

MANAGEMENT RESPONSE AND TRACKING					
Evaluation title		Evaluation of the UNAIDS-CDC Collaboration on Strengthening Public Health Capacity and Strategic Information Systems			
Office/Region		SID, UNAIDS Geneva			
Year of the report		2020, June			
Overall response to the evaluation		<p><i>Please include here an assessment of the process and outcomes of the evaluation, adequacy of evidence and concurrence with findings. Were there limitations in the process and/outcomes? Are there any additional insights not articulated in the recommendations?</i></p>	<p>The evaluation was conducted as an effective collaboration between the UNAIDS Independent Evaluation Office, the UNAIDS Strategic Information Department and CDC. To ensure overall quality of the evaluation and use of available evidence, the inception report (including evaluation questions and methods) and various iterations of the evaluation report were presented and discussed with CDC and UNAIDS Strategic Information stakeholders at various levels (HQ, regional and country levels). The open discussion around findings allowed evaluators to inquire more deeply and check on what was unclear; as well as to correct factual mistakes and develop pertinent/useful recommendations. Strategic Information stakeholders had the opportunity to provide key documents for the desk review and suggest people to be interviewed with a variety of views/perspectives. The main limitation of the evaluation is that due to the onset of the COVID-19 pandemic, some stakeholders involved in CoAg activities became difficult to interview. Therefore, perspectives from government stakeholders is limited to five countries – the three case study countries: India, Zambia, and Côte d’Ivoire, as well as DRC and Namibia (from survey responses). Due to limited triangulation with national counterparts’ views, evidence corroborating the evaluation’s assessment of responsiveness and sustainability is less robust. Overall, the evaluation was well accepted by UNAIDS and CDC Strategic Information Departments that are committed to working together on implementing the recommendations. Responses (and additional insights where relevant) to specific recommendations are provided below.</p>		
Planned use of evaluation		<p><i>Please describe here the process to facilitate the intended use, focusing on how evaluation findings will affect the programme and contribute to evidence-based decision making</i></p>	<p>UNAIDS and CDC will follow up on accepted recommendations. Planning for Year 5 of the current Cooperative Agreement (CoAg) and drafting of the proposed Notice of Funding Opportunity (NOFO) for the next CoAg are well under way. Therefore, for introducing these recommendations to these processes in a timely way it will be important to realise prompt follow up and incorporation of learning. The CoAg Project Coordinator and Epidemiology Team Lead will coordinate the response actions below. It is intended to implement the responses to these recommendations by 31 May 2021, with a check up on progress in January 2021.</p>		
Recommendations and responses				Tracking	
No	Recommendation	Management response	Actions planned	Jan-21	Sep-21
	<i>Please list the recommendation from the Evaluation Report</i>	<p><i>Please indicate if:</i> - Accepted - Partially accepted (please report reasons) - Not accepted (please report reasons)</p>	<i>Please indicate the concrete actions planned by UNAIDS and partners to implement the recommendations</i>	<i>Please indicate status of implementation and actions taken. If an action is no longer relevant due to a changed context, please provide a justification and indicate if it should be cancelled or reformulated.</i>	<i>Please indicate status of implementation and actions taken</i>
Strategic recommendations (action items)					
1	Strengthen the overall coherence of the Cooperative Agreement In the next 5-year agreement, efforts to strengthen the overall coherence of the collaboration will help to align the strategic focus of the Cooperative Agreement to address current joint priorities of UNAIDS and PEPFAR; provide stronger selection criteria for activities to contribute to cross-cutting objectives and optimize UNAIDS areas of strength; reinforce good design principles of supported activities. Key steps in the process would include:	Accepted (see steps below)			
Step 1	Articulate the joint UNAIDS-PEPFAR strategic information priorities at global and country level	Accepted. <i>Should include community-led monitoring (CLM) as well as SI priorities</i>	<p>Headquarters: Priorities will be agreed upon through a consultative process between UNAIDS headquarters and CDC headquarters. UNAIDS will start the process by producing a list of draft priorities for CDC’s written response. These priorities will be informed by discussions underway on the future AIDS strategy and the global Target Setting exercise. This exchange will be followed up with a conference call to ensure the priorities are clear and agree on the final set of priorities.</p> <p>Country level: For countries expecting to continue in the CoAg in 2021, a meeting should be set up with national government, CDC and UNAIDS to discuss strategic information and community-led monitoring (CLM) priorities for the coming 5 years. If there is already a technical working group where priorities are identified, that mechanism should be used for this process.</p>	Under the new Global AIDS Strategy 2021-2026 there is a renewed focus on inequalities and understanding the gaps in HIV services. To provide relevant data on inequality more data on the characteristics of those left behind is required. To reach the goals of the strategy, UNAIDS is updating the data required for modeling to include key population data and to ensure the age /sex data are available and used widely.	Done. As of August 2021 PEPFAR has emphasized a very similar strategy focusing on closing the remaining gaps toward epidemic control. Having data to identify the populations and locations with programmatic gaps and to identify bottlenecks to access will allow countries to reach epidemic control. The SI strategies are summarized in both organization’s strategies and are well aligned.
Step 2	Update the theory of change (TOC) for the Cooperative Agreement	Not accepted <i>The logic model outlining the theory of change for the CoAg is presented in the Notice of Funding Opportunity (NOFO) documentation, currently being finalised by CDC HQ. UNAIDS can propose revisions to activities in response to the NOFO but the actual NOFO cannot be changed.</i>	Although adjustments to the theory of change presented in the Notice of Funding Opportunity (NOFO) for the next Cooperative Agreement (2021–2026) are not possible at this stage, if necessary, UNAIDS Strategic Information Department will propose revisions to activities in response to the NOFO. UNAIDS and CDC will make appropriate adjustments to the Evaluation Performance Measurement Plans (EPMPs) used at country level, to strengthen the principles outlined in this recommendation. Recommendation 3, will also be considered within this process [Identify and track objectives which are not tied explicitly to funded activities].	Done. Theory of change reviewed. No adjustments necessary.	

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Step 3	Define explicit principles of work to guide the design and selection of Cooperative Agreement activities	Accepted, <i>although noting that countries will retain a high degree of flexibility to implement activities and methods of working that suit their specific context.</i>	Epidemiology Team Lead and other Technical Leads of each of the four areas of engagement of the CoAg will outline principles to guide the design and selection of activities for each of the four areas of CoAg engagement - keeping in mind the theory of change and their contribution to the strategic objectives of the CoAg.	Ongoing. Technical Team Leads have discussed the priorities for the coming years for the next UNAIDS CDC agreement and provided guidance to country offices to ensure alignment with the new UNAIDS Strategy.	Done. Year 1 proposals for the new COAG were well aligned with the priorities.
Step 4	Provide re-orientation to country teams from CDC, UNAIDS, and government for the updated theory of change, and guidance for the selection and design of activities	Accepted	When the Continuation Application solicitation for Year 1 is available, UNAIDS HQ and CDC HQ will host an orientation session for all CoAg countries to present guidance on selection and design of activities, based on the new theory of change.	Done. Response adjusted. The theory of change as presented in the Notice of Funding Opportunity has been shared with countries. Technical Team Leads have provided input into a menu of sample objectives and activities to provide guidance for the selection and design of activities.	The renewed strategy was presented to UNAIDS and CDC staff on 27 September 2021 during the kick-off meeting for the new Cooperative Agreement.
2	Adopt concrete and specific objectives for capacity building around generation and use of the HIV estimates The collaboration will continue to expend a proportion of its resources on supporting the capacity building of country teams to generate and use HIV estimates. Given this resource expenditure, the productivity and sustainability of the Cooperative Agreement results would benefit from a more rigorous approach to designing and evaluating the effectiveness of its capacity building methods. This includes a centrally driven assessment and tracking of skill development/technical support provided, and investment in pedagogical tools to support face-to-face and distance learning. Key steps in the process include:	Accepted (see steps below)			
Step 1	Conduct a systematic assessment of key skills related to generation and use of estimates for all countries.	Accepted	After reviewing previous workshop evaluations, the Epidemiology Team will design an assessment to capture the capacity status before the 2021 workshops. Because the 2021 workshops will be virtual, the assessment will be conducted through online surveys.	This work has shifted slightly. The Strategic Information Department will conduct an assessment of capacity of team members to determine what SID can do to refine the software to make the process less complex for the next round.	Done. In April and May 2021, Strategic Information Department conducted test sessions to watch how users interacted with the software. Key challenges were identified and potential resolutions were identified. The summary was presented at the UNAIDS reference group meeting in June 2021 and modifications were incorporated into the new Navigator tool.
Step 2	Develop a globally coordinated set of capacity building priorities (based on assessment) and tied to allocation of global and country level resources	Accepted	Based on the assessment, UNAIDS Strategic Information team, UNAIDS regional advisers, and UNAIDS Epidemiology Reference Group (which includes CDC and other USG partners) will identify capacity building priorities.	As the Global AIDS strategy is increasingly focused on inequalities, the work of Strategic Information Department will increasingly focus on disaggregated data including of mode of transmission, or key populations. This will include Population Size Estimates and key population surveillance efforts.	As of September 2021 a group has been identified to lead this work, primarily in Western and Central Africa. Additional funding is required that has slowed down implementation.
Step 3	Invest more in global resources in training tools and guidance to help users, moving beyond the Regional Workshop as a mode of knowledge and skills transfer	Accepted	A series of online videos will be created that take the users through the steps required for using Spectrum. These tutorials will include a basic introduction, a summary of how to update files, a summary of the latest changes to the models, and a tutorial of how to use those data to improve responses.	For the virtual workshops in 2021, UNAIDS has created a set of video tutorials that allow the user to view the tutorials in their own time. In addition Strategic Information Department has created a wider variety of presentations, including presentations targeted at absolute beginners to presentations aimed at highly technical partners who want to know about the inner workings of the models.	The new HIV tools website [https://hivtools.unaids.org/] was launched at the end of September, 2021. This will allow users of all levels to follow the different videos for their respective context. In addition, a firm is working with all of the software producers to create the Navigator which will help country teams move between the different software tools and to ensure the quality and comparability of the data used in those tools.
3	Identify and track objectives which are not tied explicitly to funded activities The value UNAIDS provides to the collaboration cannot be measured only as the direct result of budgeted activities. In addition to tangible strategic information products and effects, the Cooperative Agreement can define objectives related to UNAIDS' role in convening and coordinating technical partners; building partnerships; and advocacy for broader strategic information goals (for projects which span multiple-years and go beyond HIV programming). Finally, in the spirit of partnership, the Cooperative Agreement may define objectives that reflect joint contributions and efforts by both UNAIDS and CDC.	Accepted This will be addressed as part of Item 1, Step 2, <i>Update the theory of change for the Cooperative Agreement.</i>	This recommendation will be considered as part of Item 1, Step 2 [<i>Update the theory of change for the Cooperative Agreement</i>] whereby the role and value of CDC and UNAIDS work relevant to the CoAg but not costed are captured in the UNAIDS response to the Notice of Funding Opportunity (NOFO) and in the Evaluation Performance Measurement Plans (EPMPs) used at country level.	No progress yet.	This is incorporated under Item 1 step 2 and is captured in the Evaluation Performance Measurement Plans (EPMPs) that countries will develop for the next cooperative agreement.

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4	Review and refocus the Health Situation Room in the context of lessons and external developments	Accepted (see Mechanisms below)			
Mechanism 1	Ensure that the upcoming Situation Room evaluation (late 2020) includes site visits for observation of the actual operationalization and use of the Situation Room, and assessment of barriers (including in non Cooperative Agreement countries)	Accepted	Strategic Information Department will coordinate with the UNAIDS Independent Evaluation Office to ensure that the design of the Situation Room evaluation covers all countries (beyond the Cooperative Agreement) and includes site visits/observation.	Done - The UNAIDS health situation room (HSR) evaluation assesses the initiative and gathers evidence to enable UNAIDS and host governments to make informed decisions for the future. The evaluation covers global, regional, national and sub-national levels. It captures information across the nine countries in which the HSR programme is active (beyond the CoAg), with an enhanced focus on four: Malawi, Kenya, Uganda and Zimbabwe. Since this evaluation took place during the COVID-19 pandemic, which caused restrictions to international travel, most activities originally envisioned to take place via country visits were conducted remotely using virtual communication technologies. In-person meetings and interviews were transposed to virtual interactions. Feedback presentations, analysis workshops and reporting were converted to online sessions. However, as suggested by this recommendation, site visits were included for the four in-depth countries and conducted virtually and with the support of national consultants. A copy of the evaluation report is available here: https://www.unaids.org/en/resources/documents/2021/Health-situation-room-evaluation-report	
Mechanism 2	UNAIDS at HQ level could more narrowly define the scope of the Situation Room, learning from the ongoing experiences in different contexts. Given the mandate and comparative advantage of UNAIDS, the focus of future dashboards may usefully be more targeted towards district HIV programme managers as users, and more focused on strategic information needed for regular cascade analysis to address programme gaps (see recommendation #1)	Accepted	UNAIDS Independent Evaluation Office will share this recommendation with the evaluation team of the Health Situation Room evaluation to check if this recommendation is confirmed by new findings and if there are suggested mechanisms for implementation.	Done - recommendations from the HSR evaluation are available here (a management response is under development): https://www.unaids.org/en/resources/documents/2021/Health-situation-room-evaluation-report	
Mechanism 3	Increase collaboration with partners in data visualization, including with PEPFAR on the Palantir HIV dashboard and WHO on the DHIS2 dashboard and visualization function.	Accepted	<i>Idem</i> - UNAIDS Independent Evaluation Office will share this recommendation with the evaluation team of the Health Situation Room evaluation to check if this recommendation is confirmed by new findings and if there are suggested mechanisms for implementation.	Done (see above)	
5	Maintain a focus on key and vulnerable populations, but focus activities on HIV estimates and routine surveillance/program data Building on UNAIDS' experiences within and outside the current collaboration, and UNAIDS' comparative advantage to engage communities and civil society, the Cooperative Agreement should maintain a focus on those populations with the least access to HIV services. In order to increase the coherence and value for money of the Cooperative Agreement, UNAIDS could support national counterparts through <u>normative, convening and policy support for:</u>	Accepted (see Types of support below)			
Type of support 1	Including key populations in HIV estimates and projections, through better population size estimates, biobehavioural surveillance, disaggregation of epidemiological data, etc.	Accepted	There are two items to address here: a) the estimates process and b) improving data collection (biobehavioural surveillance, disaggregation of epidemiological data). The work on these two parts will overlap. The models will be developed with existing data but may require more and improved data so this could require an iterative process. The UNAIDS Reference Group will develop new models to incorporate Key Populations into SSA estimates (part a). To do so, additional data inputs will be required, some of which may not be currently, routinely collected (part b). Data from key populations are not routinely collected in many countries, especially in SSA. The data will inform not only the estimates, but provide further insights to the HIV epidemics in participating countries. In addition UNAIDS will strive to further expand the membership of national and global technical strategic information advisory groups to include networks of people living with HIV and key populations.	Report available from UNAIDS Reference Group on progress toward "symphony" model which incorporates Key population data into estimates. April 2021 Reference Group meeting will be devoted to incorporating key populations into models, including in generalized epidemic countries.	April 2021 Reference group identified key data needed to produce distribution of new HIV infections by key population. Guidance has been developed for country teams. This will be rolled out in the 2022 round of estimates. A new tool has been created to compile the data on key populations. These data will be read into Spectrum to allow for better data on key populations (part b of column E). By compiling these data, both retrospective and current, in this round it will take us a step closer to producing the symphony model (part A of column E). In addition, a lighter, less resource-intensive BBS is going to the field in Oct '21 in two countries, to pilot a new approach. As part of this, statistical analysis of the new approach was conducted by UMass statisticians to measure possible biases and needed revisions to analytical approaches. Several training sessions were supported in West Africa to support improved population size estimates among key populations.
Type of support 2	Including key population service statistics into Health Information Systems and routine surveillance	Accepted	UNAIDS Strategic Information Department will develop guidance to improve collection of key indicators for monitoring services for key populations. Linkages will be made with country monitoring and DHIS systems to incorporate these indicators into those systems. Challenges and considerations outlined in Recommendation 6 are of relevance to this type of support and this will only take place after adequate steps to ensure human rights are in place. Additionally, UNAIDS supports the inclusion of key population community representatives on strategic information technical working groups constituted in many countries.	Guidance on key population programmatic data use are in process. These include indicators that are potentially used in information systems.	Additional guidance to improve the comparability of key population data from programmes is due to be finalised by end of 2021. In spring 2021 a webinar was hosted for UNAIDS staff and their national counterparts on how to include KP data in health information systems. The webinar was done in collaboration with USG implementing partners working on the EPIC project.
Type of support 3	Including key populations in discussions around human rights aspects of case based surveillance and unique identifier systems	Not accepted <i>Please refer to recommendation 6</i>	Please refer to actions planned under recommendation 6	See Rec. 6	See Rec. 6

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6	<p>Involve key populations and PLHIV in discussions around human rights aspects of case based surveillance and unique identifier systems</p> <p>Case based surveillance and unique identifiers are an integral part of the Cooperative Agreement objectives. UNAIDS has a comparative advantage to engage community representatives in the development of systems that respect human rights and confidentiality.</p>	<p>Not accepted (this covers Rec. 5/Type of support 3) <i>UNAIDS will continue to explore different avenues to develop an acceptable unique identifier systems that could be disaggregated by mode of transmission. However, at this time, and for the foreseeable future, we do not anticipate that many countries will have an environment where it will be safe to have stigmatized or illegal behaviors included in medical records or some other government-held files that track services obtained longitudinally.</i></p>	<p>The UNAIDS Monitoring Technical Advisory Group (MTAG) currently convenes global efforts to refine and improve HIV monitoring efforts. One subgroup of the MTAG is specifically focussed on measuring HIV prevalence, incidence and services coverage among key populations. The group reviews the challenges and opportunities for collecting case surveillance data and unique identifiers among key populations.</p> <p>That subgroup, as well as the MTAG, is well attended and co-led by different constituencies including key populations and PLHIV with country and global level participants.</p> <p>The area of ensuring confidentiality while still allowing data to be disaggregated by mode of transmission is complex and an on-going discussion within this group. Different technologies have been considered but none have achieved universal acceptance. This is an important discussion area and will remain at the top of the UNAIDS priority list. In the meantime UNAIDS and partners are pursuing anonymous surveys of key populations that will allow the confidentiality while providing data on services for key populations.</p>	<p>The UNAIDS Reference Group on Estimates modeling and Projections invited key population representatives and/or advocates to join the next Reference Group meeting.</p> <p>The MTAG is working towards a draft Global AIDS Monitoring framework by May, and will produce a final framework by September. The key populations indicators and related country guidance are considered within. The MTAG includes representatives from both country institutions as well as civil society to voice the issues of their constituency in formulating the draft framework.</p>	<p>Key population network members were invited to, and attended, the most recent MTAG meeting. They similarly participated in reviews of the Key Population Prevention Monitoring Guide.</p>
Operational recommendations (action items)					
7	<p>Engage counterparts in planning for FY 20/21</p> <p>Recognizing that UNAIDS is valued as a neutral convener, and that an important requirement for timely and effective implementation is increased engagement of national counterparts, UNAIDS Country Offices should start to engage relevant counterparts in planning for the last year of the Cooperative Agreement. This could involve:</p> <ol style="list-style-type: none"> 1) Organizing a country level review of the Cooperative Agreement progress using this evaluation as a starting point 2) Engaging existing partners in the planning process, and consider additional stakeholders as relevant for the focus of the Cooperative Agreement, for example key population representatives, Global Fund, USAID, WHO. 	<p>Partially accepted <i>It's late in the annual project cycle to do this for FY 20/21, although minor adjustments may still be possible. These will be valuable exercises during the last year of the CoAg to inform country planning for FY 21/22.</i></p>	<p>Following the cross country learning webinar with all countries (see item 9), UNAIDS Country Offices will be encouraged to organise a country level review of CoAg progress and to outline suggestions for adjustments to consider for FY 20/21, with participation of CDC country offices. The lead CoAg staff at UCOs will lead this with the support of the CDC country office and support from the CoAg Project Coordinator and UNAIDS Evaluation Office.</p> <p>UNAIDS Epidemiology Team Lead will organise a HQ level discussion with representatives of key stakeholders, including CDC HQ and stakeholders not currently considered CoAg partners in order to improve planning and coherence. Stakeholders could include; donors, funds and agencies working in the same strategic areas as the CoAg and civil society networks representing key populations and communities.</p>	<p>No progress yet.</p>	<p>At the global level there are two efforts on going to improve planning for overall HIV strategic information. One effort took place for the development of the HIV strategy in early 2021. This brainstorming session summarized the upcoming SI priorities, which were then captured in the Global AIDS Strategy. The second effort is on-going and has been delayed: that is the Global Surveillance Meeting which is now scheduled for November 2021. The objective of that meeting will be to improve the strategic planning of countries around surveillance needs.</p>
8	<p>Streamline project information flow.</p> <p>Building on the gradually improving reporting system at national and HQ level, UNAIDS SID and CDC could clarify the roles and expectations for reporting (including formats) and lighten the administrative burden of the Cooperative Agreement reporting. This would include:</p> <ol style="list-style-type: none"> 1) Quarterly country-level progress meetings between UNAIDS and CDC country office, using brief slide deck presentations of progress and barriers, and using the workplan as basis. These presentations could also be used to update UNAIDS SID. 2) Annual country and global progress reports as per the current format, but with addition of information on actual award and expenditures per country and per Cooperative Agreement activity area 	<p>Not accepted <i>The current formal narrative reporting requirements are semi-annual and while coordination between UCOs and CDC at country level is very much encouraged and valued, there are no formal administrative reporting requirements at country level. Financial reports are provided at HQ level. It is not advised to introduce additional reporting requirements which increase the administrative burden of the CoAg reporting.</i></p>	<p>Although adjustments to the formal reporting structure are not accepted, the CoAg Project Coordinator at UNAIDS will map country level <i>informal</i> reporting processes and formats, which differ from country to country, and share this with all countries in order to encourage a standard, simplified process and report template. CoAg Project Coordinator will encourage a discussion between UNAIDS country offices and CDC country offices regarding information sharing, possibly as part of the semi-annual calls. This may be helpful to harmonise in-country reporting and to assist new countries to identify suitable reporting and information sharing options. CoAg Project Coordinator at UNAIDS will discuss with CDC Project Officer to ensure that reporting formats are fit for purpose.</p>	<p>Ongoing. Mapping of informal reporting processes is ongoing.</p>	<p>Done. Mapping of informal reporting processes done and shared with country offices.</p>
9	<p>Stimulate cross-country learning.</p> <p>Recognizing that important lessons have been learnt across core activity areas in the Cooperative Agreement, and that these can feed into future design as well as immediate implementation practice, UNAIDS Strategic Information Department together with regional offices could improve sharing and learning. This could include but not be limited to:</p> <ol style="list-style-type: none"> 1) Using the dissemination of this evaluation and the upcoming Situation Room evaluation as an opportunity to engage countries in a learning and sharing exercise 2) Annual events to share experiences, timed to inform planning of the next workplan 3) Establishing communities of practice or similar knowledge platform for UNAIDS SI Advisors on specific topics, e.g. UIC, data dashboards, etc. 	<p>Partially Accepted <i>Items 1 and 2 are useful and can be specific to the CoAg. Accepted. Item 3 is more suited to broader SI / UNAIDS work and should be led by the thematic lead for these topics for all interested countries, not just CoAg countries. Item 3 not accepted.</i></p>	<p>UNAIDS Strategic Information Department and Evaluation Office and CDC HQ will share evaluation key messages and learning, and invite discussion and feedback at a webinar event for all CoAg countries, for UNAIDS and CDC colleagues [discussion points: evaluation, evaluation report, and action steps]. A similar dissemination event will be held for the Situation Room evaluation, and CoAg countries doing Situation Room activities will join.</p> <p>Once a year, early in the CoAg mid-year report and proposal writing window, UNAIDS Strategic Information Department will hold a webinar with all UNAIDS country offices of the CoAg to share experiences and learning and to inform planning in the upcoming proposal. Learning could include a focus on thematic topics such as ways of engaging key populations in strategic information planning and related topics, sub-national granular estimates, community-led monitoring.</p>	<p>Done. Webinar held (6 Oct 2020) with UNAIDS Country Offices and CDC HQ and country offices. Evaluation report shared and key messages presented. Draft management response presented and proposed country office follow up highlighted. A good discussion was held on learning and lesson sharing opportunities. A recording of the meeting was shared with all invitees.</p> <p>Key action points:</p> <ul style="list-style-type: none"> - Set up knowledge sharing discussions on specific topics such as community-led monitoring and sub-national estimates. - Share Situation Room evaluation report with countries. <p>Quarterly calls with US Government agencies have been set up to review community-led monitoring progress and to share learning across countries. CDC and UNAIDS HQs and country offices participate.</p> <p>The HSR evaluation findings and recommendations were shared with all relevant RSTs and countries offices and discussed directly with the evaluation team in a virtual workshop. Country specific discussions are ongoing to define actions to be included in the management response to the evaluation and how to deal with existing implementation challenges.</p>	