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An Evaluation of UNAIDS Joint Programme Country Envelopes: 2018–2022

Country case studies

Andean

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Consultant: Melissa Andrade Costa

Any enquiries about this evaluation should be addressed to: Evaluation Office, UNAIDS; Email: evaluation@unaids.org The report and related evaluation products are available at http://www.unaids.org/en/whoweare/evaluation

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BUF	Business Unusual Funds
CE	Country Envelope
Cosponsor	United Nations entities that cosponsor the Joint Programme against HIV/AIDS
COVID-19	Coronavirus Disease 2019
CBO	Community Based Organization
CSO	Civil Society Organization
FGD	Focus Group Discussions
HIV	Human Immuno-Deficiency Virus
ILO	International Labour Organisation
IOM	International Organization for Migration
STI	Sexually transmitted Infections
Joint Team	UN Joint Team against HIV/AIDS
KII	Key Informant Interviews
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex plus
MSM	Men who have sex with men
PAHO	Pan American Health Organization
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RCO	Resident Coordinator´s Office
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
TB	Tuberculosis
UBRAF	Unified Budget Results and Accountability Framework
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UCO	UNAIDS Country Office
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNWomen	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	World Food Programme
WHO	World Health Organization

1 INTRODUCTION AND CONTEXT

1.1 Purpose and scope of the case study

This case study is part of a wider evaluation which aims to assess the relevance, coherence, efficiency, effectiveness, sustainability and results of the UNAIDS Country Envelopes (CE) over the years 2018-2022, with a view to improving UNAIDS programming and results achieved through the United Budget, Results and Accountability Framework (UBRAF) 2022-2026.

The scope of the evaluation is to:

- Assess the global and country allocation model to ensure CE funds are allocated *to countries* most *in need*
- Assess the role of the CE funds in addressing *priority gaps and needs* in national responses
- Assess the role of CEs in supporting more *strategic and prioritised joint planning and coordination*
- Assess the *efficiency and effectiveness* of the CE funding mechanism including disbursements, implementation and reporting
- Assess *the results of CE funding, including the contribution to UBRAF outputs* and higher-level results
- Explore *alternative allocation and disbursement models* for joint funds including lessons learned.

Six countries were chosen for the case studies: Cote d'Ivoire, India, Iran, Kyrgyzstan, Peru and Zambia. In the case of Peru, since UNAIDS Office in the country manages the Country Envelopes for Peru, Bolivia and Ecuador, these three countries were considered in this report. The case studies have been supplemented by document review and key informant interviews (KII) at the global and regional levels.

1.2 Approach, methods and limitations

The evaluation is theory-based and has involved the development of a Theory of Change (See Annex 3) that has served as an overall analytical framework for the evaluation. The Theory of Change outlines the relationships between the CE funding and interventions and how these are expected to bring about change and results for national responses. The Theory of Change also includes a forward-looking component through the use of Strategic Priority Outcomes of the new Strategy 2021-2026, the intention being to help identify existing gaps for the achievement of the new strategy and to inform future HIV programming recommendations. Ten evaluation questions, based on OECD DAC Evaluation Criteria[1] were identified refined and mapped to the Theory of Change.

The country case studies focus mainly on qualitative analysis of plans of the UN Joint Team against AIDS (Joint Team) and the implementation and results of CE-funded activities. Additionally, the case studies focus on eliciting lessons learned, factors helping or hindering the use and effectiveness of CE. This case study – in the Andean countries (Peru, Ecuador and Bolivia) - was conducted through a document review, field visit in Peru, KIIs and Focus Group Discussions (FGD) with staff of the UNAIDS Office and Cosponsors, government counterparts and Community based Organisations working with and providing HIV-related community services in Peru, Bolivia and Ecuador. As part of the study, the Consultant undertook a visit to Peru where UNAIDS has a multicounty office responsible for coordinating UNAIDS work in Peru, Ecuador, Bolivia and more recently Colombia. From Peru, the Consultant carried in presence and remote KIIs and FGDs with UN Joint Teams and key actors in Peru, Bolivia and Ecuador. A short survey was also used and answered by 10 key stakeholders including UN agencies, Civil Society Organizations (CSOs) and Community Based Organizations (CBOs). The

[1] https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

timeframe considered was 2018-2022. In all, 18 key informant interviews, 8 group discussions and 2 field visits involving 83 individuals were conducted in September 2022, both face-to-face and online. Where possible, quantitative analysis has been undertaken of the data provided by UNAIDS. A list of stakeholders consulted is in Annex 1. A bibliography of documents reviewed/consulted is in Annex 2.

Due to the limited time available for the country study it was not possible to conduct an in-depth evaluation of each CE funded activity. However, three experiences were selected as deep dives – one for each one of the countries considered in the Andean region. The purpose of the country case studies was to collect country evidence to answer ten overarching evaluation questions (see Annex 4). The Andean countries case study has examined how the CE has contributed to relevance, coherence, efficiency, effectiveness and sustainability and results, while also purposively focusing on the strategic value of three experiences which were selected for more in depth analysis.

This study reflects the experience of the Andean countries – Peru, Ecuador and Bolivia, with a greater emphasis given to Peru, followed by Ecuador and finally to Bolivia. This choice of priority considered that UNAIDS has an office in Peru and, from there, leads the work of the UN Joint Teams on AIDS in Ecuador and Bolivia, because UNAIDS has no offices in those other countries. In addition, the amounts of the Country Envelope/Business Unusual Fund received by Ecuador were greater than the resources allocated to Bolivia (US$ 600,000 was allocated to Ecuador in the period 2018-21 against US$ 72,500 for Bolivia in the same period). In fact, Bolivia only started receiving Business Unusual Fund (BUF) resources in 2021. The main limitation of this report relates to this choice, where more information is available for Peru and less so for other countries where field visits were not planned. However, for both Bolivia and Ecuador, apart from the Cosponsors, civil society stakeholders were also consulted as a way of expanding the range of perspectives and bringing more nuance to the analysis.

1.3 About this report

This report is organised into six sections. In all sections, the Peruvian experience is presented followed by the Ecuadorian and Bolivian proportionately to the priority of analysis given in the case study.

Section 2 briefly describes the national HIV context of the Andean countries and the programmatic response. It covers the main issues facing each country and the financing available for the programme.

Section 3 lays out the strategic orientation and programme approaches of the UNAIDS Joint Programme in the three countries between 2018 and 2022, outlining the allocations received by Cosponsors under the programme.

Section 4 uses data shared by UNAIDS, documents accessed and those shared by Cosponsors, and field visits to triangulate the observations made. It discusses the findings of the case study organised in 3 sub-sections: relevance and coherence, implementation, and results and sustainability. The box at the commencement of each sub-section summarises the discussion of findings that follows.

Section 5 considers how closely the work of the Joint Programme has followed the Theory of Change and areas that might benefit from greater attention.

Finally, Section 6 presents the conclusions that derive from the findings. Also presented are three ‘deep dives’ which looked at the Country Envelope resources which were allocated to United Nations Population Fund (UNFPA), United Nations Children´s Fund (UNICEF) and World Health Organization (WHO)/Pan American Health Organization (PAHO) in Peru, Ecuador and Bolivia, respectively.

2 NATIONAL HIV CONTEXT AND PROGRAMME RESPONSE

2.1 Overview of the epidemic

The latest data available for Peru shows an estimated HIV prevalence rate of 0.4% for the adult population in 2021 (2022 HIV draft estimates, UNAIDS) with a higher prevalence for men (0.5% in comparison to 0.3% for women) for the same year. The same data source is available from 1990 onwards and shows a stable epidemic for the adult population with a slight increase in recent years. Back in 1990, the prevalence rate was 0.4%, declined to 0.3% in 1998 and rose again to 0.4% in 2019. The incidence rate is also on the rise - from 0.12 over 1,000 people uninfected in 2014 – the lowest incidence rate recorded - to 0.17% in 2021. During the same period (1990-2021) the prevalence declined significantly for men (from 0.8% to 0.5%) and slightly increased for women (from 0.1% to 0.2%). In 2021, about 98,000 people were estimated to be living with HIV in Peru (2022 HIV draft estimates, UNAIDS) out of which 1,500 are children, 24,000 are women and 72,500 are men. However, although there has been a growth in the number of HIV cases, the number of AIDS deaths is declining (from 1,500 in 2016 to 850 in 2021). Among people living with HIV/AIDS (PLHIV) in Peru, an estimate of 80% were in treatment in 2021 for all ages, the lowest percentage being for women (74%) against 83% for men. In 2021, about 78,669 PLHIV were on ART treatment out of which 1,047 were pregnant women. [2]

According to the Ministry of Health in Peru (MoH, HIV/AIDS Epidemiological Report, February 2021), the HIV epidemic increases in the younger cohort of MSM which calls for increased prevention work involving Sexual and Reproductive Health Education, awareness raising campaigns and increasing availability of condoms. Due to the COVID-19 pandemic, there has been a decrease in the reported cases of HIV and the country is still focused on fighting the COVID-19 pandemic. According to the distribution of HIV infections by age and sex, 68% of new infections from January 2000 to February 2021 have been diagnosed in the population group 20-39 years and 74% of the infection cases for the same period are in men. The main mode of transmission is sexual (98.39%) followed by vertical (1.38%) and through blood (0.23%) (MOH, 2021 – period 2000-2021) with an increasing presence of new infections among very young men (15-19 years).

In the case of Ecuador, the data is similar, overall HIV prevalence is 0.4% (0.5% for men and 0.3% for women in 2021 (2022 HIV draft estimates, UNAIDS) with an estimated population of 47,000 PLHIV (about half of PLHIV in Peru). Incidence is at 0.11% per 1,000 uninfected – lower than Peru and declining since 2017 when it was 0.15%. About 85% of PLHIV know their status and this number is rising each year (data from 2021). Out of those PLHIV, 87% are on Antiretroviral Therapy (ART) and 67% with viral load supressed, still far from the 90% or 95% UNAIDS global targets. In Ecuador, the percentage of PLHIV who know their status increased from 59% in 2016 to 85% in 2021 which shows a great achievement for HIV testing in the country. Among those, treatment increased from 80% in 2016 to 87% in 2021 while those with suppressed viral load increased from 53% in 2018 to 65% in 2021.

In Bolivia, HIV prevalence is 0.3%, slightly lower than in Peru and Ecuador (0.4% for men and 0.2% for women). The total number of PLHIV is estimated to be 26,000 (half of those in Ecuador) while the HIV incidence for 2021 was estimated to be 0.13 per 1,000 uninfected which is higher than Ecuador and lower than Peru. However, this number is declining since 2012. In terms of the 95 95 95 treatment cascade, 93% of those PLHIV knew their status in 2018 (Joint Plan for Bolivia based on data

[2] There is no data available for the full 95 95 95 treatment cascade for Peru, only for percentage of people in ARV treatment.

from the Ministry of Health).[3] Out of these PLHIV, only 56% are on treatment (46% of children only). Among those on ART, 76% have suppressed viral load (all data from 2021 UNAIDS estimates).

In the three countries, the epidemic is concentrated among key populations with prevalence rates much higher in comparison to overall prevalence and also focused in specific sub-national regions. In the case of Peru, men who have sex with men (MSM) have an HIV prevalence of 15.2% and transgender people of 31.8% (Sanchez, J., Konda, Kelika and Gonzales, 2019), while the most affected regions are Lima and Callao (a port city, next to Lima) with 58% of the reported cases followed by Loreto, Ica and Arequipa (Joint Plan on HIV 2017-2021 of the United Nations System in Peru, 2017).

In the case of Ecuador, the prevalence rate for men who have sex with men (MSM) is 16.5% in Quito and for transgender women, it is 34.8% (Joint Plan of the United Nations for HIV in Ecuador 2019-2022, 2018). These populations are located in 8 provinces: Guayas, Pichincha, El Oro, Los Ríos, Esmeraldas, Manabí, Azuay y Santo Domingo.

In Bolivia, the estimated prevalence rate of MSM is 19.5% and 22.6% for transgender women and out of five people living with HIV, approximately four live in the cities of Santa Cruz de la Sierra, La Paz, El Alto and Cochabamba (Joint Plan on HIV in Bolivia 2020-2021, 2019). In the case of Bolivia, a prevalence rate of 0.7% was identified among pregnant women in selected maternities in the cities of La Paz, El Alto, Cochabamba and Santa Cruz (Vigilancia Centinela de VIH y sífilis en gestantes 2012-2016).

2.2 National HIV policy and programmatic response

The three countries have a national strategy for HIV with an integrated approach to the epidemic which covers prevention, treatment and special attention to key populations.

Peru

In Peru, different government agencies come together to deal with the HIV epidemic. The Ministry of Health (MoH) leads the work and has the contribution of the Ministry of Education, the Public Defender´s Office, the Ministry of Labour, Social Insurance of Peru (EsSalud), the Ministry of Justice, the National Penitentiary Institute, , Home Office and Ministry of Defense.
The country also has a national multisectoral group called CONAMUSA which involves the government, donor agencies, civil society organizations and PLHIV.

The Ministry of Health launched a National HIV Strategy for 2015-2019 focusing on prevention, treatment, the promotion of human rights with special attention to key populations, collaboration among different government levels and partners, institutional strengthening and information management. In 2020, the national multisectoral health policy up to 2030 ´Peru, Healthy Country´ was approved with a multisectoral approach for health priorities which included HIV/AIDS. The approach in the national health policy was to approach HIV prevention especially for young people through the programme 'Strong Families' which is already running in the country and looks at preventing HIV in adolescents between 10-14 years through communication between parents and the adolescents. A specific sectoral policy is also being discussed but it had not been formally approved before the completion of this report.

For the HIV agenda and the work with key populations, the context is mixed in terms of progress and importance in the country. While LGBTQI+ populations have been included in the new National

[3] The Ministry of Health of Bolivia coniders this number to overreported, because the information system is not capturing HIV related deaths accurately or timely. There are PLWHIV who may be dead but are still being counted in the first pillar of the cascade as reported by the UNAIDS Multicountry office in Peru based on a statement of the MoH in a recent proposal submitted to the GFATM.

Human Rights Plan approved in 2021, when it comes to Sexual and Reproductive Health Education in schools, for instance, the country has seen increasing resistance.

Ecuador
In the case of Ecuador, there is the National Strategy for the Prevention and Control of HIV/AIDS-Sexually Transmitted Infections (STIs) 2017–2021 and the CEMIDA – a multisectoral council equivalent to CONASIDA in Bolivia. It leads the implementation of the NSP and is currently working on its update. The current National Strategy looks at ensuring access to promotion of sexual health and prevention of HIV/STI through health and sectoral plans; improving early diagnosis, ensuring the promotion of human rights and reducing stigma and discrimination of PLHIV and key populations, strengthening the National Public Network of Health and Complementary Services, strengthening information systems and monitoring and evaluation mechanisms for HIV and STIs.

More specifically, the National Strategy for 2017–2021 sets out four strategic priorities for the national response to HIV: 1) promotion and prevention; 2) comprehensive health care; 3) guaranteeing rights; and 4) strengthening the national response. These priorities were established from a multisectoral perspective to ensure an effective response to the epidemic. They include strategies for access to information, early diagnosis and Antiretroviral Therapy (ART), including combination prevention to help reduce new HIV infections, deaths from AIDS and stigma and discrimination in order to improve the quality of life of PLHIV (Global Fund Proposal 2018).

Bolivia
In Bolivia, CONASIDA is the multisectoral council which involves health, education and justice and civil society members through the main network of PLHIV in the country – REDBOL. The National Plan for HIV in the country for the period 2013-2018 included a strong participation of key populations which has allowed the provision of a basic prevention package consisting of: information, condoms and HIV testing. Under the same Plan, the Global Fund contributed with the development of community strategies to approach key populations. During the process of data collection for this evaluation, an important component of the Bolivia context identified was the need of updating HIV legislation which is outdated in face of the emerging challenges of the epidemic. There is also a great challenge in decentralizing the distribution of ARVs in the country.

2.3 National response challenges and priority areas/gaps that need addressing

The overarching context of HIV in the Andean countries shows the relevance of the new focus of UNAIDS on a broader approach to vulnerability, where health demands meet other pressing humanitarian and social protection needs.

Peru
In its most recent systematic efforts to analyze the challenges in dealing with HIV (during the elaboration of its National Strategy for the period 2015-2019), the government identified the following gaps:

- Cultural and language barriers with affected populations limit the supply of services, including prevention. This increases risk-taking behaviours, also associated with poverty (the epidemic in Peru is focused in the capital coastal area and in the jungle where many remote indigenous populations live);
- Stigma and discrimination of key populations and PLHIV (including from health professionals) which makes their access to the health system and other public services more difficult;
- Limited resources which are not enough to assist PLHIV;

- Weakening of the health system due to unfinished reforms in the Health Sector (including the decentralization process, which has hampered the management of the National Health Strategies), and insufficient numbers of trained staff;
- Precarious work conditions for health personnel and high turnover is a barrier for more proactive work in reaching out to communities with higher HIV transmission rates (there are cases of HIV infection by health professionals due to lack of adequate health supplies, for example);
- Deficiencies in the information system which limit the monitoring of interventions and ability to make evidence-informed decisions (there is no systematic follow-up of internationally recommended indicators and there is lack of disaggregated data by levels of complexity in treatment needs and level of vulnerability such as comorbidities).

In this context, the UN Joint Programme Plan for HIV in Peru (2017-2021) identified high prevalence of the epidemic in key populations, the challenges in reaching the 90-90-90 targets, and removing stigma and discrimination towards key and vulnerable populations and PLHIV as priorities. These are key factors in the country, but this agenda still leaves behind crucial factors around strengthening of the health system.

Ecuador

According to the Joint Plan of the Joint Programme on HIV for Ecuador (2019-2022), there are five priorities of the national response: 1. governance, 2. promotion of health and other rights, 3. prevention and attention through services, 4. strategic information and 5. social participation. According to the same document, one of the key needs of the country is to strengthen the capacities of the health workers to incorporate HIV in the work with the communities, especially in the provinces with high levels of infection. The deep dive selected for this report demonstrates how CE efforts have responded to this challenge from a community perspective by reinforcing community surveillance. Multiple vulnerabilities interact. In low-income communities, there is limited information on how to prevent HIV, limited access to income and limited access to health services, which lead to late diagnosis and challenges in keeping up with the ARV treatment.

The Global Fund Proposal (Round 9 in 2018) requested support that is aligned with the gaps identified by the country:

- Increasing access to prevention and early diagnosis of HIV among key populations;
- Promoting linkage with health services, timely treatment and the retention of key populations;
- Strengthening health services, justice services and access to justice and health under a human rights approach, ensuring social participation.

Bolivia

The UN Joint Plan for Bolivia on HIV addresses three areas of intervention: 1) HIV prevention in key populations; 2) Human Rights, Stigma and Discrimination and 3) Youth empowerment to protect from HIV. These three areas are consistent with the profile of the epidemic, the context of the country and the value that can be added by the Cosponsors who are engaged in the Joint Programme in Bolivia.

According to the National Joint Plan on HIV of the Joint Programme for Bolivia (2016-2021), the national Multisectoral Strategic Plan (2013-2018) was assessed and the following were identified as remaining challenges for HIV in the country:

- Implementation of combination prevention is still underway;
- There are notification gaps. The health system is encouraging municipal governments to take over HIV prevention, especially for pregnant women and young people, but this is still underway;

- Limited sustainability in the community strategies for key populations;
- Limited institutional commitment and collaboration among different public sectors (such as education, justice, communication and others);
- Limited joined work between the HIV strategy and assistance and prevention of other opportunistic diseases (as they require more complex types of assistance which are under the national government);
- Limited follow-up system after testing and diagnosis to help ensure patients adhere to continuous ART.

These challenges show the lack of an organized response to HIV which involve different sectors and levels of government and community work. There is a persistent gap in making HIV policy in Bolivia more comprehensive among its various stakeholders. Supply of services is a crucial challenge in combination with other public policies such as social protection to help cover the needs of those most disadvantaged, and who are often at risk of late diagnosis and treatment.

2.4 Financing of the national response

The Governments of Peru and Ecuador fund more than 90% of their HIV national responses, with the Global Fund the second most important donor covering mainly HIV prevention activities targeting key populations. The dependency on international funds is much higher in Bolivia than in Peru and Ecuador, where donors still partly finance ARV treatment and the NAP team.

Peru: The HIV response in Peru is funded largely by the Government. Data from 2020 shows a total reported expenditure of US$ 74.4 million of which 92% of the funds are covered by the Government and only 8% by international sources (Global AIDS Monitoring Report - GARPR Reports, July 2022). However, for the past few years, HIV funding has been decreasing. The specific budget allocated for the HIV programme decreased by 31% between 2019 and 2022 (GIVAR, 2022).

Ecuador: A similar trend is found in Ecuador, out of the US$ 15,2 million expenditure for HIV in 2020, US$ 14.9 million came from the Government (98%) and only 2% came from international cooperation. Having said this, the Global Fund has an important and influential presence in the country (Vásconez, Solórzano and Jiménez, 2022).

Bolivia: In the case of Bolivia, the dependency on international funds is much higher than in Peru and Ecuador, but the government still accounts for 61.7% of total funding. In Bolivia,17.7% of HIV related funding comes from the private sector (including 0.7% of total HIV funds coming from non- profit organizations) and 20.6% from international organizations (Data from 2021, Medrano and Valdéz, 2021). Under international organizations, 16.1% of the total 20.6% comes from the Global Fund, 1.2% come UNFPA, 0.6% from UNICEF and 1.5% refers to non-profit organizations.

3 UNAIDS JOINT PROGRAMME STRATEGIC ORIENTATION AND PROGRAMME APPROACHES

3.1 Joint Programme and Joint Plans

The three countries of the Andean region under analysis received a total of US$ 1,622,500 of CE and BUF funds between 2018 and 2022, while the resources for 2023 are still to be confirmed. Peru and Ecuador benefited from the CE since the beginning of the cycle in 2018, but Bolivia was included in the Business Unusual Fund only in 2021 and a lower amount - US$ 217,500 ($ 72,500 per year)

between 2021 and 2023. The data on other sources is not precise as agencies do not always report on how much complementary funds they have allocated for their work on HIV. See table 1 for further details. Other sources include Cosponsor core UBRAF allocations, Cosponsor non-core funds, non-UNAIDS funds and Secretariat core UBRAF allocation as per data extracted through JPMS – UNAIDS information system.

3.1.1 Allocation and absorption of CE/BU Funds

Table 1: Allocation of Country Envelope, Business Unusual Fund and other sources by country

YEAR	CE PERU	CE ECUADOR	BUF/CE BOLIVIA	REGION GRAND TOTAL BUF/CE
2018	150,000	150,000		300,000
2019	150,000	150,000		300,000
2020	150,000	150,000		300,000
2021	150,000	150,000	72,500	372,500
2022	150,000	150,000	72,500	372,500
2023	150,000	150,000	72,500	372,500
Total	900,000	900,000	217,500	2.017.500

Source: UNAIDS.

Peru
The Joint Team includes eight Cosponsors : UNFPA, UNICEF, PAHO, WFP, UNESCO, ILO, UNHCR and UN Women (Joint Plan 2017-2021). Recently the International Organization for Migration (IOM) has become engaged in the Joint Team, although they are not an official Cosponsor. They are important in the context of the increasing influx of Venezuelan migrants and refugees in the country.

Three Cosponsors have consistently received country envelope funding since the beginning of the cycle in 2018: UNFPA, UNICEF and WHO/PAHO. UNESCO received CE funds in the first cycle of 2018-2019. UNHCR started receiving CE resources in 2020-2021 in the context of Venezuelan migrants and refugees living with HIV.

Ecuador
The Joint Team includes four agencies: UNFPA, PAHO/WHO, UNICEF and WFP. UNFPA, WHO/PAHO and UNICEF have been beneficiaries of the CE since 2018/2019 and WFP started receiving funds from 2020 onwards. There is no UNAIDS office in the country and the allocation of resources is agreed among UN agencies under the leadership of UNFPA although the UNAIDS Office from Lima leads the overall longer term planning process both in Ecuador and Bolivia.

Bolivia
The Joint Team includes six agencies: UNFPA, PAHO/WHO, UNDP, WFP, UNICEF and UNODC. UNFPA, PAHO/WHO and UNODC have been receiving resources since 2020 through the Business Unusual Fund. From 2022, Bolivia started receiving funds from the Country Envelope and UNDP started as a recipient in the same year.

Tables 2, 3 and 4 below show the amounts allocated to each agency per biennium 2018-2019 and 2020-2021 and their expenditure rates (referred to as 'absorption' in the tables below) in the three countries.

Peru

Table 2: Allocation and absorption of Country Envelope by agency and cycle for Peru[4]

YEAR	ALLOCATION 2018-2019	ABSORPTION	ALLOCATION 2020-2021	ABSORPTION
UNFPA	102,400	99.79%	80,000	100.27%
UNICEF	85,000	69.06%	70,000	100.01%
WHO/PAHO	64,600	89.26%	70,000	13.19%
UNESCO	48,000	80.77%		
UNHCR			80,000	100.00%
Total	300,000	84,72%	300,000	78.37%

Source: UNAIDS.

In Peru, five of the eight Cosponsors in the Joint Team have received CE funding. During the 2018-2019 CE funding cycle UNFPA received most funds, followed by UNICEF, WHO/PAHO and UNESCO. Since there are important discrepancies in the data sources from UNAIDS Geneva and Cosponsors at a national level (see footnote 4), the evaluation team kept data from UNAIDS Geneva as the main information source to keep consistency over the different reports. However, in light of these discrepancies, no further assertion can be made in this regard, other than pointing at the challenges in finding data consistency.

Ecuador

Table 3: Allocation and absorption of Country Envelope by agency and cycle for Ecuador[5]

YEAR	ALLOCATION 2018-2019	ABSORPTION	ALLOCATION 2020-2021	ABSORPTION
UNFPA	100,000	90.48%	90,000	110.51%
WHO - PAHO	100,000	89.26%	90,000	N/A
UNICEF	100,000	100.00%	90,000	100.00%
WFP			30,000	69.77%
Total	300,000	93.25%	300,000	93.43%

Source: UNAIDS.

As Table 3 shows, in the case of Ecuador, all four cosponsor agencies in the Joint Team received CE funds. Average absorption of CE funds has been high in Ecuador with the exception of WFP experiencing challenges in 2020-2021.

Bolivia

[4] Discrepancies were found between data provided from UNAIDS Headquarters and data provided by Cosponsors at the Country Office level. In the case of UNICEF, for 2018-2019 the agency reports an absorption rate of 100% (69.06% is reported by UNAIDS Geneva) while WHO/PAHO in the biannual 2018-2019 reports an allocation of 60,337 (against 64,600 reported by UNAIDS Geneva) and absorption rate of 99.12% (UNAIDS reports 89.26%). For 2020-2021, WHO/APAHO in Peru reports an allocation of 65,334 and an absorption rate of 92.14% while UNAIDS Geneva reports an allocation of 70,000 and an absorption rate of 13.19%.

[5] WHO/PAHO office in Ecuador reported to have had an absorption rate of 100% in both cycles of 2018-2019 and 2020-2021.

Table 4: Allocation and absorption of Country Envelope by agency and cycle for Bolivia[6]

YEAR	ALLOCATION 2020-2021	EXPENDITURE (US$)	ABSORPTION
UNFPA	**39,900**	**39,900**	**100.00%**
UNODC	**21,700**	**21,657**	**99.80%**
PAHO/WHO	**10,900**	**10,095**	**92.61%**
Total	**72,500**	**71,652**	**97.47%**

Source: UNAIDS and WHO/OPAS.

The Joint Team has only received one cycle of CE funding, in the 2020-2021 biennium. Funds were distributed across three of the six cosponsor agencies. UNFPA absorbed 100%, UNODC very close to 100% and WHO/PAHO 92.6%. The three countries have high absorption rates. The following graphs show the allocation of CE according to areas of intervention.

3.1.2 Use of CE funds across different intervention areas

Work in the Andean countries features strong attention to human rights, communication and promotion of services through engagement with civil society organizations. These choices of interventions show coherence with UNAIDS' overall mandate and the profile of the epidemic in the region. There has been less focus on a fully funded response of HIV, which is coherent with the fact that the Andean countries fund most of their HIV programmes with government resources, although the government structures of these countries still struggle to fully address HIV, especially HIV prevention.

It is important to emphasize that HIV in the Andean countries is characterized by multiple forms of vulnerability. This makes intersectoral approaches especially relevant – where the links need to be made between health and other areas, such as social protection, for example.

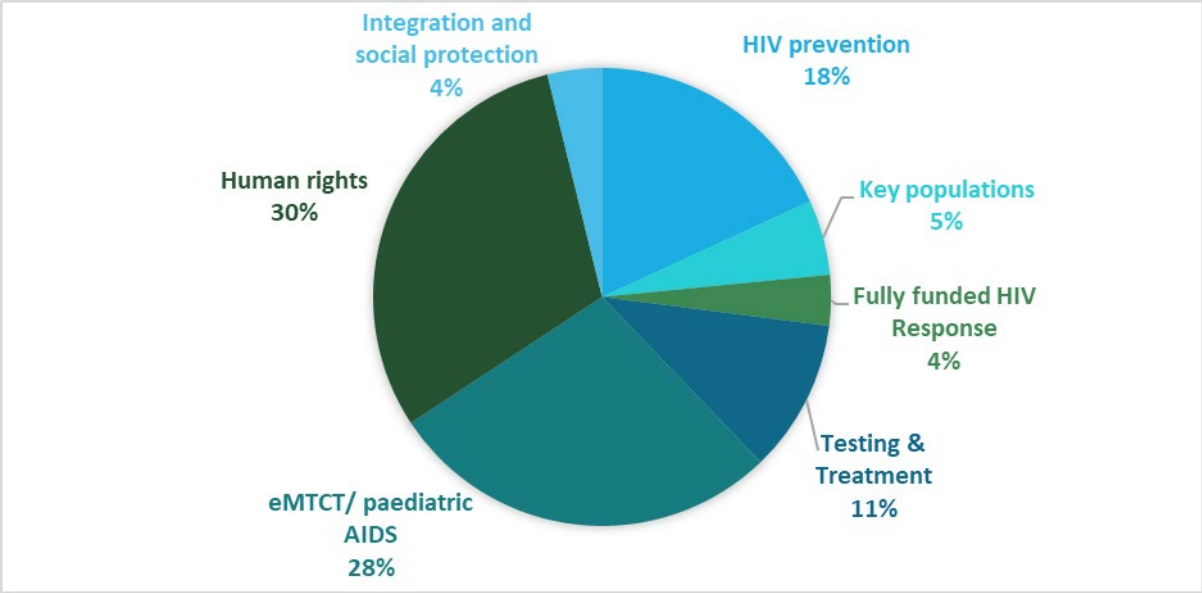
Peru

Figure 1 shows how CE funds have been used on two major foci of Human Rights (30%) and Mother to Child Transmission (eMTCT/paediatric AIDS) (28%) followed by HIV Prevention (18%) and Testing and Treatment (11%), and finally with a more limited focus on specific interventions for key populations, a fully funded HIV response, integration and social protection. This resonates with the qualitative data collected which is discussed in the report in section 3.1. The UNAIDS Office in Peru and the key members of the Joint Team have a strong discourse around the promotion of human rights.

It is important to note that many interventions overlap in thematic areas. They may deal with prevention, human rights and key populations at the same time. The choice of classification here was made based on the selection of the themes by programme managers as they are displayed in UNAIDS´ JPMS Information system.

[6] In the case of Bolivia, although the main data source was UNAIDS Geneva, for WHO/OPAS there was no information available, so data was added from WHO/OPAS in the country.

Figure 1: Allocation of Country Envelope in Peru by intervention area 2018-2023

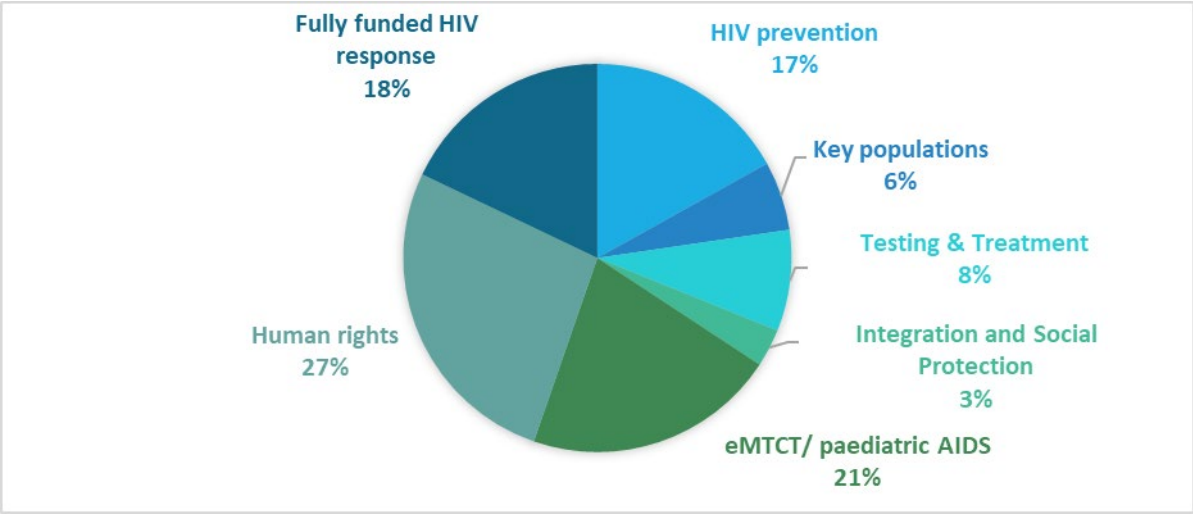


Source: own elaboration based on UNAIDS data.

Ecuador

In the case of Ecuador (see Figure 2), the profile of the CE interventions has been very similar to Peru. Almost a third of CE resources were allocated to Human Rights (27%) followed by eMTCT/paediatric AIDS (21%). In Ecuador, however, there have been greater efforts towards the promotion of a Fully Funded HIV response (18%) followed by HIV Prevention (17%). Less focus was given to Testing and Treatment (8%), Integration and Social Protection and work specifically with Key populations (6%).

Figure 2: Allocation of Country Envelope in Ecuador by intervention area 2018-2023

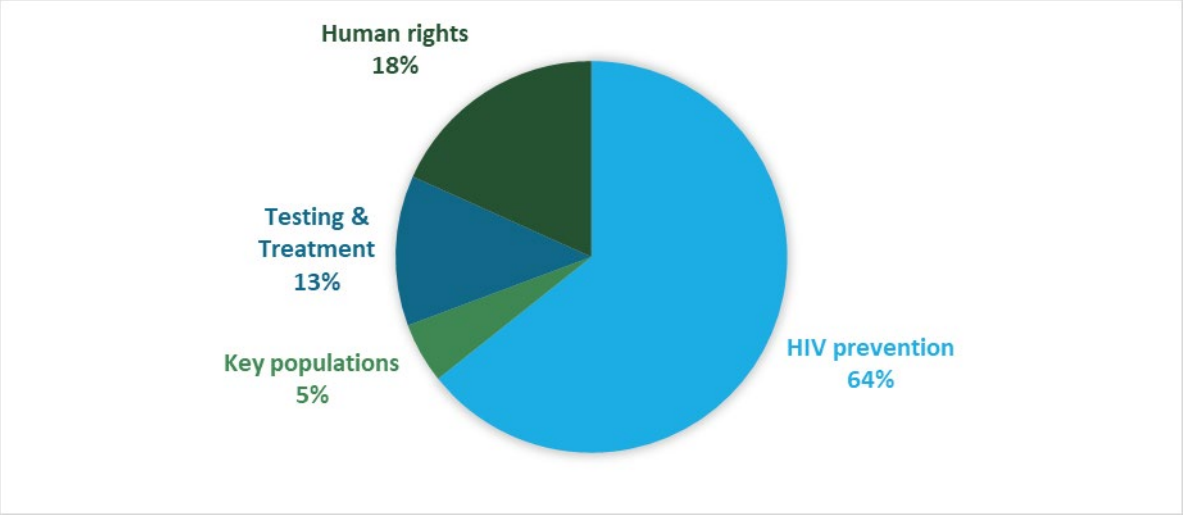


Source: own elaboration based on UNAIDS data.

Bolivia

In Bolivia (see Figure 3), the profile of interventions supported is quite different to Peru and Ecuador with the major focus placed on HIV prevention (64%), notably through the work of UNFPA and WHO/PAHO. Prevention is followed by Human Rights (18%), Testing and Treatment (13%) and Key populations (5%). This focus on prevention aligns with the gaps identified from the assessment of the 2013-2028 National Multisectoral Strategic Plan as mentioned under the section National response challenges and priority areas/gaps that need addressing.

Figure 3: Allocation of Country Envelope in Bolivia by intervention area 2018-2023



Source: own elaboration based on UNAIDS data.

3.1.3 Joint Plans for HIV

All three countries have a Joint Plan to help guide their thematic work and strategies. These plans have been written by a consultant and are now in the process of being reviewed.[7]

Peru

The Joint Plan in Peru has four strategic areas of work:

1. Support for the implementation of a combination prevention strategy ;
2. Strengthening of attention to the 95-95-95 cascade to promote integrated health services and HIV people-centered care to reach the 95-95-95 targets;
3. Support for the national effort on defending human rights and the elimination of stigma and discrimination;
4. Strengthening of human, financial and programmatic management systems.

This Joint Plan is meant to cover all the HIV work of the Joint Team. In the case of CE, it has been especially focused on strengthening attention to the 95-95-95 cascade and support to human rights. The following table shows the key activities which have received and are planned to receive the support of the CE in the country for the period 2018-2023.

Table 5: Activities funded by the CE from 2018-2023 in Peru[8]

Biannual	Cosponsor	Value US$	Priority Area	Activities
2018-2019	UNESCO	49387	SRA 6	Monitoring and dissemination of indicators about key populations, PLHIV, adolescents and young people, support for the incorporation of social inclusion policies to key populations in companies/trade unions, communication for eliminating stigma.
2018-2019	UNFPA	106480	SRA 6	Identification of national policies and regulations representing barriers to the exercise of rights, facilitating a work agenda for Civil society and developing their advocacy capacities, communication strategy to the promotion of human rights and advocacy.

[7] Although the Joint Team Plans are relevant and coherent, especially in the case of Peru and Bolivia, they do not seem to be actively used as guiding documents to inform the allocation of resources in the context of the CE or BUF for example.
[8] In the case of Peru, the key populations mostly targeted were migrants, LGBTQI+ and indigenous communities.

2018-2019	UNICEF	76965	SRA 4	Capacity building for programming, acquisition and distribution of drugs and supplies for the prevention and care of vertical transmission, congenital syphilis and hepatitis B, workshops for the definition of an instrument for the analysis of HIV cases, and designing of an online system for HIV monitoring.
2018-2019	WHO-PAHO	66875	SRA 1	Updating and implementation of technical regulations on comprehensive health care for PLHIV and key populations, capacity building for peer educators to link key populations to health services, monitoring of ARV treatment decentralization, evaluation of implementation of HIV regulations for indigenous populations.
2020-2021	UNFPA	80000	SRA 6	Promotion and dissemination campaign: "Micro actions for great rights" under the National Human Rights Plan, evaluation of the implementation of the National Human Rights Plan 2017-2021.
2020-2021	UNHCR	55626	SRA 6	Strengthening of the table on HIV and human mobility, inclusion of STI-HIV services and comprehensive attention for PLHIV, key populations, refugees/migrants in the Universal Health Insurance (SIS), creation of self-help groups for migrants/ refugees with HIV, capacity building to support linking migrants/refugees to health.
2020-2021	UNHCR	29350	SRA 1	Promotion of HIV prevention activities (mobile brigades and provision of humanitarian assistance for access to treatments for refugees and migrants, capacity development to self supported groups).
2020-2021	UNICEF	104999	SRA 4	Promotion of training workshops for health professionals in the use of online system, technical assistance to update the standards for monitoring MTC cases, capacity building for health professionals.
2020-2021	WHO-PAHO	874999	SRA 1	Implementation of the primary health care (PHC) model for indigenous groups, promotion of trainings for health professionals for decentralization of antiretroviral treatment, technical assistance for strengthening and decentralizing health care services.
2020-2021	WHO-PAHO	17500	SRA 4	Strengthening of health services with assisted notification strategy, operational procedures, and capacity building to intensify testing and link key populations to HIV services.
2022-2023	WHO-PAHO	57500	SRA1 RA 2	Promotion of demonstrative study on HIV prevention cascade in Lima/Callao, scaling up of assisted notification strategy implementation, strengthening decentralization of ART.
2022-2023	UNICEF	90000	SRA2 RA3	Implementation of baseline study to assessing knowledge about HIV prevention, HIV testing and early ARV treatment in two indigenous communities, implementation intercultural dialogues.
2022-2023	UNHCR	42500	SRA8 RA9	Community outreach and humanitarian assistance to cover pre-TARV costs and access to HIV treatments for refugees/ migrants.
2022-2023	UNFPA	110000	SRA3 RA7	Piloting of a comprehensive sexual education strategy in community and non-formal settings, systematization and dissemination of the results of pilot, creation of platform of institutions around CSE outside school.

Source: JPMS and Joint Plan 2022-2023.

Each agency has worked on its value add in different ways with a priority given to SRA 6 (Stigma and Discrimination) followed by SRA 4 (Combination prevention to key populations) and SRA 1 (Testing and Treatment). To summarize, the key contributions of the different agencies have been:

- WHO/PAHO worked with the decentralization of ARV services and updating of protocols with the Ministry of Health;
- UNHCR has channeled resources to civil society to help them provide information, testing, counselling and advisory services for Venezuelan refugees as a part of a larger project;
- UNFPA has assisted with prevention among youth, education on Sexual and Reproductive Health and a major national campaign for the promotion of human rights (which is discussed later in the deep dive);

- UNICEF has assisted with the change in health protocols to promote access of young people to prevention services without parental participation. It has also worked on the prevention of HIV in indigenous communities;
- UNESCO assisted with the publication of experiences on Sexual and Reproductive Education and training of government staff on it;

Ecuador

In Ecuador, although there is also a UN Joint Plan on HIV/AIDS, it does not have the same clarity as the plans for Peru and Bolivia. The following table shows the activities funded/planned by the CE in Ecuador from 2018-2023.

Table 6: Activities funded by the CE from 2018-2023 in Ecuador[9]

Biannual	Cosponsor	Value US$	Priority Area	Activities
2018-2019	UNFPA	25272	SRA 7	Dissemination of municipal model for social inclusion in Quito, promotion of screening in border areas to the national population, migrants and refugees and people in transit, strengthening of the response capacity of the MoH to provide services in the context of the frontier.
2018-2019	UNFPA	53729	SRA 6	Training of community-based organizations of adolescents, young people, key populations and people living with HIV in three prioritized provinces (Quito, Esmeraldas and Guayaquil) to be able to carry out advocacy and social surveillance activities in Esmeraldas, Quito and Guayaquil.
2018-2019	UNICEF	82448	SRA 7	Dissemination of info on HIV care cascade and evidence about barriers of access of pregnant women to HIV testing for advocacy and prevention activities in the prioritized Canton of Esmeraldas, promotion of community surveillance for vertical transmission, training of health providers to improve the quality of care for the pregnant woman and the newborn, promotion of obstetric census to identify pregnant women at risk.
2018-2019	WHO-PAHO	54682	SRA 1	Promotion of HIV combination prevention activities and HIV testing to health providers from health centers of Guayaquil, Quito and Esmeraldas, especially focused in key and vulnerable populations, training of health providers from other cities of the country.
2018-2019	WHO-PAHO	62407	SRA 7	Strengthening mechanisms of linking PLHIV to the health system, design of the strategy for elimination of vertical transmission, syphilis, hepatitis B and Chagas (MTCT Plus), training of health providers, updating of guideline for integral attention of STIs, implementation of HIV new diagnosis algorithm, promotion of mothers support groups.
2020-2021	UNFPA	95256	SRA 6	Updating of agenda on Human rights of Young people under COVID-19, as well as the design and implementation of a communications campaign on human rights.
2020-2021	UNICEF	118000	SRA 1	Promotion of community epidemiological surveillance in Guayas (Mount Sinai) to prevent the transmission of COVID-19 among PLH by accompanying cases of women and children with HIV and developing strategies to maternal and child health services, Information, education and communication strategy (IEC) to promote the demand for HIV testing.

[9] In Ecuador, the key populations mostly targeted were migrants and refugees and LGBTQI+.

2020-2021	WFP	25001	SRA 6	Generation of key messages on food security and nutrition in the context of HIV through virtual media.
2020-2021	WFP	5000	SRA 1	Creation of a training module with health personnel from priority health centres related to food security and nutrition in the context of HIV prevention.
2020-2021	WHO-PAHO	107677	SRA 1	Updating of the Guide for comprehensive care, expanding the implementation of the HIV Clinical Practice Guide and HIV diagnostic algorithm, technical assistance to take the ARV treatment and prevention of HIV COVID-19 coinfection closer to the community, designing and implementing strategies for the care of hepatitis B, training in the ETMI Plus in priority areas.
2022-2023	WHO-PAHO	90000	SRA 1 RA 1	Implementation of PreP in two prioritized cities (machala and Manta), training of health workers on assisted notification and self-testing, capacity building to implementing the new protocol for prevention, diagnosis and treatment of sexually transmitted infections, implementation and strengthening of a Transition Plan for the unification of ARV treatment protocols.
2022-2023	UNICEF	90000	SRA 2 RA 3	Capacity building in four prioritized health facilities to support the National Strategy to Prevent Mother-to-Child transmission of HIV, Syphilis, Hepatitis B and Chagas disease, implementation of dual tests to trace HIV and Syphilis in pregnant women, promotion of “educommunication” actions to prevent mother-to-child transmission of HIV and support community health surveillance; referring pregnant women to health services, strengthening young leadership in HIV prevention.
2022-2023	UNFPA	90000	SRA 3 RA 7	Implementation of the Community Training School for Health, Rights and HIV Trainers targeting diverse adolescents and young people who live in border and cross-border contexts to build capacities in prevention, education and rights promotion, strategies for decision-making and safe practices in sexual health and reproductive, implementing "educommunication" strategies to eliminate HIV related stigma and discrimination.

Source: JPMS and Joint Plan 2022-2023.

The activities funded by the CE in Ecuador are spread through different areas of the UNAIDS Global Strategy with a priority given to SRA 1 (testing and treatment), followed equally by SRA 6 (stigma and discrimination) and SRA 7 (fully funded response and strategic information) and lastly SRA 2 (MTCT) and SRA 3 (prevention for young people).

Bolivia

In Bolivia, three key areas of intervention were selected as priorities in the Joint Plan:

1. Prevention of HIV in key populations;
2. Human rights, stigma and discrimination;
3. Empowerment of young people to protect them from HIV.

The activities funded by the CE have been coherent to the overall Joint Plan focusing more on SRA 3 (prevention for young people) followed by SRA 4 (combination prevention for key populations), by SRA 1 (testing and treatment) and by SRA 8 (stronger systems for health). The work of the CE in Bolivia has been especially focused on areas 2 and 3 of the Joint Plan.

UNODC has done significant work on human rights having developed a protocol for People Deprived of Liberty to help prevent HIV in prisons. WHO/PAHO has helped through a study on stigma and discrimination and training of health officers with the engagement of different stakeholders (see deep dive for more information). UNFPA has worked with UNICEF on a study for the promotion of

condoms and a communication strategy for enhancing condom use for young people. Human rights are reinforced in Joint Plans again as an important part of the work in both Bolivia and Peru.

The next table shows the list of activities funded/planned to be funded by the CE from 2018-2023 for Bolivia.

Table 7: Activities funded by the CE from 2018-2023 in Bolivia[10]

Biannual	Cosponsor	Value US$	Priority Area	Activities
2020-2021	UNFPA	39874	SRA 3	Increasing condom use for triple protection reported by key populations, adolescents / youth and women through a rapid assessment on availability and use of condoms and implementation of a protocol for its promotion.
2020-2021	UNODC	21750	SRA 1	Updating the regional online course on HIV and rights in the context of prisons, strengthening of the inter-institutional table on HIV in prison, designing of a protocol for HIV prevention, testing, care and control of communicable infections (COVID-19 and others) for prison contexts, including the establishment of health-prison referral and counter-referral networks.
2020-2021	WHO-PAHO	10875	SRA 4	Implementation of a program to eliminate stigma and discrimination due to HIV, with a focus on key populations, adolescents, youth and women with HIV, promotion of advocacy to promote the elimination of stigma and discrimination in other sectors (justice, education, work).
2022-2023	UNFPA	40000	SRA 3 RA 2	Implementation of a comprehensive communicational strategy based on triple protection.
2022-2023	UNODC	4000	SRA 4 RA 2	Customization of a training module on STI/HIV in prisons setting to be included in the national training course to be implemented by the National School of Public Management.
2022-2023	UNDP	23000	SRA 8 RA 9	Strengthening capacities of health workers from MoH, social security, prisons system and community services in the latest technologies for STI/HIV interventions related to HIV care cascade, on the basis of a certified training course.
2022-2023	WHO-PAHO	60000	SRA 3 RA 7	Increasing access to prevention, testing, treatment, adherence and undetectability (i.e., test & treat, I=I) via behaviour change communication segmented by groups of people with HIV and affected by HIV.

Source: JPMS and Joint Plan 2022-2023.

3.2 Main partnerships engaged in implementing the Joint Plans and CE

Apart from the Cosponsors, the Joint Teams have been engaged with the Ministry of Health at a central level and with various Civil Society Organizations at a local level (e.g. GIVAR in Peru, Redbol in Bolivia, DYA in Ecuador). In Peru, a key partner has been the Ministry of Human Rights located in central government.

Peru, Ecuador and Bolivia have complex government structures with multiple layers of governance including the municipal, regional and national level. The sometimes unclear division of labour among the different levels of government structures can lead to gaps in health service provision. In Peru, for

[10] In Bolivia, the key populations mostly targeted were People Deprived of Liberty (PDL) and LGBTQI+.

example, there are five layers of government. There is the national government and 25 regions which are further divided into departments, provinces, and districts. In Bolivia, the country is divided into 9 departments, 112 provinces, 327 municipalities and 1,384 cantons with different levels of health responsibilities. This context creates challenges for managing support and choosing the right partnerships. There is often fragmentation of efforts and uncertainty around who should be doing what.

In the three countries the Joint Programme is engaged with the national governments and key civil society organizations, but less so with local governments. This could become an increasing gap and challenge for operationalising Joint Programme activities in the context of continued efforts towards decentralization. In Ecuador, for example, the country is in a process of decentralization and one of the CE funded projects (Community Surveillance in Monte Sinai) is facing challenges in engaging local government effectively.

4 CASE STUDY FINDINGS

4.1 Relevance and coherence of the CE model

- *The Country Envelope has played an important role in the Andean countries in mobilizing Cosponsors around the Joint Programme.*
- *It has had a catalytic effect in attracting additional funding from other sources.*
- *It does not involve civil society or regional offices in planning processes given the short timeframe available to develop a proposal.*
- *More work is needed to bring the different agencies to work together in common projects in a coherent joined-up vision for HIV in the country.*

4.1.1 CE is encouraging engagement from Cosponsors and supporting inclusion of new items on the agenda.

The CE has helped to reenergize the Joint Programme. Although resources are very limited, they help bring HIV back onto the agenda and add specific components related to HIV/AIDS to larger programmes and initiatives (e.g. UNHCR project supporting migrants and refugees in Peru, UNICEF project supporting community surveillance in Ecuador). The resources also help with reporting and more systematic engagement beyond the activities funded by the CE. In the case of UNHCR and UNICEF in Ecuador, there is detailed reporting of the activities carried out by the CE because they have to report to other funding sources. In addition, in the case of UNFPA in Peru, the campaign Peru with no Discrimination helped deepen the dialogue with the Ministry of Human Rights and added value to other initiatives such as the contribution to review the Human Rights Plan. This type of action if strategically positioned helps to create continuing dialogue and lasting partnerships and collaboration. CE work is seen as seed money which helps bring more resources to the table: UN agencies add resources to the CE in order to implement more robust initiatives (e.g. UNHCR in Peru, UNICEF in Bolivia, WFP in Peru).

The flexibility of negotiation in allocating CE resources at a national level helps to identify and include new items on the agenda which were not necessarily considered at Headquarters level and in United Nations Sustainable Development Cooperation Frameworks (UNSDCF). For example, in the case of Peru, the CE was useful to fund a study on migrants and HIV to help lay the ground for HIV related interventions for migrants and refugees coming from Venezuela. This is a challenge affecting the whole Andean region, all of South America and beyond.

The CE has also helped fund initiatives of larger shared interest for the UN such as a major human rights campaigns including 'Peru with no Discrimination'. By approaching HIV from a human rights perspective, it has proven easier to engage other UN agencies. Considering the HIV epidemic in the Andean countries is focused on key populations, stigma and discrimination towards HIV overlap with other types of discrimination – which makes the work on human rights even more relevant.

HIV remains on the agenda of the UN in the region not only as a health issue, but also as a transversal one related to Gender and Human Rights as reported by key stakeholders in Peru, for example. The CE has been helpful in helping to keep HIV on the agenda.

In some cases the funds – while very modest – have been used to fund assessments, analyses or workshops to open doors, engage the government and get them on board. In some cases the funds have inspired agencies to think through their mandates and potential opportunities to include HIV in their programmes.

The Resident Coordinators in Peru and Ecuador sign off on the allocation of the envelope funds, as is the case with initiatives funded through Spotlight, the Joint SDG Fund or the Peacebuilding Fund. This enhances accountability and increases the awareness of the Resident Coordinator of the AIDS-related work of the UN.

The UN Joint Teams on AIDS are part of the governance structures of the UN Cooperation Frameworks in Peru and Ecuador. The Joint Teams on AIDS are recognized as distinct from the others as a result of the country envelopes which – while small – bring together UN agencies to articulate a Joint Plan.

From the perspective of the Peruvian government, the CE helps with pilot interventions, such as self-testing and reaching indigenous populations, to be scaled up with government funding, as well as normative support.

4.1.2 The extremely quick CE planning cycle limits the scope and quality of collaboration possible and the coherence and strategic value of CE proposals.

At a national level UNAIDS receives notice of CE at the end of the year and is requested to submit a proposal within two weeks. This is not enough time to engage all relevant stakeholders. UN agencies and the Ministry of Health in each country (Peru, Ecuador and Bolivia) are mobilized and they respond within the timeframe. However, this timing does not allow UNAIDS to consult other stakeholders (e.g., civil society) and it also limits the possibility of having more discussion among the different UN agencies.

The short time frame also hampers the ability to have quality debate with the respective Regional Offices of the different UN agencies. In fact, in this evaluation, one Regional Office was consulted and a clear need of alignment was identified. One UN agency interviewed reported the need to have access to more specific guidance on UNAIDS proposals for community based work, for example. UN agencies design proposals at a national level quickly but they could be more inclusive and of better quality if a) more time was allowed for the planning process, b) if the process was more predictable, with a clear timeline of the CE that allowed agencies to anticipate and prepare. and c) if they had the assurance that the resources would arrive in a timely manner and in the years agreed.

4.1.3 There are examples of CE resources having added value to larger projects and initiatives. However, when CE is used to fund specific initiatives alone, the delays in receipt of CE funds has limited their ability to be useful.

CE resources fit within a broader agenda of UN agencies, adding value to larger Joint Programme projects and initiatives or helping ignite new processes and themes and pilot initiatives. Whenever resources are added to larger projects (e.g. UNHCR in Peru or UNICEF in Ecuador), it increases the resilience of UN agencies in being able to adapt to delays in resource transfers and keep up with the project timelines. However, when the CE funds very specific initiatives, resource delays have meant that e.g., updating of norms and other processes in Peru was delayed. Nevertheless, UN agencies have tended to adapt and find a way of channelling the CE to help keep HIV on the agenda.

4.2 Implementation

- *CE resources have supported relevant work on information/data, advocacy/campaigns, updating of norms and pilot initiatives in the Andean countries.*
- *They have helped mobilize further resources and are deemed useful and relevant by most stakeholders interviewed.*
- *However, there are gaps in the management process – short planning timelines, delays in transfer of resources, insufficient communication between agencies´ regional and national offices, absence of reporting connected to clear outputs and outcomes, limits in accessing reporting data among multicounty offices and uncertainty about arrival of resources in the second year of the CE cycle.*
- *The CE in the Andean countries has had a strong focus on the promotion of human rights as a strategy to help mobilize other agencies and promote respect for key populations both from an institutional and community perspective.*
- *In the context of COVID-19, activities were reprogrammed and delivered with a focus on helping to keep HIV/AIDS on the agenda.*

4.2.1 CE presents several managerial challenges including the short planning timeframe and lack of predictability, delays in receipt of funds, communication between the Regional Officers and National Offices of Cosponsors, and often superficial reporting. Transaction costs are deemed as acceptable with the support of UNAIDS staff although they could be reviewed and simplified.

Key informants identified several challenges in the managerial procedures and timeliness of the CE. The planning cycle is too short (one week to mobilize the various partners and complete a proposal). The transfer of resources takes time and funds often arrive late (this was the case especially in 2018-2019 and 2020-2021 - it has improved in 2022, but it is still a problem). At the time of this evaluation (September 2022), there was the case of one agency that still had not received resources from the 2022 allocated budget. There is also a gap identified in the communication between the Regional Offices and the National Offices of the Cosponsors

There is no follow-up of the transfer of resources from the regional to the national office and limited information on this process. Very often, HIV focal points are at the end of a long hierarchical line and do not know their way inside the organization to follow-up on the transfer of resources. The evaluation identified the lack of a clear focal point for the CE at the Regional Level.

Reporting also poses a challenge. The multicounty office in Peru no longer has access to the reporting of other UN agencies and the CE reporting is based on activities rather than outputs, which means there is limited reporting on actual results of country envelopes. Likewise, there is limited information on lessons learned throughout the management of CE initiatives. In fact, many members of the Joint Teams in the three countries considered that the meeting space created for their work could be enhanced by further technical discussion and coming together through more strategic thinking and joined work.

In addition, the uncertainty about the arrival of the CE for the second year (e.g., 2023) poses an additional challenge for planning and collaborating with different partners. When it comes to the transaction costs, they are considered as ´usual´ by UN standards. UNAIDS staff members help decrease transaction costs by facilitating reporting data in the system, for example. This has not been raised as a relevant issue although most stakeholders reported that procedures could be simplified to help with efficiency in time use.

4.2.2 The CE seems like a ´loose piece` in a complex UN System of transactions for which there is no systematic follow-up between its ´order of payment´ and arrival at final destination.

It is difficult to identify whether resources have arrived or not and there is not always a clear point of reference at a regional level. However, as UN agencies match CE funds, this does not pose a problem to implementation. No clear ´ownership´ was identified for the CE facility in terms of having coherent follow-up from end to end. A challenge in communication was identified between the national, regional and global levels. There is a difficult path between reporting challenges at a national level, passing them to the regional office, having the information arrive at headquarters and solutions being implemented.

4.2.3 Information is shared and specific collaborations have been achieved with CE funds within the Joint Teams, but it has not been possible to develop shared strategies and actions at a strategic level

Countries report on their activities and CE related actions during meetings of the Joint Programme and these meetings offer an opportunity to identify areas of common interest and possible collaboration. In fact, increased collaboration among different agencies was identified (UNFPA, RCO and others in the human rights campaign in Peru, UNICEF and UNFPA in Bolivia, etc). However, agencies present their proposals for CE separately in a very tight schedule and do not have the time to mature these proposals in a more coherent way. This means that resources are distributed thinly among different agencies and themes.

All three countries have a medium-term Joint Strategy (4 years) which formally imposes common strategies and targets among cosponsor agencies. However, agencies tend to present their CE proposals without necessarily having a clear link with these medium-term strategies. CE funds tend to be allocated year to year in an incremental way – which means that projects funded are proposed by each agency in line with allocations of the past cycle with minor changes. The most active agencies of the Joint Teams tend to keep on receiving resources over time. Allocations may change according to new themes proposed and some agencies may be included in the budget allocation, but there is no clear framework/shared vision that links all the activities funded. In fact, many UN agencies suggested that future CE allocations should consider spreading the funds less and concentrating in fewer, more robust joined activities. There is also a call reported by some stakeholders of allocating funds to smaller UN agencies.

4.2.4 Most activities funded by CE and BUF in the Region (61%) were classified as giving a significant contribution to gender equality and/or empowerment of women and girls and 81% as having some engagement with civil society.

The CE and BUF funded activities in the region have received gender marker 2 in 61% of the cases and gender marker 3 in 33% of the cases. Only 6% of the activities were reported to have limited contribution to gender equality and/or empowerment of women and girls. This is especially clear in the cases of HIV prevention and human rights communication activities but less clear in the cases of updating of HIV protocols and decentralizing health assistance.

The Region is also strong in involving civil society organizations – 81% of the total activities funded by CE and BUF reported to have some type of engagement with Civil Society (civil society markers 1, 2 and 3). In the case of CE funded activities, a third of them (30%) have some type of consultation (marker 1), 21% have civil society responsible for implementing the activity and in 28% of the cases, projects are conceived and designed by civil society/community and they are responsible for implementing it. In the case of BUF, 50% of the activities are under marker 3 (strongest engagement), 40% under Civil Society Marker 2 and 10% under Civil Society Marker 1.

One example is that the joint programme through UNFPA and UNAIDS helped to address violence against women and transgender women and vulnerabilities of migrants from Venezuela and this was followed by work on structural and gender-based discrimination during COVID-19.

4.2.5 Around a third of CE funds in Peru and Ecuador and 18% in Bolivia have been allocated to promote Human Rights work including the protection of migrant populations. This aligns with the Region's strategic focus in this area.

About one third of all the activities funded by the CE for Peru and Ecuador is directed to the promotion of human rights. The deep dive selected for Bolivia also demonstrates experience of a human rights initiative. This agenda has been very strong in the Region considering the profile of the HIV epidemic which is concentrated among key populations.

The significant work of the UNAIDS Office on human rights has also helped to bring in the support of the RCO in the three countries considering this is a system wide mandate and it is seen as a key theme to help mobilize other agencies beyond the strict focus on HIV from a health perspective.

There is also a concern from the UN System in the three countries that human rights will be neglected in the face of growing political conservatism in the Region. This has led to joined statements and actions from the UN at a higher level mobilizing heads of agencies in Peru, for example. Three examples for the promotion of human rights can be highlighted for the Region. The first being the Campaign ´Peru with no discrimination´ promoted by UNFPA. The other experience was the research around stigma in Bolivia and follow-up training for health workers in the country. In Ecuador, the key human rights initiative was promoted by UNFPA with young people.

The CE also helped to mobilize agencies around the Venezuelan migrants in Peru. A consultant was hired to do a rapid assessment of the migrant population and the CE helped to mobilize further resources. Now the Joint Programme has the active presence of UNHCR and IOM. Although IOM does not receive CE funds, they engage in the debate and give their active contribution in helping to map vulnerabilities of the migrant population.

When asked for suggestions on how the UN System could improve their work on HIV, key informants reported that the UN in Peru could work in: a) Promoting the eradication of poverty, making PLHIV live with more dignity; b) Strengthening the work on Human Rights, elimination of stigma and discrimination; c) Promoting new themes such as PLHIV who are older and do not have social insurance; d) Reinforcing the technical and financial assistance to community organizations; e) Intensifying the work with refugees and migrants and reactivating the round table around this area; f) Enhancing communication campaigns on key dates; g) Reinforcing the information system to improve evidence on the situation of PLHIV and key populations; h) Further reinforcing the mediation/coordination role of the work on HIV to reach more people and avoid overlapping of activities.

These suggestions further reinforce what has been discussed before of how vulnerabilities interact – HIV and poverty, HIV and migration and the expectation that key informants interviewed have of UNAIDS and the Joint Teams in helping set the agenda around HIV, assisting civil society, enhancing communication and information systems and coordinating the efforts of various actors working in the area.

4.2.6 COVID-19: CE funds were reprogrammed to adapt the way activities were carried out, allowing CE activity to continue

During COVID-19, Cosponsors in the three countries reported they were able to reprogramme their activities and adapt them to online forms and other ways of providing the same type of services. In most cases, the activities did not change in nature, but rather changed their timeline and adapted to online activities.

In the face of COVID-19, CE initiatives were able to adapt. While broader efforts of the health system were redirected to COVID-19, CE initiatives continued to help maintain the issues of human rights and HIV on the agenda in alternative ways. The campaign ´Peru with no discrimination´ for example held online workshops with journalists, used social media and kept on implementing activities while respecting distancing measures. For many of the key stakeholders interviewed, the evaluation meeting was the first time many of them had met after having worked for a year online on a very successful initiative (see deep dive for Peru at the end of this report).

During COVID-19 important adjustments in programmes and implementation were made, which included decentralization, remote consultations and differentiated service delivery.

4.3 Results and sustainability

- *Funds have been used strategically and aligned with country needs and have helped with accountability and mobilization of resources, helping to catalyze other initiatives in some cases.*
- *The CE has helped identify normative gaps for key populations with concrete results at policy level (e.g. inclusion of LGBTQI+ and key populations in the Peruvian National Human Rights Plan).*
- *CE funds have also been used to update HIV norms, and mobilize support within the UN for the migrant population living with HIV and generate innovative experiences.*
- *The CE has also supported initiatives committed to the principle of Leaving No One behind in its work.*
- *There is some evidence of sustainability in some key projects where the national government has been engaged, but there are important gaps in sustainability that need to be addressed in cases where work is more community-based with little or no policy framework to support it, or where community-based organizations are engaged with limited dialogue with the government.*

4.3.1. CE funds have been allocated according to the pressing needs of each country and have helped increase accountability and pilot relevant experiences.

A review of the key pressing HIV challenges in Peru, Ecuador and Bolivia, the Joint Plans for the three countries and the allocations of the CE (see sections 2 and 3 of this report) has shown that CE funds have been allocated to important needs of each country (e.g. human rights, testing and treatment, key populations). As CE resources are limited, this calls for making them strategic and directed to where the greatest gaps and opportunities are (see pilot experience of deep dive in Bolivia). This

pressures agencies to identify where the resources could add greater value. In this case, much is done with limited resources and reporting of these resources help increase accountability for UN agencies, although the time invested in reporting could be shortened.

4.3.2. CE funds have contributed to ensuring PLHIV are eligible for free treatment and counselling under the National Health Insurance System (contributing to UBRAF output 1.2/ RA 9)

In October, 2020, the Ministry of Health in Peru incorporated PLHIV as a group eligible for accessing the National Health Insurance System at no cost. This benefit had previously been available to people living in extreme poverty, pregnant women or children below 5, among other criteria. UNFPA' work through the CE supported by UNAIDS Office was pivotal in ensuring the inclusion of PLHIV in the eligibility list. To achieve this, UNFPA funded a study that identified gaps in assistance to PLHIV and included proposed advocacy strategies. UNFPA then led advocacy activities alongside other Cosponsors and stakeholders to address this gap.

In addition, the CE helped Venezuelan migrants get access to treatment through a United Nations High Commissioner for Refugees (UNHCR) project. Although Antiretroviral Therapy (ART) is universally provided for both Peruvians and non-Peruvian's living in the country, individuals need to go through a series of medical examinations to be eligible for treatment. Very often, Venezuelan migrants do not have the resources to pay for this treatment. CE funds are channelled to a community-based organisation (PROSA) who uses them to help pay for these medical examinations and counselling. The CE funds contribute to a third of the project´s total budget. Between January-June 2022, 135 Venezuelan refugees were assisted with their examinations and were able to access ART.

Table 8 outlines some of the key achievements of the Joint Programme in Peru in improving the lives of PLHIV. These achievements were shared by stakeholders who completed an evaluation survey during the evaluation mission. They mention CE funded activities and others as well.

Table 8: Contributions of the Joint Progamme in Peru according to stakeholders surveyed

Key contributions of the Joint Programme that have contributed to improve the lives of PLWHIV
▪ The resources of UNAIDS are directly supporting the access of refugees and migrants with HIV to ART, other health services and legal support
▪ Strengthening of Community Based Organizations
▪ Promotion of ombudsman mechanisms through round tables on HIV and other dialogue opportunities where complains and concerns are heard and addressed
▪ Technical assistance and training of government and civil society counterparts relation to ART surveillance and HIV prevention
▪ Assistance of the coordination mechanism of the various stakeholders who meet regularly to discuss HIV in the country
▪ Supporting advocacy that helps maintain HIV on the political agenda to support access to prevention and HIV treatment
▪ Support to the surveillance and monitoring of the budget allocated to HIV
▪ Support to monitoring access of PLHIV, people with Tuberculosis and people with disabilities to National Health Insurance benefits
▪ Communication and sensitization activities carried out by organizations led by PLHIV including the Pride March in 2020

Source: Evaluation survey among key stakeholders.

4.3.3. CE funds supported the inclusion of LGBTQI+ and key populations in the Peruvian National Human Rights Plan (Joint Programme Outcome 2, Output 5)

CE funds supported the development of the Peruvian National Plan of Human Rights 2018-2021 to include a strong focus on HIV and LGBTQI+ populations through the joint work of various UN agencies. This was an important achievement at the policy level. The new National Plan includes the Strategic Objective 2:´Promote and protect the actual fulfilment of the rights of people deprived of liberty in penitentiary institutions'. Objective 3 is to ´Guarantee the access of LGBTI to health services, giving priority to the main problems which affect them´. This achievement is an example of a strategic use of CE funds to promote policy change at a higher level. Strong dialogue between the Ministry of Justice and the UNAIDS Office in Peru contributed to making this policy change happen.

4.3.4. CE funds were used to develop a successful Human Rights campaign film in Peru and build the human rights capacity of the Ministry of Justice (Joint Programme Outcome 2, Output 5)

UNFPA used CE funds to develop a successful human rights campaign film which was a finalist in the Cannes Lions Festival in 2021 in the category of Social-Behaviour Film. The film led to the creation of a motto in the country which became famous - ´no da risa´ (it is not funny).

Peru is a mostly conservative country with limited record of national campaigns dealing with human rights. The CE through work of UNFPA was able to promote a national communication campaign in two phases: 1) ´It is not funny´(No da risa); and 2) ´Peru with no discrimination´ (Peru sin discriminación). This campaign reached 5.4 million people in its first month. The hashtag #RompamosConLaDiscriminación was published 11.5 million times and mobilized the Media Group ´Radio Programas del Perú (RPP)´ the largest media conglomerate in the country. It also mobilized seven influencers who helped to reach a larger audience.

This social media campaign also mobilized local media such as radios/local influencers through Instagram to spread the message in different ways. There is evidence that capacity was built within the Ministry of Justice which incorporated new and innovative approaches with populations which were neglected before in public campaigns – such as key populations and migrants.

This experience was well received by the government and the approach to human rights has expanded in the Ministry of Human Rights (e.g., to include concern with migrants and refugees) and there is a prospect of keeping up with this work jointly with the Ministry of Women (see more in Deep Dive for Peru at the end of this report).

4.3.5 CE has funded successful pilot experience raising awareness among PLHIV and health workers to address stigma and discrimination (Joint Programme Outcome 2, Output 5)

In Bolivia, an innovative initiative in mapping and raising awareness among PLHIV and health workers on stigma and discrimination in the provision of public health services was funded fully with the support of CE - ´Pulsemeter of Stigma and Discrimination´[11] was implemented in the first quarter of 2022. It involved a quantitative baseline survey with two control groups and a qualitative baseline with PLHIV who were assisted by 4 health facilities in the States (Departamentos) of La Paz and Santa Cruz and a group of health workers dealing with these patients. Workshops were carried out post survey with PLHIV and health workers to raise their awareness on stigma and discrimination issues. An endline survey and several focus groups showed:

- Target groups showed a higher level of understanding of discrimination between the baseline and the endline surveys.

[11] ´ Pulsómetro del Estigma y la Discriminación´

- PLHIV were also asked about the negative influence of discriminatory attitudes of health workers and association with adherence to the ARV treatment. There was a decrease in discriminatory attitudes.

This initiative was well received by the Ministry of Health which plans to continue this initiative and to turn it into a public policy to allow for expansion to other states. The rigorous methodology applied was published in a scientific article and key informants interviewed noted it was well accepted by various stakeholders.

4.3.6 CE funds are contributing to leaving no one behind in Community Based Interventions for pregnant women with HIV (Joint Programme Outcome 1, Output 3)

The network of Health Community Surveillance in Monte Sinai in Ecuador fills an important health gap in Monte Sinai, a low-income neighbourhood in the municipality of Guayaquil. UNICEF uses CE to fund DYA (Desarrollo y Autogestion) – a Civil Society Organization that reaches out to the community in search of pregnant women for assistance, especially aiming to identify mothers who are often without prenatal care and unaware of their HIV status. DYA also follows-up on their and other groups' treatment in the community.

According to their report (DYA, 2021), through HIV follow-up in Monte Sinai, 47 adults, 3 children and 3 adolescents tested positive for HIV. The work involves the community at various levels: from arts activities with youth; to a women´s group which meets regularly at the health post to share their concerns; to the active outreach for families to follow-up on their health. To DYA, HIV in the community is linked with an environment of poverty, drug abuse, sexual and physical violence and lack of knowledge of sexual and reproductive rights. According to DYA, there is a lack of a culture on safe sex (see more under the Deep Dive case study).

This intervention fits within a larger UNICEF project with a budget of US$ 240,854. The CE contributes to US$ 33,698 (budget planned for 2021). It helps to reach a group of very vulnerable women and is coherent with the promotion of human rights and the principle of Leaving No One Behind. However, there is also a concern with sustainability. The project is fully implemented by the Civil Society Organization DYA with very limited dialogue with the local government. Although this is a concern raised in the project design document at the inception phase and various stakeholders involved in the initiative, integration between the community surveillance and the Ministry of Health and Local Government has not occurred and this raises important concerns on whether this type of action can be sustained in the future.

4.3.7 CE has contributed to mobilizing young people around HIV prevention in Ecuador and is having difficulties challenging Sexual and Reproductive Education taboos in Peru (Joint Programme Outcome 2/Output 7)

The CE has helped engage youth in Ecuador through a social media profile called MoVHIlizate which has been implemented by UNFPA. The platform helps disseminate HIV prevention practices. It has also supported the promotion of differentiated services for young people on sexual and reproductive health through UNICEF in Ecuador. Through UNESCO in Peru, CE funds have also helped promote comprehensive sexuality education for around 100 public sector employees. However, advancing Sexual and Reproductive Health education in the Andean countries remains a challenge. In the case of Peru, for instance, parent associations are allowed to review education materials and this started with the publication promoted by UNESCO on International technical guidance on sexuality education published with the assistance of UNAIDS, UNFPA, UNICEF, WHO and UN Women.

4.3.8 Joint Teams have varying degrees of visibility in countries. This has implications for engagement, resources and partnerships.

The work of the Joint Teams is more visible when they involve web portals, mass media campaigns and directly engage Civil Society Organizations. This is the case of initiatives such as the campaign 'Peru with no discrimination', the Pulsemeter in Bolivia and the web portal MoVIHlizate in Ecuador. However, beyond these more visible initiatives, there is a lot of work through the Country Envelope and the Joint Teams that is not known. It is not visible to Civil Society Organizations, for example. This is a concern expressed by members of the Joint Team in Peru in terms of giving more visibility to HIV related actions and thus increasing engagement, resources and partnerships. When Civil Society Organizations were asked about their engagement with the Joint Teams in the three countries, only very specific initiatives were mentioned, thus confirming the challenge of visibility.

4.3.9 There are several concerns with the sustainability of the Country Envelope: uncertainty of CE funding; greater need for high level policy-dialogue around the needs of vulnerable populations; and lack of government engagement in key initiatives.

The first of them comes from the uncertainty of the funds agreed at the beginning of each cycle. For 2023, for example, countries do not yet have any assurance that the funds will arrive. There is an overall uncertainty and concerns about funding for HIV given the low priority given to the agenda. As a counterbalancing measure, the UNAIDS Office in Peru is looking at enlarging their perspective of HIV with a focus on inequality and human rights as a way mobilizing agencies and increasing sustainability. This concern for HIV funding also affects Civil Society Organizations, as raised by CSOs in Peru as a particular point of concern. More resources would be welcome, in particular technical support and capacity building, but also financial support, not least given the challenges posed by the diversity of the country as reported during data collection.

Other sustainability gaps were also identified. While on one hand the CE has promoted successful examples of projects which have engaged the government, changed public policy and have good prospects of turning into more stable policies (e.g. normative change on social insurance for PLHIV, the National Plan of Human Rights, Campaign 'Peru with no discrimination in Peru' and Pulsemeter in Bolivia), there are also other initiatives with very low sustainability promise (e.g.,,,,,, UNICEF work on Community Health Surveillance in Ecuador, UNHCR work with refugees). In the case of UNICEF's experience in Ecuador and the work of UNHCR, there is a gap in terms of government engagement and higher-level policy dialogue in terms of linking humanitarian assistance with long term development work, going beyond the assistance to immediate needs of vulnerable populations. This lack of policy engagement is reported by key stakeholders in the country, not only from the UN System but also by government counterparts. There is also room for increasing policy engagement from Cosponsors overall in the HIV agenda.

There is always a challenge for UN organizations to find the right balance between work at a policy level and work at grassroots level. Policy work has the potential of scaling sustainable impact and grassroots work helps to generate experiences which can be further replicated. CE is supporting substantial work at policy and also grassroots levels. The HIV law in Bolivia is outdated and there is a gap in the distribution of ARVs which is very centralized. UNAIDS is funding a consultant to prepare a proposal to update the Law 3729 on HIV and they are receiving the support of a Congresswoman from Cochabamba in this process. This support from UNAIDS came in response from a request made by REDBOL and ASUNCAMI which are Community Based Organizations in Bolivia.

5 THEORY OF CHANGE

This section discusses whether some of the assumptions of the Theory of Change held true or not. The below provides evidence against the assumptions for which evidence was gathered during the evaluation. The numbers are the same as they appear in the original Theory of Change and are presented below according to the dimensions of the evaluation questions.

Relevance and Coherence

3. *Joint Team processes and plans are inclusive of key stakeholders, based on country needs, and aligned to UBRAF Results Areas (with a focus on SRA1)*
   In the case of the Andean countries, the Joint Team processes are partially inclusive of key stakeholders. Civil Society is not engaged in the planning process as there is very limited time for consultation between CE´s call for proposals and the time available for submission of applications. However, they are engaged in actions after CE´s approval. Processes and plans are indeed based on country needs and aligned to UBRAF Results Areas 1 (68% of activities), RA 7 (18% of activities) and RA 5 (15% of total activities).

4. *QA, approval and CE funding disbursement processes are not timely*
   CE funding disbursement processes are not timely but this does not compromise delivery as UN agencies usually match CE funds and are resilient to delays in fund allocation. There are challenges in managing the CE funds from a headquarters and regional perspective.

6. *Reporting on implementation of CE funding and deliverables takes place in a timely manner and results of funding are tracked and documented.*
   Reporting and implementation of CE funding and deliverables are timely and results of funding are mostly tracked and documented via JPMS and also other types of reports as demanded by other funding sources. Although there is reporting available beyond the JPMS, there are limited processes of incorporating lessons learned from partner UN agencies in the Joint Team beyond the Region.

Efficiency and Implementation

1. *UBRAF core funds allocated and disbursed through the CE mechanism to Cosponsors are prioritised and used strategically based on country needs*
   There is evidence that CE offers flexibility to address emerging themes and that CE resources are allocated according to pressing demands of the country in prevention, treatment, fighting stigma and discrimination, reviewing norms and addressing needs of key populations according to the profile of the epidemic in the Region.

2. *CE funding mechanisms strengthen Joint Team internal and external collaboration, strategic planning processes, and coherence of UN support around country priorities*
   CE plays a key role in helping to bring UN Joint Teams together and reinforces collaboration. However, more work is needed to help the different agencies come together in more strategic collaborative strategies.

4. *Joint Programmes are able to mobilize additional resources through the catalytic and innovative effect of CE funding.*
   As CE funds are very limited, most often UN agencies match funds and mobilize further resources to actions of shared interest. This can be widely seen. In cases of CE activity being used alone (i.e. with no extra funds), the funds are allocated to specific actions which have the potential to be replicated. Several activities were identified with the potential of being replicated (e.g., the UNFPA communication campaign in Peru, Pulsemeter in Bolivia).

5. CE funding supports activities that address Gender Equity, Human Rights, community responses.

There is a strong focus of CE funds for Human Rights in the region followed by community responses. Gender Equity is also strongly addressed as noted through the gender marker analysis of CE activities.

6 CONCLUSIONS AND CONSIDERATIONS GOING FORWARD

6.1 Summary conclusions

1. **The CE is strategically allocated, it helps to place new items in the agenda and mobilize Joint Team members**. Its flexibility is useful for responding to emerging demands (Findings 4.1.1, 4.3.1).

2. **The CE allocation process is the result of a negotiation among Joint Team members in which the rules are not always clear to everyone**. (Findings 4.2.1).

3. **The CE funds are relevant to the HIV epidemic in the Region, but funds are shared among the different UN Agencies as opposed to being allocated based on agreement around a common framework** with the promotion of joint actions which are synergistic. The quick timelines hamper more substantive discussion among the various UN Joint Team members, civil society and regional offices (Finding 4.2.1)

4. **CE resources are catalytic in the sense that they add value to larger projects, helping to bring HIV into the agenda**. In addition, they help fund innovative projects which have the potential of being replicated, although CE activities may not always be visible to stakeholders nor is learning from pilot activities documented and disseminated (Findings 4.2.1, 4.3.8).

5. **CE management and communication processes are unclear.** No clear ownership for CE was identifiable from a multi-country perspective. It is not possible to track from disbursement to the arrival of funds at their final destination. Communication of challenges experienced between the national, regional and global levels is complex and inefficient. (Finding 4.2.2).

6. **CE funds give a relevant contribution to the promotion of Human Rights in the Region.** About 1/3 of all CE funded activities for the period are directed to human rights in Peru and Ecuador. Bolivia also has relevant experience in the promotion of human rights and fighting of stigma and discrimination which are interrelated. Human rights has been used as a platform to gather wider UN support to assist key populations which are the most affected in the Region (Finding 4.2.4).

7. **The CE has assisted the Andean countries to reach relevant results at a policy and grassroots level,** from inclusion of LGBTQI+ in the National Human Rights Plan in Peru, inclusion of PLHIV in the National Health Insurance System in Peru, significant national human rights campaigns to promote access to services for PLHIV in Peru, reaching out to pregnant women for testing and treatment and training health professionals to better assist PLHIV. This demonstrates the diversity and flexibility of CE funds which work strategically to place HIV on the agenda at different levels and areas (Findings 4.3.2, 4.3.3, 4.3.4, 4.3.5).

8. **Evidence of sustainability is mixed for the Andean countries**. Whenever the national government was engaged in key debates and campaigns, there are prospects for continuity over time. At the same time, the CE also works where there are critical gaps from the State (e.g. with migrant populations or neglected populations in low income communities). In these cases, there is lack of dialogue at the policy level and less perspectives for sustainability (Finding 4.3.9).

Considerations for strengthening the CE funding model and operations at country level

6.1.1 Resource allocation and planning process

Operational and Strategic

- The process of resource allocation would benefit from further clarification on criteria for UN Joint Team members which need to be reviewed and informed at each round of the Country Envelope. Although criteria have been established, these are not clear for all actors.
- More time should be allocated to the planning process at a local level to allow for strategic thinking.
- There should be a review of the current format of allocating small resources for different agencies in different areas. An alternative would be allocating resources in a common project for different agencies to contribute their respective areas of expertise, leading to increased results and collaboration while at the same time not closing the possibility of investing in small promising activities from one single UN Agency. Diversity of initiatives is also possible as long they are selected and tied up under a strategic approach.

Based on Conclusions 1, 2 and 3.

6.1.2 CE procedures at a global and regional level

Operational

- Funding transfers: The UN country offices are the final destination of CE funds that follow a disbursement process that spans several steps. More follow-up and control should be included from the global and regional level to ensure resources arrive timely at their final destination and establish a clear line of communication between global, regional and national levels. Focal points mandated to follow up all the way are needed to ensure resources arrive at their final destination.
- Reporting: Reporting access needs to be reviewed to allow multicountry offices to access reports of the countries they are responsible for. Clear guidance on reporting results rather than activities should be included in the process of CE. Currently, the JPMS reporting is insufficient to track results and contribution.
- External communications/ publicity: CE should include a communication component within the Joint Team strategy. Only key communication projects are known by relevant stakeholders. Communication helps mobilize resources when results and actions are shared with the right audience.
- Sharing learning: Successful CE activities should be mapped and shared with Joint Teams where examples can be given of how small resources can be catalytic and generate results. Up to now, there is no exchange of successful CE initiatives more broadly within UNAIDS.

Based on Conclusion 5.

6.3.3. Incorporating sustainability as a key component of CE

Strategic and operational

- Sustainability: Sustainability should be incorporated as a key criterion for selecting CE initiatives. Although the CE in the Andean countries was successful in securing sustainability for many initiatives, this was not a reality across all the projects. There are initiatives that

were very focused at grassroots levels with limited policy dialogue and there were projects with little engagement with the government. This debate on sustainability needs to be incorporated into the CE as a way of making project managers more strategic about their partner choices and the future of the initiatives.
Based on Conclusion 8

6.3.4. Further investing in Social Protection

Strategic

- The context of the Andean countries is where multiple vulnerabilities meet. Strengthening the linkages between HIV work and Social Protection is key to reach the most vulnerable and increase testing and treatment for key populations. Bringing the HIV component into larger social protection policies and programmes has the potential of increasing results.
Based on Conclusions 6, 7 and 8

DEEP DIVE: PERU WITH NO DISCRIMINATION*

Background, rationale and alignment of activity

- *Cosponsor agency*: UNFPA
- *Implementer:*) The first campaign was carried out with Copiloto as implementer (2018-2019), the second phase, more focused in communities, was carried out by Flora Tristan as implementer (2020-2021)
- *Biennium:* 2018/2019 and 2020-2021
- *Name of activity funded by country envelope or BUF funds*: PERU: Promoting policies to guarantee Human Rights of key populations and youth in the context of the HIV epidemic
- *How will expected outputs or deliverables of the activity contribute to addressing the country need/gap:* Changing public policy to increase assistance to PLHIV and promoting a culture of respect for human rights which are inclusive to key populations.
- *Activity is aligned to which UBRAF results area and outcome:* RA5 Political commitment, community leadership, funding and evidence informed action are built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and vulnerable to HIV, including key populations, women and girls.
- *Supporting which strategic priority area (Global AIDS Strategy):* 2. Barriers to achieving HIV outcomes broken down
- Budget and timeline for country envelope activity: US$ 106,480 for 2018-2021 and US$ 35,000 for 2020-2021

Rating: **Green - Exceeds expectations (notable catalytic effect)**

Implementation

Implementation had to be adjusted to the context of the pandemic and the fact that the CE funding was delayed. The activities were implemented in the second semester and resources had to be fully utilized by the end of the year. However, despite the delays and shortened period available for implementation, the project was well implemented.

Results

The main result of the project was promoting HIV treatment through advocacy for legislative change and a human rights approach through a major national campaign.

The context described by the project was that despite recent movements towards the promotion of human rights in the country (National Human Rights Plan 2018-2021, Multisectoral Plan for preventing teen pregnancy, the National Plan for Gender Equality, the norms for integral health for trans women from the Ministry of Health), Peru still has a conservative culture in relation to human rights. In this context, communication campaigns have an important role to play.

Three key lines of action were adopted:

- Identification of legal barriers that affect adolescents, young people and key populations' ability to use their rights, and proposals for regulatory adaptation to overcome these barriers (44 were identified).
- Strengthening the political advocacy capacities of civil society leaders and activists linked to key populations.
- Designing and implementation of a high-impact communication campaign that contributes to changing social norms, attitudes and behaviors that violate the rights of population groups in a situation of exclusion/marginalization.

The Ministry of Justice (MINJUS) played a central role in the process and the National Commission against Discrimination was also involved.
The results achieved were:

- 33 leaders and activists from 19 civil society organizations had capacities strengthened in political advocacy to demand full compliance with their human rights;
- 27 political advocacy processes identified and 4 processes strengthened through the implementation of an advocacy plan to address some of the legal barriers identified with substantive achievements, one of which was the Supreme Emergency Decree to guarantee access to insurance Free medical care for PLWHA;
- The campaign "It is not funny" launched on December 10, 2020, reached 6 million 400 thousand people in the first month, reaching social media accounts outside of Peru: Spain and the USA. The hashtag #RompamosConLaDiscrimination was published 11.5 million times and the reach on Twitter was 100% organic;
- The same Campaign #NoDaRisa was a finalist at the 2021 Cannes Lions Festival in the Film Social-Behaviour category. The three spots of the campaign recreated sketches from comedy shows that show acts of racial discrimination, transphobia and violence against women;
- The media group ´Grupo Radio Programas del Perú (RPP)´, the largest Peruvian media conglomerate that has several radio stations and a television channel was the account with the most followers that used the campaign hashtag;
- Key Opinion Leaders (KOLs) joined the campaign, which significantly contributed to reaching more people on social media.

Results at the outcome level have been:

- The justice sector has been strengthened in its leading role in the protection of human rights, with emphasis on populations in situations of special protection.
- Leaders and activists who are key populations have improved their advocacy skills by undertaking concrete actions in favor of their rights that have strengthened them as a group.
- The Campaign #NoDaRisa has normalized reaction to discrimination visible through humor, calling for reflection on the public and political agenda, to achieve recognition of the problem and its links with gender inequality, ethnic origin, race, sexual orientation, among other situations.

Lessons Learned:

- The alliance with the MINJUS has been key, particularly in the implementation of the Campaign;
- The involvement of the Office of the Resident Coordinator helped to ensure the leadership of the Ministry of Justice in the actions of the project, since it had the support of the wider United Nations System and not only UNFPA and UNAIDS;
- The active participation of key populations in all phases and lines of action of the project ensured that their needs, voices and proposals for solutions were represented.

From the point of view of sustainability, capacity has been built at the Ministry of Justice and there is willingness of the government to continue and deepen the efforts of this national campaign for the promotion of human rights.

*This deep dive was based on a document written by UNFPA describing the project as a good practice, the review of project documents, an interview with UNFPA staff and a focus group with UNFPA and project partners.

DEEP DIVE: COMMUNITY SURVEILLANCE IN MONTE SINAI, ECUADOR*

Background, rationale and alignment of activity

- *Cosponsor agency:* UNICEF
- *Implementor:* DYA – Desarrollo y Autogestión
- *Biennium:* 2020/2021 and 2022/2023
- *Name of activity funded by country envelope or BUF funds:* Primary health attention in early childhood, adolescents, pregnant women and migrants in Monte Sinai/ Health, Prevention and Community Participation in Monte Sinai
- *How will expected outputs or deliverables of the activity contribute to addressing the country need/gap:* The outreach to pregnant women and youth aims to prevent HIV and vertical transmission through appropriate antenatal care and engagement of youth in the dissemination of HIV prevention practices.
- *Activity is aligned to which UBRAF results area and outcome:* SRA 3 - Paediatric AIDS, vertical transmission: capacity strengthened to ensure access to services to eliminate vertical transmission
- *Supporting which strategic priority area (Global AIDS Strategy):* Equitable and equal access to HIV services
- *Budget and timeline for country envelope activity:* 2021 and 2022

Rating: **Amber - Meets expectations (catalytic effect is as expected)**

Implementation

The Country Envelope funds around one third of the total budget of US$ 240,854,64. CE funds specifically cover HIV related activities. Delays in fund receipt did not impact implementation of the project.

Results

The project aimed at improving health for children, adolescents, pregnant women and migrants in Monte Sinai, a low income community in Guayaquil, Ecuador. Part of the project focused on improving natal care and decreasing vertical HIV transmission through identifying pregnant women and integrating them into maternal and childcare programmes. It also identified PLHIV through community brigades and recruitment in the Community Health Surveillance Network, providing comprehensive medical care to those identified.

In the monitoring of HIV in Mount Sinai, 47 adults, 3 children, and 3 adolescents tested HIV positive The central focus was the detection and initiation of treatment and care, guaranteeing adherence, follow-up and the adoption of healthy life habits.

During the period of the project, the HIV programme has been strengthened in the health centres of Mount Sinai and Ciudad Victoria. The DYA team shared methodologies, strategies, information and community routes for recovery from treatment interruption and to strengthen adherence.

DYA found that HIV programmes were struggling in terms of their management practices. It concluded that the centralized management of HIV does not favour follow-up in local HIV health centres at primary care level. Health facilities do not have information on HIV cases in their area of influence. DYA shared the list of PLHIV in Mount Sinai and Victoria City with the respective Health facilities who correspond to. This information was previously unknown to the Health Districts of the Ministry of Health. DYA has therefore filled an information gap and shared the database and the work methodology.

Community outreach also enabled a group of women to regularly meet to discuss their challenges and strengthen relationships of mutual health. The group called itself ´mujeres guerreras´ or ´warrior women´. In addition, the project helped mobilize young people through theatre; encouraging them to address health related issues such as COVID-19 and sexual and reproductive health.

In this project, engaging local government in the process to ensure sustainability and improve dialogue between different stakeholders was a challenge. This became very clear in the focus group discussion carried out by the evaluation.

*This deep dive was based on project document review, especially the systematization of the project produced by DYA, a focus group with the Joint Team in Ecuador and a focus group with stakeholders involved in the project.

DEEP DIVE: THE PULSEMETER - MEASURING STIGMA AND IMPROVING HEALTH ASSISTANCE IN BOLIVIA*

Background, rationale and alignment of activity

- *Cosponsor agency:* WHO/PAHO
- *Implementor:* Ministry of Health/Consultant
- *Biennium:* 2022/2023
- *Name of activity funded by country envelope or BUF funds:* Pulsemeter of Stigma and Discrimination
- *How will expected outputs or deliverables of the activity contribute to addressing the country need/gap:* It helps to identify stigma among health professionals towards PLHIV and after a diagnosis is done of the status of their stigma, they receive training to help overcome discriminatory types of behaviour.
- *Activity is aligned to which UBRAF results area and outcome:* SRA 5 - Human rights: political commitment built to improve legal/policy environment, removal of stigma and discrimination
- *Supporting which strategic priority area (Global AIDS Strategy):* 1. Equitable and equal access to HIV services
- *Budget and timeline for country envelope activity:* 60.000 - 2022

Rating: **Green - Exceeds expectations (notable catalytic effect)**

Implementation

There were no major implementation challenges. There were some delays on the part of the Ministry of Health in the hiring process of the consultants´ team but this did not significantly impact the project. No administrative problems were reported related to the Country Envelope.

Results

The project started researching stigma based on an analysis of 20 experiences developed in different parts of the world: Nigeria, Saudi Arabia, China (3), India (2), Vietnam (2), Malawi, Lesotho, South Africa, Swaziland, United Republic of Tanzania, Hong Kong, Uganda, Chile, Egypt, United States and Bangladesh.

The purpose of the project was to determine the initial status of stigma and discrimination by health service providers (attitudes and practices) towards PLHIV in four public health facilities: La Paz, Santa Cruz, El Alto and Hospital Alfonso Gumucio de Montero.

The research study established a quantitative and qualitative baseline that served as a reference point (comparative data) to carry out the impact evaluation. The impact evaluation assessed the application of the intervention model aimed at eliminating stigmatizing attitudes and discriminatory practices in the health centers. There were two groups which had the intervention and two groups which worked as the control group for the purpose of comparison to know the status of the situation of stigma and discrimination towards PLHIV.

After the baseline was carried out with health professionals and with PLHIV, two workshops on stigma and discrimination were carried out at two of the health centres. There were baseline and endline surveys and focus groups carried out with control groups for the purpose of comparison of the results of the intervention.

In terms of results, the final survey showed a marked decrease in discriminatory attitudes in the health facility personnel (from 19% to 7%). The qualitative part of the study identified that stigmatizing attitudes and behaviours related to discrimination decreased from health professionals as reported by PLHIV.

This project involved the major civil society network working with HIV/AIDS in the country – Redbol. The Ministry of Health is now planning to integrate the research and intervention within public policy which can be implemented throughout the country. This speaks highly of the importance of engaging the government from the beginning to increase the prospect of sustainability.

*This deep dive was written based on desk review, especially the article ´El “Pulsómetro del Estigma y la Discriminación… Tómate el pulso” aplicado en establecimientos de salud, reduce el estigma y la discriminación hacia las personas que viven con VIH, Bolivia-2022 written by the Ministry of Health, focus group with the Joint Team in Bolivia and focus group with key stakeholders.

ANNEX 1: PEOPLE /GROUPS INTERVIEWED

Organization	Name (designation)
Resident Coordinator Office Peru	Igor Garafulic
Resident Coordinator Office Ecuador	Lena Savelli
Ministry of Health Peru	Dr. Paul Pachas
Resident Coordinator Office Bolivia	Karina Alarcon
UNAIDS Peru	Andrea Boccardi Vidarte
UNAIDS Argentina (former UNAIDS Peru)	Alberto Stella
UNAIDS Peru	Patricia Bracamonte
UNAIDS Peru	Aldo Aliaga
UNAIDS Peru	Karen Suarez
UNAIDS Peru	Sandra Mangiante
OHCHR - RCO	Diego Ocampo
WHO-PAHO Regional Office	Dr. Ruben Mayorga
WHO-PAHO Regional Office	Dra. Monica Alonso
WHO-PAHO Regional Office	Dra. Hortensia Peralta
WHO-PAHO Peru	Dr. Hans Salas
WHO-PAHO Peru	Dra. Maria Esther Salazar
UNICEF Peru	Magaly Ascate
UNICEF Peru	Ana de Mendoza
UNFPA Peru	Hugo Gonzales
UNFPA Peru	Carmen Murguia
OIM Peru	Karin Sosa
OIM Peru	Jorge Pedro Martin Baca
UNESCO Peru	Fernando Berrios
UNESCO Peru	Guiomar Alonso Cano
WFP Peru	Lena Arias
UNHCR Peru	Nubia Crisostomo
UNHCR Peru	Nancy Concha
GIVAR	Marlon Castillo
SOMEVEP	Mendel Oscany
Red Sida Peru	Julia Campos
Aid for Aids	Teresa Ayala
SIDA Vida	Andre Mere
Ccefiro	Julio Rondinel
PROSA	Julio Cesar Cruz
AHF	Jose Luis Sebastian
Red de Jovenes	Yamir Ali

Ministry of Justice	Edgardo Rodriguez
Flora Tristan	Eleana Valero
El Directorio	Gustavo Calle
UNFPA Peru	Cesar Cortez Cotrina
CINU	Ivan Pablo Casapia
UNFPA Bolivia	Gustavo Tapia Teran
UNFPA Bolivia	Willam Michel
WFP Bolivia	Fernanda Sandoval,
UNODC Bolivia	Geovanna Heinrich
Redbol and CONASIDA Bolivia	Virgunia Hilaquita
WHO-PAHO Bolivia	Alfonso Tenorio
WHO-PAHO Bolivia	Percy Halkyer
Consultant	Ariel Perez
Ministry of Health Bolivia	Jorge Medrano
Ministry of Health Bolivia	Maria Luisa Guzman
UNICEF Ecuador	Marisol Ruilova
RCO Ecuador	Fabian Ruiz
WHO-PAHO Ecuador	Francisco León
UNFPA Ecuador	Daniela Alvarado
OIM Ecuador	Daniel de la Torre
WFP Ecuador	Fernanda Sandoval
Kimirina	Maria Elena Acosta
Kimirina	Christian Costa
Kimirina	Ángela León Cáceres
CSO Ecuador	Rodriguez Zambrano
Matices	Santiago Jaramillo
RedLac	Fausto Vargas
Local Government Guayas - Ecuador	Andrés Diaz
Local Government Guayas - Ecuador	Dr. W. Alemán
DYA	Grinmelia Ortega
DYA	Judith Rosabel
DYA	Helen Medina
DYA	Maria Dolores
DYA	Gioconda

ANNEX 2: DOCUMENTS REVIEWED AND/OR REFERENCED

- Givar, 2022. *Taller de Análisis del Presupuesto de VIH en el PPR Consultoría para GIVAR - Indicadores y centro de proyectos para el desarrollo 25 y 29 de marzo del 2022*. Givar: Lima.
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- UNAIDS, 2020. *Plan Conjunto sobre VIH en Bolivia 2020 – 2021*. UNAIDS: La Paz.
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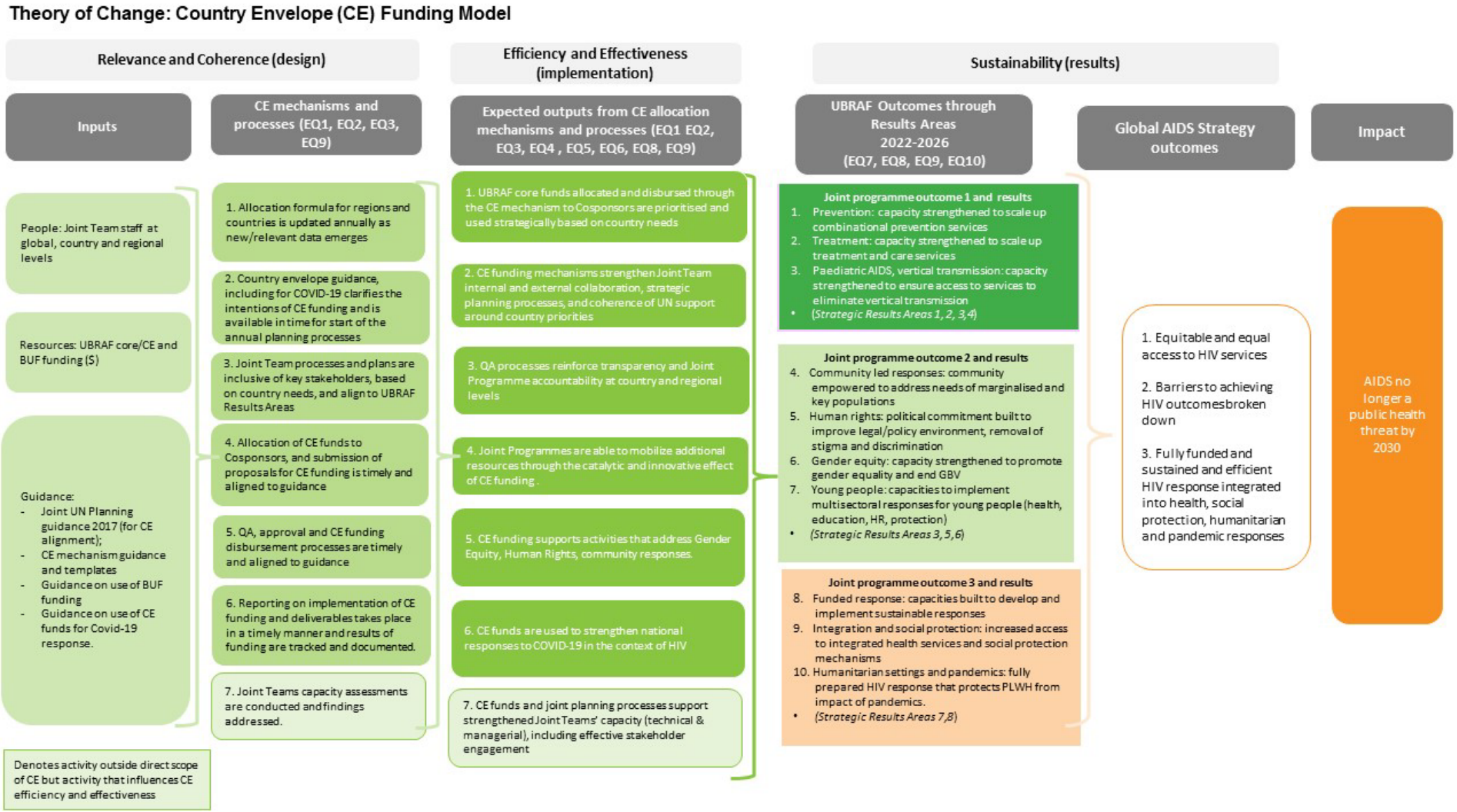
ANNEX 3: THEORY OF CHANGE



ANNEX 4: TEN EVALUATION QUESTIONS

Ten evaluation questions
Strategy and Design (Relevance and Coherence): *These questions are concerned with the design of the country envelope allocation model and whether the design is strategic and appropriate to achieve its intended purpose.*
Evaluation question 1: How well is the country envelope allocation mechanism working? Consider relevance and coherence of a. global allocation model as a mechanism to ensure allocations are targeting highest priority countries and effectively decentralises decision making and allocations to regions and countries most in need b. country allocation model as a mechanism for ensuring performance based and differentiated funding allocations to cosponsors, based on country needs
Implementation (Efficiency and Effectiveness): *These questions are concerned with the implementation of the country envelope model, specifically whether the processes set up to implement the model are working well and as intended.*
Evaluation question 2: How well are the structures and processes to support the implementation of the country envelope model working in practice? Consider efficiency and learning of: a. prioritisation and use of funds b. transaction costs associated with due diligence, managing and reporting on country envelope and BUF funds vis-à-vis volume of country envelope funds c. ease of use of guidance and templates for country envelope and BUF funding d. timeliness of funding disbursement processes e. timeliness and effectiveness of global, regional quality assurance processes
Evaluation question 3: To what extent have country stakeholders (govt, civil society, PLWH, key population groups, and other partners) been engaged in UN joint planning and implementation at country level?
Evaluation question 4: To what extent have country envelope and BUF funding contributed to addressing gender equality, human rights, and community responses?
Evaluation question 5: To what extent have country envelope and BUF funds supported the adaption of HIV programming during the COVID-19 pandemic in a flexible and timely way? How has COVID-19 impacted on the implementation of country envelope activities?
Results and sustainability *These questions are concerned with identifying key results arising from country envelope funding as well as alternative funding models that might benefit the Joint Programme's support to national HIV responses.*
Evaluation question 6: To what extent have the country envelope and BUF funds achieved the country envelope outputs/results, as intended (see ToC): a. strategic use of funds based on country needs b. improved accountability of UN funding and actions c. improved collaboration and leverage with partners through country envelope planning processes (internally between Joint Team members and with external partners) d. catalysing action and innovation
Evaluation question 7: What results have been generated through country envelope funding and how are country envelopes contributing to the achievement of UBRAF outputs 1-10 and higher-level Global AIDS Strategy outcomes?
Evaluation question 8: To what extent have the country envelope funds enhanced and changed the capacity of Joint Teams and supported the mobilisation of resources at country level?
Evaluation question 9: What are the main factors helping or hindering the achievement and sustainability of results? Consider a. country capacity b. internal guidance, processes, and requirements c. other factors
Evaluation question 10: What other models exist as potential alternatives for funding the work of UN agencies at country level?

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org