; Purvi Shah, Regional Consultant, UNAIDS Regional Support Team, Asia Pacific and WHO; Dr. Heather Marie Schmidt, Regional Advisor (PrEP), UNAIDS Regional Office for Asia and the Pacific and WHO, UNAIDS Regional Office for Asia and the Pacific; Dr. Ye Yu Shwe, Strategic Information Officer, UNAIDS Regional Support Team, Asia Pacific – and the national consultants: Bhutan – Dr. Gyambo Sithey, Tandin Dorji, Yeshey Dorji; Mongolia – Chuluunzagd Batbayar, Dr. Baigalmaa Dangaa, Gundegmaa Altankhuyag; Sri Lanka – Sathiesh Kumar, Ambika Satkunanathan, Dr. Kumari Navaratne, and the Philippines – Agnes Kristine Arban Quilinguing and Dr. Marlene Bermejo.

We would also like to thank Health Equity Matters/SKPA-2 staff who also participated in the process including Felicity Young, Dr. Mike Merrigan, Lauren Bradley, Cookie Monsuda Chansiri, Philips Loh and Matthew Kusen. We also thank Nicky Suwandi from APCOM and Sara Thapa from ICWAP for providing useful comments.

The Sustainability of HIV Services for Key Populations in Asia – 2 (SKPA-2) is a three-year project funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria under Agreement No. QSA-H-AFAO for the period 1 July 2022 to 30 June 2025. SKPA-2 aims to improve the financial sustainability of evidence-informed prioritized HIV services for key populations in Bhutan, Mongolia, the Philippines and Sri Lanka. SKPA-2 is implemented by Health Equity Matters as the Principal Recipient, in collaboration with the following subrecipients; Action for Health Initiatives (ACHIEVE Inc.), APCOM Foundation, Family Planning Association Sri Lanka, International Community of Women Living with HIV Asia & Pacific (ICWAP), LoveYourself, Save the Children Bhutan and Youth for Health Center.

This report was produced for review by the Global Fund and other partners. The information provided in this report does not necessarily reflect the views or positions of these partners.

ISBN 978 1 876469 73 0

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EXECUTIVE SUMMARY

The Sustainability of HIV Services for Key Populations in South-East Asia (SKPA)-2 program is a three-year (1 July 2022 to 30 June 2025) multi-country program funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund). The program aims to improve the sustainability of evidence-informed, prioritized HIV services for key populations in Bhutan, Mongolia, the Philippines and Sri Lanka.

There are four program objectives:

1. Accelerate financial sustainability
2. Improve strategic information availability and use
3. Promote programmatic sustainability
4. Remove human rights- and gender-related barriers to services

At the start of the program cycle in Quarter 1 and 2 of Year 1 (July to December 2022), SKPA-2 commissioned a team of independent regional and national consultants to conduct a rapid baseline assessment, to understand the extent to which the four countries are able and prepared to provide domestic financial support for HIV service delivery for key populations. The assessment was designed to help host country governments and partners, SKPA-2 implementers and the SKPA-2 Regional Steering Committee better understand their financial landscape, strategic information needs, operational policy and regulatory barriers, and human rights and gender situation. The assessment also examined the extent to which each country is prepared for the financial sustainability of services for key populations. The assessment will be repeated in Year 3 to assess progress towards SKPA-2 objectives.

The consultant team developed the assessment methodology and data collection tools, which were circulated to all stakeholders for comment and revised accordingly. The short timeframe for field visits and data collection and analysis was a key challenge.

Five reports have been produced. Firstly, this overarching report, which summarizes the baseline assessment methodology and its limitations and outlines regional considerations that will impact implementation of SKPA-2. Secondly, individual reports have been developed for each of the four SKPA-2 countries. These country reports are intended to be read in tandem with the overarching report. The country reports have three sections: (1) introduction and country context; (2) key findings for each of the SKPA-2 objectives; and (3) recommendations for action by the national HIV program and implementing partners, which are grouped thematically, reflecting the key findings for each country.

The audience for the baseline assessment reports includes host country governments, national policymakers, healthcare workers, members of the key populations, people living with HIV and communities most affected by HIV, regional and country technical partners, Country Coordinating Committees, other local and international organizations implementing HIV programs within the SKPA-2 countries, multilateral and bilateral donors, and the Global Fund. The baseline assessment team hopes that the findings will contribute to existing knowledge and enhance understanding of the opportunities and challenges facing each country.

INTRODUCTION

SKPA-2 background

As countries in the Asia-Pacific region approach upper-middle or high-income status and transition from international donor support, they face the critical issue of programmatic and financial sustainability of their national HIV response, in particular the sustainability of prioritized HIV services for key populations.

The Sustainability of HIV Services for Key Populations in South-East Asia (SKPA)-2 program is a three-year (1 July 2022 to 30 June 2025) multi-country program funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund). The program aims to improve the sustainability of evidence-informed, prioritized HIV services for key populations in Bhutan, Mongolia, the Philippines and Sri Lanka. There are four program objectives:

1. Accelerate financial sustainability
2. Improve strategic information availability and use
3. Promote programmatic sustainability
4. Remove human rights- and gender-related barriers to services

The Health Equity Matters, as principal recipient, is implementing the program in a consortium with the following partners:

Country subrecipients:

- Save the Children in Bhutan
- Youth for Health Centre in Mongolia
- LoveYourself and Action for Health Initiatives (ACHIEVE) in the Philippines
- Family Planning Association of Sri Lanka

Regional partners:

- Action for Health Initiatives (ACHIEVE)
- APCOM (formerly the Asia Pacific Coalition on Male Sexual Health)
- International Community of Women Living with HIV Asia Pacific (ICWAP)

Technical support partners:

- Joint United Nations Programme on HIV and AIDS (UNAIDS) – Regional Support Team for Asia and the Pacific (RST)
- World Health Organization (WHO)
- Burnet Institute

The SKPA-2 program Theory of Change (see **Annex 1**) sets out a pathway to sustainability. SKPA-2 programmatic activities were designed based on this Theory of Change, and these activities are outlined in the program's Performance Implementation Plan. The Theory of Change includes two major pathways. The financial sustainability pathway reflects SKPA-2 program objectives 1 and 2, while the programmatic sustainability pathway reflects objectives 2, 3 and 4. The validity of the Theory of Change was reviewed during the baseline assessment, and this is discussed later in this report.

OVERVIEW OF SKPA-2 BASELINE ASSESSMENT

Purpose

Health Equity Matters commissioned a team of independent consultants to conduct a rapid baseline assessment in the four SKPA-2 countries in quarter 1 and 2 of Year 1 (July to December 2022). The main purpose of the assessment was to understand the extent to which the four countries are able and prepared to provide domestic financial support for HIV service delivery for key populations. The assessment was designed to help host country governments and partners, SKPA-2 implementers and the SKPA-2 Regional Steering Committee better understand their financial landscape, strategic information needs, operational policy and regulatory barriers, and human rights and gender situation.

The specific objectives of the baseline assessment were to:

1. Establish regional and country-specific baselines against which progress can be measured (during an end-of-program evaluation in Year 3) with respect to increased domestic financing of programs and services for key populations.
2. Assist countries in planning for and implementing comprehensive, sustainable, rights-based policies, programs and services for key populations.
3. Fine tune the SKPA-2 Theory of Change and develop more nuanced, country-specific pathways to sustainability.
4. Examine the extent to which key populations and people living with HIV are meaningfully engaged in their country's national HIV responses.
5. Identity opportunities and approaches where political, bureaucratic and community interests most closely align and can be mobilized through the SKPA-2 program.
6. Determine ongoing technical assistance needs for the principal recipient and subrecipients, particularly regarding financial sustainability, human rights and gender[1].

Methodology and approach

The baseline assessment consisted of four phases of work: 1) inception planning; 2) data collection; 3) data analysis; and 4) production and dissemination of the reports.

Phase 1: Inception planning

- **Assessment team recruited:** A team of 13 external independent consultants were recruited. This included a Regional Team Leader and a Human Rights and Gender Specialist, together with national consultants with expertise in the areas of the four program objectives. See **Annex 2** for an overview of the baseline assessment consultant team and their roles and responsibilities.
- **Working group established:** An internal SKPA-2 working group was established to oversee the process and ensure coordination with country activities.
- **Desk review:** Subrecipients, consultants and the working group sourced and reviewed a range of relevant documents to help formulate the assessment questions and data collection needs. See **Annex 3** for the list of baseline assessment questions.

[1] Health Equity Matters has earmarked funding to be programmed at the end of the baseline to support technical assistance and additional activities under Objectives 1 and 4.

- **Data collection tools developed:** Data collection tools, including structured key informant interview guides, were developed for each of the SKPA-2 objectives. See **Annex 4** for a copy of these tools.
- **Stakeholder identification:** SKPA-2 subrecipients and national consultants identified local stakeholders to be interviewed. Interviews were held in-country in Mongolia (26-30 September 2022), Bhutan (10-14 October 2022), Sri Lanka (17-21 October 2022) and the Philippines (24-28 October 2022 and 7-11 November 2022). A list of key informants interviewed can be found in **Annex 5**.

Phase 2: Data collection

- **Key informant interviews and focus group discussions:** The team conducted key informant interviews during October-November 2022 with over 136 individuals. Information generated by these interviews provided a primary source of data to inform the baseline situation in each country for each SKPA-2 objective.
- **Sustainability Pulse Check Survey:** Using Google Forms, a sustainability pulse check survey was conducted online, engaging a cross-section of key stakeholders from the four countries and responses have been received from 60 stakeholders. The survey was designed to support both baseline and end of project needs, and indicators can be disaggregated by country, objective and stakeholder group (governments, civil society organizations, key populations, and multilateral organisations.) A brief discussion of the highlights from survey feedback is included in the section of this report which discusses regional implications. See **Annex 6** for the list survey questions.

Phase 3: Data analysis

- **Data analysis:** Data collected was analyzed iteratively throughout the process, with fact-checking and verification occurring where required.
- **Revision of SKPA-2 Theory of Change:** As part of the data analysis, the baseline assessment team tested the assumptions in the SKPA-2 Theory of Change and constructed more detailed causal pathways and milestones for each country.

Phase 4: Report production and dissemination

- **Country presentation of preliminary findings:** During each country assessment visit, preliminary findings were presented to local stakeholders to verify the data and to discuss the key findings. These meetings happened in Bhutan on 11 October 2022, Sri Lanka on 21 October 2022, the Philippines on 6 December 2022 and Mongolia on 7 December 2022.
- **Dissemination:** The five reports were presented to the Regional Steering Committee at its meeting on 31 January 2023. Following this, the reports were circulated widely to stakeholders for comment and review. This process allowed for verification of key findings and recommendations. The reports were finalised by the end of February 2023.

Limitations and challenges

The limitations of the baseline assessment fall into two categories: limitations related to the data collection process and limitations related to the data itself.

Limitations related to the data collection process

The baseline assessment was conducted as early as possible in the program, to ensure that findings and recommendations could inform the remaining timeframe of SKPA-2. One of the consequences of this was the relatively short time the team had available for data collection in each country. The team spent five days each in Bhutan, Mongolia and Sri Lanka and ten days, split across two separate weeks in the Philippines. The limited amount of time in each country restricted the number of key informant interviews and focus group discussions that could take place. Local stakeholders who were unable to meet the team in person were invited to meet virtually.

Although many of the program's partners will be working at the district or city level, the scope of work was limited to collecting baseline data at national level. This was due to practical limitations to collecting data at local district level, including time, resources, scope and language.

There are differences in the number of respondents in each country. This reflects the selection made by the SKPA-2 in-country subrecipient, and the variation in response and acceptance rates between the four countries.

Language barriers presented a significant issue in Mongolia, although having a representative from the SKPA-2 subrecipient during the interviews was very helpful. In addition, some of the documents that were shared with the assessment team were in local languages. Consequently, in some cases, it was not possible for the assessment team to fully assess the content.

Limitations of the data

The data collected by the baseline assessment is from the year 2021, where possible, although some of the data used is from previous years. Some of the baseline data collected were sourced from the published literature, compiled by governments and development partners, and thus reflect their indicators and timelines. In addition, the baseline assessment revealed that some countries are behind schedule for releasing critical reports such as the National AIDS Spending Assessment (NASA).

Some data are not comparable from country to country, as some of the figures reported against indicators are calculated differently. For example, some countries include expenditure on HIV testing as part of prevention spending, while others include it as part of treatment spending.

Key findings from the Sustainability Pulse Check survey

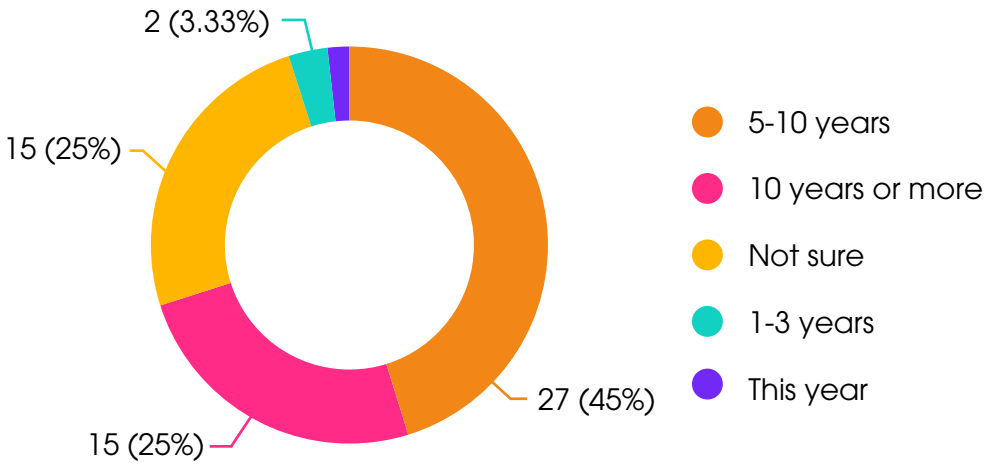
Responses were received from 60 stakeholders: 19 from Bhutan, 16 from the Philippines, 13 from Sri Lanka and 12 from Mongolia. Of these, 21 were from key population-led organizations, 19 from government, 14 from civil society organizations implementing HIV programs and six from technical partners such as UN agencies and donors.[2]

[2] The dashboard is available to view and utilize at https://www.healthequitymatters.org.au/our-work/international-program/dashboard/

Key findings by SKPA-2 objective are as follows:

Objective 1: Accelerate financial sustainability 45% of respondents (27 people) believe the government would need 5-10 years to be able to afford to expand key population HIV services without reliance on external donors; 25% (15 people) felt it would take 10 years or more; and 25% were unsure how long it would take. Only 5% believe that it could happen this year or within the next 1-3 years (see graphic below). This finding stands out given SKPA-2's aspirational performance framework targets by Year 3, which includes 100% of domestic budget dispersed for KP HIV services in Sri Lanka and Mongolia. As well as a 10% of more increase in additional domestic funding for prioritized KP HIV services in Bhutan and Philippines.

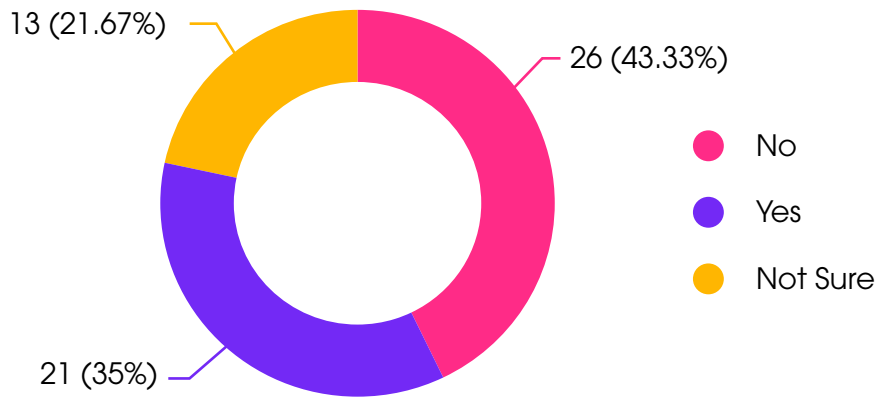
In the current economic environment when can the governmnet afford to expand key population HIV services without reliance on external donors?



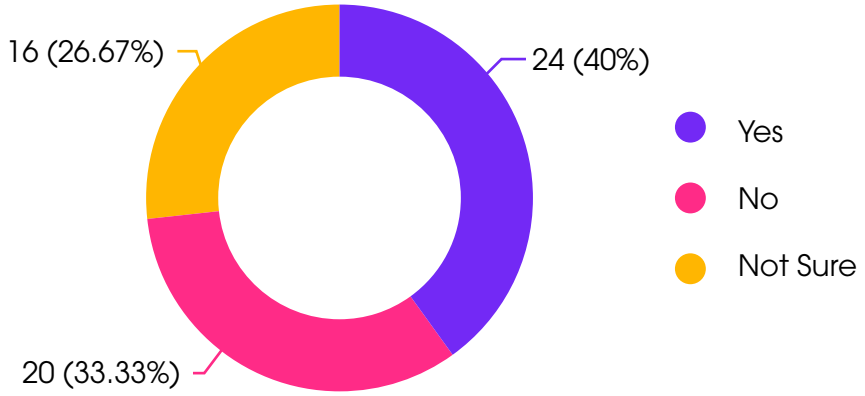
Objective 2: Improve strategic information availability and use Most of the questions under this objective related to community-led monitoring and the responses suggest that there may be some misunderstanding about what community-led monitoring is. For example, 55% believe community-led monitoring is a key source of data in the national HIV response and only 22% believe it is not. At the time of the survey, SKPA-2 support for community-led monitoring was in the pilot phase in Mongolia and Bhutan and data collection had not yet commenced in Philippines and Sri Lanka. The findings indicate that SKPA-2 – and APCOM as SKPA-2's lead partner for community-led monitoring – need to improve partners' and subrecipients' understanding of community-led monitoring and how it can be used to strengthen national HIV programs.

Objective 3: Promote programmatic sustainability Two key findings from the survey suggest that most stakeholders are either unsure whether PrEP is accessible (22% of respondents) or do not believe PrEP is accessible to key populations (43% of respondents). Similarly, self-testing is not yet seen to be accessible for key populations in the focus countries, with 27% of respondents unsure and 33% of respondents believing self-testing is not readily accessible. This highlights the need both to increase access to PrEP and HIV self-testing and to increase awareness of their availability once countries make these interventions accessible.

9. Can key populations readily access PrEP in your country?

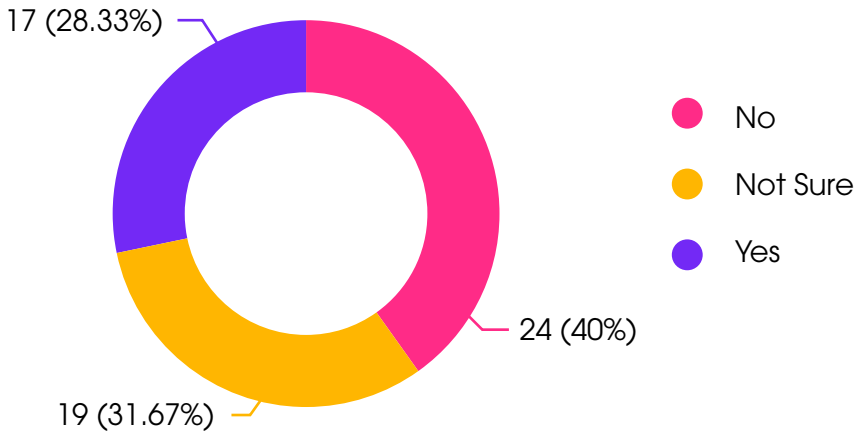


11. Can Key Populations readily access HIV self-testing in your country?



Objective 4: Remove Human Rights and gender-related barries to services. Most respondents were unsure about (32%) or did not believe (40%) that there is a functioning referral mechanism to legal services to address cases of abuse of patients' rights or violence when accessing HIV services. Only 28% believe this kind of referral mechanism existed in their country.

16. Is there a functioning referral mechanism to legal services in case of incidents of patient rights violations or violence linked to HIV service access?



BASELINE ASSESSMENT FINDINGS THAT HAVE IMPLICATIONS FOR SKPA-2'S REGIONAL WORK

Although the focus of the baseline assessment was on the four SKPA-2 countries, the assessment team also made the following observations about SKPA-2's regional work, which aims to support the principal recipient and subrecipients to strengthen their implementation approach. Key observations are summarized below.

SKPA-2 Theory of Change

The baseline assessment originally set out to develop country-level theories of change. However, analysis of the data collected showed that there were no significant deviations from the overall Theory of Change that warranted developing theories of change for each country or amendments to the original Theory of Change. The main feedback from stakeholders was the need for a more realistic timeframe to achieve financial sustainability, in particular to allow more time for piloting co-financing. The baseline data collection approach enabled the design of more detailed pathways to financial sustainability, which will inform the menu of activities under SKPA-2. These pathways are included in the findings for each country and are consistent with the original overall Theory of Change.

SKPA-2 Performance Framework

The baseline assessment suggests there may be a need to refocus some of the activities and targets for SKPA-2 partners. The Global Fund and SKPA-2 will need to work together to refine the performance framework milestones.

Human rights and gender activities

At the time of grant making, the Global Fund requested Health Equity Matters to ring fence funding for the human rights and gender activities to be programmed following the baseline assessment. Each country report includes a key findings and recommendations on how to strengthen interventions for human rights and gender. The assessment team was also asked to produce a matrix to guide the programming for the SKPA-2 funding (see **Annex 7**) and the SKPA-2 team is currently preparing a reprogramming submission due to the Global Fund in early February 2023.

Financial sustainability and human rights and gender technical assistance needs

The baseline assessment was designed to help Health Equity Matters, subrecipients and local stakeholders to determine technical assistance needs for Objectives 1 (financial sustainability) and 4 (human rights and gender). The following guidance is offered.

Regional technical assistance needs: Health Equity Matters is advised to review its staffing structure with a view to incorporating high-level technical expertise in financial sustainability planning, health economics and/or health systems strengthening, within its organizational structure. This expertise/position should work in collaboration with ACHIEVE, the subrecipient responsible for providing leadership on social contracting activities to country subrecipients. Further, both Health Equity Matters and ACHIEVE financial sustainability

experts should be 'twinned' with the financial sustainability technical assistance providers in the countries, thereby creating a pool of expertise and peer support. The Community of Practice, proposed by SKPA-2 (below), should be established as soon as is feasible, as one way to increase networking and exchange of ideas.

In terms of human rights and gender technical expertise, SKPA-2 is well served by its regional subrecipients, APCOM and ICWAP. These partners will be critically important in supporting the roll-out of the Objective 4 (human rights and gender) activities to be programmed by the country subrecipients. APCOM should continue to play a leadership role in supporting community-led monitoring as this links to community systems strengthening. APCOM and ICWAP human rights and gender staff should be 'twinned' with the staff and consultants working on human rights and gender within the countries.

Subrecipient technical assistance needs: All the SKPA-2 subrecipients are keen to increase their capacity in financial sustainability planning and they recognize that a new approach to resourcing technical assistance for this may be needed. There is general agreement that subrecipients need to identify individuals with senior government experience, for example, those who have held high-level positions in the Ministry of Health, Planning or Finance, and who have expertise in health economics, public administration, financing, and systems strengthening. Consideration should be given to basing these individuals within the Ministry of Health or Finance in either a full or part-time capacity, depending on the budget available.

All SKPA-2 subrecipients have a track record in supporting human rights and gender activities. The findings from the baseline assessment show that these organizations wish to build on this by recruiting a staff person – a mid-level project officer – to support Objective 4.

As much as possible, these staff should be recruited from the key population groups and/or communities that subrecipients serve and have experience of working in human rights and gender, supporting peer-led advocacy and facilitating community empowerment. Desirable would be qualifications in community development, legal studies, social sciences and public health. Some subrecipients expressed interest in basing this position within national Human Rights Commissions, where they exist, and/or within national HIV programs that are actively working on human rights, gender and community systems strengthening. Where a subrecipient is not a key population-led organization but an international non-government organization, consideration should be given to basing this position within a key population-led organization.

Community of Practice

In the SKPA-2 Performance Implementation Plan, Health Equity Matters proposes establishing a Community of Practice under the auspices of the Regional Steering Committee as a mechanism to:

- Provide technical leadership and programmatic oversight to SKPA-2 activities
- Facilitate regional and country key population leadership and voice
- Coordinate and calibrate subrecipient inputs and assess capacity needs
- Leverage the voice of the Regional Steering Committee to help overcome political obstacles

- Promote learning and peer support among all partners
- Facilitate communication and sharing among all partners
- Maintain a portfolio of resources to support country-level action

The baseline team feels that there is value in proceeding with the Community of Practice that addressed all four SKPA-2 objectives. However, it is recommended that Health Equity Matters review the proposed structure to ensure it is able to function effectively and in an agile and responsive manner throughout the life of the program.

Health Equity Matters is also advised to review the list of functions above, to ensure these are consistent with the role of a Community of Practice. For example, it is suggested that to '*provide technical leadership and programmatic oversight to SKPA-2 activities*' is not an appropriate function for a Community of Practice, which should be focused on cross-regional learning and peer support.

Health Equity Matters has recently launched a regional learning series as a platform to facilitate cross-regional learning and information exchange and this, together with other learning and knowledge sharing opportunities, could potentially be hosted by the Community of Practice. APCOM is well placed to provide quality secretariat support to the Community of Practice, given their role as a regional network and their experience in communications and virtual interventions. In addition, Health Equity Matters could consider inviting former SKPA-1 partners and other key stakeholders from non-SKPA countries in the region to participate in the Community of Practice, as this would help to strengthen regional learning.

Annexes

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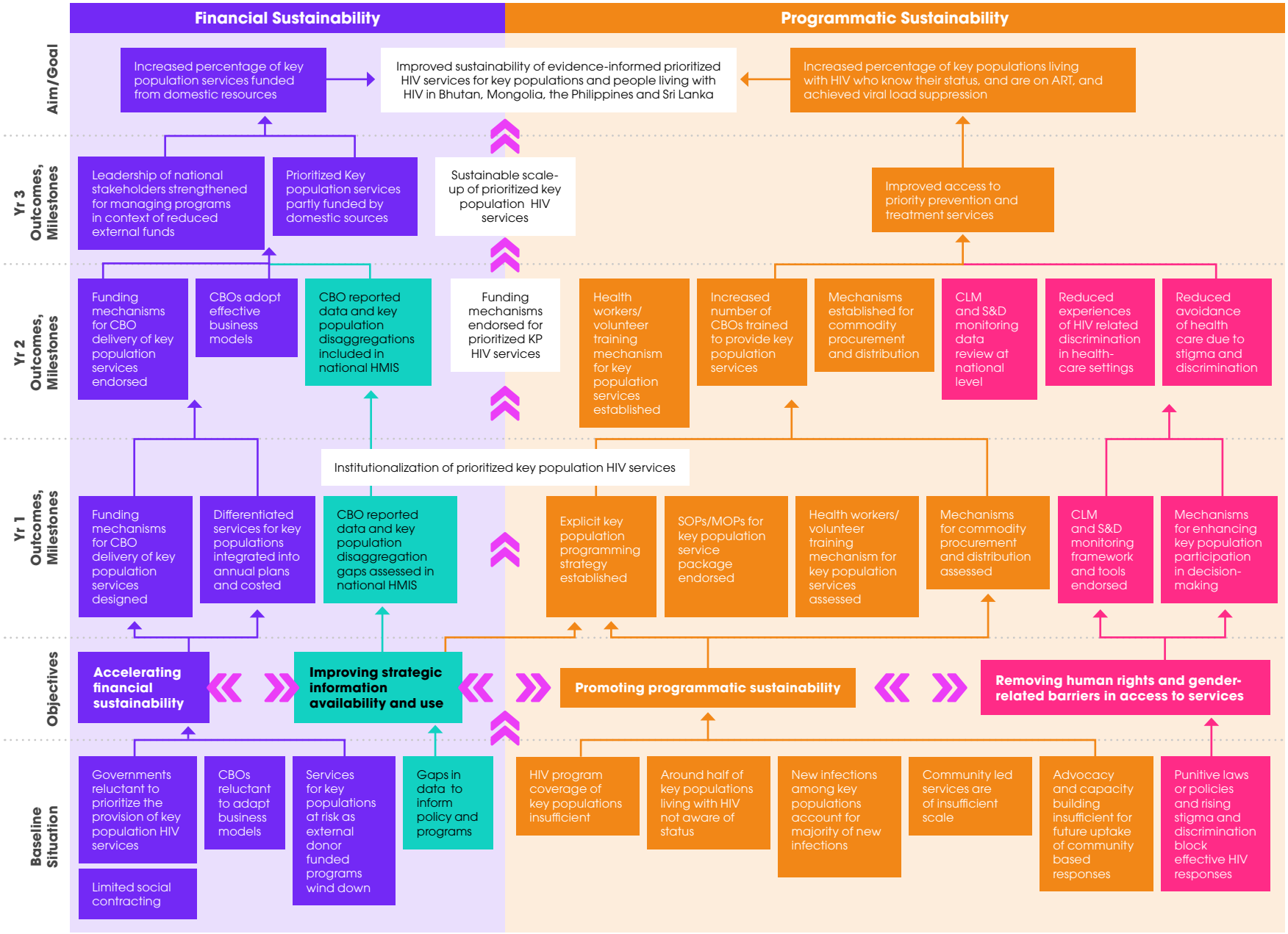
ANNEX 1: UPDATES TO THE THEORY OF CHANGE FOLLOWING THE BASELINE ASSESSMENT



The Theory of Change was reviewed using data from the baseline assessment interviews and Sustainability Pulse Check Survey. Feedback was supportive of the overall design and causal pathways in the diagram, and changes proposed (below) were mainly around more realistic timing of outcomes/milestones.

Updates related to financial sustainability:

- Y2 outcome: "Prioritized key population services partly funded by domestic sources" shifted to Y3, where it replaces "Evidence of scale-up of coverage of prioritized services with same funding from Global Fund"
- Y1 outcome: "Funding mechanisms for CBO delivery of key population services endorsed" shifted to Year 2, and is replaced with: "Funding mechanisms for CBO delivery of key population services designed"

Updates related to programmatic sustainability:

- Y1 outcome: "Mechanisms established for commodity procurement and distribution" shifted to Y2 and replaced in Y1 with: "Mechanisms for commodity procurement and distribution assessed."
- Y2 outcome "Improved access to priority prevention and treatment services" shifted to Y3, replacing "Coverage targets for prioritized services are increased"
- Y2 outcome "Health workers/ volunteer training mechanism for key population services established" shifted to Y2 and replaced in Y1 with "health workers/volunteer training mechanism for key population services assessed"
- "CBM" updated to "CLM" and Y1 outcome "CLM and stigma and discrimination monitoring data reviewed at national level" shifted to Y2 and replaced in Y1 with "CLM and S&D framework and tools endorsed"

ANNEX 2. BASELINE ASSESSMENT TEAM COMPOSITION AND ROLES AND RESPONSIBILITIES

No.	Team Member	Roles & Responsibilities
1.	Team Leader Consultant • Jim Rock	• With Health Equity Matters, responsible for assessment design, tool development, data collection, analysis, and assignments of tasks to other team members. • Submission of the final report and related PowerPoint presentations. • Participation in stakeholder and dissemination processes.
2.	4 X Country Financial Sustainability consultants (Objective 1) • Dr. Gyambo Sithey (Bhutan) • Chuluunzagd Batbayar ((Mongolia) • Sathiesh Kumar (Sri Lanka) • Agnes Kristine Arban Quilinguing (Philippines)	• Support country-level assessment activities for Objective 1. • Provide written inputs into the report and PowerPoint presentations.
3.	4 X Country Strategic Information and Programmatic Sustainability Consultants (Objective 2 and 3) • Tandin Dorji (Bhutan) • Dr. Baigalmaa Dangaa (Mongolia) • Dr. Marlene Bermejo (Philippines) • Dr. Kumari Navarante (Sri Lanka)	• Support country-level assessment activities for Objectives 2 and 3. • Provide written inputs into the report and PowerPoint presentations.
4.	Regional Human Rights & Gender Consultant • Dr. Katya Burns	• Lead assessment activities for Objective 4. • Lead and manage the country Human Rights & Gender consultants for data collection and analysis. • Provide written inputs into the report and PowerPoint presentations.

5.	3X Human Rights & Gender Consultants (Bhutan, Sri Lanka and Mongolia) • Yeshey Dorji (Bhutan) • Gundegmaa Altankhuyag (Mongolia) • Ambika Satkunanathan (Sri Lanka)	• Support country-level assessment activities for Objective 4 (as above).
6.	WHO/UNAIDS - technical support • Ms Purvi Shah, Regional Consultant, UNAIDS Regional Support Team, Asia Pacific, WHO – field visits to Bhutan and the Philippines • Dr. Heather-Marie Schmidt, Regional Advisor (PrEP), UNAIDS Regional Office for Asia and the Pacific, WHO – field visit to the Philippines • Dr. Ye Yu Shwe, Strategic Information Officer, UNAIDS Regional Office for Asia and the Pacific - field visit to the Philippines	• Lead assessment activities for Objective 3. • Provide written inputs into the report and PowerPoint presentations.

ANNEX 3: BASELINE ASSESSMENT QUESTIONS BY PROGRAM OBJECTIVES

Objective 1: Financial sustainability assessment: Under this objective the baseline assessment aimed to map the financial landscape, decision-making processes, and the context for HIV service provision budgeting with focus on: structures; key processes; dates; and key institutions/departments and individuals involved in the HIV program budgeting process at national and sub-national level. This included:

- Current provisions for key population HIV services in the government budget – past year and next 3 years, disaggregated by key population and service where available.
- Key stages and dates of the budget development and approval process.
- Departments and Individuals overseeing and involved at each stage (describe role of each) at central level and sub-national (if/ where decentralised funding models are in place).
- Involvement of civil society – which individuals and institutions are involved at each stage? And how?
- Involvement of key population networks - which individuals and institutions are involved at each stage? And how?
- Data sources that are used to determine the HIV budget.
- Identify opportunities for stronger engagement in budget advocacy, at each stage of the budget development and approval process.

Objective 2: Strategic information system assessment: Under this objective, the baseline aimed to assess whether the national and sub-national strategic information system (epidemiological and program datasets) include key population HIV service indicators, key population sub-groups, community-led monitoring indicators, and civil society organization services. The extent to which key populations and key population analyses are included in data use for decision-making forums will also be assessed. Key questions to inform the data use for decision-making portion of the assessment are as follows:

- What are the HIV service planning and review mechanisms at national and sub-national level? This will involve describing the annual service review and planning process, and periodic performance review mechanisms established for HIV service management.
- How are key populations involved in HIV service planning and service provision reviews, at national and sub-national level?
    - which organisations are involved at what stages? Who is attending which key meetings? Which key population groups are/ are not represented, and when?
- Which data sources and indicators are examined when reviewing performance of the health system in delivering excellent quality HIV services?
- What are the main gaps in service utilisation from the last review, and which key population groups or sub-groups are most impacted?
- What are the main gaps in data sources from the last review, and which key population groups or sub-groups are under-represented due to a lack of data?

- Which data sources generated by key populations are examined as part of reviewing performance of the health system in delivering excellent quality HIV services?
- What actions were taken to improve services based on feedback from key population service recipients?

Objective 3: Programmatic Sustainability Assessment: Under this objective, the baseline will assess the existing PrEP, HIV Testing interventions and Virtual Innovative Service Models at country level, and update the key population service matrix, which highlights services currently provided for each key population sub-group.

Objective 4: Human rights and gender assessment: Under this objective, the assessment will be be used to develop four country-specific and one regional work plan to address human rights and gender. Health Equity Matters will provide funding for these activities, subject to Global Fund approval. Areas to be explored include:

- Define the nature and extent in each country of the human rights and gender-related barriers to access to, use of and retention in HIV services for key population.
- Describe the mix of relevant human rights and gender-related programs, including their costs, either recently or currently being implemented, to reduce access barriers.
- Assess the sufficiency of the programs identified in terms of their efficacy in removing barriers to services.
- Propose a set of interventions in each country and at regional level that would address gaps in removing barriers and analyze capacity to implement/and scale-up these programs.
- Establish a country-specific baseline on barriers, impact of barriers on services, and interventions to address barriers against which measures of progress can be made in future periods.
- Recommend key indicators and other elements for follow-up assessments.

The table below provides an overview of the baseline data collection needs intended to lead to a nuanced understanding of the baseline situation in each country and to inform SKPA-2 objectives and key activities.

No.	SKPA-2 Objectives and activities	Baseline data collection needs
Objective 1: Accelerate financial sustainability		
1.2	Conduct cost-impact analyses for prioritized key population services to guide strategic investments (Y1, 2)	Provide an overview of epidemic projections and targets and timelines that represent the current best guess towards attainment of 95-95-95 targets including resource needs for each key population group and key HIV service. Outline any cost-impact analyses, including modelling data, that is currently used to guide strategic investments, and provide stakeholder feedback on the strengths and weaknesses of this data from stakeholder perspectives, and supply related documentation
1.3	Develop roadmap to achieving allocative efficiency for the national HIV program (Y1,2)	Outline the 1) national budget targets for the HIV program (both donor and domestic) for the next 3 years with a focus on key population services, 2) expenditure against budget for past 3 years, 3) identify budget for different key population groups and priority services; 4) describe funding mechanisms for domestic financing of key population HIV services currently in place, drafted, or undergoing design
1.4	Support design, establishment, roll-out and monitoring of a social contracting model for key population HIV services (Y1, Y2, Y3) Note: ACHIEVE will provide technical support to country level activities under Activity 1.4.	Describe: 1) social contracting regulatory framework in HIV or other health/social services (if not existent for HIV), highlighting the presence or absence of legislation that permits funding civil society organizations to deliver HIV services; 2) describe current social contracting applications in the country for HIV or health services, the value of these contracts, and procedures in place to advertise and qualify vendors; 3) describe any plans in place to establish social contracting and relevant institutions and departments leading the process; 4) obtain current budget information already available for social contracting, or potentially available for social contracting; 5) identify gaps in information, legislation, policies and processes related to social contracting; 6) describe current accreditation standards for CSOs implementing HIV services (or health services, if none); 7) identify potential training institutions that could develop and/or provide accredited training; 8) list all training manuals/materials/ guides related to community based organization capacity building for community based organizations providing HIV services, year of release and lead agency, and supply copies

Objective 2: Improve strategic information availability and use		
2.1	Support integration of CSO HIV service data into national HIV HMIS (Y1)	Describe: 1) the current contribution of civil society organizations to national HIV cascade indicators (proportion of current year achievements for each indicator), and 2) identify gaps in data in civil society organizations services in the national HIV information system (either civil society organization representation gaps – such as important efforts not being included/ counted, regions/locations where activities are not included/counted, or gaps in key indicators reflecting civil society organizations efforts in the HIV cascade
	2.1.1. Review national HIV HMIS and surveillance datasets for indicators on key populations, prioritised services and CLM, with relevant disaggregation (Y1, Y2)	Provide a summary of gaps in datasets including 1) Community led monitoring indicators; 2) key population groups disaggregation for HIV cascade indicators (men who sex with men, female sex workers, transgender people, people who use/inject drugs); 3) prioritized services including PrEP, HIV community based and self-testing and PLHIV retention
2.2	Support design, implementation, and utilisation of CLM data from local to national levels (Y1, Y2, Y3) Note: APCOM will provide technical support to country-level activities under Activity 2.2.	Describe the status of CLM implementation in each country including: 1) lead partner(s) working on CLM; 2) list of nationally endorsed (or locally available) indicators; 3) integration of CLM data into national or sub-national HIV databases; 4) scale of CLM including number of CLM forms/reports received within last 12 months and number of organisations and key population groups participating; 5) efforts to review CLM findings in HIV/health service management or planning forums; 6) description of mechanisms for reporting identified issues to relevant oversight groups including (regular) feedback; 7) number of serious incidents (stigma and discrimination or human rights violations identified through CLM; and % of these serious incidents successfully addressed (and as a subset of this – those addressed within 30 days); 8) documentation for CLM including operational plans, manuals or budgets and copies of these documents

Objective 3: Promote programmatic sustainability		
3.2	Support the development or review of national or operational guidelines for prioritized services, and provide strategic support to the design and roll-out of these services (Y1, Y2, Y3)	1) List and obtain copies of national or operational guidelines (or SOPs) for prioritized services, 2) identify any gaps in the guidelines, or need for updating, and 3) fill in KP services matrix (see B.3)
	• 3.2.2. Institutionalize training in key population service delivery, with key population participation (Y1, Y2)	1) Identify potential institutions already or potentially involved in developing accredited training for key population HIV services, 2) describe existing courses that are or could be used for in-service or pre-service training; 3) identify gaps in the curricula; and 4) describe key population involvement in training design and delivery
	• 3.2.3. Assess and advance the registration and funding approval of PrEP and point of care tests (POCT) commodities (Y2, Y3)	1) List of regulatory barriers and barriers to registration, roll-out and funding of both PrEP and point of care tests/self-tests; 2) identify opportunities for expanding access to these commodities and services through social health insurance or other domestic funding; and 3) system level improvements needed to support expansion and roll-out
	• 3.2.4. Assess and advocate for the removal of barriers for private market access to PrEP, POCT and HIV self-testing kits and other commodities (Y2, Y3)	1) List of regulatory, registration and other barriers to private market access for PrEP, POCT and HIV self-testing kits and other commodities; 2) list companies that have or are currently seeking to register PrEP or point of care tests /HIV self-testing kits, and 3) describe what stage of the registration or roll-out process they are at, any bottlenecks to participation, and plans/ timelines for removing the bottlenecks
	• 3.2.5. Assess country-level online community engagement practices and a symposium on innovative virtual interventions (Y1)	1) Describe current HIV services offered online for key populations, the platforms these services are offered on, and how many (of each) key populations accessed these in the last 12 months; 2) explore potential for further enhancement or integration of these services including integrating new components or virtual platforms.

3.4	Evaluate and transition PrEP, CBT and HIVST projects to inform innovative service delivery at scale (Y1, Y2, Y3)	1) List evaluations of PrEP, CBT and HIVST projects in the last 3 years and provide evaluation reports; 2) Describe current models of physical integrated service delivery by CBOs, government and hybrid government/CBO models, and lead agencies/projects, and opportunities for integration with online activities (3.2.5 above); 3) List all technical guidelines and training materials for key population HIV services, noting which are nationally endorsed, indicate lead agency and year they were updated, and provide copies of the guidelines; and 4) Describe current plans for next 3 years at national level to roll-out these services, new combinations of the services, or new service providers
Objective 4: Remove human rights-and gender-related barriers to services		
4.1	4.1. Provide targeted technical assistance, advocacy, and programmatic support to overcome human rights and gender barriers to services. (Y1, Y2, Y3).	1) Complete modified Breaking Down Barriers assessment and 2) Gender Equity Marker assessment

ANNEX 4. BASELINE ASSESSMENT STAKEHOLDERS INTERVIEWED

Bhutan: Stakeholders Interviewed			
Name	Title	Organization	Objective
Lekey Khandu	Program Manager	MOH – NACP	1,2,3,4
Choki Dolkar	Assistant Program Officer	MOH – NACP	1,2,3,4
Sangay Choden	Finance Officer	MOH	1
Dolley Tshering	Senior Program Officer	MOH	1,2,3,4
Tandin Tshering	PPD	MOH	1,2,3,4
Dorji Zangmo	Outreach Coordinator	MOH - NACP	1,2,3,4
Tanzin Dema	M&E Officer	MOH - NACP	1,2,3,4
Yonten Choki Norbu	HISC Counsellor	HISC, MOH	1,2,3,4
Dorji Zangmo	Outreach Worker	HISC, MOH	2,3
Dechen Mo	HISC Counsellor	HISC, MOH	1,2,3,4
Tshewang Dema	Data Asst.	CST	2,3,4

Bhutan: Stakeholders Interviewed			
Name	Title	Organization	Objective
Jurmi Dukpa	Sr. Counsellor	CST	2,3,4
Tenzin Gyeltshen	Executive Director	Pride Bhutan	2,3,4
Ogo Dorji	Program Officer	Pride Bhutan	2,3,4
Wangda Dorji,	Executive Director	Lhak-Sam	1,2,3,4
Dhan Raj Rai	Program Manager	Lhak-Sam	2,3,4
Sonam Dendup	Program Officer	Lhak-Sam	2,3,4
Tashi Tsheten	Coordinator	Queer Voices of Bhutan	1, 2,3,4
Tshewang Tenzi	Executive Director	Chithuen Phendhey Association	1, 2,3 4
Dawa Penjor	Program Officer	Chithuen Phendhey Association	1, 2,3 4
Sonam Gyamtsho Samdrup	Outreach Coordinator	Chithuen Phendhey Association	3,4
Suneeta Chhetri	Coordinator	Country Coordinating Mechanism (CCM)	1, 2,3 4

Bhutan: Stakeholders Interviewed			
Name	Title	Organization	Objective
Khandu Dorji	PPD	CCM - MOF	1, 2,3 4
Tsheirng Choden	DMDF	CCM - MOF	1, 2,3 4
Kencho Zangmo	Coordinator	Red Purse Network (Pride Bhutan Office)	1, 2,3 4
Karma Choden	Assistant Professor	University of Medical Sciences (KGUMSB)	2,3
Dr. Ripa Chakma	Associate Professor	FNPH, KGUMSB	2,3
Tshering Yangzom	Senior Lecturer	FNPH, KGUMSB	2,3
Respect, Educate, Nurture and Empower Women (RENEW)	Senior Counselor	Respect, Educate, Nurture and Empower Women (RENEW)	2,3
Norbu Dukpa	Staff	Respect, Educate, Nurture and Empower Women (RENEW)	3,4
Sonam Wangdi	Staff	WHO	3,4

Bhutan: Stakeholders Interviewed			
Name	Title	Organization	Objective
Khurshid Alam	Deputy Resident Representative	UNDP	1,3
Jigme Choden	Program Analyst	UNFPA	1,3
Lopen Sherub Dorji	Coordinator	Dratshang Lhentshog	3,4
Kinley Dorji	Staff	National Commission for Women and Children (NCWC)	4
Dasho Karma Dupchu,	Committee Secretary	Women, Children and Youth Committee and Economic and Finance Committee - National Assembly	3,4

Mongolia: Stakeholders Interviewed			
Name	Title	Organization	Objective
Dr. Bayarbold Dangaa	Director	Department of Public Health, Ministry of Health	1,3
Mrs. Khunzaya G.	General Accountant	National Center for Communicable Diseases	1
Dr. Davaalkham Jagdagsuren	Head of Department	Department of AIDS,STI surveillance, National Center for Communicable Diseases	1,3
1. Mrs.Munkhtuya Enkhbayar 2. J. Narantuya 3. Mrs.Khunzaya	Pharmacists, Officer in charge of HIV/AIDS and STI	HIV/STI surveillance unit team, National Center for Communicable Diseases	1
Mrs. Batchimeg Ganbat	Senior Officer	Ministry of Health	1
Dr. Tugsdelger Sovd	Director of Monitoring and evaluation and internal auditing	Ministry of Health	2
Dr. Bayasgalan Dashnyam	Expert, Health Statistic and Data	Deaprtment of Reseach and Planning, Ministry of Health	2
Dr. Dorjmyagmar	Head of Department	Department of Health statistic, Health Development Center	2
Dr. Ganerdene	Officer	Department of Health statistic, Health Development Center	2

Mongolia: Stakeholders Interviewed			
Name	Title	Organization	Objective
Ms. Erhsaran Erhee	M&E Officer	Youth for Health Center	2
Mrs. Bayarmaa Batjargal	M&E Officer	Perfect Ladies NGO	2
Dr. Gansukh Battulga	Senior HIV Project Officer	Program Unit Coordination	3
Dr. Narangerel Jigjidkhorloo	Director	Department of Medical services and care, Ministry of Health	3
Dr. Enkhsaikhan Lkhagvasuren	Head of Department	Division of Infectious Disease, Department of Public Health, Ministry of Health	3
Dr. Bilegtsaixan Tsolmon	General Director	National Center for Communicable Diseases	3
Dr. Byambaa Chultemsuren	Program Officer	Youth for Health Center	3
Dr. Setsen Zayasaikhan	Project Officer	Youth for Health Center	3
Dr.Oyuntsetseg Purev	Head of Department	Health Policy Division of Health Policy and Planning Department, Ministry of Health	3
Mrs. Nyamulzii Khalzai	Perfect Ladies NGO	Executive director	4

Mongolia: Stakeholders Interviewed			
Name	Title	Organization	Objective
Dorjjantsan Ganbaatar	Health Program Manager	LGBT Centre NGO	4
Mrs. Khishig Saikhan	Legal Program Manager	Open Society Forum	4
Mrs. Ariunaa Chuluunbaatar	Senior Desk Reviewer	National Human rights Commission	4
Mr. Myagmardorj Dorjgotov (Miigaa)	Executive Director	Youth for Health Center	4

Sri Lanka: Stakeholders Interviewed			
Name	Title	Organization	Objective
Dr. Rasanjanjalee Hettiarachi	Director	National STD & AIDS Control Program (NSACP)	1,2
Niluka Perera	Independent/Optima consultant	Global Fund Advocates Networks	1,2,3
Dr. Janaki Vidanapathirana	Director	Policy Analysis and Development, Ministry of Health	1
Dr. Sathya Herath	National KP Coordinator	National STD & AIDS Control Program (NSACP)	1,2,3
Dr. Kumari Navarathne	Public Health Specialist, Independent Consultant	Consultant, Asian Development Bank (ADB)	1
Dr. AKM Ariyarathna	Coordinator of Strategic Information	National STD & AIDS Control Program (NSACP)	2
Amal Bandara	Assistant Director M&E	Family Planning Association	2
Dr. Sujatha Samarakoon	LFA-GFATM	National AIDS Council	2,3
Dr. Geethani Samaraweera	HIV Care Coordinator and Training Coordinator	National STD/AIDS Control Program (NSACP)	2
Nadika Fernandopulle	HIV/AIDS Project Officer	Family Planning Association	2

Sri Lanka: Stakeholders Interviewed			
Name	Title	Organization	Objective
Dr. Nimali Jayasooriya	National Testing coordinator	National STD & AIDS Control Program (NSACP)	3
Mahesh Chandana Nissanka	Civil Society Organization/Team Leader	Alcohol Drug Information Centre	3
Palitha Wijebandara	Civil Society Organization, Program Coordinator	Positive Hopes Alliance	3
Niroshan Senadheera	Civil Society Organization, President	Lanka Plus	3
Madhu Dissanayake	Assistant Representative	UNFPA	3
Thusahara Agus	Executive Director	Family Planning Association	3
Damith	CSO/Team Leader High impact model	SARD	3
Kanthi Abyekoon	CSO/activist	Community Strength Development Foundation	3
Dr. Geethani Samaraweera	HIV Care Coordinator and Training Coordinator	National STD & AIDS Control Program (NSACP)	3
Justice, Rohini Marasinghe	Retired as a supreme court judge. Chair Person	Human Rights Commission, Sri Lanka	4

Sri Lanka: Stakeholders Interviewed			
Name	Title	Organization	Objective
Ms. Princy Mangalika	CSO/activist	Positive Women's Network	4
Mr. Chalana Wijesuriya	CSO/Psychologist	MHPSS, Western Province	4
Ms. Sakuni Mayadunne	CSO/Activist	Trans Equality Trust, Western Province	4
Ms. Imasha Perera	CSO/activist	National Transgender Network, Western Province	4
Ms. Bhoomi Harendran	Transgender Activist	Independent	4
Shevandra Wijemanne	Program Assistant	UN, Sri Lanka	4
Ms. Angel Queentus	Transgender Activist/Founder	Jaffna Transgender Network	4
Ms. Sutha S.	Officer	STD Clinic, Jaffna	4
Dr. Rajaharan	Medical Doctor	Jaffna, Hospital	4
Kanti Abeykoon	Project Coordinator and Admin coordinator	Community Strength Development Foundation	4
Dr. Thiloma Munasinghe	Gender Specialist and Community Physician	Independent	4

Sri Lanka: Stakeholders Interviewed			
Name	Title	Organization	Objective
Ms. Manju Hemal	CSO/activist	Heart 2 Heart	4
Mr. Thushara Manoj	CSO/activist	Equite Sri Lanka,	4
Ashiq Rose	Anihcam Board member	Anicham Group	4
Ms. Paba Deshapriya	CSO/activist	Grassrooted Trust	4
Sarala Emmanuel	CSO/activist	Suriya Women's Development Centre	4
Mr. Janarthan	CSO	Anicham Group	4
Mr. Roshan de Zilva	LGBTIQ activist	Diversity and Solidarity Trust	4

Philippines: Stakeholder Interviewed			
Name	Title	Organization	Objective
Dr. Jose Gerard B. Belimac	Program Manager	Department of Health - National Center for Disease Prevention and Control (DOH-NCDPC)	1, 3
Dr. Louie R. Ocampo	Country Director, Philippines	Joint United Nations Program on HIV and AIDS (UNAIDS)	1,2,3,4
Ms. Mara Quesada	Executive Director	Action for Health Initiatives, Inc. (ACHIEVE)	1,2,4
Dr. Emilia May P. Aquino	Project Officer II	Philippines CCM	1
Joffi Villena	Health Cluster	Alternative Budget Initiative (ABI)	1
Dr. Graham Harrison	Officer-in-Charge	World Health Organization	3
Ms. Arlene S. Ruiz	Chief, Economic Development Specialist	National Economic and Development Authority	1
Luisa Orezca	Executive Director	Philippine National AIDS Council (PNAC)	3
Rench Chanliongco	Secretariat	Philippine National AIDS Council (PNAC) Research Planning, Policy and M&E Division	1

Philippines: Stakeholder Interviewed			
Name	Title	Organization	Objective
Dr. Delia A. Becina	Chief Health Program Officer	Philippine National AIDS Council (PNAC) Program Information, Partnership Development Division	1
Ms. Rowena C. Lora	Director IV	DOH Financial and Management Service	1
Ms. Maria Cresencia D. Dunga	Director	Department of Budget and Management-Budget and Management Bureau A	1
Dr. Gloria Nenita V. Velasco	Director III	Epidemiology Bureau, Department of Health	2
Dr. Rolly Cruz	Director III	Quezon City Epidemiology and Disease Surveillance Unit (CESU)	2
Ms. Michelle Lang-Alli	Office of Health Director	USAID Philippines, Pacific Islands, and Mongolia	2
Ms. Irene Fonacier-Fellizar	President	AIDS Society of the Philippines	2,3
Hon. Victor Ma. Regis N. Sotto	Mayor	Pasig City	2
Sir. Noel S. Palaypayon	Unit Manager/Supervising Health Program Officer	National HIV/AIDS & STI Surveillance and Strategic Information Unit, Surveys, Monitoring and Evaluation Division (SMED), Epidemiology Bureau, Department of Health	2

Philippines: Stakeholder Interviewed			
Name	Title	Organization	Objective
Dr. Lloyd Norella	HIV Program Manager	Pilipinas Shell Foundation	2,3
Jose Mari Maynes	Program Manager	LoveYourself Inc. / CHAMPION Community Center Network	3,4
Joshua Young	Senior Program Officer	FHI360	3
Ralph Ivan Samson	President/CEO | Focal Point In-charge	Youth Peer Education Network (Y-PEER) Pilipinas, Inc.	3
AR Arcon	Chairperson	LakanBini Network	3,4
Tanya Laguing	President	Decent Image of South Signal Association (DIOSSA)	3
Rev. Father Dan	CBCP ECHC	Catholic Bishop Conference of the Philippines - ECHC	1
Mx. Toni Gee Ramirez Fernandez	Executive Director	Mujer-LGBT Organization Inc.	3
Noemi D. Bayoneta-Leis	Program Manager	TLF Share Collective, Inc.	4
Boying Velasco	Program Officer	AIDS Society of the Philippines, Inc.	3

Philippines: Stakeholder Interviewed			
Name	Title	Organization	Objective
Jap Ignacio	Executive Director	Babaylanes Inc.	4
Vince Liban	National Convener	Pantay	4
Dr. Precious Montilla	Task Lead for Social Contracting	Alliance for Improving Health Outcomes	1
Ms. Rhoda Tiongson	Financial Sustainability Advisor	ACHIEVE	1
Mr. Roberto Figuracion	Capacity-Building Officer	DFAT-UNAIDS Project, ACHIEVE	2
Mr. Andrew Desi Ching	Executive Director	HIV & AIDS Support House, Inc.	2
Ms. Bettina Kaye Castaneda	Senior Strategic Information Advisor	FHI360	2,3
Mr. Rocky Rinabor	CLM Officer	TLF-Share	2
Teresita (Bai) Marie Bagasao	EpiC Country DIrector - Philippines	FHI360	3
Maria Michella Rabara	PrEP Focal Point	FHI360	3
Kate Leyritana	Medical Director	Save and Improve Lives (SAIL) Clinics; Sustained Health Initiatives of the Philippines (SHIP) Inc.	2,3

Philippines: Stakeholder Interviewed			
Name	Title	Organization	Objective
Earl Patric Penabella	Program Manager	Save and Improve Lives (SAIL) Clinics; Sustained Health Initiatives of the Philippines (SHIP) Inc.	3
Charlene Tinaja	Monitoring and Evaluation & Strategic Information Specialist	DOH Epi Bureau	2
Krystal Pamittan	Health Program Officer II	DOH Epi Bureau	2
John Benedict Palo	Database Specialist	DOH Epi Bureau	2
Elisa Nympha Sia	Laboratory Specialist for HIV, Hepatitis, & STIs / UHC	WHO - Philippines Country Office	3
Mark Angelo Amoroso	UHC / HIV, Viral Hepatitis & STI Technical Specialist	WHO – Philippines Country Offfice	3
Kiyohiko Izumi	Technical Officer (HIV, Hepatitis, STI - WPRO)	WHO-WPRO	3

ANNEX 5: SKPA-2 SUSTAINABILITY PULSE CHECK SURVEY

Question	Objective	Survey Question
2a	1	How likely do you see some government co-financing of key population HIV services within 2 years using domestic resources? ① Very unlikely, ② Unlikely ③ likely ④ very likely ⑤ Already Funding KP Services
2b	1	In the current economic environment when can government afford to expand key population HIV services without reliance on external donors? ① This Year ② 1-3 years ③ 5-10 years ④ 10 years or more ⑤ Not sure
3	1	Do you see government funding CBOs/NGOs to deliver key population HIV services as a good use of resources? ① Yes, ② No, ③ Not Sure
4	1	Are the current laws or policies already in place for government to fund CBO or NGO HIV services? ① Yes, ② No, ③ Not Sure
5	2	Is Community Led Monitoring (CLM) data a key source of data in the national HIV response? ① Yes, ② No, ③ Not Sure
6	2	Have you engaged in a CLM process or reviewed CLM data and results? ① Yes, ② No, ③ Not Sure
7	2	Have you reviewed one or more CLM reports or indicators? ① Yes, ② No, ③ Not Sure

8	3	Do you believe PrEP is already an important part of the national HIV response? ① Yes, ② No, ③ Not Sure
9	3	Can key populations readily access to PrEP in your country? ① Yes, ② No, ③ Not Sure
10	3	Do you see HIV self-testing as an important strategy for filling the remaining gaps in the 95-95-95 targets? ① Yes, ② No, ③ Not Sure
11	3	Can key populations readily access HIV self-testing in your country? ① Yes, ② No, ③ Not Sure
12	3	Do you believe government should fund/purchase CBO or NGO services in the following areas of work (yes/no/not sure): 1. HIV Testing 2. Community Outreach 3. PrEP 4. Linkage to treatment or ART retention 5. Advocacy 6. Community led monitoring 7. Human Rights and Gender related barriers 8. Addressing stigma and discrimination barriers to accessing care
13	4	Do you believe key populations are adequately represented in planning and decision-making forums? ① Yes, ② No, ③ Not Sure

14	4	Do you believe stigma and discrimination is an important barrier for key populations accessing HIV services in your country? ① Yes, ② No, ③ Not Sure
15	4	Do you believe national or localized resources are available for addressing stigma and discrimination for KPs? ① Yes, ② No, ③ Not Sure
16	4	Is there a functioning referral mechanism to legal services in case of incidents of patient rights violations or violence linked to HIV service access? ① Yes, ② No, ③ Not Sure
17	4	Do you see the SKPA-2 program as strengthening referral systems for human rights violations? ① Yes, ② No, ③ Don't know
18	n/a	Do you think multi-country grants like SKPA-2 play an important role in the national HIV response? ① Yes, ② No, ③ Not Sure
19	n/a	How satisfied are you with the strategic focus of activities planned or implemented by SKPA-2? ① Very satisfied ② mostly satisfied ③ partially satisfied ④ unsatisfied ⑤ very unsatisfied
20	n/a	How well placed is the SKPA-2 sub-recipient to implement the SKPA-2 activities in partnership with stakeholders? ① Very well placed ② mostly well placed ③ partially well placed ④ not very well placed ⑤ not at all well placed

21	n/a	Do you think SKPA-2 has played a key role in the scale up of different services in your country a. PrEP ① Strongly Disagree, ② Disagree, ③ Agree, ④ Strongly Agree, ⑤ Not sure/ Don't know b. HIV self testing ① Strongly Disagree, ② Disagree, ③ Agree, ④ Strongly Agree, ⑤ Not sure/ Don't know c. HIV community based testing ① Strongly Disagree, ② Disagree, ③ Agree, ④ Strongly Agree, ⑤ Not sure/ Don't know

ANNEX 6: SUMMARY OF RECOMMENDATIONS TO GUIDE PROGRAMMING FOR SKPA-2'S HUMAN RIGHTS AND GENDER WORK

Regional	
Recommendation	**Suggested Actions**
APCOM and ICWAP should support cross-learning and establish communication and mutual support mechanisms among the four countries under SKPA-2 in order to maximise efforts in each country to remove human rights and gender barriers. SKPA-2 should be at the forefront of driving regional dialogue around human rights, gender and equity issues for key populations. APCOM and ICWAP should ensure that their activities under SKPA-2 are closely harmonized with their activities in the human rights, gender and equity space to ensure maximum value for the SKPA-2 investment. APCOM and ICWAP's technical assistance should focus on the common themes emerging across the four countries and highlighted below in each country matrix: • Enabling environment • Safe access to health services • Having a voice	• From the regional level, provide technical assistance to the human rights and gender activities being undertaken in each of the SKPA-2 countries. - Host regular meetings with the SKPA-2 country subrecipients and their local CSO responsible for country –level implementation to facilitate learning and peer support. - Build a consultant date base of local and international HRG experts. This should include community advocates, community systems strengthening and CLM experts, human rights lawyers and others with specific skills. - Support documentation (advocacy & policy briefs, webinars, social media etc) of HRG activities to facilitate cross country and regional learning. This will link to APCOM's role with CLM and communications and the Health Equity Matters/SKPA-2 Community of Practice (to be established) and learning series platform. - In Years 2 and 3, host a SKPA-2 regional meeting bringing together civil society representatives from each country to share experiences, learn about best practices, and strategies together. Note consider hosting these meetings in the SKPA-2 countries and use this as an opportunity to engage local partners and host country governments. - In Year 1, ICWAP should review the gender assessments that were done under SKPA-1 and assess progress to-date. A brief report on the status of the extent to which the recommendations were implemented should be provided. - ICWAP should facilitate a review/GEM assessment of SKPA-2's workplan to ensure that the program is gender sensitive and supporting gender transformative programming.

Mongolia		
Regional Theme	**Recommendation**	**Suggested Actions**
Enabling Environment	Mitigate legal barriers in order to improve access to HIV-related services for key populations	• Improve legal literacy among key populations by, for example, running legal literacy workshops, setting up referrals to legal services, • Improve lawyers' literacy in the specific legal needs of key populations by running workshops for lawyers or incorporating lawyers into training workshops for key populations (point above). • Improve legal literacy legal literacy on the rights of people living with HIV and key populations by, for example, through a street lawyers' program, paralegal support for key populations and offering workshops for government stakeholders and law enforcement on legal literacy. • Raising awareness among relevant government officials about the adverse impact of criminalization on the HIV epidemic and the health benefits of decriminalization, for example, through a regional consultation or workshop. • Conducting a review of existing laws and policies to identify gaps and propose concrete steps to address those gaps;
Safe access to health services	Reduce stigma and discrimination against people living with HIV and key populations	• Support educational institutions for healthcare providers (such as medical schools) to incorporate human rights and legal modules into their curricula. • Develop and deploy regular in-service trainings and refresher trainings for healthcare professional on stigma reduction, human rights and legal literacy. • Develop clear confidentiality protocols for healthcare settings and establish complaints mechanisms including redress systems, in healthcare settings and in cases of violence including improving UIC system and establishing safe and effective mechanisms for complain and seeking redress in healthcare settings and in cases of violence.

Having a voice	Strengthen key population and community engagement in national policy-making processes	• Support the development of community engagement protocols. • Build community capacity to engage in policymaking processes, through training and mentoring and use of data generated through community-led monitoring. • Provide on-going support to community representatives and government officials as community members engage in national policy-making processes.
Bhutan		
Regional Theme	**Recommendation**	**Suggested Actions**
Enabling Environment	Strengthen the legal and policy environment to support better access to HIV-related services for key populations and people living with HIV	• Build capacity of key population-led organizations in areas including treatment literacy, counselling, referral, and HIV self-testing. In addition to technical competencies, these organizations also need training and support to develop their organizational and management skills in areas including developing business plans, writing project proposals, mobilizing funds, governance, and financial management. • Build the capacity of key population organisations to conduct advocacy develop and implement advocac y plans, and communicate effectively with relevant stakeholders and to work with policy-makers to develop actionable and feasible recommendations to decriminalize drug use and/or create an enabling environment that promotes easy access to HIV and related services. • Support key population organizations and the National Commission for Women and Children to work with government and legal structures to raise awareness of the negative impact of criminalization on access to HIV services and HIV infection rates and limit access to HIV services.

Safe access to health services	Roll back persistent stigma and discrimination towards key populations and people living with HIV	• Build on the connections established between community organisations in Bhutan and the UNFPA Goodwill Ambassador the Queen Mother, in the course of decriminalizing homosexuality, to develop clear strategies and concrete actions to reduce societal stigma and discrimination towards key populations, including in the workplace. • Sensitize and build capacity among healthcare providers to deliver services to people living with HIV and key populations and increase providers' awareness of mental health needs. Capacity building for providers should include integrating anti-stigma, gender, and SOGIESC components into pre-service and in-service training curricula, planned under SKPA-2.
Having a voice	Strengthen key population and community engagement in national policy-making processes	• Establish standard protocols for key population organisations to engage in national policies, programming and decision-making that impacts the key population. Build the capacity of key population-led organizations to engage in multi-stakeholder settings at the national level. • Continue the key population community forums established under SKPA-1, to facilitate information-sharing among key population organisations and mutual support regarding rights, health services, common challenges.

Sri Lanka		
Regional Theme	**Recommendation**	**Suggested Actions**
Enabling Environment	Reduce legal and policy barriers, especially for the LGBTQI community	• Support NGOs and CBOs, including grass-roots civil society organisations that consist of and represent key populations, to conduct advocacy on the adverse impact of criminalisation of the LGBTQI community and people who use and inject drugs. • Support NGOs and CBOs to develop and deploy advocacy messages to reduce /eliminate the misuse of legal measures – notably the Vagrants Ordinance – to detain and arrest transgender people and sex workers. • Build legal literacy among key populations and support access to pro bono legal services to address the most virulent human rights and gender barriers, notably sexual violence against sex workers, including by law enforcement.

Safe access to health services	Reduce stigma and discrimination against people living with HIV and key populations	• Develop good practice guidance documents for healthcare facilities to address stigma and discrimination from healthcare providers. Examples could include a patients' bill of rights, guidance on setting up unique identifier code systems, instructions on how to keep data confidential (eliminate the use of differently coloured files for people living with HIV), and establishing a low threshold, safe and effective reporting and reporting and redress system. • Provide anti-stigma and anti-discrimination training for health service providers in pre and post training. Incorporate these trainings into clinical education curricula and in-service training systems. • Develop and implement anti-discrimination training for the police on key populations, and ensuring there is no impunity for human rights violations against key populations. • Establish an effective and accountable complains mechanism that is integrated into the national health system. Roll out both institutional mechanisms to address stigma and discrimination (protocols etc.) and training to rural areas where healthcare providers may have comparatively less access to information and levels of stigma and discrimination may be higher.
Having a voice	Strengthen key population and community engagement in national policy-making processes	• Build the capacity of community-based civil society organisations of key populations to effectively participate in national policy and decision-making processes. • Expand the range of key population organizations which are consulted in planning and budgeting, by working in partnership with the soon to be formed key population network and support these organizations to establish a functional platform that will allow them to jointly strategize.

Philippines		
Regional Theme	**Recommendation**	**Suggested Actions**
Enabling Environment	Reduce legal and policy barriers that impact the ability of key populations to attend health services, especially for people who inject drugs, prisoners, and sex workers	• Build advocacy capacity among CSOs that work with people who inject drugs and prisoners and increase CSO capacity to advocate for sex worker rights. Increase support notably to needle and syringe programs and evidence-based drug treatment with methadone or buprenorphine, and for people in closed settings. • Build legal literacy at all levels through activities that expand access to the national Redress Mechanism, increase coverage and institutionalise the CARE program through government channels, build legal literacy in communities, and fully engage with grassroots community-based organisations. • Work with local government units (LGU) to support and translate national legal progress and programming (such as HIVST) into local action and expand legal literacy programming at the LGU level.

Safe access to health services	Reduce stigma and discrimination against people living with HIV and key populations	• Expanding, creating, and delivering training and capacity building programs for relevant providers, specifically designed to reduce stigma and discrimination towards key populations and people living with HIV. • Developing and providing gender-specific anti-stigma training for healthcare service providers in maternity, neonatal, and paediatric care. • Develop SOPs on maintaining confidentially or reviewing existing SOPs and ensuring adequate training, mentoring and supervision for healthcare staff. • Develop new, or revise / update / adapt existing training materials for law enforcement on interacting with vulnerable populations, especially sex workers and eliminating gender-based and police violence.
Having a voice	Strengthen key population and community engagement in national policy-making processes	• Build the capacity of CBOs that work with key populations to productively engage in national policy processes.

THANK YOU

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