

ANNUAL REPORT ON EVALUATION 2024

Independent Evaluation Office

Additional documents for this item: Evaluation Policy (UNAIDS/PCB (44)/19.17), Annual Report on Evaluation and 2024–2025 Evaluation Plan (UNAIDS/PCB (53)23.29).

Action required at this meeting—the Programme Coordinating Board is invited to:

- *Recalling* decision point 7.5 of the 53rd session of the Programme Coordinating Board approving the UNAIDS 2024–2025 Evaluation Plan, as well as decision point 7.10 of the 53rd session of the Programme Coordinating Board requesting the next annual report to be presented to the Programme Coordinating Board in 2024;
- *Welcome* continued progress in the implementation of the 2024–2025 Evaluation Plan (UNAIDS/PCB (53)/23.30) and the role of the Evaluation Office in generating evidence of the UNAIDS Joint Programme’s contributions to results;
- *Take note* of the summary of the main findings of the evaluations conducted in 2024;
- *Take note* of the management response to the 2024 annual report on evaluation (UNAIDS/PCB (55)/24.31);
- Recalling decision point 7.7 of the 53rd PCB meeting, *appoint* the candidate nominated by the PCB NGO delegation and *agree to* the full composition of the Expert Advisory Committee proposed by the PCB Bureau for 2025 as mentioned in Annex 1 of the annual report on evaluation (UNAIDS/PCB (55)24.30);
- *Take note*, with appreciation, in accordance with provision 73 of the Evaluation Policy, that the UN Evaluation Group peer review will be undertaken in 2025;
- *Look forward* to the annual report on evaluation to be presented to the Programme Coordinating Board in 2025.

Cost implications for the implementation of the decisions: *none*

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Executive summary

1. This document presents an overview of the implementation of the UNAIDS Evaluation Plan for 2024–2025 (UNAIDS/PCB (53)/23.29). The Programme Coordinating Board is invited to review the annual report and take note of progress made and of constraints faced in implementing the 2024–2025 Evaluation Plan.
2. Implementation of the Evaluation Plan 2024/2025 is progressing, with one Joint Programme evaluation completed in 2024: the Independent Joint Evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP). In addition, the preparatory phase of “The role of the Joint Programme in sustaining the response to HIV” has been completed with the finalization of the “Review of the UNAIDS Joint Programme evaluations and assessments (2020 – 2024)”. One Secretariat evaluation was completed in 2024: the Midterm Evaluation of the CDC- UNAIDS Cooperative Agreement (2021–2026).
3. Expenditure for evaluations and other activities amount to 85% of the budget allocated. Meanwhile, expenditure for staff costs stands at 91%. The overall implementation rate of 85% is in line with expectations for an Evaluation Office with two staff members. The projected expenditure for the end of the year amounts to 94% of the total budget.
4. To ensure follow-up to evaluations, the Independent Evaluation Office supported the development of management responses to evaluations and tracked the implementation of recommendations. The UNAIDS website was regularly updated with the latest evaluation reports and management responses. All completed evaluations are assessed externally.
5. Interagency collaboration included active engagement in the United Nations Evaluation Group, which brings together the evaluation offices of more than 50 United Nations entities, to share and learn from their experiences.
6. The 2019 UNAIDS Evaluation Policy calls for an independent review of the policy every four years. Given the re-establishment of the UNAIDS Evaluation Office in Bonn, it was considered more appropriate to conduct an assessment of the UNAIDS evaluation function in 2025 by way of a professional peer review of the UNAIDS evaluation function.
7. During 2024, three virtual meetings of the UNAIDS Expert Advisory Committee on Evaluation were held. The Committee focused on strengthening the utility, credibility and independence of evaluations.
8. The Expert Advisory Committee appoints a Chair of within its membership and the corresponding amendment of the Terms of Reference of the Expert Advisory Committee, as directed by the PCB in December 2023.
9. Two members of the Expert Advisory Committee are completing their terms in December 2024 (the nongovernmental organization and eastern Europe representatives). The PCB Bureau has received and proposed one nomination from the nongovernmental organization delegation. It has not received any from the Eastern Europe Group. The PCB Bureau has requested approval of nominations during its 55th session. The member from Western European and Other States Group has recused himself due to a potential conflict of interest and will resume his activities after six months.

Introduction

10. At its 44th session of the Programme Coordinating Board (PCB) in June 2019, the Board approved the UNAIDS Evaluation Policy (decision point 6.6). This formalized the establishment of the UNAIDS Evaluation Office as a structurally and functionally independent unit of the UNAIDS Secretariat, positioned independently from management functions and reporting directly to the PCB. The Evaluation Policy (UNAIDS/PCB (44)/19.7) directs the Independent Evaluation Office to prepare a biennial Evaluation Plan through a consultative process and to present it to the PCB for approval. An annual report is to be presented to the PCB and a semi-annual update is to be presented to the PCB Bureau.¹
11. At the 53rd meeting of the PCB in December 2023 (agenda item 5), the Board took note of the management response to the annual report on evaluation and the Evaluation Plan 2024–2025 (UNAIDS /PCB (53)/23.30) and it approved the 2024–2025 Evaluation Plan (UNAIDS/PCB (53)/23.29)
12. In October 2024, a semi-annual update on the implementation of the 2024–2025 Evaluation Plan was presented to the PCB Bureau. This annual report on evaluation, presented to the 55th session of the PCB in December 2024, is accompanied with the nomination of a member of the Expert Advisory Committee on evaluation proposed by the PCB Bureau.
13. Three reports will be presented and will be available on the UNAIDS website:
 - The Independent Joint Evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP);
 - The Review of the UNAIDS Joint Programme evaluations and assessments (2020-2024) as a preparatory step for the comprehensive Joint Programme Evaluation, scheduled in 2025.
 - The Midterm Evaluation of the Cooperative Agreement (2021–2026) between the United States Centers for Disease Control and Prevention (CDC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Overview of the 2024–2025 Evaluation Plan

Context

14. Responsibility for the development and implementation of the Evaluation Plan rests with the UNAIDS Evaluation Office. The UNAIDS 2024–2025 Evaluation Plan includes evaluations of the work of the Joint Programme, which is conducted jointly with the Cosponsors and UNAIDS Secretariat evaluations.
15. The evaluations focus on generating evidence in areas where UNAIDS Cosponsors and the Secretariat can support and sustain the achievement of the targets set out in the UNAIDS 2021–2026 Strategy and in the 2021 Political Declaration on HIV and AIDS. The evaluations cover the work of Cosponsors and the Secretariat at global, regional and country levels.
16. The strategic priorities in the Global AIDS 2021–2026 Strategy and the outputs and core functions of the UNAIDS Secretariat in the 2022–2026 Unified Budget, Results

¹ UNAIDS evaluation policy. UNAIDS/PCB (44)19.7. Geneva: UNAIDS; 2019 (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_PCB44_UNAIDS-Evaluation-Policy_EN.pdf).

and Accountability Framework (UBRAF) provide the overall framework for the Evaluation Plan. All evaluations to be conducted in 2024–2025 are mapped against and contribute towards those priorities.

Implementation of the Plan

17. Evaluations are designed and carried out in accordance with the UNAIDS Evaluation Policy (paragraph 22), which requires the highest standards of professional integrity, ethics and respect for beliefs, customs and social norms, human rights, gender equality and the "do no harm" principle.
18. Table 1 provides a summary status of the evaluations carried out during 2024 and those to be commissioned during 2025.

Table 1. Status of Evaluation Plan

Topic	Year	Status
Independent Joint Evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP).	2024	Completed
Sustaining impact on HIV through community systems	2024	Moved to 2025
The Midterm Evaluation of the Cooperative Agreement (2021–2026) between U.S. Centers for Disease Control and Prevention (CDC) and Joint United Nations Programme on HIV/AIDS (UNAIDS)	2024	Completed
Review of the UNAIDS Joint evaluations and assessments (2020 – 2024)	2024	Completed
The role of the Joint Programme in sustaining the response to HIV	2025	Planned
The contribution of the Joint Programme to UN Sustainable Development Cooperation Frameworks	2024 2025	Ongoing
UNAIDS partnership with the Global Fund and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)	2025	Planned
Multicountry offices and HIV advisors as alternatives to UNAIDS Country Offices	2025	Planned
Global, regional and country-level work	2025	Planned

19. The year 2024 has been a transition year for the Independent Evaluation Office. The unit was relocated from Geneva to Bonn and a new Director of Evaluation was appointed in August 2024 following the retirement of the previous Director. During most of the year, the unit was functioning with a senior evaluation advisor who continued and contributed enormously for implementing the work plan (which was adapted for the circumstances).
20. Two evaluations have been completed: a joint evaluation with WHO, the Independent Joint Evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP); and the Midterm Evaluation of the Cooperative Agreement (2021–2026) between the CDC and UNAIDS.
21. In addition, a preliminary work of the evaluation on “the role of the Joint Programme in sustaining the response to HIV” was also completed with the “review of the UNAIDS Joint Programme evaluations and assessments (2020 – 2024)”. The evaluation on

“sustaining impact on HIV through community systems” was postponed to 2025. The evaluation of the contribution of the Joint Programme to the UN Sustainable Development Cooperation Frameworks is ongoing. The evaluations planned for 2025 will commence as part of the activities to be carried out in 2025.

22. The next section of the report includes a summary of the two completed evaluations and a finalized review.

Summary of completed evaluations

23. **Independent joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP).** This independent evaluation was conducted to assess the coherence, effectiveness and sustainability of GAP efforts across multiple levels, with the aim to inform discussions among GAP principals, including at upcoming United Nations (UN) General Assembly sessions. Specifically, it examines how signatory agencies have collaborated to engage with countries to identify priorities, align operational and financial strategies, and jointly plan and coordinate efforts to accelerate progress on health-related Sustainable Development Goals (SDGs). The evaluation covered activities from September 2019 to June 2024 across 67 countries. It was led by the WHO Evaluation Office, with the UNAIDS Evaluation Office contributing financially, supporting country identification, providing technical advice and developing one of the country case studies.
24. This evaluation revealed that globally, the GAP shows alignment with previous health initiatives, yet achieving inter-agency coherence and country-level engagement remains challenging. Disparities in contributions at the country level undermine efforts to prioritize and implement effectively, with many countries exhibiting a limited understanding and ownership of GAP among signatory agencies and national partners.
25. Furthermore, alignment of strategies to boost efficiency and reduce country burdens was found to be insufficient. Though there was evidence of internal utilization of resources, that stemmed from external factors such as UN Development System reforms rather than GAP-driven incentives. Consequently, despite initiatives to align operational strategies, the evaluation found limited evidence of the GAP effectively accelerating progress towards the SDG3 targets, with major challenges persisting in health outcomes across the examined countries.
26. The effectiveness of the GAP in achieving its objectives is questionable. While there has been some engagement in areas like primary health care and digital health, a significant increase in country progress toward SDG3 targets is not evident. The evaluation indicates that progress in critical health areas remains insufficient for reaching the goals that have been set, with no country currently on track to fully attain SDG3. A lack of consistent and comprehensive accountability frameworks for GAP results has further hindered progress, as evidenced by inadequate monitoring and evaluation mechanisms. Most signatory agencies do not capture cooperative efforts in their accountability measures.
27. The sustainability of GAP outcomes is doubtful due to decreasing leadership commitment, competing priorities and diminished resource allocation for GAP activities. Although collaborative momentum increased during the COVID-19 pandemic, it has not been sustained.
28. The evaluation presented two potential pathways for the future of GAP, based on the need for and evidence of implementation efficacy. The first option is to “sunset” or close out the current GAP within 6–12 months, allowing for a decisive pivot of resources and

efforts towards emerging initiatives that promise greater impact, such as the Future of Global Health Initiatives.

29. Alternatively, developing a new framework while retaining selected elements from the current GAP could address the need for continued collaboration and accountability without completely discarding valuable components. Retaining and possibly repurposing elements such as the primary health care accelerator that could streamline efforts and leverage existing regional collaborations. This pathway would require GAP signatory agencies to reconceptualize accountability frameworks, redefine roles and possibly reduce the number of agencies involved, to enhance effectiveness.
30. **The role of the Joint Programme in sustaining the response to HIV—Review of the UNAIDS Joint Programme evaluations and assessments (2020 – 2024).** The primary purpose of this review was to identify key areas for further investigation. The objectives included consolidating evidence on achievements, challenges and lessons learned against the Joint Programme's mandate, as well as identifying information gaps. The review's scope encompassed 21 Joint Programme evaluations, reviews and assessments conducted between 2020 and 2024. These were selected based on predefined criteria to ensure representation across thematic areas, programmatic objectives and geographic regions.
31. The questions were designed to analyze the Joint Programme's performance against its six programmatic objectives, assess the fitness of its current operating model, evaluate its added value in sustaining the HIV response, and identify information gaps. The framework for answering the questions incorporated a multidimensional approach, considering internal and external factors, successes and challenges, contextual factors, and opportunities for improvement. The aim of this structured approach was to yield a comprehensive assessment of the Joint Programme's strengths and weaknesses.
32. The review found that the Joint Programme demonstrates significant successes in global leadership, advocacy and data generation. However, internal coordination challenges (between the Secretariat and Cosponsors), resource constraints and external factors (including the COVID-19 pandemic) significantly hinder progress toward achieving several programmatic objectives. While strong in some areas, performance against individual programmatic objectives varies widely.
33. The Joint Programme's operating model exhibits both strengths (multisectoral collaboration) and significant weaknesses (coordination gaps, data inconsistencies and resource allocation inefficiencies). UN reforms and the evolving global health landscape add complexity. The current operating model requires significant adjustments to enhance efficiency, accountability and long-term sustainability.
34. Specific concerns include inconsistent data reporting across the UBRAF and the Joint Programme Monitoring System, and delayed disbursement of Country Envelope funds, which hinders strategic implementation. The division of labour between the Secretariat and Cosponsors needs refinement to clarify responsibilities and avoid duplication of efforts.
35. The Joint Programme demonstrably adds value through multisectoral coordination, social mobilization, advocacy for human rights, and the generation of strategic information. However, its added value concerning sustainable financing remains limited due to persistent underfunding. The funding shortfall necessitates a critical review of the Joint Programme's engagement in specific areas, potentially requiring a reallocation of resources and a re-evaluation of its contribution to sustaining a long-term HIV response, especially given the need for a post-2030 vision.

36. Significant information gaps exist in several areas, including the effectiveness of specific Joint Programme structures, the impact of partnerships with global initiatives, and the sustainability of resource mobilization strategies. A revised “fit-for-purpose” definition should incorporate considerations of long-term sustainability and alignment with evolving global health priorities, including Universal Health Coverage (UHC).
37. The Joint Programme displays both successes and significant challenges. A coordinated and decisive response is needed to enhance the effectiveness and sustainability of its operations while ensuring its continued relevance in the post-2030 global HIV response.
38. **The Midterm Evaluation of the Cooperative Agreement (2021–2026) between Center for Disease Control and Prevention (CDC) and Joint United Nations Programme on HIV/AIDS (UNAIDS).** Since 2010, the CDC and UNAIDS have engaged in cooperative agreements to strengthen global HIV/AIDS responses. This midterm evaluation report assessed the achievements of the first two years of the ongoing five-year agreement (2021–2026). Under the current agreement, UNAIDS and the CDC collaborate in five key areas: enhancing strategic information; optimizing data management systems; increasing the capacity to collect, analyse and utilize strategic information for key populations; developing community-led monitoring; and building capacities to address stigma and discrimination against people living with HIV.
39. The UNAIDS Evaluation Office led the design and coordinated implementation and quality assurance of the evaluation. The purpose of the midterm evaluation was to assess the effectiveness, efficiency, and sustainability of UNAIDS support within the cooperation agreement with CDC. The evaluation had two primary objectives: determine the extent to which the five areas of collaboration have been addressed and the workplan activities have been implemented; and identify operational barriers to achieving those objectives.
40. The evaluation concluded that the cooperative agreement between the CDC and UNAIDS is progressing well at its midterm mark, with significant achievements in strategic areas, such as strengthening health systems and enhancing community engagement. The collaboration effectively addresses global HIV priorities and adapts to diverse local needs, ensuring impactful interventions against HIV epidemics and stigma. Despite facing challenges such as procedural inefficiencies and the need for sustained advocacy, particularly on community-led monitoring and stigma reduction, the agreement has garnered government support and encouraged improved use of data for planning.
41. However, securing sustainable financial pathways is crucial since the current reliance on cooperation agreement funding may hold risks in the future. Strengthening health systems and maintaining reliable strategic information are vital for the programme's long-term success, necessitating deeper stakeholder engagement and capacity-building. Continued efforts in advocacy and overcoming political and cultural barriers are essential to sustain and amplify achievements.
42. The midterm evaluation provided key recommendations to sustain the impact of the cooperative agreement between the CDC and UNAIDS. A primary focus should be on enhancing outcome sustainability by prioritizing automation, documentation and standardization, thus mitigating the effects of staff turnover and expanding access through stakeholder engagement and training.
43. Building capacity for funding independence is crucial: countries need support to seek alternative funding sources or allocate domestic resources, with an emphasis on

advocacy and accountability to maintain programme integrity. Enhancing stakeholder engagement through systematic discussions about impact sustainability is advised, alongside maintaining cooperative agreement investments in regional programmes to reinforce mutual benefits across countries. It is essential to leverage scarce top-level expertise and adapt methods per country needs to ensure that global and regional programmes remain relevant and focused.

44. Additionally, a comprehensive and unified vision for community-led monitoring is essential. Formulating a common understanding and defining accountability at the UNAIDS headquarters is necessary to align community-led monitoring initiatives with strategic objectives, addressing current gaps in CDC and UNAIDS approaches. This involves adapting the cooperative agreement's funding modalities to support the extensive planning and engagement community-led monitoring.

Next steps for the evaluation on the role of the Joint Programme in sustaining the response to HIV

45. As described in the previous section, as part of the preparatory work for conducting the evaluation on the "Role of the Joint Programme in sustaining the response to HIV", the Independent Evaluation Office has completed during 2024 a review of 21 evaluations and assessments commissioned in the past four years. This review brings together the evidence on achievements, challenges and lessons learned against the Joint Programme's mandate and six programmatic objectives to serve as a basis for the evaluation to be conducted during 2025.
46. Based on the results of the review, and ongoing complementary processes, including the work of the High-level panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response, the next steps for the independent evaluation were discussed at the 55th PCB pre-meetings, held from 28 November-2 December 2024.
47. The 2024-2025 evaluation plan, including the evaluation on the role of the Joint Programme in sustaining the response to HIV, was approved at the 53rd PCB meeting in December 2023. At this same PCB meeting, the Board requested the Executive Director of UNAIDS and the Committee of Cosponsoring Organizations to continue to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose by revisiting the operating model of the Joint Programme.
48. Responding to this request, the Executive Director and the International Labour Organization Director-General, on behalf of the CCO, convened the High-Level Panel to develop recommendations on an operating model for the Joint Programme that can build on successes achieved in the context of an evolving HIV epidemic and shifting political, social, and economic landscapes.
49. The Panel began its work in October 2024. It is expected to provide a set of recommendations on the operating model of the Joint Programme by June 2025, which will be received by the Executive Director and the CCO. Based on those recommendations, the Executive Director and the CCO will report back to the 56th meeting of the PCB in June 2025 on the revisiting of the operating model for consideration by the Board.
50. During the 55th PCB pre-meetings, discussions considered the timing of the second phase of the independent evaluation on the role of the Joint Programme in sustaining the response to HIV. PCB members noted that, although there is some overlap in content between the evaluation and the work of the High-Level Panel, they did not see

the High-Level Panel as a substitute for the independent evaluation of the Joint Programme. They emphasized that the findings of the independent evaluation will be an important input in informing considerations of the Joint Programme's operating model. Consequently, the evaluation will proceed as scheduled, starting in early 2025, in alignment with the 2024-2025 evaluation plan approved at the 53rd PCB meeting.

Evaluations and financial status

51. Evaluations and other activities approved in the 2024–2025 work plan, as well as their budget allocations for 2024, are presented below.

Table 2. Evaluations and other activities in 2024–2025 workplan budget allocation

Topic	Original budget 2024 & 2025 (US\$)		Allocated budget 2024 (US\$)	Year of evaluation
Top task 1 – Capacity building and governance				
Evaluation capacity, organizational learning, evidence-based decision-making and accountability strengthened through active engagement with stakeholders.	200 000			
Subtotal top task 1	Core	Noncore	15 000	
	200 000	0		
Top task 2 – UNAIDS Joint Programme evaluations				
HIV as an element of the SDG3 Global Action Plan	50 000			2024
Sustaining impact on HIV through community systems	194 000			2024
UNAIDS partnership with the Global Fund and PEPFAR	100 000			2025
The role of the Joint Programme in sustaining the response to HIV	240 000			2025
The contribution of the Joint Programme to UN Sustainable Development Cooperation Frameworks	150 000			2024 & 2025
Subtotal top task 2	Core	Noncore	100 000	
	734 000	46 000		
Top task 3 – UNAIDS Secretariat evaluations				
The UNAIDS-CDC cooperative agreement	150 000			2024

Multicountry offices and HIV advisors as alternatives to UNAIDS Country Offices	150 000			2025
Global, regional and country-level work	160 000			2024 & 2025
Subtotal top task 3	Core	Noncore	206 153	
	310 000	150 000		
Top task 4 – Effective management				
Evaluation function effectively managed and with strong linkages to the wider UN system	74 000			
Subtotal top task 4	Core	Noncore	5 000	
	74 000	0		
Grand total	Core	Noncore	326 153	
	1 318 000	196 000		

Table 3. Expenditures of the budget in 2024 (US\$)

Main categories	Budget allocated for 2024	Expenditures in 2024 as of November	%
Staff costs	472 000	432 663	91
Capacity and governance	15 000	11 050	74
Joint Programme evaluations	100 000	71 257	71
Secretariat evaluations	206 153	157 929	77
Effective management	5000	3427	69
Total	798 106	597 660	85

52. Evaluations are conducted in a participatory and consultative manner and are primarily carried out by external consultants to enhance the independence of the evaluations. The Evaluation Office ensures: quality through all phases of the evaluations; effective utilization of resources; and the presentation and dissemination of evaluation findings, recommendations and lessons learned from evaluations. Evaluations undertaken jointly with Cosponsors are cost-shared and include joint management of the evaluations and joint management responses to evaluations.
53. The UNAIDS Evaluation Office publishes evaluation reports and management responses on the UNAIDS website and facilitates the development and tracking of management responses and the implementation of evaluation recommendations. In 2024–2025, additional resources will be invested for identifying, synthesizing and disseminating recurring, systemic or cross-cutting issues and lessons learned from evaluations, as well as for developing innovative products that contribute to UNAIDS knowledge management which draws on but also goes beyond evaluative evidence.

54. The UNAIDS Evaluation Office will continue to engage actively with Cosponsor evaluation offices to ensure their active participation in HIV-related evaluations and in sharing lessons learned from other evaluations. UNAIDS will remain an active member of the UN Evaluation Group and it will participate regularly in relevant meetings, working groups and task forces.

Follow-up to evaluations

55. The Evaluation Plan includes follow-up activities on evaluations in order to translate findings and conclusions into organizational learning and strengthen evaluation culture and capacity. This includes monitoring the implementation of recommendations of recent evaluations. The status of evaluations conducted in 2021, 2022, 2023 and 2024 is presented in Annex 2.

Interagency collaboration

56. The UNAIDS Evaluation Office is an active member of the UN Evaluation Group and it participates in system-wide and joint evaluations, working groups and meetings of the Group. Collaboration and sharing of knowledge, expertise and experience with Cosponsor evaluation offices has been close and has enabled tapping into the resources of the Cosponsors and promoting joint evaluations related to HIV.

Enhancing quality and utility: Peer review of the UNAIDS evaluation function

57. As UNAIDS evolves, there is also a need for its evaluation and learning culture to evolve, so that evaluations are not seen only as the responsibility of a dedicated Evaluation Office but are integrated throughout the organization. In such a culture, everyone plays a role in contributing to the feedback and learning that helps identify what works, what does not work, why this is happening and how it can be changed in order to bring about improvements.
58. The overall conclusions of the internal assessment of the UNAIDS evaluation function are consistent with the MOPAN assessment of UNAIDS, which concluded that UNAIDS had successfully established “an independent, fully functional and quality-assured evaluation function, which allows it to generate more analytical data for programmatic decision-making, as well as evidence of the Joint Programme’s contributions to results”.
59. The assessment of the UNAIDS evaluation function considered its independence, follow-up to evaluations to ensure their utility, and the resourcing and architecture of the evaluation function. Performance in three of those four areas (independence, architecture and resources) was rated as "very good" or "good". For the utility area, some criteria were deemed to be in need of improvement.
60. The challenges in the utility area are not surprising. The assessment concluded that, as a new entity, the UNAIDS Evaluation Office—with two staff members—has focused appropriately during its first years on making the Office operational, with an emphasis on commissioning evaluations, ensuring their quality, strengthening relationships with Cosponsors and consolidating networks. There is overall appreciation for the accomplishments of the Evaluation Office.
61. The UNAIDS Evaluation Policy calls for an independent review of the policy every four years “to assess its continued relevance, adequacy, applicability and effect on the functioning and performance of the UNAIDS Evaluation Office”. As the policy was

approved in 2019, a review should have been conducted in 2023. Given the move and re-establishment of the UNAIDS Evaluation Office in Bonn, Germany, a peer review of the UNAIDS evaluation function was considered more appropriate. It will be conducted during the first semester of 2025.

62. With the appointment in August 2024 of a new Director of Evaluation, the transition of the Evaluation Office was completed. The preparatory work for the professional peer review of the evaluation function is now underway and the review is scheduled to formally commence during the first half of 2025. The Evaluation Office is working with the UN Evaluation Group's peer review working group, which will identify the chair and members of the review panel to develop the terms of reference for this review.
63. The Evaluation Office has now entered a new phase, in a new location with a new team and in an organizational context that presents both challenges and opportunities that will be identified and acted upon as a result of conducting a UN Evaluation Peer Review of the UNAIDS evaluation function.
64. The United Nations Peer Review is aimed at enhancing the quality, utility, credibility and independence of the evaluation function. The main objectives will include:
 - **Strengthening evaluation practice:** Assessing and supporting improvements in evaluation functions to ensure they meet UN Evaluation Group standards and best practices;
 - **Promoting accountability and learning:** Enhancing the use of evaluations for decision-making and organizational learning, thus contributing to accountability within UN agencies;
 - **Ensuring independence and credibility:** Evaluating the degree of independence, credibility and utility of evaluation processes and outputs, ensuring they impartially inform policies and strategies;
 - **Facilitating knowledge sharing:** Encouraging the exchange of knowledge, experiences and lessons learned among UN organizations and beyond, fostering a culture of continual improvement within the evaluation community; and
 - **Providing recommendations:** Offering actionable recommendations to strengthen evaluation structures, policies and procedures based on peer-reviewed findings.

Expert Advisory Committee on Evaluation

65. In approving the UNAIDS Evaluation Policy in June 2019, the PCB approved the establishment of an expert committee as an independent, external body to provide advice and guidance on evaluation. The role of this Expert Advisory Committee within the architecture of UNAIDS evaluation function, membership and terms of reference is presented in Annex 1.
66. In 2024, three virtual meetings of the Expert Advisory Committee were held. In these meetings the Evaluation Office presented the implementation of the work plan, ongoing evaluations, budget status, summary of findings and recommendations of all completed evaluations. The Committee has provided advice on various topics, including on engaging in joint evaluations and capitalizing on the evaluation structures of Cosponsors for implementation of the UNAIDS Evaluation Plan.
67. As per the decision from PCB 53rd session (UNAIDS/ PCB (53)/23.29), the Expert Advisory Committee appointed a chair from within its membership for 2024 and

amended the terms of reference of the Committee, accordingly and as presented in Annex 1.

68. The exceptional reappointment of the candidate from eastern Europe and the PCB nongovernmental organization delegation, approved in 2023 for one year, is expiring in December 2024. In this context, a call for nominations for two new members was issued on 10 July 2024, with a deadline of 15 September 2024.
69. The PCB Bureau received the curriculum vitae of the nominee from the nongovernmental organization delegation to put forward for the PCB's approval, but it has not received any nominations from the Eastern Europe Group.
70. Furthermore, the representative from the Western European and Other States Group has notified the PCB Bureau that he is recusing himself from his duties for six months due to a potential conflict of interest. The current composition of the Committee is defined in paragraph 58 of the adopted Evaluation Policy: "The Committee shall consist of up to seven technically strong members who are nominated by Member States (5), the PCB NGO delegation (1) and Cosponsor Evaluation Group (1)." The Committee will continue its work with five members for the next six months, after which the Western European and Other States Group representative will resume his duties as a member of the Committee.
71. At its [meeting on 25 October 2024](#), the PCB Bureau discussed the selection of members to the Expert Advisory Committee and agreed that the Committee would be fully functional with five members. The proposed composition of the Committee for 2025 can be found in Annex 1.
72. Since its establishment, the Expert Advisory Committee on Evaluation has focused on effectively overseeing the performance of the evaluation function and strengthening the utility, credibility and independence of evaluations in UNAIDS. The importance of the Committee was affirmed by the PCB in December 2021.

Looking ahead

73. The year 2024 marked a transition year for the Independent Evaluation Office. The unit was relocated to Bonn and a new Director of Evaluation was appointed in August 2024. This transition is now completed.
74. The Evaluation Office has now entered a new phase, in a new location, with a new team and in an organizational context that presents both challenges and opportunities that will be identified and acted upon after conducting a UN Evaluation Peer Review of the UNAIDS evaluation function.
75. Moving forward, the evaluation function will need to keep adapting and anticipating changes. Among the several opportunities and innovations for delivering evaluation services that fit the times are: the use of behavioural science to amplify evaluation impact and improve Secretariat services, as well of those of the Joint Programme; the application of Artificial Intelligence to integrate evidence from evaluations in decision-making through the use of evidence-gap maps; the use of complexity science and developmental evaluation to close feedback loops in real time; and the application of data visualization to help evaluation users draw insights from evaluation reports.

Conclusion

76. Until 2019, an effective and independent evaluation function was a missing piece in UNAIDS's efforts on accountability, transparency and organizational learning. In June 2019, the PCB approved the UNAIDS Evaluation Policy and formalized the establishment of the Evaluation Office as a structurally and functionally independent unit, independently from management functions and reporting directly to the PCB.
77. Recent internal and external assessments positively acknowledge the establishment of an independent, fully functional and quality-assured evaluation function that generates more analytical data for programmatic decision-making, as well as evidence of the Joint Programme's contributions to achieving results that can help and the AIDS pandemic.
78. The UNAIDS Evaluation Policy calls for an independent review of the policy every four years "to assess its continued relevance, adequacy, applicability and effect on the functioning and performance of the UNAIDS Evaluation Office". A review of the policy will be conducted in 2025.
79. An annual report on the implementation of the Evaluation Plan is routinely presented to the PCB and semi-annual updates will be presented to the PCB Bureau as requested. The Cosponsors and the Secretariat Senior Leadership Team are engaged in evaluations related to their areas of work and are regularly informed of progress in implementing the evaluation workplan.

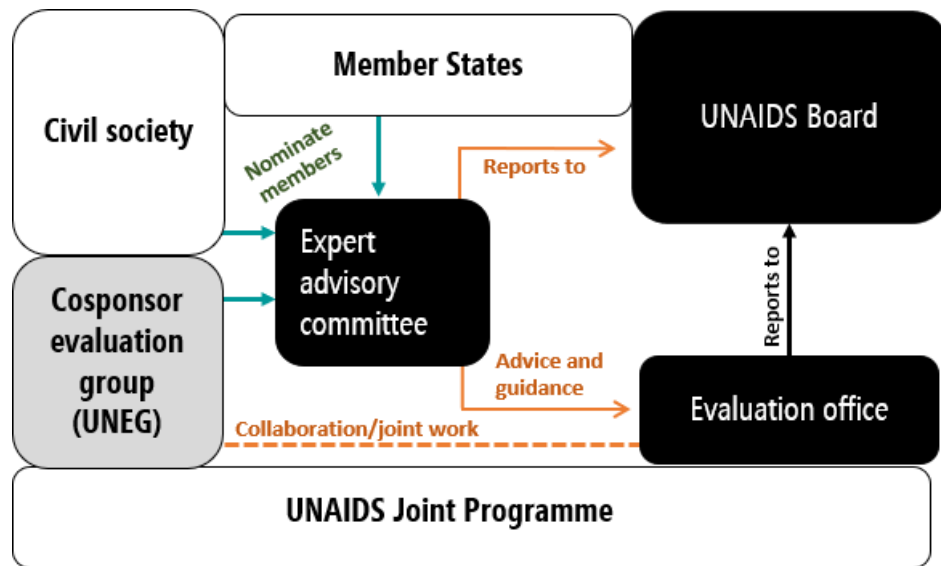
Proposed decision points

The Programme Coordinating Board is invited to:

80. *Recalling* decision point 7.5 of the 53rd session of the Programme Coordinating Board approving the UNAIDS 2024–2025 Evaluation Plan, as well as decision point 7.10 of the 53rd session of the Programme Coordinating Board requesting the next annual report to be presented to the Programme Coordinating Board in 2024;
81. *Welcome* continued progress in the implementation of the 2024–2025 Evaluation Plan (UNAIDS/PCB (53)/23.30) and the role of the Evaluation Office in generating evidence of the UNAIDS Joint Programme's contributions to results;
82. *Take note* of the summary of the main findings of the evaluations conducted in 2024;
83. *Take note* of the management response to the 2024 annual report on evaluation (UNAIDS/PCB (55)/24.31);
84. Recalling decision point 7.7 of the 53rd PCB meeting, *appoint* the candidate nominated by the PCB NGO delegation and *agree to* the full composition of the Expert Advisory Committee proposed by the PCB Bureau for 2025 as mentioned in Annex 1 of the annual report on evaluation (UNAIDS/PCB (55)24.30);
85. *Take note*, with appreciation, in accordance with provision 73 of the Evaluation Policy, that the UN Evaluation Group peer review will be undertaken in 2025;
86. *Look forward* to the annual report on evaluation to be presented to the Programme Coordinating Board in 2025.

[Annexes follow]

Annex 1. Evaluation function and advisory committee



Programme Coordinating Board

Approves the Evaluation Policy, Evaluation Plan and budget, considers annual reports on implementation and draws on evaluations for decisions.

Cosponsor Evaluation Group

Brings together and leverages the resources of the Cosponsor evaluation offices for HIV-related evaluations and promotes system-wide and joint evaluations related to HIV.

Expert Advisory Committee

External body which provides advice on evaluation consisting of seven members, nominated by Member States (5), PCB NGO delegation (1) and Cosponsor evaluation offices (1).

Current Committee members

1. Dr Muhammad Bakari, Professor of Internal Medicine, Muhimbili University of Health and Applied Sciences, Tanzania (Africa);
2. Dr Sarah Faisal Alawi, Head of AIDS Office, Public Health Administration, Ministry of Health, Kuwait (Asia-Pacific);
3. Dr Nikkiah Forbes, Director of the National HIV/AIDS and Infectious Disease Programme, Ministry of Health, The Bahamas (Latin America and Caribbean);
4. Mr Theo van de Sande Expert, Open data and OECD/DAC reporting, The Netherlands (Western European and Other Countries);
5. Ms Sigrid Vorobjov, Senior Researcher, National Institute for Health Development, Estonia (Eastern Europe);

6. Ms San Patten, Independent research and evaluation consultant (NGO Delegation);
7. Mr Guy Thijs, Director of Evaluation, International Labour Organization (Cosponsor Evaluation Group).

Proposed Committee members for 2025

1. Dr Muhammad Bakari, Professor of Internal Medicine, Muhimbili University of Health and Applied Sciences, Tanzania (Africa);
2. Dr Sarah Faisal Alawi, Head of AIDS Office, Public Health Administration, Ministry of Health, Kuwait (Asia-Pacific);
3. Dr Nikkiah Forbes, Director of the National HIV/AIDS and Infectious Disease Programme, Ministry of Health, The Bahamas (Latin America and Caribbean);
4. Ms. Alice M. Kayongo Senior Associate, O'Neill Institute for national and Global Health Law, Georgetown University (NGO Delegation).
5. Mr Guy Thijs, Director of Evaluation, International Labour Organization (Cosponsor Evaluation Group).

Terms of reference: Expert Advisory Committee on Evaluation

Background

UNAIDS efforts to lead the collective response to HIV and AIDS—bringing together the UN system with other partners—has been successful in many respects. However, AIDS remains a global challenge and evaluation needs to be a critical element in defining the way forward to ensure the HIV epidemic does not rebound and the goal of ending AIDS as a public health threat by 2030 can be achieved.

At its 44th meeting, 25–27 June 2019, the UNAIDS Programme Coordinating Board approved UNAIDS revised evaluation policy [PCB (44) 19.7] which formalizes the establishment of an independent evaluation function reporting directly to the Board. This is an important milestone in efforts to strengthen evidence-based decision making, learning and accountability.

The new institutional architecture for the evaluation function includes an Expert Advisory Committee of evaluation experts, nominated by Member States, civil society and UNAIDS Cosponsors. The Committee is an independent, external body which reports to the UNAIDS Programme Coordinating Board.

These terms of reference are based on paragraphs 55 and 57–60 of the UNAIDS evaluation policy.

Scope of work

The Evaluation Expert Advisory Committee advises the Director of Evaluation and the Executive Director on the implementation of UNAIDS evaluation policy and the development and implementation of UNAIDS evaluation plan to enhance the use of evaluations, organizational learning and alignment with UNAIDS Strategy, the Unified Budget Results and Accountability Framework as well as UNEG norms and standards for evaluation.

The Committee has a critical role in providing guidance and advice on the evaluation function and ensuring its independence. A summary of the work and recommendations of the Committee is presented annually to the Board.

Qualifications

All members of the Advisory Committee shall be technical experts in the field of evaluation and have:

- in-depth knowledge and understanding of evaluation and performance measurement, collection, analysis and use of quantitative and qualitative data;
- extensive experience of evaluation of complex programmes and organizational performance to improve relevance, effectiveness, efficiency, sustainability and impact;
- good understanding of HIV, public health and/or related development and human rights issues and familiarity with the work of UNAIDS Cosponsors and/or Secretariat at country, regional or global levels;
- good understanding of UNAIDS existing evaluation tools and mechanisms.

Composition

The process of constituting the Expert Advisory Committee draws on the experience of the establishment of sub-committees of the PCB. Accordingly, the membership of the Evaluation Advisory Committee shall be geographically representative, and gender balanced. To ensure efficiency, the Advisory Committee shall include a maximum of seven members comprising:

- Five evaluation experts nominated by Member States;
- One evaluation expert nominated by the PCB NGO Delegation; and
- One evaluation expert nominated by the Cosponsor Evaluation Group.

Selection

PCB Member States, the PCB NGO Delegation and the UNAIDS Cosponsor Evaluation Group are invited to propose experts as members of the Advisory Committee. Member States are encouraged to agree on nominations within their regional groups.

Nominations shall be submitted to the PCB Bureau, which ensures that the Committee has the required technical expertise and that it is geographically representative, and gender-balanced.

If the number of nominations exceeds the number of places on the Committee for that constituency, the PCB Chair will contact all the members of the constituency represented on the Board for further discussion and agreement.

Once the proposed composition of the Committee has been confirmed, the PCB Bureau will communicate the names of the experts to all Member States, the PCB NGO Delegation and Cosponsors. The PCB Bureau shall propose the membership of the Committee, for agreement by the PCB.

Members of the Expert Advisory Committee shall appoint a chair from within its membership. Members shall serve for a term of two years and cannot be reappointed more than once.

Working modalities

The Committee meets once a year face-to-face, possibly in connection with a multi-stakeholder consultation on evaluation; other meetings are virtual. UNAIDS will pay for the travel and per diem of Committee members. Members who are self-employed will additionally be paid an honorarium. The UNAIDS evaluation office serves as secretary of the Committee.

A summary of the work and recommendations of the Committee is prepared and shared annually with the Board. The role and relevance of the Committee shall be reviewed at the time UNAIDS evaluation policy is reviewed and any changes shall be reflected in a revised policy submitted to the Board for approval.

Expectations and time commitment

Indicative schedule of work	Period	Estimated time commitment
Virtual meeting (one)	January-March	Total requirement: 1 day - Virtual meeting (2 hours)

Discuss follow up to Board meeting and issues raised by the PCB or evaluation office		<ul style="list-style-type: none"> - Document review (4 hours) - Electronic exchanges (2 hours)
Virtual meeting (one) Review progress in implementation of the evaluation plan	April-June	Total requirement: 1 day <ul style="list-style-type: none"> - Virtual meeting (2 hours) - Document review (4 hours) - Electronic exchanges (2 hours)
<i>Programme Coordinating Board Meeting – June</i>		
Virtual meeting (one) Discuss follow up to Board meeting and issues raised by the PCB or evaluation office	July-September	Total requirement: 1 day <ul style="list-style-type: none"> - Virtual meeting (2 hours) - Document review (4 hours) - Electronic exchanges (2 hours)
Face-to-face meeting (one) Review progress in implementation of the evaluation plan and discuss the next plan (if relevant)	October-December	Total requirement: 2+ days <ul style="list-style-type: none"> - Face-to-face meeting (8 hours) - Document review (4 hours) - Review of annual report (2 hours) - Electronic exchanges (2 hours)
<i>Programme Coordinating Board Meeting – December</i>		

Annex 2. Status of evaluations conducted in 2024–2025

Extract from UNAIDS evaluation dashboard

Evaluation title	Status of evaluation	Management response
Evaluations and reviews conducted in 2024		
Joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG-3 GAP)	<i>completed</i>	<i>under development</i>
Midterm Evaluation of the Cooperative Agreement (2021–2026) between CDC and UNAIDS	<i>completed</i>	<i>under development</i>
Review of UNAIDS Joint Programme evaluations and assessments (2020–2024) towards the Joint Programme Evaluation, 2025	<i>ongoing</i>	<i>not applicable – by being a review</i>
Evaluations conducted in 2023		
Evaluation of HIV and Primary Health Care integration and interlinkages	<i>published</i>	<i>under implementation</i>
Evaluation of the Joint Programme’s work on HIV and social protection	<i>published</i>	<i>under implementation</i>
Evaluation of the UNAIDS country envelopes	<i>published</i>	<i>under implementation</i>
Evaluations conducted in 2022		
Evaluation of the UNAIDS Secretariat data hubs	<i>published</i>	<i>tracking completed</i>
Evaluation of the work of the Joint Programme at country level in Lesotho and Mali	<i>published</i>	<i>tracking completed</i>
Evaluation of the Joint Programme’s role on efficiency and sustainability	<i>published</i>	<i>tracking completed</i>
Evaluation of the Joint Programme’s work with and for key populations	<i>published</i>	<i>tracking completed</i>
Evaluations conducted in 2021		
Evaluations of the work of the Joint Programme at country level in Brazil, Gabon and the Democratic Republic of the Congo	<i>published</i>	<i>tracking completed</i>
Evaluation of the UNAIDS Secretariat Gender Action Plan 2018–2023	<i>published</i>	<i>tracking completed</i>
Evidence review of UNAIDS contribution to resilient and sustainable systems for health	<i>published</i>	<i>not applicable</i>
Evaluation of the Joint Programme’s work to prevent and respond to violence against women and girls	<i>published</i>	<i>tracking completed</i>

Annex 3: Overview of evaluation topics in 2024–2025

CDC – UNAIDS Cooperative Agreement (2021–2026)

UNAIDS Strategy Priority 1: **Maximize equitable & equal access to HIV services and solutions**

UNAIDS Strategy Priority 2: **Break down barriers to achieving HIV outcomes**

UNAIDS Secretariat and US Centers for Disease Control and Prevention (CDC)

Coverage: Global Regional Countries

Time period: 2021–2023

Content and key questions

This is a mid-term evaluation of the implementation of the 2021–2026 Cooperative Agreement between the US Centers for Disease Control and Prevention (CDC) and UNAIDS. The evaluation is being conducted at the mid-point to generate findings and recommendations to strengthen activities during the remainder of the project period in 21 participating countries.

The evaluation will assess the effectiveness, efficiency, and sustainability of UNAIDS support in the five areas of the Cooperative Agreement and has two primary objectives:

- i. To determine the extent to which the component areas in the Cooperative Agreement have been addressed and the activities in the workplans have been implemented.
- ii. To identify operational barriers to addressing the component areas in the Cooperative Agreement in order to implement the activities in the workplans.

The evaluation will be exploring three overarching questions:

Q1: What was achieved? Assessing effectiveness, i.e., achievements against the workplan

Q2: How was it achieved? Distilling lessons on efficiency and coverage of implementation

Q3: Will achievements last? Exploring sustainability

Strategic significance

The CDC–UNAIDS Cooperative Agreement focuses on areas where UNAIDS strategic information leadership and strong ties to community-led organizations can leverage the goals of both UNAIDS and CDC. The purpose of this Cooperative Agreement is to build capacity within countries to reach HIV epidemic transition (also referred to as “epidemic control”) in a sustainable manner. This five-year (2021–2026) Cooperative Agreement builds systems to: (1) provide the information that can be collected, analysed and used to close gaps in the response; (2) target unmet needs through community-led monitoring (CLM); and (3) address stigma and discrimination.

Risks associated with the subject of the evaluation

1. Inadequate evidence that this project has achieved sustainable results related to community led monitoring as well as reduction in stigma and discrimination, which are new elements in the Cooperative Agreement. 2. Limited government ownership of the Cooperative Agreement in some of the participating countries. 3. Challenges related to human resources in some countries following UNAIDS recent organisational realignment.

Level of investment in the area being evaluated

A total annual contribution of more than US\$10 million from CDC to UNAIDS.

Knowledge gap

In 2020, a mid-term evaluation of the five-year Cooperative Agreement for the period (2016–2021) was conducted and recommendations were made which were considered in the design of the current Cooperative Agreement.

This mid-term evaluation will determine the extent to which results in the component areas in the current five-year Cooperative Agreement (2021–2026) have been achieved, activities implemented as planned and challenges faced addressed. The implementation of activities related to the two new areas in the Cooperative Agreement – community led monitoring and stigma and discrimination – are of particular interest.

Feasibility of the evaluation

High. Building on the experiences from 2020 evaluation and in consultation with countries, a clear evaluation plan and implementable mitigation plan to address risks identified should make the evaluation feasible.

HIV as an element of the SDG 3 Global Action Plan (SDG3 GAP)

UNAIDS Strategy Priority 1: Maximize equitable & equal access to HIV services and solutions

Global Action Plan signatory agencies: WHO, UNAIDS, UNICEF, UNFPA, UNDP, UN Women, ILO, World Bank, World Food Programme, Gavi, Global Financing Facility, Global Fund and Unitaid

Coverage: Global Regional Countries

Time period: 2020–2023

Content and key questions

The evaluation will assess whether the signatory agencies have strengthened their collaboration by engaging with countries to identify priorities, plan and implement together; harmonizing operational and financial strategies, policies and approaches; reviewing progress and learning together to enhance shared accountability; and, accelerating progress in countries through joint actions under seven programmatic themes, and on gender equality and delivery of global public goods, with the aim contributing towards accelerated progress on the health-related SDG targets in countries.

The theory of change of this evaluation will be used as a framework to understand how the SDG3 GAP signatory agencies work together and have contributed to accelerate progress towards the health-related SDG, leaving no one behind, including in the context of countries' efforts to recover and rebuild from COVID-19 by strengthening their collaboration.

The evaluation will be looking at the following overarching questions along with specific questions on effectiveness, coherence and sustainability:

Q1: To what extent did the SDG3 GAP contribute to better health for people?

Q2: To what extent has the SDG3 GAP accelerated progress and supported countries towards achieving the 12 targets of SDG 3 and the 28 targets of other SDGs related to health?

Q3: To what extent are signatory agencies' operational and financial strategies, policies and approaches coherent, effective and sustainable? Are these sufficiently aligned, effectively avoiding duplication and driving efficiencies to strengthen country health systems?

Q4: To what extent are the signatory agencies currently jointly collaborating and mutually accounting towards strengthening the countries' health systems?

Q5: To what extent have SDG3 GAP signatory agencies collectively helped health systems and countries recover from the negative impacts of the COVID-19 pandemic?

Strategic significance

Halfway to 2030, progress to achieve the SDGs is off track. Even before COVID-19, the world was off track on major health-related indicators. Now, it is even further behind, and many countries face a range of overlapping health crises stemming from the impact of the pandemic, war, food insecurity and climate change. Economic conditions are also placing significant pressure on domestic and external financing for development. While other approaches, such as data and delivery for impact and innovation in products, services, and financing, are also needed, enhanced collaboration within the multilateral system is more important than ever to help accelerate progress towards the SDGs and make the most efficient and effective use of available resources.

In this context, it is critical for decision-makers at the global, regional and national level to understand whether SDG3 GAP is contributing to national SDG acceleration efforts by improving collaboration and coordination among its signatory agencies in alignment with country led national health plans and strategies, areas of improvement, lessons that can be scaled or expanded, where and how to better streamline development partners support and how the effectiveness could be further enhanced through reinforcing and complementary steps by other actors such as Member States. The 13 signatory agencies of SDG3 GAP have agreed to conduct a joint evaluation in 2023 which intends to assess collaboration, enhance shared accountability and identify lessons learned.

Risks associated with the subject of the evaluation

1. Number of stakeholders with different interests and needs 2. Evaluability of the SDG 3 GAP and quality of M&E data at all levels, 3. Sampling of countries, given the number of countries proposed, may result in insufficient comparability to draw meaningful and generalizable findings.

Knowledge gap

While there have been significant efforts to measure progress towards the achievement of the health-related SDG targets and indicators, limited efforts have been made to understand how the collective contributions of multilateral agencies can support countries accelerate progress on the health-related SDG targets and how progress in strengthening collaboration and alignment can be measured.

Feasibility of the evaluation

Medium. A clear mitigation plan to address each risk identified can improve the feasibility of the evaluation.

Sustaining impact on HIV through community systems

UNAIDS Strategy Priority 2: Break down barriers to achieving HIV outcomes

UNAIDS Strategy Priority 3: Sustain and integrate HIV responses

UNAIDS Secretariat and Cosponsors

Coverage: Global Regional Countries

Time period: 2020–2023

Content and key questions

The evaluation will assess the extent to which the Joint Programme has supported community systems to be fully recognized, empowered, capacitated and resourced for a transformative and sustainable HIV response in countries.

A theory of change will be developed to serve as a framework to understand how community organisations work together with other partners and use community led monitoring as a tool to accelerate progress towards achieving the 2030 targets and sustain the HIV response in countries. The evaluation will examine communities in countries with different HIV epidemic contexts, the role of social contracting and highlight the different aspects of community systems for health in countries.

The evaluation will explore the following questions:

Q1: How has the Joint Programme supported communities to accelerate progresses towards the targets to end AIDS by 2030?

Q2: To what extent have communities supported by the Joint Programme influenced policies, programmes and improvements in interventions, services and systems?

Q3: What have been the main challenges and success factors in strengthening community-led responses, community-led monitoring, the role of community health workers and social contracting?

Q4: What is the current scale of service delivery through community systems and what role can the Joint Programme play in strengthening and expanding community systems for health?

Strategic significance

Since the beginning of the HIV epidemic, communities have played critical role in the response. More than ever, it is time to sustain the gains of the AIDS response in countries and community systems strengthening is an integral part of efforts to achieve the vision and ambition of ending AIDS by 2030. In this context, it is critical to understand the role of the Joint Programme in supporting the involvement of communities in decision making related to a multi-sector response to HIV in countries, challenges and success factors in strengthening community systems in countries, the scale of community responses in different epidemic contexts and whether the necessary investments for resourcing and capacity building of community systems are made to empower them.

Risks associated with the subject of the evaluation

1. Evaluability of community systems in countries, 2. Quality of M&E data available of various aspects of community systems 3. Insufficient comparability to draw meaningful and generalizable findings from countries.

Level of investment in the area being evaluated

The amount of direct financial support provided by the Joint Programme to civil society is modest and it is important to consider other ways in which the Joint Programme is working to strengthen the role of communities in the AIDS response.

Knowledge gap

While there have been significant efforts by many partners to strengthen community systems in countries, insufficient analyses exist on the role of the Joint Programme in strengthening community systems which are recognized, capacitated and resourced to sustain the HIV response. Limited information also exists on efforts by the Joint Programme to introduce, support scale up social contracting to sustain the HIV response and how the community led monitoring is implemented in countries.

Feasibility of the evaluation

Medium. A clear and implementable mitigation plan to address the risks identified may further improve the feasibility of this evaluation.

UNAIDS partnership with the Global Fund PEPFAR

UNAIDS 2021–2026 Strategy: Across all three strategic priorities

UNAIDS Secretariat and Cosponsors

Coverage: Global Regional Countries

Time period: 2020–2023

Content and key questions

The evaluation will assess how the work of UNAIDS as Joint Programme complements and enhances the efforts of the Global Fund to Fight AIDS, TB and Malaria and the US President's Emergency Plan for AIDS Relief (PEPFAR) to end AIDS as a public health threat. The evaluation will examine areas of collaboration at the global, regional and country level. Its primary focus will be on UNAIDS role in supporting the achievement of results through Global Fund and PEPFAR funding to countries. The evaluation will consider implementation of the 2019 memorandum of understanding (MoU) between UNAIDS and the Global Fund, UNAIDS engagement in Global Fund governance and other mechanisms, funding arrangements between the Global Fund and UNAIDS as well as PEPFAR and UNAIDS for specific purposes. It will not consider the role of the US Government as a donor to UNAIDS core budget. Indicative evaluation questions include:

Q1: In which areas has UNAIDS support to the Global Fund and PEPFAR been most useful, e.g., data and evidence, advocacy, coordination, community engagement, technical support, etc?

Q2: What has been UNAIDS role in supporting the development and implementation Global Fund grants and PEPFAR country/regional operational plans?

Q3: To what extent has support from UNAIDS improved the allocation, utilization and results achieved through Global Fund and PEPFAR resources?

Q4: How effectively has UNAIDS (i.e., Secretariat, Cosponsors) engaged in the Global Fund governance and other mechanisms?

Strategic significance

The UNAIDS 2021–2026 Strategy highlights the need for partnerships and alignment of efforts in the response to AIDS. PEPFAR and the Global Fund are the two main funders of the AIDS response, and it would be almost impossible to reach the global target of ending AIDS without the strategic investment and utilization of Global Fund and PEPFAR resources. UNAIDS plays a key role in trying to ensure the optimal allocation and effective utilization Global Fund and PEPFAR resources and achievement of results at country level. The evaluation is key to inform the ongoing and future collaboration between UNAIDS and the Global Fund and PEPFAR in order to mobilize political commitment and resources to intensify efforts to achieve the goal of ending AIDS as a public health threat by 2030.

Risks associated with the subject of the evaluation

A significant amount of the data collection for the evaluation will take place at the country level. However, PEPFAR does not have a presence in every country where UNAIDS works, and the Global Fund does not have a presence in any country. Particular attention needs to be paid to ensure a balanced evaluation and avoid any bias, e.g., with UNAIDS voice coming out stronger in the evaluation than that of PEPFAR or the Global Fund.

Level of investment in the area being evaluated

Investments in and by the partnership are substantial at all levels. The Global Fund and PEPFAR rely on UNAIDS for political advocacy, coordination, community engagement as well as technical support to countries on policy, programme design, implementation, monitoring and reporting. The evaluation covers the work of the Joint Programme at levels with a particular focus on countries.

Knowledge gap

The evaluation will inform UNAIDS and the Global Fund and PEPFAR, donors, programme countries, civil society and other stakeholders of opportunities to strengthen cooperation and collaboration in the context of the 2021–2026 Global AIDS Strategy and the post 2030 agenda.

Feasibility of the evaluation

High. The evaluation is expected to be cost-shared between the Global Fund, PEPFAR and UNAIDS. The memorandum of understanding between UNAIDS and the Global Fund can be used as a reference to assess the collaboration between UNAIDS and the Global Fund.

Notes

An evaluation of the collaboration between UNAIDS and the Global Fund was carried out in 2017 (https://www.unaids.org/en/resources/documents/2017/PCB40_CRP3). An evaluation of the partnership between UNAIDS and the Global Fund and PEPFAR should be joint to ensure a balanced evaluation and the engagement and ownership of all parties.

The role of the Joint Programme in sustaining the response to HIV

UNAIDS Strategy Priority 3: Sustain and integrate HIV responses

UNAIDS Secretariat and Cosponsors

Coverage: Global Regional Countries

Time period: 2020–2024

Content and key questions

The evaluation will assess the role the Joint Programme has played in supporting countries achieve the goal of ending AIDS by 2030 and sustain the response beyond 2030. The evaluation will examine different country and epidemiological contexts and the role of the Joint Programme in promoting multi-sectoral responses with communities at the centre. The evaluation will consider the multisectoral approach and role of UNAIDS Secretariat, together with the Cosponsors, working in a constrained resource environment to advance HIV prevention and treatment outcomes as well as social and societal enablers. The evaluation is commissioned as direct follow up to the August 2023 MOPAN assessment of UNAIDS and the management response to it.

The evaluation will examine the following overarching questions:

Q1: How has the Joint Programme supported countries achieve the 95–95–95 and other targets while at the same time ensuring the sustainability of achievements?

Q3: To what extent has the Joint Programme strengthened capacities, services, systems, integration and coordination to sustain national, sub-national and community responses?

Q2: In which ways has the UNAIDS Joint Programme supported countries move towards resilient and sustainable responses which are not dependent external funding?

Q4: Has the Joint Programme deployed its human and financial resources optimally to support countries reach the last mile and sustain gains made?

Q5: Are there ways in which the Joint Programme could be more relevant, coherent, effective or efficient for greater impact and sustainability?

Strategic significance

Supporting countries transition from external to domestic funding, and country leadership and ownership of the AIDS response more broadly, have been priorities for UNAIDS for a long time. Ensuring the sustainability of the response to AIDS has become even more important as several countries have reached or are reaching the 95–95–95 targets (people tested – treated – virally suppressed) and the longer-term outlook for international funding for has become more uncertain. It is therefore critical to conduct a critical assessment of the work of the Joint Programme to inform future priorities, plans and division of labour to accelerate progress and sustain the HIV response.

Risks associated with the subject of the evaluation

1. Quality and comparability of M&E data available on the contributions of the UNAIDS Joint Programme
2. Difficulties to attribute progress in the AIDS response to support provided by the Joint Programme.

Level of investment in the area being evaluated

The evaluation is expected to cover work of the Joint Programme under the 2020–2025 Unified Budget, Results and Accountability Framework (UBRAF) funded from core and non-core resources. In 2022, the total annual expenditures for UNAIDS Secretariat and Cosponsors amounted to approximately US\$ 500 million.

Knowledge gap

Since the [independent evaluation of the UN System response to AIDS in 2016–2019](#), a comprehensive evaluation has not been conducted to understand the role and collective contribution of the UNAIDS Joint Programme in supporting countries achieve the 2021 Political Declaration on HIV/AIDS and Sustainable Development Goal 3.3 target of ending AIDS by 2030 and the sustaining the gains achieved beyond 2030.

Feasibility of the evaluation

Medium. A clear mitigation plan to address risks identified will be required to ensure the feasibility of the evaluation.

Multicountry offices and HIV advisors as alternatives to UNAIDS Country Offices

UNAIDS Strategy: Across all three strategic priorities

UNAIDS Secretariat with support from the United Nations Development Coordination Office

Coverage: Global Regional Countries

Time period: 2022–2024

Content and key questions

This formative evaluation will assess UNAIDS Secretariat multicountry offices and the placement of HIV advisors in Resident Coordinator Offices as alternatives to UNAIDS Secretariat offices at country level. The evaluation will examine whether or the extent to which UNAIDS Secretariat has been able to perform its core functions and any impact of this on the work of the Joint Programme in countries and UN system support to the national response to HIV. The evaluation will also consider possible secondary effects of the alternatives to UNAIDS country offices on the work of the UN Country Teams more broadly and leaving no one behind. The evaluation will review the administrative and operational arrangements which have been put in place as well as any challenges and gaps in these. The findings of the evaluation will enable UNAIDS Secretariat to address bottlenecks, gaps and unanticipated consequences and provide the evidence base for consideration of alternatives to UNAIDS offices in countries in the future.

The evaluation will examine the following specific questions:

Q1: To what extent and at what level of intensity has UNAIDS Secretariat been able to perform its core functions through multicountry offices and HIV advisors in Resident Coordinator offices?

Q2: How effectively have non-resident UNAIDS staff, HIV advisors Cosponsors come together as a UN Joint Team on AIDS to support to the HIV response in countries?

Q3: How effectively have staff in UNAIDS multicountry offices and HIV advisors engaged national and international partners in efforts to support the HIV response in countries?

Q4: What role have the Resident Coordinator offices played and which other factors have influenced the operations and support provided by UNAIDS multicountry offices and HIV advisors?

Q5: Are there benefits from the multicountry office model in terms of more sub-regional or cross-country collaboration, synergies, or lessons learned from other UN organizations of the model?

Strategic significance

Halfway to 2030, progress to achieve the SDGs is off track. Enhanced collaboration within the multilateral system is more important than ever to help accelerate progress towards the SDGs and make the most efficient and effective use of available human, technical and financial resources and leveraging the capacities and full comparative advantage of the UN System.

In this context, it is critical to understand whether the alternatives to UNAIDS country offices are effective in supporting the implementation of Global AIDS Strategy (2021-2026) and the goal of ending AIDS as a public health threat. Accordingly, evidence from the evaluation is expected to inform discussions and decisions on UNAIDS future footprint at country level.

Risks associated with the subject of the evaluation

1. Difficulties in establishing a counterfactual in countries where UNAIDS does not have a presence, i.e., what UNAIDS support would have looked like and resulted in if it had a country office. 2. Little or no evaluative evidence of the role and contribution of UNAIDS Secretariat in countries where it no longer has a presence and little institutional memory among the Cosponsors, national and international partners of the work of UNAIDS Secretariat when it still had a country office.

Knowledge gap

The optimal deployment of resources at country level has been a key priority for UNAIDS for several years, but no systematic review has been carried out to understand the impact of reduced funding on UNAIDS work at country level and whether alternatives to country offices can deliver desired results at a lower cost while promoting a sustainable response to HIV. As the first HIV advisors in Resident Coordinator offices have only taken up their positions in the fall of 2023, an evaluation is only envisaged towards the end of 2025, which can also consider the experience of deployment of gender and human rights advisors by other UN entities in Resident Coordinator offices as an alternative to country or multicountry offices.

Feasibility of the evaluation

Medium. A mitigation plan to address risks identified developed with UNAIDS Department of Management can improve the feasibility of the evaluation. The UN Development Coordination Office has expressed interest in the evaluation, which should facilitate access to information about the experience of other UN agencies supporting countries where they do not have a presence.

Annex 4: Evaluation Plan for 2025

Topic	Year	Status
UNAIDS partnership with the Global Fund and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)	2025	Planned
Multicounty offices and HIV advisors as alternatives to UNAIDS Country Offices	2025	Planned
Global, regional and country-level work	2025	Planned
Sustaining impact on HIV through community systems	2025	From 2024
The role of the Joint Programme in sustaining the response to HIV	2025	Planned

Evaluations	Year	Status	Budget (US\$)
UNAIDS Joint Programme evaluations			
HIV as an element of the SDG-3 Global Action Plan*	2024	Completed	50 000
Sustaining impact on HIV through community systems	2024 moved to 2025	Planned	240 000
UNAIDS partnership with the Global Fund and PEPFAR**	2025	Planned	100 000
The role of the Joint Programme in sustaining the response to HIV	2025	Planned	240 000
The contribution of the Joint Programme to UN Sustainable Development Cooperation Frameworks	2024 2025	Ongoing	100 000 50 000
<i>Total for joint evaluations</i>	<i>Subtotal for 2024</i>		<i>150 000</i>
	<i>Subtotal for 2025</i>		<i>630 000</i>
UNAIDS Secretariat evaluations			
The UNAIDS-CDC cooperative agreement	2024	Completed	150 000
Multicountry offices and HIV advisors as alternatives to UNAIDS Country Offices***	2025	Planned	150 000
Global, regional and country-level work	2024	Ongoing	80 000
	2025		80 000
<i>Total for Secretariat evaluations</i>	<i>Subtotal for 2024</i>		<i>230 000</i>
	<i>Subtotal for 2025</i>		<i>230 000</i>
Total	2024		380 000
	2025		860 000

* UNAIDS contribution towards a total budget of US\$ 295 000.

** Expected to be cost-shared by the Global Fund and PEPFAR.

*** Expected to be conducted in the second half of 2025

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