

Joint Evaluation of the UN Joint Programme on AIDS's work with key populations (2018–2021)

Evaluation Offices of UNAIDS, WHO, UNODC and UNESCO



I Introduction

Aim, Scope, Focus

Evaluation Approach

Theory of Change

Evaluation Questions

Evaluation Limitations



To assess the **relevance/coherence, effectiveness and sustainability** of the UNAIDS Joint Programme support for key populations at country level 2018–2021

With aim of **improving programming** under the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026



AIM

An **analysis of the activities** of the past four years (2018–2021)

Actionable recommendations for next strategic period (2021–2026)

The evaluation focused on the Joint Programme's **efforts in the context of broader country responses** and progress to HIV with and for key populations



SCOPE

UNAIDS key population groups

Sex workers and their clients

Gay men and other men who have sex
with men

Transgender people

People who inject drugs

Prisoners

And **young** key populations among them.



FOCUS

UTILIZATION FOCUSED EVALUATION

Engaged key population representatives at all stages of the process – design, implementation, analysis, and final recommendations of the evaluation.

Considerable feedback and involvement of findings and recommendations in reports.



APPROACH

THEORY BASED EVALUATION USING A THEORY OF CHANGE

Theory of Change retrospectively articulated how and why Joint Programme activities and outputs were expected to contribute to results for key populations using forward looking outcomes of Global AIDS Strategy 2021–2026.

Theory of Change informed the evaluation framework, data collection tools, and overall analysis.

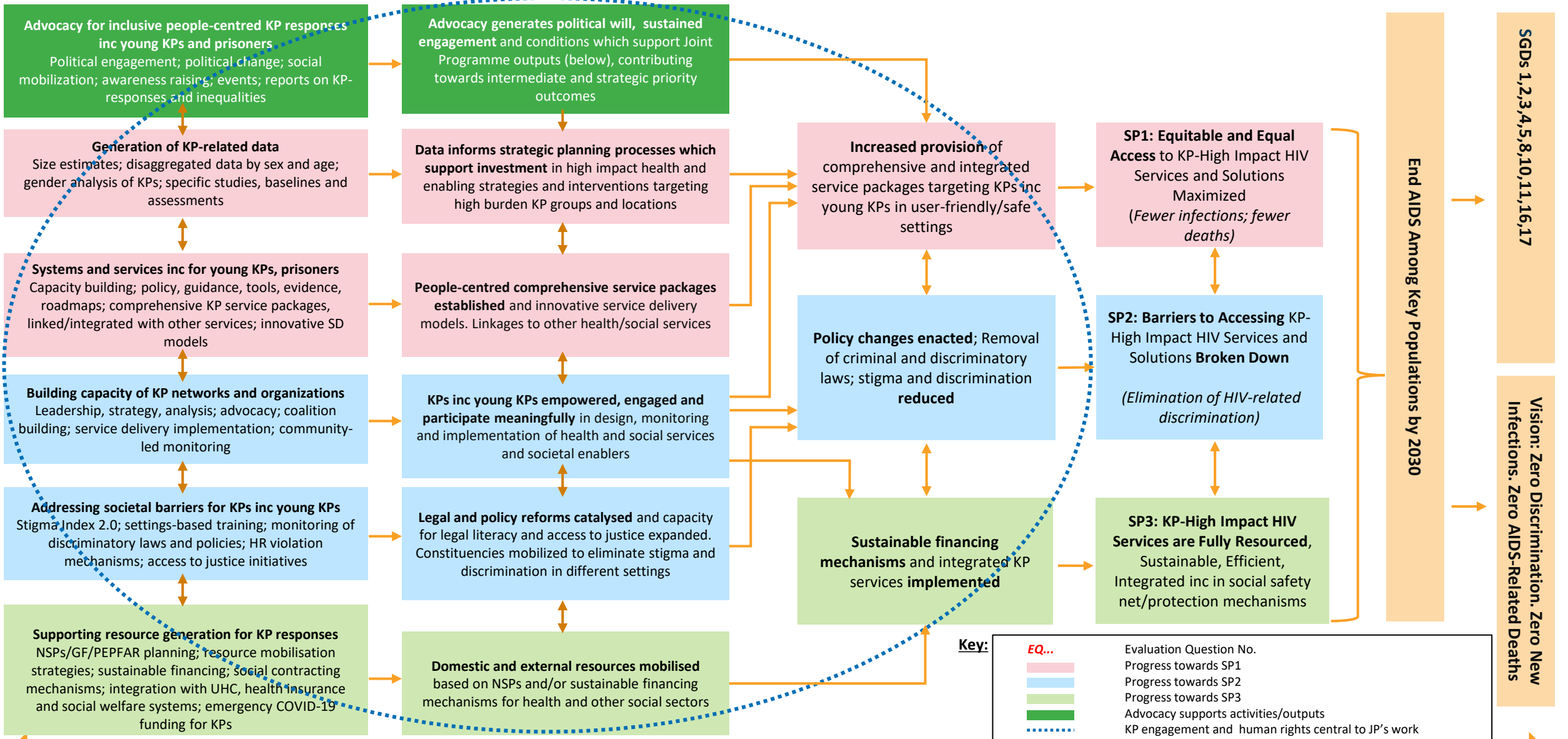


APPROACH



Mechanisms of delivering activities and results: Convening, facilitating, coordinating, mobilizing, building partnerships, providing technical support, generating and disseminating evidence and lessons; Joint Programme UBRAF and Country Planning Processes.

Global Strategy 2021-2026 Vision and Goals



Country contextual factors (social, political, economic environments) affecting key population responses

EVALUATION QUESTIONS (EVQ)

Ten EVQ prioritized based on the wider list identified in the Terms of Reference and mapped to the Theory of Change.

Each EVQ has several 'assumptions' structured as sub-questions which the team gathered evidence on to answer the EVQs and to help validate the Theory of Change.



APPROACH

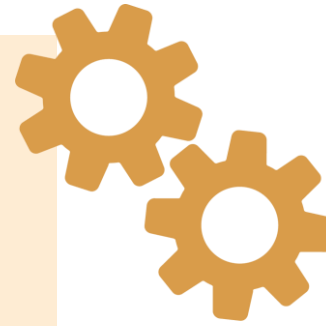
47

Key Informant Interviews conducted at global and regional level



270

Key Informant Interviews across six countries



METHODS

82

Documents reviewed at global level



219

Documents reviewed across six countries

COUNTRY STUDIES

Cameroon
Kenya
Peru
Thailand
Tunisia
Ukraine



Global/regional analysis of Joint Programme Monitoring System for 62 countries

Mainly qualitative methods; some limited quantitative analysis

RELEVANCE AND COHERENCE

1. How relevant are the Joint Programme activities for addressing the **needs and priorities of key population groups**?
2. To what extent has the priorities considered **human rights, gender equality and the most vulnerable key populations** in the design of the Joint Programme's activities?
3. To what extent are the activities of the priorities **harmonized and aligned** internally within the Joint Programme, and harmonized and aligned externally, with other actors' interventions in the country?
4. To what extent are the **capacities and resources** of the Joint Programme **appropriate** for work with and for key populations?



**EVALUATION
QUESTIONS**

EFFICIENCY AND EFFECTIVENESS

5. How well is the Joint Programme **implementing the activities** for key populations and **achieving** the UBRAF outputs?
6. How **effective** is the Joint Programme in **strengthening and empowering key population-led organizations and networks** in the monitoring and accountability of policies and programmes and the implementation of services?
7. How effective has the Joint Programme been in **responding to a) key population needs in humanitarian settings b) key population needs during the COVID-19 pandemic?**



**EVALUATION
QUESTIONS**

EFFICIENCY AND EFFECTIVENESS

8. How effective is the Joint Programme in contributing to:
scaled up provision of services for Joint Programme group;
reduction or removal of discriminatory laws and stigma and discrimination;
sustainable financing mechanisms?
9. How well is the Joint Programme **responding to influential contextual factors** such as the increasingly conservative political environment, decreasing resources for HIV and key population programming, other?

SUSTAINABILITY

10. How **sustainable are the results** of the Joint Programme's work, particularly for key population-led organizations, networks, services?



**EVALUATION
QUESTIONS**

A **complex evaluation** (multi-country; multiple partners; multiple levels of consultation; Key Informant Interviews and documentation) **in short period of time for data collection** (approx. mid-Sept to end of Oct).

Limited number of case study countries restricts ability to draw conclusions on how findings may be applied to other settings.



LIMITATIONS

Limitations of the Joint Programme Monitoring System data base restricted ability to conduct a global survey or make regional comparisons.

COVID-19 **limited travel**, involvement and team working arrangements.

Evaluation team **meetings only online.**

In-country **data collection** mainly **online**, site visits limited, group **meetings** with key population beneficiaries **difficult**.



LIMITATIONS

Limited interactions for the development of the Theory of Change and recommendations.

Level of involvement varied from country to country – non-response for interview requests from some Joint Programme members in some countries.

Use of evaluation instrument and knowledge of theory-based evaluation **varied** across countries.

II Key Findings





1. The Global AIDS Strategy 2021–2026 references key populations but the Strategy’s broad scope may **not provide sufficient prioritization of key populations**, given their contribution to incidence in most regions.
2. **More advocacy efforts on the international and national stages are needed** where it matters most – targeting resources to countries, key populations and communities where HIV transmission has not yet been brought under control – and where more specific and directed programme interventions are called for.
3. The Joint Programme plays a **valuable role producing guidance, policy documents, global key populations data and technical advice, as well as advocating for resources**. Collaborations with Global Fund and PEPFAR have benefitted from this support and this has influenced their key population programming and strategies.



GLOBAL & REGIONAL REVIEWS



4. The Global Prevention Coalition (GPC) and the Technical Support Mechanism (TSM) are supporting national key population responses but the **GPC could be doing more for key populations** including advocacy, and the TSM is underutilized in some vital areas of key population responses such as improved data on key populations, building the management capacity of key population community organizations and networks and working towards sustainable financing.

5. **Joint Programme regions have included key populations** as an important component of some regional strategies and Regional Support Teams provide support to country programmes **to a greater or lesser extent**. An analysis of regional trends in key population programming over the past three years was limited by the shortcomings inherent in the Joint Programme Monitoring System.



GLOBAL & REGIONAL REVIEWS

1. **Key population groups are not systematically involved** in Joint Programme strategic annual planning processes and strategic assessments of country key population needs do not always guide the prioritization of Joint Programme activities.
2. There is a greater focus on broader programming activities with varying degrees of relevance for key populations, than on activities for specific key population groups. There is evidence that the **prioritization of activities in support of key populations could be tightened up.**
3. The **mix of activities** does not necessarily reflect the leveraging of the comparative advantage of cosponsor agency expertise, but **reflects the capacity levels of agencies** to support key population programming.



Q1 & Q3

**RELEVANCE &
COHERENCE**

4. There is a stronger **focus of support to systems and services for key populations, and the enabling environment**, and less support to sustainable financing, necessary for ongoing key population programming.



Q1 & Q3

**RELEVANCE &
COHERENCE**

1. **Human rights and gender equality considerations are very evident** in the design of Joint Programme activities and include key population-specific human rights work and broader enabling environment programming which often goes beyond HIV.
2. Whilst all key population groups are marginalized, young key populations, **transgender people and prisoners receive less attention** in case study countries.
3. **Current definitions of key population groups** do not adequately reflect the diversity of key populations or the intersectional vulnerabilities and needs across and within key population groups. This has implications for relevance and effectiveness of the Joint Programme's work with key population groups.



Q2

RELEVANCE & COHERENCE

1. Joint Programme capacity to undertake key population work has been **hit hard by funding cuts** since 2016 and this has impacted on staffing, expertise and scope and scale of activities.
2. Funding cuts have accelerated the repositioning of HIV and key population programming in agency strategies and work programmes, arguably with a **lesser focus on key populations**.
3. **Raising resources beyond UBRAF funding for key populations is difficult** due to the nature of the work. External funding can promote a project by project approach with implications for the strategic direction and coherence of global and country plans for key populations.



Q4

**RELEVANCE &
COHERENCE**

4. There is **limited guidance and direction for the prioritization of UBRAF resources** in relation to delivering the strategic priorities of the Global AIDS Strategy 2021-2026.
5. Notable Joint Programme **gaps in capacity and expertise identified**: HIV prevention, gender and sexuality issues, few staff working on data, few key population staff including of transgender people and young key populations, few staff at country level with key population expertise.
6. The Joint Programme's **monitoring system cannot be used for strategic programming**. Getting a sense of the volume of investment for key populations, the activities and results of the Joint Programme's work is very difficult, and this poses a threat for future funding contributions.



Q4

RELEVANCE & COHERENCE

1. The Joint Programme has successfully **convened and brokered relationships** between the government and some key populations groups, and has supported engagement of key population groups in national consultations, strategy and coordination processes and decision-making forums.
2. However, the Joint Programme's **role in capacity building of key organizations varies considerably** in case study countries and is invariably small scale due to limited funding, with bilateral and multilateral donors and other funders doing much more.
3. **Challenges remain in ensuring key population participation** in Country Coordinating Mechanisms, strategic planning and preparing Global Fund Funding Requests, is influential on the prioritization of resources and in ensuring allocations are translated into budgets for key population programming.



Q6

**EFFICIENCY &
EFFECTIVENESS**

1. The Joint Programme has been **proactive in responding to the COVID-19 pandemic** and initiatives have focused on mitigating the impact of the pandemic on key population groups. Flexible reprogramming of UBRAF funds and support to mobilise funds has facilitated action.
2. **Available case study data** for how the Joint Programme has responded to key population needs **in humanitarian settings is very limited** and it is difficult to determine the extent to which key population groups, as defined for the purposes of this evaluation, are being targeted and addressed through the Joint Programme's humanitarian work.



Q7

**EFFICIENCY &
EFFECTIVENESS**

3. There are **concerns** that the Joint Programme's strategic pivot to addressing the dual pandemics of HIV and COVID-19 and pandemic preparedness will **reduce attention to HIV** and specifically key population programming at a time when this should be scaled up.



Q7

**EFFICIENCY &
EFFECTIVENESS**

1. Overall, data and evidence for the Joint Programme's activities and interventions is available; **data and evidence for the results and achievements** of the Joint Programme's work is significantly more **challenging**.
2. There is **evidence that Joint Programme activities have updated and integrated evidence into policies**, guidance and implementation models and this is contributing to the enhanced service delivery approaches or increased provision of services for key populations.



Q5 & Q8

**EFFICIENCY &
EFFECTIVENESS**

3. Joint Programme activities have **increased legal and policy literacy among key population organizations** and this has helped with advocacy and community mobilization in support of policy and legislative change. Human rights work is informing HIV strategy and policy documents but progress in law reform and **significant policy change in the enabling environment has been slow.**
4. Compared to intermediate outcomes 2 and 3, and with the exception of Thailand and Ukraine, **fewer activities have focused on developing and implementing sustainable financing** and programming mechanisms for key population groups and this **represents a strategic gap.**



Q5 & Q8

**EFFICIENCY &
EFFECTIVENESS**

1. Global and country evidence for how the Joint Programme is responding to contextual factors is limited but **in the more mature key population epidemics, the Joint Programme is responding to issues concerning the sustainability** of the key population programme.
2. Although **sustainable financing and programming** mechanisms to support key population-led responses is recognized globally as essential, this **has not been a priority area of work** for Joint Programme teams in most case study countries.



Q9 & Q10

EFFECTIVENESS & SUSTAINABILITY

3. Many transition strategies have not worked due to **limited government ownership** and therefore are aspirational in nature and unlikely to result in sustainability
4. For key population programming there is a **need to**
 - i/ **sustain donor support** for key population programming whilst at the same time
 - ii/ **advocate for greater domestic share of key population programming** from domestic allocations and
 - iii/ support efforts to **integrate key population programmes** and cost in universal health coverage.



Q9 & Q10

**EFFECTIVENESS
&
SUSTAINABILITY**

III CONCLUSIONS



CONCLUSION 1



The Joint Programme is a well-respected body that has been instrumental in developing and supporting key population responses but its role as an advocate for human rights and related legislative change is perceived to have reduced.

The Joint Programme is **respected for its neutrality and authority to convene** meetings, bringing government and civil society to the table.

However, as the champion for supporting key population rights and effective HIV responses, there is a strong perception that this **neutral voice is not being used powerfully enough**, and that the Joint Programme has been less visible and proactive in advocating for key populations recent years.

CONCLUSION 2

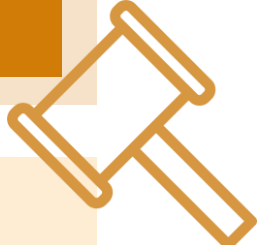


The increase in new infections occurring among key populations together with the Global AIDS Strategy focus on tackling inequalities presents a strong case for strengthening the prioritization and focussing of key population programming.

Data on new infections and the focus on addressing inequalities in Global AIDS Strategy 2021-2026 provides a strong rationale and framework for an **increased prioritization of key population programming**.

This prioritization must be done with the evidence showing that high incidence amongst key populations is occurring not just in the high priority countries (Fast Track countries and members of the GPC) but **also in small countries that do not have a high overall HIV burden, and in middle-income countries** that are no longer eligible or transitioning from donor support.

CONCLUSION 3



There is scope to increase the relevance and impact of the Joint Programme's work for key populations through inclusive planning processes and having a more explicit focus on specific key population groups in Joint Programme interventions.

There is **scope to increase the relevance, accountability, and potential results of Joint Programme support** through consultations with key population communities in Joint Team annual planning processes and regular updated strategic assessments to drive the prioritization of Joint Programme resources.


Lack of clear definitions and adherence to definitions of key populations, particularly in relation to other priority vulnerable populations, **is diluting funding to specific key population groups** and this impacts on the effectiveness of the Joint Programme's work. It also gives the impression that key populations are well covered by the Joint Programme, but this isn't necessarily the case.

CONCLUSION 3



There is scope to increase the relevance and impact of the Joint Programme's work for key populations through inclusive planning processes and having a more explicit focus on specific key population groups in Joint Programme interventions.

Key population groups continue to be 'lumped together'. This fails to recognize the range of identities and characteristics of each group and **limits the extent to which the intersectional needs** and vulnerabilities within and across key population groups are **being addressed** – with implications for tailored services.



CONCLUSION 4

The Joint Programme's interventions have focused more on supporting key population services and addressing structural barriers that undermine access to services with a lesser emphasis on the programmatic and financial sustainability of key population responses.

The new Strategy discusses the integration of HIV services including into UHC which is likely to mean that **funding for HIV will be aligned with health care more broadly**. This has implications for the provision and access to services by different key population groups, and there is strong perception that **key populations will lose out**.

The evaluation indicates a **balance of investments is needed** for continued and scaled up HIV specific key population programming, and for the integration of HIV services including in UHC - but **with an enhanced and tailored focus on key populations**.

While synergies exist among the HIV and the COVID-19 responses, the Joint Programme should **prioritize their mandate** to ensure that HIV and highly relevant key population programming remains 'in focus'.

CONCLUSION 5



In many contexts, community-led responses and programming have yet to be embedded or taken to scale in country HIV responses. Involvement of key population organizations in the planning and implementation of Joint Programme activities and in national planning and funding mobilization processes varies and should not be considered as achieving the goal of community-led programming.

The Global AIDS Strategy 2021-2026 sets an ambitious target for the delivery of HIV prevention services for key populations by community-led organizations. The **increased demands on community-led organizations** come at a time when the trend is one of **decreasing support for these groups** with funding also under strain due to COVID-19.

The UBRAF 2022-2026 tasks the Secretariat and all cosponsor agencies with the responsibility of empowering community-led organizations, programming, and responses. **Understanding what this means** for the Joint Programme and how this will be realized in responsibilities across cosponsors **will be priority next step.**

CONCLUSION 6



The Joint Programme Monitoring System does not adequately reflect key population activities. Overall resources have reduced, and it is difficult to ascertain the level of investment in key populations, and corresponding results.

Much of the reporting, both in the Joint Programme Monitoring System well as in country budgets and plans, **does not make a distinction between key population groups or between key populations and ‘other vulnerable populations’** but needs to do this to get a true sense of how well the Joint Programme is addressing the needs of different key population groups.

Weak quality of monitoring and reporting data in the Joint Programme Monitoring System makes it difficult to systematically identify, monitor and report on the investments, progress and results of Joint Programme’s work for key populations.

CONCLUSION 6



The Joint Programme Monitoring System does not adequately reflect key population activities. Overall resources have reduced, and it is difficult to ascertain the level of investment in key populations, and corresponding results.

HIV is competing to stay on donor agendas and for the need to retain international funding for key population work and **inability to systematically articulate results threatens future financial contributions** to the Joint Programme, at a time when more resources are required to support progress towards the goals of the Global AIDS Strategy 2021-2026.

IV RECOMMENDATIONS





KEY RECOMMENDATION 1



Urgently increase the prioritization and strategic focus of the work for and with key populations
(UNAIDS Secretariat, cosponsor agencies)

1.1 Prioritize a set of countries for accelerated action for key population programming based on where infections are happening and align resources and capacity. Devise and test a relevant set of outputs and indicators for measuring progress with the Joint Programme's work in these countries.

1.2 Systematically engage all key population groups equally in Joint Programme work, including representatives from more neglected communities – transgender people, people who inject drugs, and young key populations – and develop different strategies to engage prisoners.

1.3 Develop and agree a clear definition across the Joint Programme, and with funding partners, for the differentiation of key populations from 'other vulnerable populations'. Additionally, systematically differentiate between key population groups. Act on this differentiation - strategies, plans, programming, and reporting at all levels of the Joint Programme - and work with partners to ensure consistency.

1.4 Increase the prioritization of key population funding in UBRAF guidance and strengthen oversight mechanisms for coherence of country plans. Ensure the allocation of funds are based on data-informed strategic assessments of country needs. Prioritize key population-led organizations as partners in the planning, monitoring and implementation of the Joint Programme activities, including for Country Envelope funds.

1.5 Scale up advocacy for key populations and be a proactive and outspoken defender of the rights of key populations in all settings, strongly advocating for decriminalization, gender identity and diversity, funding for prevention services, community-led responses and use of data to drive programming. Work as equal partners with key population groups to devise and implement advocacy strategies.



KEY RECOMMENDATION 2

Strengthen support to community-led programming
(UNAIDS Secretariat, cosponsor agencies)



2.1 Develop clear guidance, internal policies, and targets to ensure community-led programming across the Joint Programme is understood and programmed in line with the Global AIDS Strategy 2021-2026. Formulate guidance that addresses the diversity of key population groups and the intersectional needs within and between these groups and support staff understanding on gender and sexuality.

2.2 Broaden engagement with and scale up technical support (e.g. through the TSM) for community-led implementors to strengthen technical capacity to deliver services, and for community-led research, monitoring and data generation/use in national systems.

2.3 Increase advocacy and monitor community influence in national strategic planning and Global Fund Funding Request prioritization processes through to grant making, to ensure limited HIV resources target high impact key population programming and planned allocations are translated into budgets.



KEY RECOMMENDATION 3



Intensify support to ensure financial and programmatic sustainability of key population responses (conclusions 1,2,3,4,7)
(UNAIDS Secretariat, cosponsor agencies)

3.1 Increase involvement and dialogue with universal health coverage stakeholders, platforms, and forums. Support consultations with key population groups and the meaningful engagement of different key population groups and networks in such forums.

3.2 Strengthen guidance to, and support for, ways in which universal coverage mechanisms and social contracting models can **address access to community-led services** tailored to different key population groups in a range of different settings.

3.3 Increase technical support directed to assisting countries to plan for sustainable financing that addresses reliance on external funding for key population services.

3.4 Embed and sustain effective systems and services developed and implemented during the COVID-19 epidemic and explore opportunities to improve the sustainability of programmes



KEY RECOMMENDATION 4



Accelerate data generation for key population programming including the Joint Programme Monitoring System
(UNAIDS Secretariat and cosponsor agencies)

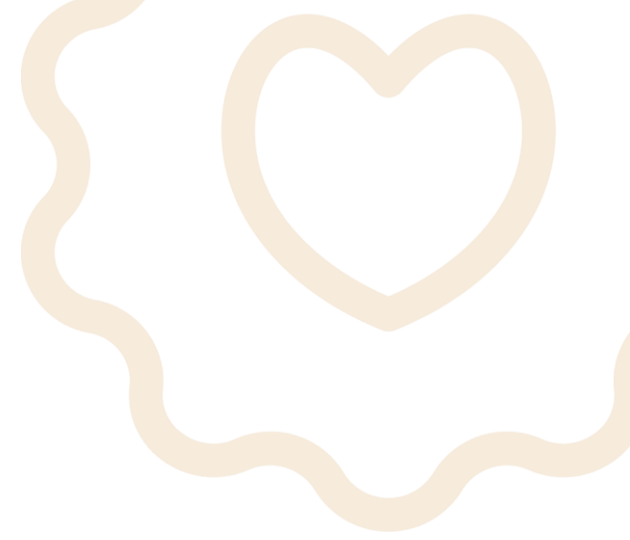
4.1 Urgently expand programme data by identifying and filling key population data gaps, including size estimates for people who inject drugs, transgender people, diverse groups of young key populations and prisoners, all differentiated by gender and age.

4.2 Overhaul the Joint Programme Monitoring System monitoring system for key population programming and strengthen oversight of data quality and reporting. Implement a system for tagging key population investments across funding streams.

4.3 Promote the use and adaptation of the Theory of Change as a model to operationalize and monitor the implementation and results of key population programming by country teams, key population groups and other partners.



KEY RECOMMENDATION 5



Enhance the operational effectiveness of the work of the Joint Programme for and with key populations
(UNAIDS Secretariat and cosponsor agencies)

5.1 Lengthen the UBRAF planning and disbursement cycle from one year to two years, with the intention of enabling more strategic planning and programming of funding.

5.2 Track the use and uptake of guidance produced by the Joint Programme for key population programming in order to ensure relevance and added value of Joint Programme products and outputs.

5.3 Enhance and increase the monitoring and learning function of the Joint Programme including through:

- Increasing evidence for Joint Programme results on work with different key population groups, and how these have catalysed change.
- Supporting partners such as the Global Fund with more in-depth joint learning.

V EVALUATION LESSONS LEARNED



Evaluation design during a pandemic:

- **Keep evaluation design simple**; consider limiting number of evaluation questions/assumptions and nature of reporting (July 21–Jan 22 – have produced 8 significant reports)
- **Build in adequate inputs for management of evaluation** – time requirements are more when working virtually – mentoring country teams, examining and validating strength of evidence, QA reporting

Development of **standardized tools and templates** is critical but don't assume they will be used in the same way across all country teams – need to anticipate and manage this.



EVALUATION LESSONS LEARNED



Engagement of key populations: valuable approach but representatives also have full time jobs and **availability has sometimes been variable.**

Regular communication and strong collaboration between the evaluation team and the UNAIDS Evaluation Office has been invaluable and essential in supporting evaluation outcomes.

Lack of face-to-face work: means some steps in the evaluation have been compromised : Theory of Change and recommendations development/buy in; global and country analysis workshop – hard to do this sufficiently well without being together in same room.



EVALUATION LESSONS LEARNED





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