

FINAL REPORT OF THE UBRAF WORKING GROUP ON THE 2022- 2026 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)

INTRODUCTION

1. As the Joint United Nations Programme for HIV/AIDS (UNAIDS) embarked on the development of its new Unified Budget, Results, Accountability Framework (UBRAF), a UBRAF Working Group, established by the UNAIDS Executive Director as per the Modus Operandi,¹ was announced at the UNAIDS Programme Coordinating Board (PCB) Special Session, held on 24–25 March 2021. This Working Group brought together interested PCB members and other relevant technical experts to inform key elements of the 2022-2026 UBRAF development process.
2. The scope of the UBRAF Working Group's work includes the following, as per the Terms of Reference (Annex 1):
 - to advise on, guide and support the development of the UBRAF result framework, resource allocation and accountability aspects, including monitoring and evaluation, funding scenarios, and to help ensure continuous and efficient integration of UN reform aspects;
 - to advise on UBRAF key components and to provide guidance and feedback along the development process; and
 - to advise on application and integration of the main shifts from the Global AIDS Strategy 2021–2026, which the new UBRAF aligns to.
3. This report presents a summary of the process, deliberations and recommendations of the UBRAF Working Group during the development of the 2022-2026 UBRAF and accompanying indicators until end of May 2022, in accordance with its terms of reference.

ESTABLISHMENT OF THE PCB WORKING GROUP

4. Following the PCB Special Session in March 2021, a call for expressions of interest was sent to all PCB members and to experienced independent experts who could be considered for this Working Group, with special outreach done to ensure geographic and gender balance.
5. Members of the UBRAF Working Group were explicitly expected to meet the following criteria:
 - good understanding of HIV, health and/or related issues and familiarity with the work of UNAIDS Cosponsors and/or the Secretariat, at country, regional and/or global levels;
 - good understanding of UN reform processes and implications, challenges and opportunities for joint UN planning, monitoring and reporting;
 - in-depth knowledge in creating and/or managing result frameworks, resource allocation, funding scenarios and accountability aspects, including monitoring and evaluation;
 - experience with development of a complex strategic planning and budgeting instrument for a UN entity or other international organization and ideally with current or past experience with UBRAF/Unified Budget and Workplans;
 - experience with setting of results, monitoring and evaluating progress on reducing

¹ Modus Operandi of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS, Revised December 2020, Annex 1, paragraph 7 (iv) "Establish such policy and technical advisory committees as he/she deems necessary in order to advise him/her on any aspect of UNAIDS. The Executive Director shall make available to the PCB and the CCO, as appropriate, the reports of such technical advisory committees. The members of such committees, to be selected by the Executive Director, shall serve in a personal capacity and represent a broad range of disciplines and experience"

inequalities;

- experience in indicator development, data collection and analysis, and/or performance assessments and reviews; and
 - experience with community empowerment and/or community-led responses.
6. The UNAIDS Executive Director approved the proposed membership, comprising of: seven independent experts nominated by PCB Member States; four independent experts nominated by the PCB civil society delegation; two Cosponsor representatives; and four representatives of the UNAIDS Secretariat. The membership of the UBRAF Working Group combined a wide range of relevant expertise as per the terms of reference and was geographically- and gender-balanced. A list of the members of the Working Group is available in Annex 2.
7. Key information and updates on the UBRAF Working Group's proceedings, including its terms of reference, membership and note of the record of its meetings were posted on a dedicated page on UNAIDS Results and Transparency Portal (available at [New UBRAF | Portal \(unaids.org\)](#)) and on the Governance page (available at [PCB Subcommittees and Working Groups | UNAIDS](#)).

MEETINGS AND PROCESSES

8. The UBRAF Working Group was tasked with providing technical advice on key aspects of the 2022-2026 UBRAF development, including reviewing the draft and final documents. It was expected that the Working Group would meet virtually (due to the COVID-19 situation) and engage for a few hours monthly, as part of an iterative and broader consultation process. Members shared general and specific feedback on the draft documents during meetings and in written via email. Upon confirmation of the nomination of members and as part of the invitation to the first meeting, a call for expression of interest for the chairmanship was made.
9. During the first meeting on 18 June 2021, the UBRAF Working Group was presented with a summary of the "Update on the new UBRAF development" paper (UNAIDS/PCB (EM)/3.4.rev1), which was submitted to the PCB Special Session in March 2021 and received feedback from the related discussions at the Special Session. The UBRAF Working Group was also presented with an overview of the Zero Draft UBRAF 2022–2026 (UNAIDS/PCB (48)/21.14.rev1), which was submitted to the 48th PCB in June 2021.
10. The UBRAF Working Group considered how to structure its work and virtual interaction, drawing on a review of key documents and the experience of its members. It also discussed the need to balance expectations from different constituencies in terms of the 2022-2026 UBRAF's structure, level of detail, performance monitoring, accountability and reporting, as well as clarification of the role of the UBRAF Working Group Chair. It was noted that no expression of nominations for the position of the Chair of the UBRAF Working Group had been received and that the Secretariat therefore would approach members of the Working Group in advance of the next call to solicit interest.
11. The second meeting of the UBRAF Working Group took place on 26 July 2021. As no expression of interest for the position of Chair had been received, Dr. Jesper Sundewall, researcher at Lund University and associate professor of health economics at the University of KwaZulu-Natal, was approached by the Secretariat. He agreed to serve as the Chair and his nomination was confirmed by the UBRAF Working Group members.
12. During this second meeting of the UBRAF Working Group, an update on the feedback received from the June 2021 PCB meeting on the Zero Draft UBRAF, was provided. The

ensuing discussion focused on finding the right balance between capturing the complexity of the theory of change (in line with the recommendation from the Independent Evaluation of the UN System's response to AIDS to develop a more fully-articulated theory of change) and showing clear linkages to the results framework, while presenting the theory of change in a concise manner as was requested by the PCB. Moreover, inputs were given regarding the centrality of communities' and key populations' needs, capacity development in countries and regions, the importance of keeping HIV visible on the global agenda and at Cosponsors' boards, as well as an improved accountability framework and framing the UBRAF as an "investment case".

13. At the third meeting of the UBRAF Working Group, held on 19 August 2021, the Secretariat provided an update on the revised draft UBRAF as well as clarifications on the scope of the UBRAF, alignment of the Joint Programme's work with national priorities, and where accountability through the UBRAF, fits within UNAIDS' broader accountability system. In addition, an outline of the draft 2022–2023 Workplan and Budget was introduced (Note: the complete budget and resource allocation was provided to the Working Group on the 20 September 2021). The UBRAF Working Group members then provided general feedback, as well as specific suggestions, including for improving the UBRAF's alignment with the 2021-2026 Global AIDS Strategy and the 2021 Political Declaration on HIV and AIDS, elaborating the risk management and accountability sections, clarifying elements of prioritization, and the use of equity and equality language.
14. At the fourth meeting held on 1 September 2021, the UBRAF Working Group concluded that considerable progress had been made towards a final, prioritized 2022–2026 UBRAF in terms of content and presentation. The meeting focused on updates and feedback on the draft 2022–2026 UBRAF and the 2022–2023 Workplan and Budget. There was consensus regarding the UBRAF. Discussion regarding the latter was concentrated on the cross-cutting nature of the community-led response, on how to measure proposed actions and the refinement of the "fully-funded HIV response" result area, the updated Division of Labour, as well as how to improve alignment with the 2022–2026 UBRAF draft. A short update on the budget and resources allocation development was also provided.
15. At the fifth meeting on 28 September 2021, the Secretariat provided an update based on the last round of comments from the UBRAF Working Group on the final draft of the 2022–2026 UBRAF and the final draft of the 2022–2023 Workplan and Budget, including the budget information that had been shared before the submission to the PCB. The Secretariat also provided clarifications on pending issues and questions. Further reflections on how to further improve the results framework and related performance monitoring were discussed. With regards to the earlier request for additional financial information details, some clarification was shared about the usual past practice in line with PCB requests and challenges related to the fully voluntary funded nature of the Joint Programme. The UBRAF Working Group Chair also shared his reflections on the process and suggestions for the way forward. The Secretariat sincerely appreciated the dedicated work of and contribution from the Working Group. Members also thanked the Chair for his leadership in steering the process.
16. At its sixth meeting on 8 November 2021, the UBRAF Working Group recalled the relevant decisions from the PCB Special Session in October 2021² and discussed in more detail the draft specific Joint Programme outputs and draft indicators that were proposed by the Joint Programme for submission to the 49th PCB in December 2021. The UBRAF Working Group provided general guidance during the meeting and recalled that

² See Agenda item 3: Unified Budget, Results and Accountability Framework (2022-2026) and 2022-2023 Workplan and Budget https://www.unaids.org/en/resources/documents/2021/PCBSS_Oct2021_Decisions

all the results and indicators are informed by the theory of change which explains the logical chain and causal pathways. It brought forward critical questions for consideration, which helped to further improve and clarify the complex and diverse set of indicators.

17. Highlights of the UBRAF Working Group's suggestions at its sixth meeting included: ensuring that the specific outputs and indicators contribute to clear accountability for the Joint Programme; feedback on the level of details and formulation of the specific outputs and indicators while recommending more consistency in formulation; and focusing on what is most meaningful to the Joint Programme's work performance measurement. The UBRAF Working Group also highlighted the importance of striking a balance and a right mix of 'process indicators' (with focus on the Joint Programme's work) and 'progress-oriented indicators' (with focus on its work at country or global level) and linkages to higher level results. The latter could be done through the UBRAF outcome indicators (to be selected from the Global AIDS Monitoring and the National Commitments and Policy Instruments (NCPI)). UBRAF Working Group members noted that the UBRAF indicators are meant to monitor selected areas of work of the Joint Programme and cannot capture the full scope of the Joint Programme's work or impact. It was therefore recommended that, for the Annual Report to the PCB, the good practice of complementing reporting on the UBRAF indicators with narrative reporting to provide contextual information be continued. More detailed feedback was also provided by Working Group members in written format after the meeting.
18. The seventh meeting of the UBRAF Working Group took place on 3 May 2022 and focused on the draft of the 2022-2026 UBRAF indicators and related components as per the 49th PCB in December 2021 decisions and in preparation for the 50th PCB in June 2022. These draft indicators and components, which built on the draft Annex 5 submitted to the 49th PCB in December 2021 (UNAIDS/PCB (49)/21.26), were developed as a result of extensive, collaborative consultations by the UNAIDS Secretariat and Cosponsors, and were reviewed by the UBRAF Working Group ahead of the seventh meeting. On behalf of the Joint Programme, the Secretariat provided an update on the process for finalizing the indicators and related components and summarized the overall approach including the logical flow and how the feedback received during the PCB and previous discussions were addressed, such as formulating the indicators as "SMART",³ meaningful and measurable. The Secretariat also provided an overview and highlights of the draft indicators and related components for the Joint Programme's 3 outcomes and 10 Result Areas, and the 5 functions of the Secretariat, which are cross-cutting and complementary to the Joint Programme's Result Areas using the "mixed approach"⁴ that builds on lessons-learned from previous UBRAFs as was presented to the PCB in December 2021. It was noted that the final results of an ongoing data collection survey would inform validation and supplement existing/available data for the indicator baselines, milestones and targets components.
19. The UBRAF Working Group appreciated the progress made in the development of quality and measurable UBRAF indicators and provided some additional feedback including: a) use of clarifications for non-binary indicators (such as for the indicators for the Secretariat Functions) to provide more clarifications on terms and what is being measured. This would be done through the rationale and the accompanying UBRAF Indicator Guidelines; b) including a clear indication of the year of the baseline data; c) as some data rely on

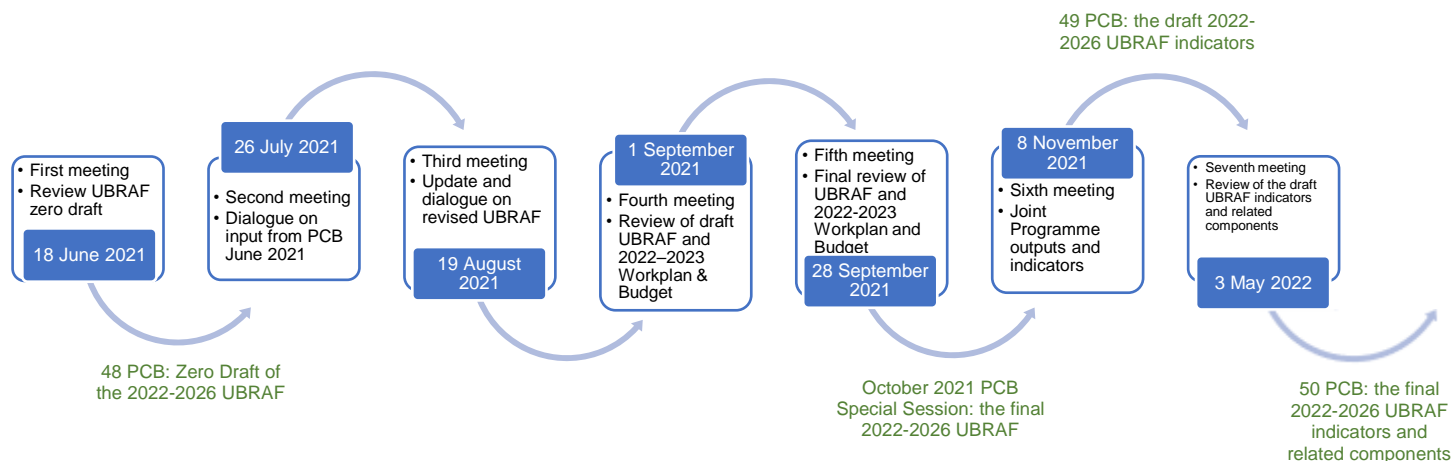
³ SMART: Specific, Measurable, Achievable, Relevant, and Time-Bound.

⁴ Building from lessons-learned from previous UBRAFs, the 2022-2026 UBRAF indicators are two-tiered: 1) Outcome indicators measure more impact level and are sourced from the GAM; 2) Specific output indicators (for the 10 result areas and the five Secretariat functions) focus on the more direct work of the Joint Programme. Furthermore, the output indicators used a combination of approaches to ensure a balance of reporting against process and progress: a) Joint Programme's focused formulation focusing on measuring its work and performance more directly and through self-reporting; b) Impact-focused formulation focusing on measuring broader changes in the response that it will contribute to using then GAM/NCPI reported data; or c) a combination of both; while using defined principles for logical and time progression in their formulations.

country reporting data through GAM, some of the UBRAF reporting for 2022-2026 relies on the submission and level of completeness of the reports through GAM which is beyond the control of the Joint Programme and may be a limiting factor in the event that the GAM country reports' submissions decrease.

20. Figure 1 provides a timeline of the UBRAF Working Group meetings from 2021-2022 and main topics discussed.

Figure 1: Overview of UBRAF Working Group meetings and main topics discussed



SUMMARY OF DISCUSSIONS AND RECOMMENDATIONS

On the 2022–2026 UBRAF

21. The UBRAF Working Group acknowledged the extensive consultative process on the development of the UBRAF Zero draft prior to its establishment and the continued, intense consultations across the Joint Programme at global, regional and country levels to define priorities and joint work during the UBRAF development and which will continue in the coming years. These discussions were informed by lessons-learned from the implementation of the 2016–2021 UBRAF, feedback from Member States, civil society, other partners, as well as external evaluations and other assessments. In particular, the UBRAF Working Group recognized the efforts to reduce the complexity of the UBRAF while strengthening the Joint Programme's accountability. It also recognized the importance of the UBRAF as an instrument to achieve UNAIDS' vision, operationalize its contributions to the implementation of the 2021-2026 Global AIDS Strategy, support countries to deliver on their commitments under the 2021 Political Declaration, and ultimately, contribute to the UN Sustainable Development Goals (SDGs).
22. The UBRAF Working Group proposed and discussed several options on how to improve the iterative draft documents. The key issues that were discussed and the resulting recommendations from the UBRAF Working Group are summarized in the following paragraphs.
23. **Improved structure and reimagined UBRAF.** The UBRAF Working Group recommended to better reference and align the draft 2022–2026 UBRAF with the Joint Programme's mandate, the 2021-2026 Global AIDS Strategy and the 2021 UN General Assembly Political Declaration on HIV/AIDS but noted divergent views among some

members. In addition, it suggested to apply a more holistic, evidence-informed approach for responding to HIV through an *inequalities lens*, stressing the centrality of those most at risk of and affected by HIV such as key populations and communities, and translating these evidence-informed approaches into specific actions with clear indications of delineation of roles within the Joint Programme. Members shared feedback on three draft versions of the 2022-2026 UBRAF and provided suggestions on improvements to presentation, flow and conciseness of the information while also recommending a clearer explanation of the boundaries and limitations of the UBRAF. These recommendations helped to structure and further refine the UBRAF, which was closely informed by the Global AIDS Strategy and the evidence review conducted in 2020.⁵ In addition, further clarity around the scope of the UBRAF and the Joint Programme's work using the inequalities lens was included.

24. **Theory of change.** The Working Group appreciated the inequalities lens and indicated that there was a strong theoretical base for the theory of change. To make it more accessible for various audiences and to achieve the right balance between theoretical complexity and user-friendliness, members suggested to better articulate the links between the overarching and nested theory of change, the results framework and the Global AIDS Strategy, and by indicating more intricate causal pathways for change on how the Joint Programme will catalyze and contribute to the change. Furthermore, members pointed out the importance of the continuous learning aspect of the theory of change, which also serves as a management and monitoring tool for course correction, if needed during the UBRAF period. A more concise description of the theory of change and the causal pathways was included in the final 2022-2026 UBRAF, and the linkages between the results framework and theory of change were further strengthened to show how the theory of change underpins the Joint Programme's work throughout 2022-2026.
25. **Results framework.** Members appreciated the clarity and content of the results framework and pointed out the important focus on prevention and key populations' equitable access, as well as the need for adaptability of the results framework in countries. For the hypothesized linkages between outputs and outcomes, references were added to the comprehensive evidence that informed the Global AIDS Strategy's strategic priorities and result areas (which the UBRAF mirrors). It was also suggested to select only outputs or outcomes that are clearly measurable and to explore innovative ways for doing so. New visuals such as the results chain diagram,⁶ further clarifications in the text and an annex on regional priorities, address these recommendations. In addition, an annex defines regional priorities based on each region's epidemic and contextual needs.
26. **Division of Labour.** The UBRAF Working Group recommended aligning the Joint Programme's Division of Labour (last updated in 2018 and applicable for all levels) with the new Global AIDS Strategy, while mapping the Division of Labour areas, as well as convening and contributing agencies against UBRAF outputs. This was seen as an opportunity to ensure that the Joint Programme remains "fit for purpose", with expertise to deliver on commitments, including in new areas, to clarify roles and responsibilities while maintaining complementarity among Cosponsors and with the Secretariat, and to better leverage respective strengths and capacities, including less HIV-specific ones that add value to the HIV response. An updated Division of Labour was included in the [2022-2026 UBRAF](#) under annex 4.

⁵ Agenda item 8: CRP3: Evidence Review of the UNAIDS Strategy 2016-2021 | UNAIDS
https://www.unaids.org/en/resources/documents/2020/PCB47_CRP3_Evidence_Review

⁶ UBRAF 2022-2026 Figure 10, page 48
https://www.unaids.org/sites/default/files/media_asset/PCB_SS_2022_2026_UBRAF_Framework_EN.pdf

27. **Partnership.** Suggestions were shared on how to more explicitly capture the key partnerships which the Joint Programme convenes and fosters, such as collaboration with governments and communities, and strategic work to leverage and guide the Global Fund and PEPFAR investments as well as Global Strategic Initiatives such as the Global Prevention Coalition and the Global Partnership to Eliminate All Forms of HIV-related Stigma and Discrimination. A separate chapter in the 2022-2026 UBRAF describes the Joint Programme's key partnerships with the broader UN system, community and civil society and global partners. The 2022-2023 Workplan and Budget also lists key partnerships for success for each UBRAF Results Area at output level. In addition, the Joint Programme specific outputs and indicators portray stronger importance laid on the issue of partnership and refer to progress on global initiatives and coalitions.
28. **Joint Programme accountability.** UBRAF Working Group members recommended that the draft UBRAF would benefit from further clarity and should provide more specificity and explanation on the areas mentioned under accountability, monitoring and evaluation, such as the inclusion of an "accountability statement" (e.g., who is accountable for what, towards whom, scope and limitation of accountability) and linking results with resource allocation and reporting. Members stressed the importance of collectively sustaining political commitments and investments to keep HIV visible and prioritized on the Global Agenda. The UBRAF's accountability section was then refined including addition of an accountability statement, more information on the responsibilities and purview of the Joint Programme's catalytic role and stronger linkages with the reporting and resource allocation within the full UBRAF cycle.
29. **Outputs and Indicators.** Following the decision points of the PCB in October 2021, the UBRAF Working Group provided feedback on how to strengthen Joint Programme's accountability and reviewed the draft indicators and specific outputs (the resulting draft indicators are available as annex to the [2022-2026 UBRAF](#) and are [included in the 2022-2023 Workplan and Budget](#)).⁷ It recommended formulating fewer but more high-level indicators that are more objectively measurable while focusing on concrete changes the Joint Programme will contribute to using the inequalities lens, clearly reflecting the responsibilities of the Joint Programme and its entities in their respective areas of work and improving the consistency on the specific outputs, indicators and milestones formulations. Some expert members also shared recommendations to consider inclusion of specific indicators that are meaningful and crucial for the Joint Programme to ensure progress towards ending AIDS. This feedback informed the finalization of the outputs and indicators including the refined SMART formulations, and logical and time-based progression, for greater clarity and specificity on the Joint Programme's priorities and measurable areas of work for 2022-2023 and 2022-2026.
30. **Resource allocation.** The Working Group discussed how the challenging HIV financing environment, including recent funding cuts, will be addressed in the new UBRAF. It is increasingly difficult to secure multiyear core agreements for HIV funding, and this is where the 'jointness' of the Joint Programme is especially important in this regard. The use of an inequalities lens in the new UBRAF constitutes the appropriate platform to create synergies and coordinated and prioritized Joint Programme actions. It was noted that the new UBRAF provides an opportunity for efficient and catalytic resource allocation and for different funding scenarios to inform resource allocation. The Working Group suggested to better reflect financial risks due to other competing priorities for resource mobilization and allocation, including mitigation measures in the case of lower funding levels, and standardizing financial and human resources reporting formats for the Joint

⁷ Note that these draft indicators submitted to the 49th PCB in December 2021 have been superseded by the 2022-2026 UBRAF Indicator Matrix and related data sources, baselines, milestones and targets (UNAIDS/PCB (50)/22.13) submitted to the 50th PCB in June 2022.

Programme. Moreover, some members suggested to provide context of past trends (funds secured vs. planned), funds spent, more insights into the guiding principles on how resources were split across levels, regions, and result areas. It was noted that references to past Performance Monitoring Reports and financial reports which include details on actual income and expenditures, are in line with international transparency practices and publicly available, are included in the documents. This feedback was used to finalize the resources allocation and budget section including different funding scenarios.

31. **Regional dimensions and prioritization.** The UBRAF Working Group valued the UBRAF inclusion of regional priorities, which is anchored in the Global AIDS Strategy. It demonstrates the Joint Programme's projected support to translate the global vision for progress in different epidemic and response contexts, and it enables an effective HIV response to close the gaps in countries. There were suggestions to include specific actions for the Joint Programme to strengthen capacities at country and regional levels, including in line with the Greater Involvement of People Living with HIV/AIDS principles and by focusing on countries, areas and populations that have experienced the least progress, as well as potential opportunities to change course. These recommendations helped to further refine the priority action (annex 3) of the UBRAF and create better linkages with communities and people living with, affected by and at risk of HIV, with the alignment with the GIPA principles in the Results Framework. The regional priorities section also identifies the challenges, inequalities and gaps specific to each region the Joint Programme's support will focus on.
32. **COVID-19 recovery.** The Working Group emphasized the need to consider the COVID-19 pandemic, its impact on national HIV responses and the need to catch up and recover. This was reflected in the document in the global and regional priorities as well as in the relevant specific outputs and related indicators (i.e., pandemic preparedness under the area 8 of a fully funded sustainable HIV response and area 10 on humanitarian setting and preparedness).

On the 2022–2023 Workplan and Budget

33. Working Group members appreciated the clear and easy-to-follow structure of the 2022–2023 Workplan and Budget as well as the listing of Cosponsors contributing to specific results and of other partners associated for each output. The members suggested greater emphasis be placed on how the new UBRAF is more targeted programmatically and financially to achieve the Global AIDS Strategy and linkages to the global AIDS targets. At the same time, some members of the Working Group highlighted that, in the interest of achieving more transparency and a better understanding of budgetary trends, it would be useful to provide more specific budgetary information, reflecting a comparative analysis of previous, current and proposed cost estimates of key items of expenditure (such as staff costs, consultants, experts, contractual services and travel) but noting this will be indicative and depend on the level of the budget approved by the PCB and the actual resources made available to the Joint Programme. The process for the country envelope funding allocation including consultation with national stakeholders by the Joint UN Team on HIV/AIDS to ensure best value for impact and synergies with other stakeholders' work was explained.
34. **Community-led response.** Stressing the importance of the "community-led response" result area, it was suggested that this aspect could be made more specific, cross-cutting and be clearly linked to other result areas (as is done for other cross-cutting areas such as gender equality and young people). This was recognized as key for achieving greater impact. It was noted that the areas had been differentiated in the document mainly for the sake of clarity. The UBRAF incorporates a clear priority focus on supporting community-led response for the Joint Programme through various aspects, both in the Framework

and in the Workplan and Budget: (1) inclusion of communities and for all 10 Joint Programme result areas as well as the 5 Secretariat functions; (2) selected outcome level indicators monitoring progress with community led data where possible or support to community-led responses; (3) various specific outputs across the result areas and Secretariat functions include community-led responses as a cross-cutting element; (4) specific output on community-led responses .

35. **Measuring actions.** The UBRAF Working Group pointed out that the linkages between the high-level actions for the five years and the results could be visualized more clearly. Furthermore, in contrast to the strategic five-year UBRAF, it was recommended that the two-year Workplan and Budget should concentrate on “concrete” work of the Joint Programme by using more action-oriented language. Subsequently, an elaborate, yet clear, visual result chain was included in the UBRAF and two-year Workplan and Budget outputs were formulated in action-oriented language, supported by measurable two-year milestones that unpack the Joint Programme concrete contribution.
36. **Fully-funded HIV response.** The UBRAF Working Group suggested possible additions to Results Area 8, such as for improving linkages of expenditures tracking and reporting with harmonized processes across regions and countries. This would showcase how impact is measured by relying on “value-for-money” assessments, with ongoing monitoring mechanisms and strengthening of financial information systems. These elements were included and the specific Joint Programme outputs for a fully-funded and sustainable response and linked indicators further define the Joint Programme’s support to countries for tracking and reporting spending information as well as studies on resources allocative and use efficiency
37. **UBRAF indicators and their relevant data sources, baselines, milestones and targets for the 50th PCB.** The UBRAF Working Group noted that the feedback from the 49th PCB and previous discussions had been well integrated in the construct of the indicators and related components to produce a strong, meaningful and informative indicator framework that was built on a clear logical and time progression formulations using a mixed approach. The formulation of the indicators was more consistent, ‘SMART-er’ and reflected the appropriate level of detail and ambitiousness for the five-year duration of the UBRAF. Furthermore, the rationale text included in the matrix helped to provide the context, detail and relevant technical aspects needed to understand why the indicator in part of the UBRAF Framework and how it will be reported against. It was noted that this indicator matrix aimed for clear accountability while acknowledging the complex structure of the Joint Programme and the balance needed between its wide scope of work and the specificity for measurable, meaningful indicators. While the indicators are defined for the 2022-2026 period, it was stressed that due to evolving guidance to translate new scientific developments, innovations, and a changing global and financial context, there was an important need for flexibility in the formulation of the indicator components such as milestones. Therefore, the 2025 milestones and 2026 targets will be updated as needed as part of the 2024-2025 Workplan and Budget.

CONCLUSIONS OF THE PCB WORKING GROUP

38. Building on the “Update on the new Unified Budget, Results and Accountability Framework development” paper submitted to the Special Session of the PCB in March 2021 and the Zero Draft submitted to the 48th meeting of the PCB in June 2021 and the related PCB and other feedback, the Working Group provided critical guidance and very useful suggestions to the UNAIDS Secretariat and Cosponsors who jointly developed the full detailed and prioritized UBRAF 2022-2026 and 2022-2023 Workplan and Budget, which were submitted to the PCB Special Session in October 2021. The UBRAF Working Group also reviewed and provided suggestions for the development of specific outputs

and indicators for the Annex 5 to the UBRAF 2022-2026 and revised 2022-2023 Workplan & Budget for their submission to the PCB December 2021 meeting. They also reviewed the 2022-2026 UBRAF Indicator Matrix and related components submitted to the PCB in June 2022.

39. Based on the iterative development process and the Working Group's reviews and discussion (as summarized in this report), the Working Group concluded that the 2022–2026 UBRAF is well-suited to guide the work of the Joint Programme in line with the priorities established by the 2021-2026 Global AIDS Strategy, and especially the following components:
- a theory of change explaining the causal pathways for changes which the Joint Programme will lead on within its sphere of influence and that link the Joint Programme's contribution to the Global AIDS Strategy and impact;
 - a strategic, well-articulated overview of the Joint Programme's outcomes and outputs with new focus areas, in line with the Global AIDS Strategy;
 - a clear reflection of regional priorities and deliverables;
 - clarity on the roles and functions of the Cosponsors and Secretariat;
 - assumptions and risks, related risk management and contingency planning measures; and
 - explanation of the UBRAF cycle and accountability within UNAIDS' broader accountability system and clearer presentation of the linkages between the results at different levels, areas of interventions and budget;
 - a set of clear specific outputs complementing the results framework and robust and reliable UBRAF indicators and related components that allow for measuring the performance of the Joint Programme and that are more aligned with the GAM than in previous UBRAFs.
40. The UBRAF Working Group concluded that the 2022–2023 Workplan also clearly articulates the planned work of the Joint Programme to support countries and communities through priority actions and deliverables/areas of interventions per results areas, regions and Secretariat functions.
41. Going forward, the following guidance was given to the Secretariat and the Cosponsors:
- Recall the original function of UNAIDS as a facilitating and enabling force in the HIV/AIDS crisis and leverage the UNAIDS secretariat and the Joint Programme's strengths of coordination, policy development and data collection;
 - Position the Joint Programme in relation to national HIV/AIDS responses and the total non-core funds contribution of the Cosponsors;
 - Continuously revisit the division of labor and the specific contributions of each Cosponsor as part of the Joint Programme to ensure the continued relevance, effectiveness, and to strengthen its connections as they collectively deliver results; and
 - At country level, work to position the HIV/AIDS response and the work of the Joint Programme in the context of broader health systems reform, including universal health coverage
 - As guidance for the preparation of future budgets, that the Secretariat submit more details on the proposed Secretariat resource allocation.

42. In summary, the UBRAF Working Group members found that the group provided a useful forum for in-depth and productive discussions on the UBRAF development process. They were able to apply their wide range of complementary expertise, offer sound advice and suggestions to enrich and improve the draft framework and workplan, raise relevant questions, and balance alternative options for the different components of the framework. The Chair of the UBRAF Working Group made a statement of behalf of the Working Group at the PCB Special Session in October 2021, 49th PCB in December 2021 and 50th PCB in June 2022.
43. Recognizing the challenges in the global environment, the multisectoral HIV response, the ambitious Global AIDS Strategy and 2025 global AIDS targets, and the unique and complex nature of the Joint Programme, the Working Group provided key recommendations in order to finalize a quality and timely 2022–2026 UBRAF and 2022–2023 Workplan and Budget documents. These recommendations are technically sound and meet UN standards for strategic planning, reporting and accountability. In particular, the UBRAF Working Group also provided useful recommendations for the application of an inequalities lens, the importance of placing communities at the centre and the inclusion of civil society perspectives in the implementation of the UBRAF.

[Annexes follow]

ANNEX 1

UNAIDS Working Group to advise on, guide and support the development of the new Unified Budget, Results and Accountability Framework terms of reference

The UBRAF Working Group is mandated by UNAIDS Executive Director as per the Modus Operandi.⁸ The Working Group combines interested PCB members and other relevant technical expertise to inform key elements of the new Unified, Budget, Results and Accountability Framework (UBRAF) development process.

Its overall purpose is to advise on, guide and support the development of the UBRAF with a focused scope of work on the development of the result framework, resource allocation and accountability, including monitoring and evaluation, funding scenarios and UN reform.

The membership of the Working Group will be geographically- and gender-balanced, and comprise a maximum of 15 members, including experts from Member States, civil society and the Joint Programme.

Scope of work

The Working Group is tasked to advise on, guide and support the development of the new UBRAF. Tasks will include:

- support the development of the UBRAF result framework, resource allocation and accountability aspects, including monitoring and evaluation, funding scenarios, and help ensure continuous and efficient integration of UN reform aspects;
- advise on the UBRAF key components and provide guidance and feedback along the development process, namely on: (1) vision and theory of change; (2) results framework, with clear prioritization and emphasis on addressing structural drivers; (3) optimizing and leveraging Joint Programme Capacities; (4) resource requirements and transparent allocation process, including considerations of different funding scenarios; (5) accountability, monitoring and reporting systems, which will define mechanisms, processes and tools for accountability, including quality and timely monitoring and reporting;
- advise on the application and integration of the main shifts from the Global AIDS Strategy 2021–2026, which the new UBRAF will align to, including its inequality framework; and
- provide guidance and feedback on key considerations that emerge during the UBRAF development process.

It is expected that the new UBRAF will build on lessons from the past and align with requirements and considerations from various recommendations and evaluations. The new UBRAF will therefore differ from past versions in that it will consider important strategic programmatic and organizational shifts, referred to in the PCB document UNAIDS/PCB (EM)/3.5.

Recommended knowledge and skills

⁸ Modus Operandi of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS, Revised December 2020, Annex 1, paragraph 7 (iv) *“Establish such policy and technical advisory committees as he/she deems necessary in order to advise him/her on any aspect of UNAIDS. The Executive Director shall make available to the PCB and the CCO, as appropriate, the reports of such technical advisory committees. The members of such committees, to be selected by the Executive Director, shall serve in a personal capacity and represent a broad range of disciplines and experience”*

Members of the Working Group shall have expertise in various relevant fields for the UBRAF developments, and therefore bring a mix of the following knowledge and skills:

- good understanding of HIV, health and/or related issues and familiarity with the work of UNAIDS Cosponsors and/or the Secretariat, at country, regional and/or global levels;
- good understanding of UN reform processes and implications, challenges and opportunities for joint UN planning, monitoring and reporting;
- in-depth knowledge in creating and/or managing result frameworks, resource allocation, funding scenarios and accountability aspects, including monitoring and evaluation;
- experience with development of a complex strategic planning and budgeting instrument for a UN entity or other international organization and ideally with current or past experience with UBRAF/Unified Budget and Workplan;
- experience with setting of results, monitoring and evaluating progress on reducing inequalities;
- experience in indicator development, data collection and analysis, and/or performance assessments and reviews;
- experience with community empowerment and/or community-led responses; and
- English-language skills (noting interpretation will not be available).

Draft timeline and tasks

The duration for the Working Group tentatively extends from April 2021 until finalization of the UBRAF, the 2022–2023 Workplan and Budget and indicators at 49th meeting of the PCB in December 2021.

The Working Group will be tasked with providing technical input and consultations on key aspects of the new UBRAF, including reviewing draft and final documents. It is expected that the group will engage virtually for a few hours each month for updates and inputs, with a few longer sessions to review draft documents and as part of broader consultations (likely also virtual meetings, depending on the COVID-19 situation with one-week advance notice), as per the tentative timeline below.

The timeline will be revised based on PCB guidance provided during the Special Session in March 2021, and on progress and alignment with other global processes. The anticipated milestones are:

- **(early) April**—finalization of the terms of reference and composition of Working Group;
- **early May**—input and consultation on zero draft of new UBRAF, specifically on the theories of change, results framework, draft methodology for resources allocation;
- **June**—contribution to 48th PCB dialogue on UBRAF development;
- **July to August**—consultations on revision of the zero draft and development of the final new UBRAF, specifically aspects around optimization of Joint Programme capacity, development of a transparent resource allocation methodology, accountability, monitoring and reporting systems;
- **September**—contribution to PCB Special Session for the finalization and approval of the new UBRAF;
- **August to November**—consultations on the finalization of UBRAF indicators, in alignment with Global AIDS monitoring indicators (finalized by October 2021 and in consultation with the Monitoring Technical Advisory Group); and
- **December**—contribution to 49th PCB dialogue on finalization of the UBRAF indicators.

ANNEX 2

PCB Working Group to guide the development of the new UBRAF 2022–2026 List of members and short biographies

Independent experts nominated by Member States (7)

Abraham B. Massaquoi (M, Liberia), Financial Manager, National AIDS Control Program, Ministry of Health Liberia. Excellent financial competencies including Government Budgeting, Health Financing with both national & international organizations, cash management, account reconciliation, expenditure control, supervise auditing of establishments, determine scope of investigation, and results, and related recommendation for strengthening operations and finance. Examination of compliance with laws and regulations on financial and information systems, recommending controls to ensure system reliability and data integrity. Solid experience in conducting regular and in-depth reviews of financial situations and related informed decisions, accounts to ensure compliance with internal and external policies, guidelines, rules, and regulations. Create, implement, and continually review a plan that includes strategies for long-term goals. Experience in analytical budgeting and accounting reports to maintain expenditure controls. Project management and evaluation, elaboration of policy and strategy papers on finance, management, administration and other. Strong accounting management skills with extensive knowledge in accounting systems and audit management. Conducting of economic surveys and preparation of analytical reports and data management. Expert in Financial Management, Training, Auditing, Expenditure Control & Reconciliation, and Monitoring & Evaluation, he holds an MBA Degree in Finance.

Jesper Sundewall (M, Sweden) is a researcher at Lund University and Associate Professor of health economics at University of KwaZulu-Natal. Jesper holds a PhD in medical science and health systems research from Karolinska Institutet and has worked in global health over the last 15 years. His work and research has focused on health systems and health financing issues in low- and lower-middle income countries. He has extensive experience from sub-Saharan Africa having lived and worked in Zambia for five years. Jesper has a solid understanding of global health architecture and international organizations. His PhD thesis and subsequent work focused on effectiveness of development assistance for health. More recently, he has been involved in work analyzing the global action plan for healthy lives and well-being. He can therefore contribute with an understanding of how UNAIDS work needs to consider a broader health agenda, including for example integration of SRHR services and Universal Health Coverage reforms. Furthermore, as a teacher, Jesper is responsible for Lund University's training courses on Health Policy and Leadership and Professional Perspectives in Public Health, courses in which models for analysis, management and follow-up of development interventions are analyzed and applied, including problem trees, stakeholder mapping, outcome mapping, RBM, logical framework approach and theory of change. Having previously worked for the Swedish International Development Agency and its regional team for SRHR Jesper also has a solid understanding of the perspectives of funding agencies in global health.

Lisa J. Luchsinger (F, USA) has extensive senior leadership and management experience, including staff, programmatic and fiscal management and monitoring/evaluation, with over 20 years' experience in 40 countries, including 9 years living overseas. Expertise include technical and policy issues related to multilateral partnerships, international development and public health programming in the areas of HIV/AIDS, TB, malaria, pandemic outbreaks, health systems strengthening, supply chain management, sustainable financing/financial planning, organizational/change management/strategic plan development, and institutional capacity building. Long-term experience also includes managing and coordinating relationships with multilateral organizations (Global Fund, UNAIDS, WHO, UNICEF), bilateral donors, international development banks, local governments, foundations, universities, NGOs, CSOs and the private

sector. She has developed, managed, and monitored USAID's partnerships with the Global Fund and UNAIDS, including serving as USAID's Coordinator for the Global Fund and UNAIDS as well as a bilateral donor representative on Global Fund CCMs in Honduras and Zambia. Additionally, she has extensive experience in writing/evaluating HIV and health programmes' proposals and work plans/budgets along with a thorough knowledge of U.S. Government agencies' and PEPFAR policies/processes. Master of Public Health.

Marnie Davidson (F, Canada) has over 15 years' experience in designing, implementing, monitoring and evaluating large-scale complex global health programs and research in over 15+ countries. She began her career in the HIV movement; including project coordination of pediatric HIV programming in Ukraine, leading the Canadian HIV Vaccine Initiative project to assess readiness of an HIV vaccine and acceptability of PEP, and served for four years as a board member for the Inter-Agency Coalition on AIDS and Development. Ms. Davidson has a proven ability to engage and collaborate with multiple and diverse stakeholders to forward agendas and achieve results (including federal and local Canadian governments, research institutions, UN Agencies, and NGO partners). She has demonstrated leadership in global health metrics including managing for results; and project, programme and corporate metrics and measurements including women's empowerment and gender equality. She currently leads on Performance and Results for all of Canada's investments in Global Health at Global Affairs Canada. Her interests include health equity, determinants of health and health metrics.

Murugi Micheni (F, Kenya) is a Technical Advisor at the National AIDS Control Council, Kenya. Dr. Micheni is a research physician with over 10 years of experience and expertise in HIV and TB biomedical and socio-behavioral research, and care. Her areas of interest are in the development and implementation of research protocols and programs examining HIV risk and its reduction, and of the socio-cultural influencers of effective care and health promotion, particularly among most at-risk populations. In addition to medical training, Dr. Micheni holds a Master's degree in Epidemiology from the University of Washington, a Master's degree in Tropical Medicine and International Health from the London School of Hygiene and Tropical Medicine, a Diploma in Tropical Medicine and Health from the Royal College of Physicians and a Psychology degree with a minor in Sociology from McMaster University (Canada).

Till Bärnighausen (M, Germany) is the Director of the Heidelberg Institute of Global Health (HIGH), one of the research centers in the Medical Faculty and University Hospital of the University of Heidelberg, Germany's oldest university (1386). He is also the Alexander von Humboldt Professor at the University of Heidelberg and Senior Faculty at one of the five Global Programmes of the British Wellcome Trust, the Africa Health Research Institute (AHRI) in South Africa. Prof. Bärnighausen's research focuses on identifying, designing and testing novel interventions to boost population health, addressing prevention and treatment needs for major diseases such as HIV, diabetes, hypertension and depression. He has led more than 30 large-scale population-based and health systems randomized controlled trials and more than 100 quasi-experiments in Africa, Asia and Europe. His work has also contributed to our understanding of the major structural and behavioral drivers of population health and he has contributed to novel applied methods for public health and health systems research. Trained as a medical doctor, he is a consultant and clinical specialist in Family Medicine. He previously worked as a Family Medicine doctor in Germany, China and South Africa, and as a management consultant for McKinsey & Company. Before taking the lead at HIGH, he was a faculty professor at Harvard T.H. Chan School of Public Health. Prof. Bärnighausen holds doctoral degrees in International and Population Health (Harvard University, USA) and History of Medicine (Heidelberg University, Germany), as well as master's degrees in Health Systems Management (LSH&TM, UK), Financial Economics (SOAS, UK), and Innovation and Entrepreneurship (HEC Paris, France). Prof. Bärnighausen has published more than 550 peer-reviewed articles, including in Science, PNAS, Science Translational Medicine, Lancet, Lancet Global Health, JAMA, JAMA Internal Medicine, PLOS Medicine, and BMJ. His publications have

been cited >55,000 times (for an h-index of 92). Prof. Bärnighausen serves on many global health committees and boards, including the NIH study section “Population and Public Health Approaches to HIV/AIDS (PPAH)”, the Scientific Advisory Board of the University of Pennsylvania’s Population Aging Research Center (PARC), and the UNAIDS Evaluation Expert Advisory Committee, Financing Advisory Board, and the Programme Impact Modelling Advisory Group (PIMAG).

Yuriy P. Spirin (M, Russian Federation). Since 2016 – Counsellor, Head of Administrative and Budgetary Section, Permanent Mission of the Russian Federation to the United Nations Office and other International organizations in Geneva. Previous experience – Second, First Secretary, Ministry of Foreign Affairs of the Russian Federation; Attaché, Second secretary, Permanent Mission of the Russian Federation to the United Nations in New York (Fifth Committee of the General Assembly); Attaché, Ministry of Foreign Affairs of the Russian Federation. Master's and bachelor degrees in Philosophy (Peoples Friendship University of Russia), Diplomatic Staff Course at the Diplomatic Academy of the Ministry of Foreign Affairs of the Russian Federation.

Independent experts nominated by the PCB NGO delegation (4)

Colleen Daniels (F, South Africa/Australia) is the Deputy Director and Public Health Lead at Harm Reduction International. She has 24 years’ experience as a Director, Project Manager, and Technical Advisor in HIV/AIDS, tuberculosis, gender, human rights, challenging operating environments, and community systems strengthening, working to deliver access to essential health services. She has worked in programs globally and in a variety of settings, including the UN agencies World Health Organization (WHO), Stop TB Partnership (UNOPS), international NGOs Harm Reduction International, Treatment Action Group, Health Action International, and the Tongan and Australian Governments. She initiated the global strategy on TB and human rights and worked with TB and HIV civil society to increase their capacity to engage with the Global Fund, UN agencies, donors and governments. She also worked to catalyze global leadership to accelerate momentum toward universal access for high-quality TB and TB/HIV services; and to accelerate funding and progress in R&D for better tools to prevent, diagnose, and treat TB. At WHO, she was responsible for developing and implementing advocacy campaigns and communications strategies to accelerate TB/HIV service delivery in developing countries. She is a current member of the Technical Review Panel for the Global Fund and the IAS Industry Liaison Forum and an Advisory Committee Member of the Racial Diversity in Global Health Project. She holds a MA in International Relations from the University of Melbourne and BA from St. Mary’s University.

Jeffry Acaba (M, Philippines) is currently Senior Programme Officer at APCASO, working towards prioritizing issues around community engagement, gender, and human rights in Global Fund grants in Asia and the Pacific. He also currently coordinates the Activists Coalition on TB – Asia Pacific (ACT! AP). He previously served as Asia Pacific delegate of the NGO Delegation to the UNAIDS Programme Coordinating Board (PCB) from 2015 – 2017. During this time, he was part of the Global Review Panel to refine the UNAIDS Operating Model, and was heavily engaged in ensuring efficient programmatic and financial reporting through the UBRAF. He was also part of the MERG Indicator Working Group and lobbied for the development of community-led indicators to support the reporting of community-led responses as part of the 2016 Political Declaration on AIDS targets. He also championed the focus to address stigma and discrimination as a priority within the UNAIDS PCB, which led to the establishment of the Global Partnership to End All Forms of HIV-related Stigma and Discrimination (Global Partnership). He is a Filipino gay migrant living with HIV based in Thailand and has been working to advance the rights of key populations and those living with HIV since 2006. His expertise revolves around health policy advocacy, monitoring and evaluation, and health governance. He holds a Bachelor’s Degree in Behavioral Sciences and took postgraduate studies in Anthropology at the

University of the Philippines, as well as Transnational History of Health at the University of Cambridge.

Sonal Mehta (F, India) is the Regional Director of International Planned Parenthood Federation (IPPF) in Asia and the Pacific. She holds special interest in programme-related monitoring and evaluation, particularly indicators of success. She was a member of the PCB NGO Delegation (Asia-Pacific) from 2016-2017 during which she was actively associated with UBRAF reviews. She was also member of indicators' framework committee for the GAM review. With over three decades of experience in the field of sexual health and development, HIV and human rights, she has a wide experience of community engagement, large scale programmatic management, including multi-dimensional developmental programs in public health and human rights. Previously she was associated with India HIV/AIDS Alliance as the CEO where she led various programs emphasizing on marginalized populations, including men who have sex with men, transgender, sex workers, people who inject drugs, youth, and PLHIV and TB. She has a very strong experience in developing and strengthening partnership with government organizational, donors and other stake holders. Prior to HIV/AIDS Alliance India, she was the Challenge Fund Manager in the Department for International Development programme that contributed to many path-breaking interventions in India, including bringing oral substitution therapy for people who inject drugs. She also has experience working within the Government's AIDS Control Program at state and national levels in India. She is on the Developing Countries' NGO Delegation for the GFATM Board and Co-Chair of Women for Global Fund. She holds a Masters in Practicing Management (McGill) and a Master's in science in International Management (Lancaster, UK).

Teresa Guthrie (F, South Africa/Ireland) has over eighteen years of health financing experience in East and Southern Africa: costing, budgeting and financing of health interventions (HIV, PHC, TB, hepatitis, immunization, nutrition) and working with African public health finance systems as well as PEPFAR and GFATM funding systems – public financial expenditure management, public and donor tracking, out- of-pocket expenditure tracking (for HIV and TB), costing, budgeting, cost efficiency analysis, investment cases & value-for-money analysis and fiscal space analysis (within the social sectors), policy & legislative analysis, sound research (qualitative and quantitative methods), analysis and writing skills, large cross- country (African) research project management, public employee capacity development, adult education with several years' experience in facilitating capacity building courses and mentorship (such as: public expenditure tracking, health financing, civil society budget monitoring and advocacy). Specific South African experience with the public finance and Basic Accounting System, with PEPFARs Expenditure Reporting and Analysis and GFATM Finance and other reports. Costing of the South African National Strategic Plan and costing contribution to the GFATM Concept Note development in Mauritius, South Africa, and Zambia. Some experience in East European countries in health budget monitoring: Kyrgyzstan, Kazakhstan, Ukraine, Georgia, Macedonia and Azerbaijan. Prior to her involvement in the financing aspects: another 10 years in public health sector in Zimbabwe (primary health care), Ethiopia (leprosy) & South Africa (child health). She is a member of the International Health Economic Association (IHEA); the African Health Policy, Economics and Research Network (AfHEA); the International AIDS Economic Network (IAEN), the Immunization Economics Community of Practice.

Cosponsor representatives (2)

Andrew Seale, WHO (as CCO Chair in 2021), Global Coordinator, Adviser, Global HIV, Hepatitis and Sexually Transmitted Infections Programmes

Chewe Luo, UNICEF (as CCO Chair in 2022), Global Coordinator, Associate Director, Programme Division Chief, HIV Section

Representatives of the UNAIDS Secretariat (4)

Vinay Saldanha, Special Adviser, Executive Office

Morten Ussing, Director, Governance and Multilateral Affairs

George Farhat, Director, Planning, Finance and Accountability

Trouble Chikoko, Senior Programme Coordinator, Programme Branch

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