HIV RESPONSE SUSTAINABILITY ROADMAP *PART B*

COMPANION GUIDE

Final Draft – for Country Use and Feedback

July 2025

“When we talk about HIV sustainability we need to go back to the basics. It's about planning around the lives of PLHIV. We have advocated that HIV remains a priority. Communities are always at the centre of service delivery, demand creation and monitoring. There is the opportunity for us all to tap into the infrastructure and willingness of communities to provide treatment and prevention services—through strong sustainable partnerships.”

Sibongile Nkosi (GNP+)

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Preface

The country HIV Response Sustainability Roadmaps provide pathways to achieve and sustain the end of AIDS as a public health threat by and beyond 2030, while ensuring the right to health for all. With over 30 countries initiating Roadmap development in 2024, this two-part framework (Part A and Part B) is designed to outline how to transform HIV- and health-related political leadership, programmes, finances, and systems to ensure HIV response progress beyond donor dependence.

Part A focuses on securing high-level political commitment to the country HIV Response Sustainability vision, establishing high-level outcomes that drive policy, financing and system transformations, along with metrics and institutional frameworks that embed HIV programmes as national priorities. The Part B—the two-year Transformation Plan—bridges commitments and high-level outcomes (HLOs) with practical implementation, outlining strategies, steps, actions and sequence to deliver the transformations and achieve the vision from Part A.

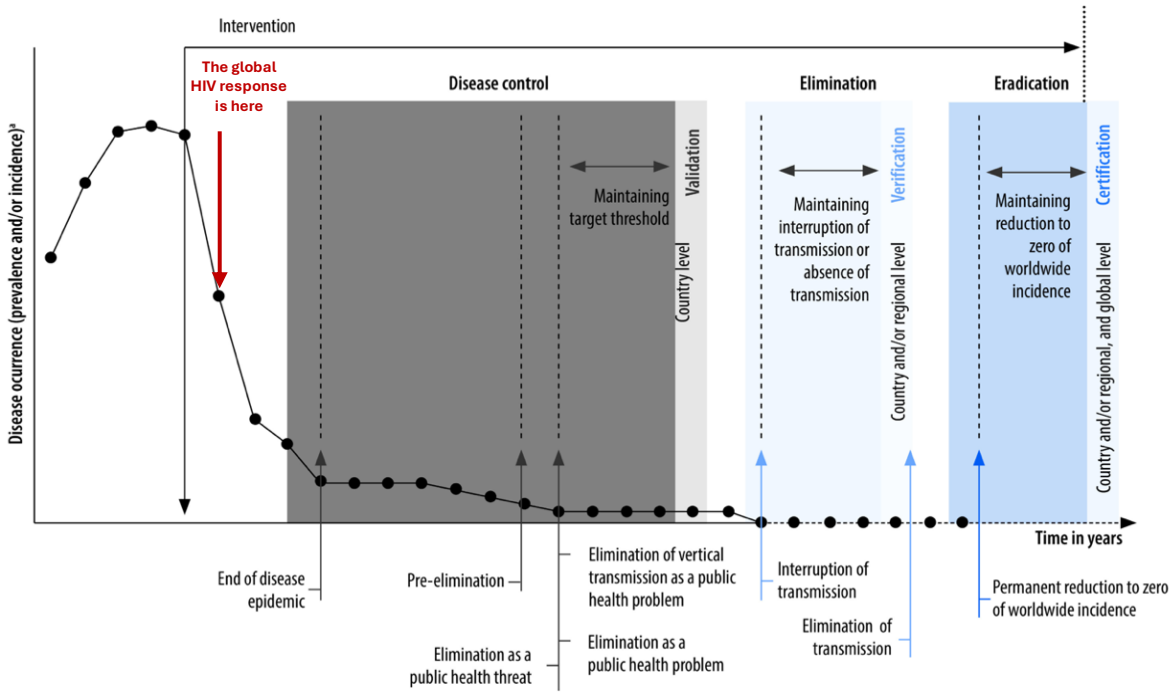
This Companion Guide is intended to support the design and implementation of the Sustainability Roadmap Part B. Given the sudden nature of international assistance reductions in early 2025, sustainability planning needs to quickly adapt to manage significant donor funding volatility. As such, Part B has evolved to guide countries in *developing a sustainability and transition Transformation Plan*.

The Guide includes an annex, a narrative template and a Transformation Plan Excel workbook that teams can use to build their Roadmap Part B. It walks users through each step, providing detailed instructions and reference materials for developing Part B, including specific guidance for every section of the narrative template and of the two-year costed Transformation Plan. For countries starting to develop their Sustainability Roadmaps in 2025, a combined and accelerated Part A and Part B process can be considered.

With less than five years remaining to achieve the global goals, there is a need to transform the HIV responses *(1)*. The achievement of targets is uneven, donor funding is declining, progress towards universal health coverage has stalled, and a different response is required to reach the most marginalized populations at the tail of the epidemic. Further, gender equality is reversing *(2)*, human rights are in decline *(3)*, and human development is experiencing an unprecedented slowdown *(4)*. Adapting to these rapidly changing contexts is essential.

Even if the end of the AIDS epidemic is achieved by 2030, there is a need for a more sustainable HIV response for decades to come—until the disease is eliminated (Figure 1). Indeed, estimates project a growing number of people living with HIV until 2039, all of whom will require life-long treatment *(5)*.

FIGURE 1. Time horizon for HIV eradication and estimated position on the epidemic curve *(6)*



Countries are at different stages of their sustainability journey. Nine countries have already reached the 2025 global HIV testing and treatment targets of 95–95–95[1]—Botswana, Denmark, Eswatini, Kenya, Malawi, Rwanda, Saudi Arabia, Zambia and Zimbabwe—and ten more are on track to meet the 2025 deadline *(7)*. Twelve countries that receive funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR) have achieved HIV epidemic control (where new HIV infections fall below deaths) and another four are near to this stage *(8)*. These countries may be focused on securing the means to stay the course. In other places, new infections are rising, and anti-rights and anti-gender pushback threatens years of progress. Transformation actions will necessarily be very different here. In all settings, the sustainability of the HIV response hinges on creating more equitable and supportive environments by addressing societal factors. This includes achieving and maintaining the 10–10–10 targets.[2]

As countries plan for a long-term future, the urgency of the current moment cannot be ignored. The restructuring of the US Government's foreign assistance will have a seismic effect on the global HIV response *(9)*. Other donor countries are similarly reducing their foreign aid in favour of domestic priorities *(10)*. Multilateral funding partners like the Global Fund are preparing to adapt, defer and reprioritize investments in anticipation of funding shortfalls *(11)*. There may be potential for some recipient countries to expand fiscal space for health and mitigate these gaps, but there are many unknowns *(12)*.

The extent of the cuts is severe. Development assistance for health has experienced sharp declines in recent years *(13, 14)*. Some estimate that the global AIDS response lost US $1.1 billion in 2025 alone *(15)*.

[1] By 2025, 95% of all people living with HIV will know their status, 95% of those will be on treatment, and 95% of those on treatment will be virally suppressed.

[2] By 2025, less than 10% of countries have punitive laws and policies that deny or limit access to HIV-related services; less than 10% of people living with HIV and key populations experience stigma and discrimination; and less than 10% of women, girls, people living with HIV, and key populations experience gender inequality and violence.

One key outcome of these challenges is a growing recognition that sustainability of the HIV response must become an immediate priority —prompting countries to adopt greater ambition, foster innovation and engage in strategic priority-setting in light of evolving funding trajectories. The task is daunting but not impossible. There is a path to end the AIDS epidemic as a public health threat *(16)*. The route chosen by leaders in the next few years will determine how quickly we get there *(17)*. As countries lay out roadmaps for achieving and sustaining that goal, this guidance aims to support them with strategic decision-making.

Along with challenges, there are also major opportunities now for countries to invest in new, long-acting medicines, viral load suppression, community leadership, and service and system integration that tackles inequalities, stigma and discrimination, and inefficiencies. Increasing domestic investments in health and HIV is a necessity to achieve sustainability in all aspects of the response. Some countries are making great strides. Nigeria *(18),* Malaysia *(19)* and South Africa *(20)* have all increased domestic funding for HIV in 2025.

There is much to be learned from the previous era of transition planning and the implementation to date of Roadmaps Part A. Building on this strong foundation, Roadmap Part B will outline the major transformations needed—now more than ever—to safeguard progress and accelerate future impact.

Introduction

Progress Developing HIV Response Sustainability Roadmaps

Tremendous progress has been made in recent years to reinvigorate the sustainability agenda of the global AIDS response. With support from UNAIDS and partners, more than 30 countries have shown great leadership to develop nationally owned roadmaps for the sustainability of HIV programmes (Table 1) *(21)*.

TABLE 1. Country-led progress developing national HIV response sustainability roadmaps[3]

Countries that have completed their Sustainability and Transition Roadmap Part A	Countries in the process of developing their Sustainability and Transition Roadmap Part A
Botswana, Cambodia, Eswatini, Ghana, Kenya, Lesotho, Namibia, Tajikistan, Thailand, Togo, Uganda, United Republic of Tanzania, Viet Nam Zambia, Zanzibar and Zimbabwe	Belarus, Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Dominican Republic, Indonesia, Liberia, Malawi, Mali, Nepal, Mozambique, Rwanda, Senegal, Sierra Leone and South Africa

Early Outcomes from Implementation of Sustainability Roadmaps

The Sustainability Roadmaps lay out a path along which country-level HIV strategies and actions can achieve and sustain impact, ensuring that the needs of the most marginalized groups are met, and can ultimately secure an HIV-free future. The type of visions, goals, and outcomes that Part A develops are context-specific. Across the five domains—political leadership, sustainable and equitable financing, enabling laws and policies, services and solutions, systems—countries have taken different approaches:

- **Lesotho**'s Roadmap includes a sixth domain—community systems—imagining a future state where community-led organizations independently drive progress toward the 30–80–60 targets, delivering testing, prevention, and support services with sustained resources and capacity, empowered by formalized funding, training, and robust, meaningful partnerships (22).
- **Tajikistan**'s Roadmap articulates a specific future state of services and solutions for labour migrants, envisioning a declining trend in new HIV infections among this group, on the back of increased awareness and expanded access to HIV services for migrants, including online service provision *(23)*.
- **Nigeria**'s Roadmap has coined the term 'new business model' for its sustainable HIV response, projecting a state where government takes full control of the management and dominant resourcing of implementation *(24)*. The country plans to first undergo a programmatic restructuring of its HIV response, followed by a financial one.

[3] This table reflects information as of 30 June, 2025

Already, countries are putting their Roadmaps into action, initiating high-level dialogues, galvanizing political momentum, and kick-starting transformations that must take place. A few examples of early progress include:

- **Uganda**'s Roadmap prioritizes integration of HIV services into primary care, including with services for noncommunicable diseases (NCD). In February 2025, the government issued a circular with new guidance that standalone HIV/TB clinics will be phased out and integrated into general outpatient health-care settings. It also states that the same physicians attending to chronic disease patients—such as those with hypertension or diabetes—should also provide care for people living with HIV *(25)*.
- **South Africa**'s Roadmap focuses heavily on sustaining the HIV response through the National Health Insurance (NHI) Act of 2023. The 2025 Budget Review includes a 5.9% annual increase over the next three years for health expenditure, including a 3.3% annual increase for HIV and TB. As part of NHI preparation, the government will fund the development of a patient information system, a centralized chronic medicine dispensing and distribution system, and a facility medicine stock surveillance system *(26)*.
- **Ghana**'s Roadmap has received high-level political engagement from the new Minister of Finance and the President himself. Based on the sustainability assessment, the Ghana AIDS Commission Act (Act 938) will be reformed to sustain political leadership and engagement of civil society. This includes ensuring that the National HIV and AIDS Fund is well resourced and that the sources of funds are clearly indicated in the Act *(27)*.
- **Cambodia** reviewed and updated its Sustainability Roadmap in 2022, with another update planned in 2025. One of the high-level outcomes (HLOs) is to ensure that HIV key populations are included in the list of vulnerable population entitled for HIV-sensitive social protection (HEF/IDPoor) *(28)*. In June 2023, the government announced that sex workers and other female entertainment workers would now be eligible for free HIV services through IDPoor *(29)*. This is an important move towards greater gender equality in Cambodia, where women in urban areas with no education have much higher HIV prevalence rates than their male peers *(30)*.

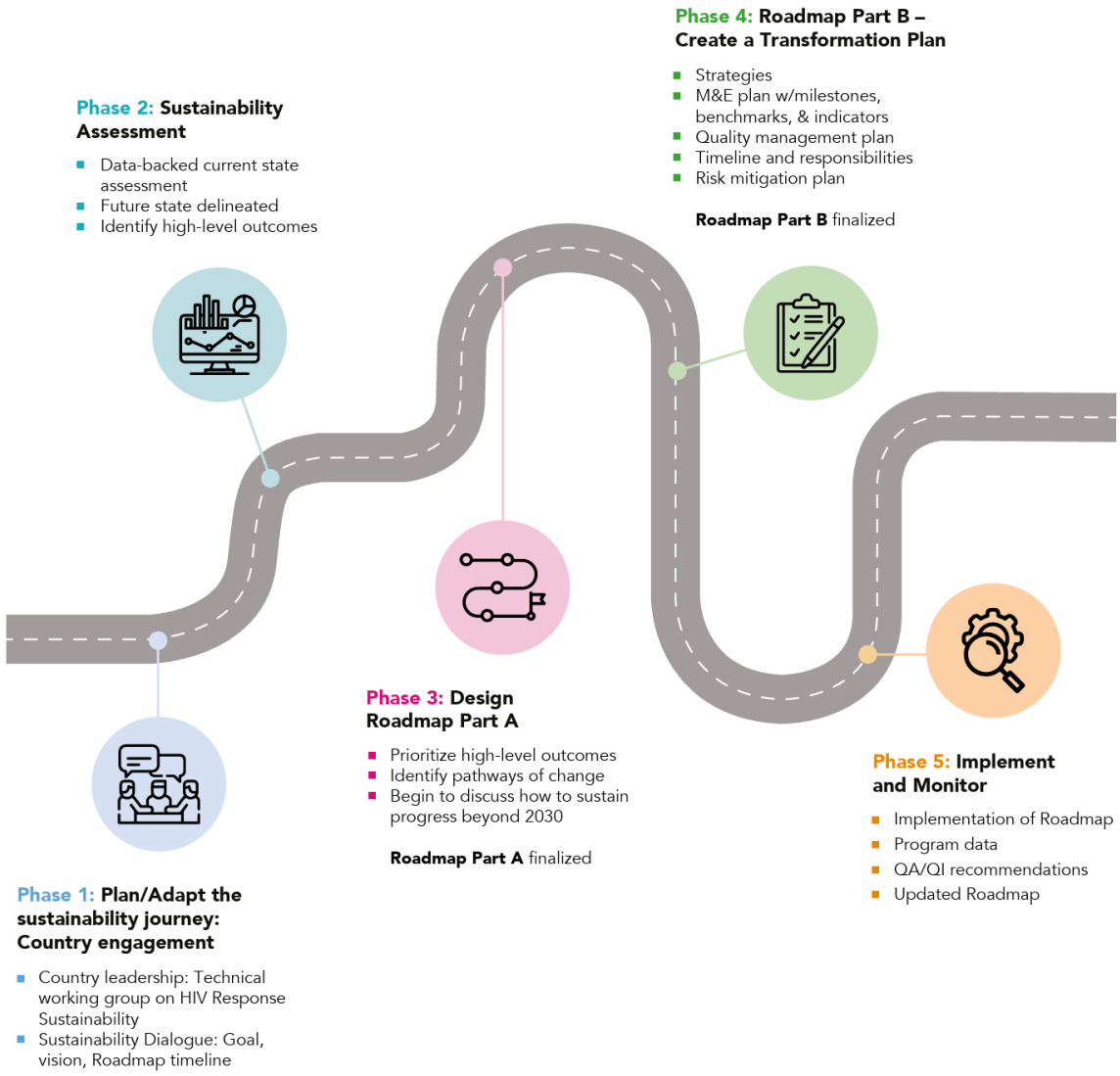
In response to the recent and significant global HIV funding reductions, Sustainability Roadmaps Part A have been used to mobilize emergency funding and guide mitigation actions. In Zambia, implementation of the HIV Response Sustainability Roadmap is seen as a key action to achieve sustainable antiretroviral therapy (ART) financing *(31)*.

In Uganda, the Sustainability Roadmap was important for securing government commitment for Ugandan Shilling (UGX) 32 billion (US $8.8 million) for the period April–June 2025, and UGX 604 billion ($165.4 million) for Fiscal Year 2025–2026 to mitigate the impact of the US Executive Orders on Uganda's national HIV response *(32)*. More recently, Uganda increased its allocation to the health sector from UGX 2.9 trillion (about $805.6 million) in 2024–2025 to UGX 5.8 trillion (about $1.6 billion) in 2025–2026, including UGX 116.8 billion (about $32.5 million) for antiretrovirals (ARVs), and representing 7.8% of the overall budget *(33)*.

In Malawi, a cabinet paper was submitted on 9 April 2025 calling for the allocation of 5% of each sector budget to HIV prevention in the respective sector, linking the emergency funding to the vision of the longer-term HIV Response Sustainability Roadmap and universal health coverage, including social health insurance *(34)*.

In the context of the rapidly changing funding landscape for HIV, and to guide further sustainability actions, the time to develop a detailed Transformation Plan with transition actions is now. In 2025, many countries are preparing for Phase 4 of the phased approach for developing and implementing the HIV Response Sustainability Roadmap (Figure 2).

FIGURE 2. Phased approach for developing and implementing the HIV Response Sustainability Roadmap *(35)*



Guiding Principles for Developing the Sustainability Roadmap Part B

A detailed list of guiding and operational principles for developing an HIV Response Sustainability Roadmap is presented in the Companion Guide for Part A *(36)*. These remain relevant for developing Part B (the Transformation Plan). However, a few additional considerations for Part B are listed below.

Additional Operational Principles for Part B (Transformation Plan):

- **Harness the momentum from Roadmap Part A** to continue galvanizing strong ownership, political will, and community engagement.
- **Maintain one National HIV Response Sustainability Roadmap**. Part A and Part B should not be different documents or different plans. Countries are encouraged to update their existing Sustainability Roadmap Part A to include the Transformation Plan, financing, implementation, monitoring and evaluation (M&E), and governance sections (see Annex 1).

- **Plan investment-ready transformation activities**. The Roadmap Part B is an opportunity for governments and partners to invest in specific sustainability actions within the next two to three years. Countries should prioritize tangible and costed activities that can easily be integrated into funding requests, annual performance plans, public-private partnership agreements, and more.
- **Be responsive but not reactionary to global shifts** in the global HIV financing landscape. Bearing in mind that the pathway to sustaining HIV response impact is a longer-term exercise that starts now, Part B will incorporate actions around emergency financing and steps for the transition from donor to government funding of certain program elements.
- **Ensure the safety and security** of key populations (and other marginalized groups, depending on the context) during the development and implementation of the Sustainability and Transition Roadmap.
- **Promote transparency and accountability** in the development, implementation, and monitoring of the roadmap. Central to this is the meaningful engagement of communities, including networks led people living with HIV, key populations, women, girls, and gender diverse people. Their involvement not only enhances the relevance and legitimacy of HIV strategies but also ensures that resources are allocated fairly, commitments are met, and outcomes are monitored with integrity.
- **Apply this guide according to the unique country context**, ensuring relevance and effectiveness. The principle of flexibility underpins this approach, allowing adaptations to meet diverse needs and circumstances.

Purpose of the Companion Guide for Developing Part B of the Sustainability Roadmap

This Companion Guide is intended to support the design and implementation of the new HIV response sustainability approach through the development of the Sustainability Roadmap Part B in 2025. Phase 1 (Plan), Phase 2 (Assessment), and Phase 3 (Roadmap Part A) were covered in the first Companion Guide for Part A. Companion Guide Part B continues the process, covering:

Phase 4: Development of Roadmap Part B, with a granular Transformation Plan that includes: key strategies and transition and sustainability actions; estimated costs; a monitoring and evaluation (M&E) plan with milestones, benchmarks, and indicators; timelines and responsibilities; and a risk mitigation plan.

Phase 5: Implementation and monitoring of the roadmap, including collection and use of programme data, quality assurance and quality improvement recommendations, and regular review and updating of the roadmap, as needed.

Process for Developing Part B of the Sustainability Roadmap

Building on the momentum and social and political capital established during the work involved with Part A, developing Roadmap Part B should be seen as a continuation rather than a new process. As with Part A, country ownership and accountability are central to the process for Part B.

The existing country-level Sustainability Working Group (or equivalent structure) should be leveraged to develop the Roadmap Part B and drive its implementation. Leadership from the

Ministry of Health and Ministry of Finance is especially crucial. The National Sustainability Working Group (or equivalent), will determine, prioritize and sequence the interventions to be sustained and transitioned across the five domains. Some countries have established sub-working group per domain to focus on identifying and prioritizing the transition and sustainability actions per domain.

The first step the Working Group should take is to determine technical assistance needs for the process and begin mobilizing support and expertise.

The work undertaken in early 2025 using UNAIDS' Rapid AIDS Response Financing Tool (RAFT), or other similar exercises, should be used as the foundation for an accelerated Roadmap Part B development process. To date, 32 countries and 2 regional programmes[4] have used RAFT to generate granular financial data on PEPFAR contributions, prioritizing areas for mitigation actions.

Depending on the depth and breadth of the consultation process for Part A, additional consultations for Part B may or may not be needed. Contextual factors, including resource availability, should inform the Working Group's decision on this. If consultations for Part A were comprehensive and resources are limited, a country may opt to conduct a series of key informant interviews to inform Part B rather than holding another national process. If countries have already completed RAFT and initiated stakeholder dialogues around PEPFAR transitions or Global Fund reprograming, this may suffice as Part B consultation. In any scenario, the meaningful engagement of civil society, people living with HIV, and key populations in the process is essential. Communities should actively lead in defining the necessary transformations in their areas of expertise.

As with Part A, there should be an opportunity for broad review and comment on the prioritization and the draft Transformation Plan before its finalization, including by stakeholders and community organizations. For countries starting to develop their Sustainability Roadmaps in 2025, a combined and accelerated Part A and Part B process can be considered.

Flexibility and adaptability based on country context, regional dynamics, and global trends

The HIV response has experienced unprecedented upheaval in recent years. This includes service disruptions due to other global pandemics (i.e. COVID-19), abrupt shifts in bilateral financing priorities, war and climate-related disasters. Countries have shown incredible resilience and innovation in the face of these polycrises, adapting their HIV responses and sustaining services for those who are most vulnerable. Indeed, flexibility and adaptability are vital characteristics of the HIV response sustainability approach.

Countries are at different stages of their sustainability journey. Nearly twenty countries are on track to achieve the 2025 treatment targets *(37)*. Twelve have achieved HIV epidemic control and another four are close *(38)*. These countries may be focused on staying the course. Elsewhere, new infections are rising, and anti-rights, anti-gender pushback threatens decades of progress. Sustainability actions will be very different here. Further, shifts in the global HIV financing landscape affect countries differently. Those receiving PEPFAR support experienced major changes in 2025. Similarly, upper-middle income countries with smaller disease burdens underwent a more stringent reprioritization process for Global Fund Grant Cycle 7 (GC7). Depending on the severity of external funding reductions, country Transformation Plans may look quite different.

[4] Angola, Asia–Pacific Regional Programme, Benin, Botswana, Burundi, Cameroon, Côte d'Ivoire, Dominican Republic, Democratic Republic of Congo, El Salvador, Eswatini, Ethiopia, Ghana, ,Haiti, Jamaica, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Philippines, Papua New Guinea, Rwanda, SADC Regional Programme, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Contextual factors should remain central considerations for sustainability planning. The Transformation Plan (Roadmap Part B) must be nimble and agile in the face of current and future changes—including those expected and those unforeseen.

While this guidance refers to HIV Response Sustainability Roadmaps, countries are free to consider integrated sustainability planning beyond HIV insofar as this makes sense for their epidemiological context and programme management systems. Many transformations that are needed to sustain the HIV response may also strengthen the sustainability of other disease programmes or broader systems for health. Several countries have already taken this approach for their Roadmap Part A (Box 1).

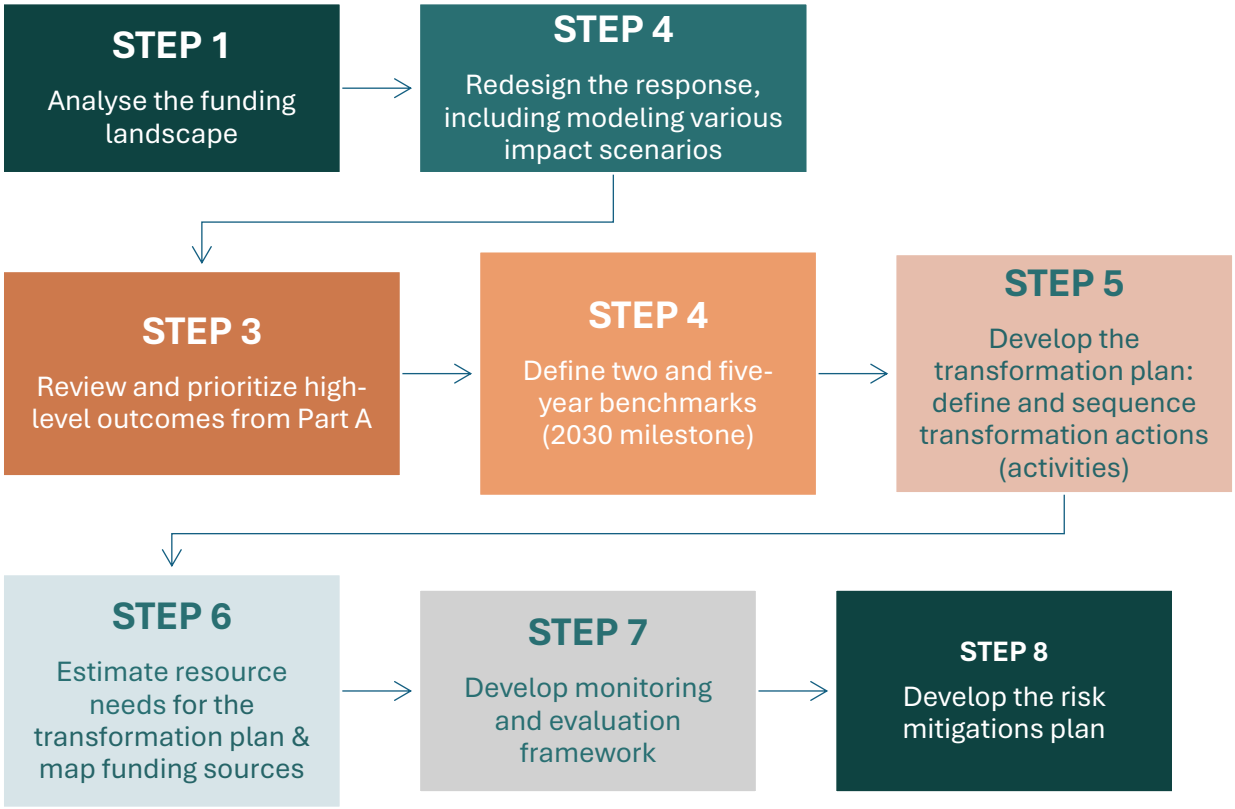
BOX 1. Examples of Integrated Multi-Disease Sustainability Planning in Part A Roadmaps

- **Botswana** and **Lesotho.** Both have opted to develop a completely integrated HIV and TB Sustainability Roadmap Part A *(39)*.
- **Kenya.** The Sustainability Roadmap contains current sources and incremental domestic financing requirements for transition of strategic commodities for HIV, TB, malaria, nutrition and deworming, reproductive, maternal, newborn and child health (RMNCH) and family planning, and vaccines *(40)*. It also aims to address parallel data systems, including by adapting the electronic medical record (EMR) system for integrated tracking of HIV and noncommunicable diseases (NCDs), such as diabetes and hypertension *(41)*.
  - **Zambia.** The Roadmap aims to integrate the surveillance of HIV into the national surveillance system. While doing so, the country will also integrate the surveillance of STIs, TB, malaria and viral hepatitis into the national system. Zambia also has high-level outcomes that encompass more than just HIV. For instance, the HLOs for human resources for health is to have "An adequate number of Health workforce competent in delivering integrated HIV/TB services at health facility and community level".

Phase 4: Development of Roadmap Part B

Phase 4 focuses on the development of Roadmap Part B. The key output is a short narrative and a granular Transformation Plan that includes: transforming the HLOs into key strategies, change objectives, transition and sustainability activities, and sequencing of implementation, along the five domains; estimated costs; an M&E plan with milestones, benchmarks and indicators; timelines and responsibilities; and a risk mitigation plan (Figure 3).

FIGURE 3. Step-by-step process for Phase 4: Development of Roadmap Part B



Step 1: Analyse the HIV Response Financing Profile

BOX 2. Benefits of Conducting a Detailed HIV Response Financing Profile

- Map and analyze funding availability for the HIV response components, providing a comprehensive overview of both domestic and international funding streams.
- Guides policymakers on short and mid-term transition and sustainability options.
- Assists in enhance HIV response prioritization, adjusting delivery models to maximize efficiency with limited resources.
- Informs a structured and dynamic plan to fast track resource mobilization and reallocations and increase efficiencies to address the prioritized gaps.
- Provides a structured approach for mapping and tracking HIV financing transitions.
- Aligns transformation plan with domestic budget cycles and policies to ensure integration of HIV financing into national budgets.

Mapping immediate funding gaps and urgent transition priorities

Given the significant changes in global HIV financing in 2025, the first step in the Part B process is to conduct a detailed review of the Financing Outlook to identify risks and vulnerabilities related to international assistance and identify immediate funding gaps (Box 2). Establishing

this funding baseline is critical *(42)*. A granular tool like the UNAIDS RAFT[5] can be used to map the PEPFAR-related HIV response funding and gaps, while global AIDS monitoring, national AIDS spending assessment, and other methods, may be used to map the HIV response overall domestic as well as international funding sources and gaps. For cross-cutting or systems-related areas, WHO's Global Health Expenditure Database and the Institute for Health Metrics and Evaluation's Financing Global Health visualization hub can be used *(43, 44)*.

It is critical that countries have a detailed understanding of the funding sources as well as of the precise funding gaps resulting from PEPFAR funding pause, Global Fund GC7 reprioritization, or other significant reductions that may have recently occurred. Many countries will not be able to completely fill these gaps with domestic or other external resources, so a prioritization exercise will be necessary. These discussions are ongoing in many countries, which should naturally feed into the development of Part B (Box 3). Countries should make use of existing technical guidance on HIV prioritization from WHO, Global Fund and others *(45, 46)*. Community-led perspectives and contributions are critical to the revised and prioritized HIV Response in countries *(47)*.

BOX 3. How Countries are Using RAFT to Jump-Start Their Part B Roadmaps

- **Malawi** used RAFT to prioritize HIV prevention interventions after 45% ($176.4 million) of USAID HIV funding was cut in 2025 *(48)*. For instance, more than 90% of pre-exposure prophylaxis (PrEP) is funded by the USA. These data were used in a Cabinet Paper, submitted on 9 April 2025, calling for 5% of each sector's budget to go towards filling critical gaps in HIV prevention. The paper links this emergency funding to the vision of the longer-term HIV Response Sustainability Roadmap.
- **El Salvador** used RAFT to prioritize 28% of the PEPFAR 2024–2025 budget for immediate transition action, ensuring the sustainability of essential health-care workers who provide care and treatment. The RAFT dashboard with the prioritized areas was used to brief Ministry of Health authorities about necessary actions.
- **Burundi** used RAFT during a national consultative meeting on 5–6 March 2025 on the impact of the suspension of PEPFAR-supported activities *(49)*. The focus was largely on the effects of the cuts on community-level services, especially for key populations. Importantly, people living with HIV, people who use drugs, and other community groups were there to add nuance and depth to RAFT data. It was resolved to continue the Sustainability Roadmap process as a key mitigation action.

Step 2: Model various impact scenarios

Following the HIV Response Financing Profile analysis, countries should develop HIV response financing impact scenarios. The purpose of modelling scenarios in Part B is to generate evidence that guides selection of the most effective interventions and optimization of HIV response programme under various potential funding scenarios, considering declining international funding. Subsequently, both the HLOs review and Transformation plan development will be tailored to the prioritized HIV response interventions, and revisited service delivery modalities.

[5] RAFT is a pre-populated expenditure and budget tool that helps countries visualize funding gaps and prioritize their transition to other domestic and international sources.

The modelling exercise will support countries in making evidence-based decisions that help maximize the impact of resource allocations. The impact scenarios may be modelled for the short (two–three years), medium (five years), and/or long (five–ten years) terms to support transformation planning. The scenarios will also determine areas where efficiency gains might be realized.

The modelling may project the impact of potential funding scenarios on the selection of HIV service delivery, new infections and AIDS-related deaths, informing urgent policy decisions and resource allocations (Figure 4). It will explore the impact of different programme packages, intervention design, and delivery modalities to increase efficiency and impact. Identifying high impact programmes and interventions delivered through local systems and partners may have an impact on the unit costs of interventions, allowing for greater coverage with reduced funding. Some modelling work on HIV funding transition and mitigation scenarios has already been done at the global, regional and national levels, which may serve as examples for countries *(50, 51)*.

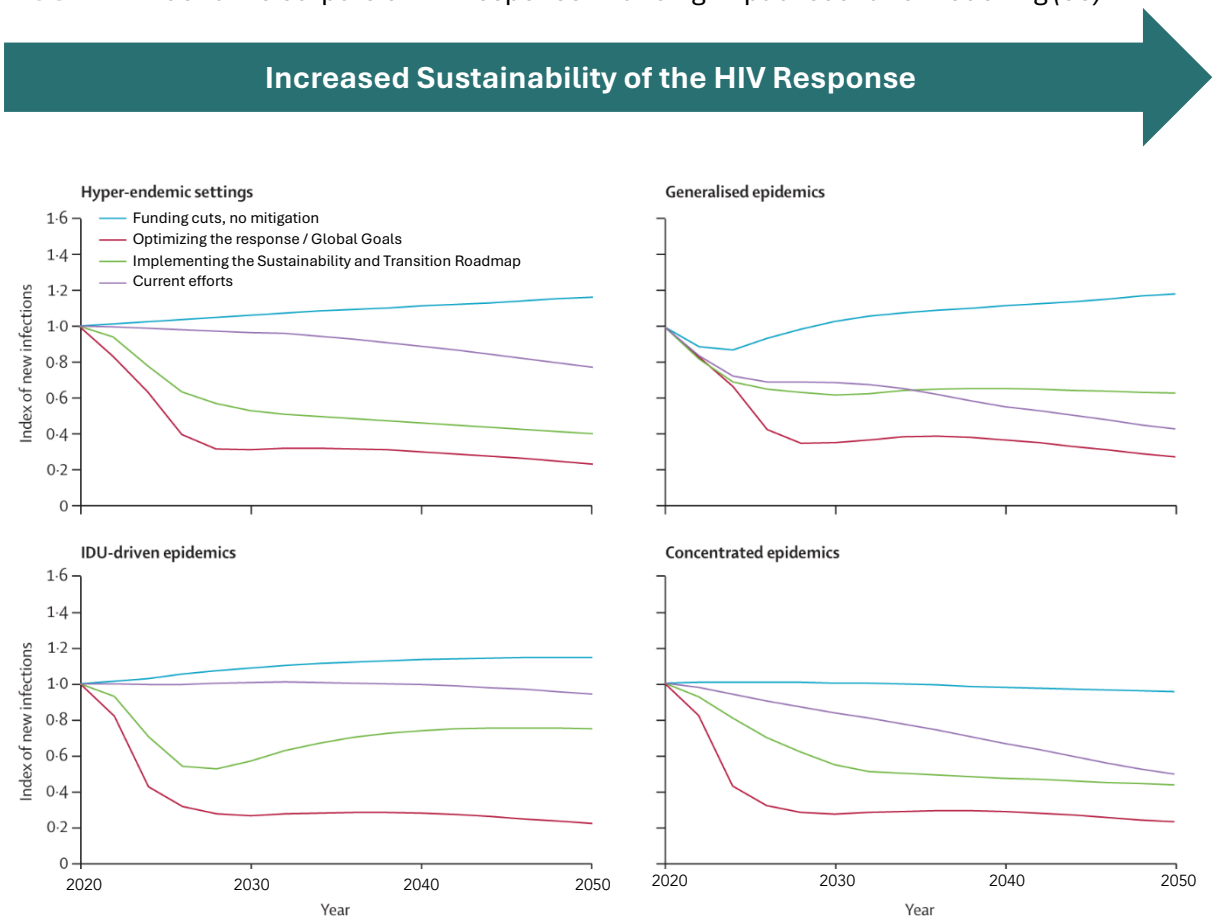
The countries may choose to assess the impact of funding the HIV response under different funding scenarios, including maintaining the 2024 HIV response funding levels, scenarios with reduced donor contributions (e.g. by 30% - 50%) while keeping domestic funding constant, and other possible combinations. In light of recent declines in international funding for primary HIV prevention, country teams may model scenarios with varying funding and coverage levels for HIV prevention interventions to assess impact on HIV response progress and advocate for continued investments on primary HIV prevention.

Countries may make use of whichever modelling tools are most appropriate for their context. Commonly used models in HIV investment cases include Goals, Optima HIV and the AIDS Epidemic Model (AEM) *(52)*. Country-specific models, such as Thembisa Optimise in South Africa, may also be used.

Modeling exercises, however, are analytical tools to inform policy decisions about optimal HIV response programme combinations. Final decisions will be made through consultations and policy dialogue with national stakeholders, communities, experts, and partners. Once country teams have agreed on the optimal redesigned HIV response, they may decide to estimate the resource needs for effective and impactful implementation.

Countries that have completed modeling and HIV response reprioritization after international funding reductions may apply these results to develop mid-term scenarios and inform Step 3.

FIGURE 4. Illustrative outputs of HIV response financing impact scenario modelling *(53)*



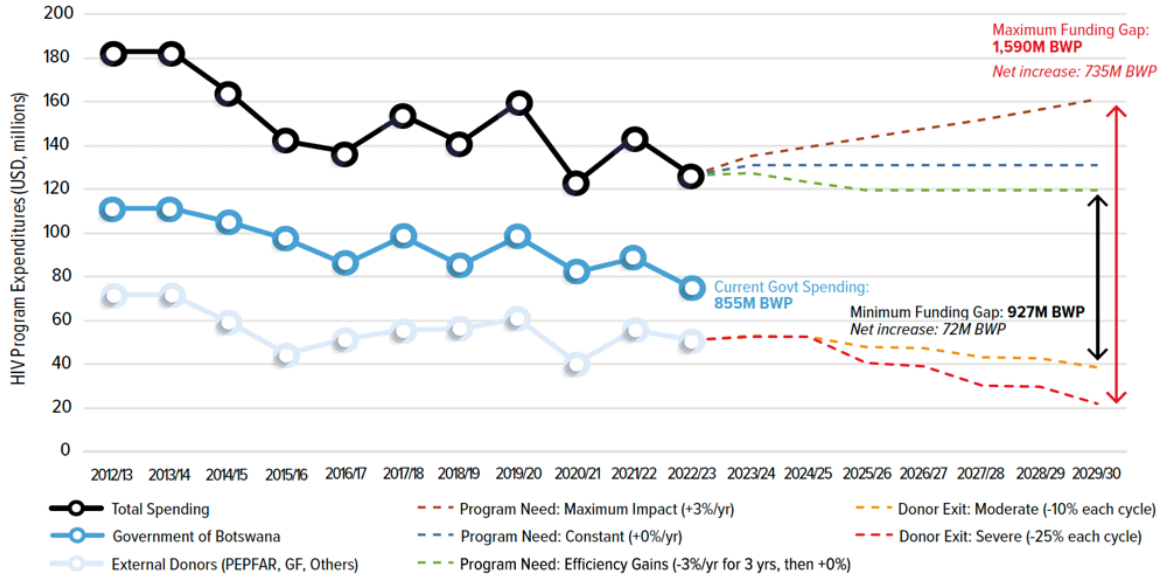
Projecting medium-term funding scenarios

Following agreement on the reprioritized HIV response design, the teams may explore the potential financing scenarios likely to be experienced over the medium term to fund the implementation of the revised HIV programmes. Following major shifts in global HIV financing, many countries will need to recalibrate their timelines for domestic reliance.

The financing scenarios will depend on the country context, informed by current financing trends. As an example, Botswana's Sustainability Roadmap models future HIV expenditure based on different programmatic and donor funding scenarios, calculating anticipated gaps (Figure 5).

Following the macro landscape analysis, a more detailed exercise should be completed to map out current and anticipated funding for specific HIV line items. The transition to a sustainable HIV response delivered and financed through national systems is a time-intensive process that cannot be accomplished according to a standardized timeline. The analysis of country scenarios involving predictable domestic and international funding projections will support country teams in prioritizing HLOs, identifying requisite transition and transformative actions, optimizing intervention sequencing according to local context.

FIGURE 5. Botswana's HIV Financing Scenarios 2023–2030 (in real US dollars; BWP: Botswana pula) *(54)*



Step 3: Review and prioritization of high-level outcomes from Part A

In Part A, countries set HLOs that articulated the state or condition that must exist to sustain the HIV response beyond 2030 (Box 4).

BOX 4. Example of High-Level Outcomes from Sustainability Roadmaps Part A

- **Ghana:** User fees (including unofficial charges) and other out-of-pocket spending are reduced, leading to wider and more equitable access to HIV care for all.
- **Kenya:** There is zero tolerance for stigma and discrimination in health-care settings.
- **Lesotho:** Community-led organizations independently drive progress toward the 30–80–60 targets, delivering testing, prevention and support services with sustained resources and capacity, empowered by formalized funding, training, and robust, meaningful partnerships.
- **Tajikistan:** All ministries, departments and local authorities have sectoral HIV programmes, with adequate financial resources, monitoring and progress reporting.
- **Togo:** 50% of key interventions in the fight against HIV/AIDS are financed by public resources, with a substantial contribution from insurance systems, and are complemented by external financing and maintained throughout the response period.
- **Zambia**: The country achieves gender equitable social norms, attitudes and behaviours through enforcement of the gender policy.

Depending on the country's approach, the changed HIV Response financing in countries, and the prioritized response following Step 2, there may be a need to review and prioritize HLOs from Part A before moving onto Part B and the Transformation Plan development.

Further, given the sudden nature of recent and anticipated international assistance reductions, countries may face accelerated transitions for specific component to address the funding gaps

and continue HIV response progress through domestic systems and resources. These new challenges may require to revisit the proposed HLOs to address the changes in donor funding and domestic resources, in alignment with the redesigned HIV response in Step 2.
In keeping with the new HIV response sustainability approach[6], the proposed HLOs and transformations addressing donor transitions involve more than direct financing substitution. Country teams may redefine and prioritize HLOs and transformations by reviewing existing components to adopt, adapt, or discontinue, while at the same time considering what new elements, innovations or components may be needed. This will include reflecting on how systems need to be reimagined to deliver what is truly essential, while leaving no one behind.

It may equally be necessary to review the pathways to change and adjust the timeline for achieving the HLOs and the desired future state.

Step 4: Define two and five-year benchmarks (2030 milestone)

Downstream from each of the prioritized HLOs, countries should set five-year benchmarks, milestones, to measure progress toward their desired future state (Box 5). Based on the five-year benchmarks, pathway to change, strategies, and change objectives, country teams may establish two-year benchmarks that guide progress on the two or three -year transformation plan and advancement toward the five-year benchmark.

BOX 5. Qualities of a Robust Benchmark for High-Level Outcomes

- The benchmark is a clear and direct steppingstone to the high-level outcome.
- The benchmark is easily measurable and verifiable. Avoid subjective language such as 'improved' or 'strengthened'.
- The benchmark is feasible to achieve within the next five years.
  - The benchmark is linked to other national processes and benchmarks and has resources invested in it; it will also serve to measure progress towards the HLO.

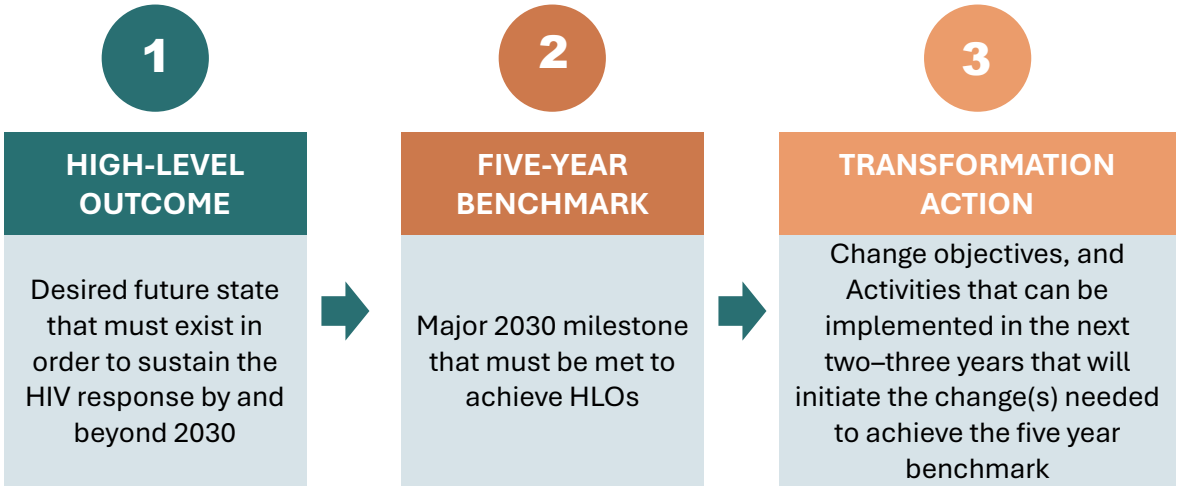
Step 5: Develop the Transformation Plan

The Transformation Plan —a two–three year costed transition and sustainability plan—should follow a logical flow, working backwards from the HLOs to five-year and two-year benchmarks to transformation actions (Figure 6). These actions must respond to a country's unique epidemiological context, recalibrated HIV Response Financing Profile, the reprioritized HIV response, and specific health system reforms that are planned or under way, including other in-country programme transitions.

Based on five-year benchmarks and the pathway of change, countries will reaffirm their strategy for achieving HLOs and identify change objectives that guide strategy implementation and drive progress toward the benchmarks and ultimately the HLOs. The team will then identify the key activities to be undertaken over the next two–three years to achieve the change objectives, and progress towards the benchmarks across the domains of the HIV response sustainability framework.

[6] https://www.unaids.org/en/resources/documents/2024/20240117_HIV_response_sustainability

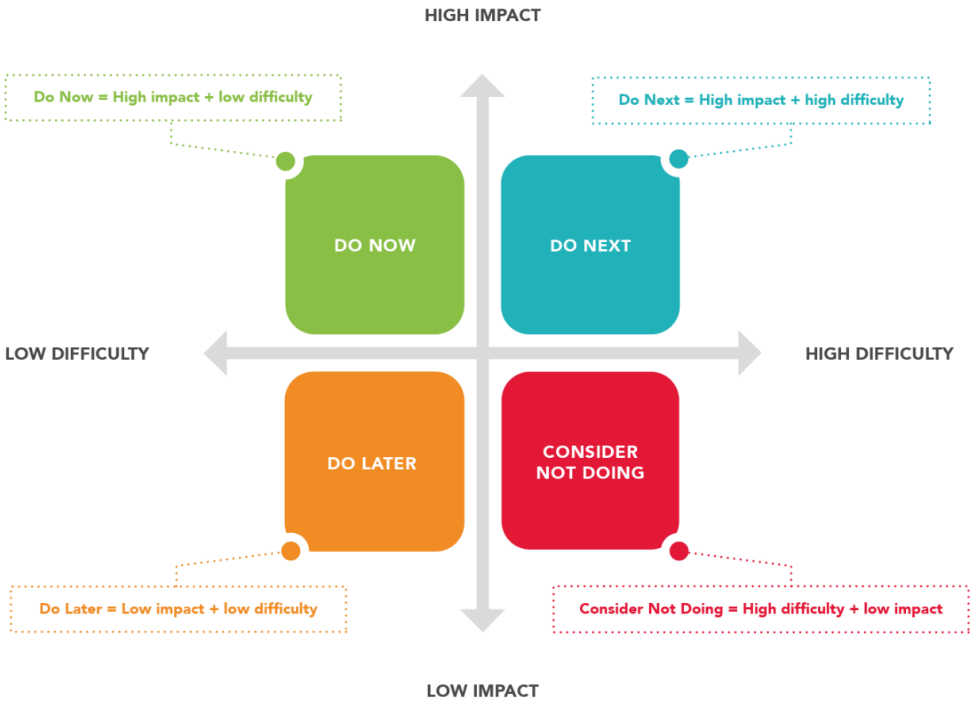
FIGURE 6. Logical process working backwards from High-Level Outcome to transformation action



Annex 2 presents an example of a log frame to support countries. The HLOs, five-year benchmarks, transformation actions and progress indicators are intended to be illustrative and not prescriptive. The sample log frame is not meant to be comprehensive. Countries may adopt or adapt the examples in Annex 2 or generate entirely different ideas.

Actions to achieve this will then be included in the two–three year costed Transformation Plan. The Priority Matrix from Part A remains relevant for sequencing and further prioritizing the change objectives and activities of the Transformation Plan (Figure 7).

FIGURE 7. Prioritization matrix for HLOs and transformation actions *(55)*



The team may prioritize change objectives and corresponding activities by categorizing them as high, medium, or low priority. Given the severity of recent funding cuts, countries may need to

sequence some actions sooner (i.e. in the next three–six months) to address critical gaps, reflecting this urgency in the timelines. Carefully planned and achievable sequencing of change objectives and interventions is critical for maintaining life-saving services while investing early in addressing system transformations and reflecting transition status.

A summary table in the excel workbook compiling high and medium priority activities across all domains will help finalize the costed two-to-three-year transition and transformation plan. The development and implementation of transformation plans, however, is inherently iterative, requiring priority adjustments to accommodate emerging developments. Therefore, the summary table may change during implementation to address new developments. Furthermore, not all actions will be completed in the two–three year period and may require ongoing support in future iterations of the Transformation Plan.

The Transformation plan should clearly outline what will be done, where, the lead responsible institutions, and the funding sources. The change objective and activities should include diverse interventions that enable transformation and transition while ensuring quality, ownership, and sustainable impact.

The plans will likely include increased focus where integration of donor-supported services, functions and management into domestic systems might occur, and explore measures and policies to be adopted to ensure that the HIV response effectiveness and equity are maintained. More importantly, ensuring that people living with HIV and key and vulnerable populations, access services without stigma and discrimination.

Given the diverse country contexts, strengthening systems, institutions, community and civil society organizations will be critical to ensure that transition and mid-term evolution from donors occur without compromising the effectiveness of the HIV response implementation.

Following careful consideration of the existing systems and capabilities, the team may consider incorporating targeted interventions to enhance national and local systems, transition of management responsibilities, and institutional and operational capacities.

Therefore, these activities, may reflect, but not be limited to:

- changes and steps to enable programme and service delivery interventions delivered through the national systems;
- key operational functions, programme management, quality assurance oversight, and financial planning and management to transition to national and local partners;
- integration of programs, services, and functions with existing national systems, institutions, and leadership;
- technical support to conduct analytical work or other relevant in-country steps to enable the transition and transformation required to achieve the change objectives,
- capacity strengthening of stakeholders, implementers, healthcare personnel, community organizations, and institutions across national and local levels to ensure service quality, institutional ownership, and programmatic sustainability.

BOX 6. Qualities of a Good Transformation Action

- The action is practical to implement with clear responsible entities.
- The action is feasible to initiate and show progress within two–three years, even if full implementation or impact may take longer.
- The action facilitates necessary transitions from donor support.
- The action supports the sustainability of key life-saving interventions.

- The action creates a more enabling environment for lasting/longer-term impact.
- The action can be easily integrated into funding requests, annual performance plans, public–private partnership agreements, or other funding mechanism.
- The action will catalyse a change in how things are done—not business as usual.
- The action aligns the co-financing priorities of the Global Fund (or other partner), such as integration into national systems, support for key and vulnerable populations, or strengthening public financial management.
- The action supports the transition and/or gradual evolution of the specific activity from donor to country systems and financing (technical support activities).

The Transformation Plan should align with other ongoing country reforms and strategic changes in the health system, as well as other planned transitions in the country, such as Global Fund and PEPFAR reprioritization. Countries should consult the relevant technical guidance on this subject *(56, 57*). In some cases, these might present opportunities for synergies and improve the probability of success by following a coordinated approach, as in the case of the procurement of drugs and commodities and absorption of health-care workers into public service.

Considerations for defining transformation actions, per domain

To support national teams, this section outlines domain-specific guiding points to help identify the transition and sustainability actions needed to advance toward the high-level outcomes and sustain impact amid uncertainty.

The following sub-sections contain a brief overview of some of the key considerations for defining transformation actions in the Part B Roadmaps. These considerations are applicable in most settings. There are many more relevant factors that are country or region-specific which are not included here. Countries are encouraged to consult domain-specific guidance on the necessary sustainability transformations for more information (see Annex 4).

Political leadership

Strong political leadership in the HIV response is essential for facilitating high-level advocacy for domestic health investment and policy reforms. At the national level, countries may need to adapt the strategic positioning of multisectoral engagement structures such as National AIDS Councils, Country Coordinating Mechanisms, Civil Society Forums, and others. Embedding these within national health and non-health structures may be important for ongoing leadership in the HIV response.

Local leadership on HIV, especially at sub-national levels, is increasingly important amid health reforms like devolution *(58)*. Countries may also seek to leverage regional leadership to strengthen national HIV response sustainability, such as the Lusaka Agenda in Africa, or the ASEAN Leaders' Declaration on HIV in Asia *(59, 60)*. Leadership of communities, including people living with HIV and key populations, remains essential. Institutionalizing key roles and planning for succession are important considerations.

Sustainable and equitable financing

In all contexts, transformations to increase domestic financing for the HIV response will be essential *(61)*. Generating compelling economic evidence may be needed to encourage investment. For instance, increased HIV financing drives significant gains, including a 2.5%

increase in GDP ($17 billion) in South Africa and a 1.1% increase in Kenya ($1.3 billion) by 2030 *(62)*. Other options to increase fiscal space should be explored, including debt restructuring and innovative relief mechanisms, as well as strengthening tax reform and administration *(63)*.

Ensuring the inclusion of HIV within broader health financing reforms such as national/social health insurance benefits, and innovative financing such as taxes and levies, is another opportunity. Reforms to enable and expand social contracting for community-led responses must also be accelerated, including regulatory changes, establishing costing norms, and accreditation. Financial management reforms, including placing donor funding on-budget, hold the potential to support effective transitions *(64)*.

Enabling laws and policies

Countries may think broadly about the legal and policy reforms that are needed to sustain the HIV response. Of course, this includes those that uphold human rights, reduce stigma and discrimination, and promote gender equality. It may also include programme or administrative policies that mandate the engagement of people living with HIV and other communities, procurement regulations, and legal frameworks for social contracting, among others.

A key consideration for this domain is how criminalization, gender inequality, stigma and discrimination, and other legal barriers counter sustainability efforts by prolonging the HIV epidemic *(65, 66)*. Equality is fundamental to sustainability, and countries may need to prioritize those left furthest behind. New evidence suggests health inclusivity also boosts economies, supporting sustainability *(67)*. Reducing HIV-related stigma in primary health-care settings is especially important in the context of integration *(68)*.

Reducing stigma and discrimination, gender inequalities and creating and sustaining enabling legal environments require long-term, ongoing work. For the Transformation Plan, countries must realistically consider what can be accomplished in two–three years, towards longer-term change. Focusing on targeted human rights and gender interventions that specifically address barriers to accessing HIV services may have the greatest impact *(69, 70)*.

Services and solutions

Integrating HIV prevention and treatment into the primary health-care systems of countries is crucial for long-term sustainability, but should be done through a phased and gradual approach *(71, 72)*. Many countries have already taken steps to adopt integrated approaches at both the system and service delivery levels. Integration must not compromise people-centred, non-stigmatizing and non-discriminatory approaches and the quality of HIV services. In some high-burden settings, integration efforts have been shown to improve health outcomes and save costs *(73)*. Countries should consult existing technical guidance on HIV service integration *(74)*.

Other integration solutions include partnership models between clinics and community-led organizations. Here, specialized HIV prevention and treatment services for certain populations are maintained, as needed, but supported by public funds and public systems *(75, 76)*. Models such as community ‘self-care’ for HIV prevention—involving free self-testing and PrEP access from pharmacies—could reduce HIV incidence in Africa by 28% over the next ten years, while cutting programme costs by 7% *(77)*.

For more sustainable treatment programmes, resource-sparing ART dispensing and pick-up models (e.g. quick pick-up points, multi-month dispensing, and community ART delivery) may be worth exploring *(78)*.

Countries should consider the long-term sustainability impact of rapidly introducing new technologies. For instance, long-acting, twice-yearly Lenacapavir (LEN) for PrEP could reduce incidence to below 0.1% by 2032 instead of 2042, eliminating HIV in some high-burden settings ten years sooner *(79)*. Countries like Zambia are already planning to add LEN to government-funded procurement *(80)*. Updating guidelines, accelerating regulatory approval, and supporting domestic procurement will help.

Systems

National data systems for HIV programme monitoring will be critical to achieving epidemic control and sustaining impact. Careful consideration must be given to ensure effective surveillance in monitoring the epidemic dynamics, including among key populations, and inform and adapt the response. Actions that harness procurement and supply management efficiencies, right-size the health workforce, and make delivery models resilient to external shocks are sustainability enhancers. Community system strengthening also contributes to sustainability, especially where community-led responses are more cost-effective *(81, 82)*.

HIV-focused health information systems must be an integral part of national systems. Further strengthening of data systems for HIV and integrated service delivery, and programme monitoring will be critical to achieving HIV epidemic control and sustaining the impact. Careful consideration will need to be given to how to ensure effective epidemiological surveillance, including among key populations, and monitoring the programme implementation to inform and adapt the national and local responses.

Step 6: Estimate resource needs and map funding sources

There are many different costing methods available that can support the resource needs estimate for the Transformation Plan. Countries should choose the method most suitable to their country context. Countries that have implemented activity-based costing and management (ABC/M) to map HIV service delivery costs, may consider the unit cost data generated to reflect the local costs of delivery and maximize investments *(83)*. Countries may also make use of domain-specific costing guidance, such as UNAIDS guidance on costing community-led responses, and costing for gender-transformative action plans *(84, 85)*.

In some cases, the costs of implementing HIV interventions are higher under donor-funded programmes compared to locally funded ones. For the Sustainability and Transition Roadmaps, it is important for countries to budget the transformation actions according to local costing norms, not donor-driven ones *(86, 87)*.

The Sustainability Roadmap process will see some countries costing sustainability actions for the first time, while others will have done this before. Countries with less experience may consider adapting costs from other settings and time periods to their specific context *(88)*.

Countries will need to balance ambition with pragmatism in terms of the available resources for sustainability actions in the next two-three years. This will require prioritization.

For some activities, a detailed costing exercise may need to be carried out as one of the first transformation actions. Only once this is done will the true cost of the transformation plan be known. This may include, for example, costing of responses for social contracting, costing of HIV benefit packages for inclusion in social health insurance, or costing of integrated service delivery models. In this case, the Transformation Plan may include the technical assistance

needs for these costing studies, then later be updated to reflect the full cost of implementing these actions.

Some transformation actions in the plan may seem to be no-cost activities if they do not require additional investment. However, the value of these actions should still be estimated in the plan, especially if they involve in-kind contribution of time or equipment. This is important for demonstrating co-financing commitments to certain funding partners (Box 7).

BOX 7. Costing Considerations for Roadmap Part B (Transformation Plan)

- Use costing methods that are most suitable to the local context.
- Cost transformation actions according to local costing norms, not donor-driven ones.
- Plan for technical assistance needs, including economic analysis.
- Adapt costs from other contexts where an intervention is wholly new or innovative.
- Determine which transformations will require detailed costing, and plan for this.
- Include resource estimates for in-kind contributions to transformation actions, especially to demonstrate domestic co-financing.

Leveraging co-financing for HIV response sustainability

The costing of the Transformation Plan may be a useful exercise to help countries meet their co-financing commitments to certain donors or lenders. Where domestic sources of funds are indicated for specific transformation actions in the Roadmap Part B, this allows countries to demonstrate their contribution to sustainability. If co-financing from another entity is sought, the endorsed Plan may help to secure it.

The revised Global Fund Sustainability, Transition and Co-Financing Policy Policy (2024) emphasizes the importance of aligning co-financing commitments with sustainability and transition priorities. Countries are encouraged to use the Transformation Plan to map how domestic resources will be directed toward these priorities. Importantly, the new policy requires all upper-middle income countries to direct 100% of their grant co-financing to specific sustainability and transition priorities *(89)*. The costed Transformation Plan in the Roadmap Part B allows countries to clearly demonstrate how this requirement will be met.

The World Bank is also scaling up its co-financing initiatives for greater sustainability of its projects. The Bank's new Global Collaborative Co-Financing Platform, launched in April 2024, creates a digital repository of pipeline projects seeking co-financing and a forum for discussing co-financing opportunities and issues *(90)*. Relevant actions in a country's costed Transformation Plan could be included in this Platform, potentially crowding in additional co-investment from other multilateral development banks.

Step 7: Develop monitoring and evaluation framework

Indicators for the Sustainability and Transition Roadmaps will depend on the prioritized HLOs, five-year and two- years benchmarks, the change objectives, and transformation actions. Some guiding principles and recommended metrics are listed in Box 8, as well as in Annex 3 and other external guidance *(91)*. Countries may seek to integrate HIV-related sustainability indicators into primary health-care M&E systems over time (Box 9).

BOX 8. Guiding Principles for Selection of Indicators for the Sustainability Roadmap *(92)*

- **Relevance.** Is the metric relevant to the defined pathway to change for that sub-domain? Is it relevant to other domains in the sustainability approach.
- **Significance.** Does this indicator measure HLOs, and the main transformations that are required to achieve and sustain impact beyond 2030?
- **Usefulness.** Is there evidence that the indicator has been used by countries or their partners to measure health system related transition or related transformation goals (such as HIV integration)?
- **Feasibility.** Is the indicator standard/widely used, or a custom indicator? If custom, do the data for this indicator already exist, or are relatively simple to collect? Countries should avoid indicators requiring additional resources to monitor.
- **Alignment.** Is the indicator consistent with the country's National HIV Monitoring and Evaluation Framework, National Health Strategy, or National Development Plan?
- **Engagement.** Is this indicator deemed important by communities of key populations and people living with HIV, including women, girls and gender-diverse people? Community-led monitoring indicators may be included.

BOX 9. Key Sustainability Metrics Applicable in all Contexts

- Population-level viral suppression of at least 90%.
- HIV incidence-to-mortality ratio (IMR) of less than 1.
- Access to equitable pricing for diagnostics and therapeutics is achieved.
- Domestic HIV funding reaches 30% in low income countries, 50% in low to middle-income countries, and 95% in middle-income countries
- Less than 10% of people living with HIV and key populations experience stigma and discrimination.

Step 8: *Developing the Risk Mitigation Plan*

The Roadmap should use a structured approach for identifying and evaluating potential risks to implementation. Conducting a domain-by-domain risk assessment is suggested to systematically analyze risks across different components. To help with prioritization, it is useful to summarize identified risks in a streamlined format for clarity and focus. This may include identifying a top risk for each domain, or classifying risks as high, medium and low (Figure 8). Some risks will be within the control of stakeholders to prevent, while others will not. It is important to identify and plan for both. All risks should be mitigated if not completely avoided.

Importantly, countries should take into consideration political economy factors and the impact on HIV response sustainability, including areas the government may choose not to invest in and the implications for the overall HIV response.

FIGURE 8. Example of implementation risks for national HIV Response Sustainability Roadmaps

DOMAIN	EXAMPLES OF ROADMAP IMPLEMENTATION RISKS
Political leadership	▶ A new government is elected which has not bought into the Roadmap. ▶ Key technical partners close their national offices, limiting access to strategic information and support. ▶ The national network of people living with HIV loses its main source of funding and is unable to mobilize communities to lead.
Enabling laws and policies	▶ A new decriminalization bill is stalled as lawmakers call for further regulations to be defined. ▶ HIV services are integrated into primary care settings, but stigma and discrimination are higher there, causing key populations to avoid them.
Sustainable and equitable financing	▶ The local currency depreciates, significantly, eroding the purchasing power of domestic resources for HIV. ▶ Two donors announce they will scale back investments at the same time, which was unforeseen.
Services and solutions	▶ The country approves a new, highly effective, long-acting prevention option, but the cost is unaffordable for the national government. ▶ Testing frequency of key populations is increased from three to six months to save costs. Fewer people are initiated into treatment as a result. ▶ Biomedical interventions are prioritized over societal enablers. Money is wasted as vulnerable people cannot access the services provided.
Systems	▶ A new law bans international procurement, barring access to cheaper products via pooled mechanisms. ▶ Donor-funded community health workers cannot be absorbed because they do not meet certain criteria.

For each identified risk, countries should select at least one mitigation measure. These measures should include options for donor support and partnerships. If a risk occurs, mitigation measures may be brought into the Transformation Plan, costed and funded by government or partners. Box 10 contains examples of Sustainability Roadmap risks, and how countries mitigated them through innovating thinking and collaborative partnerships.

BOX 10. Examples of Mitigation Measures by Countries for Sustainability Roadmap Risks

- **Zimbabwe**'s Roadmap banks on domestic resources generated through the country's 3% AIDS levy, half of which goes to procuring ARVs. When hyperinflation depreciated the value of this domestic funding source, the country negotiated with donors to temporarily increase ARV procurement, while the government took up greater programmatic prevention spending for key populations and gender-based violence *(93)*. Following this, negotiations with the Federal Reserve Bank were successful in securing a commitment to avail foreign exchange for procurement of ARVs with domestic funds.
- **Malawi's** Roadmap acknowledges critical human resource capacity challenges. The country has 861 health facilities providing ART, half of which are supported by PEPFAR implementing partners. This half serves more than 90% of people on ART. Following the US Government's 90-day pause on all foreign assistance in January 2025, Malawi faced a crisis. To mitigate this challenge, the country employed facility-level task shifting, leveraging Health Surveillance Assistants and hospital attendants to assume responsibilities previously managed by PEPFAR-supported staff *(94)*.
- **Cameroon's** Roadmap includes a localization agenda for the implementation of HIV activities directly through indigenous organizations *(95)*. In early February 2025, Cameroon developed the 'CAMPSAR': Cameroon Mitigation Plan for Sustained AIDS Response following the USAID/PEPFAR's Suspension. The CAMPSAR defines short-term (one–three months), medium-term (3–12 months) and long-term (more than 12 months) mitigation actions for sustainability risks. Mitigations to sustain local community-led responses include a low-cost, community-led monitoring model as well as facilitating access of community organizations to reference laboratories for testing *(96)*.

Phase 4 checklist

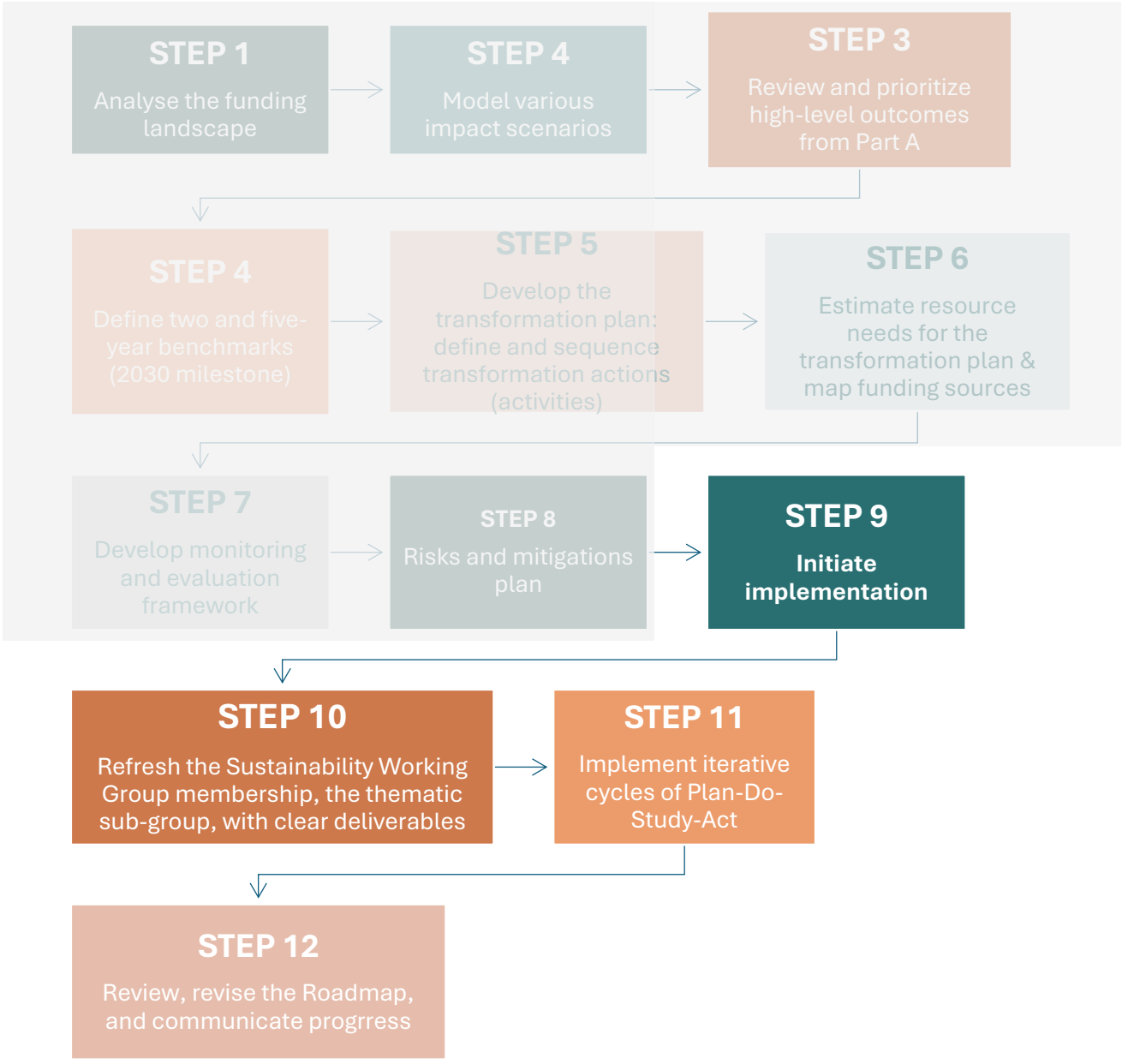
By the end of Phase 4	Section reference	Yes/No	Comments
Has the country conducted a detailed HIV Financing Profile analysis, explored different funding scenarios and the potential gap?	Step 1		
Has the country modelled the impact of the different funding scenarios, and prioritized the HIV response?	Step 2		
Has the country prioritized HLOs to be able to sequence transformation actions?	Step 3		

Has the country defined five-year benchmarks for each high-level outcome to be able to measure progress in 2030?	Step 4		
Has the country designed a detailed Transformation Plan with key activities that can begin implementation in the next two-three years to achieve HLOs?	Step 5		
Has the country developed a log frame to map the theory of change from transformation action to five-year benchmark to high-level outcome?	Step 5		
Has the country costed the Transformation Plan and expressed the total resource needs for the Roadmap?	Step 6		
Has the country dedicated domestic co-financing to certain transformation actions and clearly indicated the domestic contribution to the Roadmap's implementation?	Step 6		
Has the country selected key sustainability metrics and developed a performance framework for the Roadmap?	Step 7		
Has the country identified implementation risks for the Roadmap, classified according to domain and severity?	Step 8		
Has the country defined at least one mitigation measure for each identified risk, with roles and responsibilities for key stakeholders?	Step 8		
Has the country meaningfully engaged people living with HIV and key populations, including women, girls and gender-diverse people?	All steps		

Phase 5: Implementation and Monitoring

Phase 5 focuses on implementation and monitoring of the This includes the implementation of the actions prioritized in the Transition and Sustainability plan, coordination of partners and resources, collection and use of programme data, quality assurance and quality improvement recommendations, and regular review and updating of the roadmap, as needed (Figure 9).

FIGURE 9. Step-by-step process for Phase 5: implementation and monitoring



Step 9: Initiate Implementation of the Roadmap

Once the Transition and Sustainability (Transformation) Plan is finalized, countries are expected to move into the implementation phase. The National Sustainability Working Group will lead and oversee implementation, while thematic working groups may be responsible for implementing specific Transformation Plan components, executing workplan activities, and achieving change objectives through identified resources and partnerships. Collectively, these efforts will come

together to drive progress and ultimately achieve the intended two-year benchmarks, contributing to the five-year benchmarks and the high level outcomes.

In many cases, implementation will involve collaboration with national and international partners beyond the HIV response to maximize synergies and improve efficiency. For instance, in some countries, the transition of donor-funded HIV human resources to domestic budgets has been integrated into broader Ministry of Health-led initiatives aimed at optimizing the health workforce and absorbing these roles into the civil service.

Implementation remains flexible and responsive to changing contexts, epidemic trends, funding shifts, and new technologies. It is supported by strategic partnerships that offer specialized expertise and resources, along with strong community engagement. Progress and achievements are regularly communicated to policymakers, beneficiaries, and broader audiences to ensure transparency and sustained support.

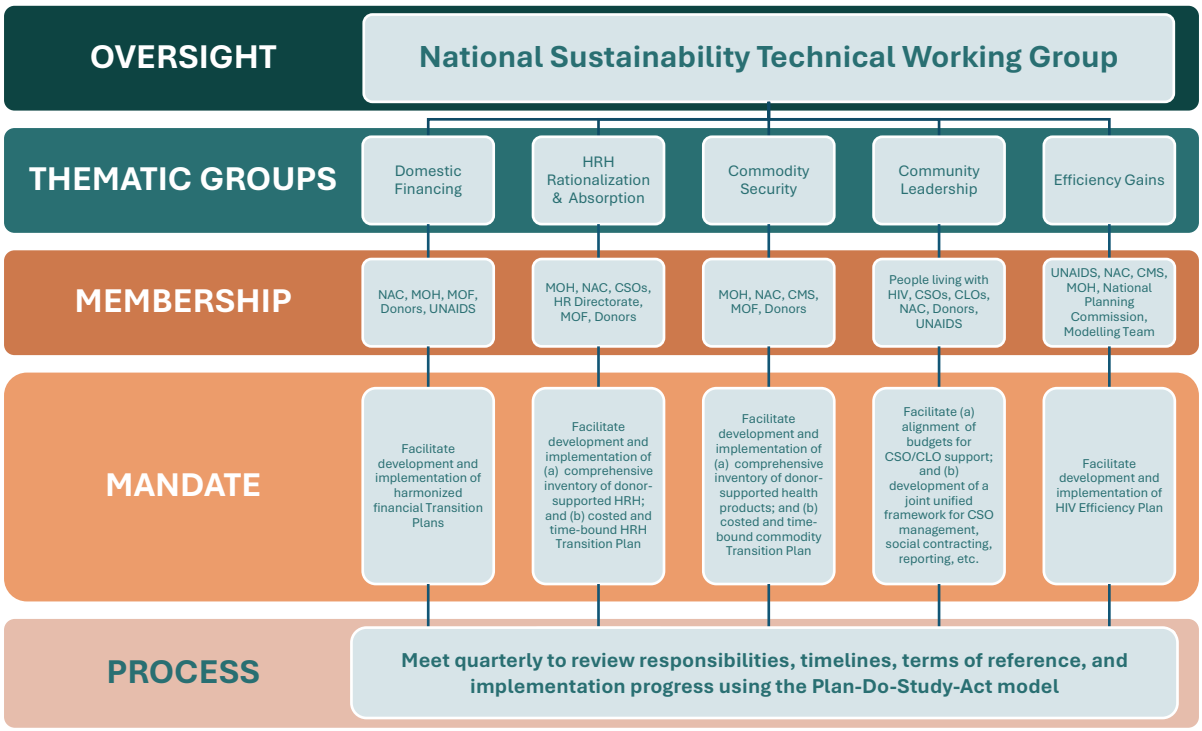
Step 10: Review and refresh Sustainability Working Group membership

The National Sustainability Working Group (or equivalent), charged with overseeing the implementation of the HIV Response Sustainability Roadmap, may meet at least quarterly for this purpose. During key moments—such as the annual budget review, funding request development, or during major health system reforms—there may be a need to meet more frequently.

Based on the prioritized actions in the Transformation Plan, a country may choose to refresh or renew the membership of the Working Group. Stakeholders with key roles to play in the Transformation Plan's implementation may need to be represented. In all settings, and regardless of the transformation action planned, people living with HIV and other affected communities are essential members of the Working Group, ideally in leadership positions.

Some countries have established thematic groups within their National Sustainability Working Group, which will pursue different mandates and work streams (Figure 10). This is a useful approach. Countries may define the number and type of thematic subgroups that are relevant for their context, aligned to their prioritized Transformation Plan. The mandate of each thematic group should be clearly defined, with milestones and deliverables.

FIGURE 10. Structure for the implementation of the HIV Response Sustainability Roadmap *(97)*



(CLO: community-led organization; CMS: central medical store; CSO: civil society organization; HRH: human resources for health; MOF Ministry of Finance; MOH: Ministry of Health; NAC: National AIDS Council).

Civil society organizations and CLOs have a key role to play in communicating the Transformation Plan to broader communities of people living with HIV, key populations, women, youth and others. A structured communication and mobilization approach may be useful to galvanize broad support and buy-in of the necessary actions.

Step 11: Implement integrative cycles of Plan–Do–Study–Act

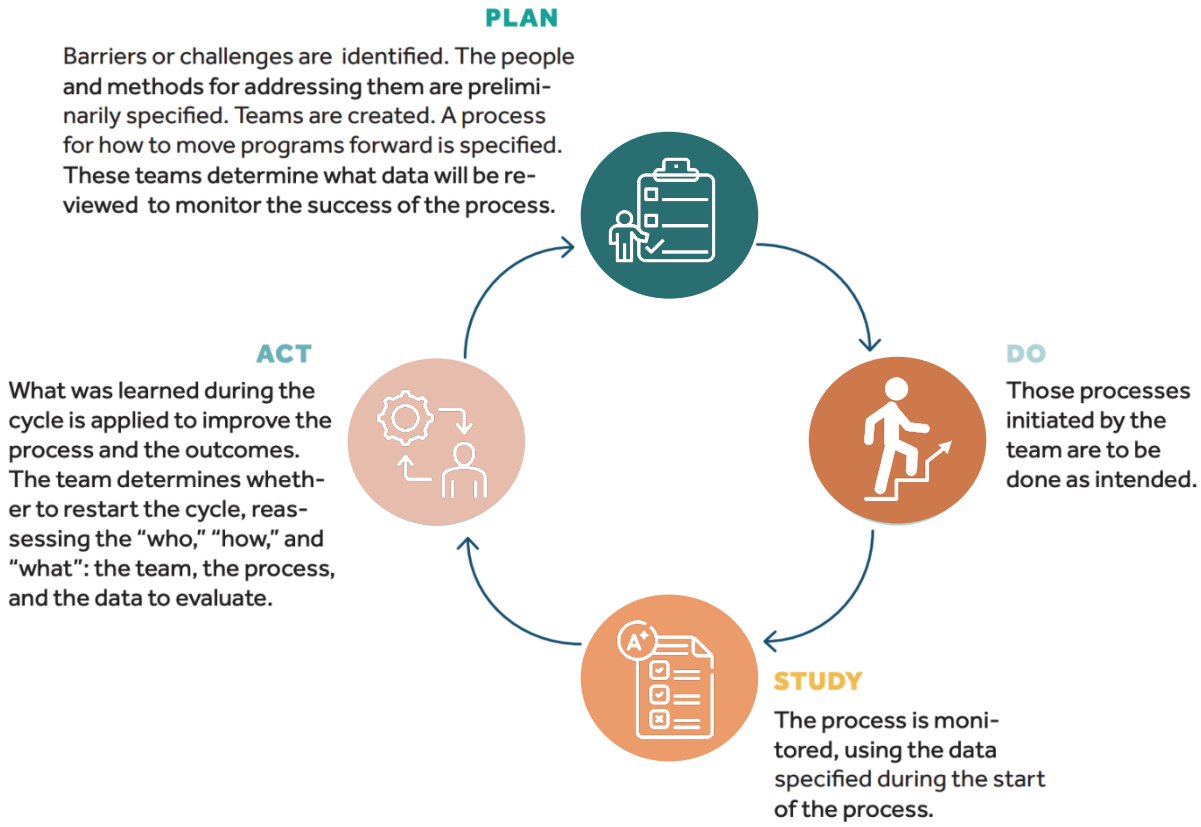
Once the Sustainability and Transition Roadmap is finalized and implementation has been initiated, it should be considered a living document. Flexibility and agility will be needed to review, refine and course-correct during implementation. Sustainability and Transition Roadmaps lay out a new and different way of doing things. Implementation should enable a process of trial and error. This is necessary to respond to changing epidemic dynamics, fluctuating funding contexts, and broader health-system reforms.

Countries may need to rapidly adapt their Roadmaps to face emerging challenges and opportunities. Indeed, the HIV response is no stranger to upheaval from pandemics, geopolitics and shifting donor priorities. On the other hand, new, long-acting treatment and prevention technologies have significant potential for sustainability, if affordable, and quickly and widely adopted.

To systematize this kind of flexible and adaptable approach into Roadmap implementation, an iterative learning and improvement method is suggested. One option that is widely used in health systems strengthening is the Plan–Do–Study–Act model (Figure 11). In the context of the Sustainability and Transition Roadmaps, this model involves iterative cycles of planning transformation actions, implementing them while gathering data, reviewing outcomes to see if the

desired transformation was achieved, and then returning to the Roadmap to revisit assumptions and adapt as needed (Box 11; Figure 12).

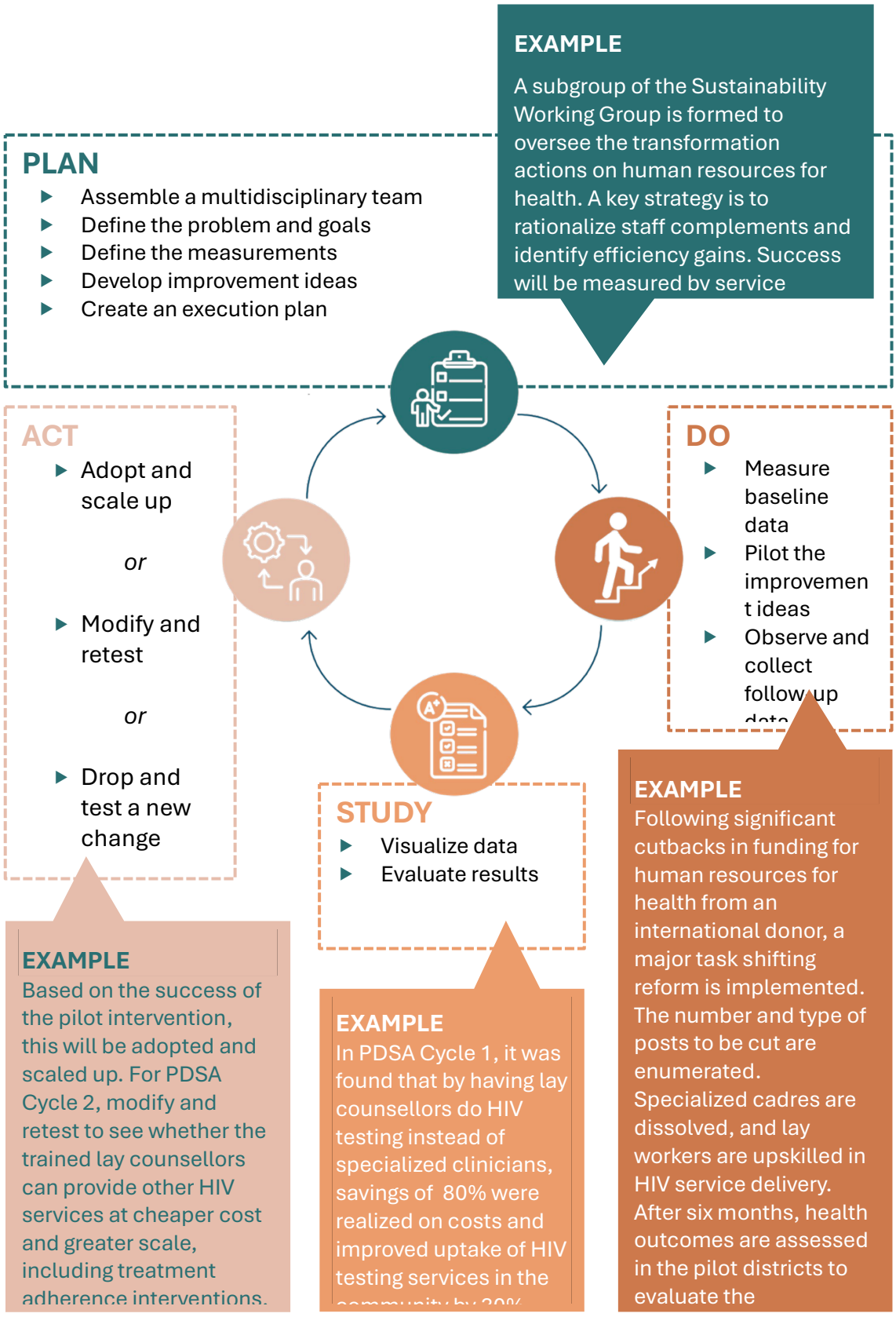
FIGURE 11. The Plan–Do–Study–Act model *(98)*



BOX 11. Benefits of using the Plan–Do–Study–Act methodology

- The method is evidence-based, with proven effects on health-care quality improvement.
- Almost all (98%) health-care projects that use this method report improvement *(99)*.
- The majority (68%) of projects that use this method achieve their planned goal *(100)*.
- The model is flexible, with cycles ranging from two weeks to five years *(101)*.
- When applied at the service delivery level, the method improves health outcomes *(102)*.

FIGURE 12. Example of Roadmap implementation using the Plan–Do–Study–Act (PDSA) model *(103, 104)*



To complement real-time implementation learning, lessons from past sustainability planning, and current HIV Response Sustainability Roadmaps, should inform current execution of Part B: Transformation Plan. Annex 3 summarizes reviews highlighting the major success factors of processes to increase domestic ownership of HIV programmes.

Step 12: Review and revise the Roadmap, as needed

Countries may choose to conduct formal or informal progress reviews of their Roadmaps at points in time when it makes sense to do so. The National Sustainability Working Group (or equivalent) will coordinate the reviews, while the thematic working groups will determine the review frequency for each of the thematic area. The thematic review may take place as frequently as every six months, while the overall Roadmap implementation review might occur annually at a higher level.

Communities also have a critical role to play in monitoring the implementation of the HIV Response Sustainability Roadmap. Community-led monitoring of Roadmap implementation is a key accountability measure. Embedding community-led accountability mechanisms fosters trust, amplifies marginalized voices, and strengthens the overall impact and sustainability of the HIV response. This may be done in an integrated manner with the routine M&E of the Roadmap or done as shadow reports. As an example, as countries begin the process to develop their Roadmap Part B, it may be timely for communities to independently review the progress to date on implementing Part A.

Phase 5 Checklist

By the end of Phase 5	Section reference	Yes/No	Comments
Has the country initiated a cycle of Plan–Do–Study–Act to implement and review the Roadmap in an iterative manner?	Step 8		
Has the country considered and applied lessons learned from past sustainability planning?	Step 9		
Has the country reviewed and refreshed the membership of the National Sustainability Working Group, aligned to the expertise needed for implementation of the Transformation Plan?	Step 12		
Has the country defined thematic subgroups for the National Sustainability Working Group, with clear mandates and deliverables?	Step 13		

Has the country reviewed implementation progress of the Roadmap, including independent reviews through community-led monitoring?	Step 14		
Has the country meaningfully engaged people living with HIV and key populations, including women, girls and gender-diverse people?	All steps		

Annex 1
Roadmap Part B Template

The template described in this annex can be customized by countries to fit their local context when compiling a narrative synthesis of the Sustainability and Transition Roadmap. There should be only one National HIV Response Sustainability Roadmap. Part A and Part B refer to different stages in the process, not two separate documents. Countries are encouraged to update their existing Roadmap Part A to include the additional sections in Part B.

PART A

Executive Summary

1. **The HIV Sustainability Roadmap Development and Approach**
   - **Section 1.1: The HIV Sustainability Roadmap Timeline, Process and Workflow**
   - **Section 1.2: In-country HIV Sustainability Technical Working Group**
   - **Section 1.3: Stakeholder Mapping**
   - **Section 1.4: Country Sustainability Goals and Vision**
2. **Current HIV response**
   - **Section 2.1: Current-state Assessment**
   - **Section 2.2: Future-state Summary**
   - **Section 2.3: Sustainability Priorities**
3. **HIV Sustainability Roadmap and Change Framework**
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PART B

4. **Transformation Plan**
   - **Section 4.1: HIV Response Financing Profile and Impact Scenarios**
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Annexes

References

Annex 2
Illustrative Transformation Plan Log Frame

Illustrative Transformation Plan log frame with domains, sub-domains, HLOs, five-year benchmarks, and transformation actions *(105)*

Domain	Sub-domain	High-level outcome	Five-year benchmark	Transformation action	Progress indicator
Political leadership	Political will	HIV remains on the agenda	NAC is merged within MOH	Revise the National AIDS Council Act to entrench its role within health structure	No. of NAC staff on permanent contracts
	Coordination, management and stewardship	The HIV response is country-owned	At least 80% of HIV investments are managed by local government, private, or civil society and community organizations	Develop Transition Plans with clear timelines for major international HIV service providers to hand over operations to local implementers	Percentage of HIV funding channeled through local government, private, or civil society organizations
Enabling laws and policies	Joint action across development sectors	HIV-related inequalities are minimized	Non-citizens have access to HIV-related social protection	Define new inclusion criteria for HIV-related social protection schemes	Ratio of population-level viral load suppression between groups
		Women, girls, people living with HIV, and key populations do not experience gender inequality or violence	Government has begun work on a new Sexual Offences and Domestic Violence Act	Draft a green paper for consultation on a comprehensive legal framework for addressing sexual and domestic violence	Percentage of women and men aged 15 to 49 years who think a husband is justified in hitting or beating his wife
	Societal enablers	No one avoids health care due to stigma and discrimination, gender inequality, or harmful gender norms.	An HIV and human rights sensitization module is offered in all pre-service training schools	Develop e-learning course on HIV, key populations and human rights to roll out to all health-care workers at low cost	Percentage of key populations who avoid health care because of stigma and discrimination, gender inequality, or harmful gender norms
		The legal environment is enabling for ending AIDS	New draft regulations are published for public comment	Engage a human rights lawyer to draft sample regulations for a new bill that decriminalizes sex work	Number of enabling laws and policies adopted, implemented and monitored
Sustainable and equitable financing	Domestic financing	The HIV response is not donor-dependent	Annual budget review includes an inflation-linked increase to new sugar tax	Define specific products for inclusion in a new earmarked tax on sugary beverages to increase	Percentage of the HIV response that is domestically funded

Domain	Sub-domain	High-level outcome	Five-year benchmark	Transformation action	Progress indicator
				domestic funding for health and HIV programmes	
	International financing	External funding sources for the HIV response are diversified	No HIV intervention area is wholly dependent on one single external donor for implementation	Revive the donor coordination group to meet quarterly and strategize on collaborative funding strategies	Number of different external sources of funding and in-kind support for the national HIV response
	Efficiency, effectiveness and equity	Technical and allocative efficiency is optimized	Domestic and donor budgets are adjusted according to Optima results	Conduct an updated Optima study, including community-led interventions	Number of HIV interventions in line with best Optima scenario
	Macro-fiscal environment	The country is at low risk of debt distress according to debt sustainability analysis	Prospecting is complete and a draft debt swap has been structured for review	Initiate Debt2Health swap negotiations, with brokerage support from the Global Fund	Debt to GDP ratio
		Fiscal space for health is expanded from current levels	New earmarked taxes are approved by Parliament	Learning exchange to country X to understand successful process of implementing sin taxes	Total expenditure on health as a percentage of gross domestic product
Services and solutions	HIV prevention	Epidemic control is achieved and maintained	There are less than 3 HIV infections per 100 people living with HIV per year (incidence-to-prevalence ratio (IPR) <3%)	Develop a national virtual outreach programme for key populations to dramatically increase coverage at low cost	HIV (IPR)
		Prevention is highly targeted to where the need is greatest	Reasonable at-risk population size estimates for key populations	Recalculate prevention denominators (e.g. gay men and other men who have sex with men with non-regular partners)	HIV positivity rate (programmes reaching those most at risk)
	HIV treatment cascade	Population-level viral load suppression is achieved	Free ART is available at alternate pick up points (churches, pharmacies) to improve access and adherence	Revise ART guidelines to expand differentiated service delivery options to optimize treatment access and adherence	Coverage of differentiated service delivery antiretroviral therapy models among people living with HIV currently on antiretroviral therapy
	Other support services for people at risk, affected and living with HIV	People living with HIV and key populations access mental health and psychosocial support services, reducing risk-taking and improving	All primary health centres have trained lay workers on-site, available to screen and support identified people living with HIV and key populations in need	Train lay workers in problem solving therapy, activity scheduling, and peer-led group support to deliver an effective, affordable and sustainable mental health services at primary level	Percentage of people living with HIV in HIV care receive screening for depression (and referred for support)

Domain	Sub-domain	High-level outcome	Five-year benchmark	Transformation action	Progress indicator
		treatment and prevention adherence			
	Integrated services and solutions	People living with HIV receive holistic, person-centred care, addressing their multiple health needs in a cost-effective manner in primary care health facilities or community settings	The same primary health-care providers attending to multiple health conditions of people living with HIV and the broader community	Train primary health-care providers to be able to provide competent HIV, other disease /health conditions and broader health care	Number of primary health-care providers trained and certified
		HIV is fully integrated across disease programmes and at the service delivery level	There are no more stand-alone HIV clinics, and all clients have been referred to relevant facilities	(1) Develop national guidance for integrating HIV services into primary health care. (2) Map primary heal-care facilities with the capacity to fully integrate HIV services	Percentage of facilities providing integrated HIV and primary health-care services
Systems	Laboratory	There is adequate national capacity to process laboratory tests (including viral load tests) accurately and in a timely manner	The average turnaround time for viral load test results is less than two weeks	Partner with the national postal service to pilot a low-cost, sustainable, integrated sample transportation system	Percentage of samples with acceptable quality at arrival in the reference laboratories
	Procurement and supply chain	There is an uninterrupted supply of essential HIV-related medicines and commodities	All health facilities have access to electronic stock visibility system with an early-warning system	Training of trainers in interpretation and use of stock visibility system data, and protocol for addressing issues.	Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period
			Locally (or regionally) produced HIV-related medicines and commodities comprise at least half of procurements	Apply for WHO Prequalification Programme for local manufacturing of ARVs	Percentage of expenditure on HIV-related medicines and commodities procured using national procurement systems
		Quality HIV-related medicines and commodities are procured at the lowest possible price	All ARVs are procured through the same mechanism at the same time to maximize price negotiations based on volumes	Align ART and PrEP quantification exercises and issue joint procurement bidding documents for both at the same time	Percentage of HIV-related medicines and commodities procured at or close to international reference prices

Domain	Sub-domain	High-level outcome	Five-year benchmark	Transformation action	Progress indicator
	Health technologies	People have access to and use the latest treatment and prevention options for optimized care	At least half of people at high risk of acquiring HIV use ARV-based prevention options	Conduct a joint regulatory review with Country X and Country Y to accelerate approval of new long-acting medicines	Percentage at risk using ARV-based prevention
	Strategic information	Strategic information on HIV is relevant, accurate, available, and timely to inform decision-making	All health facilities regularly report accurate and complete data through a digital health information system	Use artificial intelligence to automate data entry into the health information system, eliminating the need for data entry clerks and saving time and money	Health information system performance index (HISPIX)
	Human resources	The health workforce is rightsized to achieve the end of AIDS in the most efficient manner	National staff complements are clearly defined for all HIV-related HRH, including community cadres and key population peers	Conduct a rationalization exercise for all donor-funded human resources to determine how many and which will be absorbed into the national complement	Percentage of critical human resources for health funded by donors
		Key population peer outreach workers are sustained through the public health system	Government establishes a pay grade and cadre class for key population peer outreach workers	Map and classify key population peer outreach workers, to determine the need and the existing capacity	Number of key population peer outreach workers employed by the government
	Delivery systems	HIV services are resilient to external shocks (i.e. pandemics, conflict, climate)	At least 80% of health facilities have emergency protocols in place	Develop emergency protocols for all health facilities to manage clients during times of disruption	Percentage of adults living with HIV currently receiving ART who are affected by treatment disruptions
	Financing systems	There is complete transparency on HIV spending	All HIV funding (domestic and external) is on-budget, enabling government to slowly absorb the expenditures	Initiate public financial management reforms to generate real-time spending data at any given time	Availability and accessibility of budget documents, financial reports and audit reports
	Integrated systems	Development partners use national systems (information, procurement, etc.)	All parallel donor data systems are integrated into the national health information system	A new linked module is developed to embed donor-funded HIV data systems into the electronic medical records	Number of donor-funded HIV-specific information systems
	Community systems	Community-based and community-led service delivery is optimized to reach all people with HIV	Four out of five key population clients access HIV services from a peer-led provider	Design training and accreditation programmes for key population lay-providers, including community-led	Number of civil society and/or community-led service providers accredited by a national body to provide community-based health

Domain	Sub-domain	High-level outcome	Five-year benchmark	Transformation action	Progress indicator
		prevention and care efficiently and effectively		organizations, to provide services as part of the national system	services/percentage of people living with HIV or key populations who report accessing HIV services from a peer
		Communities systematically and routinely participate in the monitoring of HIV-related services and their quality improvement	Community-led monitoring data are integrated into routine health information systems and/or national M&E systems	(1) Technical assistance to create community-led monitoring data module in DHIS2; (2) training of community-led organizations on data entry into the system	Percentage of health service delivery sites with a community-led monitoring mechanism in place

Annex 3
Sustainability and Transitions Lessons

Type of review	Identified strengths/success factors	Source
A review of 21 compacts from 13 countries *Compact = an explicit agreement between a low-income or middle-income country government and key external funding partners.*	▪ A duration of about five years ▪ Key financing or high-level political signees ▪ Clear and monitorable financial targets for all parties, including donors and the national government ▪ Inputs from economic and epidemiological data ▪ Costed HIV strategies ▪ Trusting dialogue ▪ Reliable monitoring and evaluation systems, including transparent processes for tracking financial commitments ▪ A series of binding incentives, including penalties and rewards, to meet financial commitments or for failing to attain them	*Ref. (106)*
Review of 13 studies on sustainability and transition processes in 20 countries *Countries: Botswana; Belarus; Bulgaria; Côte d'Ivoire; Eritrea; Ethiopia; India; Kenya; Malawi; Mozambique; Namibia; Nigeria; Peru; Rwanda; Serbia; South Africa; Thailand; Uganda; United Republic of Tanzania; Zambia*	▪ Systematic transition criteria ▪ Publicly available transition schedules ▪ Coordinated donor decisions ▪ Time (five–ten years and a phased roadmap) ▪ High-level political commitment ▪ Country ownership ▪ Built-in monitoring and evaluation ▪ Funding mechanisms for NGOs ▪ High-level political engagement ▪ Improved in-country capacity for advocacy ▪ Increased capacity of NGOs ▪ Funding for police, security, and criminal justice reform	*Ref. (107)*
Analysis of transition processes of top three bilateral and top three multilateral donors in six focus countries *Donors: World Bank; Global Fund; Gavi: The Vaccine Alliance; US Government; UK Foreign, Commonwealth and Development Office (FCDO); Japan International Cooperation Agency (JICA)*	▪ Definitional clarity and explicit transition approaches ▪ Avoid a 'one size fits all' approach—a lack of flexibility puts countries at risk ▪ Generate and share evidence on which transition modalities work best and under which circumstances ▪ Donors communicate with each other and avoid transitioning at the same time	*Ref. (108)*

Type of review	Identified strengths/success factors	Source
Countries: Ghana; India; Kenya; Myanmar; Nigeria; Sri Lanka		
Scoping review of 89 publications on how donor transitions can affect health systems in middle-income countries	▪ Leadership, including political commitment, domestic ownership of health programming, legislative and policy support for transitioning programmes and coordination between donor, government and civil society stakeholders ▪ Careful preparation and planning ▪ Pre-transition investments in a country's financial, technical and logistical capacity	*Ref. (109)*
A review of nine donor transitions in four countries between 1998 and 2018 *Donors: Gavi: The Vaccine Alliance; Global Fund; World Bank; UK Department for International Development; USAID; PEPFAR* *Countries: China; Georgia; Sri Lanka; Uganda*	▪ Policy leaders and advocates in and outside government ▪ Provision of technical support by donors ▪ Transparency around transition processes ▪ Clear timelines and well-developed transition plans ▪ Economic growth ▪ Aligned with broader political agenda ▪ Clear approach and guidance around financing human resources and recurrent costs ▪ On budget support which was in part enabled by strengthened public financial management systems ▪ Clear approach to co-financing ▪ Early integration/streamlining of project governance with regular government arrangements ▪ Participatory and inclusive governance arrangements ▪ Inclusion of legal and regulatory reform support ▪ Avoiding establishing parallel systems ▪ Purposeful use of resources for institutional strengthening in the long run ▪ Consolidating procurement ▪ Use of established service delivery channels	*Ref. (110)*

Type of review	Identified strengths/success factors	Source
A review of ten HIV Response Sustainability Roadmaps, in place as of December 2024 *Countries: Botswana; Eswatini; Lesotho; Ghana; Kenya; Namibia; Togo; United Republic of Tanzania; Zambia; Zimbabwe*	▪ Reducing new HIV infections and adapting to evolving epidemics, adjusting to the shifting needs of populations as they get closer to epidemic control. ▪ Increasing domestic HIV financing, including integrating HIV services into health insurance and benefit packages ▪ Integrating services and strengthening health systems, embedding HIV services into primary health care and using HIV platforms to strengthen other services ▪ Strengthening community systems and enabling environments, including social contracting and new ways to reduce HIV-related stigma	*Ref. (111)*

Annex 4
Available Tools and Resources

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Annex 5
Glossary of Terms

Note: This Glossary only reflects new or updated terms from Companion Guide Part A.

Benchmarks. Benchmarks are standards or targets that are used to compare performance against expected change over time.

Change objectives. A change objective specifies the change that is needed to achieve a given outcome. For the HIV Response Sustainability Roadmaps, the change objectives will describe the change that is necessary for each program component that is necessary to achieve the HLO and transform the component from its current state to the desired future state.

Co-financing. Also co-investment. This term can mean different things depending on the context. For major funding partners like the Global Fund and PEPFAR, it refers to enhancing and increasing domestic funding for HIV and health in specific areas for more equitable and efficient use of existing resources *(112, 113)*. For the World Bank and others, it can mean pooling budgets across sectors or partners (114, 115). In the context of this guide, the term is most used to refer to domestic funding, unless otherwise specified. Co-financing is often a specific domestic funding commitment, stipulated by the funding agency, that must be fulfilled to access grants. Co-financing may include domestic public resources, government revenues, government borrowings, health insurance and debt relief proceeds, including Debt2Health arrangements. All other forms of international assistance, even when channelled through government budgets, are not considered as co-financing. In specific circumstances, domestic private contributions can be considered as co-financing (i.e. individual payments for health financial protection mechanisms and/or verified contributions from domestic corporations). Out-of-pocket payments borne by households or individuals are not counted as co-financing *(116)*.

Community-led organizations. Groups and networks engaged in the AIDS response, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies *(117)*. Community-led organizations, groups and networks engaged in the AIDS response are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community led. For the HIV Response Sustainability processes, a priority should be the engagement of networks and organizations of people living with HIV, including those by and for women and young people living with HIV, as well as key populations and other groups affected by HIV, such as adolescent girls and young women in many contexts.

Community-led responses. These responses to HIV are actions and strategies that seek to improve the health and human rights of their constituencies. They are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them *(118)*.

Epidemic control is defined in this publication as the point at which the total number of new HIV infections falls below the total number of deaths from all causes among people living with HIV, with both new infections and deaths among people living with HIV low and declining *(119)*. This is also called the incidence-mortality ratio (IMR), a dynamic measure based on strong foundations in epidemiology. Importantly, it should not be regarded as having reached a goal, but rather, as an active state that requires vigilant maintenance. Under no circumstances should efforts to achieve epidemic control promote punitive approaches or the curtailment of human rights for people living with HIV, key populations, or other communities *(120)*.

High-level outcomes. The HLOs, identified during the development of Part A, articulate the state or condition that must exist to achieve and sustain the desired state contributing to sustaining epidemic control by and beyond 2030. An HLO should be set at the domain level, in the Sustainability Roadmap, and should reflect the higher-level transformative changes that are needed to achieve the long-term goals of the country's HIV response. These HLOs will be building blocks for the change framework and the Transformation Plan, developed in Phase 4.

Indicators. Indicators are expressed as qualitative or quantitative measures that can be used to document progress towards benchmarks.

Key populations. Defined groups who are at increased risk of HIV due to specific higher-risk behaviours, irrespective of the epidemic type or local context *(121)*. They also face legal and social issues that increase their vulnerability to HIV. UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners and other incarcerated individuals as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services *(122)*. Key populations are important to the dynamics of HIV transmission, as well as being essential partners in an effective response to the epidemic.

Milestones. Milestones and benchmarks are both used to measure progress towards the objectives and the HLOs. However, there is a difference between the two. A milestone is a significant event or stage in the process of achieving the envisioned result. It is usually used to mark the completion of a major phase of work.

Plan–Do–Study–Act (PDSA) model. In the context of the Sustainability Roadmaps, this model involves iterative cycles of planning transformation actions, implementing them while gathering data, reviewing outcomes to see if the desired transformation was achieved, and then returning to the Roadmap to revisit assumptions and adapt as needed *(123, 124)*.

Sustainability. In this context, sustainability refers to a country's ability to evolve and maintain their national HIV response to ensure that AIDS is no longer a public health threat. This includes financial, political and programmatic considerations.

Sustainability Working Group. This is the in-country technical working group which oversees the overall process of developing and implementing the National HIV Response Sustainability Roadmap. Countries may use a different name for this group once it has been established. They may also co-opt an existing working group that can serve this function.

Transformation. Refers to the significant change(s) that must occur to achieve and sustain the desired state, contributing to sustaining the HIV response impact. This may be at an intervention, programme, policy, or systems level. A transformation should describe what needs to be done (or not done) as well as how.

Transformation actions. Activities that can be implemented in the next two–three years that will initiate the change needed for achieving five-year benchmarks and HLOs. Annex 2 provides some illustrative examples.

Transformation Plan. The activity-based sustainability and transition plan that will be developed during Phase 4. It should outline what is needed to implement the sustainability strategies and actions that can achieve the desired changes and sustain their impact. This plan is referred to as Roadmap Part B. It includes specific activities, their cost, timeframe, responsible entity, and other key implementation notes.

Transition. Major funding partners define transition as the mechanism by which a country moves towards fully funding and implementing its HIV programmes independent of donor support. A successful transition is one in which gains against HIV are maintained and scaled up, as appropriate, even after external support has come to an end *(125)*.

Abbreviations

ABC/M	activity-based costing and management
AEM	AIDS Epidemic Model
ART	antiretroviral therapy
ARV	antiretroviral medicine
ASEAN	Association of Southeast Asian Nations
CLM	community-led monitoring
CLO	community-led organization
CMS	central medical store
CSO	civil society organization
DHIS2	District Health Information System
EMR	electronic medical record
FCDO	Foreign, Commonwealth and Development Office (United Kingdom)
Gavi	Gavi, The Vaccine Alliance
HEF	Health Equity Fund in Cambodia
HLO	high-level outcome
HRH	human resources for health
IDPoor	Identification of Poor Households Programme in Cambodia
IMR	incidence mortality ratio
JICA	Japan International Cooperation Agency
KP	key population
LIC	low-income country
LMIC	low- and middle-income country
M&E	monitoring and evaluation
MIC	middle-income country
MOH	Ministry of Health
MOF	Ministry of Finance
NAC	National AIDS Council
NCD	noncommunicable disease
NGO	nongovernmental organization
NHI	national health insurance
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHC	primary health care
PDSA	Plan–Do–Study–Act
PrEP	pre-exposure prophylaxis
RAFT	Rapid AIDS Response Financing Tool (UNAIDS)
RMNCH	reproductive, maternal, newborn, and child health
STI	sexually transmitted infection
USAID	United States Agency for International Development
WHO	World Health Organization

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