

FINAL REPORT

Review of UNAIDS Joint Programme evaluations and assessments (2020-2024)



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Evaluation management (UNAIDS Evaluation Office)

Jyothi Raja Nilambur Kovilakam, Senior Advisor, Evaluation
Adan Ruiz Villalba, Director, Evaluation

Management group

Deborah McWhinney (UNFPA)
David William Sunderland (UNESCO)
Marie Sabine Bombin (WHO)
Bettina Schunter (UNICEF)
Marie-Odile Emond (UNAIDS Secretariat, Global)
Helena Nygren Krug (UNAIDS Secretariat, Global)
Kow Nenyi Essel (UNAIDS Secretariat, Regional)
Ehounoud Pascal Eby (UNAIDS Secretariat, Regional)

Evaluation team: Euro Health Group

Maiken Mansfeld Jacobsen
Lawrence Gelmon
Maria Mareckova
Michele Gross
Clare Dickinson

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GLOSSARY OF TERMS

TERM	DEFINITION
ADDED VALUE	<p>The working definition of 'added value' to be further refined or tested as a hypothesis in a subsequent evaluation: "The added value of the UNAIDS Joint Programme is the additionality brought by the UNAIDS Joint Programme in the current HIV epidemic context to bring the desired joint results and transformations in countries harnessing the collective power of the UN through joint planning, implementation, allocation of resources and accountability for sustaining the gains from the HIV response by 2030 and beyond.</p>
FIT FOR PURPOSE	<p>Generic definition of 'fit-for-purpose': "well equipped or well suited for its designated role or purpose" (Oxford Languages)</p> <p>Working definition of UNAIDS Joint Programme 'fit-for-purpose' according to the 3 objectives of the UNAIDS Joint Programme 2017 Action plan – refining the operating model of the UNAIDS Joint Programme – definition to be further refined or tested as a hypothesis in a subsequent JP evaluation: "The UNAIDS Joint Programme operational model is fit-for-purpose when it is:</p> <ul style="list-style-type: none"> • deploying its human and financial resources where they are needed most; • reinvigorating country level joint work and collaborative action; • reinforcing accountability and results for intended target audience"
SUSTAINING THE RESPONSE TO HIV	<p>Definition of 'sustaining the response to HIV': "The vision of the HIV response sustainability approach is to "galvanize efforts and to drive sustainable HIV response transformations to reach and maintain epidemic control beyond 2030, by upholding the right to health for all". Therefore, HIV response sustainability implies that a country has and uses, in an enabling environment: (a) people-centred systems for health and equity; (b) empowered and capable institutions and community-led organizations; and (c) adequate and equitably distributed resources to end AIDS and sustain that accomplishment in ways that uphold the right to health for all." Source: HIV Response Sustainability Primer, Companion Guide, UNAIDS, Geneva 2024.</p>
UNAIDS JOINT PROGRAMME	<p>Includes the UNAIDS secretariat and 11 Cosponsors (the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), and the World Bank (WB).</p>

ACRONYMS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CE	Country Envelope
CCO	Committee of Cosponsoring Organizations
CSO	Civil society organization
DoL	Division of Labour
DRC	Democratic Republic of the Congo
DSD	Differentiated Service Delivery
ECOSOC	Economic and Social Council (of the United Nations)
EHG	Euro Health Group
GAM	Global AIDS Monitoring system
GAP	Gender Action Plan
GAS	Global AIDS Strategy
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
JPMS	Joint Programme Monitoring System
M&E	Monitoring and evaluation
MOH	Ministry of Health
MMD	Multi-Month Dispensing
MOPAN	Multilateral Organisation Performance Assessment Network
NSP	National Strategic Plan
PCB	Programme Coordinating Board
PEPFAR	US President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
RCO	Resident Coordinator's Office
SDG	Sustainable Development Goal
SRA	Strategy Result Area
STI	Sexually Transmitted Infections
ToC	Theory of Change
ToR	Terms of references

UBRAF	Unified Budget, Results and Accountability Framework
UCO	UNAIDS Secretariat Country Office
UHC	Universal Health Coverage
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	UN Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSDCF	The United Nations Sustainable Development Cooperation Framework
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization



EXECUTIVE SUMMARY



The UNAIDS Joint Programme (hereafter referred to as the 'Joint Programme') was established in 1996 as a distinctive, multi-stakeholder, and multisectoral initiative to lead the United Nations system's response to the global AIDS epidemic. Currently operating under the guidance of the Global AIDS Strategy 2021-2026 and the 2022-2026 Unified Budget Results and Accountability Framework (UBRAF), the Programme is focused on the goal of ending AIDS as a public health threat by 2030. The Joint Programme comprises 11 Cosponsors and is supported by the UNAIDS Secretariat. Euro Health Group has been commissioned by UNAIDS Evaluation Office to undertake a desk review of previously published Joint Programme evaluations, assessment and review reports to inform ongoing processes and an upcoming evaluation of the Joint Programme.

Purpose and objectives of the Review

The purpose of this review was to consolidate and analyse findings from previous Joint Programme evaluations, assessments and reviews, conducted between 2020 and 2024, as well as their management responses (hereafter collectively referred to as 'reports'). Four review questions were formulated to analyse the Joint Programme's work across several dimensions, focusing on areas of success, key internal and external challenges, and opportunities against the UNAIDS Joint Programme six programmatic objectives as defined in the ECOSOC Resolution 1994/24 establishing UNAIDS (referred to as the core mandate of the Joint Programme). In addition, the review analysed existing evidence on the extent to which key Joint Programme structures were 'fit-for-purpose', as well as evidence across reports of the added value of the Joint Programme in sustaining the HIV response.

Review Scope, evidence base and methodology

The review included 21 reports conducted between 2020 and 2024, covering all UNAIDS Joint Programme regions, 51 countries and a variety of thematic areas. 17 reports were evaluations. The reports covered three UBRAF periods (2012-2015, 2016-2021, and 2022-2026), with most reports focusing on the UBRAF 2016-2021 period. The review consolidated and analysed key findings from reports in scope. The data analysis used a structured approach, combining thematic content analysis for qualitative data with quantitative assessment. The main limitations of the review included reliance on historic data, challenges with distinguishing the contribution of the Joint Programme, data gaps and quality issues.

Review findings

REVIEW QUESTION 1

HOW WELL HAS THE JOINT PROGRAMME PERFORMED AGAINST ITS SIX PROGRAMMATIC OBJECTIVES?

The review assessed how well the Joint Programme performed against its six programmatic objectives, identifying key areas of success, internal challenges, and external factors impacting its performance. Key review findings for each of the six programmatic objectives are provided below.

Programmatic Objective 1 | Provide global leadership in response to the epidemic

The Joint Programme has effectively positioned itself as a global leader in the HIV response, aligning its activities with the Global AIDS Strategy, international targets and the UBRAF. A key identified strength of the Joint Programme and the Secretariat was reported as its leadership and advocacy for multisectoral approaches and human rights principles. Yet, several reports mentioned that reduced human resources across the Secretariat and declining HIV-dedicated staff among Cosponsors had affected the potential to take a leadership role, especially at country level. Another major challenge reported by several evaluations included persistent tensions between the Secretariat and Cosponsors, in part due to the shrinking allocation of UBRAF resources, affecting the coherence and leadership role of the Joint Programme.

Reports further noted that the Secretariat has faced internal challenges related to articulating a long-term vision for the Joint Programme beyond the 2030 goal of ending AIDS as a public health threat, however key overarching actions and a timeline were defined and agreed upon in October 2023 and recent action has been taken to address this.

Programmatic Objective 2 | Achieve and promote global consensus on policy and programmatic approaches

The Joint Programme has played a significant role in achieving and promoting global consensus on HIV policy and programmatic approaches as noted across almost all reports reviewed. The Joint Programme's approach to working with key populations and vulnerable groups, building on human rights principles, inclusion and participatory approaches, was recognized as best practice. Leveraging long-standing and innovative service delivery approaches and HIV infrastructure to support the global COVID-19 response was another key success documented by reports. Some challenges were however noted in relation to achieving and promoting global consensus, particularly in regard to aspects such as integration of HIV into broader health systems, and universal health coverage (UHC) and with other sectors towards an integrated multi-sectoral response, where internal consensus had not been reached among the Joint Programme entities. Siloed HIV financing, donor priorities, limited data on HIV in health benefit packages, and disruptions from the COVID-19 pandemic had also hindered the Joint Programme's efforts to support health system-level integration of HIV. The reports referred to a number of opportunities to reaching consensus on the approach to system-level integration within the Joint Programme and enhancing coordination with key partners such as the Global Fund and PEPFAR.

Programmatic Objective 3 | Strengthen the capacity of the UN system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level

Almost all evaluations and assessments reported that the Joint Programme, particularly the Secretariat, has enhanced the UN system's capacity to monitor HIV trends. It was further noted that this data had been instrumental in shaping national strategies, policies, planning, resource allocation and Global Fund proposals and PEPFAR Country Operational Plans. Despite the successes noted, human resource constraints had affected the ability of the Joint Programme to support monitoring of trends in some contexts. Political and cultural barriers were further preventing the collection of data on key and vulnerable populations in certain countries, especially in regions where homosexuality or sex work or injecting drug use/ drug use is criminalized or socially stigmatized – undermining the design of effective interventions.

Programmatic Objective 4 | Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level

The review found evidence of the Joint Programme being instrumental in strengthening the capacity of national governments to develop and implement comprehensive HIV/AIDS strategies, with recent efforts of supporting and widening the scope of national HIV strategies and frameworks to include also STIs, viral hepatitis and TB. However, inadequate coordination within the Joint Programme was a frequently cited challenge affecting the support to effective implementation of policies and strategies at country level. Although guided by an overarching joint strategy for the Joint Programme, country plans developed by country Joint Teams on AIDS often consisted of a compilation of individual agency activities rather than promoting joint initiatives with joint deliverables. Limited Joint Programme resources (human and financial) at the country level was also reported to have affected the ability of the Joint Programme to support national governments. Several reports additionally referred to situations where war, conflict, post conflict, or political instability having impacted the Joint Programme's support to government in various ways. Currently at country level, the United Nations Sustainable Development Cooperation Framework is the joint framework used with the host Government, having standalone HIV plans and structures and its effectiveness and efficiency need to be assessed further.

Programmatic Objective 5 | Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries ensuring that national responses involve a wide range of sectors and institutions

The review found substantial evidence of the Joint Programme being instrumental in mobilizing communities, key populations, civil society and promoting a multisectoral response to HIV. The Joint Programme has also demonstrated organizational commitment to foster gender equality and has supported gender-focused interventions at country level. However, success varied across countries and with noted gaps in key and vulnerable population programming. The effectiveness of the Joint Programme in mobilizing political and social support, particularly for key populations, was reported as being influenced by the maturity of the HIV epidemic as well as the cultural, social, political, financial and legal context.

Programmatic Objective 6 | Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities

The Joint Programme has played a critical role in advocating for greater political commitment to the HIV response and supporting financial and programmatic sustainability. This included providing technical support for funding requests, supporting the development of HIV investment cases and influencing Global Fund and PEPFAR financing decisions. The Joint Programme has further supported the establishment of legal frameworks for social contracting, essential for the sustainability of community-led HIV service delivery. Yet, translating political commitments into tangible financial support, particularly in terms of domestic financing for HIV, was reported as constrained. Domestic funding for key population programming, including combination HIV prevention, was specifically reported as inadequate, with slow progress and a continued heavy reliance on international donors across several countries. The slower progress and limited UBRAF budget allocation for HIV sustainable financing indicate less priority being awarded by the Joint Programme to HIV sustainable financing, compared to other areas of work during the period 2016-2020. Recently, however, sustainability has been strongly pushed by UNAIDS Secretariat, including with the development of country profiles and landscape analyses.

REVIEW QUESTION 2

HOW FIT FOR PURPOSE IS THE UNAIDS JOINT PROGRAMME CURRENT OPERATING MODEL IN FACILITATING THE ACHIEVEMENT OF ITS PROGRAMMATIC OBJECTIVES?

Five overall structural issues relating to the Joint Programme's operating model were explored in the review. These included:

- UN reform, Division of Labor and nature of Cosponsorship,
- Joint Programme M&E: UBRAF and JPMS
- Joint UN country teams on AIDS and Regional UN Joint Teams on AIDS
- Country Envelopes
- UBRAF funding

UN Reform, Division of Labor (DoL), and nature of Cosponsorship

The Joint Programme serves as a model for UN Reform and has generated important lessons for global coordination, however with a need to develop a long-term vision for the Joint Programme (beyond 2030) and rethink its future architecture. While the DoL between all agencies of the Joint Programme and the Secretariat was largely recognized as a strength of the Joint Programme, several reports noted that in practice its implementation often leads to competition and potential blurring or overlapping responsibilities, reducing the overall efficiency of the Joint Programme.

M&E of the Joint Programme - UBRAF and JPMS

While some reports refer to a largely clear results framework (UBRAF 2016-2021) which had continuously been sought improved for a more results-based reporting, there was generally mixed evidence across reports of the relevance and effectiveness of the UBRAF as a key strategic planning and results framework developed to guide the UN system's collective contributions to the global HIV response. Several reports further pointed to JPMS's limitations in regard to data quality, capturing achievements, and providing sufficient data for specific analyses. Although no evaluations had specifically assessed the JPMS, several evaluations relied on JPMS data and reported such limitations. Challenges in ensuring quality reporting were in part attributed to the reduced capacity of Cosponsors to support M&E activities, leading to gaps in data collection and analysis at the country level, and to the inability to evaluate the work of the Joint Programme as a Joint Programme and separate from other activities of the Cosponsor agencies.

Joint UN country teams on AIDS and Regional UN Joint Team on AIDS

UNAIDS Secretariat Country offices play a pivotal role in mobilizing and convening Joint UN Country Teams on AIDS, driving joint planning processes, and providing critical leadership. However, significant human resource challenges have hindered the Joint Programme's effectiveness at the country level across all Joint Programme six programmatic objectives and across all Cosponsors and the Secretariat. Insufficient coordination and collaboration among Joint UN Teams on AIDS (Cosponsors and the Secretariat) have further limited the Joint Programme's capacity to fully leverage its comparative advantage. Across reports in scope there was limited evaluative evidence to make an in-depth analysis of the functions of the Regional UN Joint Teams on AIDS and UNAIDS Regional Support Teams.

Country envelopes funding

The Joint Programme has responded to recommendations from the 2017 Global Review panel as well as previous evaluations by allocating more specific core funding to respond more flexibly to country needs – the country envelopes. Reports noted good examples of funds being used for catalytic purposes with potential multiplier effects, but the effectiveness of the CE had been affected by delayed disbursements, a complex financial architecture, fragmented and short-term funding envelopes and insufficient strategic planning. A new hybrid CE model has been developed for 2024-2025 to address these issues.

UBRAF funding

The review found that UBRAF expenditures 2016-2020 were predominantly targeting the thematic areas of HIV testing and treatment. and noted reports of continuously underfunded UBRAFs. UBRAF expenditures decreased over the period 2016-2020, with a larger decrease in core funding expenditures among Cosponsors compared to the Secretariat, however noting that the resource allocation for the Joint Programme as a whole is biased in favor of the Cosponsors as it includes resources raised by each agency outside the UBRAF and that in contrast to Cosponsor UN agencies, the Secretariat's alternatives for receiving funding are very limited. Several examples of the consequences of insufficient UBRAF funding have been reported at country level.

**REVIEW
QUESTION 3**

HOW IS THE UNAIDS JOINT PROGRAMME ADDING VALUE TO SUSTAINING THE RESPONSE TO HIV, CONVERSELY WHICH AREAS SHOULD IT REDUCE OR POTENTIALLY EVOLVE/CHANGE ITS ENGAGEMENT ESPECIALLY CONSIDERING THE FUNDING SHORTFALL?

The review found evidence across reports of the added value of the Joint Programme's in sustaining the HIV response through three core areas: Multisectoral coordination, leadership and alignment; Social mobilization and engagement of key populations; and Generation of strategic information.

Multisectoral coordination, leadership and alignment

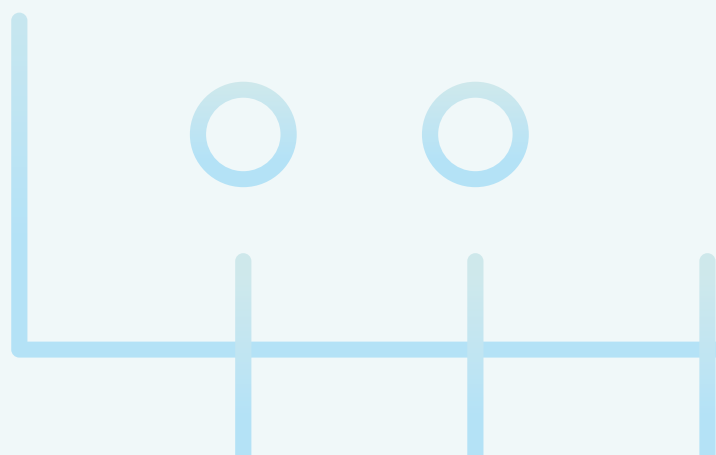
The Joint Programme's primary added value lies in its capacity to coordinate the collective expertise of its Cosponsors, each bringing unique strengths to a multisectoral HIV response. However, with fewer funds available to the Joint Programmes, particularly at country level, less can be achieved, unless alternative coordination platforms can be leveraged, or an increased proportion of HIV funding can be directed to country level.

Social mobilization, engagement of key and other vulnerable populations, and advocacy for gender equity and human rights

The review found substantial evidence of Joint Programme having added value to advance people-centred systems for health and equity. This included empowered institutions and community-led organizations through its work with social mobilization, and advocacy on issues such as human rights, gender equality, and equity issues - all crucial areas to address the social determinants of HIV vulnerability. However, stigma and discrimination remained significant repeated barriers to the Joint Programme's engagement of key and vulnerable populations and remains an area where the Joint Programme needs to invest more capitalizing on the established partnerships and decades of experience.

Generating strategic information to guide the response

Another distinct added value of the Joint Programme has been its generation and dissemination of strategic information on HIV, which provided essential data and analysis to support evidence-based decision-making in HIV responses with an equity lens. Disaggregated data related to community-led responses, "people-centered systems for health and equity" and key population disaggregated data still warrants further efforts by the Joint Programme. Data roles of Joint Programme entities should be further explored and possibly better defined to avoid potential duplication.



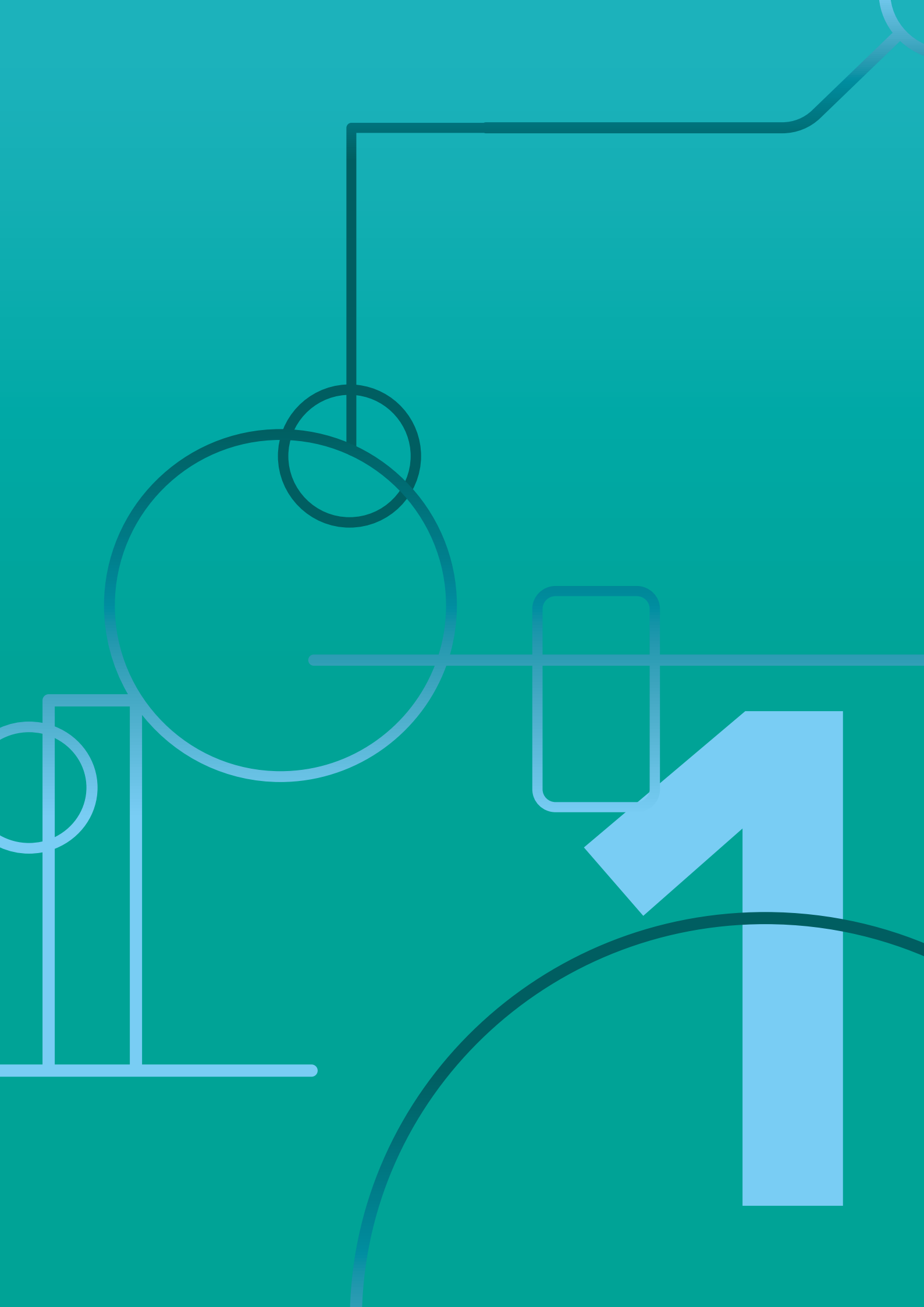
HIV sustainable financing

Evidence on the added value of the Joint Programme's regarding sustainable financing was mixed. The Joint Programme, particularly the UNAIDS Secretariat, has played a critical role in helping countries mobilizing financial resources through the Global Fund and influencing financial priorities for national responses. There was also evidence of the Joint Programme supporting the development of HIV Investment Cases, and efforts to transition to domestic financing. However, the review found that these efforts did not always translate into national budget increases and domestic resource allocations with missed opportunities in leveraging political commitment for sustainable HIV financing within the broader UHC context. The review found a clear scope for the Joint Programme to invest substantially in HIV sustainable financing including leveraging the integration agenda and UHC frameworks.

Evidence gaps identified through the review

The review identified several evidence gaps that may be relevant for further exploration in future Joint Programme evaluations. Major evaluative findings gaps included: Evaluations conducted did not widely cover UBRAF progress reporting which led to scattered quantitative results reporting on UBRAF progress across the reports reviewed; there was limited evaluative evidence on specific Joint Programme structures (Regional Joint UN Teams on AIDS, Regional Support Teams (RSTs), UNAIDS Programme Coordinating Board (PCB), Committee of Cosponsoring Organizations CCO) and limited explorative evidence on Joint Programme's partnerships and HIV data roles across the Joint Programme. Other gaps identified included less attention to the Middle East and North African Regions and other regions such as Eastern Europe, Latin America and Caribbean, limited follow-up analysis on the implementation status of UNAIDS Secretariat evaluation recommendations, and an outdated Capacity Assessment.

It will be important to consider these identified evidence gaps as well as ensuring that future evaluations of the Joint Programme employ a methodology that allows an analysis of the contribution of the Joint Programme (versus that of partners) to achieved results.



BACKGROUND AND CONTEXT

The UNAIDS Joint Programme (hereafter referred to as the 'Joint Programme') was established in 1996 as a distinctive multi-stakeholder and multisectoral initiative designed to spearhead the United Nations system's response to the global AIDS epidemic. Originally comprising six Cosponsors—namely, the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), and the World Bank (WB)). The Joint Programme is supported by the UNAIDS Secretariat which maintains overall responsibility for ensuring strategic focus, coordination, functioning and accountability across all Joint Programme work¹.

The global response to HIV is guided by the Sustainable Development Goal (SDG) target of ending AIDS by 2030, the 2021 Political Declaration on HIV/AIDS, and the 2021-2026 Global AIDS Strategy (GAS). The Joint Programme's Unified Budget, Results, and Accountability Framework (UBRAF) for 2022-2026, developed collaboratively by the UNAIDS Secretariat and its eleven Cosponsors with guidance from a Programme Coordinating Board (PCB) external Working Group, was approved by the PCB in 2021. The UBRAF outlines the Joint Programme's strategic contributions to implementing the 2021-2026 GAS. This framework has been operationalized through the biennial Workplan and Budget, which the PCB approved for the 2022-2023 period and for the current 2024-2025 cycle.^{2,3}

As part of its ongoing leadership, and mandate UNAIDS has initiated preparatory work for developing the next global AIDS targets and GAS, which will extend beyond 2030. Integral to this process, countries are formulating HIV response sustainability roadmaps to plan and implement necessary transformations. In 2024, a mid-term review of the 2021-2026 GAS is conducted using the 2024 UNAIDS Global AIDS report to review progress made and guide the remaining period of the GAS, as well as the development of the subsequent GAS. This mid-term review will be primarily based on reporting against the Global AIDS Monitoring indicators, utilizing the 2023 epidemiological data from countries to assess their progress against the global AIDS targets by 2025.⁴

1 [UNAIDS Joint Programme Division of Labour — Guidance Note 2018](#)

2 [Agenda item 4: 2022-2023 Workplan and Budget | UNAIDS](#)

3 [Agenda item 4.3: Workplan and Budget 2024-2025 | UNAIDS](#)

4 [2024 global AIDS report — The Urgency of Now: AIDS at a Crossroads | UNAIDS](#)

The last comprehensive evaluation of the UN system response to AIDS assessed the Joint Programme's progress during the 2016–2019 period against the 2016-2021 UNAIDS Strategy and UBRAF, focusing on global, regional, and country-level responses to AIDS. The findings provided key recommendations to adapt the Joint Programme as it works towards the goal of ending AIDS by 2030 (2). For accountability purposes and to complement the mid-term review of the 2021-2026 GAS and contribute to the development of the new GAS, a Joint Programme Evaluation 2020-2024 has been included in the UNAIDS Evaluation Plan for 2024-2025 approved by the governing UNAIDS PCB in December 2023.⁵ The Evaluation will assess the Joint Programme's work at country, regional, and global levels during the time period 2020-2024 corresponding partially to the UBRAF strategic period of 2021-2026. (see Annex 4). A key purpose of the Joint Programme Evaluation 2020-2024 is to assess the shifts in context since the Joint Programme was established⁶ and in particular since the last Joint Programme comprehensive evaluation covering the time period 2016-2019 (2).

As stated in the approved UNAIDS evaluation plan 2024-2025,⁷ objectives of the Joint Programme Evaluation 2020-2024 include to:

- Assess the role the Joint Programme has played in supporting countries achieve the goal of ending AIDS by 2030 and sustain the response beyond 2030⁸
- Examine different country and epidemiological contexts and the role of the Joint programme in promoting multisectoral responses with communities at the centre of the response
- Consider the multisectoral approach and role of the UNAIDS Secretariat, together with Cosponsors, working in a constrained resource environment, to advance HIV prevention and treatment, outcomes, as well as societal and social enablers

The Joint Programme Evaluation 2020-2024 will examine the following overarching evaluation questions:

Q1	How has the Joint Programme supported countries reach the 95-95-95 and other targets, while at the same time ensuring sustainability of achievements?
Q2	To what extent has the Joint programme strengthened capacities, services, systems integration and coordination to sustain national, sub-national and community responses?
Q3	In which ways has the Joint programme supported countries move towards resilient and sustainable responses which are not dependant on external funding?
Q4	Has the Joint Programme deployed its human and financial resources optimally to support countries reach the last mile and sustain the gains made?
Q5	Are there ways in which the Joint programme could be more relevant, coherent, effective and efficient for greater impact and sustainability?

5 www.unaids.org/sites/default/files/media_asset/PCB53_Evaluation_Annual_Report_EN_v2.pdf

6 through the ECOSOC resolution in 1994 with formal launch of the UNAIDS on 1 January 1996

7 www.unaids.org/sites/default/files/media_asset/PCB53_Evaluation_Annual_Report_EN_v2.pdf

8 See glossary of terms for working definition of 'sustaining the response to HIV'

The Joint Programme Evaluation 2020-2024 is expected to provide recommendations about the future direction and sustainability of the Joint Programme and will run concurrently with thematic discussions by the UNAIDS PCB on the sustainability of the Joint Programme and the convened High Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response whose report will inform UNAIDS Executive Director's and Committee of Cosponsoring Organization's recommendations on revisiting of the operating model for consideration by the PCB in June 2025. The Evaluation will further serve as a crucial complement to the recent Multilateral Organisation Performance Assessment Network (MOPAN) assessment of UNAIDS conducted in 2023. While the MOPAN assessment focused exclusively on the performance of the global functions of the UNAIDS Secretariat with limited attention to the functions and performance of the Joint Programme at the country level (3), the Evaluation will take a broader and more comprehensive approach. It will draw from other external reviews of the Joint Programme undertaken since 2020 and collect primary data. Additionally, it will consider findings from the 2021 Capacity Assessment conducted by Oxford Policy Management, which evaluated the human and financial resources of the Joint Programme to ensure its evolving capacity meets the needs of the global HIV response.

The findings from the Joint Programme Evaluation 2020-2024 is expected to play a critical role in shaping discussions among the executive heads of UNAIDS Cosponsors, the Secretariat, and Board members regarding the extent to which the Joint Programme is fit-for purpose⁹ in the evolving global health landscape. Reporting to the PCB in June 2025, the UNAIDS Joint Programme Evaluation 2020-2024 will make recommendations that consider the budgetary challenges and risks facing the Joint Programme, as well as being informed by the findings and recommendations from other ongoing processes such as the recommendations of the Joint Inspection Unit and the work of the convened High Level Panel, which was under formulation during the protocol drafting of this review.

The Joint Programme Evaluation 2020-2024 will cover the period since the last comprehensive evaluation of the role of UNAIDS as a Joint Programme, which was concluded in 2020 (2) and build on the findings from this evaluation.

As preparation for the Joint Programme Evaluation 2020-2024, a review of previous UNAIDS Joint Programme evaluations (as well as their management responses) and other key Joint Programme reviews and assessment reports published between 2020 and 2024 has been commissioned. This report presents the purpose, objectives, methods and key findings of the review as well as identified information gaps.

9 see [decision 6.5](#)



REVIEW PURPOSE, OBJECTIVES, AND SCOPE

Purpose and objectives of the review

The purpose of the review of Joint Programme evaluations, assessments reports and their management responses was to consolidate and analyse findings from previous Joint Programme evaluative evidence published during the period 2020-2024. The review will thus lay the groundwork for the UNAIDS Joint Programme Evaluation 2020-2024 by informing its overall evaluation design, approach, methodology, and data to be collected.

The specific objectives of the review were to:

- Consolidate and analyse evidence on achievements, challenges and lessons learned against the UNAIDS Joint Programme mandate/six programmatic objectives.¹⁰
- Consolidate and analyse evidence for how the Joint Programme has added value¹¹ or could potentially add value in relation to the HIV response, and where the added value of the UNAIDS Joint Programme is less evident.
- Identify information gaps in the reports reviewed, to inform the ToR for the UNAIDS Joint Programme Evaluation 2020-2024.

Selection criteria for the review

The selection criteria for reports to be included in the review were established based on the ToR for the review – see Annex 5, and further refined through discussions with the core management group, constituted by the UNAIDS Evaluation Office for the CEJP. The management group consists of six nominated members from the UNAIDS Secretariat from global and regional level, four selected members from its Cosponsors, and one volunteer member from the Expert Advisory Committee on evaluation. The members played a key role in developing the review protocol, providing feedback and revisions and conducting a peer review of the report. Additionally, the group identified and included two assessments and the management responses, as key resources for the review. The final selection criteria included:

10 This corresponds to the six original programmatic objectives in the ECOSOC resolution establishing UNAIDS (1994/24), reinforced by ECOSOC and the UN General Assembly in 2021 (detailed in scope section).

11 See glossary of terms for working definition of 'added value'

- Evaluations, reviews, and assessments commissioned and managed by the UNAIDS Evaluation Office (2020-2024) including those directly overseen by the UNAIDS Evaluation Office
- UNAIDS Cosponsor Joint Evaluations on HIV (2020-2024) conducted jointly by a minimum of two Cosponsors and as aligned with at least one of the UBRAF result areas.
- Independent assessments of UNAIDS (2020-2024) including independent evaluations and assessments conducted during this period that focus on UNAIDS.
- Internal assessments/reviews by Cosponsors (2020-2024) carried out by Cosponsors during the specified period.
- Available management responses to any of the above-mentioned evaluations and assessments

Programmatic and analytical scope

The review focused on assessing the achievements of the Joint Programme in relation to the mandate of the Joint Programme as articulated in the six programmatic objectives outlined in the Economic and Social Council of the United Nations (ECOSOC) resolution that established UNAIDS (1994/24). This mandate was further reinforced by an additional ECOSOC resolution (1995/2) and decision (1995/223), as well as the 2021 UN General Assembly Political Declaration on HIV/AIDS.⁽⁵⁾ The six programmatic objectives, which form the core mandate of the UNAIDS Joint Programme, are explicitly referenced on the first page of the current Global AIDS Strategy (GAS) 2021-2026 (1) and comprise the following:

1. Provide global leadership in response to the epidemic.
2. Achieve and promote global consensus on policy and programmatic approaches.
3. Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level.
4. Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level.
5. Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries ensuring that national responses involve a wide range of sectors and institutions.
6. Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

The review did not encompass a regional breakdown or disaggregation of data.

Description of the review evidence base

After applying the selection criteria, the review included 21 UNAIDS Joint Programme evaluations, reviews, and assessment reports (hereafter referred to as 'reports') published during the period 2020-2024 as well as their management responses when such were available. (see Annex 3 for the full list of reports in scope for the review). The selected reports spanned a wide array of topics and regions, providing diverse insight into the Joint Programme's performance, reported successes and challenges.

Characteristics of reports in scope

Most of the reports reviewed were evaluations (n=17), supplemented by one review and three assessments. During the period 2020-2024, the UNAIDS Evaluation Office published a total of five country evaluation reports and 14 global evaluation reports. Additionally, two independent assessments of the Joint Programme were conducted within this timeframe. Of the 16 global evaluation reports, seven focused exclusively on the work of the UNAIDS Secretariat, while the remaining nine addressed the broader scope of the Joint Programme, encompassing both the UNAIDS Secretariat and its Cosponsors. The global evaluation reports typically covered all three operational levels—global, regional, and country—with the majority incorporating country case studies to provide a comprehensive analysis. (Table 1).

The evaluations in scope predominantly employed theory-based methodologies, with 13 centered on testing and assessing their respective Theories of Change (ToC) against the achievement of results. Other methodologies included rapid appraisal, rapid assessment, utilization-focused evaluations, MOPAN assessment, realist evaluation, and one unspecified evaluation methodology. A mixed-methods approach was the most common, blending quantitative and qualitative techniques to enhance robustness. However, there was a clear qualitative predominance in these mixed-method designs. In addition, three evaluations relied solely on qualitative methods. (Table 1).



TABLE 1 CHARACTERISTICS OF REPORTS IN SCOPE (N=21)

UNAIDS JOINT PROGRAMME SCOPE	
UNAIDS Joint Programme - Country level	5 (24%)
UNAIDS Joint Programme - Global level	9 (43%)
UNAIDS Secretariat	7 (33%)
METHODOLOGY OF REPORTS	
Theory-based evaluation	13 (62%)
Rapid assessment	1 (5%)
Rapid appraisal	1 (5%)
Realist evaluation	1 (5%)
MOPAN assessment	1(5%)
Unspecified	4 (14%)
METHODS OF REPORTS	
Mixed methods	18 (86%)
Entirely qualitative	3 (4%)
Entirely quantitative	0

UBRAF periods

The data collection period of the reports covered the timeframe 2015-2023, which corresponds to three different UBRAF periods (2012-2015, 2016-2021, 2022-2026 respectively). Most reports in scope (n=19) reported against the UBRAF 2016-2021. A smaller subset of evaluations (n=6) reported against both the UBRAF 2016-2021 and 2022-2026 periods. One evaluation and one assessment reported against UBRAF 2022-2026 alone, while one evaluation corresponded to the UBRAF 2012-2015 period.

Thematic areas coverage

The global reports in scope covered a diverse range of Joint Programme thematic areas, including key populations (KPs), efficient and sustainable financing, strategic information, gender-based violence (GBV), integration and linkages with primary health care (PHC), resilient systems for health, partnerships, and social protection. Some reports also assessed specific Joint Programme mechanisms and approaches, such as country envelopes (CEs), regional data hubs, and the Fast-Track Cities Initiative. The Joint Programme Capacity Assessment report covered capacity and resource aspects, whereas the MOPAN assessment from 2023 mainly assessed functions of the UNAIDS secretariat.

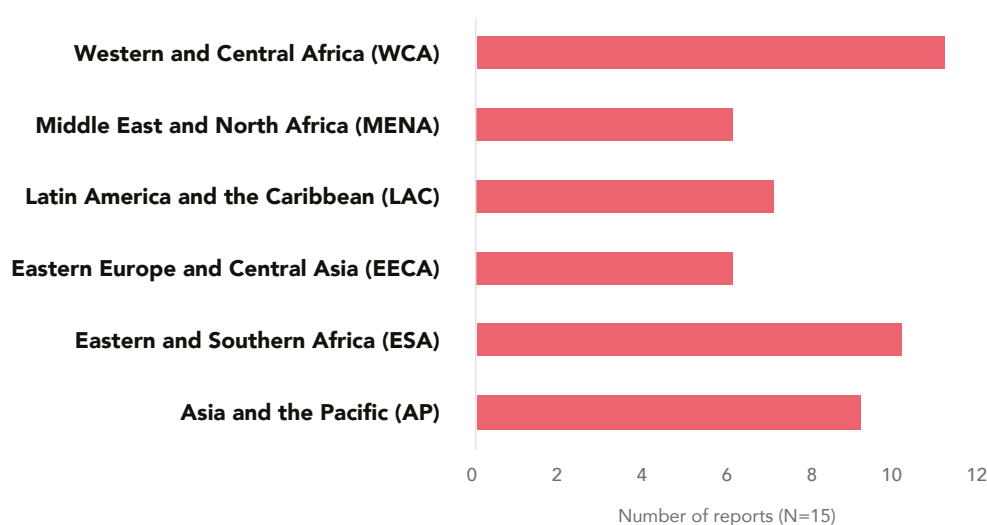
UBRAF Result areas coverage

Overall, UNAIDS Secretariat functions¹² were the most frequently addressed across the reports in scope¹³ highlighted in 20 reports. Sustainable financing and integrated health services (SRA 7 and RA 8) also emerged as key focus areas, covered in 14 reports, while integration of people-centered HIV and health services (SRA 8 and RA 9) appeared in 11 reports. During the 2016-2021 period, HIV testing, treatment, and prevention received moderate attention, with 8-10 reports covering testing and treatment (SRA 1) and prevention for youth and key populations (SRAs 3 and 4). In the 2022-2026 period, HIV prevention (RA 1), community-led responses (RA 4), and humanitarian settings and pandemics (RA 10) were each assessed in only three of the reports in scope. The country-specific reports broadly addressed all Joint Programme's UBRAF result areas and the comprehensive Joint Programme evaluation report from 2020 covered all UBRAF 2016-2021 result areas. (2).

Geographical coverage

Reports represented a largely balanced geographical span and covered all UNAIDS regions as portrayed in Figure 1. below. Collectively, the reports in scope included evaluation evidence from 51 different countries. The Western and Central Africa (WCA region was most often included through country evaluations or country case studies (n=11), closely followed by Eastern and Southern Africa (n=10). In terms of regional coverage, Africa had the highest representation with reports covering 14 of 21 countries (67%) in Eastern and Southern Africa and 8 of 25 countries (32%) in Western and Central Africa, indicating a strong focus on Africa as a whole. Reports included 11 of 39 countries (28%) in Asia and the Pacific, 9 of 33 countries (27%) in Latin America and the Caribbean, and 5 of 16 countries (31%) in Eastern Europe and Central Asia. The Middle East and North Africa had the least representation, with 3 of 19 countries (16%) covered through country case studies.

FIGURE 1 GEOGRAPHIC DISTRIBUTION OF REPORTS IN SCOPE



12 S.1 Leadership, advocacy and communication, S.2 Partnerships, mobilization and innovation, S.3 Strategic information, S.4 Coordination, convening and country implementation support, S.5 Governance and mutual accountability

13 corresponding to UBRAF periods 2016-2021 and 2022-2026



REVIEW QUESTIONS

Review questions were formulated to analyze the UNAIDS Joint Programme's work across several dimensions, focusing on areas of strong performance, areas of weaker performance, and the various factors that have facilitated or hindered the UNAIDS Joint Programme's role and performance. This analysis was conducted in relation to the UNAIDS Joint Programme's mandate, specifically its six programmatic objectives, as reflected across the 21 reports. The approach ensured a comprehensive understanding of the Joint Programme's strengths, challenges, and the contextual factors influencing its ability to achieve its mandate. The following four review questions were interrogated:

Q1	How well has the UNAIDS Joint Programme performed against its six programmatic objectives?
<ul style="list-style-type: none"> • What areas of success and best practice can be identified in relation to the six programmatic objectives of the UNAIDS Joint Programme? • What internal challenges and opportunities have affected the performance of the UNAIDS Joint Programme against its six programmatic objectives? • What external and contextual issues have affected the performance of the UNAIDS Joint Programme and its ability to achieve its programmatic objectives? 	
Q2	How fit for purpose ¹⁴ is the UNAIDS Joint Programme current operating model in facilitating the achievement of its programmatic objectives?
Q3	How is the UNAIDS Joint Programme adding value ¹⁵ to sustaining the response to HIV, conversely which areas should it reduce or potentially evolve/change its engagement especially considering the funding shortfall?
Q4	What information gaps and limitations can be identified through the review and where should the UNAIDS Joint Programme Evaluation 2020-2024 focus its methodology, collection of additional primary data and analysis of secondary data if needed?

A framework with the review questions, key areas of enquiry, and a mapping of related UBRAF indicators is presented in Annex 2: Review framework.

14 See glossary for working definition of 'fit for purpose'

15 See glossary for working definition of 'added value'



METHODS

Overall methodology

The review consolidated and analysed key findings from a pre-defined scope of previous UNAIDS Joint Programme reports (evaluations, assessments, reviews and their management responses), to establish a comprehensive and accessible knowledge base. See Annex 3 for an overview of the reports included in the review.

As a review, it consolidated existing evidence without attempting to make causal inferences or measure the impact of specific interventions. Instead, the review drew on findings from previous reports to identify common themes, existing knowledge gaps or areas needing further exploration, to guide future evaluations—specifically, the UNAIDS Joint Programme Evaluation 2020-2024. By creating this knowledge base, the review ensured that subsequent evaluations are informed by a thorough understanding of past performance and learnings and can focus on areas where additional insights are most needed. The analysed reports are numerically cited and presented in the bibliography in Annex 1 (Vancouver style referencing)

Data analysis

Descriptive analysis of the evidence base

As a first step, a descriptive analysis of the characteristics of the 21 reports was performed. This analysis is referred to as applicable in section 2.4; 4.3, and 4.4. The descriptive analysis was based on pre-defined categories, which included:

- Type of report: Classification of the reports based on their nature (e.g., evaluation, review, assessment, management response).
- Methodology and methods applied: Examination of the methodologies and methods used in each report.
- Temporal scope: The time periods covered by the reports.
- UNAIDS Joint Programme scope: The level at which the reports focused (e.g., global, regional, country).
- UNAIDS Joint Programme Regions and case study countries: Geographic focus, including the specific UNAIDS regions and case study countries involved.
- UBRAF period and result areas covered: Alignment with the relevant UBRAF periods and the specific result areas
- Programmatic objectives: The specific programmatic objectives of the Joint Programme that were evaluated.
- Management responses: extent to which recommendations were accepted or rejected
- Major limitations: Identification of significant limitations within the reports, such as methodological constraints or evidence gaps – see section 4.4.

Analysis consolidating evidence from reports in scope

A structured approach was employed throughout the data analysis process. Data analysis mainly comprised qualitative, but also quantitative data. Qualitative data were analyzed using thematic content analysis, a method particularly well-suited for information across multiple programme areas that employ qualitative research techniques. Quantitative data analysis mainly included an assessment of the progress on UBRAF or GAS indicators across the evaluations as applicable.

This analysis was carried out in three stages:

1. Initial coding and data extraction:

- Relevant evidence was coded and extracted in alignment with the review questions and programmatic objectives. This process involved a line-by-line approach to ensure that all pertinent information was captured and categorized effectively.

2. Identification of themes:

- Following the initial coding, data were analysed to identify descriptive themes. This stage involved analysing the line-by-line data to uncover key findings, which were then grouped into broader themes.

3. Triangulation:

- In the final stage, to ensure the accuracy and reliability of data analysis, recurring findings and themes were compared across different reports, where applicable. This triangulation helped identify consistent patterns and reduced the risk of relying on isolated or context-specific findings. This analysis also drew insights and connections between the themes, providing a richer understanding of the qualitative data and how this compared to the quantitative data.

Strengths of the review

The review provides a consolidated picture of key findings against mandated areas of the UNAIDS Joint Programme. With respect to the overall strength of the evidence base, several key points stand out:

- The reports in scope included case studies from 51 different countries, ensuring a diverse and comprehensive representation of the Joint Programme's work across various regions and contexts (Figure 1.)
- The majority of evaluations (n=13) employed mixed methods, grounded in testing a Theory of Change (ToC), incorporating both qualitative and quantitative insights.
- All evaluations managed by the UNAIDS Evaluation Office (n=18) had been externally assessed and rated as either 'good' or 'fair'¹⁶

16 The external assessments of the evaluation reports have been conducted by the Mannheim Center for Evaluation and Development (<https://c4ed.org/>).

- Country-specific evaluations (n=5) broadly addressed most of the UNAIDS Joint Programme's key thematic areas and UBRAF result areas, while global evaluations covered a diverse range of thematic areas. An independent evaluation of the UN system's response to AIDS from 2016 to 2019 covered all UBRAF 2016-2021 result areas
- A total of 150 recommendations were made across the evaluations, of which 78% were fully accepted, 18% were partially accepted, and only 4% were rejected. This high acceptance rate underscores the perceived utility of the evaluations recommendations and could serve as a proxy for the validity of the key findings (also note here the fact that the approach to development of recommendations was largely co-creation with relevant managers).

Limitations of the review

The review relied entirely on past reports and is limited by the scope and quality of the source document. Several limitations identified in the reports (see below) affected the strength of this review.

Main limitations of the sources for the review:

HISTORIC DATA | The majority (90%) of reports corresponded to the UBRAF 2016-2021 period, with only two reports covering the current UBRAF period. Some recommendations and findings may have already been addressed, potentially limiting the relevance of some of the findings. In addition, no evaluations covered one complete UBRAF period.

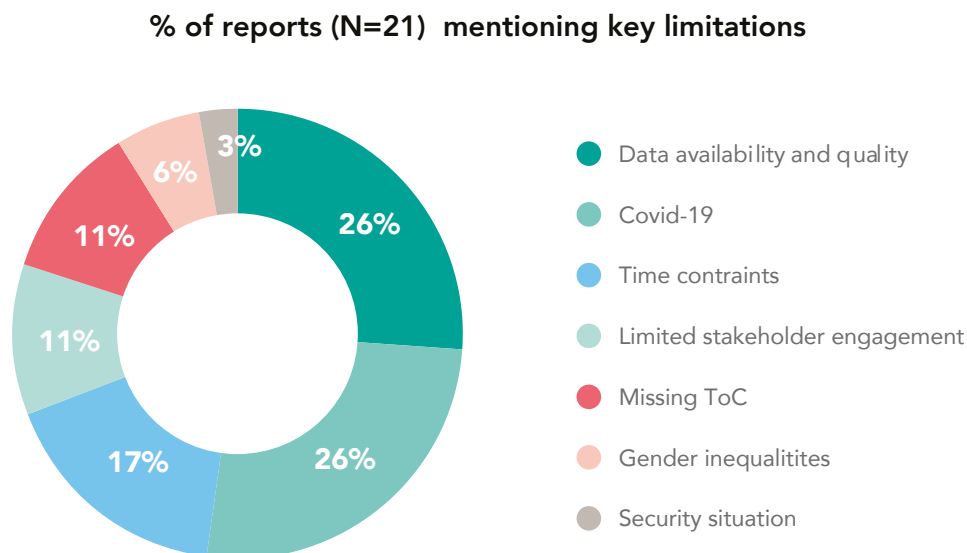
QUANTITATIVE RESULTS REPORTING | The reporting of quantitative results across the reports was inconsistent, making comparison of quantitative results challenging. Of the 21 reports, only 11 included reporting on UBRAF indicators, with the Independent evaluation of the UN system's response to AIDS from 2016 to 2019 being the only report to provide a complete picture of the Joint Programme's performance against the UBRAF 2016-2021 result areas. Other reports focused on specific areas, outputs, or indicators, or developed and reported against ToC outcomes instead of UBRAF indicators

DISTINGUISHING THE ROLE OF THE JOINT PROGRAMME | Many of the reviewed evaluations did not clearly differentiate the Joint Programme's contributions from those of other partners, making it difficult to isolate its unique impact. None of the evaluations were impact evaluations or used true contribution analysis, though the language of contribution was sometimes applied.

THEMATIC SCOPE | The reports reviewed did not cover all thematic areas relevant to the Joint Programme. Some critical areas, such as HIV testing and treatment HIV combination prevention were underrepresented compared to areas like the enabling environment and cross-cutting themes.

DATA QUALITY AND AVAILABILITY | Data limitations were a common concern reported across the evidence base. The reports frequently noted gaps in data availability and quality (26% of the reviewed reports noted this limitation – see Figure 2). In addition, insufficient data disaggregation, and limited outcome-level data and the lack of a unified ToC in some evaluations had reportedly complicated the assessment of effectiveness. Budget/ expenditure data had further challenged any true efficiency analysis. The reports also noted that limited stakeholder participation and time constraints had affected the depth of analyses. Furthermore, COVID-19 hindered fieldwork and access to some stakeholders, while security concerns in conflict areas were reported as restricting access. Gender inequalities were noted as limitations in two reports, highlighting structural barriers that limited women's representation in evaluations. Mitigating measures, like gender-focused referrals and balanced focus groups, helped address these gaps (Figure 2.).

FIGURE 2 RECURRENT METHODOLOGICAL LIMITATIONS OF THE REPORTS REVIEWED



Limitations of the review process itself:

- Due to resource and time constraints, the review relied and captured only information available in reports in scope (as defined in section 2.2) and did not take into account other reporting (e.g. Performance Monitoring Report, financial reports) and other documents (contexts, reports to the PCB etc.)
- Conducting qualitative data analysis inherently includes a risk of bias. This was mitigated by applying triangulation - triangulating qualitative and quantitative data, and triangulation across data sources.
- The review was framed around the Joint Programme six programmatic objectives from the ECOSOC 1994 resolution. Thus, new thematic priorities and indicators that have emerged since 1994 and reflect the evolving nature of the HIV epidemic and its response, may not be fully reflected.



REVIEW FINDINGS

REVIEW QUESTION 1

HOW WELL HAS THE UNAIDS JOINT PROGRAMME PERFORMED AGAINST ITS SIX PROGRAMMATIC OBJECTIVES?

Review question 1 is answered through three sub-questions:

- **1.1** What areas of success and best practice can be identified in relation to the programmatic objectives of the Joint Programme?
- **1.2** What internal challenges and opportunities have affected the performance of the Joint Programme against its programmatic objectives?
- **1.3** What external and contextual issues have affected the performance of the Joint Programme and its ability to achieve its programmatic objectives?

Findings against this review question are elaborated below and structured along the six Programmatic Objectives of the Joint Programme. For each Programmatic Objective, key areas of identified successes, internal and external challenges, contextual factors and reported opportunities are highlighted. Reports are cited numerically and refer to the listed reports in the bibliography (Annex 1).



PROGRAMMATIC OBJECTIVE 1

Provide global leadership in response to the epidemic

Areas of success and best practice

The Joint Programme has effectively positioned itself as a global leader in the HIV/AIDS response aligning its activities with the Global AIDS Strategy, international targets and the UBRAF. In total, 15 of the 21 reports reviewed mentioned the critically important leadership role of the Joint Programme on the HIV response.¹⁷ The Joint Programme's leadership was reported as evident in several areas: developing global HIV strategies, maintaining comprehensive databases, and the Secretariat acting as a liaison between agencies. The 2023 MOPAN evaluation found that the Secretariat effectively lead the development of the Global AIDS Strategy and continued to improve the UBRAF as a results framework for the UN contribution to the global response (3). There was further evidence across the reviewed reports

17 The remaining six reports were either neutral or did not assess this aspect or had an overall more negative presentation of UNAIDS JP leadership

that national stakeholders recognize the Joint Programme, as a neutral, trusted partner in defending human rights and generating strategic information, policy, and technical advice and wide recognition of the convening power of the Secretariat at the country level (2,6–9). The Secretariat's leadership and coordination in relation to generating useful strategic information, is a function highly valued by partners globally and at the country level, particularly for its data, analytics, modeling, and information portals (2,3,6,10).

A key identified strength of the Joint Programme and the Secretariat is its leadership and advocacy for multisectoral approaches and human rights principles. Reported in several evaluations, the Joint Programme has leveraged its neutrality to lead challenging dialogues on human rights and addressing access barriers for key populations and marginalized groups, including ethnic minorities across sectors (2,6,11). The reports found several examples of the Joint Programme and/or the Secretariat leading on advocacy, in partnership with Civil Society Organizations (CSOs), on expanding rights for people living with HIV and key populations, addressing discrimination, promoting employment opportunities, access to health services, addressing legal barriers and supporting cash transfer programs (11,12). The Joint Programme has been particularly active in supporting multisectoral human rights work in collaboration with key population-led organizations, ministries, parliamentary committees, and law enforcement agencies (6).

The review found substantial evidence of the Joint Programme taking lead on the reduction of stigma and discrimination towards people living with HIV and key populations (8,9,11–15), and the evaluation of the UNAIDS Secretariat Gender Action Plan (GAP) highlighted examples of UNAIDS Secretariat and Cosponsor leadership on gender equality and empowerment in relation to the HIV response (16). A recent evaluation report further indicated that the Joint Programme has played a central role in advocating for the integration of HIV services with social protection, with numerous countries cited as examples, including Botswana, Lesotho, Malawi, Namibia, Nigeria, the Philippines, Uganda, United Republic of Tanzania, and Zimbabwe (12).

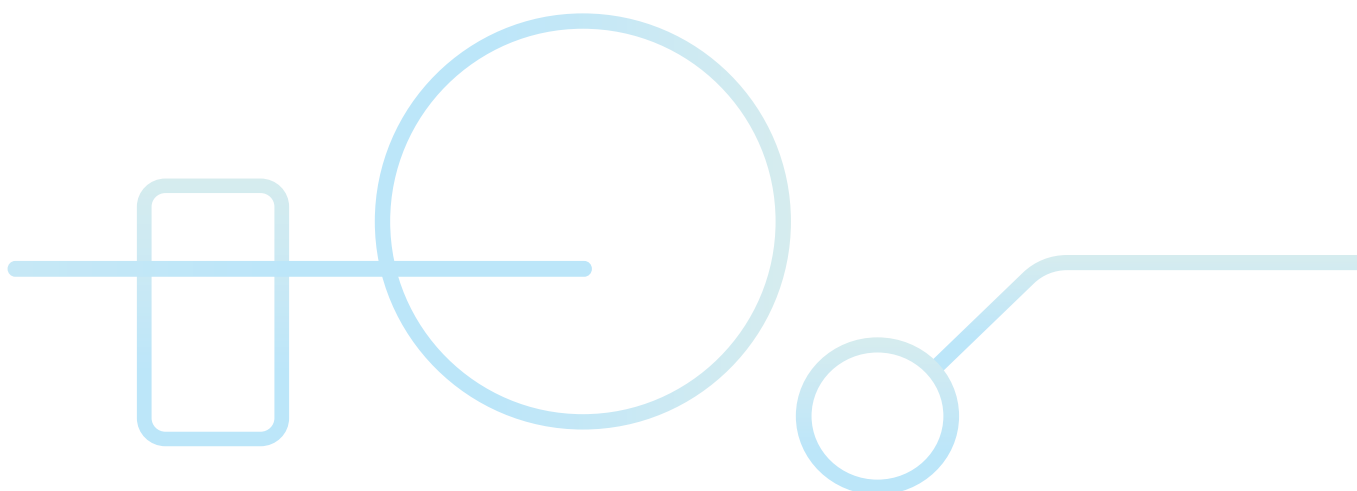
Joint Programme internal challenges

Reduced human resources across the Secretariat and declining HIV-dedicated staff among Cosponsors were repeated challenges affecting the potential to take a leadership role especially at country level. Amongst other things, this had reportedly limited the Joint Programme's capacity to effectively lead on critical issues of the HIV response and caused missed opportunities (14,17). Other reports noted that the reduction in human resources was indicative of broader financial resource constraints faced by the Joint Programme (3,6,18). The MOPAN report from 2023 described that "Donor funding to the UNAIDS Joint Programme, including through the UBRAF, has continued to decline. Since 2014, the Secretariat and Cosponsors have faced challenges in resource mobilisation for the core UBRAF as well as for non-core additional HIV programme funding. This is largely due to shifting donor priorities towards migration, COVID-19 and more recently the war in Ukraine and to the improvement in the global HIV situation, with more countries achieving epidemic control. In response to the reality of reduced donor funding, the current (2022-23) UBRAF has been scaled down from USD 242 million to USD 210 million per year. Despite this adjustment, the UBRAF annual workplans for 2022 and 2023 were still not fully funded. The Secretariat reports core revenue for 2022 of

USD 165.5 million, down from USD 171 million in 2021 (against the target of USD 210 million per annum)" (3). The Capacity Assessment led in 2021 reported that according to the UBRAF workplan for 2020-2021, Cosponsors have experienced a 37% decrease in core UBRAF budget allocation since 2016 (from US\$175m in 2016-2017 to US\$109.5m in 2018-2019). During the same period non-core Cosponsor funding had also decreased. The Capacity Assessment report referred to " Securing non-core funding for Cosponsors had reportedly become more difficult, with donors channel HIV funding for the UN system mainly through the UNAIDS Secretariat or to other competing agency priorities including the response to COVID-19 and other emergencies" (18). In addition, Cosponsors have reported continuing decreases in HIV regional and country human resource capacity (i.e. staff numbers and grades) and the loss of more experienced HIV staff and many Cosponsor staff at country level are now multi-functional, covering a range of other issues in addition to HIV (18). The MOPAN report stated that" "Cosponsors have unrealistic expectations of the UNAIDS Secretariat and the Joint Programme. Collaboration between the Secretariat and Cosponsors is strained, as confirmed by three external reviews and by clear evidence of funding and staffing challenges....It is important to note that even if the Secretariat is in charge of developing the UBRAF, it is the Programme Coordinating Board (PCB) and the Committee of Cosponsoring Organizations (CCO), not the Secretariat, that formally approve each UBRAF" (3).

The evaluation on key populations from 2022 reported that UBRAF budget shortfall had significantly impacted Cosponsor agencies, for example UNICEF's HIV-related UBRAF budget decreased considerably leading to a reorganization of its HIV response. (6) Budget reductions for HIV dedicated staff also affected UNFPA during the period 2016-2019 with a 29% reduction in the level of regional and country staff allocated to the HIV response in UNFPA. Funding cuts with impacts on the staffing and the prioritization of HIV were also reported by UNDP, UNODC and UNESCO (6).

Not only Cosponsors have experienced a decrease in UBRAF funding and related staff reductions. The Capacity Assessment from 2021 found that UBRAF funding for the Secretariat decreased by 13.6% from \$370m to \$320m between 2016-2017 and 2018-2019. The Capacity Assessment report further noted that the reduced funding had caused staff reductions in the Secretariat, which had particularly affected the Secretariat's ability to maintain a presence in key regions, such as Eastern Europe and Central Asia (EECA) and Middle East and North Africa (MENA) despite an increasing HIV epidemic in the those two regions (18).



Tensions between the Secretariat and Cosponsors, in part due to the allocation of UBRAF resources, were referred to as one of the major challenges of the Joint Programme affecting its coherence and leadership role. Six of the evaluations referred specifically to such tensions. The shortfall in core funding had reportedly caused frustration among Cosponsors, who expressed concerns about UNAIDS Secretariat's leadership, governance, and the unequal distribution of UBRAF resources. (2,3,6,7,14,18). The MOPAN assessment reported that: "UNAIDS Cosponsors' most significant concern is that the bulk of the UBRAF budget is allocated to the UNAIDS Secretariat" (3). The MOPAN management response notes that: "As documented by the assessment and other recent reviews, the relationship between the Secretariat and the Cosponsors has become increasingly "strained". A significant factor driving this complexity is the reduced availability of core UBRAF funding, including for Cosponsors." The management response continues by describing three overarching actions to strengthen the relationship and ways of working between the Secretariat and Cosponsors at all levels, including an action to clarify how to deploy resources to fully leverage individual and collective strengths of the Cosponsors.¹⁸

The Secretariat has faced internal challenges related to articulating a UNAIDS Joint Programme long-term vision beyond the 2030 goal of ending AIDS as a public health threat, however with recent action taken to address this. This concern was mentioned by the 2023 MOPAN assessment (3) and the [Independent evaluation of the UN system response to AIDS in 2016-2019](#) (2) which raised questions about the long-term relevance of the UNAIDS architecture beyond 2030. However, as stated in the MOPAN management response, action has already begun to address these concerns. By 2025, the UNAIDS Secretariat, in collaboration with Cosponsors, will develop a long-term vision for the Joint Programme's role in the global HIV response beyond 2030, based on evidence-based scenario planning and broad consultations. This is expected to guide adjustments to the Division of Labour and institutional structure to ensure continued effectiveness in coordinating UN action on HIV post-2030 (19).

External challenges and contextual factors

COVID-19 impacted global leadership efforts of the Joint Programme. Six evaluations identified how COVID-19 had impacted the global leadership efforts of the Joint Programme, noting that the pandemic had stretched financial resources, led to reallocated funding, and broadened advocacy agendas (3,6,7,13,14,18). Moreover, some reports mentioned that the pandemic underscored the vulnerability of global health initiatives to unforeseen external shocks. In addition, the pandemic disrupted HIV services globally, led to reallocated resources, and exacerbated existing challenges, such as inadequate access to healthcare in remote areas and the limited digital infrastructure necessary for effective health data management (17). This has also pointed to the need for more resilient health systems that can better withstand such crises. Three evaluations found evidence of the Joint Programme's investment in supporting COVID-19 responses by leveraging HIV infrastructure and promoting human rights-based strategies (6,8,13) Section 5.1.2 further highlights how the Joint Programme successfully responded to this crisis through guiding and promoting innovative programmatic approaches during the COVID-19 pandemics.

18 UNAIDS Management Response to the 2023 MOPAN Assessment of the UNAIDS Secretariat

Reported opportunities identified through the review

The evaluations reviewed referred to opportunities to enhance Joint Programme multisectoral leadership and leveraging fully on the comparative advantages of each Cosponsor agency. This opportunity was mainly referred to in relation to building political commitment for sustainable HIV financing, preventing violence against women, applying the Primary Health Care (PHC) approach, and strengthening social protection efforts (7,8,11,12). To leverage more on the multisectoral nature of each Cosponsor agency, a stronger coordination between Joint UN teams on AIDS and government actors and ministries beyond the established NACs may be an opening.



PROGRAMMATIC OBJECTIVE 2

Achieve and promote global consensus on policy and programmatic approaches

Areas of success and best practice

The Joint Programme has played a significant role in achieving and promoting global consensus on HIV policy and programmatic approaches as noted across almost all reports.

The evaluations emphasize that the successive global AIDS strategies and their corresponding UBRAFs provide a global framework for policy and programmatic approaches that ensures the Joint Programme's actions are evidence-based and responsive to the needs of people living with HIV (2,6,7,9). Furthermore, the Joint Programme's promotion of global consensus on HIV policy and programmatic approaches, has been driven by inclusive and participatory processes. The development of the GAS and UBRAFs involved extensive consultations with countries, communities, and civil society, donors, aligning global, regional, and country priorities. The process to identify Joint Programme priorities was lauded for its inclusiveness, with the GAS reflecting the needs of various stakeholders, including governments and key populations (2). Specific thematic areas and approaches are elaborated below.

The Joint Programme's approach to working with key populations and vulnerable groups, building on human rights principles, inclusion and participatory approaches, has been recognized as a best practice.

The Joint Programme has consistently engaged with key and vulnerable populations, through community-led initiatives, capacity building, stigma reduction and policy advocacy as noted across 14 evaluations. The Joint Programme's unique approach to furthering community-based and/or community-led responses was specifically reported in six evaluations (6–9,15,20). The inclusion of people living with HIV in strategy development has been crucial in making the Joint Programme's work both relevant and impactful and the development of key population-specific implementation tools has provided valuable resources for countries to address the unique needs of these groups (2,6).

The evaluation of the UN Joint Programme work with key populations concluded that Joint Programme activities contributed significantly to the ToC intermediate outcomes of improving key population service access and supporting policy reforms. However, there was less emphasis on developing sustainable financing mechanisms to benefit key populations and vulnerable groups (6). High prioritization of human rights approaches through the dedicated allocation

of Joint Programme Country Envelope funds to human rights activities in several countries is another source of evidence of human rights being an agreed programmatic Joint Programme approach. For example, Country Envelope funds were supporting human rights activities in all but one of the case study countries of the Country Envelope evaluation with almost 30% of Country Envelope funds in the Andean countries for 2018-2023 dedicated to human rights activities (14). However, the recent evaluation on HIV sustainable financing found that only 8% of the total amount of Cosponsor core funds in 2020-2021 (excluding supplementary funding) were dedicated to the SRA6 of human rights, stigma and discrimination (7).

During the COVID-19 pandemic, the Joint Programme leveraged long-standing and innovative service delivery approaches and HIV infrastructure to support the global response. This was particularly critical in contexts where health systems struggled due to weaknesses in laboratory infrastructure, supply chain logistics, and demand creation (8). The Joint Programme was further reported to have accelerated differentiated service delivery models to maintain HIV services, supported Global Fund applications for COVID-19 emergency funding, mobilized community structures for uninterrupted services and information dissemination, generated data to monitor the impact of COVID-19 on HIV services, developed COVID-19-related policies, and utilized HIV staff in multisectoral responses (13). Promotion of human rights-based strategies during the pandemic was also noted across two recent evaluations (6,11). For instance, in Eastern Europe and Central Asia, a report commissioned by UNFPA, UNDP, and UNAIDS Secretariat highlighted an increase in instances of violence against women and girls (VAWG) during the pandemic and called for stronger legislative frameworks and increased support for women living with HIV (11).

Joint Programme internal challenges

The Joint Programme has faced challenges on achieving internal consensus in regard to integration of HIV into broader health policies, and universal health coverage (UHC) and with other sectors for integrated multi-sectoral response. Despite some reported examples of successfully integrating HIV in broader health policies that appear from some of the country evaluations (Viet Nam (9) and Mozambique (15)) and some progress reported around integrating HIV into national UHC and social protection agendas, the Joint Programme is yet to achieve consensus on the approach (12,15). According to a recent evaluation, the Global Joint Programme HIV-related strategies and guidelines/UBRAF place limited emphasis on system-level integration of HIV responses, despite the interrelation between service and systems integration. The evaluation mentioned that focus has been on clustering HIV services with programmes such as TB or STIs or maternal and child health rather than systematically



integrating HIV within broader PHC services or essential health service packages (8). Likewise, a recent evaluation reported that the UBRAF has not fully aligned with the broader health and governance frameworks, compared to the Global Fund's emphasis on governance, health systems, and service delivery integration (13).

Several country examples of persisting uncertainty within the Joint UN Teams on AIDS at country level of how to integrate HIV services within the primary care system and in which contexts this was appropriate has also been reported (Angola , Botswana, Indonesia and Pakistan) (8). Another country level evaluation found that formal integration of HIV into national emergency and preparedness plans was lacking (15). On the other hand, a recent evaluation found that significant budget cuts experienced in recent years have led Cosponsor agencies to integrate HIV into broader health agendas, sometimes at the expense of targeted programming for key and vulnerable populations (6).

Four evaluations highlight both successes and challenges regarding the Joint Programme's work with HIV and UHC integration. While there was recognition of efforts to integrate HIV into UHC frameworks, the evaluations noted internal Joint Programme barriers such as insufficient coordination, capacity gaps, and Cosponsors focusing on UHC within their mandates but not necessarily championing HIV in UHC dialogue (7,8,13,18).

External challenges and contextual factors

Siloed HIV financing, donor priorities, limited data on HIV in health benefit packages, and disruptions from the COVID-19 pandemic had hindered the Joint Programme's efforts to support system-level integration of HIV. External challenges and contextual issues, described across several evaluations, have impacted the Joint Programme's progress on achieving and promoting global consensus on the inclusion of HIV services in UHC packages and system-level integration of HIV. Contextual factors included long-standing separate HIV financing mechanisms and a historic siloed approach to HIV responses, priorities of Global Health Initiatives and major HIV donors, and scattered data availability on HIV service inclusion in health benefit packages (7,8,13). According to recent evaluations, the COVID-19 pandemic had led to significant delays with respect to the integration agenda and also affected donor alignment. The shift to remote work and the reduced frequency of meetings led to delays and disrupted coordination among UN agencies, hindering collaborative efforts (20). Additionally, the pandemic exacerbated existing gaps in cooperation, particularly in areas such as financing, where coordination between Cosponsors was limited and inconsistent, with key personnel diverted to focus on the UN's COVID-19 pandemic response (7).

Reported opportunities identified through the review

The evaluations reviewed referred to a number of opportunities to enhance its mandate on achieving global consensus on the HIV integration agenda:

- Reaching consensus on the approach to system level integration within the Joint Programme - and producing guidance and relevant indicators were recommended by a recent evaluation for the Joint Programme moving forward at all levels (8).
- Improving coordination with key partners, such as the Global Fund and PEPFAR.



PROGRAMMATIC OBJECTIVE 3

Strengthen the capacity of the UN system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level

Areas of success and best practice

Almost all evaluations and assessments reviewed reported that the Joint Programme, particularly the Secretariat, has enhanced the UN system's capacity to monitor HIV trends. It was further noted that this data had been instrumental in shaping national strategies, policies, planning, resource allocation and Global Fund proposals. A central component of this work has been the collection, analysis, and dissemination of HIV data through the Global AIDS Monitoring (GAM) system. Several evaluations specifically referred to the key role of the Secretariat in generating HIV estimates, supporting and improving key population size estimates and integrated bio-behavioral surveys (6,8,10,12). Specific examples included the role of the Secretariat to ensure data quality, manage a key population database, and update GAM indicators for country reporting – all critical data for global advocacy and planning (10).

Efforts have recently been made to expand the key population database and a recent evaluation found that disaggregated key population data had informed priorities in Global Fund funding requests (6). Five evaluations highlighted the support of the Secretariat in implementation of Stigma Index surveys and community-led monitoring efforts (8,9,11,13,20). Monitoring of domestic HIV funding was further reported to be an important information and advocacy tool (7). In Mozambique, the Joint Programme was lauded for its contributions to data quality improvements and tracking national HIV spending (15). Countries like Malawi, Lesotho, Côte d'Ivoire, and Zimbabwe have found the UNAIDS Health Situation Room initiative helpful in identifying poor data quality and highlighting outliers, leading to re-evaluations of data collection and indicator processes (21).

Joint Programme internal challenges

Despite the many successes noted above, human resource constraints and disparities in technical capacity across have affected the ability of the Joint Programme to support monitoring of trends. The Health Situation Room Evaluation found that the "Health Situation Room" initiative -established as a platform to monitor health trends and merge data - while promising, was significantly under-resourced, impacting its effectiveness and its integration with national investments and other donor efforts, diminishing prospects for long-term sustainability (21). The Regional Data Hubs Evaluation reported internal challenges related to content approval, quality review, and public posting, creating barriers to effectively republishing content on the hub (22). Two recent evaluations reported limited relevant, reliable, and up-to-date data collected by the Joint Programme related to addressing VAWG and HIV and PHC integration and interlinkages (8,11).

External challenges and contextual factors

Political and cultural barriers prevent the collection of data on key and vulnerable populations in certain countries, especially in regions where homosexuality or drug use is criminalized or socially stigmatized – undermining the design of effective interventions.

Two evaluations referred to difficulties getting access to data on key and vulnerable populations because of political and cultural barriers to this information. Different countries also had different policies and attitudes towards key populations, making it important to differentiate and compare results (6,22).

Governments' reluctance to share data in some contexts coupled with fragmented data systems and limited access to reliable information, hampered effective programme planning and monitoring at country level (23). Data challenges were also evident in countries with complex geographic and administrative boundaries. Two evaluations noted challenges with donor-funded, siloed data management systems that do not align with national systems(8) (21).

Reported opportunities identified through the review

- **Integrating data systems:** The Joint Programme could consider scaling up resources for the Health Situation Room which according to an evaluation had potential to strengthen country capacity by enhancing digital data for health, improving data analytics, and integrating siloed health data systems, however the integrated Health Situation Room was also criticized for being highly UNAIDS driven with limited national ownership at the time of the evaluation (21).



PROGRAMMATIC OBJECTIVE 4

Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level

Areas of success and best practice

The Joint Programme has been instrumental in strengthening the capacity of national governments to develop and implement comprehensive HIV/AIDS strategies. In total, six evaluations referred to the critical role of the Joint Programme, particularly the Secretariat, in supporting development of National Strategic Plans (NSPs) for HIV. The evaluations describe how the Joint Programme actively supported the development of NSPs in various countries, bringing together government stakeholders, civil society, and diverse sectors (2,7–9,12,13). A recent evaluation reported that an increasing number of countries are organising strategies and planning frameworks across HIV, viral hepatitis, TB and STIs which could be argued as the way forward instead of developing HIV standalone strategies. (8).

Examples of direct capacity building support to government partners include the implementation of differentiated service delivery models (13); developing and implementing plans for prevention of vertical HIV transmission (2,12,15,17,20), HIV combination prevention (20), data management (10,15), and HIV investment cases (7,9).

Joint Programme internal challenges

Inadequate coordination within the Joint Programme was one of the most frequently cited challenges hindering the effective implementation of policies and strategies at country level.

Nine evaluations discuss inadequate coordination within the Joint Programme at the global and/or country levels. The reports suggest that coordination among the Secretariat and Cosponsors and within Cosponsors at global level faces challenges particularly in engagement and resource allocation which had effected country level strategy development and implementation (2,7,8,18,19). Recent efforts to strengthen global coordination have been noted in the MOPAN management response, which mentioned initiatives to build on positive coordination examples and improve working relations between the Secretariat and Cosponsors. At the country level, coordination and planning gaps, capacity limitations, and declining Cosponsor engagement remained recurring issues mentioned across country level evaluations and/or country case studies (8,11,12,15).

Joint UN Teams on AIDS country plans often consisted of individual agency activities rather than being guided by an overarching joint strategy for the Joint Programme with joint deliverables.

One evaluation described this as: “the Joint Programme is seen more as the result of the work of each agency rather than as a joint strategic positioning to address HIV in the country” (15). Another evaluation found that planning processes within the Joint UN Teams on AIDS was dependent on what funding Cosponsors had available, instead of deliberate strategic work planning (8). In countries such as the Democratic Republic of the Congo (DRC) and Mali, the Joint Programme was described to play a strategic and catalytic role in supporting national HIV responses, yet, efforts were sometimes hampered by a lack of synergy among Joint Programme members, leading to fragmented and less effective interventions (17,24). In Mozambique, a lack of coordination between international actors and the government had reportedly led to misalignment in planning and implementation, raising concerns about the visibility and communication of the Joint Programme’s efforts. Additionally, in Mozambique, there were concerns about the implementation phase, where joint efforts often fell short (15). In Brazil, there was a reported perception that “UN agencies plan together but do not deliver together”, with more emphasis needed on building a cohesive team mentality within the Joint Programme (20).

Limited Joint Programme resources (human and financial) at the country level was also reported to have affected the ability of the Joint Programme to support national governments across several reports.

In contexts such as Brazil (20), the DRC (17), and Viet Nam (9), financial constraints and resource limitations had significantly hindered the effectiveness of the Joint Programme to support the development of comprehensive national HIV strategies and the implementation of effective activities. In DRC, decentralized planning efforts were stymied by insufficient human and logistical resources. In Brazil, the demands on advocacy and coordination efforts far exceed the available resources, with limited staff from UN agencies engaged in these activities.

External challenges and contextual factors

Several reports referred to situations where war, conflict or post conflict , or political instability had impacted the Joint Programme's support to government in various ways (11,13,17,24). Moreover, the management response for the 2016-2019 Joint Programme evaluation recognized that the Joint Programme must continually adapt to conflicts, post-conflict and crises, including pandemics, to maintain momentum in achieving HIV-related goals.¹⁹

Reported opportunities identified through the review

- **Strengthen joint planning and joint deliverables at country level:** Evaluations have mentioned that to maximize its impact, the Joint Programme must ensure that its activities are aligned with the unique needs of each country, and leverage the strengths of its Cosponsors more effectively. The coordination challenges highlighted above stressed the need for the Joint Programme and the Joint UN Country Teams on AIDS to strengthen their joint working mechanisms and ensure that planning translates into coordinated and effective actions and deliverables at the country level. (8,17,24).
- **Some reports suggested leveraging existing partner platforms at country level** e.g., country health sector partners' coordination mechanisms, the Resident Coordinator's Offices (RCO), UN Country teams (UNCT), SDG3 GAP where applicable, and the UNSDCF coordination mechanisms. (8) (18)
- **Build sustainable national capacities.** The reports further identified an opportunity to build sustainable national capacities by providing more targeted technical support and by ensuring that Joint Programme interventions are sustainable in the long term. This could involve a greater focus on building local expertise and ensuring that national governments are fully equipped to continue HIV/AIDS activities independently (17).



PROGRAMMATIC OBJECTIVE 5

Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries ensuring that national responses involve a wide range of sectors and institutions

Areas of success and best practice

The Joint Programme has been instrumental in promoting broad-based political and social mobilization to prevent and respond to HIV – this included mobilizing communities, civil society and promoting a multisectoral response to HIV. Multiple evaluations reported that the Joint Programme had played a central role in mobilizing communities including key population groups, and CSOs ensuring their active involvement in national HIV governance, planning, and service delivery. The Joint Programme's engagement with communities and CSOs remained a central feature of its work as highlighted across 16 evaluations (2,3,6-9,11-15,17,20,23-25). The Joint Programme has particularly been acknowledged for building the

19 Management response to the independent evaluation of the un system response to aids 2016-2019

capacity of key populations and other vulnerable groups, including their involvement in national planning processes (6,9). The review found concrete examples of the Joint Programme supporting communities and CSOs in countries as diverse as Brazil (20), Cambodia (11), Malawi (12) Mali (24), Morocco (12), Peru (12) and Viet Nam (9). The Fast-Track Cities initiative is an additional example of the Joint Programme's ability to foster partnerships across actors and sectors. This had accelerated the HIV response in participating cities and led to new and strengthened partnerships between local and national governments, CSOs, communities and networks including people living with HIV networks, the private sector, academia, health care providers, and other stakeholders and partners (23).

The Joint Programme's multisectoral HIV response was further highlighted by several evaluations. Six evaluations (3,8,11,12,16,24) affirm that the Joint Programme had effectively promoted multisectoral HIV responses by convening diverse sectors, supporting governance, empowering marginalized communities and addressing social determinants. This included supporting social protection initiatives. In Ghana, for example, the Joint Programme supported an agricultural loan program for women, which has been recommended for mainstreaming (12). In Morocco, the Joint Programme supported the development of a psychological and social support programme as part of the national plan for HIV/ AIDS. These initiatives have provided support to key and vulnerable populations, including people living with HIV, and have been instrumental in integrating social protection into national HIV responses. The evaluations also documented the Joint Programme's efforts to advance legislation to protect people living with HIV, key populations and revision of drug enforcement laws (15). Another evaluation highlighted that HIV and PHC have similar foundational approaches (multisector and community engagement) and as such the Joint Programme could be considered a "first mover" on applying the two PHC components of multisectoral action and community empowerment (8). A recent evaluation the Joint Programme's work on efficient and sustainable financing found that the Joint Programme's broader civil society engagement has supported SDG achievement, as strong HIV CBO networks have expanded their focus to include human rights, adolescent girls and young women (AGYW), income generation, and governance, which had a multiplier effect (7).

The Joint Programme has demonstrated organizational commitment to foster gender equality and has supported gender-focused interventions at country level. Eight reports (11–16,23,25) and two related management responses^{20, 21} discuss the Joint Programme's engagement with gender and GBV, however with reported gaps in funding, strategic joint planning and joint implementation, and ensuring comprehensive intersectional approaches. The management responses reiterated UNAIDS' commitment to addressing gender inequality and GBV through dedicated actions and targets in its upcoming strategies and budgets. Another evaluation reported programmes targeting adolescent girls and young women and the development of gender equality strategies in countries like Kyrgyzstan and Zambia (14)). Some barriers were however noted, an example included HIV and GBV prevention interventions in workplaces which reportedly were largely handled separately, with little systematic gendered approach or integration between the two and limited evidence of connecting these programmes or addressing bi-directional VAWG/HIV issues (11).

20 Joint evaluation on the work of the Joint Programme on preventing and responding to violence against women and girls. Joint management Response, November 2021—November 2022

21 UNAIDS Management Response to the 2023 MOPAN Assessment of the UNAIDS Secretariat

Joint Programme internal challenges

While the Joint Programme has been applauded for its social mobilization and involvement of communities, CSOs and key populations in their work, success varied across countries and gaps in key and vulnerable population programming remain at country level. The evaluation on key populations from 2021 reported that the effectiveness of Joint Programme in mobilizing and empowering key population organizations varied significantly among countries and was influenced by internal factors such as the resources and capacity and interest of Joint UN Team members. Additionally, some key and vulnerable populations, such as young key populations, prisoners, and transgender people, had received notably less attention in Joint Programme programming (6). In some countries like Brazil and DRC, key populations remain under-involved, and the interaction between The Joint Programme and civil society often lacked depth and consistency. This inconsistency posed a barrier to the Joint Programme's ability to establish and maintain strong, sustainable partnerships, which are essential for a broad-based and effective response to HIV/AIDS (6). According to the key population evaluation management response, some efforts have already been made to address these challenges. The UNAIDS Secretariat has enhanced the involvement of global key population networks through targeted working groups and advisory roles. Additionally, engagement with global networks, such as the Global Forum for Adolescents and Youth RISE, has highlighted youth-led interventions for young people who use drugs, spotlighting needs of young sex workers and presenting youth-generated data on intersections between KP groups.²²

External challenges and contextual factors

The effectiveness of the Joint Programme in mobilizing political and social support, particularly for key populations, was reported as influenced by the maturity of the HIV epidemic as well as the cultural, social, political, financial and legal context. In countries like Kenya, Thailand, and Ukraine, where the HIV epidemic and its response is mature, there had been stronger engagement with key populations, in other countries, the involvement of these groups in the planning and implementation of Joint Programme activities was limited with other factors such as the country's level of development also affecting this involvement (6). Legal and regulatory frameworks also affected the extent to which governments can support community-led and based organizations. Punitive laws and political sensitivities surrounding key and vulnerable populations were described across several evaluations as preventing adoption of evidence-based policies, approaches and interventions at country level, such as harm reduction programmes (6,8,12,18,25). Sustainable funding of communities and CSOs was another often-referred to external obstacle. An evaluation on the interlinkages of the PHC approach and HIV from 2023 reported that only 45 out of 80 countries reported legal frameworks for domestic funding to community-led organizations, limiting the scope for sustainable HIV/AIDS responses (8). In addition, while the Joint Programme has produced various knowledge products and guidance, their use at the country level was found uneven, with limited uptake of key population and social protection related tools as examples (6, 12).

22 Management Response to the Independent Evaluation of the Work of the Joint UN Programme on HIV/AIDS with and for Key Populations (2018-2021)

Reported opportunities identified through the review

The reviewed reports identified opportunities for the Joint Programme to expand and strengthen programming for key populations by:

- Prioritizing work for underrepresented key and vulnerable groups,
- Increasing focus on broader issues of homophobia
- Ensuring that key populations are represented in Joint Programme decision-making processes across all countries

Strengthening community and civil society partnerships would also mean providing more consistent and sustainable funding and technical support to communities and ensuring that their voices are heard in policy discussions. Social contracting mechanisms as a potential mechanism of sustainable financing of communities and /or CSOs are discussed under the next section (5.1.6).

The reports also noted opportunity to further leverage the multisectoral nature of the Joint Programme through thoughtful strategic planning processes fully capitalizing on the composition of Joint Programme organizations within a given country and expanding on integrating HIV services with other public health interventions. (6,8,11).



PROGRAMMATIC OBJECTIVE 6

Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities

Areas of success and best practice

The Joint Programme has provided technical support for funding requests, supported the development of HIV investment cases and influenced Global Fund and PEPFAR financing decisions. A total of six reports (3,6–8,13,18) highlighted the Joint Programme's role in shaping global programmatic approaches through its engagement with the Global Fund. The Joint Programme was described as instrumental in guiding funding allocation decisions, fostering coordination between government and communities, civil society, and supporting countries in accessing Global Fund resources for HIV and broader health systems strengthening. According to 2022 evaluation on sustainable financing, the Joint Programme was seen as crucial in creating space for communities and civil society in country funding discussions, particularly with PEPFAR and the Global Fund. The UNAIDS Secretariat role as a neutral facilitator was noted as particularly valued with both PEPFAR and the Global Fund recognizing its importance as an advocate for increased, diversified, and sustained resources for the HIV response (7). Two evaluations referred to the Joint Programme's active participation in Country Coordinating Mechanisms as important for leveraging funding for resilient and sustainable systems for health and aligning national HIV programmes with international standards (13,25). One example at country level of Joint Programme engagement on the PHC agenda with global HIV funding mechanisms is Indonesia, where programmes were shifting away from disease specific programmes towards supporting PHC and broader resilient and sustainable health systems (8).

The Joint Programme has played a critical role in advocating for greater political commitment to the HIV response and supporting financial and programmatic sustainability.

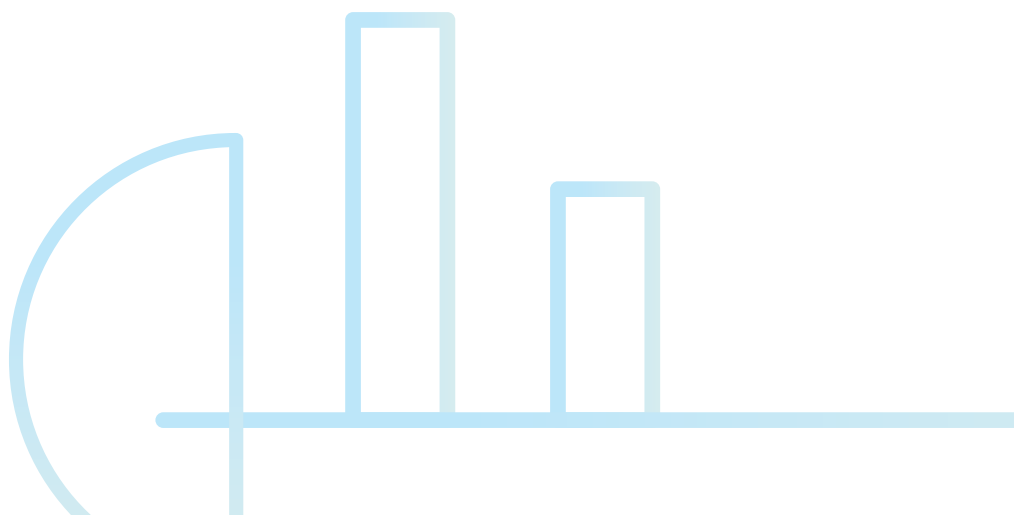
Several evaluations credited the Joint Programme for their political advocacy to push governments on their HIV targets and commitments (7–9). Evaluations have reported examples of high-level political advocacy by the Joint Programme that successfully increased government commitments to HIV targets and the overall HIV response. The Joint Programme's work in countries such as United Republic of Tanzania and Viet Nam, where it has engaged directly with national leadership, had led to official commitments from the highest levels of government (9). In Kazakhstan, the Joint Programme was also noted to have played a key role in supporting transition planning from donor funding to sustainable national HIV responses (8). In countries such as the Dominican Republic and Ethiopia, the Joint Programme assisted in the development of sustainability plans and domestic resource mobilization strategies. (13) The same evaluation however notes that there is less evidence for how these actions 'fit' with wider health care/UHC financing discussions in some settings (13)

The Joint Programme has supported the establishment of legal frameworks for social contracting, essential for the sustainability of community-led HIV service delivery.

Examples from Guyana and Viet Nam illustrate the success of these efforts, where community-led and based organizations (CBOs) have been empowered to deliver HIV prevention and testing services (8). The Joint Programme's work in this area has been particularly important for strengthening CBO and CSO capacity and engagement and to maintain civic space in the HIV response while also ensuring that HIV services remain accessible and effective as countries transition from external to domestic funding.

Joint Programme internal challenges

Translating political commitments into tangible financial support, particularly in terms of domestic financing for HIV, was reported as constrained. Two recent evaluations reported this (7,8) and other reports have further highlighted challenges in meeting the targets for UBRAF 2016-2021 SRA 7- related to HIV Sustainable financing (which included indicators of developing country sustainability plans and ensuring efficient and sustainable investment in the response). This was in contrast to other UBRAF 2016-2021 strategic results areas with showed better progress (2) Moreover, of all UBRAF results areas, HIV sustainable financing (SRA7) had the smallest core budget of Cosponsors amounting to US\$ 4.58 million out of US\$ 90 million in 2020–21 and the proportion of UBRAF core funds for SRA7 remained consistently low, accounting for approximately 6% in 2016–17, and 5% in the period 2018-2021. (7)



Domestic funding for key population programming, including combination HIV prevention, was specifically reported as inadequate, with slow progress and a continued heavy reliance on international donors across several countries. As a result, countries remain heavily dependent on international donors to fund HIV prevention, treatment, and care services for key populations, posing a risk to the continuity of these programmes. (6). Other reports accordingly noted that increased domestic funding for the HIV response has often been for HIV treatment and rarely for HIV prevention efforts (7,25)

The slower progress and limited UBRAF budget allocation for HIV sustainable financing indicate less priority being awarded by the Joint Programme to HIV sustainable financing, compared to other areas of work during the period 2016-2021. (7) Recently, however, sustainability has been strongly pushed by UNAIDS, and the management response to the sustainable financing evaluation proposes 21 actions to implement recommendations from the evaluation. This includes actions to address funding gaps and sustainability, including fostering partnerships among decision-makers, implementers, and community organizations to enhance resource distribution and sustainability. Additionally, UNAIDS Secretariat will support landscape analyses on domestic financing for harm reduction in select countries and identified specific priorities with key population communities for each result area and region in the UNAIDS 2024-2025 Workplan and Budget.²³

External challenges and contextual factors

The Joint Programme's efforts to advocate for sustainable financing and the inclusion of HIV services in UHC frameworks were undermined by competing priorities by governments and mechanisms to operationalize financing were often not in place, as evidenced in three reports (7,8,13). The reports also showed that HIV-specific resource mobilization plans were often not integrated into broader health financing discussions at the country level and with limited engagement of HIV stakeholders in these discussions thereby limiting the sustainability of HIV responses (7,13).

Reported opportunities identified through the review

The evaluation on the Joint Programme's work with key populations recommended that the UNAIDS Secretariat and Cosponsors, in particular the World Bank, enhance global and regional technical support on sustainable financing through guidance documents (6). Similarly, a 2022 evaluation of the Joint Programme's work on efficient and sustainable financing found that its potential comparative advantages for building political commitment for sustainable HIV financing in the context of UHC were not always fully leveraged and that the Joint Programme could strengthen its work on sustainability. This included an identified opportunity to bridge the gap between political commitments and action by developing more detailed follow-through mechanisms. These could involve regular monitoring of progress towards commitments and holding national governments accountable for their promises to fund and support HIV/AIDS activities (7).

23 Management Response to the Independent Evaluation of the Work of the Joint UN Programme on HIV/AIDS with and for Key Populations (2018-2021)

**REVIEW
QUESTION 2****HOW FIT FOR PURPOSE IS THE JOINT PROGRAMME'S
CURRENT OPERATING MODEL IN FACILITATING THE
ACHIEVEMENT OF ITS PROGRAMMATIC OBJECTIVES?**

The review adopted a working hypothesis of "fit for purpose" which was applying during analysis. The working hypothesis suggests that the UNAIDS Joint Programme operational model is fit-for-purpose when it is:

- deploying its human and financial resources where they are needed most;
- reinvigorating country level joint work and collaborative action; and
- reinforcing accountability and results for intended target audience

Five overall themes relating to the Joint Programme's operating model were analysed across the evaluations in line with the review framework provided in Annex 2. These included:

1. UN reform, Division of Labor and nature of Cosponsorship, (relate to a and b above)
2. Joint Programme M&E: UBRAF and JPMS (relate to c above)
3. Joint UN country teams on AIDS and Regional UN Joint Teams on AIDS (relate to a, b and c)insert
4. Country Envelopes (relate to a and b above)
5. Resource mobilization to secure adequate funding for the HIV response (relates to c above).

Findings against each theme is presented below.

UN Reform, Division of Labor (DoL), and nature of Cosponsorship

The Joint Programme serves as a model for UN reform and has generated important lessons for global coordination, however with a need to develop a long-term vision for the Joint Programme (beyond 2030) and its future architecture. The Joint Programme has been reported as a frontrunner in aligning its strategies with the SDGs and the Quadrennial Comprehensive Policy Review, positioning itself as a leader in both the global HIV response and broader UN reform efforts (9,25). The latest comprehensive evaluation for the Joint Programme from 2020 noted that in line with UN reform aims, the UBRAF provides a UN system-wide accountability framework, linked with the SDGs and reflecting system-wide HIV resources (2). The MOPAN assessment, 2023 further commended the Joint Programme for its effective consultative approach in brokering agreement on the Global AIDS Strategy (3). The latest Capacity Assessment of the Joint Programme, 2021, (18) highlighted that the UN has credibility with governments, and noted that a joint UN voice carries more weight than that of an UN individual agency. Evaluations and assessments reviewed further noted that the Joint Programme's operational and governance model has generated important lessons for global coordination and is regarded as a useful example of a 'One UN' approach (2,3).

The absence of a long-term vision of the Joint Programme was noted by the recent MOPAN (2023) and the "long-term relevance of the UNAIDS architecture" was questioned by the most recent comprehensive Joint Programme evaluation (2020). Both reports noted a need to adjust the scope of the UN response according to HIV epidemiology and context as well as a need for discussions on the architecture of the Joint Programme and UNAIDS Secretariat beyond 2030 (2,3). The comprehensive Joint Programme evaluation from 2020 reported that "global stakeholders are increasingly questioning the added value of the Joint Programme architecture beyond 2030, arguing, for example, that co-sponsorship is static, and does not always reflect Cosponsor ability and willingness to contribute to the UN system response" and recommended a radical revision of the architecture of the Joint Programme. It also recommended adapting the UNAIDS Secretariat, mentioning "greatly reducing the size and function of the Secretariat (particularly the Geneva Headquarters) so that it only has a coordination and strategic information function" (2).

However, UNAIDS Management did not agree with the recommendation of the Joint Programme evaluation from 2020 in regards to narrowing the mandate and functions of the Secretariat: "Regarding the Secretariat, an institutional review will begin in September 2020, with a view to ensuring a workforce with the right skills, performing the right functions, in the right locations, and which is supported to deliver, thereby fulfilling the goals. Management does not agree with the evaluation's recommendations to narrow the mandate and functions of the Secretariat, as such changes would limit UNAIDS' effective delivery vis-à-vis the mandate set out by ECOSOC." ²⁴

The MOPAN (2023) also referred to a need to: “reimagine Secretariat Functions; redefining co-sponsorship with respect to sponsoring a secretariat function and considering flexible Cosponsor membership. However, Secretariat leadership has expressed reluctance to take the lead in developing such a long-term vision. At the same time, neither the usual mechanisms for Secretariat-Cosponsor co-ordination nor global co-ordinators and the CCO have been able to address earlier recommendations to redefine the Joint Programme operating model. The management response to the MOPAN assessment²⁵ provided actions to address the concerns raised, including commitments to embark on a mid-term review of the Global AIDS Strategy (2021-2026), a long-term visioning process for the Joint Programme (to move from emergency to a sustained response), scenario planning, and the development, coordination and implementation of a sustainability agenda for the global HIV response. Some of these elements are also included in the ToR for the recently established UNAIDS High Level Panel to ensure that the Joint Programme remains fit-for-purpose and resilient in the context of the sustainability of the AIDS response.²⁶

While the DoL is largely recognized as a strength of the Joint Programme, providing clear responsibilities across the UNAIDS Joint Programme, several reports noted that in practice its implementation often leads to competition and potential blurring or overlapping responsibilities, reducing the overall efficiency of the Joint Programme.

The DoL was discussed in six reports and one related management response. Five reports noted that while the DoL itself is seen as necessary and clear and has been continuously updated, including to reflect the SDGs and Fast-Track commitments and the GAS result areas in later updates, its execution often led to competition amongst Cosponsors and the Secretariat. (2,3,7,11,18). Some of the reports referred to blurring and overlapping responsibilities which had diminished the overall efficiency of the Joint Programme. Moreover the underfunded UBRAF and staffing reductions were further reported to have complicated the operationalization of the DoL (2,6,7,11). According to the 2021 Joint Programme Capacity Assessment report, the Secretariat accounted for 42.5% of the total Joint Programme full time equivalent (FTE) staffing in 2020. Among Cosponsors, UNFPA, UNDP, UNICEF and WHO collectively accounted for 38% of FTE, and the remaining six Cosponsors accounted for 19.5% of FTE in 2020²⁷ (noting that the Capacity Assessment was conducted during a Secretariat alignment process and the lack of any assessments since such alignment process) (18). The Capacity Assessment continued with a remark that “Most Cosponsors suggest that their capacity has already decreased to below what is needed to deliver their contribution to the GAS, described by some as below ‘mission-critical’ level” (18).

Roles and responsibilities at country level largely reflect the global DoL, but are also informed by the availability of HIV expertise, non-core resources and HIV programmes, potentially leading to some tensions and misunderstandings and a disconnect between the Secretariat and the Cosponsors (versus being perceived as a Joint Programme) (2,3). One evaluation noted

25 UNAIDS Management Response to the 2023 MOPAN Assessment of the UNAIDS Secretariat

26 Concept note and terms of reference: High-level panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response - Supporting countries to reach their 2030 HIV targets as part of the Sustainable Development Goals. UNAIDS 2024.

27 UNDP 10.9%, UNICEF 10.7%, WHO 8.3% , UNFPA 8.1%, UNESCO: 5.2%, UNODC 3.7%, World Bank: 3.2%, WFP 2.4%, UN Women 1.7%and UNHCR 0.4%

that the DoL and varying mandates of Cosponsors “have undermined coherence, creating barriers to a holistic approach, especially around linking HIV and violence against women and girls” (11). The absence of some Cosponsors in certain countries has also been a challenge (2,3). The management response to the MOPAN mentions the following action: “discussions on the Division of Labour and adjustments to the institutional structure of the UNAIDS Secretariat and the Joint Programme within the broader UN system, with the aim of strengthening the effectiveness of the Secretariat’s role in coordinating UN action on HIV beyond 2030.” (19).

M&E of the Joint Programme - UBRAF and JPMS

While some reports refer to a largely clear results framework (UBRAF 2016-2021) which has continuously improved for a more results-based reporting, there was mixed evidence across reports of the relevance and effectiveness of the UBRAF as a key strategic planning and results framework developed to guide the UN system’s collective contributions to the global HIV response. Some reports refer to a largely clear results framework (UBRAF 2016-2021), which aligns with global response indicators, SDG principles and UN development frameworks, incorporating gender, human rights, and civil society markers and which has been continuously improved (2,3) and one report noted that considerable progress has been made in moving to more results-based reporting (2). Other reports, covering the same UBRAF period, noted several limitations of the UBRAF and related JPMS reporting, particularly regarding data quality, data gaps and UBRAF’s output-focused nature which had led to missed opportunities for meaningful change and had limited the Joint Programme’s ability to influence policy and strategy effectively (7,20). Some evaluations, reporting from the UBRAF period 2016-2021, noted an opportunity to shift the Joint Programme’s focus from activity/output-based to outcome-based accountability which would involve developing a stronger theory of change for Joint Programme activities or nested ToCs, ensuring that all joint work/ products are linked to measurable outcomes (6,14). On the other hand, defining specific outputs for the Joint Programme was a specific request from the PCB and key donors as also noted in the management response to the comprehensive Joint Programme evaluation.²⁸

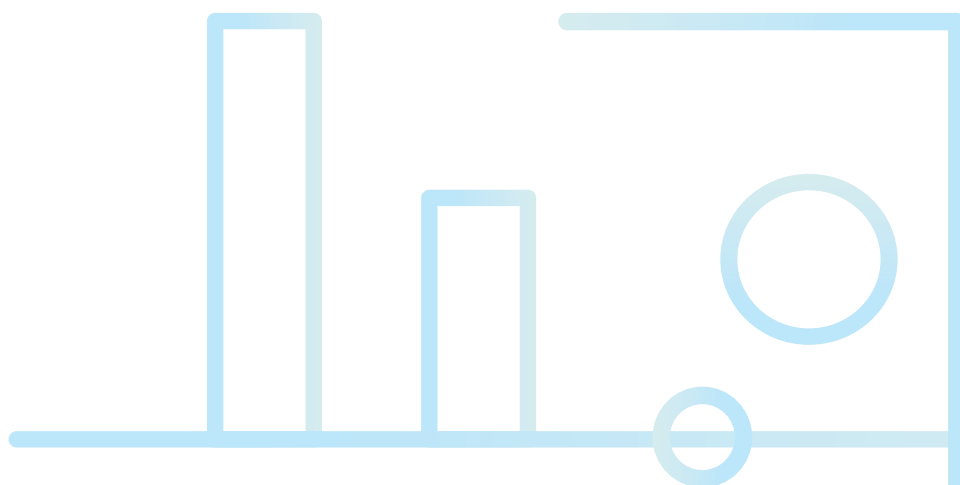
The VAWG evaluation struggled to find evidence of impact or sustainability in multi-year programmes, with limited documentation or reports supporting their effectiveness and limited evidence of learning being integrated into other programmes across regions (11). The Mali Country Evaluation highlighted that the Joint Programme’s results framework lacks specific targets for changes in capacities, attitudes, and practices, making it difficult to assess the achievement of objectives (24). A recent evaluation found that the absence of a comprehensive monitoring framework for HIV and PHC integration and interlinkages within UBRAF (8) had hampered the Joint Programme’s ability to track progress and made it difficult to assess the impact of Joint Programme activities on HIV and PHC integration. The monitoring of civil society involvement through UBRAF was also noted as insufficient. Civil society participation has often been under-reported or inadequately tracked, limiting the ability to fully measure UNAIDS’ engagement with these actors (2, 8).

A recent evaluation (8) found an overall low level of ambition in 10 UBRAF milestones and outputs with a substantial number of UBRAF output targets for 2026 already reached by 2023. The evaluation indicated a need for a firmer logical alignment of the results chain from UBRAF outputs to outcomes and GAS targets to ensure that the level of ambition of UBRAF outputs is sufficient to contribute to reaching GAS outcomes and targets (8)²⁹

Evidence from the reviewed report is thus conflicting and it should be acknowledged that striking the right balance of results reporting against outputs/outcomes that can still be contributed to the Joint Programme is not an easy task

Several evaluation reports pointed to the JPMS's limitations in data quality, capturing achievements, and providing sufficient data for specific analyses (2,6,14,15). Although no evaluations had specifically assessed the JPMS, several evaluations relied on JPMS data and reported such limitations. Two evaluations (the comprehensive Joint Programme evaluation 2016-2019 and the country evaluation report from Mozambique) criticized the JPMS for its focus on qualitative information rather than quantitative data, limiting the reporting on potential results, and contribution of the Joint Programme's initiatives. (2,15). In addition, the country envelopes evaluation report stated an "opportunity for the reporting format to capture specific results achieved (as opposed to activities/deliverables) that can be tagged to the UBRAF Results Framework 2022-2026 for the Joint Programme, at output and outcome levels(14). The key population evaluation from 2023, reported that "The weak quality of Joint Programme reporting and data in the JPMS makes it difficult to systematically identify, monitor and report on the level of investments and results of key population programming." (6).

Challenges in ensuring quality reporting were in part attributed to limited resources across the reviewed reports, as an example the comprehensive Joint Programme evaluation reported that 2016 UBRAF funding cuts reduced the capacity of Cosponsors to support M&E activities, leading to gaps in data collection and analysis at the country level (2). Furthermore, the inability to evaluate the work of the Joint Programme as a joint programme and separate from other activities of the Cosponsor agencies, was acknowledged in the Mali country evaluation report (24).



29 Noting that milestones and targets related to integration were revised upward in the 2024-25 JP Workplan and Budget : [PCB52_Workplan_Budget_EN_Final.pdf](#)

Joint UN country teams on AIDS and Regional UN Joint Team on AIDS

UNAIDS Secretariat Country offices play a pivotal role in mobilizing Joint UN Country Teams on AIDS driving joint planning processes and providing critical leadership. Several countries reported on the positive role played by UNAIDS Secretariat country offices (UCOs) in mobilizing Joint UN Country Teams on AIDS – specifically mentioning that the UCO functions as a driver of the Joint UN Country Teams on AIDS and joint planning process. Reports also found that the strong commitment and leadership by the Joint UN Country Teams on AIDS had been critical to realizing overall results at country level (14,24). The UCO was reported to play a key role as a convenor and political advocate in collaboration with partners, including PEPFAR and the Global Fund, with country examples from a recent evaluation in Cote d’Ivoire, United Republic of Tanzania, and Viet Nam (7). The coordination role was particularly valued in politically sensitive contexts, where the Joint UN Country Teams on AIDS served as a neutral influential platform for advocacy and policy dialogue. (2, 815).

Significant human resource challenges have hindered the Joint Programme’s effectiveness at the country level across all Joint Programme six programmatic objectives. Numerous reports (2, 6-8, 10-12,14, 15, 17, 18, 20, 24) alluded to this concern and an overall strained capacity to implement programmes effectively because of fewer HIV-dedicated staff in Cosponsor offices, many of whom covered multiple issues beyond HIV. This had led to a reliance on multi-functional focal points in Cosponsor agencies who may not prioritize HIV in their work, further diluting the Joint Programme’s impact. The Capacity Assessment report from 2021 (18) revealed that not only the Cosponsors but also the Secretariat, had stretched capacity, with limited presence in some regions and countries and sometimes the Secretariat had to fill human resource gaps of Cosponsors due to limited country presence or lack of capacity. The same evaluation also found that the reduced UBRAF core funding had limited joint working and reduced Cosponsor engagement in the Joint Programme at regional and country level, including the ability to participate in Joint UN Country Teams on AIDS and engage in planning and implementation (18). A country evaluation in Mozambique (2021) suggested that given the limited human and financial resources, it may be relevant to re-strategize and refocus Joint Programme efforts on longer-term commitments in high-priority thematic areas (e.g. HIV prevention, addressing stigma and discrimination) (15).



Insufficient coordination and collaboration among Joint UN Teams on AIDS in countries, exacerbated by the depletion of staff due to reduced funding discussed earlier, have limited the Joint Programme’s capacity to fully leverage its comparative advantage.

This was highlighted by five reports (2,6–8)(18) - refer also to section 5.1.4 of this review.

Coordination challenges had resulted in fragmented support, with examples of different Joint Programme organizations maintaining separate bilateral relationships with national partners, which hindered a coherent approach to country support (2,6). Despite strong collaboration with external partners, there was often a need to strengthen internal coordination to improve the coherence of country workplans and overall Joint Programme commitment. In some reported cases, Joint UN Teams on AIDS members in countries were not fully aware of each other’s activities, leading to meetings that focused more on reporting and individual agency proposals rather than joint strategy (2,6,8). Another report described that the UNAIDS Secretariat sometimes assumes roles better suited to specific Cosponsors, such as in health financing, leading to inefficiencies (7). These coordination issues, combined with the depletion of staff due to reduced funding discussed earlier, have reportedly limited the Joint Programme’s capacity to fully leverage its comparative advantage (2,6–8). Among all Joint Programme staff, the relatively large number of staff working on HIV in the Secretariat (43% FTE compared to 57% FTE among all Cosponsors)³⁰(18) had reportedly led to tensions among Cosponsors as well as challenges with transaction costs at all geographical levels related to planning, monitoring and reporting, where Cosponsor staff struggle to adequately respond to multiple requests from the Secretariat. (2,3,7,11,18).

There was generally limited information available across reports about the role /functions and added value of the Regional UN Joint Teams on AIDS and UNAIDS Regional Support Teams.

The comprehensive Joint Programme evaluation 2016-2019 (2) reported that the role of the Regional UN Joint Team on AIDS is to adapt the GAS and support countries in the region, acting as hubs to provide technical support, engage regional entities, and share learnings. The evaluation reported that regional coordination has the potential to add value, especially on transnational issues (e.g. migration, humanitarian issues), supporting countries with limited UN or UNAIDS presence, and engaging with regional community networks. The Capacity Assessment report noted that Regional Support Teams capacity had witnessed significant reductions in capacity (18).

Examples of technical advice and coordination from the Regional Support Teams were noted in some reports (6, 8, 18). The comprehensive Joint Programme evaluation report 2016-2019 mentioned that the backstopping role of regional Cosponsor offices has become more critical as country-level offices and teams downsized, but also noted that added value of Regional UN Joint Team on AIDS depends on the willingness and ability of regional Cosponsor offices to collaborate (2). The Country envelope evaluation found limited evidence of Regional teams adjusting the country envelope allocation, with a perception by some regional respondents that the regions lack “teeth”. The evaluation recommended that Regional Joint Teams could provide more support to country teams to strengthen the process of planning and prioritization, including technical advisory support to country Joint Teams, quality assurance of

30 Noting that this Capacity Assessment was undertaken during an alignment process of the Secretariat and that no capacity assessment has been conducted since this alignment.

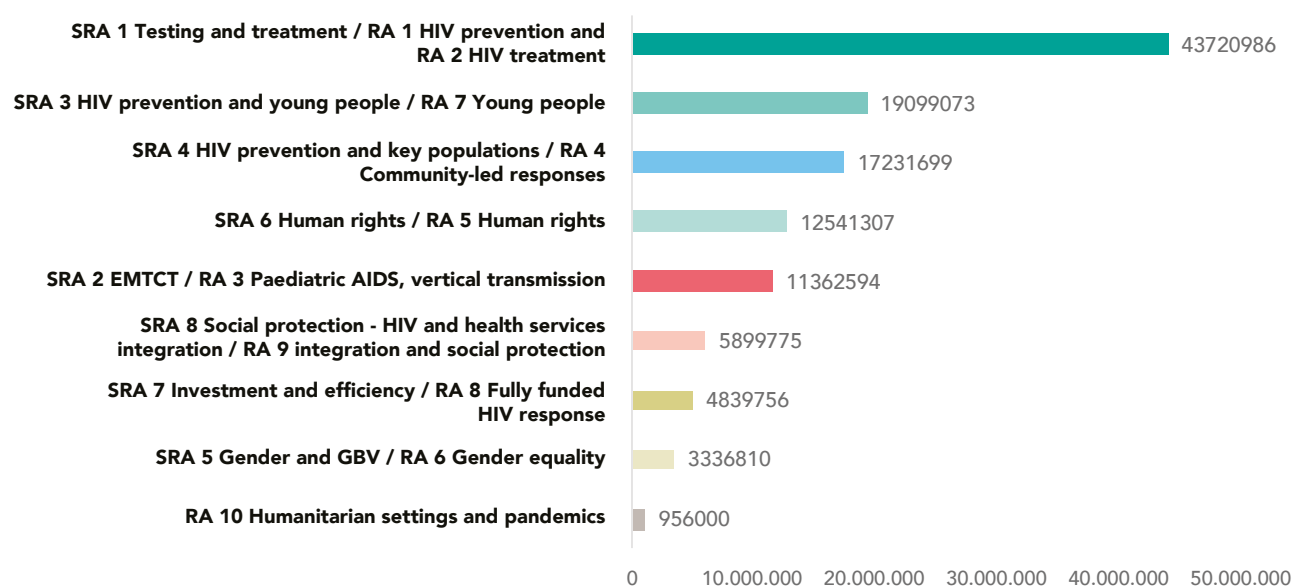
reports, and identification of strategic learning , proactive dissemination of learning as needed (14). The UNAIDS Regional data hubs evaluation report noted that other than the Asia Pacific Hub, Data Hubs had not achieved their intended objectives and were not utilised by Regional Support teams beyond the Asia Pacific (22). The TSM evaluation reported that the role of regional support teams in the TSM process was unclear, with an overload of TSM-related emails yet limited influencing (25).

Country Envelopes (CE) funding

The Joint Programme has responded to recommendations from the Global Review Panel in 2016-2017 concerning the allocation of specific core funding to respond more flexibly to country needs and the funding mechanism of “country envelopes” was created.

This funding has been allocated to all Results Areas using a joint planning approach at country level, with most country envelope (CE) funding directed towards HIV testing and treatment (SRA 1, RA 2) and general HIV prevention (SRA 3 and 4, RA 1). According to the evaluation of the UNAIDS country envelopes from 2023 (14), the purpose of the CE was to support national HIV responses through providing catalytic funding in selected priority areas to close gaps. Cosponsors have utilized CE funds to support a range of activities, including development and testing of normative guidance , data generation (formative assessments and research, supporting surveys), piloting approaches, and social behavior change media campaigns. Most CE funds for 2018-2022 have been budgeted to SRA 1 Testing and treatment/ RA 1 HIV prevention and RA 2 HIV treatment, followed by SRA 3 HIV prevention among young people/RA 7 Young people, then SRA4 HIV prevention among key populations/RA4 Community-led responses (Figure 3.) (14).

FIGURE 3 SPREAD OF COUNTRY ENVELOPE FUNDS ACROSS STRATEGY RESULT AREAS/RESULT AREAS 2018-2022³¹



31 Source: Evaluation of UNAIDS Joint Programme Country Envelopes: 2018-2022. Geneva: Joint United Nations Programme on HIV/AIDS; 2023.

Reports noted good examples of CE funds being used for catalytic purposes with potential multiplier effects, but the effectiveness of the CE had been affected by delayed disbursements, a complex financial architecture, fragmented and short-term funding envelopes and insufficient strategic planning. A new hybrid CE model has been developed for 2024-2025 to address these issues. The CE evaluation reported some examples of funds being used for catalytic initiatives that have been piloted and show potential for scale up and sustainability. In such cases, coordination, provision of technical assistance, partnering between one or more Cosponsors, and particularly with national authorities, had supported a multiplier effect. Moreover, the evaluation found that UNAIDS Secretariat country offices brought leadership to the CE mechanism and process (14). Challenges undermining the effectiveness of CE funding as noted by the CE evaluation as well as other reports (3,8,11,20,24) included delayed disbursements, and the complex financial architecture of the country envelope, exacerbated by the lack of clear strategic planning and a framework that fully leveraged the catalytic role of the CE. The CE mechanism structured as a one-year implementation timeframe and with small amounts of funding allocated to countries were in some cases reported as insufficient for undertaking strategic or catalytic work. (14)

While CE funds were intended to support bottom-up joint planning based on country needs and to prioritize allocation to a few Cosponsors, the evaluation found that the allocation process of funds within the Joint UN Country Teams on AIDS often prioritized the inclusions of all Cosponsors over a strategic focus based on country needs which may not require the involvement of all members of Joint UN Country Teams on AIDS (14). Overall, this had led to a CE approach that appeared fragmented and demonstrated inefficient use of resources, with funds spread thinly across many countries, including those with low HIV burdens. The lack of clear criteria for allocating CE funds among Cosponsors at the country level further exacerbated this issue, and was often driven by equality rather than equity concerns (every Cosponsor to receive some amount) leading to a disconnect between CE allocations and country priorities (14). Other evaluations have noted similar challenges related to the CE (3,8,11,15,20,24). Overall, the evaluation concluded that the allocation and disbursement of CE funds is an area where the Joint Programme's operating model generally faces challenges, underscoring the need for a more strategic and focused approach to CE allocation, one that aligns resources more closely with epidemic data, context and country needs.

According to the CE management response, a new hybrid Country Envelope model that included a new country envelope allocation formula was developed for 2024-2025 planning to address these issues. The revised model builds on recent HIV epidemiological data to respond to country needs, focuses on mutual accountability at the country level and prioritizes joint activities that support national strategic plans and priorities. The model also aims to reduce fragmentation by decreasing the number of countries receiving CE funds and increasing the role of regional Joint UN Teams on AIDS in setting regional priorities, reviewing and approving proposals, and overseeing implementation. This strategic shift is expected to promote more effective and focused allocation of resources.³²

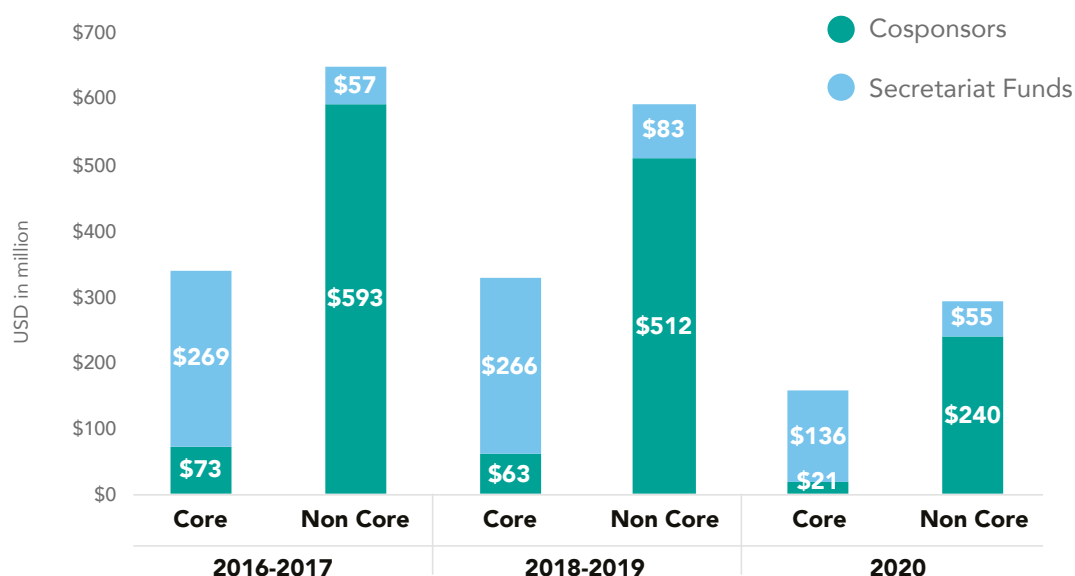
Resource mobilization (for UBRAF funding)

Continuously underfunded UBRAFs have been reported. Expenditures decreased over the period 2016-2020, with a larger decrease of core funding expenditure among Cosponsors compared to the Secretariat and with consequences for country level work.

The Joint Programme has overall struggled to secure adequate core funding with repeated underfunded UBRAFs as noted by several reports (2,3,18). The most recent comprehensive Joint Programme evaluation (2020) highlighted that resource mobilization efforts for core funding had fallen short of expectations, raising concerns about whether a coherent strategy was in place (2).

The Joint Programme Capacity Assessment from 2021 (18) found that total expenditure (core + non-core) decreased over the years assessed 2016-2020. Expenditures for both Cosponsors and the Secretariat declined slightly from 2016-2017 to 2018-2019, whereas a more significant drop in expenditures were noted in 2020 for both core and non-core funds (Figure 4). Declines in core expenditures between 2019-2020 affected the Cosponsors more (67%) compared to the decline affecting the Secretariat (49%) according to the assessment report (18).

FIGURE 4 CORE AND NON-CORE EXPENDITURES OF COSPONSORS AND SECRETARIAT, 2016-2020



Source: UNAIDS Joint Programme Capacity Assessment report, figure 3, p16

According to the MOPAN assessment report (3) about 30% of the annual expected 2022-2023 UBRAF budget was allocated to Cosponsors and 70% was allocated to the Secretariat (global centre and regional and country offices) – the report noted that Cosponsors considered this allocation to be out of balance but also further remarked that “the resource allocation for the Joint Programme as a whole is biased in favor of the Cosponsors as it includes resources raised by each agency outside the UBRAF” ... and “in the context of Cosponsor demands for greater

access to UBRAF resources, it is worth noting that in contrast to UN agencies, the Secretariat's alternatives for receiving funding are very limited. Unlike most Cosponsors, the Secretariat does not receive assessed member state contributions as unearmarked funding" (3)

Four reports (2,7,11,18) found that the Joint Programme's approach to resource mobilization had been characterized by a lack of coordination and collaboration among Joint Programme members. Effectively, rather than approaching donors jointly, Joint Programme members have sometimes competed for funding, undermining the potential for a more unified and effective resource mobilization strategy. To help move this forward, the Secretariat had established an informal resource mobilisation group with Cosponsors participating in the funding dialogue with donors as noted in the Capacity Assessment report (18).

Several examples of the consequences of insufficient UBRAF resources have been reported at country level. In Viet Nam, financial constraints had forced the Joint Programme to deprioritize areas of support. (9) Coordination challenges related to financial resources were reported in DRC (17) and Mozambique (15) and imbalances in fund allocation in Mali (24) was further reported to have led to inefficiencies and missed opportunities.

UBRAF expenditures 2016-2020 were predominantly targeting the thematic areas of HIV testing and treatment. According to the Capacity Assessment report, SRA 1 (HIV testing and treatment) had the highest expenditure at 38% of total UBRAF expenditures from 2016-2020, while the SRAs 2, 6, and 7, focusing on preventing vertical HIV transmission, stigma and discrimination and human rights, and investment and efficiency, had lowest expenditure proportions of 5%, 6%, 7% respectively (18).



**REVIEW
QUESTION 3**

HOW IS THE JOINT PROGRAMME ADDING VALUE TO SUSTAINING THE RESPONSE TO HIV, CONVERSELY WHICH AREAS SHOULD IT REDUCE OR POTENTIALLY EVOLVE/CHANGE ITS ENGAGEMENT ESPECIALLY IN LIGHT OF THE FUNDING SHORTFALL?

According to the HIV Response Sustainability Primer from 2024 (26), the vision of the HIV response sustainability approach is to:

“galvanize efforts and to drive sustainable HIV response transformations to reach and maintain epidemic control beyond 2030, by upholding the right to health for all.” Therefore, HIV response sustainability implies that a country has and uses, in an enabling environment:

- people-centred systems for health and equity;
- empowered and capable institutions and community-led organizations; and
- adequate and equitably distributed resources to end AIDS and sustain that accomplishment in ways that uphold the right to health for all”

The review found evidence across reports of the Joint Programme adding value to sustaining the HIV response related to the above criteria of (a) people-centred systems for health and equity; (b) empowered and capable institutions and community-led organizations. This specifically included added value related to: Multisectoral coordination, leadership and alignment; Social mobilization, engagement of key populations, and advocacy for gender equity and human rights; and Generation of strategic information to guide the response. There was mixed evidence on the added value of the Joint Programme regarding sustainable financing corresponding to the criteria of (c) adequate and equitably distributed resources to end AIDS and sustain that accomplishment in ways that uphold the right to health for all - and an identified opportunity to redefine the added value of a joint UN response to HIV beyond 2030.

Multisectoral coordination, leadership and alignment

The Joint Programme’s primary added value lies in its capacity to coordinate the collective expertise of its Cosponsors, each bringing unique strengths to a multisectoral HIV response however with fewer funds available to the Joint Programme, particularly at country level, less can be achieved, unless alternative coordination platforms can be leveraged, or an increased proportion of HIV funding can be directed to country level. Section 5.1.1 and section 5.1.5 provide examples of the Joint Programme encompassing sectors and the enabling environment such as health, education, finance, justice and human rights, gender, labour, drugs and prison settings, social protection, and humanitarian crises. As elaborated in section 5.1.2, the Joint Programme was also reported to have added value to the HIV response by effectively setting the strategic direction for global and national AIDS responses,

grounded in evidence, country needs and with the involvement of people living with HIV. This has facilitated alignment of Joint Programme investments and contributed to advance “ (a) people-centred systems for health and equity”.

The review further found that the added value of Cosponsors depends on their corporate priorities, availability of resources, and HIV technical capacity and with room to further leverage the multisectoral nature of the Joint Programme. Section 5.1.4 identified an opportunity to further leverage on existing coordination platforms at country level (e.g. RCO, UNSDCF, UNCT etc.) to improve multisectoral HIV responses given the decreasing level of human resources.

Social mobilization, engagement of key and other vulnerable populations, and advocacy for gender equity and human rights

The review found substantial evidence of the Joint Programme having added value to advance people-centred systems for health and equity by empowering institutions and community-led organizations through its work with social mobilization, and advocacy on issues such as human rights, gender equality, equity issues. The Joint Programme’s strong relationships with CSOs and CBOs ensure that communities and key populations are central to the HIV response. This engagement is particularly important in preventing the marginalization of vulnerable groups and ensuring their meaningful participation. (See also review findings presented under section 5.1.5) and remains an area where the Joint Programme needs to invest more capitalizing on the established partnerships and decades of experience.

Stigma and discrimination however remained significant repeated barriers to the Joint Programme’s engagement of key and vulnerable populations. Eight reports mentioned stigma as a barrier to key population programming at the country level. (6–9,11,12,23,25). A recent evaluation reported that in many cases, stigma was intertwined with legal, cultural, and structural factors that create challenges for programme implementation and involvement and engagement of key populations. The Joint Programme’s global agenda to reduce stigma and discrimination thus often face resistance at the local level, where cultural and social norms may conflict with the principles of inclusivity and human rights, including addressing the broader issues of homophobia and other forms of discrimination (6). These findings suggest that higher priority should be awarded for work addressing stigma.

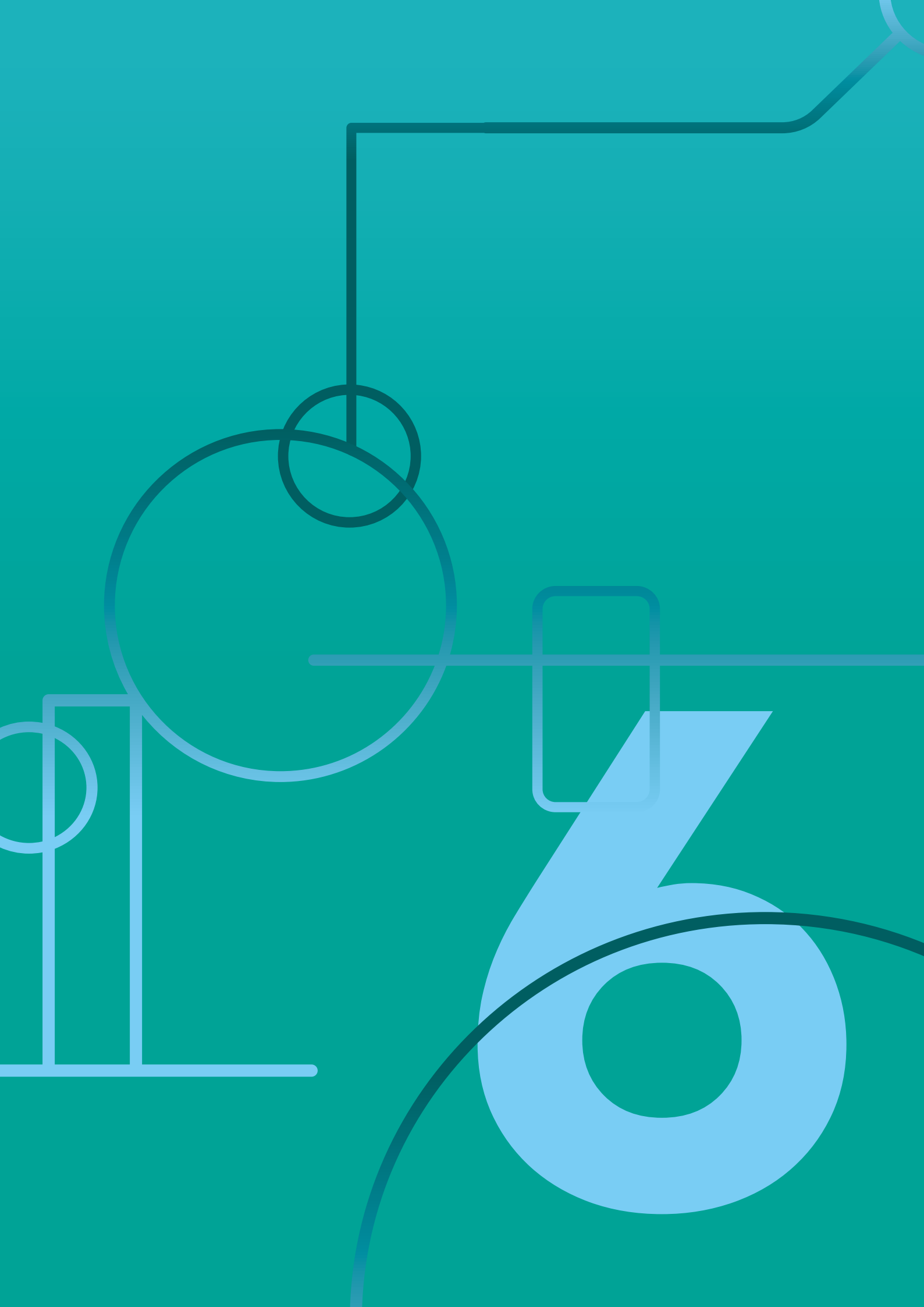
Generating strategic information to guide the response

Another distinct added value of the Joint Programme has been its generation and dissemination of strategic information on HIV, which provides essential data and analysis to support evidence-based decision-making in HIV responses with an equity lens as further described and referenced in section 5.1.3. However, disaggregated data related to community-led responses, “people-centered systems for health and equity” and key population disaggregated data still warrants further efforts by the Joint Programme, as well as a closer investigation of any potential duplication of efforts within the Joint Programme in regard to data roles (see section 6).

HIV sustainable financing

There was mixed evidence on the added value of the Joint Programme in relation to HIV sustainable financing corresponding to the criteria of “adequate and equitably distributed resources to end AIDS and sustain that accomplishment in ways that uphold the right to health for all.” On one hand, the Joint Programme, particularly the UNAIDS Secretariat, has played a critical role in helping countries mobilizing financial resources through the Global Fund and influencing financial priorities for national responses as described in section 5.1.3. There was also evidence of the Joint Programme supporting the development of HIV Investment Cases, and efforts to transition to domestic financing. On the other hand, the review found that these efforts did not always translate into national budget increases and domestic resource allocations with missed opportunities in leveraging political commitment for sustainable HIV financing within the broader UHC context as reported in section 5.1.2. Given the constrained resource environment and global health trends it will be critical for the Joint Programme to invest further in sustainable financing and leverage integration aspects.





EVIDENCE GAPS IDENTIFIED THROUGH REVIEW AND CONSIDERATIONS FOR FUTURE EVALUATIONS

The review found several information and evidence gaps in the reviewed reports that can be considered for further exploration in future assessments and evaluations of the Joint Programme. These included:

FOCUS ON WESTERN AND CENTRAL AFRICA AND EASTERN AND SOUTH AFRICA REGIONS IN PREVIOUS EVALUATIONS, LESS ATTENTION TO THE MIDDLE EAST AND NORTH AFRICAN REGION | The evaluation reports in scope had included evidence across 51 different countries and covering all Joint Programme Regions with a reasonable regional representation, however with a dominance of WCA and ESA regions, and limited inclusion of countries from the Middle East and North Africa region. Future Joint Programme evaluations would benefit from balancing even more the regional representation including adequate attention and focus to Eastern Europe Region, Latin America and Caribbean Regions.

SCATTERED QUANTITATIVE RESULTS REPORTING ON UBRAF PROGRESS IN THE EVALUATIONS IN SCOPE | Because of scattered UBRAF results reporting across the reports in scope, the review found it challenging to answer some of the review questions related to progress comprehensively. It will be important for a future evaluation to explore UBRAF 2022-2026 results comprehensively.

LIMITED CONTRIBUTION ANALYSIS | None of the reviewed evaluations were impact evaluations or used true contribution analysis. It will be critical that any future evaluation of the Joint Programme employs a design that allows analysis of contribution.

LIMITED EVALUATIVE EVIDENCE ON THE UTILITY AND EFFECTIVENESS OF SPECIFIC JOINT PROGRAMME STRUCTURES | Such as Regional Joint UN Teams on AIDS, Regional Support Teams and Joint Programme governance structures (the Programme Coordinating Board (PCB), and the Committee of Cosponsoring Organizations (CCO)). Of the reviewed reports in scope, only the MOPAN and the comprehensive Joint Programme evaluation considered the functions of the PCB and the CCO and only through a light touch thus limiting the review to triangulate these findings. In a future comprehensive Joint Programme evaluation, the utility and effectiveness of Regional Joint UN teams on AIDS, Regional Support Teams (RSTs), the PCB and the CCO may be considered for further exploration.

THE REPORTS IN SCOPE HAD SPARSE EVIDENCE ON SOME JOINT PROGRAMME'S PARTNERSHIPS | With key global health initiatives like Global Fund, PEPFAR, leaving gaps in understanding how collaborations and partnerships contribute to achieving HIV response goals.

DOL ON STRATEGIC INFORMATION | The reviewed reports did not investigate any potential ambiguity or duplication of HIV data roles (of for instance WHO, UNAIDS, UNICEF, WB). This aspect could be explored further in a future Joint Programme evaluation.

LIMITED FOLLOW-UP ON THE IMPLEMENTATION STATUS OF UNAIDS SECRETARIAT EVALUATION RECOMMENDATIONS AND THE USE OF ALL EVALUATIONS | The MOPAN assessment reported limited follow up mechanisms to monitor implementation of previous evaluation recommendations. While nearly 80% of all evaluation recommendations of the reports in scope were fully accepted by UNAIDS Management, there has been no comprehensive assessment of their implementation status and further insights to unpack challenges in their implementation. This would be a critical area to investigate in future comprehensive Joint Programme evaluations. Additionally, a comparative analysis of recommendations could be undertaken as part of a comprehensive Joint Programme evaluation.

THE LATEST CAPACITY ASSESSMENT OF THE JOINT PROGRAMME FROM 2021 IS NOW OUTDATED | As a realignment process was undertaken since its publication. Given this and the latest Joint Programme budget situation, a key gap on Joint Programme resource status and needs pertains. To gain a simple status overview at regional and country level, an opportunity might be to leverage on capacity recordings done in JPMS as part of the planning and reporting exercises; however this data from countries and the regions are not provided systematically and cannot be considered complete.

DEFINING A "FIT-FOR PURPOSE" JOINT PROGRAMME | Considering the findings of this review presented in section 5.1.1, 5.1.2 and 5.2.5 it is suggested that a Joint Programme being "fit for purpose" in addition to the three aspects of the working definition, would also mean ensuring that strategic goals and actions of the Joint Programme align and respond to changes in epidemiological trends, changes in political and funding environments and changes in global health developments such as integrating with broader global health and development initiatives (e.g. PHC-oriented systems, Universal Health Coverage, SDGs etc.). Definition for "fit for purpose" and "added value" of the Joint Programme could be explored further in a future Joint Programme evaluation.

KEY SECONDARY LITERATURE RESOURCES³³ | Were identified to further explore some of the evidence gaps and updated context.

33 E.g. the Mid-term review of Global AIDS Strategy (GAS) – expected in 2024; The urgency of now: AIDS at a crossroads. Geneva: Joint United Nations Programme on HIV/AIDS; 2024 Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development / The World Bank; 2023 ; Parker R. Epidemics of signification and global health policy: From the end of AIDS to the end of scale-up of the global AIDS response. Global Public Health. 2024 Mar 12;19(1).

ANNEXES

The image features a teal background with white geometric lines. In the top left, a line curves down and then horizontally across to the right, where it turns vertically down. Below this, a horizontal line crosses a vertical rectangle. To the right of the rectangle is a large circle, with a smaller circle overlapping its top edge. Further right, a vertical line is intersected by a horizontal line at its base, with a small circle overlapping the vertical line. A large, light-colored arc is visible in the bottom left corner.

Annex 1

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22. Regional data hubs evaluation. Geneva: Joint United Nations Programme on HIV/AIDS; 2023.
23. Rapid review to take stock of the joint UNAIDS-IAPAC Fast-track Cities Project. Geneva: Joint United Nations Programme on HIV/AIDS; 2020.
24. Evaluation of the UN joint programme on HIV in Mali. Geneva: Joint United Nations Programme on HIV/AIDS; 2022.
25. Independent evaluation of the UNAIDS technical support mechanism. Geneva: Joint United Nations Programme on HIV/AIDS; 2020.
26. HIV Response Sustainability Primer, Companion Guide. Geneva: UNAIDS; 2024.

Annex 2

Review framework

1 HOW WELL HAS THE JOINT PROGRAMME PERFORMED AGAINST ITS PROGRAMMATIC OBJECTIVES?

1.1 What areas of success and best practice can be identified in relation to the programmatic objectives of the Joint Programme?

1.2 What internal challenges and opportunities have affected the performance of the Joint Programme against its programmatic objectives?

1.3 What external and contextual issues have affected the performance of the Joint Programme and its ability to achieve its programmatic objectives?

Programmatic objectives of the Joint Programme as per founding documents	Areas of enquiry	Mapping of related UBRAF indicators 2022-2026 (to be assessed during 2nd phase of the evaluation)
Provide global leadership in response to the epidemic	<ul style="list-style-type: none"> • Leadership, • Advocacy • Communication, • Convening power • Accountability 	<p>Secretariat Function 1 - Leadership, advocacy and communication</p> <ul style="list-style-type: none"> • Indicator S1.1.1. • Indicator S1.1.2 <p>Secretariat Function 5 - Governance and mutual accountability</p> <ul style="list-style-type: none"> • Indicator S5.1.1. • Indicator S5.2.1
Achieve and promote global consensus on policy and programmatic approaches	<ul style="list-style-type: none"> • Partnerships (Member states, governments, UN, Global Health Initiatives (Global fund PEPFAR etc), Civil society, academia, private sector) • Global strategies • Global initiative • High level meetings • Alignment and coordination on policy and programmatic approaches 	<p>Result Area 1: HIV prevention:</p> <ul style="list-style-type: none"> • Indicator 1.1.1. • Indicator 1.2.1. <p>Result Area 2: HIV treatment:</p> <ul style="list-style-type: none"> • Indicator 2.1.1 • Indicator 2.2.1. • Indicator 2.2.2. • Indicator 2.2.3. <p>Result Area 3: Paediatric AIDS, vertical transmission:</p> <ul style="list-style-type: none"> • Indicator 3.1.1 • Indicator 3.2.1 • Indicator 3.2.2 <p>Result Area 4</p> <p>Result Area 5</p> <p>Result Area 6</p> <p>Result Area 7</p> <p>Result Area 8</p> <p>Result Area 9: Integrated systems for health and social protection</p>

Programmatic objectives of the Joint Programme as per founding documents	Areas of enquiry	Mapping of related UBRAF indicators 2022-2026 (to be assessed during 2nd phase of the evaluation)
Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level	<ul style="list-style-type: none"> • Monitoring and strategic information • Policy and strategies implemented at country level • Effective use of Global Fund and PEPFAR resources 	<p>Secretariat Function 2 - Partnerships, mobilization and innovation</p> <ul style="list-style-type: none"> • Indicator S 1.1.1 • Indicator S 1.1.2 • Indicator S2.2.1. <p>Secretariat Function 3 - Strategic information</p> <ul style="list-style-type: none"> • Indicator S3.2.1 • Indicator S3.3.1 <p>Secretariat Function 4 - Coordination, convening and country implementation support</p> <ul style="list-style-type: none"> • Indicator S 4.1.1 • Indicator S 4.1.2 <p>Result Area 1: HIV prevention:</p> <ul style="list-style-type: none"> • Indicator 1.1.1. • Indicator 1.2.1. <p>Result Area 2: HIV treatment:</p> <ul style="list-style-type: none"> • Indicator 2.1.1 • Indicator 2.2.1. • Indicator 2.2.2. • Indicator 2.2.3. <p>Result Area 3: Paediatric AIDS, vertical transmission:</p> <ul style="list-style-type: none"> • Indicator 3.1.1 • Indicator 3.2.1 • Indicator 3.2.2 <p>Result Area 4</p> <p>Result Area 5</p> <p>Result Area 6</p> <p>Result Area 7</p> <p>Result Area 8</p> <p>Result Area 9: Integrated systems for health and social protection</p>

Programmatic objectives of the Joint Programme as per founding documents	Areas of enquiry	Mapping of related UBRAF indicators 2022-2026 (to be assessed during 2nd phase of the evaluation)
<p>Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level</p>	<ul style="list-style-type: none"> • Strategy development and implementation of activities at country level • Strengthening capacities, services, systems, integration and coordination to sustain national, sub-national and community responses • Effective use of Global Fund and PEPFAR resources 	<p>Result Area 1: HIV prevention:</p> <ul style="list-style-type: none"> • Indicator 1.1.1. • Indicator 1.2.1. <p>Result Area 2: HIV treatment:</p> <ul style="list-style-type: none"> • Indicator 2.1.1 • Indicator 2.2.1. • Indicator 2.2.2. • Indicator 2.2.3. <p>Result Area 3: Paediatric AIDS, vertical transmission:</p> <ul style="list-style-type: none"> • Indicator 3.1.1 • Indicator 3.2.1 • Indicator 3.2.2 <p>Result Area 4</p> <p>Result Area 5</p> <p>Result Area 6</p> <p>Result Area 7</p> <p>Result Area 8</p> <p>Result Area 9: Integrated systems for health and social protection</p> <ul style="list-style-type: none"> • Indicator • Indicator 9.1.1 • Indicator 9.1.2 • Indicator 9.2.1 <p>Result Area 10: Humanitarian settings and pandemics:</p> <ul style="list-style-type: none"> • Indicator 10.1.1 • Indicator 10.1.2 <p>Secretariat Function 2 – Partnerships, mobilization and innovation</p> <ul style="list-style-type: none"> • Indicator S1.1.2.



Programmatic objectives of the Joint Programme as per founding documents	Areas of enquiry	Mapping of related UBRAF indicators 2022-2026 (to be assessed during 2nd phase of the evaluation)
<p>Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries ensuring that national responses involve a wide range of sectors and institutions</p>	<ul style="list-style-type: none"> • Social mobilization • Civil society engagement • Multisectoral interventions • Social protection • Involvement of Key populations • Youth • Inequities 	<p>Result Area 4: Community-led responses</p> <ul style="list-style-type: none"> • 4.1.1 • 4.2.1 <p>Result Area 5: Human rights</p> <ul style="list-style-type: none"> • Indicator 5.1.1 • Indicator 5.2.1 <p>Results Area 6: Gender equality</p> <ul style="list-style-type: none"> • Indicator 6.1.1 • Indicator 6.2.1 <p>Result Area 7: Young people</p> <ul style="list-style-type: none"> • Indicator 7.1.1 • Indicator 7.2.1 <p>Result Area 9: Integrated systems for health and social protection</p> <ul style="list-style-type: none"> • Indicator 9.2.1 <p>Result Area 10: Humanitarian settings and pandemics:</p> <ul style="list-style-type: none"> • Indicator 10.1.1 • Indicator 10.1.2 • Indicator 10.2.1 <p>Secretariat Function 1 - Leadership, advocacy and communication</p> <ul style="list-style-type: none"> • Indicator S1.1.1 • Indicator S1.1.2 • Indicator S1.2.1 <p>Secretariat Function 2 - Partnerships, mobilization and innovation</p> <ul style="list-style-type: none"> • Indicator S2.1.1 • Indicator S2.1.3 <p>Secretariat Function 5 - Governance and mutual accountability</p> <ul style="list-style-type: none"> • Indicator S5.1.1.
<p>Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.</p>	<ul style="list-style-type: none"> • Deploying human and financial resources optimally to support countries reach the last mile and sustain gains, including ensuring: • Political commitment • Adequacy of resources • Domestic resources • Sustainable financing 	<p>Result Area 8: Fully-funded, sustainable HIV response</p> <ul style="list-style-type: none"> • Indicator 8.1.1 • Indicator 8.1.2 • Indicator 8.2.1 • Indicator 8.2.2 <p>Secretariat Function 1:</p> <ul style="list-style-type: none"> • Indicator S 1.1.1 • Indicator S1.1.2

2 HOW FIT FOR PURPOSE IS THE JOINT PROGRAMME OPERATING MODEL IN FACILITATING THE ACHIEVEMENT OF ITS PROGRAMMATIC OBJECTIVES?

Programmatic objectives of the Joint Programme as per founding documents

Areas of enquiry

Provide global leadership in response to the epidemic.	<ul style="list-style-type: none"> • UNAIDS and Cosponsor Board coherence • CCO, PCB • Division of Labour (DoL)
Achieve and promote global consensus on policy and programmatic approaches.	<ul style="list-style-type: none"> • Multistakeholder debate • Transparent, precise M&E framework (UBRAF) • DoL • UN Reform processes
Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level	<ul style="list-style-type: none"> • Strategic information • Resident Coordinator system
Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level	<ul style="list-style-type: none"> • Rapid, inclusive country assessments. • Regional teams on AIDS • Joint UN Teams on AIDS • Differentiated support typology • Technical Support Mechanism
Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries ensuring that national responses involve a wide range of sectors and institutions	<ul style="list-style-type: none"> • Inclusive, integrated governance platforms (at national level) • Regional teams on AIDS • Joint UN Teams on AIDS • Differentiated support typology
Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.	<ul style="list-style-type: none"> • Joint resource mobilization of the Joint Programme • Support countries mobilize funds • Resource allocation models, including Country envelopes • Nature of Cosponsorship

3 HOW FIT FOR PURPOSE IS THE JOINT PROGRAMME OPERATING MODEL IN FACILITATING THE ACHIEVEMENT OF ITS PROGRAMMATIC OBJECTIVES?

Programmatic objectives of the Joint Programme as per founding documents

Areas of enquiry

Provide global leadership in response to the epidemic.	<ul style="list-style-type: none"> • Added value • Comparative advantage • Synergies • Duplication of efforts
Achieve and promote global consensus on policy and programmatic approaches.	<ul style="list-style-type: none"> • Added value • Comparative advantage • Synergies • Duplication of efforts
Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level	<ul style="list-style-type: none"> • Added value • Comparative advantage • Synergies • Duplication of efforts
Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level	<ul style="list-style-type: none"> • Added value • Comparative advantage • Synergies • Duplication of efforts
Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries ensuring that national responses involve a wide range of sectors and institutions	<ul style="list-style-type: none"> • Added value • Comparative advantage • Synergies • Duplication of efforts
Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.	<ul style="list-style-type: none"> • Added value • Comparative advantage • Synergies • Duplication of efforts

4 WHAT EVIDENCE GAPS CAN BE IDENTIFIED THROUGH THE REVIEW AND WHERE SHOULD PHASE II FOCUS ITS COLLECTION OF PRIMARY DATA AND ANALYSIS OF SECONDARY DATA?

Programmatic objectives of the Joint Programme as per founding documents	Areas of enquiry
Provide global leadership in response to the epidemic	<ul style="list-style-type: none"> • Methodology limitations • Information gaps • Other limitations
Achieve and promote global consensus on policy and programmatic approaches	<ul style="list-style-type: none"> • Methodology limitations • Information gaps • Other limitations
Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level	<ul style="list-style-type: none"> • Methodology limitations • Information gaps • Other limitations
Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level	<ul style="list-style-type: none"> • Methodology limitations • Information gaps • Other limitations
Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries ensuring that national responses involve a wide range of sectors and institutions	<ul style="list-style-type: none"> • Methodology limitations • Information gaps • Other limitations
Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities	<ul style="list-style-type: none"> • Methodology limitations • Information gaps • Other limitations

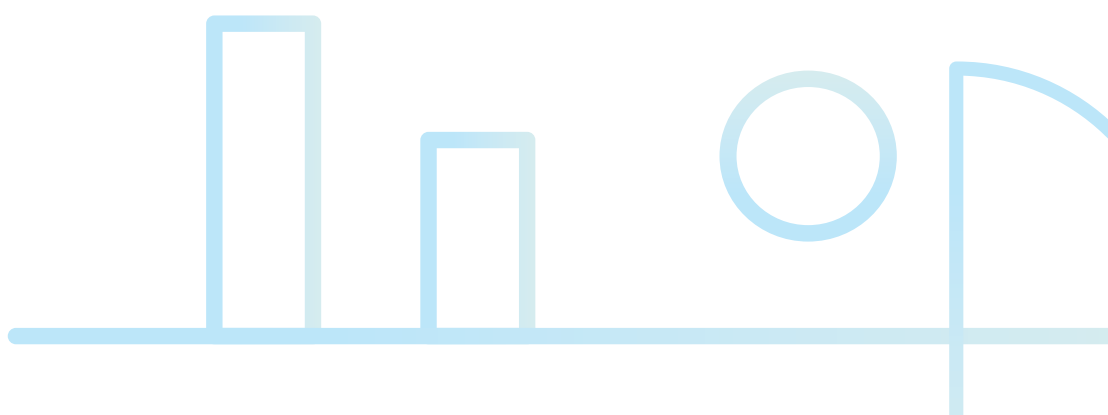
Annex 3

Evaluations, reviews and assessments in scope for the review

EVALUATION APPROACH/ METHODS	TITLE OF EVALUATION AND LINK	YEARS IN SCOPE OF THE EVALUATION	COUNTRIES	YEAR OF PUBLICATION	MANAGEMENT RESPONSE (YES/NO)
Country evaluations, assessments and reviews – Joint Programme					
Mixed methods, theory-based evaluation	Évaluation du programme commun des Nations Unies sur le VIH/sida au Mali. [Evaluation of the UN joint programme on HIV in Mali]. Geneva: Joint United Nations Programme on HIV/AIDS; 2022	2020-2021	Mali	2022	No
Qualitative, theory-based evaluation	Évaluation du programme commun des Nations Unies sur le VIH/sida en République Démocratique du Congo 2018-2021. [Evaluation of the UN joint programme on HIV in the Democratic Republic of the Congo 2018-2021]. Geneva: Joint United Nations Programme on HIV/AIDS; 2021	2018-2021	DRC	2021	No
Qualitative, theory-based evaluation	Evaluation of the UN Joint Programme on HIV in Brazil 2017 - 2021. Geneva: Joint United Nations Programme on HIV/AIDS; 2021	2017-2021	Brazil	2021	No
Mixed-methods, theory-based evaluation	Evaluation of the UN Joint Programme on HIV in Mozambique 2016-2020. Geneva: Joint United Nations Programme on HIV/AIDS; 2021	2016-2020	Mozambique	2021	No

Country evaluations, assessments and reviews – Joint Programme					
Rapid appraisal (RA) methods	Evaluation of the UN Joint programme on HIV in Viet Nam . Geneva: Joint United Nations Programme on HIV/AIDS; 2021	2016-2020	Viet Nam	2021	No
Global evaluations, reviews, assessments – Joint Programme					
Mixed methods, theory-based evaluation	Evaluation of the contribution of the UNAIDS Joint Programme to strengthening HIV and Primary Health Care outcomes . Geneva: Joint United Nations Programme on HIV/AIDS; 2023	2020-2023	Angola, Botswana, Indonesia, Pakistan	2023	Yes
Mixed-methods, theory-based, utilization-focused evaluation	Evaluation of the UNAIDS Joint Programme on HIV and Social Protection . Geneva: Joint United Nations Programme on HIV/AIDS; 2023	2018-2022	Benin, China, Dominican Republic, Fiji, Ghana, Malawi, Morocco, Peru, Uzbekistan	2023	Yes
Mixed methods, theory-driven evaluation	Evaluation of UNAIDS Joint Programme Country Envelopes: 2018-2022 . Geneva: Joint United Nations Programme on HIV/AIDS; 2023	2018-2022	Bolivia, Côte d'Ivoire, Ecuador, India, Iran, Kyrgyzstan, Peru, Zambia,	2023	Yes
Assessment	UNAIDS Joint Programme Capacity Assessment, Oxford Policy Management, 2022	2016-2020	NA	2022	
Mixed methods, utilization-focused evaluation	Joint evaluation of the UN Joint Programme on AIDS' work with key populations (2018-2021) . Geneva: Joint United Nations Programme on HIV/AIDS; 2022	2018-2021	Cameroon, Kenya, Peru, Thailand, Tunisia, Ukraine	2022	Yes

Global evaluations, reviews, assessments – Joint Programme					
Mixed methods, theory-based evaluation	Joint evaluation of the UN Joint Programme on AIDS' work on efficient and sustainable financing. Geneva: Joint United Nations Programme on HIV/AIDS; 2022	2018-2021	Côte d'Ivoire, Kazakhstan, United Republic of Tanzania, Viet Nam	2022	Yes
Mixed methods, theory-based evaluation	Joint evaluation of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls. Geneva: Joint United Nations Programme on HIV/AIDS; 2021	2016-2021	Algeria, Argentina, Cambodia, DRC, Haiti, Indonesia, Tajikistan, United Republic of Tanzania, Zimbabwe	2021	Yes
Mixed methods, theory-based review	Rapid review to take stock of the joint UNAIDS-IAPAC Fast-track Cities Project. Geneva: Joint United Nations Programme on HIV/AIDS; 2020	2018-2020	Remote - 15 priority high-burden cities	2020	No
Mixed methods, theory-based evaluation	Independent evaluation of the UN system response to AIDS in 2016-2019. Geneva: Joint United Nations Programme on HIV/AIDS; 2020	2016-2019	Burkina Faso, Guatemala, Iran, Jamaica, Kazakhstan, Madagascar, Morocco, Myanmar, Nigeria, Papua New Guinea, South Africa, Ukraine	2020	Yes



Global evaluations, reviews, assessments– UNAIDS secretariat					
Mixed methods, rapid assessment	Regional data hubs evaluation. UNAIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2023	2015-2022	NA	2023	No
Assessment	MOPAN assessment report 2021-2022, UNAIDS secretariat, Geneva, 2023	2021-2022	NA	2023	Yes
Mixed-methods, theory-based evaluation	Evaluation of the UNAIDS Secretariat Gender Action Plan. Geneva: Joint United Nations Programme on HIV/AIDS; 2021	2018-2023	NA	2021	Yes
Qualitative, realist evaluation	UNAIDS contribution to resilient and sustainable systems for health (RSSH). Geneva: Joint United Nations Programme on HIV/AIDS; 2021	2016-2021	the Dominican Republic, Ethiopia, Ghana and Kyrgyzstan	2021	No
Mixed-methods evaluation	Independent evaluation of the UNAIDS technical support mechanism. Geneva: Joint United Nations Programme on HIV/AIDS; 2020	2018-2019	NA	2020	Yes
Mixed-methods, utilization focused evaluation	UNAIDS-CDC collaboration on strengthening public health capacity and strategic information systems. Geneva: Joint United Nations Programme on HIV/AIDS; 2020	2017-2019	India, Zambia, Côte d'Ivoire,	2020	Yes
Mixed methods, theory-based evaluation	Health Situation Room Evaluation. Geneva: Joint United Nations Programme on HIV/AIDS; 2020	2015-2020	Côte d'Ivoire, Lesotho, Kenya, Malawi, Mozambique, Namibia, Uganda, Zambia Zimbabwe,	2020	Yes

Annex 4

UNAIDS Joint Programme Evaluation 2020-2024

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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

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.

Annex 5

Phase I Terms of Reference

Evaluation of the role of the UNAIDS Joint Programme in the AIDS response
Phase 1: Synthesis of evaluations conducted 2020-2024.

Terms of Reference

Background

The global response to AIDS is guided by the SDG target of ending AIDS by 2030, the 2021 Political Declaration on HIV/AIDS, and the 2021-2026 Global AIDS Strategy. In 2024, a mid-term review of the Global AIDS Strategy will be conducted to take stock of progress made to inform the remaining period of the Strategy and the development of the next Global AIDS Strategy. The review will primarily be based on reporting on the Global AIDS Monitoring indicators. The 2023 epidemiological data from countries will be used to assess progress made by countries in the response to HIV.³⁴

To assess and analyse the role the UNAIDS Joint Programme plays in supporting countries achieve the targets and commitments in the Global AIDS Strategy, a comprehensive evaluation of the Joint Programme is included in UNAIDS Evaluation Plan for 2024-2025, which was approved by UNAIDS Programme Coordinating Board in December 2023.

The evaluation will assess the role and contributions of UNAIDS Cosponsors and Secretariat in advancing and sustaining the global response to AIDS and proceed in parallel with thematic discussions by UNAIDS Board on sustainability in June and December 2024. The evaluation will examine the multisectoral approach of the Joint Programme, with a particular focus on the country level. This is because the 2023 MOPAN assessment of UNAIDS largely focused on the global function of UNAIDS Secretariat, not the functions or performance of UNAIDS 11 Cosponsors.³⁵

34 The mid-term review of the Strategy may include examples of the work of the UNAIDS Cosponsors and Secretariat supporting countries, drawing on performance monitoring reports for the 2022-2023 biennium.

35 <https://www.mopanonline.org/assessments/unaids2021/index.htm>

The evaluation will analyse achievements of the Joint Programme against the original programmatic objectives in the ECOSOC resolution establishing UNAIDS (1994/24), reinforced by ECOSOC and the UN General Assembly in 2021.³⁶ It will cover the period since the last comprehensive evaluation of the role of UNAIDS as a Joint Programme, the independent evaluation of the UN system response to AIDS in 2016-2019, which was completed in 2020.

Purpose and objective

The first phase of the Joint Programme evaluation will entail a synthesis of the 19 evaluations in different thematic, programmatic, and geographic areas conducted and managed by the UNAIDS Evaluation Office in the period 2020-2024. The synthesis is carried out to document achievements, challenges and lessons learned. It should identify contexts, situations, and circumstances in which the Joint Programme has been effective and appreciated to identify models, best practices, and elements of success. The synthesis should identify where the Joint Programme can truly add value and stimulate thinking about the future of UNAIDS as a joint and cosponsored programme which brings together twelve UN entities. It should identify gaps in the evaluations conducted to inform the terms of reference and additional data collection as part of a second phase of the Joint Programme evaluation.³⁷

The synthesis is an important first step in the Joint Programme evaluation, which is expected to feed into discussions among the executive heads of UNAIDS Cosponsors and Secretariat as well as Board members to ensure the Joint Programme remains sustainable, resilient and fit-for-purpose, as requested by UNAIDS Programme Coordinating Board in December 2023 (see decision 6.5). This includes revisiting the operating

36 In 2021 the mandate of the Joint Programme was reinforced by the UN General Assembly in its Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (A/RES/75/284) in which it decided to:

“Commit to support and leverage the 25 years of experience and expertise of the Joint United Nations Programme on HIV/AIDS and reinforce and expand the unique multisectoral, multi-stakeholder, development and rights-based collaborative approach to end AIDS and deliver health for all as global public good by:

(a) Supporting the efforts of the Joint Programme to contribute to the follow-up and review of the 2030 Agenda for Sustainable Development, including the high-level political forum on sustainable development, in order to ensure that the HIV response and its interlinkages with other Sustainable Development Goals are fully reflected;

(b) Requesting the Joint Programme to continue to support Member States, within its mandate, in addressing the social, economic, political and structural drivers of the AIDS epidemic, including through the promotion of gender equality and the empowerment of women, and human rights, by strengthening the capacities of national Governments to develop comprehensive national strategies to end AIDS and by advocating for greater global political commitment in responding to the epidemic;

(c) Fully resourcing the Joint Programme and supporting its efforts to refine and reinforce its unique operating model so that it can continue to lead global efforts against AIDS, support efforts for pandemic preparedness and global health, and in this regard reaffirm, in accordance with Economic and Social Council resolution 2019/33 of 24 July 2019, that the Joint Programme co-sponsor and governance model provides the United Nations system with a useful example of strategic coherence, reflecting national contexts and priorities, through its coordination, results-based focus, inclusive governance, and country-level impact, noting the contribution of the Joint Programme to the reinvigorated resident coordinator system;

(d) Annually voluntary reporting to the Joint Programme on progress in the implementation of the commitments contained in the present declaration, using robust monitoring systems and international follow-up and review processes that identify inequality gaps in service coverage and progress in HIV responses, and to inform the General Assembly, the Economic and Social Council and the high-level political forum on sustainable development.”

37 Gaps may include the role of the Joint Programme in supporting optimal utilization of Global Fund, PEPFAR and other resources at country level, or whether impact evaluations should be considered in the future.

model of the Joint Programme³⁸ and reporting back at the June 2025 Board meeting with recommendations which take into account the financial realities and risks to the Joint Programme and recommendations of the Joint Inspection Unit.³⁹ The synthesis should inform the subsequent phase of the evaluation and the collection of additional primary data to close identified evidence gaps and triangulate findings from the synthesis report.

Scope and focus

The scope of the synthesis will cover 21 joint and secretariat evaluations, assessments and reports as well as their potential management responses.

The synthesis will focus on the evaluations themselves, not assess their quality as the evaluations have been externally assessed and rated 'good' or 'fair'.⁴⁰ Additionally, the synthesis will consider 11 management responses or follow up to the evaluations, 2023 UNAIDS MOPAN assessment and its management response and the Capacity Assessment with its Annex.

Synthesis questions

The synthesis questions are to be finalized during the inception phase and included in an evaluation synthesis protocol. The synthesis questions are expected to analyze what has worked and how or why something has or has not worked, identifying to the extent possible the role and contributions of UNAIDS Secretariat and those of the different Cosponsors. The questions should explore the following areas in the 19 evaluations conducted:

- the achievement of results and performance against the programmatic objectives of the Joint Programme
- the added value of the Joint Programme and barriers, challenges and contextual issues affecting the achievement of results
- the extent to which the Joint Programme operating model has facilitated the achievement of results
- good models, best practices, and ingredients of success as well as areas where the Joint Programme is not 'fit-for-purpose' or should not engage given resource constraints
- potential evidence gaps in evaluations conducted in the period 2020-2024

Approach and methodology

Three main steps or phases are envisaged as part of the synthesis:⁴¹

1. Inception phase – where a synthesis protocol is developed with a fully defined scope, synthesis questions and methodology.
2. Analysis and synthesis phase – where the findings, conclusions and recommendations related to the synthesis questions are reviewed and synthesized and captured in a report.

38 [Joint Programme Action Plan and Revised Operating Model](#)

39 [Report of the Joint Inspection Unit on the Management and Administrative Review of UNAIDS](#)

40 The external assessments of the evaluation reports have been conducted by the Mannheim Center for Evaluation and Development (<https://c4ed.org/>).

41 The reports to be considered as part of the synthesis have been identified and there is therefore no need for evidence collation, quality appraisal or data extraction.

3. Communication and revision phase – where the synthesis report is shared with key stakeholders and feedback received is incorporated.

The approaches and tools for qualitative and quantitative data extraction should be defined during the inception phase and presented in the inception report. The design of the methodology for the synthesis should explore possibilities of using the three UBRAF outcomes, which correspond to the three strategic priorities in the Global AIDS Strategy, as an organizing principle even if these in the end do not become the way the synthesis is structured. The argument for this is that it could be helpful for the development of UNAIDS next workplan and budget to be presented to UNAIDS Board in June 2025 and the development of the next UBRAF which will start soon thereafter.⁴²

Management and governance

The synthesis is commissioned and managed by the UNAIDS Evaluation Office. UNAIDS Secretariat and Cosponsor staff will be engaged throughout the synthesis to ensure relevance, credibility, ownership, use and uptake of the synthesis. Responsibility for accepting and signing off on the synthesis will rest with the Evaluation Office should feedback on the synthesis be delayed or limited. The final product will be shared with the leadership of UNAIDS Cosponsor and Secretariat and is expected to be of interest to member states, civil society and other partners involved in discussion on the operating model of the Joint Programme leading up to the June 2025 PCB.

Level of effort, timeframe and deliverables

The synthesis is expected to be carried out by 1-2 Evaluation Specialists, supported by a Research Analyst. The team should have a thorough understanding of complex networks of organizations with a programmatic division of labour and effectiveness dependent on the interaction among them.

The draft synthesis report should be completed by 15 July and the final report should be submitted no later than 31 August 2024. The deliverables of the assignment include:

1. Synthesis protocol – 15 May 2024
2. Draft synthesis report and accompanying slide set – 15 July 2024
3. Presentation of synthesis findings, revised report, and slide set – 06 September 2024

Synthesis outline

- Executive summary
- Background and context
- Objectives
- Synthesis questions
- Scope
- Methods
- Evidence base
- Synthesis of findings
- Conclusions
- Implications for next phase of the evaluation
- Annexes

42 The synthesis may refer to the OECD/DAC criteria of relevance, coherence, effectiveness, efficiency, impact and sustainability, but is not expected to be organized around them.

