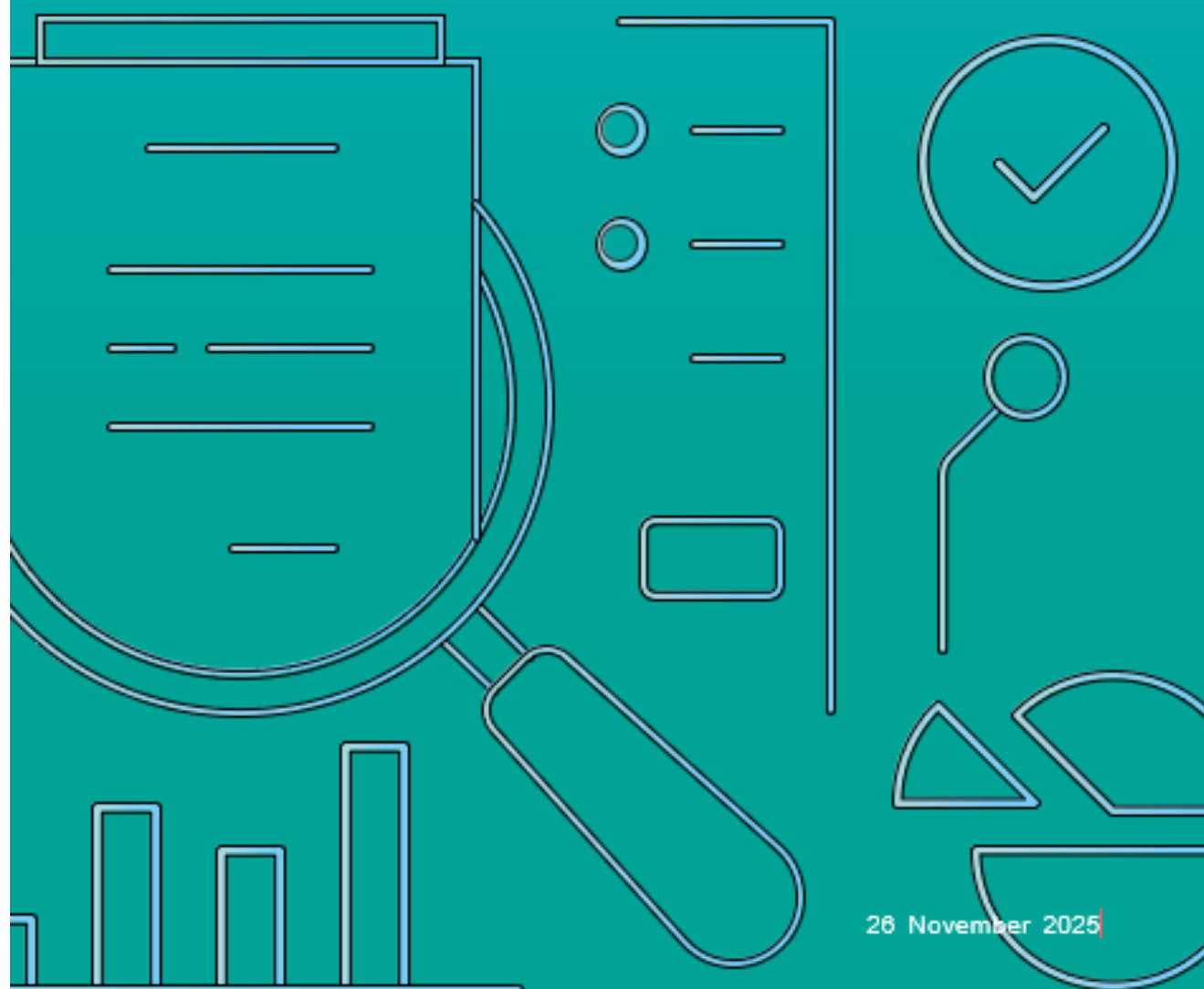FINAL REPORT

Multi-Country Offices and HIV advisors as alternatives to UNAIDS Country Offices

26 November 2025

UNAIDS

ACKNOWLEDGEMENTS

Contents

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CCM	Country Coordinating Mechanisms
HIV	Human Immunodeficiency Virus
MCO	Multi-country office
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PCB	UNAIDS Programme Coordinating Board
RC	Resident Coordinator
RCO	Resident Coordinator's Office
ILO	International Labour Organization
OHCHR	Office of the High Commissioner for Human Rights
UCD	UNAIDS Country Director
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDCO	United Nations Development Coordination Office
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNIC	United Nations Information Centre
UNIDO	United Nations Industrial Development Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSDCF	The United Nations Sustainable Development Cooperation Framework
WFP	United Nations World Food Programme
WHO	World Health Organization

Executive Summary

1. Background and context

UNAIDS leads the global effort to end AIDS as a public health threat by 2030. It aligns its work with SDG commitments on reducing inequalities by expanding equitable access to HIV services, removing barriers that limit HIV outcomes, and integrating efficient HIV responses into broader health and social protection systems. The Joint Programme brings together 11 UN organizations (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, World Bank) and national partners.

UNAIDS' work is guided by principles endorsed by the Programme Coordinating Board: alignment with national priorities; meaningful involvement of civil society and people living with HIV; human rights and gender equality; best available evidence; comprehensive prevention, treatment and care; and non-discrimination. UNAIDS' four core functions are leadership and advocacy, convening and coordination, accountability through data, targets, and strategy, and community engagement, with inequality reduction integrated across all functions.

Progress toward the SDGs is off track. Within this context, UNAIDS is restructuring to sustain impact with fewer resources, maintain inclusion, and strengthen support for country-led responses. A central question is whether alternatives to fully staffed country offices, in particularly Multi-Country Offices (MCOs) and HIV Advisers embedded in Resident Coordinator Offices (RCOs), can deliver results more efficiently and sustainably.

2. Purpose and scope

Following consultations with UNDCO, the Independent Evaluation Office commissioned this evaluation to assess the primary and secondary effects of: (i) placing HIV Advisers in selected RCOs; and (ii) establishing MCOs, as alternatives to standalone country offices. The evaluation examines whether and to what extent these arrangements enable UNAIDS to perform its core functions; how they affect Joint Programme contributions and UN system support to national HIV responses; and what administrative and operational factors enable or hinder performance. The evaluation also draws lessons from adviser and multi-country models in other UN entities (including UN Women and OHCHR). Evidence is intended to inform decisions on UNAIDS' future footprint during ongoing restructuring. The scope focuses on MCOs and HIV Advisers in RCOs. Single-country offices were not assessed, though some respondents provided comparisons based on prior experience.

3. Evaluation approach and methodology

The evaluation used a developmental evaluation approach designed to support learning and adaptation in a complex and evolving change process. It emphasizes real-time feedback, systems thinking, and collaborative engagement with stakeholders involved in restructuring.

A mixed-methods design combined document review, semi-structured interviews at headquarters, regional and country levels, and limited focus group discussions where feasible. Evidence from other UN entities using comparable models was reviewed to identify relevant lessons.

5. Key findings

Structures, roles, and performance of core functions: At the time of data collection, UNAIDS operated nine MCOs and piloted HIV Adviser placements in five RCOs (Fiji, Colombia, Guyana, Republic of the Congo, and Gabon). MCOs differ in size, coverage, and staffing. This flexibility enables adaptation to context but creates inconsistency in expectations. Role differentiation among Country Directors, MCO Directors, and HIV Advisers is not consistently clear. In some cases, expectations remained unchanged as offices transitioned to multi-country coverage, increasing workload without corresponding guidance on prioritization.

The ability to deliver core functions depends on proximity to partners and is strongest in countries with in-country presence. In non-resident contexts, sustained high-level engagement with national counterparts is more difficult, and offices must make sharper trade-offs as coverage expands.

HIV Adviser model and Resident Coordinators: The HIV Adviser pilot is supply-driven, unlike many other UN adviser models that are demand-driven. This affected initial ownership and required an adjustment period to integrate the role. Advisers were included in RCO structures and attended meetings, but integration was uneven and work often proceeded in parallel. Advisers contributed to keeping HIV visible in coordination processes and provided political and technical support, but many operated as scaled-down country offices rather than as strategic advisers.

Joint Teams, Cosponsors, and UNCT engagement: Relationships with Joint Teams and Cosponsors were generally strong, though intensity varied with presence and leadership. UNCT membership and strategic engagement remain anchored in the representative function, which is challenging for MCO Directors covering multiple countries. The absence of corporate guidance on engagement in UNCT and UNSDCF processes was cited as a gap.

National and international partners: Engagement with national and international partners is stronger where there is in-country presence. National officers in MCO coverage countries can support sustained networks. Managing partner expectations is uneven; where MCOs clearly communicate capacity and time allocation, expectations are more realistic. MCOs ensure representation in Global Fund CCMs, but depth of engagement depends on in-country staffing and available time.

Operations, logistical consiterations and support services: Resource availability is a key determinant of effectiveness. Reductions or discontinuation of country envelopes reduced flexibility and limited catalytic activities, especially in countries without staff presence. Travel budgets were consistently identified as essential. HR rules can prevent formal recognition of multi-country responsibilities in terms of reference, even where staff work across countries. Induction for new Advisers was uneven, and prior networks across the UN system, government, and communities were important enablers.

Cross-country learning and dependence on individuals: Some MCOs enabled cross-country learning and South–South exchanges, though less often than potential would allow. Both MCO and single-staff settings rely heavily on individual commitment. Where teams implemented internal systems for prioritization and workload management, pressure was reduced, but such practice is not consistent across offices.

*Prioritization and knowledge managemen*t: There is no explicit corporate guidance on prioritization in multi-country and single-staff contexts. UNAIDS also lacks institutionalized mechanisms for knowledge sharing across MCOs and Adviser placements, beyond informal and ad hoc exchanges.

6. Conclusions

UNAIDS is navigating a period of restructuring marked by declining resources, reductions in staffing, and growing external pressures. Yet, these changes have not been strategically leveraged to reshape how the organization works at country level. The restructuring has largely focused on downsizing, rather than on reconfiguring country engagement to maximize influence and sustainability.

There is currently no systematic approach guiding how UNAIDS should adapt its presence and engagement across different contexts. The evaluation found significant variation in how MCOs and HIV Advisers operate. In the absence of a corporate framework, both the MCO and HIV Adviser models have evolved organically, often shaped by individual initiative rather than institutional strategy. Where expectations are clear and systems are in place to manage workload and partner relationships, effectiveness and staff well-being are stronger.

The HIV Adviser model remains relevant as a mechanism to ensure that HIV and AIDS remain on national and UN agendas, but its function requires redefinition. Advisers embedded in RCOs need clearer mandates, structured induction, predictable resources, and sustained links with UNAIDS systems to function as strategic connectors rather than as small-scale country offices.

Similarly, UNAIDS must develop clear typologies of presence—ranging from MCOs and single-person offices to co-location arrangements within RCOs, cosponsors, or national institutions. This diversity of models would allow greater flexibility and adaptation to country context, while maintaining alignment with the Joint Programme.

Across all typologies, UNAIDS' heavy reliance on individual staff commitment is not sustainable. Without clear role differentiation, strategic prioritization, or predictable resources, performance depends on personal effort rather than institutional systems.

More broadly, the organization has not yet clearly articulated how it will position itself to operate effectively within the "new reality" of the 2030 horizon: one defined by constrained funding, shifting geopolitical priorities, emerging health challenges, and shrinking civic space. The future success of UNAIDS will depend on its ability to move from operational delivery to strategic influence—acting as a convener, connector, and advocate for the integration of HIV across health and development agendas. In that, it has great potential to continue to act as a model for coordination and collaboration, as well as becoming a model for integration in the UN80 landscape.

7. Recommendations

The evaluation proposes six strategic recommendations to guide UNAIDS through the ongoing period of restructuring and systemic adjustment. Recommendations 1 and 2 outline a more strategic and forward-looking direction, calling on the organization to take a deliberate and proactive approach to integrating the UNAIDS mandate within the UN development system,

leveraging the Joint Programme's structure and experience to position HIV within broader development and health agendas. Recommendations 3 to 6 set out the key operational and institutional adjustments required to facilitate the restructuring and to maintain focus as the organization advances toward 2027 and 2030.

Recommendation 1: Develop a Sustainability and Integration Strategy
UNAIDS management, in consultation with the PCB and Cosponsors, should develop a comprehensive strategy to sustain HIV leadership and integration within the UN system. It should articulate the shift in the organizational approach from programme delivery to strategic convening, advocacy, and partnership-building. This strategy needs to:
  i.   define typologies of country presence that allow for alignment with contextual needs;
  ii.   clarify criteria for retention, transition, and handover of functions; and
  iii. include measures for maintaining institutional memory, networks, and knowledge.

Recommendation 2: Expand and Formalize Models of Country Presence
In collaboration with the UN Development Coordination Office and other relevant stakeholders, UNAIDS should articulate a clear menu of country presence options—including MCOs, single-person offices, co-location in RCOs, advisers within RCOs, and partnerships with cosponsors or national entities. This expanded typology should promote flexibility, cost-effectiveness, and contextual adaptation.

Recommendation 3: Clarify Roles and Responsibilities
UNAIDS Human resources in collaboration with the Department of Management should clearly define roles and responsibilities across typologies through tailored job descriptions and terms of reference.

Recommendation 4: Prioritization and workload management
UNAIDS Management should issue concise guidance on how to prioritize UNAIDS' four core functions across countries of coverage and UNCT processes. Results of this prioritization should be communicated internally and to external partners. UNAIDs should also facilitate internal systems for workload management and clear performance expectations in multi-country contexts. These should encourage office-level mechanisms that balance efficiency with staff well-being.

Recommendation 5: The Case for HIV Advisers and Co-location
 UNAIDS Management should clearly articulate the rationale and comparative advantages of (i) maintaining HIV Adviser positions in RCOs and (ii) and co-location arrangements within cosponsor entities. While a purely demand-driven model may not be fully applicable to UNAIDS, the placemnt of dedicated HIV expertise within Resident Coordinator Offices and/or UN partners remains essential for ensuring continued visibility of HIV issues in UN development system efforts.

6. Institutionalize Knowledge Management and Peer Learning
UNAIDS should establish a structured network or community of practice linking MCOs and HIV Advisers for peer exchange, problem-solving, and good practice sharing. It could create a simple knowledge platform to capture lessons learned from pilot experiences, restructuring, and field implementation.

1. Background and Context

The Joint United Nations Programme on HIV/AIDS (UNAIDS), lead the global effort to end AIDS as a public health threat by 2030. By placing the Sustainable Development Goals (SDGs) related to reduction of inequalities at the heart of its work, UNAIDS lead the global response to AIDS by: (i) maximizing equitable and equal access to HIV services, (ii) breaking down barriers to achieving HIV outcomes, and (iii) integrating efficient HIV responses into wider health and protection systems. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

The guiding principles underpinning all aspects of UNAIDs' work, reconfirmed in recent sessions of the UNAIDS Programme Coordinating Board, are:
- Aligned to national stakeholders' priorities;
- Based on the meaningful and measurable involvement of civil society, especially
- people living with HIV and populations most at risk of HIV infection;
- Based on human rights and gender equality;
- Based on the best available scientific evidence and technical knowledge;
- Promoting comprehensive responses to AIDS that integrate prevention, treatment,
- care and support; and
- Based on the principle of non-discrimination.

Furthermore, the four core functions have been clearly articulated as (1) leadership and advocacy; (2) convening and coordination; (3) accountability through data, targets, strategy; and (4) community engagement, while requesting that actions to address inequalities are integrated across these four priorities and recalling the guiding principles of UNAIDS' work.

Progress to achieve the SDGs is off track. Enhanced collaboration within the multilateral system is more important than ever to help accelerate progress towards the SDGs and make the most efficient and effective use of available human, technical and financial resources and leveraging the capacities and full comparative advantage of the UN System.

The restructuring of UNAIDS is a strategic effort to prepare the organization to deliver on the ambitious targets of the 2030 Global AIDS Strategy by transforming the Joint Programme and accelerating progress towards sustainable, country-led responses. Central to this effort is aligning the UNAIDS Secretariat with the High-Level Panel's recommendations for a bold and innovative Operating Model that enhances agility, accountability, and impact.

The process also emphasizes maintaining our commitment to diversity, equity, and inclusion, ensuring that key populations and people living with HIV are prioritized and reflected at every level. Furthermore, it aims to build sustainability and adaptability in an evolving global landscape by leveraging and optimizing UN reform initiatives, ultimately making UNAIDS more effective and responsive in achieving meaningful and lasting progress in the global HIV response.

The optimal deployment of resources at country level has been a key priority for UNAIDS for several years. While the UNAIDS Joint Programme has significant resource constraints, it is critical to assess whether alternatives to country offices can deliver desired results at a lower cost, while promoting a sustainable response to HIV.

In this context, it is critical to understand whether the alternatives to UNAIDS country offices are effective in supporting the implementation of Global AIDS Strategy (2021-2026) and the goal of ending AIDS as a public health threat.

2. Purpose and Scope

Following consultation with the United Nations Development Coordination Office (UNDCO), the UNAIDS independent evaluation office commissioned an evaluation to assess the primary and potential secondary effects of (i) placing HIV advisors in selected Resident Coordinators' offices; and (ii) establishing UNAIDS multi-country offices, as alternatives to standalone UNAIDS country offices in each country. This evaluation will examine how such alternatives would impact UNAIDS's contribution to the work of UN Country Teams, ensuring broad, sustained coverage and leaving no one behind.

This evaluation will assess the primary and the possible secondary effects of the alternatives to UNAIDS country offices on the work of the UN Country Teams more broadly and leaving no one behind.

This evaluation will examine whether or the extent to which, through these two alternatives, the UNAIDS Secretariat has been able to perform its core functions and any impact of this on the work of the Joint Programme in the targeted countries and the UN system support to the national response to HIV. The evaluation will review the administrative and operational arrangements which have been put in place as well as any challenges and gaps in these. The findings of the evaluation will enable the UNAIDS Secretariat to address bottlenecks, gaps and unanticipated consequences and provide the evidence base for consideration of alternatives to UNAIDS offices in countries while proposing scale up strategies over time.

Furthermore, it is important to look outside of UNAIDS and learn and be guided by other UN experiences, including what set-ups for alternatives for the country offices have been piloted and/or planned and where available, look at the evaluations or assessments of those for drawing lessons. These examples would include UN Women, the Office of the High Commissioned for Human Rights (OHCHR), the UN Environment Programme and UN Industrial Development Organization where different models are planned and/ or implemented.

Accordingly, evidence from the evaluation is expected to inform discussions and decisions on UNAIDS future footprint at country level while currently being implemented through the ongoing restructuring of the UNAIDS Secretariat.

This evaluation focuses on MCOs and the arrangement of HIV Advisers in RC offices. It does not examine single-country offices and their experiences. However, in speaking to stakeholders within the organization at the decentralized level, there were several that had experiences in single-

country offices, or that had transitioned from a single-country office to an MCO. These respondents often shared their comparisons.

3. Evaluation approach and methodology

3.1 A developmental evaluation approach

In response to the ongoing restructuring and reorganization within UNAIDS, compounded by broader UN system considerations, this evaluation will utilize a developmental evaluation (DE) approach, grounded in the theoretical framework articulated by Michael Quinn Patton. Unlike traditional formative or summative evaluations that assess program performance against predefined indicators or outcomes at specific points in time, developmental evaluation is a dynamic, real-time approach designed to support innovation, change, and adaptive learning within complex, emergent contexts.

Rationale for the Approach

Given the unprecedented pace of organizational change, coupled with the complex interplay of internal and external factors influencing UNAIDS' restructuring efforts—including the decentralization of responsibilities across multi-country offices (MCOs) and the transformation of HIV/AIDS advisory mechanisms—traditional evaluation methods are insufficient to provide timely, actionable insights. Developmental evaluation acknowledges the unpredictable and nonlinear nature of organizational change, emphasizing continuous feedback and iterative learning that allows decision-makers to adapt strategies proactively.

Core Principles and Application

Drawing from Patton's conceptualization, the core principles have been tailored to the specific context of UNAIDS. This evaluation is characterized by the following core principles:

I. ***Focusing on Developmental Processes, Innovation, and Learning***: The primary aim is to understand how reforms—particularly those related to MCOs and HIV/AIDS advisory functions—are evolving as innovative processes. This involves capturing lessons learned, understanding barriers and facilitators to change, and identifying opportunities for strategic adaptation. The emphasis is on continuous development rather than static assessment. This can provide stakeholders with insights that guide ongoing design and implementation.

II. ***Operating in Complex, Nonlinear, and Uncertain Environments***: Recognizing that UNAIDS' restructuring operates within a complex adaptive system characterized by interdependencies and emergent properties, the evaluation adopts systems thinking principles. The evaluation seeks to map the dynamics of organizational change. This includes how different units and levels of the organization respond and adapt to reforms, while ensuring that insights are contextualized within the broader organizational ecosystem.

III. ***Real-Time, Rapid Feedback Loops***: Developmental evaluation prioritizes the timely delivery of evidence to inform decision-making. This involves establishing mechanisms for frequent data collection, synthesis, and reporting—potentially through interim reports or interactive feedback modalities—that enable managers and stakeholders to adjust strategies dynamically. This rapid feedback cycle is essential in fostering agility and responsiveness, critical for navigating organizational change effectively.

IV. ***Collaborative, Embedded Evaluation:*** The evaluator will operate as a partner within the organization, fostering collaborative engagement with key stakeholders involved in the restructuring process—including teams designing and implementing reforms related to country configurations and HIV/AIDS advisory functions. This approach aligns with Patton's advocacy for a participatory and developmental role for evaluators, facilitating shared understanding and co-creation of knowledge that enhances organizational learning.

V. ***Focus on Innovation, Adaptation, and Transformation***: Consistent with developmental evaluation principles, the evaluation's analytical focus is on understanding how organizational innovations are conceptualized, adapted, adopted, and institutionalized. This involves examining processes of contextual sensing, iterative experimentation, and adaptive management, with the goal of fostering an environment conducive to continuous transformation.

VI. ***Supporting Decision-Making and Course Adjustments***: The evaluation functions as a learning partner rather than a normative auditor. It aims to embed insights into ongoing processes, providing strategic guidance to leadership and staff as reforms unfold. This facilitative role enhances organizational capacity for reflective practice and adaptive strategies, aligned with Patton's emphasis on evaluation as a developmental act.

Implementation Framework

To operationalize these principles, the evaluation employed mixed methods—qualitative and quantitative—as appropriate, including document analysis, stakeholder interviews, observation, and real-time data collection tools. Emphasis was placed on flexibility, iterative cycles, and stakeholder engagement, ensuring that insights evolve in tandem with reform processes. The evaluation process included interim reports and feedback to stakeholders. It will aim to facilitate learning workshops, foster organizational dialogue and support strategic course corrections.

By employing a developmental evaluation approach rooted in Patton's theoretical framework, this evaluation aims to provide UNAIDS with the timely, context-sensitive insights necessary to navigate the complex landscape of organizational change effectively. It aligns with the organization's needs for agility, learning, and adaptive management in the face of an evolving global health landscape.

3.2 Evaluation Questions

The evaluation Terms of Reference set out five evaluation questions. This Inception Report refined the questions based on initial interviews with stakeholders and a document review.

EQ1: To what extent and at what level of intensity has UNAIDS Secretariat been able to perform its core functions through the alternative models of presence?
1.1 Are the roles and responsibilities of HIV Advisors and multi-country offices clearly articulated?
1.2 In a MCO setting, is there a difference in how the core functions are performed, depending on UNAIDS' in-country set-up?
1.3 Have HIV Advisor's been able to perform some core functions more effectively than others and what factors have influenced their effectiveness?

EQ2: How effectively have the alternative models of presence and Cosponsors come together as a UN Joint Team on AIDS to support the HIV response in countries?
2.1 In a MCO setting, how have the differences in-country presence affected the engagement with the cosponsors and Joint Teams?
2.2 How effective have HIV advisors been in engaging with cosponsors and engaging as UN Joint Team on AIDS?

EQ3: How effectively have staff in UNAIDS multi-county offices and HIV advisors engaged national and international partners in efforts to support the HIV response in countries?

EQ4: What is the operational set up of these alternative models of UNAIDS presence and what factors have affected the operations and support provided by UNAIDS multi-country offices and HIV advisors?
4.1 What has the role of the RC and RCO been?

EQ5: Have the alternate models of UNAIDS support to countries had unexpected results (both negative and positive)?
5.1 Are there benefits from the multi-country office model in terms of more sub-regional or cross-country collaboration synergies?
5.2 Are there benefits from being embedded in the RCO for HIV advisors to be able to support the HIV response in countries?

3.3 Methodology

The evaluation followed a mixed-method approach to data collection. Sources of information included stakeholder interviews at all levels, limited focus group discussions, and a review of administrative, monitoring and survey data, and document review.

Stakeholder interviews

Semi-structured interviews were conducted with key informants at headquarters, regional and country levels. Where feasible, the evaluation sought to complement this with selected focus group discussions in the interest of collecting feedback from as wide a range of relevant stakeholders as possible – although this proved difficult. In as far as possible, the evaluation will sought to ensure a gender in the selection of key informants to be interviewed.

Stakeholders at headquarters were selected from the following groups:

- Executive Office of UNAIDS
- selected members from UNAIDS Programme Coordinating Board (PCB)
- selected staff from UNAIDS Department of Management
- selected staff from UNAIDS Programme Branch
- UN Development Coordination Office

Stakeholders at the country level were from the following groups:
- UNAIDS Regional Directors
- other UNAIDS staff members from UNAIDS regional office, as relevant
- selected members from the regional team on AIDS

Stakeholders at the country level were selected from the following groups:
- Resident Coordinators and Resident Coordinator Offices
- UNAIDS staff in country
- UNCT Members, with special attention to the UNAIDS Co-sponsors
- Key national stakeholders from outside the UN system (senior leadership from relevant Government Ministries, civil society and community organizations including Network of People Living with HIV, other development partners and donor)

Document review

A review of all relevant available documents formed another significant source of evidence. The limited documentation available was systematically reviewed in line with the relevant evaluation questions. Where available analysis, lessons learned and evaluative evidence outside of UNAIDS was drawn on from other UN system entities that have experience with advisers and mutli-country structures.

3.4 Risks and limitations

The Inception Report anticipated the main risks and limitations the evaluation might face. Table X below are outlined below.

Risks and limitations identified in Inception Report	Risks and limitations faced by Evaluation
Data availability and documentation: There is limited documentation surrounding, especially the recently established HIV advisors in RCOs. With the on-going discussions on restructuring and wider developments related to UN80, the status quo is regularly shifting and most up to date documentation is not always at hand. In as far as possible the evaluation will seek to collect and analyze data and documentation made available. Where necessary there will be a greater reliance on stakeholder feedback and perceptions.	The availability of documentation was limited, not only for the HIV Adviser pilots but also for the broader restructuring process. As the restructuring was ongoing and evolving in parallel with the evaluation, it was not always possible to capture the most recent developments. The same limitation applied to the UN80 processes, for which documentation was still under development during the evaluation period.
Difficulty accessing documentary evidence at all levels: related to the limited availability of data and documentation, the timely access to what is available may be difficult and take time. Where possible this will be triangulated through other sources, but it forms a key component of the evidence for this evaluation.	Access to internal documentation was at times constrained, even when requested. This limited the ability to triangulate and substantiate certain findings derived from stakeholder interviews. Consequently, the evaluation relied heavily on qualitative

	evidence obtained through interviews and consultations.
Difficulty in obtaining external perspectives, especially national governments: Reliance on remote meetings may make it difficult to obtain views from national stakeholders outside the UN system. In as far as possible, the evaluation will seek to triangulate with stakeholders that may be able to reflect the views of national stakeholders external to UNAIDS.	Restricted access to internal stakeholders also affected the ability to reach a wider range of external partners. Despite these challenges, the evaluation team received strong cooperation from the stakeholders who were available and engaged.
Stakeholder availability and 'fatigue': There is a possibility that the current system-wide climate in UN entities as well as within UNAIDS, particularly in response to recent restructuring, there is a risk that stakeholders are unavailable or reluctant to engage with the evaluation. To the extent the burden on key stakeholders will be reduced, in particular through liaising closely with on-going management efforts.	The evaluation was unable to engage with as many stakeholders—particularly within UNAIDS—as originally planned. The exercise coincided with a period of organizational restructuring, which understandably affected stakeholder availability and willingness to participate. Nonetheless, those who did engage with the evaluation were highly cooperative and provided valuable insights that significantly informed the findings.

4. Evaluation Findings

4.1 Structure, Roles and Responsibilities

Status of UNAIDS Multicounty offices and Placement of HIV Advisors

At the time of evaluation data collection, UNAIDS operated nine UNAIDS Multi-country offices. They include:

UNAIDS Region	Countries of coverage
Asia and Pacific	**Cambodia** – Laos – Malaysia (3)
	Pakistan – Afghanistan (2)
Eastern and Southern Africa	**Madagascar** – Comoros – Mauritius – Seychelles (4)
Latin America and the Caribbean	**Guatemala** – Honduras – Nicaragua (3)
	Peru – Colombia – Bolivia – Ecuador (4)
	Jamaica – Belize – Guyana – Suriname – Trinidad and Tobago (5)
	Argentina – Chile – Paraguay – Uruguay (4)
West and Central Africa	**Sierra Leone** – Liberia (2)
	Togo – Benin (2)

In addition, a pilot of placing HIV Advisors in Resident Coordinator Offices had been in place since 2023. They included: Fiji, Columbia, Guyana, Congo, and Gabon.

The placement of HIV Advisers within Resident Coordinator Offices (RCOs) is guided by several key policy and operational documents. These include:

- **The Interoffice Memorandum** on *"Resident Coordinators Seeking Additional Capacities to RC Offices Beyond Special Purpose Trust Fund-Funded Positions"* (July 2020);
- **The Agreement Between the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations for Staffing Services in Support of the Resident Coordinator's Offices**; and
- **The UNDG Strategy for the Deployment of Human Rights Advisers to Resident Coordinators and UN Country Teams** (January 2012).

Together, these documents establish the framework, conditions, and limitations governing the placement of additional staff within RCOs. The *Box* below summarizes the main provisions of each.

> ***The Interoffice Memo on "Resident Coordinators seeking additional capacities to RC offices beyond Special Purpose Trust Fund-funded positions"*** (issued in July 2020)
> The memo underscores the impartiality and coordination role of the Resident Coordinator and stresses that the "work of the RC office is one of coordination, support and provision of enabling services to ensure UN country teams (UNCTs) can provide optimal support to government, and other partners". As a direct result of this, it clarifies that "advisors provide substantive advice and inputs to the Resident Coordinator/UNCT in their area of expertise to inform system-wide efforts, planning and initiatives...They also support the Resident Coordinator/UNCT in their engagement with government authorities and other partners, as appropriate. Advisors do not perform representative functions on behalf of any United Nations entity of the country, nor should they represent or operate on behalf of a sponsoring organization, while performing advisory functions in the RC office".
>
> ***The AGREEMENT BETWEEN JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS) AND THE UNITED NATIONS (UN) FOR STAFFING SERVICES IN SUPPORT OF THE RESIDENT COORDINATOR'S OFFICES***
> The MoU, as it was agreed during the pilot phase, clarifies the adviser's role vis a vis the RCO and UNCT. It clearly sets out the dual reporting line and some of the administrative arrangements governing the selection and placement of advisers in RCOs.
>
> ***UNDG Strategy for the Deployment of Human Rights Advisers to Resident Coordinators and UN Country Teams*** (January 2012)
> The strategy is modelled on the experience and set-up of Human Rights Advisers and pre-dates the current reform. However, few changes have been made to the strategy following the reform and some key elements of the memo above originate from this experience.

There is extensive experience within the United Nations system in implementing adviser models. The three most common advisory roles in Resident Coordinator Offices (RCOs) are Human Rights Advisers, Gender Advisers, and Peace and Development Advisers. The guidance governing these models has largely been shaped by lessons from across the UN system. Key insights from these experiences include the following:

1. **Demand-driven deployment:** Human Rights, Gender, and Peace and Development Advisers are deployed on a demand-driven basis. Resident Coordinators (RCs) and UN Country Teams (UNCTs) must identify the need for such capacity and submit a formal request, in accordance with established procedures. The availability of advisers depends on funding and resource considerations.
2. **Role of the Resident Coordinator:** The RC plays a decisive role in determining the effectiveness of adviser positions. The extent to which advisers are integrated into the RCO, engaged in UNCT-wide processes, and consulted by national stakeholders depends heavily on the RC's leadership and convening style. It is generally emphasized that the adviser's first reporting line should be to the RC, ensuring clear accountability and alignment with RCO priorities.
3. **Dual reporting lines:** All adviser models include dual reporting lines. Although this arrangement can present administrative challenges, it is generally well established. Advisers are operationally part of the RCO team and accountable to the RC, while

maintaining a strong substantive link to their home UN entity, which provides technical guidance and oversight.

4. **Value of prior experience and networks:** Advisers with prior experience in their home UN entity are typically more effective. Familiarity with institutional systems, internal processes, and professional networks facilitates access to expertise and supports efficient coordination within both the RCO and the broader UN system.

5. **Participation in UN Country Teams:** Adviser participation in UNCT meetings is determined by the RC. In most cases, advisers attend meetings regularly but do not represent their home entities, as formal representation lies with regional or multi-country offices or headquarters staff. A good practice observed is that advisers, in consultation with their home entity, help identify meetings where their participation—or that of another representative—would add value, particularly where coverage of multiple UNCTs limits consistent engagement.

6. **Capacity building and integration:** Continuous capacity development for advisers is essential. Training should cover both UNCT coordination and the technical areas of the adviser's specialization. Strong integration within the network of the home agency ensures access to institutional knowledge, materials, and expertise, thereby enhancing the adviser's effectiveness.

> **Finding 1.**   UNAIDS multi-country offices are not structured or organized in a unified way. HIV Advisers also played a different role in the countries they were based. While this allows for flexibility, it also poses challenges.

MCOs vary in structure and staffing. The number of countries included in an MCO varies from a minimum of two to a (current) maximum of five countries. Most have a small core team in one country. Many set-ups have additional staff in another covered country(ies). In two cases, this was an HIV Adviser embedded in the UN Resident Coordinator's Office.

The core team often includes a mix of international and national officers. With staff member(s) in non-resident country(ies) being typically national staff member(s). The actual number of staff and specific roles vary based on the context and needs of the countries covered by the MCO. Staffing is often considered insufficient for the number of countries covered.

Without a standard structure and staffing set up in MCOs, the offices themselves organize their work and division of labor. Under the leadership of the UNAIDS multi-country Director, often in close consultation with the Regional Directors, different models have emerged. This has allowed for flexibility and autonomy of the UNAIDS multi-country Director. However, all respondents indicated that some direction and guidance on expectations is necessary.

> **Finding 2.**   The roles and responsibilities of Country Directors, MCO Directors and HIV Advisers do not appear to be clearly and effectively articulated and differentiated. There is a perception that there is not a significant difference in the expectation between the roles. This is more pronounced between Country Offices and Multi-Country Offices.

Roles and responsibilities among Country Directors, MCO Directors, and HIV Advisers are not always differentiated, and expectations often remain unchanged after transitions from single-

country offices.

Among UNAIDS stakeholders at the country level there is a perception that the expectations from their roles did not shift when the typology of the offices changed. The evaluation was unable to triangulate this through comparing the job descriptions or Terms of Reference.[1]

Feedback from respondents consistently pointed to increased workloads, with fewer staff, in the creation of multi-country offices. Expectations from single staff members were multiplied by the number of countries the MCO was responsible for. For example, an Administrative Officer previously handling administrative tasks for a single country office, would now be in charge of the administrative actions for two or three countries.

Respondents in management roles all indicated that there was no guidance on which processes were considered most important corporately.

> **Finding 3.** There is a difference in how UNAIDS is able to perform its core functions depending on which structure is present at the country level.

The ability to perform UNAIDS' four core functions—leadership and advocacy, coordination, accountability, and community engagement—depends on proximity to partners. Partnerships significantly augment the impact of interventions. Advocacy is key to shaping national responses.

Not surprisingly, UNAIDS MCOs were best able to perform core functions in those countries in which the core team was present. Nevertheless, MCO teams made significant efforts in performing them in the other countries of coverage. The division of labor was easier where two countries were covered than where multiple ones were. In all scenarios offices often need to make difficult decisions. The teams adapted their work depending on the country context, needs and the capacities they had.

The representational and high-level interaction with national counterparts is not as prominent in countries where the MCO Director is not present, despite valiant efforts by individuals.

With current restructuring, including the closing down of several of the MCOs interacted with throughout the evaluation, staff expressed real concerns about the levels of services that Regional Support Teams could provide to all countries now under their sole coverage. Some UNAIDS respondents indicated that they felt an organizational commitment to operate in a programme country was tied to a responsibility to be engaged. Committing coverage without dedicating resources felt problematic.

> **Finding 4.** Many of the UNAIDS HIV Advisers have acted as single-person UNAIDS country offices rather than adapting their way of working and advising to the RC and UNCT.

The role and focus of HIV Advisers in the pilots differed depending on the context and the individual incumbent. HIV Advisers frequently acted as scaled-down country offices, interacting with counterparts and attempting to implement programming as a country office would, rather than

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[1] These documents were requested multiple times from different UNAIDS stakeholders.

shifting to providing strategic advice and entry-points to the RC. This approach to working at the country level, within the RCO and through the RC and UNCT, requires a specific and different approach to tackling the mandate.

The strongest example of this was the office in Fiji where the same incumbent transitioned from a UCD to an HIV Adviser. Within the UNCT and at the country level the role did not shift. It did result in a strengthened relationship with the RC and the RCO, though. However, the operational barriers that emerged with this switch, increased the workload and bureaucracy, with limited additional advantages.

> **Finding 5.** UNAIDs' expectation of using the HIV Advisers at the country level were at odds with the concept and structural limitations of the model. HIV Advisers faced significant challenges, especially when they tried to operate as single-person UNAIDS offices.

Most advisory models in other UN entities operate on a demand-driven basis. Resident Coordinators and UN Country Teams request additional capacity based on identified needs. By contrast, the HIV Adviser pilots in Resident Coordinator Offices (RCOs) were supply-driven, initiated by UNAIDS rather than by country demand. Being supply-driven affected the degree of ownership, visibility, and influence the Advisers were able to establish at the country level.

The rules governing the deployment of additional capacities in RCOs were developed from experiences not fully comparable to the HIV Adviser model. As a result, the pilots required a period of adjustment while RCs and RCOs determined how to integrate the new role. As with other adviser models, the commitment of the RC and their willingness to support integration proved decisive.

Each Adviser operated under dual reporting lines. They are formally part of the RCO team while maintaining a substantive link with the affiliated UNAIDS office. Advisers consistently participated in RCO meetings but often worked largely independently. In several cases, relationships with RCs were mediated through the head of the RCO, which complicated communication and decision-making. The substantive relationship with UNAIDS offices was generally strong, although the level of operational integration varied by context.

The evaluation identified a number of operational challenges associated with the HIV Adviser model, many of which stem from its nature as a scaled-down form of country presence:
- Operational arrangements were often complex and delayed implementation.
- Sources of logistical support were not always clear to the incumbents.
- Operational support from RCOs was frequently viewed as insufficient.
- HIV Advisers had no dedicated budgets, limiting their ability to initiate or manage activities independently.
- Open-plan office arrangements created challenges when interacting with affected populations.

In Fiji, the removal of a previously managed budget and work plan, and the shift of administrative support from in-country to the Regional Office, further constrained day-to-day operations. The loss of autonomy was particularly evident in this context. From an operational perspective, the added value of embedding the Adviser within the RCO was not apparent.

4.2 Resident Coordinators

> **Finding 6.** The role of the Resident Coordinator is a key determinant in the success of the HIV Advisers roles. They are important partners in MCO settings as well.

The commitment of Resident Coordinators to the HIV response has been a key determinant of the effectiveness of the HIV Adviser pilot. The leadership approach of the RC also shapes the extent to which national staff, in particular, are empowered to engage.

Experiences among HIV Advisers have varied. In smaller RCOs, the additional capacity provided by the Adviser was welcomed and collaboration was strong. In other contexts, the supply-driven nature of the pilot required a period of adjustment as RCs and RCOs defined how best to integrate the role within existing structures.

Given the specialized nature of HIV, several Advisers initially needed to advocate for their inclusion in RCO and, to a lesser extent, UN Country Team processes. Despite these early challenges, all Advisers consulted reported that they had successfully established their roles and developed constructive working relationships with RCs and RCOs.

Good relationships with Resident Coordinators and the RCOs were also highlighted as important in MCO settings. MCO UCDs made significant efforts across the board to ensure their presence in UNCTs. RCs have created spaces and enhanced UNAIDS visibility.

> **Finding 7.** Embedding HIV Advisers into RCOs has strengthened the collaboration and relationship with the Resident Coordinators.

The placement of HIV Advisers has helped ensure that HIV and AIDS issues remain more visible on the agendas of Resident Coordinators. While RCs face many competing and often urgent priorities, HIV and AIDS—together with affected populations—remain sensitive issues in some contexts. Where accountability for addressing these issues increasingly rests with the RC, the presence of an HIV Adviser can provide essential technical and contextual support, helping RCs navigate complex political and social environments.

All HIV Advisers consulted participated in some UN Country Team meetings, particularly those of direct relevance to HIV or health-related topics. In parallel, MCO Directors or Regional Directors also participated in these same UNCTs as formal representatives of UNAIDS. The presence of HIV Advisers in-country provided these Directors with timely insights and a deeper understanding of national developments. Similar benefits were reported in MCOs where national staff were based in non-resident countries; although these staff did not attend UNCT meetings regularly, they provided valuable updates and contextual analysis.

HIV Advisers were formally included in RCO structures. However, HIV Advisers were not fully integrated into all the RCO teams in the pilot countries. Experience was uneven. While Advisers generally attended RCO meetings and contributed when relevant, much of their work continued in parallel to that of the RCO. Despite this, they were recognized as valued sources of technical expertise and made meaningful contributions to policy discussions and analytical work related to HIV and AIDS.

One HIV Adviser suggested that by clearly articulating how HIV and AIDS priorities integrated into broader UN Sustainable Development Cooperation Frameworks proved to be an effective entry point for securing engagement from RCs and RCOs in the broader HIV response.

4.3 Joint Teams and Cosponsors

Finding 8.   There is evidence of strong relationships with Joint Teams and cosponsors at the country level. There are differences in the type and intensity of the relationship depending on UNAIDS's in-country structure.

All interlocutors reported strong relationships with the Joint Teams, regardless of the set up in country. At the same time, the intensity of the relationship, the type of interaction and reliance on the Joint Teams was affected by the type of presence. National officers closely collaborate with the teams and are valued.

HIV Advisers also worked closely with co-sponsors supporting them in developing interventions aligned with UNSDCFs.

The effectiveness in building these relationships has been dependent on context and more so on the incumbent individuals. Active MCO Directors strategically used travel to their other countries of coverage to engage with the teams and representatives of the cosponsors.

Finding 9.   UNCT membership and engagement at the strategic level remains anchored in the Representative function. This can pose challenges in both MCO and HIV Adviser settings.

The MAF as it stands now[2] defines UNCT membership as follows: "[The UNCT is] composed of the representatives of the UNSDG entities that meet all of the three following criteria: they (i) are signatory to the UN Cooperation Framework, (ii) carry out operational activities for development in the respective country irrespective of where the entity is physically located, including entities with a project presence, and (iii) contribute to the UNSDG cost sharing agreement. Representatives of entities that are not signatory to the UN Cooperation Framework – e.g., the Bretton Woods institutions, OCHA, UNDSS, UNIC, UN peace and political entities, etc. - can and should be considered full members of the UNCT but should recuse themselves from decision-making in relation to the Cooperation Framework implementation."[3]

Where MCO UCDs need to follow multiple UNCTs, it becomes quite cumbersome. Depending on levels of activities in individual countries, including UNSDCF processes, there is limited scope to be very active in all fora. The lack of corporate guidance on the involvement in UNSDCF processes in different country presence typologies was often mentioned as a gap.

HIV Advisers have worked with UNCT counterparts at the strategic and especially technical level to identify areas for action.

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[2] The MAF is currently under revision by the UNSDG.
[3] MANAGEMENT AND ACCOUNTABILITY FRAMEWORK OF THE UN DEVELOPMENT AND RESIDENT COORDINATOR SYSTEM, UNSDG, September 2021.

4.4 National and International Partners

> **Finding 10.** The level and intensity of engagement with national and international partners depend on both the in-country structure and the broader context. Strategic relationship-building is closely linked to the representative function of UNAIDS at country level.

Partnerships with national governments, civil society, and development partners are consistently stronger where UNAIDS maintains an in-country presence. The larger and more dedicated this presence, the greater the ability to sustain relationships and contribute to national dialogue.

In MCO settings, any form of in-country presence is preferable to none. MCOs with a smaller geographic scope or with national officers based in covered countries have greater opportunities for engagement. National officers are often able to build strong networks both within the UN system and with key national stakeholders.

In multi-country configurations, strategic relationship-building remains primarily the responsibility of the representative function. However, managing relationships across multiple countries has become increasingly complex and resource-intensive. Limited travel budgets and competing priorities constrain consistent engagement with national partners.

HIV Advisers actively engaged with both government and civil society partners. They reported having space to operate at the political level—both through the Resident Coordinator and through direct engagement. This allowed them to maintain visibility for HIV issues in national coordination and planning processes.

MCOs ensured representation in Global Fund Country Coordinating Mechanisms (CCMs) in their respective countries of coverage. The degree of engagement, however, varied depending on the level of in-country presence and the availability of resources, including staff time. Where staff were based in-country, participation in CCM processes was more regular and substantive.

> **Finding 11.** The is no corporate level expectation management of national partners at the national level based on in-country structures.

Not all demands from countries covered by MCOs can be met. Where expectations have been clearly defined and communicated, MCOs are better able to manage requests and set priorities effectively. There is no corporate guidance nor requirement to communicate capacities.

Reductions in country presence—including office closures, consolidation under MCOs, or complete withdrawal—have not always been well managed in terms of communication with national counterparts. Both Regional Offices and MCO Directors reported that these transitions required careful handling to maintain trust and collaboration with governments and partners.

There are examples of good practice in managing expectations. MCOs that have strategically allocated their time among countries and communicated these arrangements clearly have fostered

greater understanding among national stakeholders of available capacity and support. This transparency has contributed to more realistic expectations and stronger working relationships.

4.5 Operational and support services

Finding 12. There are several operational and logistical factors that enable or constrain the work of MCOs and HIV Advisers.

The most significant determinant of effectiveness at the country level is the availability of resources. In MCO settings, resource allocation practices varied across contexts. How the MCOs managed the resources available to them, including the amount of attention dedicated to each country of coverage varied. MCOs also highlighted the reduction or discontinuation of country envelopes as a significant constraint. These envelopes had previously provided limited but catalytic funding for activities in countries without a physical UNAIDS presence. Their removal has reduced flexibility and affected the ability to respond to country needs, particularly in MCO coverage countries without staff on site.

All HIV Advisers identified the absence of a dedicated budget for country-level activities as a major obstacle to effective engagement. Within the RCO framework, accessing limited funds was reported to be complex and time-consuming.

Across all models of presence, the availability of travel funds was consistently cited as a critical enabler for maintaining relationships, supporting coordination, and sustaining visibility at the national level.

Despite administrative challenges, MCOs successfully deployed available capacities across multiple countries. However, national staff terms of reference could not formally reflect multi-country responsibilities due to existing human resources regulations. While staff continued to work flexibly, adjustments to HR frameworks are needed to align job descriptions with actual roles and responsibilities.

The sustainability of the HIV Adviser model remains a concern, as the Resident Coordinator system will not be able to provide funding or co-funding for these positions.

Several HIV Advisers reported that they received limited or no induction upon assuming their roles, which initially hindered integration within both the RCO and UNAIDS structures. This challenge was most pronounced among advisers without prior UNAIDS experience. A short induction period with the MCO or Regional Office to which the adviser is linked was widely seen as beneficial for familiarization with administrative processes and institutional networks. The same would hold true for UNAIDS staff joining the non-core team of MCOs.

The evaluation identified three types of networks as particularly valuable for the work of HIV Advisers or national staff placed in countries of MCO coverage:
- Networks within the UN development system;
- Relationships with national government counterparts; and
- Links with community and civil society actors.

Pre-existing networks, particularly those spanning more than one of these categories, were described as strong enablers of impact and influence.

Geography can act as both an enabler and a barrier. Proximity between countries covered by MCOs facilitates travel, communication, and shared learning. MCOs covering countries with similar contexts or pre-existing regional cooperation were better able to build on common challenges and leverage cross-country networks. Well-aligned groupings of countries were found to enhance coordination and efficiency.

4.6 Unexpected results

> **Finding 13.** Some multi-country offices have exchanged and transferred knowledge among the countries of their coverage. Some MCOs have been able to enable South-South exchanges and contributed to building partnerships between their countries of coverage.

Where two or more countries of coverage have comparable challenges, MCOs have been able to learn from one response and apply it to the other. Where cross-border issues or tensions may be present, participation in both UNCTs and building in partnerships in both places have enabled more comprehensive responses.

These advantages were seen by the staff of MCOs, however given limited resources and time, they stated it does not ha[[en as often as it could.

> **Finding 14.** Both typologies of UNAIDS presence—the Multi-Country Office (MCO) model and single-person country presences—rely heavily on the capacity and dedication of individual staff members.

These arrangements place significant responsibility on a small number of personnel, often requiring them to manage a wide range of functions with limited institutional support.

Across both models, staff face high expectations and workloads. In contexts where offices have been reduced or closed, existing personnel have frequently assumed additional responsibilities without corresponding adjustments to expectations from them.

The absence of clear differentiation in roles and responsibilities has further compounded this challenge. In many cases, staff are expected to deliver an equivalent breadth of services to multiple countries, despite operating within smaller teams or as single-person offices. Without clearly defined boundaries, these expectations place considerable pressure on individuals and risk affecting both performance and well-being.

Despite these constraints, the evaluation found many examples of strong individual commitment and initiative. In several MCOs, staff developed internal systems to help prioritize tasks, manage workloads, and maintain balance. However, such practices were not applied consistently across all offices, leaving some staff without the corporate backing and support needed to sustain performance over time.

> **Finding 15.** There is no explicit corporate guidance on how and what to prioritize in multi-country and single-staff settings.

There is currently no explicit corporate guidance on how to set priorities or organize work in multi-country and single-staff settings. The absence of clear direction from headquarters has left Multi-Country Offices (MCOs) to determine independently how to allocate their efforts across core functions and countries of coverage.

A need for clear, practical guidance from headquarters—particularly on which UN Country Team processes to prioritize—was consistently highlighted by staff. In the absence of such direction, MCOs have developed their own systems for organizing and prioritizing work, often with varying results.

The evaluation identified examples of effective internal organization, where teams systematically identified priorities, allocated resources and staff time accordingly, and communicated these arrangements clearly to partners. This approach created a more manageable work environment, clarified expectations, and improved coordination with national and UN counterparts. The MCO in Cambodia, which also covers the Lao People's Democratic Republic and Malaysia, was noted as an example of good practice in this regard.

Clear corporate guidance on prioritization would also strengthen relationships with partners both within the UN system and at the national level. It would enable UNAIDS Regional Directors, UNAIDS Country Directors and HIV Advisers to communicate consistent expectations to Resident Coordinators and national stakeholders.

The evaluation also found a lack of corporate guidance on engagement with UNCT and UN Sustainable Development Cooperation Framework processes, particularly for multi-country settings. For MCO Directors responsible for multiple countries and processes, often simultaneously, this absence of direction has presented a significant operational challenge.

> **Finding 16.** There has not been a significant shift in the ways UNAIDS works and engages at the country level where it is no longer present with a fully staffed country office.

The evaluation found that there has not yet been a substantial shift in how UNAIDS engages at the country level in contexts where it no longer maintains a fully staffed country office. While structural changes have occurred—including downsizing, the establishment of MCOs, and the placement of HIV Advisers within RCOs—the underlying ways of working have remained largely unchanged.

In an environment of constrained resources, reduced staffing, and ongoing restructuring, many respondents highlighted the need for a more strategic and selective approach to country engagement. They emphasized that UNAIDS must focus its limited capacity where it can add the greatest value—by influencing policy, facilitating coordination, and connecting actors across sectors—rather than by directly implementing programmes.

A shift from operational delivery to strategic influence and convening is increasingly necessary. Respondents noted that UNAIDS' comparative advantage lies in its ability to mobilize partnerships,

promote coherence within the UN system, and maintain political and policy attention to the HIV response. In that it has served as an example of good practice in the UN system. This convening role remains as critical as ever, particularly in ensuring that HIV and AIDS remain integrated within broader development and health agendas.

At the same time, stakeholders underlined the need for UNAIDS to reconsider how it partners within evolving coordination frameworks. This includes reflecting on how to continue to engage effectively in joint mechanisms such as the Global Fund Country Coordinating Mechanisms (CCMs) and how to sustain influence within UN Country Teams and broader multisectoral partnerships despite a lighter footprint.

Overall, the evaluation indicates that a more deliberate strategy is needed to define how UNAIDS will operate, influence, and partner in settings where it has reduced or no permanent presence. This would ensure that its unique convening mandate continues to generate impact even in the context of reducing resources.

> **Finding 17.** The evaluation found no systematic mechanism within UNAIDS for knowledge management or the sharing of good practices across different country presence models. While some informal exchanges and ad hoc initiatives have taken place, these efforts lack institutional structure and consistency.

HIV Advisers participating in the pilot were not connected through any formal mechanism established by the organization. Given that all but one Adviser were new to UNAIDS and were serving in a pilot capacity, this represented a missed opportunity for collective learning. In the absence of an institutional platform, the Advisers themselves established an informal communication channel to exchange experiences and coordinate on common issues.
This self-organized network later contributed to the preparation of a joint report[4] summarizing shared challenges and successes. Many of the issues identified in that report were also confirmed by this evaluation.

Similarly, there is no established network or formal mechanism for exchange among Multi-Country Offices (MCOs). In some regions, limited interactions occurred between offices, but these exchanges were occasional and largely unplanned.

In preparation for the recent restructuring, a review process was undertaken that resulted in a paper[5] summarizing key good practices and common challenges across MCOs. However, this was a one-off exercise rather than a sustained mechanism for institutional learning.

Overall, there is no evidence of a structured system for knowledge sharing or networking between MCOs and HIV Advisers. Existing exchanges have been primarily informal and dependent on individual initiative. This absence of institutionalized collaboration limits opportunities to share experience, align practices, and strengthen coherence across different country typologies.

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[4] *Comprehensive Report on the HIV Adviser Pilot Program Evaluation*, date unspecified.
[5] Multi-country offices (MCOs) in the context of the restructuring learning from currLEARNING FROM CURRENT MCOs, date unspecified

5. Conclusions and Recommendations

5.1 Conclusions

UNAIDS is navigating a period of restructuring marked by declining resources, reductions in staffing, and growing external pressures. Yet, these changes have not been strategically leveraged to reshape how the organization works at country level. The restructuring has largely focused on downsizing, rather than on reconfiguring country engagement to maximize influence and sustainability.

There is currently no systematic approach guiding how UNAIDS should adapt its presence and engagement across different contexts. In the absence of a corporate framework, both the MCO and HIV Adviser models have evolved organically, often shaped by individual initiative rather than institutional strategy.

As the organization moves toward fewer country offices and more multi-country configurations, it must adopt a more strategic and differentiated approach. Country and multi-country structures need to be supported to identify what can realistically be delivered within available capacities, and priorities must be clearly communicated to partners.

The evaluation found significant variation in how MCOs and HIV Advisers operate. Where expectations are clear and systems are in place to manage workload and partner relationships, effectiveness and staff well-being are stronger. However, the overall lack of guidance, clarity, and systematic support limits consistency and performance.

The HIV Adviser model remains relevant as a mechanism to ensure that HIV and AIDS remain on national and UN agendas, but its function requires redefinition. Advisers embedded in RCOs need clearer mandates, structured induction, predictable resources, and sustained links with UNAIDS systems to function as strategic connectors rather than as small-scale country offices.

Similarly, UNAIDS must develop clear typologies of presence—ranging from MCOs and single-person offices to co-location arrangements within RCOs, cosponsors, or national institutions. This diversity of models would allow greater flexibility and adaptation to country context, while maintaining alignment with the Joint Programme.

Across all typologies, UNAIDS' heavy reliance on individual staff commitment is not sustainable. Without clear role differentiation, strategic prioritization, or predictable resources, performance depends on personal effort rather than institutional systems.

More broadly, the organization has not yet clearly articulated how it will position itself to operate effectively within the "new reality" of the 2030 horizon: one defined by constrained funding, shifting geopolitical priorities, emerging health challenges, and shrinking civic space. The future success of UNAIDS will depend on its ability to move from operational delivery to strategic influence—acting as a convener, connector, and advocate for the integration of HIV across health and development agendas. In that, it has great potential to continue to act as a model for coordination and collaboration, as well as becoming a model for integration in the UN80 landscape.

Finally, the evaluation found no systematic mechanism for institutional learning or knowledge

exchange across MCOs or Adviser placements. While isolated examples of peer collaboration exist, there is no structured platform to capture, document, and share lessons learned. Strengthening internal knowledge systems will be essential to sustain coherence, accelerate learning, and replicate good practices across contexts.

5.2 Recommendations

The evaluation proposes six strategic recommendations to guide UNAIDS through the ongoing period of restructuring and systemic adjustment.

Recommendations 1 and 2 outline a more strategic and forward-looking direction. They call on the organization to take a deliberate and proactive approach to integrating the UNAIDS mandate within the UN development system, leveraging the Joint Programme's structure and experience to position HIV within broader development and health agendas. The aim is to sustain policy influence and leadership through evidence-based engagement, even under increasing resource constraints.

Recommendations 3 to 6 set out the key operational and institutional adjustments required to facilitate the restructuring and to maintain focus as the organization advances toward 2027 and 2030.

Recommendation 1: Develop a Sustainability and Integration Strategy
UNAIDS management, in consultation with the PCB and Cosponsors, should develop a comprehensive strategy to sustain HIV leadership and integration within the UN system. It should articulate the shift in the organizational approach from programme delivery to strategic convening, advocacy, and partnership-building. This strategy needs to:
  iv.   define typologies of country presence that allow for alignment with contextual needs;
  v.   clarify criteria for retention, transition, and handover of functions; and
  vi.   include measures for maintaining institutional memory, networks, and knowledge.

Recommendation 2: Expand and Formalize Models of Country Presence
In collaboration with the UN Development Coordination Office and other relevant stakeholders, UNAIDS should articulate a clear menu of country presence options—including MCOs, single-person offices, co-location in RCOs, advisers within RCOs, and partnerships with cosponsors or national entities. This expanded typology should promote flexibility, cost-effectiveness, and contextual adaptation.

Recommendation 3: Clarify Roles and Responsibilities
UNAIDS Human resources in collaboration with the Department of Management should clearly define roles and responsibilities across typologies through tailored job descriptions and terms of reference.

Recommendation 4: Prioritization and workload management
UNAIDS Management should issue concise guidance on how to prioritize UNAIDS' four core functions across countries of coverage and UNCT processes. Results of this prioritization should be communicated internally and to external partners. UNAIDs should also facilitate internal systems for workload management and clear performance expectations in multi-country contexts. These should encourage office-level mechanisms that balance efficiency with staff well-being.

Recommendation 5: The Case for HIV Advisers and Co-location
UNAIDS Management should clearly articulate the rationale and comparative advantages of (i) maintaining HIV Adviser positions in RCOs and (ii) and co-location arrangements within cosponsor entities. While a purely demand-driven model may not be fully applicable to UNAIDS, the placement of dedicated HIV expertise within Resident Coordinator Offices and/or UN partners remains essential for ensuring continued visibility of HIV issues in UN development system efforts.

6. Institutionalize Knowledge Management and Peer Learning
UNAIDS should establish a structured network or community of practice linking MCOs and HIV Advisers for peer exchange, problem-solving, and good practice sharing. It could create a simple knowledge platform to capture lessons learned from pilot experiences, restructuring, and field implementation.

ANNEXES

Annex A: Terms of Reference

Halfway to 2030, progress to achieve the SDGs is off track. Enhanced collaboration within the multilateral system is more important than ever to help accelerate progress towards the SDGs and make the most efficient and effective use of available human, technical and financial resources and leveraging the capacities and full comparative advantage of the UN System.

The optimal deployment of resources at country level has been a key priority for UNAIDS for several years. While the UNAIDS Joint Programme has deep resource constraints, it is critical to assess whether alternatives to country offices can deliver desired results at a lower cost while promoting a sustainable response to HIV.

In this context, it is critical to understand whether the alternatives to UNAIDS country offices are effective in supporting the implementation of Global AIDS Strategy (2021-2026) and the goal of ending AIDS as a public health threat. Accordingly, evidence from the evaluation is expected to inform discussions and decisions on UNAIDS future footprint at country level while currently being implemented through the ongoing restructuring of the UNAIDS Secretariat.

Purpose

In this context, following consultation with the United Nations Development Coordination Office (UNDCO), the UNAIDS independent evaluation office seeks to commission an evaluation to assess the primary and potential secondary effects of (i) placing HIV advisors in selected Resident Coordinators' offices; and (ii) establishing UNAIDS multicountry offices, as alternatives to standalone UNAIDS country offices in each country. This evaluation will examine how such alternatives would impact UNAIDS's contribution to the work of UN Country Teams, ensuring broad, sustained coverage and leaving no one behind.

The UNAIDS independent evaluation office in collaboration with the United Nations Development Coordination Office (UNDCO) will commission an evaluation and contract a senior evaluator to undertake a formative evaluation. This evaluation will assess the primary and the possible secondary effects of the alternatives to UNAIDS country offices on the work of the UN Country Teams more broadly and leaving no one behind.

UNAIDS Secretariat has already implemented Multicountry offices as well as placement of HIV Advisors in some UN Resident Coordinators offices as alternatives to UNAIDS Country Offices. At the pilot phase, the first HIV advisors placed in the UN Resident Coordinator offices only took up their positions in the fall of 2023.

This evaluation will examine whether or the extent to which, through these two alternatives, the UNAIDS Secretariat has been able to perform its core functions and any impact of this on the work of the Joint Programme in the targeted countries and the UN system support to the national response to HIV. The evaluation will review the administrative and operational arrangements which have been put in

place as well as any challenges and gaps in these. The findings of the evaluation will enable the UNAIDS Secretariat to address bottlenecks, gaps and unanticipated consequences and provide the evidence base for consideration of alternatives to UNAIDS offices in countries while proposing scale up strategies over time.

Furthermore, it is important to look outside of UNAIDS and see what other UN entities have done, what set-ups for alternatives for the country offices have been piloted and/or planned and where available, look at the evaluations or assessments of those for drawing lessons. These examples

would include UN Women, OHCHR, UNEP and UNIDO where different models are planned and/ or implemented.

The evaluation will examine the following specific questions:

Q1: To what extent and at what level of intensity has UNAIDS Secretariat been able to perform its core functions through existing multicountry offices and current HIV advisors in the UN Resident Coordinator offices?

Q2: How effectively have non-resident UNAIDS staff from the MCOs, HIV advisors in the UNRC offices and the Cosponsors come together as a UN Joint Team on AIDS to support the HIV response in countries?

Q3: How effectively have staff in UNAIDS multicounty offices and HIV advisors engaged national and international partners in efforts to support the HIV response in countries?

Q4: What role have the Resident Coordinator offices played, and which other factors have influenced the operations and support provided by UNAIDS multicountry offices and HIV advisors?

Q5: Are there benefits from the multicountry office model in terms of more sub-regional or cross-country collaboration, synergies, or lessons learned from other UN organizations of the model?

Key Deliverables to UNAIDS Independent Evaluation Office by the selected lead evaluator

- Timelines for each key task and level of effort
- Inception report including the countries for country case studies from the below list
- Desk review of list of **key documents** related to the UNAIDS Multicounty offices and placement of HIV Advisors in the UNRC offices
- **A list of individuals (in country, regional and global)** developed with UNAIDS country, regional and global jointly with UNAIDS independent Evaluation office and the UNDCO for setting up the Key Informant Interviews
- Setting up and conducting Key Informant Interviews based on the agreed list
- **First draft** of the evaluation report to UNAIDS independent evaluation office
- Presentation of the key findings of the evaluation report to the participated UNAIDS country offices, members of the reference group, senior leadership of both UNAIDS Secretariat and its Cosponsors and the UNDCO
- A **revised and final copy-edited evaluation report and a slide set** by

addressing all comments/ inputs received from the participated countries, UNAIDS evaluation office, members of the management group and senior leadership of both UNAIDS Secretariat and its Cosponsors and the UNDCO.

Status of UNAIDS Multicounty offices and Placement of HIV Advisors

In 2025, there are **9 UNAIDS Multi country offices** that are functional. They include:

No	Countries	Regions
1	Cambodia – Laos – Malaysia (3)	Asia and Pasific Region
2	Pakistan – Afghanistan (2)	Asia and Pasific Region
3	Madagascar – Comoros – Mauritius – Seychelles (4)	Eastern and Southern Africa Region
4	Guatemala – Honduras – Nicaragua (3)	Latin America and the Caribbean Region
5	Peru – Colombia – Bolivia – Ecuador (4)	Latin America and the Caribbean Region
6	Jamaica – Belize – Guyana – Suriname – Trinidad and Tobago (5)	Latin America and the Caribbean Region
7	Argentina – Chile – Paraguay – Uruguay (4)	Latin America and the Caribbean Region
8	Sierra Leone – Liberia (2)	West and Central Africa Region
9	Togo – Benin (2)	West and Central Africa Region

In addition, in 2025, there are **5 countries** where HIV Advisors are placed at the office of the UN Resident Coordinator. They include**:**

1	Fiji	2. Columbia	3. Guyana	4. Congo	5. Gabon

Stakeholders to be engaged in the evaluation

This formative evaluation should be undertaken with full engagement and participation of a variety of stakeholders from country, regional and global level. These stakeholders will be from countries where UNAIDS Secretariat already has multicounty offices and countries where HIV Advisors are placed currently at the UN Resident Coordinator's (RC) office as indicated in the above table.

From the countries, UN Resident Coordinators and other staff from the office of the RC, UNAIDS staff in country, Members from the UN Country Teams, Senior leadership from relevant Government Ministries, civil society and community organisations including Network of People Living with HIV, other development partners and donors

From the regions, UNAIDS Regional Directors and other UNAIDS staff members from UNAIDS regional office and selected members from the regional team on AIDS to be part of the key informant interviews and from the global level, selected members from UNAIDS Programme Coordinating Board (PCB), selected members of UNAIDS Secretariat cabinet and other senior leadership and senior staff from DCO for bringing the UN Reform lens to this evaluation.

Management of the Evaluation

A small reference group consisting of members from UNAIDS Evaluation office and from the United Nations Development Coordination Office. The reference

group members will participate in the joint calls for planning and later with the selected evaluator and will conduct the peer review of the ToR, inception report and the draft final evaluation report. In addition, the reference group members to provide support to propose key resources for the desk review and to identify and reach out to the key informants from and through the UN RC offices and through the UNAIDS Country Offices for the evaluation.

Timeframe

The evaluation time frame for this evaluation will be from June to November 2025

Annex B: Bibliography

Agreement between Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations (UN) for staffing services in support of the Resident Coordinator's office

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Update on Strategic Human Resources Management Issues, UNAIDS/PCB (56)/25.15.rev1, UNAIDS, 10 June 2025

Annex C: List of Stakeholders Met

Achille Adoko	UNAIDS Benin
Akouavi Maboudou	Strategic Information Advisor at UNAIDS Togo
Alice Shackelford	Senior Advisor and Deputy Director, UN System Coordination Division, UN Women
Bakhodir Burkhanov	UN Resident Coordinator, Lao PDR
Berthilde GAHONGAYIRE	Director, Regional Support Team for West and Central Africa, UNAIDS
Bilal Durrani	Representative, UNICEF Lao PDR
Chintana Somkhane	Programme Officer, HIV Prevention, UNAIDS Lao PDR
Christopher Fontaine	UNAIDS Executive OFFICE, UNAIDS
Chung Han Yang	Deputy Executive Director, Malaysian AIDS Council
Claudia VELASQUEZ	Country Director for Multicountry Office - Andean Region, UNAIDS
Dr Rabindra Abeyasinghe	WHO Malaysia, Singapore, Brunei
Eamonn Murphy	Director of the UNAIDS Regional Support Team for Asia and the Pacific, UNAIDS
Jean Njeri Kamau	Resident Coordinator, Guyana
Jennifer Lorena Ortiz	HIV Advisor Colombia, RCO
Jo Scheuer	UN Resident Coordinator, Cambodia
Joerg Schimmel	Chief, Inter-Agency Programme Facilitation, DCO
Julie Morizet	Senior Advisor, UNSDG, DCO
Lamoute Nametchougli	Administrative Assistant, UNAIDS Togo
Leonor Vilas Costa	UNAIDS Team Lead HRM-HLP
Luisa Cabal	LAC Regional Director, UNAIDS
Mirhame Mshangama	Head of RCO, Republic of Congo
Nicholas Persaud	HIV Advisor Guyana, RCO
Patricia Ongpin	Country Director, UNAIDS Cambodia, Lao PDR, and Malaysia, UNAIDS
Polin Ung	SSA Advisor, UNAIDS Cambodia
Ratana Pen	Driver and Clerk, UNAIDS Cambodia
Renata Ram	HIV Advisor Fiji, RCO Fiji
Rosdara Pann	Administrative Assistant, UNAIDS Cambodia
Tim Martineau	Director of Management, UNAIDS
Tim Vora	Executive Director, Health Action Coordinating Committee (HACC) Cambodia
Veronique Collard	Regional Adviser, Equitable Financing | UNAIDS Regional Support Team for Asia and the Pacific
Yasmine Ibrahim	UNAIDS Benin
Yayé DIALLO	Country Director UNAIDS Togo-Benin, UNAIDS
Ye Yu Shwe	Strategic Information Advisor, UNAIDS Cambodia
Yuki TAKEMOTO	UNAIDS Country Director for Guatemala, Honduras & Nicaragua, UNAIDS
Yuqiong ZHOU	Head of Office, Strategic Planner