

<b>MANAGEMENT RESPONSE AND TRACKING</b>	
<b>Evaluation title</b>	<b>The Joint Programme contribution to strengthening HIV and Primary Health Care outcomes: interlinkages and integration</b>
<b>Office/Region</b>	<b>Global</b>
<b>Year of the report</b>	<b>End of 2023</b>
<b>Overall response to the evaluation</b>	<p><i>Please provide an overall assessment of the evaluation</i></p> <p>The evaluation has added valuable information to inform how best we as the Joint Programme could support countries in their efforts for integrating HIV into / with primary care services and overall PHC-oriented health systems for better person-centred and sustainable HIV services, systems and overall responses in countries</p>
<b>Planned use of evaluation</b>	<p><i>Please describe how the evaluation is intended to be used</i></p> <p>The agreed recommendations of the Joint Programme will drive shared work with a particular focus on sustainability of person-centred and integrated HIV services and systems, including for HIV prevention, testing and treatment, those addressing the needs of key populations, women, mothers, children and other vulnerable groups, community engagement and overall governance by applying a PHC approach.</p>

<b>Recommendations and responses</b>				<b>Tracking done- November 2024</b>	
<b>Management response</b>	<b>Actions planned</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>After 6 months</b>	<b>After one year</b>
<p><i>Please indicated if:</i></p> <ul style="list-style-type: none"> <li>- Accepted</li> <li>- Partially accepted (please report reasons)</li> <li>- Not accepted (please report reasons)</li> </ul>	<p><i>Please indicate the concrete actions planned by UNAIDS Secretariat and Cosponsors to implement the recommendations</i></p>	<p><i>Please be specific and indicate who (office, unit, or staff) in UNAIDS Secretariat or Cosponsors is responsible for the actions.</i></p>	<p><i>If necessary, adjust the completion date proposed in the report; The overall timeframe for completing a management response is usually one year.</i></p>	<p><i>Please indicate the status of implementation and actions taken.</i></p>	<p><i>If an action is no longer relevant due to a changed context, please provide a justification and indicate if it should be cancelled or reformulated.</i></p>

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	Time-frame	Implementation after 6 months	Comments
Accepted	<p>1. Enhance conceptual clarity on the linkages between HIV, sexual and reproductive health, related comorbidities and coinfections, 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 and 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><b>Accomplished:</b> WHO, UNICEF and UNAIDS Secretariat have used key platforms and opportunities to ensure conceptual clarity including through sessions at the 2024 International AIDS Conference in Munich; the UNAIDS's new Sustainability Framework development, technical guidance development and work to support the development of countries' sustainability roadmaps with partner countries in collaboration with PEPFAR and the Global Fund [<i>still ongoing and will continue in 2025</i>], and through webinars including with PATH.</p> <p>In UNICEF country programmes, work has been ongoing to better integrate HIV into PHC systems especially through community health services. One important example is UNICEFs work with Tanzania's MoH to deploy lay CHWs who are women living with HIV to identify children who are</p>	<p><i>Note: Key reference documents and resources are listed in the annex.</i></p>

				<p>risk of HIV and link them to testing. This work has also served to strengthen identification of children with malnutrition and unvaccinated children. This work has been documented and will be released in a UNICEF spotlight report on WAD 2024.</p> <p>In UNFPA country programmes, work has been ongoing to better integrate HIV, SRH and EMTCT systems and services into PHC systems. Some examples include (in 2024): <b>Tajikistan</b> – capacity building, advocacy, mentoring and monitoring to implement PMTCT guidelines including in PC settings; <b>Kyrgyzstan</b> – Institutional capacity of 40 organizations (13 NGOs and 18 PHCs and 9 AIDS Centers) have been strengthened to provide integrated SRH and HIV services to key populations nationwide, through trilateral MoUs between the pilot healthcare settings at the PC level, AIDS Centers and NGOs working in each oblast; <b>México</b>: Promoting HIV prevention and care at the first level of care at the Mexican Institute of Social Security (IMSS)</p>	
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				<p>including workshops and follow up strategy development;</p> <p><b>Latin America and the Caribbean</b></p> <p>- Translation, launching (with UNAIDS), and testing of the <a href="#">toolkit</a> "How to become a sexual pleasure facilitator". This training is expected to be replicated in PHC health teams and community organizations. The toolkit has been piloted in Ecuador where 25 people were trained from the ministries of health, education, and civil society organizations. Similar plans in Honduras are set for November. (By 2025, plans are to generate an online training course for trainers and present the tool, evidence, and results in gynecologists' and obstetricians' societies so that they become familiar with the perspective and include it in their consultations.)</p> <p><b><u>Ongoing:</u></b></p> <p>A WHO-led initiative to document best practices of HIV-PHC integration in LMICs is taking longer than anticipated and will now extend into 2025. The synergies in the management responses have been particularly relevant to the Special</p>	
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				<p>Programme on PHC, which has taken forward technical work on PHC through the release of a PHC Primer and a WHO Country Case Study Compendium that can be used to track HIV related case studies</p> <p>The evaluation of the WHO Special Programme on PHC has been completed with an accompanying management response, which is being actioned through senior leadership at WHO.</p> <p>In addition, the evaluation of the SDG3-GAP has been completed, which has emphasized the need for continued focused collective efforts on PHC, irrespective of the direction of SDG3-GAP. This builds on the efforts of the PHC Accelerator interagency group, which has provided an opportunity to work across 13 agencies on PHC (co-chaired by WHO and UNICEF – and with the membership of also UNAIDS Secretariat, World Bank, UNDP, UNFPA, UN Women, WFP, ILO). The trajectory of the PHC related efforts at WHO provides an ongoing opportunity for synergies with actions taken</p>	
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				through this evaluation on HIV and PHC.	
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**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	Time-frame	Implementation after 6 months	Comments
<p><b>Partially Accepted</b></p>	<p>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).</p>	<p>1. UNAIDS Secretariat and Cosponsors, convened by existing co-leads for UHC and integration: WHO, UNICEF World Bank and UNFPA.</p>	<p>By mid-2024</p>		<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> <p><b>Planned for 2025:</b> In December 2023, the UNAIDS PCB requested that a High-Level Panel be convened to help determine the future of the Joint Programme operating model. This work is ongoing and once complete, PHC-HIV related responsibilities will be considered in discussions around fit-for-purpose Joint Programme and DoL revisions. UBRAF targets will be developed after the Global AIDS Strategy has been developed and the new operating model determined – in late 2025.</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	Implementation after 6 months	Comments
<b>Accepted</b>	<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 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>	See below point #7	<p><i>Note: In the current UBRAF there are very few relevant indicators on 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	Implementation after 6 months	Comments
<p><b>Accepted</b></p>	<p>1. Finalize and disseminate implementation-oriented guidance on HIV, sexual and reproductive health, related comorbidities and coinfections, RSSH and integration within PHC-oriented health systems and support priority countries develop country situation assessments, and plans including the 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 the 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>	<p><b>Accomplished and ongoing:</b> UNAIDS, WHO and the World Bank supported the process to develop countries' sustainability roadmaps – including through presentations, briefings and reviews of documents linked to the roadmap process – among those the UNAIDS' new Sustainability Framework, Sustainability Roadmaps Primer and Part A guidance. WHO HIV related guidance increasingly also focuses on service delivery and the enabling environment for impact which is well aligned to the PHC approach.</p> <p>In GC7, WHO and UNAIDS have been reviewing countries' funding requests to the Global Fund applications through this lens and are prepared to support the 2025 COP process for PEPFAR.</p>	<p><b>Planned:</b> At UNICEF work is in the planning stages to develop guidance on HIV and PHC integration for mothers, children and adolescents living with HIV. This will be developed in 2025 through a whole of UNICEF approach linking HQ, regional and country offices as well as Health and HIV Programme areas. The dissemination of this guidance will include country level TA through regional offices and will also be shared and dissemination through UNAIDS and co-sponsors</p> <p>The unfolding work of the WHO Special Programme on PHC in the GPW14 era (Jan 2025) provides an opportunity for further synergies to be identified</p>

				<p>UNAIDS' and WHO's numerous webinars and workshops in support of countries' FRs to the Global Fund in GC7 have been held and have been well attended by staff, country teams and UNAIDS TSM, WHO and other consultants working in the Joint Programme.</p> <p><u>ARISE joint regional workshop</u> on sustained and enhanced UHC held in Bangkok on 24–29 September. Co-organized by WHO, the Global Fund, the World Bank, UNAIDS, ADB, and JICA, the event's focus on integrated health financing also afforded opportunities to consider HIV financing in this context. Ways to jointly advance the workshop outcomes will be explored at the Health Systems Research Global Symposium in Nagasaki (18-22 November).</p>	and actioned on HIV related efforts.
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				<p><u>Series of World Bank-Global Fund cofinanced projects, including several recently launched— working to advance PHC systems with integrated HIV services in countries such as Lao PDR, Cote d'Ivoire, South Sudan, Colombia, Haiti, and The Gambia. Examples:</u></p> <ul style="list-style-type: none"><li>• South Sudan. With UNICEF, WHO, and other implementing partners, working to expand access to PHC-based essential health services including HIV support</li><li>• Cote d'Ivoire. A project devoted to improving equitable access to integrated services, which in phase 1 (through 2027) is expected to benefit 14.1 million women, adolescents and children, including 2.4 million poor people, 400,000 people living with HIV as well as migrants and internally displaced individuals.</li><li>• Lao PDR. The newly launched phase 2 of the Health and Nutrition</li></ul>	
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				<p>Services Access project (HANSA2) is working to scaling up HANSA1 activities providing key services through primary care networks—including services to reach the 95-95-95 targets.</p> <ul style="list-style-type: none"><li>• Colombia. A newly announced project to improve integrated access to effective health services for the vulnerable—towards guaranteed access to a universal system based on a predictive and preventive healthcare model—with indicator-based action lines advancing integration of HIV testing and treatment for migrants.</li></ul>	
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**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	Implementation after 6 months	Comments
<p><b>Accepted</b></p>	<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>	<p>1- 4. Country Joint Teams supported by UNAIDS Secretariat and Cosponsors at regional and global levels.</p>	<p>Throughout 2024-2025</p>		<p>Joint activities to be determined and planned for 2025</p>

**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.**

<b>Management response</b>	<b>Actions planned</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Implementation after 6 months</b>	<b>Comments</b>
<b>Accepted</b>	<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 focus section on HIV, viral hepatitis and sexually transmitted infections and primary health care in the 2024 progress report on the 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</p> <p>By mid-2024</p> <p>Throughout 2024-2025</p>	<p><b>Accomplished &amp; ongoing:</b> WHO published a 2024 report on the first two years of implementing the GHSS which noted that while many countries are already implementing synergies between disease-specific efforts and with PHC, more can be done to secure political will and commitment and to strengthen programmatic linkages and sustainability. Addressing ongoing stigma and discrimination in health care settings was identified as a priority.</p> <p>PHC also featured in the shorter governance</p>	<p>The GHSS 2024 Progress Report can be accessed here: <a href="https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies">https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies</a></p> <p><b>Planned for 2025:</b> Joint Programme staff working on PHC have fed into the mid-term review and target setting processes to determine next steps for the Global AIDS Strategy – the development process of which will start in early 2025 with the UNAIDS Secretariat’s facilitation and widely inclusive consultations, drafting, etc. and active participation of the Joint Programme staff from global, regional and country levels, and PHC-focused stakeholders.</p>

				<p>version of the WHO progress report which was considered by Member States at the WHA in May 2024.</p> <p>World Bank's ongoing development of a care model compendium based on a systematic review focused on PHC-level NCD and chronic care models and addresses service integration. The Integrated Chronic Care Clinic (IC3) Model for HIV and NCDs in Malawi is one of the featured models.</p>	
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**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	Implementation after 6 months	Comments
<p><b>Accepted</b></p>	<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 into the new 2030 global HIV targets and indicators and the new Global AIDS Strategy (see recommendation 3 action 2).</p>	<p>1- 2. UNAIDS Secretariat, WHO, WB, UNICEF and UNFPA.</p>	<p>Throughout 2024-2025</p> <p>By mid-2025</p>		<p><i>Areas to consider include:</i></p> <ul style="list-style-type: none"> <li>- HIV service integration into health benefits packages</li> <li>- Health services and system level integration</li> <li>- Human rights, gender, and equity indicators on integrated service delivery</li> <li>- Social contracting on HIV, sexual and reproductive health, related comorbidities, and coinfections, RSSH, PHC convergence and integration</li> <li>- Donor resources for HIV, sexual and reproductive health, related comorbidities, and coinfections, RSSH, PHC convergence and integration</li> </ul> <p><b>Ongoing and planned for 2025:</b>            PHC-related inputs have been made into a target setting process for the next Global AIDS Strategy. The process has revised for 2030 the existing 2025 and 2030 targets and identify new targets and approaches to understand integration and linkages for better person-centred and sustainable HIV responses, systems and services, as well as other aspects of the PHC approach including those related to inclusive governance and stakeholder convening. The work is ongoing and will now inform the new Global AIDS Strategy consultation period starting in early 2025, which will actively engage the Joint Programme staff</p>



				<p>and also invite PHC stakeholders to actively engage in providing inputs and drafting the Strategy.</p> <p>In the first quarter of 2025, UNAIDS, WHO, UNICEF and UNFPA will co-organize a webinar for the Joint Programme staff and other cosponsor staff working on health systems, UHC, PHC, NCDs, mental health, SRH and other relevant issues at global, country and regional levels, as well as UNAIDS TSM and other consultants to present and discuss the findings from the Independent Evaluation and the JP's management response along with some country cases of JP's contribution to PHC-HIV integration on the ground, to increase JP and other UN agencies' staff's knowledge and understanding of the relevant global strategies, recommendations and guidance on integrated people-centred and sustainable systems, services and programmes, particularly through closer HIV-PHC linkages and integration; generate awareness and understanding of the key findings and recommendations from the independent evaluation of the UNAIDS JP's contribution and role in HIV-PHC integration and the WHO Special Programme on PHC, and the respective management responses and proposed joint actions to be undertaken by UNAIDS and cosponsors in support of countries'</p>
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					<p>impactful efforts. The webinar will catalyse country, regional and global teams' further focus and support of efforts for HIV-PHC integration for person-centred and sustainable HIV and other relevant services, systems and programmes and achieving UHC in countries.</p>
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## 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/)<sup>1</sup>

[Implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, 2022–2030: Report on progress and gaps 2024, second edition |](#)

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<sup>1</sup> 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.