

MANAGEMENT RESPONSE AND TRACKING

Evaluation title

The Joint Programme contribution to strengthening HIV and Primary Health Care outcomes: interlinkages and integration

1. Ensure conceptual clarity, shared understanding, and consistent application of relevant established definitions (PHC, primary care, integration, and convergence), and develop a shared vision on HIV and PHC integration and convergence.					
Management response	Actions planned	Responsible	Timeframe	After 6 months	Comments
Accepted	<p>1. Enhance conceptual clarity on the linkages between HIV, sexual and reproductive health, related comorbidities, coinfections, and RSSH through focused efforts on HIV-PHC convergence and integration based on key policy and operational guidance.</p> <p>2. Document and share best practices from LMICs regarding the convergence of efforts on HIV and related comorbidities considering disease burden, health systems maturity and the needs of key populations.</p> <p>3. Strengthen the synergies between the management responses to the evaluations of the WHO Special Programme on PHC, SDG3 GAP and this one on HIV and PHC and identify common actions for follow-up.</p>	<p>1 and 2. WHO department of HIV, viral hepatitis and STIs and the WHO Special Programme on PHC in collaboration with UNICEF PHC and HIV sections, UNFPA SRHR team and other partners.</p> <p>3. WHO, UNICEF and the UNAIDS Secretariat.</p>	<p>End of 2024</p> <p>Throughout 2024-2025</p>		<p><i>Note: Key reference documents and resources are listed in the annex.</i></p>

2. Revisit the Division of Labour (DoL) in relation to the three pillars of the PHC approach and ensure buy-in of leadership.

Management response	Actions planned	Responsible	Timeframe	After 6 months	Comments
Partially Accepted	1. Analyze and optimize existing PHC-related responsibilities in the Division of Labour for action and as input to 2025 discussions on the Division of Labour in the context of developing the next Global AIDS Strategy and a fit for purpose Joint Programme (see also recommendation 6).	1. UNAIDS Secretariat and Cosponsors, convened by existing co-leads for UHC and integration: WHO, UNICEF World Bank and UNFPA.	By mid-2024		<p><i>Recommendation partially accepted as restructuring the Division of Labour under the pillar approach is not considered the best way forward, but rather looking at how all converge and complement each other.</i></p> <p><i>Sustainability is not well reflected in the current DoL and should be a critical area of focus with PHC-HIV integration and interlinkages considered as part of it.</i></p>

3. Review and update UBRAF PHC related 2025 milestones and 2026 targets as part of the implementation of the 2024–2025 Biennial Workplan and Budget.

Management response	Actions planned	Responsible	Timeframe	After 6 months	Comments
Accepted	<p>1. Review PHC related milestones and targets in the current UBRAF to reflect latest guidance and agreed key actions. Ensure updated targets are aligned with the Global AIDS Strategy targets.</p> <p>2. Identify and propose new indicators for the 2026 workplan and budget as well as the subsequent UBRAF, aligned with the Global AIDS Strategy targets (see recommendation 7 action 2).</p>	<p>1. UNAIDS Secretariat, UNICEF and WHO.</p> <p>2. UNAIDS Secretariat, UNICEF, and WHO and partners.</p>	<p>By end 2024</p> <p>By mid-2025</p>		<p><i>Note: In the current UBRAF there are very few indicators which are relevant to HIV and PHC.</i></p>

4. Develop global guidance on HIV integration with broader health systems, engage people living with HIV and key population organizations in the HIV and PHC integration agenda and support countries with situation assessments, sustainability planning and country roadmaps for integration based on equity considerations.

Management response	Actions planned	Responsible	Timeframe	After 6 months	Comments
Accepted	<p>1. Finalize and disseminate implementation-oriented guidance on HIV, sexual and reproductive health, related comorbidities, coinfections, RSSH and integration within PHC-oriented health systems and support priority countries develop country situation assessments, and plans including convergence of HIV and comorbidities within the PHC approach (see recommendation 1 action 1 on conceptual clarity).</p> <p>2. Advance and invest in the sensitization of staff and knowledge management in UNAIDS around HIV, health systems and PHC.</p> <p>3. Update the HIV and PHC information on the UNAIDS website and on the websites of leading Cosponsors.</p>	<p>1. WHO department of HIV, viral hepatitis and STIs and the WHO Special Programme on PHC and PHC Accelerator of SDG-3 GAP.</p> <p>2. UNAIDS Secretariat, WHO, UNICEF and other partners.</p> <p>3. UNAIDS Secretariat with WHO, UNICEF and other Cosponsors.</p>	<p>Throughout 2024-2025</p> <p>Throughout 2024-2025</p> <p>By end 2024</p>		

5. Harmonize country Joint UN Team on AIDS plans with national health sector plans, strengthen coordination, enhance advocacy for inclusion of HIV services in health benefit packages and social contracting mechanisms, and assess and monitor equity dimensions.

Management response	Actions planned	Responsible	Timeframe	After 6 months	Comments
Accepted	<p>1. Promote alignment of Joint Team country AIDS plans and related actions with national health sector and domestic financing plans.</p> <p>2. Strengthen advocacy for inclusion of HIV, comorbidities, coinfections and SRHR services, including for key populations, in health benefits packages, social contracting and other mechanisms.</p> <p>3. Promote human rights, gender and equity considerations, engagement of communities and non-health enablers, such as education and social protection in convergence and integration efforts.</p> <p>4. Advance a coordinated Joint Team approach to HIV, sexual and reproductive health, comorbidities, coinfections, RSSH and PHC convergence and integration efforts by leveraging existing in-country platforms and joining overall health development partner mechanisms.</p>	1- 4. Country Joint Teams on HIV supported by UNAIDS Secretariat and Cosponsors at regional and global levels.	Throughout 2024-2025		

6. Develop the next Global AIDS Strategy and the next UBRAF (including Country Envelopes) specify the HIV and PHC integration priorities of the Joint Programme with clear actions in the UBRAF alongside a detailed Theory of Change.

Management response	Actions planned	Responsible	Timeframe	After 6 months	Comments
Accepted	<p>1. Consider conclusions and recommendations of the evaluation in the mid-term review of the current Global AIDS Strategy as well as the development of the new Global AIDS Strategy, new 2030 global HIV targets, and new UBRAF.</p> <p>2. Promote the clear focus on primary health care in the WHO GHSS 2022-2030 and cross reference relevant sections during the process to develop the next Global AIDS Strategy.</p> <p>3. Include a section on HIV, viral hepatitis and sexually transmitted infections and Primary Health Care in the 2024 progress report on the WHO GHSS 2022-2030.</p> <p>4. Generate evidence on context-specific HIV and PHC integration and linkages, including operational research to identify and address barriers to HIV and PHC convergence (see recommendation 1 action 2).</p>	<p>1. UNAIDS Secretariat, WHO, WB, UNICEF, UNFPA.</p> <p>2. WHO.</p> <p>3. WHO.</p> <p>4. UNAIDS Secretariat, WHO, WB, UNICEF, UNFPA.</p>	<p>By end 2024 and throughout 2024-2025</p> <p>Throughout 2024-2025</p> <p>By mid-2024</p> <p>Throughout 2024-2025</p>		

7. Strengthen accountability for HIV and PHC integration and linkages within the next UBRAF indicator framework by ensuring that key Joint Programme and individual Cosponsor actions and results are monitored.

Management response	Actions planned	Responsible	Timeframe	After 6 months	Comments
Accepted	<p>1. Conduct joint UN sensitization on PHC for all HIV policy and financial decision makers.</p> <p>2. Identify and propose new global HIV-PHC targets and indicators for the inclusion in the new 2030 global HIV targets and indicators and the new Global AIDS Strategy (see recommendation 3 action 2).</p>	1- 2. UNAIDS Secretariat, WHO, WB, UNICEF and UNFPA.	<p>Throughout 2024-2025</p> <p>By mid-2025</p>		<p><i>Areas to consider include:</i></p> <ul style="list-style-type: none"> - HIV service integration into health benefits packages - Health services and system level integration - Human rights, gender, and equity indicators on integrated service delivery - Social contracting on HIV, sexual and reproductive health, related comorbidities, and coinfections, RSSH, PHC convergence and integration - Donor resources for HIV, sexual and reproductive health, related comorbidities, and coinfections, RSSH, PHC convergence and integration

KEY REFERENCE DOCUMENTS AND RESOURCES

[Operational Framework for Primary Health Care \(who.int\)](#)

[Primary health care and HIV: convergent actions: policy considerations for decision-makers \(who.int\)](#)

[2gether 4 SRHR Knowledge Hub – https://www.2gether4srhr.org/](https://www.2gether4srhr.org/)¹

¹ Covers ten thematic areas of Sexual Reproductive Health Rights (SRHR) and aims to strengthen the combined response through increasing access to, disseminating and facilitating the exchange of regionally specific knowledge, and to help fast-track the attainment of the SRHR targets of the SDGs. The resources are focused on Africa.