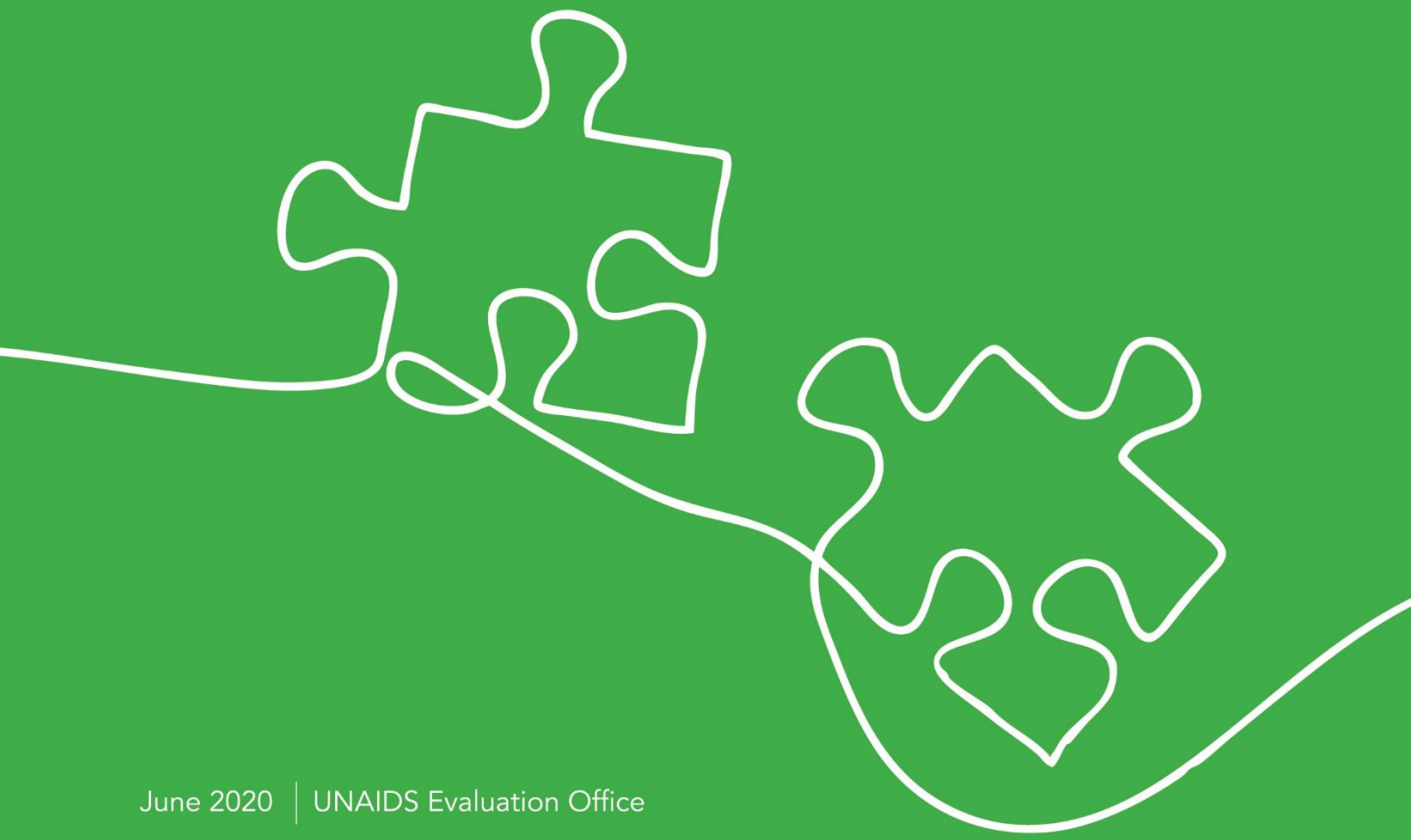
UNAIDS
EVALUATION REPORT

INDEPENDENT EVALUATION OF THE UN SYSTEM RESPONSE TO AIDS IN 2016–2019



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Acknowledgments

Significant gains have been made since 2016 when the General Assembly agreed to “fast-track” the global AIDS response. However, AIDS is far from over and stepped up efforts are needed to end AIDS as a public health threat by 2030. This ***evaluation of the UN system response to AIDS*** was initiated against this background to assess the role and contributions of UNAIDS – the UN Joint Programme on AIDS – to the ***achievement of the goals and targets in the UNADS 2016-2021 Strategy and the Unified Budget, Results and Accountability Framework*** (UBRAF). The evaluation has been carried out at a time of ambitious reforms of the UN development system with the aim of informing discussions and decisions on ***how the UN system response to AIDS can and should evolve to remain relevant*** in the changing context of the AIDS response in different countries.

The evaluation was commissioned by the UNAIDS Evaluation Office and was conducted as an ***independent external evaluation*** by **© ITAD** Limited (https://www.itad.com/). It was designed around three main evaluation questions: Is the Joint Programme through the UBRAF focusing the ***‘right things’***? Is the Joint Programme doing these things in the ***‘right ways’***? To what extent is the Joint Programme delivering the ***‘right results’***? The evaluation included a multi-stakeholder consultation with Board members and observers to design the evaluation, followed by a review of ***more than 600 documents***, ***460 key informant interviews, 1,100 responses to a web survey***, as well as ***12 country visits*** across all regions. The findings, conclusions and recommendations of the evaluation are those of the ITAD evaluation team.

We are grateful to the representatives of ***member states, civil society, communities and staff*** of UNAIDS Secretariat, Cosponsors and other international organisations who participated in the evaluation and provided valuable insights. We acknowledge the special efforts made by UNAIDS country offices in ***Myanmar, Ukraine, South Africa, Jamaica, Iran, Nigeria, Papua New Guinea, Kazakhstan, Madagascar, Guatemala, Morocco and Burkina Faso*** to facilitate key informant interviews, focus group discussions and site visits to obtain the perspectives of programme beneficiaries, communities and other stakeholders.

The evaluation of the UN system response to AIDS is a ***joint evaluation*** and responds to the need for joint evaluations and strengthening of independent system-wide evaluation measures called for by the UN General Assembly. It is the first of its kind initiated by the ***UNAIDS Cosponsor Evaluation Group***, which brings together the evaluation offices of UNAIDS Cosponsors and Secretariat to share experience and strengthen independence, credibility and utility of evaluations.

Special thanks are owed to the senior evaluation advisers in WHO, UNFPA, UNICEF and UNDP, who participated in a ***management group*** and provided in-depth reviews, technical inputs and quality assurance throughout the evaluation process. Useful advice and guidance on the scope and content of the evaluation was provided by a ***reference group***, which comprised of representatives of UNAIDS Cosponsors, Secretariat and the NGO delegation of UNAIDS Board.

The evaluation findings, conclusions and recommendations are timely. They are designed to feed into the development of the next UNAIDS ***global strategy*** and a new ***results, resource allocation and accountability framework*** for the UNAIDS Joint Programme. This was the purpose from the outset and UNAIDS Evaluation Office would once again like to thank everyone who participated in the evaluation – a comprehensive and complex exercise completed in a tight timeline to ***inform discussions on the future of the UNAIDS Joint Programme***.

Evaluation Management Group

Joel Rehnstrom, UNAIDS Evaluation Office
Elisabetta Pegurri, UNAIDS Evaluation Office
Beth Ann Plowman, UNICEF Evaluation Office
Arild Hauge and Anna Guerraggio, UNDP Evaluation Office
Louis Charpentier, UNFPA Evaluation Office
Robert McCouch, WHO Evaluation Office

Itad Evaluation Team

Sam McPherson, Team Leader
Paul Janssen, Deputy Team Leader
Esther Saville, Core Team Member
Tim Clary, Core Team Member
Fawzia Rasheed, Core Team Member
Annette Gerritsen, Core Team Member
Julie-Anne Darsley, Core Team Member

David Walker, Technical Team
Andrew Cassels, Technical Team
Sarah Springett, Technical Team
Olga Varetska, Technical Team
Eduardo Romero, Technical Team
Krista Kruja, Research Analyst
Valeria Raggi, Research Analyst

Pierre Huygens, Country Lead and Boureima Zida, Local Consultant – Burkina Faso
Eduardo Romero, Country Lead and Erika Stolz de Sobalvarro, Local Consultant – Guatemala
Paul Janssen, Country Lead and Nastaran Moossavi, Local Consultant – Iran
Audrey Brown, Country Lead and Rhonda Morrison, Local Consultant – Jamaica
Olga Varetska, Country Lead and Batyrbek Assembekov, Local Consultant – Kazakhstan
Pierre Huygens, Country Lead and Holitiana Randrianarimanana, Local Consultant – Madagascar
Tim Clary, Country Lead and Zaw Min Oo, Local Consultant – Myanmar
Eduardo Romero, Country Lead and Souad Rahibe, Local Consultant – Morocco
Oladele Akogun, Country Lead and Cheikh Traore, Local Consultant – Nigeria
Barbara Franklin, Country Lead – Papua New Guinea
Annette Gerritsen, Country Lead – South Africa
Inna Shvab, Country Lead – Ukraine

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral Drug
ART	Antiretroviral Therapy
CCM	Country Coordinating Mechanism
CBO	Community Based Organisation
CCO	Committee of Cosponsoring Organisations
CDC	Centers for Disease Control
CSO	Civil Society Organisation
DAC	Development Assistance Committee
DFID	Department for International Development
ECOSOC	UN Economic and Social Council
EMG	Evaluation Management Group
eMTCT	Elimination of Mother to Child Transmission
ERG	Evaluation Reference Group
EQ	Evaluation Question
FSW	Female Sex Workers
GAM	Global AIDS Monitoring
GBV	Gender Based Violence
GEM	Gender Equality Marker
GEWE	Gender Equality and Women Empowerment
GF	Global Fund
GF PR	Global Fund Principal Recipient
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV/AIDS
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
IDP	Internally displaced person
INGO	International Non-governmental Organisation
KII	Key Informant Interview
KP	Key Population
JIU	Joint Inspection Unit
JPMS	Joint Programme Monitoring System
JUNTA	Joint United Nations Team on AIDS
LGBT	Lesbian, Gay, Bisexual, and Transgender
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa
MoH	Ministry of Health
MOPAN	Multilateral Organisation Performance Assessment Network
MSM	Men who have Sex with Men
NGO	Non-governmental Organisation
NSP	National Strategic Plan
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan-American Health Organization
PCB	Programme Coordinating Board
PEPFAR	United States President’s Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-exposure Prophylaxis

PWID	People who inject drugs
QA	Quality Assurance
RST	Regional Support Team
RAG	Red Amber Green
RFP	Request for Proposal
SDG	Sustainable Development Goal
SMT	Senior Management Team
SRA	Strategic Results Area
SRH	Sexual and Reproductive Health
TG	Transgender
ToR	Terms of Reference
UBRAF	Unified Budget, Results and Accountability Framework
UCO	UNAIDS Country Office
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSDCF	United Nations Sustainable Development Cooperation Framework
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WLHIV	Women Living with HIV
WSW	Women who have sex with Women

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Executive Summary

i. Overview

1. This is the final report of the Independent Evaluation of the UN system response to AIDS in 2016–2019. This evaluation focus is the 2016–2021 Joint United Nations Programme on HIV/AIDS (UNAIDS) Strategy through the lens of the 2016–2021 Unified Budget, Results and Accountability Framework (UBRAF). The scope of the evaluation is the timeframe 2016–2018 (2019 where data are available), and UN system responses to AIDS at country, regional and global levels.

2. The evaluation is designed primarily for organisational learning but also for accountability purposes. The evaluation aims to provide actionable recommendations for the Joint Programme for its last biennium and, specifically, to provide guidance for how the UNAIDS Secretariat and Cosponsors will need to evolve in order to contribute to the goal of ending the AIDS epidemic by 2030. These recommendations have taken into account the changing AIDS context, which includes ongoing UN reform efforts, shifting priorities and evolving availability of resources.

Headline message

UNAIDS, the UN Joint Programme on AIDS, has long been held up as an exemplary expression of UN reform. The UBRAF is evidenced-based and proposes actions that are globally relevant to ending AIDS by 2030 in line with SDG targets. However, significant decreases in resource availability, has resulted in growing tensions between the Secretariat and UNAIDS Cosponsors.

These tensions are exacerbated as Cosponsors shed staff with HIV expertise and as decreases in core resources for Cosponsors compared to the Secretariat are combined with demanding requirements for reporting.

While a pragmatic approach to programme management and advocacy at country level shows the real advantages of a joint co-sponsored programme, the UBRAF itself offers little guidance as to how to set priorities when resources are constrained. Nor does it offer a means for understanding the specific contribution of the Joint Programme to national responses, or holding Cosponsors and the Secretariat accountable for their performance.

Recommendations offer a way forward that has the potential to break what otherwise may become a continuing cycle of decline and establish new and more effective ways of working and demonstrating clear results.

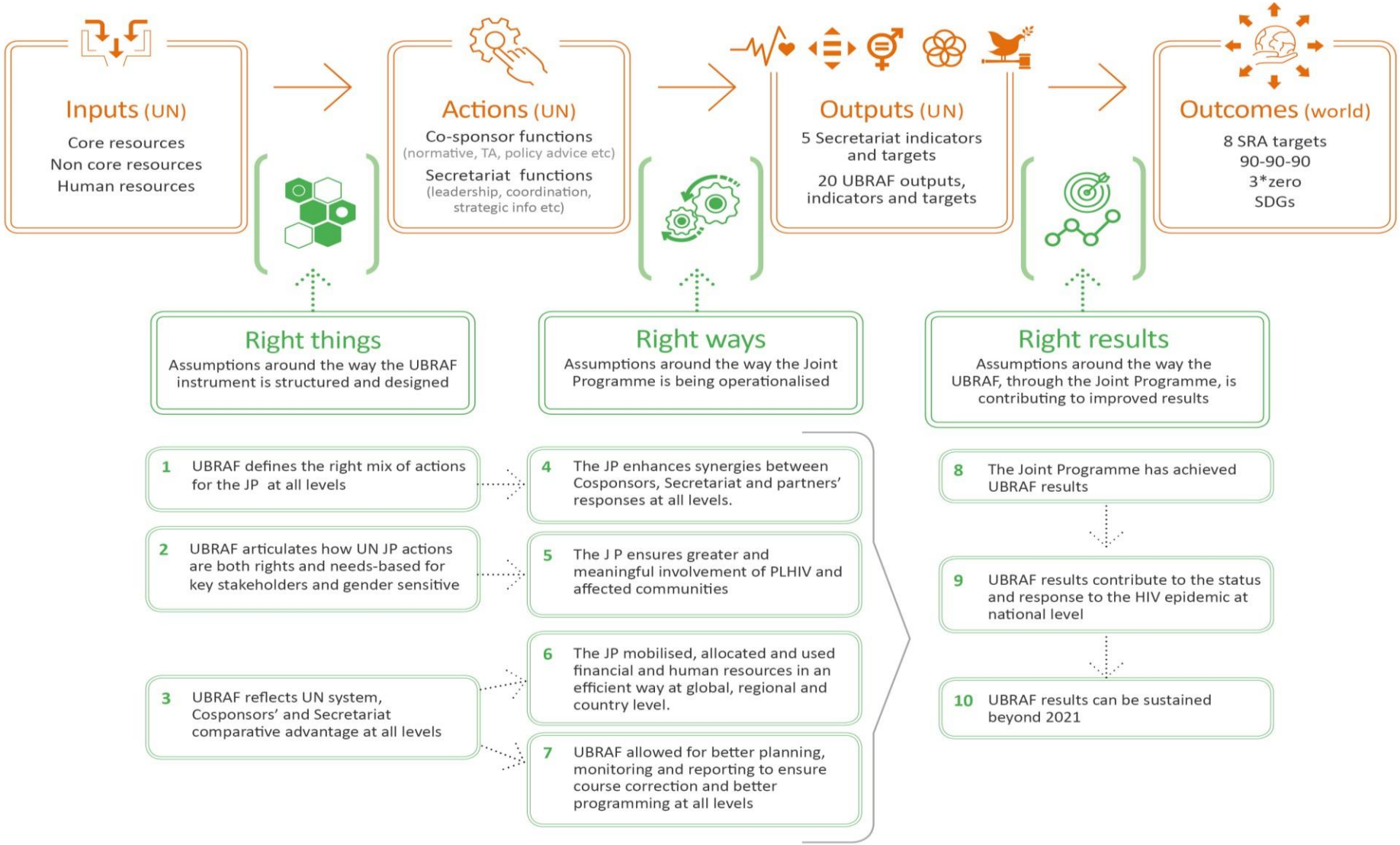
ii. Evaluation approach

3. The conceptual framework for this assignment is based upon three overarching synthesis questions that needed to be addressed in order to inform the evaluation objectives and maximise the formative nature of the enquiry. These are as follows: Is the UBRAF covering the 'right things'? Is the Joint Programme doing these things in the 'right ways'? To what extent is the Joint Programme delivering the 'right results'?

4. This framework facilitates the unpacking of the Theory of Change (ToC) for the Joint Programme. Specifically, the 'right things… right ways… right results' framework provides the basis for testing the (explicit and implicit) assumptions that are embedded in the way the UN system response to AIDS has translated inputs into outputs through its activities, and to explore the extent to which these outputs have contributed to global outcomes. This is summarised in Figure 1.

5. As Figure 1 below highlights, 10 hypotheses have been identified to test as part of this evaluation. These hypotheses were developed based on an understanding of the overall ToC underlying the UBRAF approach, and through careful analysis of the strategic result areas (SRAs) outlined in the UBRAF document and the Evaluation Focus Areas articulated in the Request for Proposal (RFP). These hypotheses were discussed and validated with key stakeholders involved in this evaluation during the inception period.

Figure 1: Overarching ToC for the evaluation – testing the space in between the ToC pathway



6. For each hypothesis, a draft set of evaluation questions (EQs) was developed through careful analysis of the EQs identified in the RFP. These EQs were also discussed and validated with key stakeholders involved in this evaluation and specifically were discussed with the reference group of Cosponsors and representatives of the Secretariat (departments and offices) and civil society.

7. In order to rigorously test each evaluation hypothesis, a mixed-methods approach to data collection was deployed. This allowed for triangulation of a range of sources to feed into robust, evidence-based findings on how each hypothesis played out at country, regional and global levels. Figure 2 summarises the main data sources which informed this evaluation.

Figure 2: Evaluation in figures

8. Key limitations included a very challenging timeline for the evaluation, issues relating to the evaluation focus of the exercise (UBRAF or the Joint Programme), issues relating to the evaluative import of the case studies, and data validity issues with the UBRAF output indicators. Despite these issues, the evaluation has generated a robust set of findings, a set of clear conclusions and has presented a number of targeted recommendations for the UNAIDS senior management team jointly with the Committee of Cosponsoring Organizations (CCO) to consider.

iii. Evaluation findings

9. The following paragraphs summarise the key findings against each of the 10 hypotheses. The findings address the evaluation questions and are articulated in more depth – with an assessment of the strength of evidence that supports them – in the full report.

Right things

H1: UBRAF defines the right mix of actions for the UNAIDS Joint Programme globally, regionally and at country level

10. Strategies and actions of the Joint Programme are largely evidence based from both epidemiological and other sources, especially at global level. That strong evidence base contributes to the UN Joint Programme response being widely considered extremely relevant, given the challenges to maintain momentum at global and country levels. The translation to country-level UN Joint Plans is both a) highly dependent on local roles and the capacity of the UN staff involved and b) the degree to which there is alignment with the values and principles of country level stakeholders with the evidence around best practice programming. As such the relevance of these Joint Plans at the country level varies significantly.

11. The Unified Budget (UBRAF) reflects well the commitment of UNAIDS and Cosponsors to social determinants of HIV and to stakeholder participation. The UBRAF embodies the broad global ambitions of the UNAIDS Strategy. As such, the actions defined in the UBRAF are ambitious but, given resource constraints, unlikely to be fully achieved, which undermines its realism. Importantly, the UBRAF provides little guidance for the Joint UN Programme or individual Cosponsors to prioritise strategic result areas or activities. While the UBRAF guides operational planning at all levels it does not articulate how resource allocation should be coordinated.

Right things

H2: UBRAF articulates how the UN Joint Programme actions are both rights and needs - based for key stakeholders including key populations, and gender sensitive.

12. The process to identify Joint Programme priorities is very inclusive and participatory at global, regional and country level and that the UNAIDS Strategy, UBRAF and country-level plans are responsive to the needs of governments and key populations.

13. The UBRAF promotes the greater and meaningful involvement of people living with HIV, communities and civil society and the UNAIDS Strategy provides a comprehensive rationale for interventions that address gender equality and women empowerment (GEWE). However, the lack of reference to a number of relevant global normative standards, along with consistent shortfalls in systematic gender analysis, constrains the Joint Programme from coordinating and prioritising sustainable gender-transformative HIV interventions.

Right things

H3: UBRAF reflects the comparative advantage of the UN, Cosponsors and Secretariat at global, regional and country level

14. The UN system comparative advantage, especially with respect to 'upstream work', is indicated but not elaborated in the UBRAF. Key informants confirm the comparative advantage of the UN as trusted partner to engage in politically or culturally sensitive policy dialogues with member states, while United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund are seen as technical and/or funding agents, complementing the UN. Additional comparative advantages mentioned are catalytic core funding for innovations; joint UN advocacy on human rights being more effective than single Cosponsor policy dialogue; and the ability to influence Cosponsor boards and, through these, member states. Finally, the inclusion of civil society in the governance of the Joint Programme is seen to add value to the Joint Programme.

15. However, the evaluation found 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.

16. While the UNAIDS division of labour adequately reflects the roles and mandates of Cosponsors and Secretariat, it is political, continuously debated and regularly revised, and the role of the Secretariat vis-à-vis Cosponsors at all levels, in particular, has been contentious and precarious from the early days of the Joint Programme. Incompatible demands from member states and Non-governmental Organisations (NGOs) and Cosponsors leave the Secretariat in a difficult position.

17. The UBRAF recognises the Global Fund and PEPFAR as funders of national responses, but not their technical support and normative role, and how this interacts with the UN system mandate at global or country level. The Global Fund and PEPFAR involvement in Joint Programme planning is mostly indirect.

18. The comparative advantage of regional Joint UN Teams depends on the willingness and ability of regional Cosponsor offices to collaborate. The value add of the Joint UN Teams at country level is also variable for similar reasons. At all levels policy and normative support is a clear comparative advantage; implementation support (e.g. procurement, grant management) is less so.

19. UBRAF and the Joint Programme are in line with UN and Sustainable Development Goal (SDG) principles and the UNAIDS Joint Programme is considered to be an example of UN reform, and achieves UN reform objectives best at country level.

Right ways

H4: The Joint Programme enhances synergies between Cosponsors, Secretariat and partner responses at global, regional and country level

20. Overall, the Joint Programme appears to be adequately interacting with its external partners, with some noting specific helpful initiatives and others noting that there is still room for improvement. Most respondents did not specify whether this cooperation differed between the global/HQ, regional and country levels.

21. The relationships and level of collaboration across the Joint Programme are under stress at the global level and it is widely reported that the relationship between the Cosponsors and the Secretariat, at least at the HQ level, had deteriorated in recent years and, in some cases, this has translated into suboptimal external relationships. However, collaboration of the Joint Programme at country level both internally and externally is reported to be generally working well.

22. While Joint Programme informants reported good knowledge of the UBRAF and how it had responded to the overall UN objectives, they flagged that the prominence of HIV within some United Nations Development Assistance Frameworks (UNDAFs)/ United Nations Sustainable Development Cooperation Frameworks (UNSDCFs) has decreased.

Right ways

H5: The Joint Programme ensures greater and meaningful involvement of people living with, at risk of and affected by HIV in the AIDS response

23. The UNAIDS 2016–2021 strategy notes that strong civil society engagement is critical to implementation, the overall governance structure ensures civil society engagement in global planning and decision making, and the evaluation finds that at the global level there is an intensive effort to engage with civil society networks to support global policy development, while at country level, UNAIDS plays a critical role as a broker bringing together civil society and other sectors.

24. However, there continues to be a degree of discontent among some stakeholders about the quality and level of Civil Society Organisation (CSO) and community involvement – particularly at the country level and it is noted that in the UBRAF, language around meaningful involvement of communities has shifted towards emphasis on the meaningful involvement of civil society which reflects assumptions on representativeness and governance.

Right ways

H6. The Joint Programme has mobilised, allocated and used financial and human resources in an efficient way at global, regional and country level

25. Resource mobilisation for core funding has been less than anticipated since 2016 and this has resulted in increased tensions at all levels across the Joint Programme. A key issue explaining the lack of success in raising funds for the Joint Programme appears to be the Joint Programme's inability to link funding with results, particularly at the global and regional level and, to a certain extent, at the country level, which has reduced confidence for partners to provide resources. A challenge raised by the vast majority of Cosponsor key informants is the perception that a disproportionate amount of core funding is allocated to the Secretariat in relation to the Cosponsors.

26. There are mixed views on the adequacy in the way the Joint Programme has responded to the financial resource constraints though there is an emergent consensus that the realities of constrained resources represent an opportunity for the Joint Programme. Two of the main reported barriers to fully utilising the situation of constrained resources are (a) increased reporting and accountability demands on Cosponsors (even though funding has decreased) and (b) that the thinning of resources has left most programmes unable to demonstrate and communicate significant results, catalytic or otherwise.

27. The increased country-level allocation (through country envelopes) has been broadly appreciated. However, there are a number of reported issues which need to be resolved to ensure more effective implementation of the funding. The allocation of human resources both in terms of quantity and quality is widely reported to be one of the weakest areas of the Joint Programme. This has weakened the implementation of Joint Plans, the Joint Programme's effectiveness, and has led to suboptimal support for national strategies in some cases

28. Importantly, Cosponsor HIV-specific human resources are reducing, and this is affecting Cosponsor capacity to provide technical leadership in their mandated field; UNAIDS Secretariat and UNAIDS Country Office (UCO) human resources are also reducing (but to a lesser extent).

Right ways

H7: UBRAF has allowed for better planning, monitoring and reporting to ensure course correction, and better programming at global, regional and country level

29. While there has been recent good progress in streamlining and rationalising the UBRAF reporting system through the monitoring framework revision in terms of simplification of indicators and a focus on country-level results, it is still widely considered to be sub-optimal. There is still limited unification of the planning, monitoring and reporting systems across the Cosponsors and the quality of reports and how contributions are expressed differs significantly by country and agency. In addition, as responses to indicator questions do not change much from one period to the next, they are not providing dynamic data for analysis or timely data use for decision making. Finally, multiple measurement questions within each of the 20 output

indicators, and a complex reporting architecture that consists of multiple levels, agencies and reporting formats, make the performance measurement system complicated and "not telling a clear story".

30. Measuring the contribution of Cosponsors and the Joint Programme is challenging. Indicators measure country outcomes rather than the contributions of the UN system to country-level and global change. External evaluations are supposed to provide a more objective and independent assessment of the Joint Programme contributions, to be triangulated with UBRAF reporting, yet evaluations done on Cosponsor or Secretariat HIV programmes have to date not been tasked to do so.

Right results

H8: The Joint Programme has achieved UBRAF results

31. At the global level, in 2018, 80% of the UBRAF indicator measurements met or exceeded the 2019 milestones set, an increase of 8% since 2016. This suggests that at a country level, considerable progress has been made in the AIDS response in those areas that the Joint Programme focuses on. However, in 2018, there were large differences between countries on an overall score, based on responses to the indicator measurements, indicating substantial differences between countries in the status and/or focus of their AIDS response. The evaluation also found that there is no real difference in progress in the response between Fast-Track and other countries or regions.

32. Some progress has been made in terms of changes in the number of new HIV infections and AIDS- related deaths, although the Fast-Track targets that have been set for these impact indicators have not been achieved

Right results

H9: UBRAF results contribute to the achievement of global (Fast-Track and SDG) targets at national level

33. The UN Joint Programme contributes to SDGs identified in the UBRAF, to the extent that it contributes to strategic result areas and country HIV responses. While it is difficult to prove the contribution of the Joint Programme to country-level outcomes using quantitative data (UBRAF indicators), based on qualitative data, there is ample anecdotal evidence of Joint Programme outputs that have contributed to changes in HIV responses at the country and global level in terms of normative guidance, policy options, tools, strategic information and resources in the period 2016–2019. However, the contribution of individual Cosponsors and the Secretariat to these outputs cannot be clearly established.

34. The UN Joint Programme has contributed to the addressing of social enablers at all levels, and this is mentioned to be 'part and parcel' of the Joint response. The evaluation also found that UN Joint Programme contributes, to some extent, to ensuring stronger systems and capacities to sustain national and local AIDS responses. In some cases, this includes supporting resource mobilisation at domestic level.

Right results

H10: UBRAF results can be sustained beyond 2021, including through sustainable financing for national responses

35. The sustainability of the UBRAF outputs (which measure country and global level HIV response results and not direct Joint Programme results) hinges on country capacity, willingness, and resources, which are largely outside the sphere of Joint Programme influence.

36. Importantly, the evaluation finds that the sustainability of the UN Joint Programming depends largely on willingness of Cosponsors to collaborate and contribute – and less on mobilising core resources. The sustainability of Cosponsor HIV programming depends on continued core funding but also (mainly) on Cosponsor investment of own resources. Similarly, the sustainability of the UNAIDS Secretariat programming and results depends largely on core funding resource mobilisation and donor commitment to UNAIDS, which are far from guaranteed.

iv. Conclusions

37. On the basis of the hypothesis-driven validation of the theory of change, the headline conclusions of this evaluation are as follows:

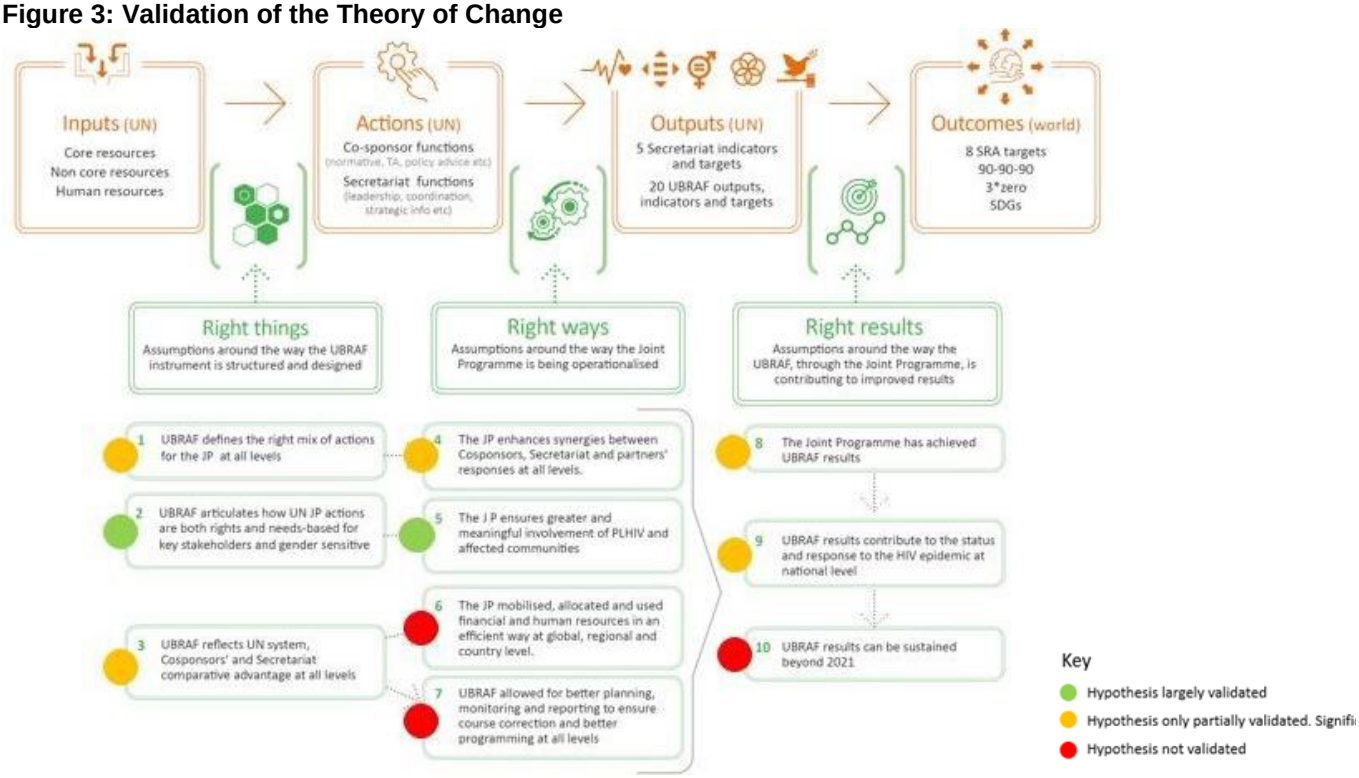
- **The structure and design of** the UBRAF has been a success in several ways. It is needs based, inclusive and participatory and provides a comprehensive rationale for interventions that address gender equality and women's empowerment. But despite demonstrating the potential for UN reform at country level, it has proved unable to achieve a consistent division of labour among the Cosponsors

and Secretariat and neither guides the prioritisation of actions nor is an effective tool to allocate resources.

- **In its operationalisation** UNAIDS has been most successful at engaging with and bringing together civil society with other sectors. In contrast, while collaboration across the Joint Programme generally works well at country level, it is under stress at the global level, where Cosponsors are increasingly unable to provide technical skills and leadership. Mobilisation of resources and allocation across the programme is recognised to be weak with poor accountability and falling effectiveness. The contribution of the UN system to country and global change is poorly recognised and insufficiently evaluated.
- **The UBRAF** has potential to play a continued useful role as an instrument for the Joint Programme. However, for this to be the case the UBRAF needs to have a fully articulated Theory of Change (ToC) which is fully aligned with a modified results framework that includes precise output level performance indicators which are attributable to the UN system.
- Despite shortcomings in UNAIDS' operationalisation and measurement, evidence suggests a number of key UBRAF milestones for **results** were being met or exceeded in 2019, although with wide variation among countries. The Joint Programme clearly contributes to country level outcomes though the relative performances of the Cosponsors and Secretariat cannot be identified. The Joint Programme contributes to stronger systems and capacities to sustain national and local AIDS responses.
- Looking forward, the **sustainability** of the results achieved through the Joint Programme will depend critically on a) continued core funding of UNAIDS, b) continued Cosponsor engagement and c) increased alignment with national priorities and associated domestic commitments. In the current environment, none of these things are guaranteed. Cosponsor HIV programming depends on continued core funding but also (mainly) on Cosponsor investment of own resources and there is no certainty that Cosponsors will continue to invest their own resources moving forward. The sustainability of the UNAIDS Secretariat programming and results depends largely on core funding resource mobilisation and donor commitment to UNAIDS which is likely to be under threat: Some donors question the continuing relevance of the Joint Programme architecture and it is not clear that donors will remain committed to UNAIDS beyond 2021. Finally, at national level domestic commitments to AIDS programming have, on the whole, been disappointing and there is little indication that this will shift positively.

38. Figure 3 below maps against the theory of change, presented in figure 1, the extent to which the evaluation has concluded whether the 10 hypotheses have been validated or not.

Figure 3: Validation of the Theory of Change



39. Presented below are the 11 more detailed specific evaluation conclusions which map against each of the three overarching evaluation questions that have been used to frame this assignment. These conclusions cut across the hypotheses.

Right things

1. The UNAIDS Strategy, which articulates the global response, is highly relevant because it describes the UN system's 'upstream' role within the global response, and is based on evidence and extensive input from the key stakeholders.
2. The UBRAF, which provides operational details on the Joint UN response, is not well known beyond the Joint Programme. It is not used as was intended and has demonstrated limited value as a prioritisation / resource allocation tool. The UN system cannot and/or does not use it as such.
3. The lack of Joint UN 'HIV and gender' plan, based on agreed definitions and priorities prevents clarity on the way forward.

Right ways

4. Country-level Joint Planning contains positive lessons in particular for UN reform.
5. The UBRAF output indicators do not allow assessment of the UN system contribution to global progress nor do they adequately systematically capture the direct contribution that Joint Programme activities make to country-level change.
6. The recognised challenges of Joint Programming across multiple agencies have been significantly exacerbated by a shortage of available funding – but this is seen by many as an opportunity for strategic prioritisation.
7. The view that financial and human resources from core funds are not being appropriately allocated across the Joint Programme is widely held, particularly at global level.
8. At the country level, the ability to provide leadership in HIV technical areas, as well as programme areas, and oversee HIV funds, has been negatively impacted by reductions of HIV positions for several Cosponsors. This will have short-, medium-, and long-term consequences for the Joint Programme.

Right results

9. There is progress in terms of reaching UBRAF milestones although there is wide variability between country performance, and the expected acceleration in the country response in fast-track countries versus other countries has not clearly happened yet. There are numerous, mainly qualitative, examples of UN contributions to the global and country HIV response.
10. The sustainability of the results achieved through the Joint Programme to date are not guaranteed and indeed are under immediate threat.
11. Looking forward, a coordinated UN response on HIV remains very relevant, especially at normative and policy level; however, the future relevance of the Joint Programme architecture is being questioned by a number of key stakeholders (including key donors).

v. Recommendations

40. Eight recommendations have been identified. These have been derived from the 11 conclusions. These recommendations are, in the first instance, all directed towards the UNAIDS senior management.

41. The recommendations are presented as overall recommendation statements with specific detailed recommendations presented as bullet points underneath these statements. These bullet points are listed in order of importance/urgency and proposed sequence of timing.

42. The recommendations are divided into four strategic and four operational. The strategic recommendations are structured to address the failures and concerns over resource allocation, especially from core funds. They include a redefined UN system strategy; a fully costed and prioritised unified budget; improving the theory of change to identify effective indicators; a radical revision of the architecture of the Joint Programme; and revamped professional interaction. The operational recommendations support strategic change and deal with mobilising resources more systematically; ways to improve allocation of core funds and to reassess human resources in the Secretariat and Cosponsors; and improved articulation for gender mainstreaming.

vi. Strategic recommendations

Recommendation 1: The Joint Programme needs to prioritise programming in a more strategic and pragmatic way.

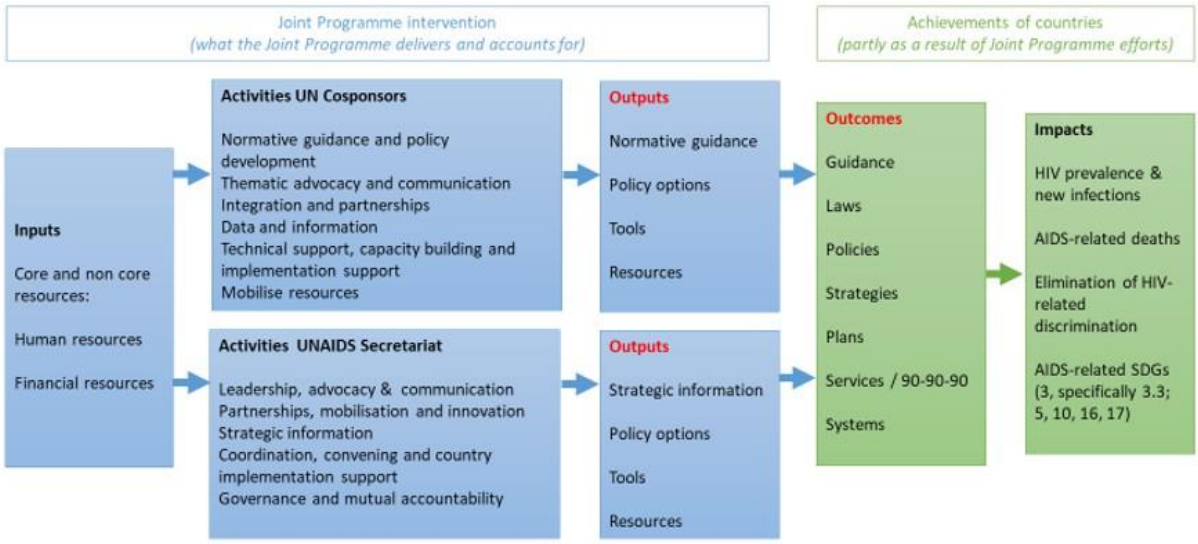
Conclusions 3, 6

- UNAIDS Secretariat to facilitate consensus among UNAIDS Cosponsors for the period until 2030, on a *UN System Strategy* in support of the global HIV response.
  - This UN System Strategy should be realistic:
    - based on scientific evidence of strategies having the most impact on the HIV epidemic;
    - based on cost-effective approaches;
    - tying into the agreed-upon Division of Labour and the upstream role of the UN system.
  - The UN System Strategy should be prioritised:
    - prioritising the geographical footprint for UN System support;
    - presenting specific UN activity areas as 'investment cases' showing value for money and comparative advantage for UN system and/or Cosponsors;
    - demonstrating priorities for different funding levels.
- UNAIDS Secretariat and Cosponsors to finalise the next *Unified Budget*, guiding specific allocation of joint human and financial resources, so that the budget:
  - prioritises core funds to joint strategies and activities (as opposed to Cosponsor specific);
  - fully costs each priority of the UN system strategy, showing funding gaps, so that donors appreciate what the Joint Programme can or cannot do based on levels of funding;
  - reduces the number of countries for country envelope funding such that the monies are large enough to make a difference and reduce the transaction costs;
  - prioritises the UNAIDS Secretariat geographical footprint (fewer country offices, more multi-country offices) deploying savings to increase the Fast-track/country envelopes.
- UNAIDS Secretariat to facilitate where possible (e.g. around country-level NSP development and global review processes) improved UN joint system planning with the Global Fund, PEPFAR and mutual donors.

Recommendation 2: Revise the UBRAF Theory of Change (ToC) and modify the associated results framework and M&E systems accordingly to better capture the contribution of the Joint Programme to global and country-level outcomes

Conclusions 5, 9, 10

- The UBRAF has potential to be a play a continued useful role as an instrument for the Joint Programme. However, for this to be the case the UBRAF needs to have a fully articulated Theory of Change (ToC) which is fully aligned with a modified results framework that includes precise output level performance indicators which are attributable to the UN system.
- UNAIDS Secretariat to revise the UBRAF ToC and results framework (for example as proposed below – see also Annex M). A revised ToC and result framework should
  - Include Joint Programme *outputs* (i.e. attributable results of Joint Programme activities) which are currently missing, reflecting the 'upstream' functions of the UN;
  - Include Joint Programme *outcomes* and *impacts* (i.e. country-level changes that the Joint Programme outputs contribute to, but that are usually a result of the efforts of multiple actors).
- UNAIDS Secretariat to commission regular (preferably bi-annual) external evaluations that would aim to establish links between the UBRAF outputs and country-level outcomes, and validate the contribution implied by the ToC.
- UNAIDS Secretariat to further strengthen and streamline the M&E system and tools for the Joint Programme (JPMS) and invest increased human and financial resources into managing these systems in country and centrally.



Revised ToC framework with Joint Programme outputs and outcomes specified

Recommendation 3: Address head-on the future architecture of the Joint Programme

Conclusions 2, 4, 7, 11

- UNAIDS Senior Management to get on the 'front foot' of discussions about the UNAIDS Secretariat's immediate role and especially long-term (post 2030) role, and to commission a comprehensive external review of strategic options.[1]
- This review should build on the 2017 Global Review Panel and ensure the continued relevance of the Joint Programme as key part of the global HIV response explore options for the future *architecture* and *operation* of the Joint Programme, such as:
  - leveraging UN reforms – especially with respect to (a) transparency and simplification of planning, (b) improving financial allocation and reporting, (c) placing greater emphasis on instruments such as UNSDCF, and (d) the possibility of the UNAIDS country-level coordination function to be taken up as part of the UN Resident Coordinators Office – arguably

[1] It is noted that this review could be integrated in to the current (at time of writing) UNAIDS strategy facilitation process that has been commissioned.

- this would also be more in line with the integrated and multi-sectoral approach to sustainable development promoted by the SDGs);
- radical architecture options such as greatly reducing the size and function of the Secretariat (particularly the Geneva HQ) so that it only has a coordination and strategic information function;
- increasing the agility of the Joint Programme, for example a more fluid and dynamic process for Cosponsors to join or leave the Joint Programme, and increasing the ability of resources to be reallocated quickly across Cosponsors or geographies to maximise results;
- leveraging synergies between the big players in the HIV response such as Global Fund and PEPFAR to maximise impact and reduce overlap and inefficiencies.

Recommendation 4: The Joint Programme should invest more in working better together

Conclusions 6, 10

- UNAIDS Leadership to hold the CCO responsible for addressing management and resource issues, so that Cosponsor technical experts can collaborate more effectively on programmatic issues. The CCO needs to:
  - strengthen the agency of technical staff to collaboratively implement the Joint Programme as a powerful basis for ongoing future work to combat HIV; and
  - separate conversations around management issues (around process, governance and resources) from the technical and programmatic issues, with an emphasis on ensuring that the former does nor crowd out the latter.
- UNAIDS Secretariat to create more platforms and opportunities for Joint Programme technical experts and professionals at all levels to collaborate around key technical and programmatic issues and challenges, such as:
  - technical gatherings/meetings for Joint Programme counterparts to discuss technical issues, best practices, and lessons learned;
  - setting up of a short-term secondment system so that staff can learn more about counterpart programming;
  - joint planning at all levels (country/regional/global).

vii. Operational recommendations

Recommendation 5: UNAIDS Secretariat to develop a Joint Programme resource mobilisation strategy that is linked directly to the UN System Strategy and Unified Budget mentioned in Recommendation #1

Conclusions 2, 6, 10

- UNAIDS Secretariat to conduct a systematic resource mobilisation review for the Joint Programme.[2] This review should cover:
  - three main perspectives: (1) the relative ability of the Secretariat vis-à-vis Cosponsors to raise funds; (2) the resource mobilisation options from a global, regional and country perspective, and (3) an assessment of why the previous UNAIDS resource mobilisation strategy was unsuccessful;
  - an assessment of the donor and member states' likely ongoing support for a special UN programme on HIV, seeking indications from these constituencies on the specific areas that are perceived to be needed/add value, indicating options for the future architecture of the UN response on HIV (see Recommendation #3).
- The results of this review should inform a revised Joint Programme resource mobilisation strategy which is agreed on and owned across the Joint Programme.

[2] In some case we have suggested the need for an independent/external review to be commissioned. However, we know that external reviews are expensive and so, where the need for an external review to be conducted is not paramount – as is the case here - we have not suggested this in the text.

Recommendation 6: The Joint Programme needs to sharpen – and possibly overhaul – its resource allocation processes

Conclusions 2, 6, 7

- UNAIDS Secretariat to solicit independent advice (for the Programme Coordinating Board (PCB)) for a resource allocation process for UNAIDS *core* funding in the next Unified Budget, in order to restore the collective belief in the validity of the process, improve efficiency and improve transparency for fundraising. This independent review should propose the following:
  - documented rationale and accountability process for resource allocation across the Joint Programme;
  - criteria to allocate core funds to Cosponsors, e.g. contribution to UN System Strategy priorities, resource needs and fundraising abilities;
  - criteria to allocate core funds to programme activities, e.g. contribution to UN System Strategy priorities, joint versus individual Cosponsor activities, priority countries;
  - an arbitrated resource allocation process;
  - an exit strategy for Cosponsors to graduate out of core funding support if they have enough resources, and strategy for UN agencies to 'buy into' UNAIDS services.
- UNAIDS Secretariat to commission a detailed assessment/evaluation of the country envelope mechanism.
- UNAIDS Secretariat to commission an independent review of the human resource levels of the UNAIDS Secretariat vis-à-vis UN System Strategy priorities (see also Recommendation #8). This review should assess:
  - economies of arrangements within countries and regions;
  - appropriateness of human resources of the UNAIDS Secretariat at global, regional and country level;
  - options for arrangements to allocate staff across agencies depending on requirements, the presence of agencies and programmes.

Recommendation 7: The Joint Programme should develop a concise and clear Joint UN 'HIV and gender' plan to facilitate the implementation of strategic gender commitments

Conclusion 3

- UNAIDS Secretariat to mainstream gender commitments into the upcoming Strategy, by developing an accompanying Joint UN 'HIV and gender' plan (annexed or standalone) that provides guidance for the Joint Programme on practical implementation of the commitments. This process should ensure that the Joint UN 'HIV and gender' plan:
  - articulates a shared understanding of the gender aspects of the HIV epidemic, definitions, scope and principles;
  - allocates roles and responsibilities to action areas among Cosponsors and Secretariat
  - Is informed by a review of evidence that demonstrates where strategic gender commitments resulted in positive HIV response outcomes the national level
  - reflects existing gender mainstreaming strategies, approaches and best practice articulated across the UN system and elsewhere;
- UNAIDS Secretariat to incorporate the above into the UN System Strategy and Unified Budget described in Recommendation #1.

Recommendation 8: Act now to maintain HIV technical expertise in Joint Programme Response
Conclusions 7, 8, 10

• UNAIDS Secretariat to undertake a review of the human resource levels of the Cosponsor HIV departments vis-à-vis UN System Strategy priorities (see also Recommendation #6). This review should:
  ○ address the need to maintain HIV technical leadership across the Joint Programme.
  ○ examine to what extent HIV specialist expertise (e.g. in relation to working on issues around Key Populations and policy work) is being adequately resourced.
  ○ help bolster focused Cosponsor technical HIV expertise (mainly but not only at country level) so that quality programming is assured.
• UNAIDS Secretariat to support Cosponsors to advocate for adequate human resources with the PCB and donors, and the financial resource for this.

Section 1 Introduction

1.1 Overview of the report

1. This is the Final report of the Independent Evaluation of the UN system response to AIDS in 2016– 2019.

2. The evaluation has been commissioned by the UNAIDS evaluation office who coordinated the development of a comprehensive Terms of Reference (ToR) as articulated in the RFP. The ToR was the result of an extensive consultation across the Joint Programme with inputs from all Cosponsors. The evaluation was coordinated by the UNAIDS evaluation office and was managed by the Evaluation Management Group[3] on behalf of the Joint Programme. Regular inputs on the evaluation process were also sought from the Evaluation Reference Group. Annex B provides a timeline for the key stages in this evaluation and highlights when stakeholder consultation was sought and provided.

3. The evaluation was carried out by an independent evaluation team over the period August 2019 – April 2020. The main data collection was carried out between September 2019 and January 2020.[4]

4. The Report is structured as follows.

   - The remainder of Section 1 presents the purpose, objective and scope of the evaluation.
   - Section 2 sets the evaluation context and presents background information on the Joint Programme.
   - Section 3 presents a summary of the evaluation approach, including the evaluation framework; data collection, analysis and synthesis methods; and limitations.
   - Section 4 presents findings by workstream.
   - Section 5 sets out the evaluation conclusions.
   - Section 6 presents recommendations.

   The report is supported by a number of detailed annexes.

1.2 Evaluation purpose, objectives and scope

5. This Independent Evaluation of the UN system response to AIDS in 2016–2019 has as its focus the 2016–2021 Joint United Nations Programme on HIV/AIDS (UNAIDS) Strategy through the lens of the 2016–2021 Unified Budget, Results and Accountability Framework (UBRAF). The scope of the evaluation is the timeframe 2016–2018 (2019 where data are available), and UN system responses to AIDS at country, regional and global levels.

6. The evaluation was designed primarily for organisational learning but also for accountability purposes. The evaluation aims to provide actionable recommendations for the Joint Programme for its last biennium and specifically to provide guidance how the UNAIDS Secretariat and Cosponsors will need to evolve in order to contribute to the goal of ending the AIDS epidemic by 2030. These recommendations need to take in to account the changing AIDS context, which includes ongoing UN reform efforts, shifting priorities and evolving availability of resources. The evaluation will inform the development of UNAIDS' next Strategy and UBRAF and the future positioning of the Joint Programme. In light of the need to provide robust evidence-based recommendations to support learning for forward-looking planning, this is primarily a formative evaluation, as the Programme is ongoing.

7. In order to develop targeted recommendations, the evaluation focused on generating an evidence base from a structured (looking backward) review of the performance of UBRAF and Joint Programme actions at the global, regional and country levels over a three-year period (2016–2018) and partly extending to 2019 (cut-off May 2019).

[3] Robert McCouch (WHO), Beth Ann Plowman (UNICEF), Arild Hauge (UNDP), Anna Guerraggio (UNDP), Louis Charpentier (UNFPA) & Jed Friedman (World Bank).
[4] A workplan in provided in Annex B.

Section 2 Background to the Joint Programme

8. The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established to address the escalating AIDS epidemic in 1996, at a time when 4.6 million people were already estimated to have died from AIDS and over 20 million people were living with HIV.[5] It was seen as a 'bold response', holistically addressing an urgent and complex health and development challenge. The establishment of UNAIDS marked a transformation in the delivery of global health programming. It shifted the responsibility of responding to AIDS away from a model based on one UN agency through the World Health Organization's (WHO) Global Programme on AIDS, and towards 'a model 20 years ahead of its time',[6] which leveraged the leadership, technical expertise and resources of multiple United Nations (UN) agencies. In shifting to a partnership delivery model, UNAIDS was able to engage stakeholders and support synergistic actions across countries in a way that heightened the Joint Programme's leadership and investment impact to achieve life-saving results.[7] The Joint Programme, drawing on the efforts of the 11 Cosponsors, and the UNAIDS Secretariat – including a Geneva headquarters and 79 country offices – aims to provide global leadership, vision and strategic direction for the entire global AIDS response and has been instrumental in galvanising political commitment and mobilising resources with the overall objective of ending the AIDS epidemic.[8]

9. 2016 saw several developments for UNAIDS' strategic direction and ways of working. The most recent UNAIDS strategy, the Fast-Track Strategy to End AIDS 2016–2021, was approved by the PCB and set the goals of seeing fewer than 500 000 people newly infected with HIV, fewer than 500 000 people dying from AIDS-related causes and the elimination of HIV-related discrimination by 2020. In 2016, UNAIDS also established a Global Review Panel to make recommendations about the future of the Joint Programme's operating model to ensure it is sustainable and fit for purpose.[9] This happened at a time when the United Nations Secretary General had more broadly called for overall systemic reform of the UN development system following the Quadrennial Comprehensive Policy Review. The Global Review Panel recommended that the Joint Programme must improve its collaborative action, particularly at country level, reform resource mobilisation and allocation processes, and increase accountability for joint and individual results of the Secretariat and Cosponsors. In response to these recommendations and in alignment with the Fast-Track Strategy to End AIDS, an action plan was developed to refine the operating model of the UNAIDS Joint Programme and strengthen its effectiveness in supporting countries. The Action Plan "squarely positions the Joint Programme as a pathfinder amid the broader reform of the UN Development System".[10] Its implementation is an opportunity for adapting UNAIDS to ensure it remains fit for purpose, facilitating the achievement of the '2016–2021 UNAIDS Strategy, the 2016 Political Declaration on Ending AIDS, and the SDGs.[11]

10. The June 2018 progress update on the implementation of the Action Plan identifies actions taken and changes made in line with the Global Review Panel's recommendations, as well as intended actions and changes yet to be implemented. Alongside changes in the UNAIDS model intended to improve its efficiency and effectiveness, and following controversies involving UNAIDS senior management, the UNAIDS Secretariat has also developed, and is in the process of implementing the Management Action Plan which aims "to ensure that the UNAIDS Secretariat is a healthy, equitable and enabling workplace for all staff".[12]

[5] UNAIDS: The first 10 years, UNAIDS, 2018.
[6] Global Review Panel – On the future of the UNAIDS Joint Programme: Refining and Reinforcing the UNAIDS Joint Programme, UNAIDS, 2017.
[7] Global Review Panel – On the future of the UNAIDS Joint Programme: Refining and Reinforcing the UNAIDS Joint Programme, UNAIDS, 2017.
[8] Unified Budget, Results and Accountability Framework: On the Fast-Track to End AIDS, 2016.
[9] Global Review Panel – On the future of the UNAIDS Joint Programme: Refining and Reinforcing the UNAIDS Joint Programme, UNAIDS, 2017.
[10] Refined Operating Model of the UN Joint Programme on HIV/AIDS (UNAIDS) – Innovation for impact: Refining the operating model of the UNAIDS Joint Programme Action Plan, UNAIDS PCB, 2017.
[11] Progress on the Implementation of the UNAIDS Joint Programme Action Plan, UNAIDS PCB, 2018.
[12] Update on prevention of and response to harassment, including sexual harassment; bullying and abuse of power at UNAIDS Secretariat, UNAIDS 2019: https://www.unaids.org/sites/default/files/media_asset/UNAIDS_PCB_EM_2-2_EN.pdf

11. The various changes to UNAIDS structures and processes come at a time when the AIDS epidemic risks a resurgence. Several UNAIDS reports in recent years have highlighted slowing progress to achieving the Fast-Track targets. 'Communities at the centre' estimates that over 60% of people living with HIV were on treatment in 2018, more than three times as many as in 2010. However, the rate of progress reduces each year. While some countries are making considerable progress towards eliminating AIDS, others are seeing a rise HIV infections and AIDS-related deaths. Key populations are also being left behind. The UNAIDS report, 'Miles to go', calls for immediate action in order to reach the 2020 targets. It warns of rising rates of HIV infection, slow progress in eliminating AIDS-related deaths and insufficient resources to effectively stop HIV/AIDS. The report highlights violence, poverty, discrimination and punitive laws and policies as key barriers to ending AIDS.[13] This brings further importance to a call for UNAIDS to take a key role in overcoming the political, social and economic barriers to ending the AIDS epidemic.[14]

12. UNAIDS is currently leading the process of updating targets and resource estimates to guide strategic planning for the global AIDS response from 2021 up to 2030. The process, which started in mid-2018, is consulting on "testing and treatment, primary prevention, social enablers, costs and resources, integration, and longer-term technologies".[15] In light of the political, systemic, and financial challenges facing the elimination of AIDS, this evaluation of the 2016–2021 UBRAF comes at the right time to help define UNAIDS' path towards 2025 and beyond.

[13] Miles to go: Closing Gaps, Breaking Barriers, Righting Injustices – Global AIDS Update 2018, UNAIDS, 2018.
[14] As mentioned in the 2016–2021 Unified Budget, Results and Accountability Framework: operationalising the Fast-Track Agenda, UNAIDS, 2019.
[15] 2025 AIDS Targets, UNAIDS, 2019.

Section 3 Evaluation approach

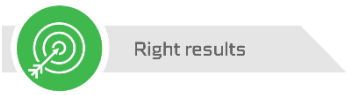
13. This section provides a summary of the evaluation approach, as articulated in more detail in the Inception Report.

3.1 Conceptual framework: 'right things… right ways… right results' framework

14. The conceptual framework for this assignment was based upon three overarching synthesis questions that needed to be addressed in order to inform the evaluation objectives and maximise the formative nature of the enquiry. These were as follows:

Is the UBRAF covering the 'right things'? This relates mainly to the way the UBRAF as an instrument to operationalise UNAIDS strategy (a) is providing relevant guidance for UNAIDS' operational planning at global, regional and country levels; (b) identifies expected results of the Joint Programme that are consistent with the needs of key stakeholders and population groups; and (c) ensures the Joint Programme is implementing a package of support that is responsive to country, regional and global needs (covering the 'right mix' of actions, in a range of different contexts, and tailored to work with other stakeholders' programmes).

Is the Joint Programme doing these things in the 'right ways'? This focused on the way *the UBRAF is being operationalised through the Joint Programme* and on the extent to which the Joint Programme (a) brings coherence and synergy to the efforts of UNAIDS' Cosponsors and Secretariat and those of other actors; (b) ensures more meaningful and measurable involvement of communities, civil society, people living with HIV (PLHIV), women and young people's groups and key populations; and (c) provides an adequate framework against which budgetary allocations are made and performance of the Joint Programme is monitored in an accurate and timely fashion. This included exploring the role of the Joint Programme as a catalytic and facilitating element within the broader global HIV response and in supporting the mobilisation, allocation and implementation of partner and domestic resources.



To what extent is the Joint Programme delivering the 'right results'? This focused on *the way the Joint Programme is contributing to improved results* and the extent to which it is contributing to (a) performance at country level by means of the UBRAF output targets and related contributions to UNAIDS strategy results; (b) the specific performance of Fast-Track commitments, national priorities and broader outcomes across the SDGs; and (c) fostering positive change towards the SDGs and the continuation/likely continuation of positive effects in evolving contexts.

15. This 'right things… right ways… right results' framework maps well with the evaluation criteria of the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development. The 'right things' question relates to the relevance criteria, the 'right ways' question to the efficiency criteria, and the 'right results' question to the effectiveness and sustainability criteria.[16]

16. The framework also allowed the Evaluation Focus Areas to be explored,[17] outlined in the RFP, by testing the hypotheses (see below). All questions across these areas in the RFP have been mapped and used to formulate the relevant hypotheses and evaluation questions (EQs) to ensure they are addressed.

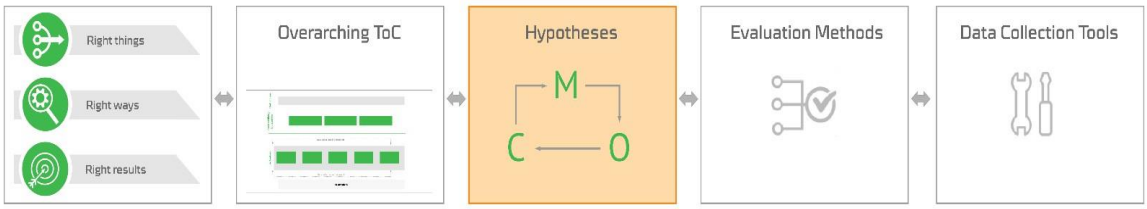
3.2 Hypothesis-driven evaluation

17. This evaluation has been structured around the testing of a set of hypotheses (see Table 1). As the UBRAF is operating in a myriad of different contexts at local, national, regional and global levels, it is important to use an evaluation approach that recognises that context is key in understanding programme performance and outcomes. This approach is informed by evaluative theory (see Annex C), which highlights the value in developing 'mid-range theories' to test in different contexts, to assist in the synthesis of evidence from different programmes and locations. In generating these hypotheses, the Theories of Change (ToCs) have been drawn upon (across the strategic results areas (SRAs) in the UBRAF) and DAC criteria, examining how the different mechanisms of the UBRAF/Joint Programme operate and how different contextual factors affect them.

[16] The evaluation is also informed by the UNEG norms and standards.
[17] The six proposed Areas of Enquiry as outlined in the RFP have been renamed.

18. The approach, which puts the development of testable hypotheses at the centre of the design, allows a clear line of sight from the primary data collection processes through to the overarching questions and vice versa. As Figure 4 highlights, the hypotheses drove the evaluation methods, which in turn framed the data collection tools used. As a result, data collected informed an understanding of the hypotheses, which helped address the overarching EQs ('right things… right ways… right results').

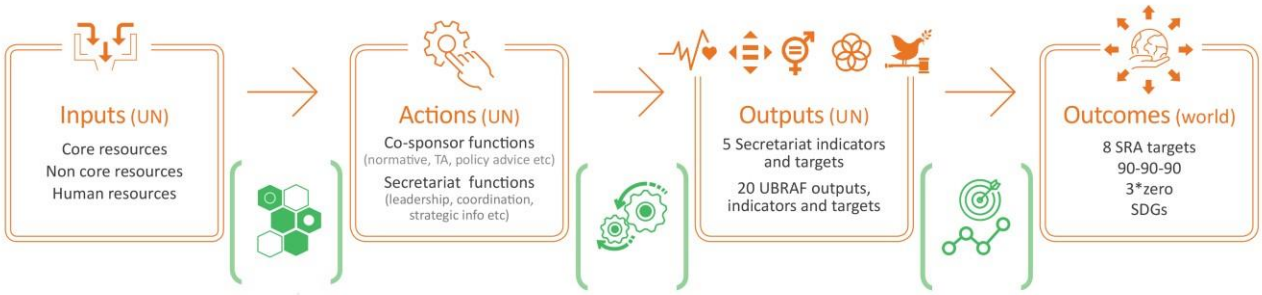
Figure 4: Overview of the evaluation approach



3.3 Overarching Theory of Change

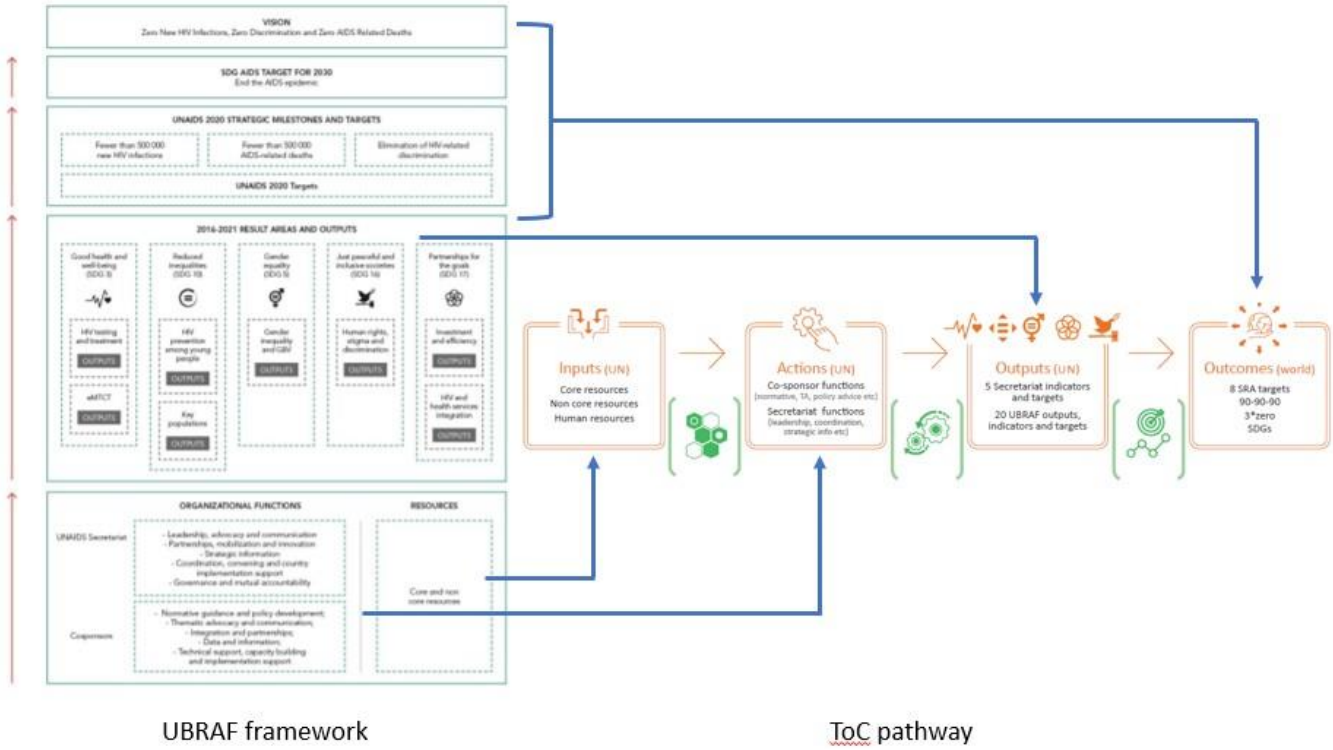
19. Figure 5 provides a summary of the overarching ToC pathway developed for this evaluation. It captures the three main stages (inputs, actions and outputs) of the UBRAF implementation pathway that are intended to lead to UN agencies contributing to the overall global target outcomes. A very simple ToC pathway was created so it could be integrated with the conceptual framework of the evaluation described above.

Figure 5: Overarching ToC for the evaluation



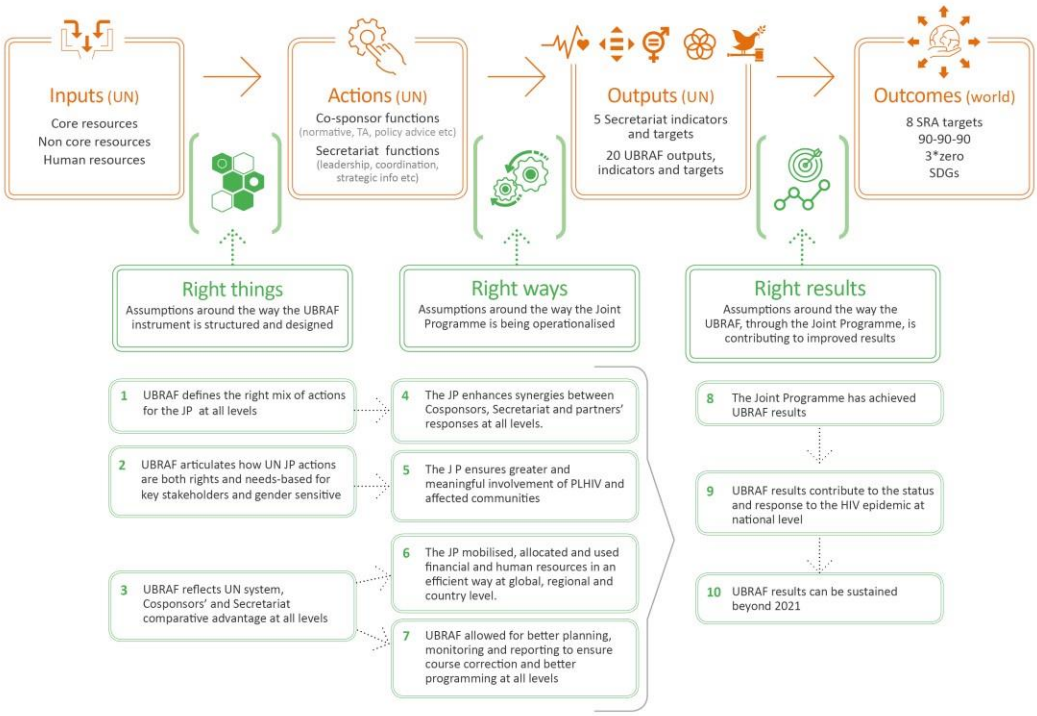
20. The ToC pathway developed is aligned with the 'overall framework' figure provided in the UBRAF documentation as summarised in Figure 6. This schematic shows that the ToC captures the overall pathways of change that the UBRAF framework is describing but emphasises the need to unpack the processes and assumptions that relate to the way inputs relate to these change pathways (the green icons in between the orange boxes).

Figure 6: Relationship between the overarching ToC for the evaluation and the UBRAF framework



21. This framework facilitates the unpacking of the Theory of Change (ToC) for the Joint Programme. Specifically, the 'right things… right ways… right results' framework provides the basis for testing the (explicit and implicit) assumptions that are embedded in the way the UN system response to AIDS has translated inputs into outputs through its activities, and to explore the extent to which these outputs have contributed to global outcomes. This is summarised in Figure 7.

Figure 7: Overarching ToC for the evaluation—testing the space in between the ToC pathway



3.4 Hypotheses and evaluation questions

22. As Figure 7 above highlights, 10 hypotheses have been identified to test as part of this evaluation. These hypotheses have been developed based on an understanding of the overall theory underlying the UBRAF approach and the DAC criteria, and through careful analysis of the SRAs outlined in the UBRAF document and the Evaluation Focus Areas articulated in the RFP. These hypotheses have been discussed and validated with key stakeholders involved in this evaluation (Evaluation Management Group (EMG) and Evaluation Reference Group (ERG) during the inception period.

23. The hypotheses are designed to test key areas of the UBRAF and the Joint Programme. They are framed to capture the mechanisms that are likely to operate, the contexts in which they may operate and the outcomes that will be observed if they operate as expected. This approach, of an initial focus on generating hypotheses to guide the evaluation enquiry, is valuable because it will build on the existing ToC set out in the UBRAF document (at the SRA level) and provide structure and focus to an evaluation that has multiple broad areas of enquiry. Table 1 shows the final agreed set of hypotheses.

Table 1: Agreed evaluation hypotheses

Workstream	Hypotheses
Right things	1. UBRAF defines the right mix of actions for the UNAIDS Joint Programme globally, regionally and at country level
	2. UBRAF articulates how the UN Joint Programme actions are both rights- and needs- based for key stakeholders (including key populations) and gender-sensitive[18]
	3. UBRAF reflects UN system, Cosponsors' and Secretariat comparative advantage at global, regional and country level
Right ways	4. The Joint Programme enhances synergies between Cosponsors', Secretariat and partner responses at global, regional and country level
	5. The Joint Programme ensures greater and meaningful involvement of people living with, at risk of and affected by HIV in the AIDS response
	6. The Joint Programme has mobilised, allocated and used financial and human resources in an efficient way at global, regional and country level
	7. UBRAF has allowed for better planning, monitoring and reporting to ensure course correction and better programming at global, regional and country level
Right results	8. The Joint Programme has achieved UBRAF results
	9. UBRAF results contribute to the status and response to the HIV epidemic at national level
	10. UBRAF results can be sustained beyond 2021, including through sustainable financing for national responses

24. For each hypothesis, a draft set of evaluation questions (EQs) has been developed through careful analysis of the (many) EQs identified in the RFP. These EQs have also been discussed and validated with key stakeholders involved in this evaluation and specifically have been discussed through a conference call with the reference group of Cosponsors and representatives of the Secretariat (departments and offices) and civil society.

[18] Question 1.2 examines the gender responsiveness both of policy and programmes that address key populations and of those that address overall populations.

3.5 Testing the hypotheses

25. In order to test each evaluation hypothesis, a mixed-methods approach to data collection was deployed. This allowed for triangulation of a range of sources to feed into robust, evidence-based findings on how each hypothesis played out at country, regional and global levels. Below, the data collection tools deployed are described:

    a. **Document analysis:** A comprehensive and systematic document review of over 600 documents was completed. This also included various external secondary data sources and analytical summaries of evaluations most pertinent to the Evaluation Focus Areas. The document analysis included a quantitative analysis of the UBRAF output indicators as well as Global AIDS Monitoring indicators, such as estimates of HIV incidence and mortality. Annex E provides a full list of the documents reviewed and an outline of the approach taken.

    b. **Key informant interviews (KIIs):** Over 460 KIIs with stakeholders were conducted at the global, regional and country level, generating rich insights into all three evaluation workstreams. This has included representatives of each Cosponsor, members of the UNAIDS Secretariat, technical partners, PCB members, civil society and donors. A full list of the stakeholders interviewed is provided in Annex F. KIIs were carried out using a semi-structured interview protocol and recorded before being written up and coded.

    c. **Twelve country case studies:** 12 country case studies were undertaken. The 12-country sample served to provide a 'deep dive' view into some of the key areas of focus in a range of contexts. Case study countries were selected during the inception phase using a two-stage process (see Annex G for further information). The proposed countries were discussed and agreed with the EMG and the ERG. The countries selected were: Myanmar, Ukraine, South Africa, Jamaica, Iran, Nigeria, Papua New Guinea, Kazakhstan, Madagascar, Guatemala, Morocco and Burkina Faso. Key findings and lessons learned from the country case studies can be found in Annex H.

    d. **A web-based survey:** An anonymous online survey was designed to gather data from the widest possible group of UBRAF stakeholders at a national, regional and country level. To increase accessibility, the survey was translated into Chinese, Russian, French and Spanish. The survey was sent out to 3,400+ people and 1,102 people responded. See Annex I for further details about the survey, including the question set, sample, responses, and limitations.

Figure 8: Evaluation in figures

3.6 Data analysis and triangulation

26. The evaluation data were collated and systemically coded.
    a. All the documents reviewed were coded against the EQs and the 10 hypotheses.
    b. Similarly, all the KIIs were transcribed and anonymised and then coded against EQs and the 10 hypotheses.
    c. County case study write ups were also similarly coded with the case study leads also inputting in to the analysis.
    d. The Survey Monkey data were summarised and analysed against the EQs and hypotheses. The qualitative data from the survey (free text responses) were also summarised across the EQs and hypotheses.
    e. To answer some of the evaluation questions in the Right Results chapter, quantitative data from the Joint Programme Monitoring System (JPMS) and Global AIDS Monitoring (GAM) were analysed.[19] More information on these analyses is presented in that chapter.
27. The analysis and interpretation of the data was carried out by the core team who drafted responses to the EQs across the 10 hypotheses and then on the basis of this analysis drafted the section findings. These drafts were discussed at length across the core team and findings tested and triangulated.
28. All findings were assessed for strength of evidence according to the rubric provided below (Table 2.)

Table 2: Approach to ranking the strength of evidence

Ranking	Strength of Evidence
1	Evidence comprises multiple data sources (good triangulation), which are generally of decent quality. Where fewer data sources exist, the supporting evidence is more factual than subjective.
2	Evidence comprises multiple data sources (good triangulation) of lesser quality, or the finding is supported by fewer data sources (limited triangulation) of decent quality but that are perhaps more perception-based than factual.
3	Evidence comprises few data sources (limited triangulation) and is perception-based, or generally based on data sources that are viewed as being of lesser quality.

29. The preliminary findings were presented and discussed in Geneva with key stakeholders. The feedback from this session (including additional documentation and scheduled KIIs) was used to inform the finalisation of the evaluation findings.
30. The evaluation conclusions were formulated by the core team on the bases of a systematic assessment of the findings. These conclusions were presented and at a cocreation recommendations workshop (again held in Geneva) where key stakeholders focused on reviewing the conclusions and feeding back on possible recommendations that might address these conclusions. These inputs were fed in to the final set of recommendations provided in this report.

[19] Sources: UBRAF indicators validated dataset 11/10/2019 and GAM / HIV estimates dataset 16/07/2019 (https://www.unaids.org/en/resources/documents/2019/HIV_estimates_with_uncertainty_bounds_1990-present).

3.7 Limitations

The following limitations to this evaluation are highlighted

31. **Evaluating the UBRAF versus the Joint Programme**. Section 1.2 highlights that this is an evaluation of the Joint UN Programme on HIV/AIDS (UNAIDS) Strategy through the lens of the 2016–2021 UBRAF. This wording was carefully chosen to reflect our approach of taking the UBRAF, the result and accountability framework, as the main point of reference on which to base the evaluation enquiry and recognises the framing of the RfP for this evaluation. This approach was agreed in the inception report. However, as the evaluation continued - and certainly at the synthesis stage - it became clear that the perspective and interest of many key informants (and intended users of the evaluation) focuses more on the UN Joint Programme, not so much on the UBRAF. We flag this as a limitation in order to explain the way the report is structured (particularly the findings sections). However, we are confident that the presentation of the conclusions and recommendations mitigates this and that the emphasis on the Joint Programme is appropriately pitched to inform future strategic and operational thinking.

32. **Detailed Theory of Change (ToC) as an evaluative frame.** The evaluability of the Joint Programme is challenged, as recognized in the UBRAF. We wish to acknowledge that, in retrospect, an evaluative approach which had started with a robust evaluability assessment and ex-post reconstruction of the Theory of Change for the UN Joint Programme, including assumptions underlying the UN system contribution to the global response (as proposed in the recommendations), would have facilitated the evaluation especially assessment of 'right results'. This limitation is partly addressed in the conclusion and recommendation section which proposes a ToC framework for better ensuring a line of sight from the activities of the Joint Programme and the results at the country level.

33. **Challenging timeline for the evaluation.** The timeline for the evaluation including data collection and analysis was very tight with a very heavy data collection workload front-loaded. This was particularly the case with the KIIs and the 12 country case studies both of which were undertaken over a two-month period. The time required for analysis has also been challenging especially since the evaluation team was determined to take advantage of the windows of opportunity to present preliminary findings and indicative conclusions to the key stakeholders during this process. In order to undertake this heavy data collection, it was necessary to deploy an expanded team (particularly to cover 12 country visits in such a short time period) and ensuring that data were collected and presented back in a systematic way for the core evaluation team to analyse was challenging. There is without doubt more valuable information in the datasets that were collected that could be mined to further bolster and expand on the evaluation findings.

34. **Country case studies limitations.** As highlighted in the inception report, the main purpose of the country visits was to generate case studies - that is, 'deep-dives', or narrative 'proof points' - to illustrate how the Joint Programme works at country level and lessons learnt. The focus of the country case studies was mainly on the cross-cutting areas, responding to the ERG concerns. The main deliverables for the consultants were two or three 'proof points' that the core team was able to analyse further in the light of other evaluation findings. Importantly, as highlighted in the Inception Report, the country visits were not intended to be fully fledged 'evaluations' of the countries' Joint UN Programme nor as a representative data set to answer individual evaluation questions. The detailed country visit reports themselves served as inputs for further analysis, and are internal products which were never intended to be shared beyond the core evaluation team. However, summary country notes are provided in Annex H.

35. **Right results issues.** The 'Right results' section was planned to analyse Joint Programme outputs against milestones, as well as correlating these outputs against changes in the epidemic (outcomes, impacts). However, during the evaluation it became apparent that UBRAF outputs are actually *country-level* results, and therefore the indicators identified are not suitable for assessment of Joint Programme specific contributions. Furthermore, correlating progress in the UBRAF indicators (HIV response) to progress in the UNAIDS 2016–2021 Strategy Fast-Track (epidemiology) outcome and impact indicators would not make sense in the context of this evaluation. The reason for this is that the proposed analysis would not assess the relationship between what the Joint Programme achieved in terms of the response and what happened in the country in terms of the epidemic (it would merely assess the relationship between country-level changes in the HIV response - due to efforts of many stakeholders - and changes in the epidemic).

Section 4 Evaluation findings

36. This section provides the detailed findings from the evaluation. It presents these findings according to the evaluation framework with the three workstreams (right things, right ways and right results) and the 10 hypotheses that were developed in the inception period. For each hypothesis the evaluation findings are summarised by hypothesis and a strength of evidence rating is assigned. The text below each table provides more detailed supporting evidence and discussion.

4.1 Workstream 1: 'The right things'

37. This section assesses the relevance of the design of the UN Joint Programme, as articulated in the UNAIDS 2016–2021 Strategy (UNAIDS Strategy), 2016–2021 Unified Budget, Result & Accountability Framework (UBRAF) and subsequent guidance and documents. Hypotheses and evaluation questions focus on appropriateness of the result framework and priorities vis-à-vis the epidemic; responsiveness to stakeholders' needs; and UN system comparative advantage in the global response.

Hypothesis 1: UBRAF defines the right mix of actions for the UNAIDS Joint Programme globally, regionally and at country level

UBRAF defines the right mix of actions for the UNAIDS Joint Programme globally, regionally and at country level	Strength of evidence
1.1. The strategies and actions of the Joint Programme are largely evidence based, especially at global level.	
1.2. The UN Joint Programme response as articulated in the UBRAF and subsequent strategic shifts are considered extremely relevant, given the challenges to maintain momentum at global and country levels.	
1.3. The relevance and actions of country-level UN Joint Plans is mixed and will likely remain debated.	
1.4. UBRAF reflects the commitment of UNAIDS and Cosponsors to social determinants of HIV and to stakeholder participation.	
1.5 Strategic result areas and activities defined in the UBRAF are ambitious as they mirror the global strategy, and unlikely to be fully achieved; the UBRAF is thus not very realistic.	
1.6. The UBRAF provides little guidance to prioritise strategic result areas or activities.	
1.7. UBRAF does not serve as a resource allocation tool, as intended.	
Evaluation questions[20] ➢ Are the UN Joint Programme strategies and actions evidence based? ➢ Are the UN Joint Programme actions relevant? ➢ Is the Joint Programme designed to address broader social enablers and participation by stakeholders? ➢ Are the defined actions in the UBRAF realistic? ➢ Does UBRAF help the Joint Programme to prioritise?	

38. In order to test this hypothesis, the evaluation explored if the actions defined in the UBRAF at global, regional and country level are evidence based, realistic, relevant and prioritised. The evaluation also interrogated the intervention logic of the result framework for the joint UN system. The UBRAF is closely related to the UNAIDS Strategy 2016–2021. Where the UNAIDS Strategy describes the global response, UBRAF describes the UN Joint Programme (UNAIDS Cosponsors and Secretariat) contribution to the global response. Because the strategies for both UBRAF and UNAIDS are the same, their relevance is discussed together.

39. **Finding 1.1: The strategies and actions of the Joint Programme are largely evidence based, especially at global level.** The UBRAF and UNAIDS Strategy are based upon an increasing body of evidence regarding the HIV epidemic and the response. Existing epidemiological and other evidence is provided in the UNAIDS Strategy under each of the eight result areas[21] with highlights repeated in the UBRAF. The evaluation found that most respondents consider the UBRAF to be evidence based: 87% of survey respondents score 6 out of 10 or higher (415 responses)[22] on evidence base, with a median score of 8/10.[23] The UBRAF includes evidence for separate regions on epidemiology and regional priorities.

[20] Note: to improve readability the order and/or wording of some evaluation questions are slightly adjusted compared to the evaluation matrix.
[21] UNAIDS Strategy p.58 ff.
[22] This question was answered by respondents from UNAIDS (86) and Cosponsors (329).
[23] This is backed up by three UNAIDS KII respondents, who all agreed that there was a serious attempt to ensure that all available evidence was included in the UBRAF.

However, regional strategies are broadly similar, as the UBRAF recognises the importance of responding to country-level responses which vary within regions, and indeed they are guided by (sub)national evidence. In the country cases studies, the evaluation found varying levels of evidence for the existence of Joint Programmes designed to address the needs of the countries concerned.[24] Although a fair amount of country-level epidemiological and response evidence exists, it may be insufficient to inform planning, or Joint Teams are in some cases not drawing sufficiently upon global best practice. In some countries, factors other than evidence affect priorities, such as the presence of specific Cosponsors and donors, political realities or funding availability.

> *"For some actions by the Joint Programme, there might not be strong evidence on effectiveness or efficiency, though some of these actions might be based on values and principles."* (survey respondent)
>
> *"There is sufficient evidence and it is systematically used, but in prioritisation the evidence-based focus often gets diluted by other considerations."* (survey respondent)

40. **Finding 1.2: The UN Joint Programme response as articulated in the UBRAF and subsequent strategic shifts are considered extremely relevant to maintain momentum at global and country levels**. The survey revealed that respondents find the UN Joint Programme to be relevant: 86% consider the Joint Programme relevant or very relevant (1,023 responses).[25] Key informants mention several issues when discussing Joint Programme relevance, including the balance between prevention and treatment, or investment in global versus country programming. Several PCB members and global players welcome renewed investment in HIV prevention through the Global Prevention Coalition, to redress earlier emphasis on HIV testing and treatment. They recognise that prevention strategies are less clear-cut than the more biomedical case-finding and treatment strategies, and therefore need to be monitored to remain relevant. Many respondents welcome the shift halfway through the UBRAF period to target more resources at country level in priority countries. This strategy as recommended by the Global Review Panel is generally considered to have increased the relevance of the UN Joint Programme. However, in practice there is little consensus on selection criteria to prioritise countries. Selection criteria are challenged by Cosponsors, who want criteria to reflect their specific mandate areas (e.g. prevalence of humanitarian crises), rather than general epidemiological variables.

41. **Finding 1.3: The relevance of and actions of country-level UN Joint Plans is mixed and will likely remain debated.** UBRAF states that it helps 'ensuring the activities of the country Joint Programme are strategic, catalytic, innovative and inclusive', and thus relevant. Country case studies[26] and key informant interviews[27] with global and regional stakeholders confirm that in practice, the relevance of Joint Plans is mixed as it depends on role and capacity of the UCO and Joint Team, as well as support and/or quality assurance from UNAIDS regional support teams or Cosponsor global coordinators. Some stakeholders argue that Joint Teams have the flexibility to prioritise 'low hanging fruit' (e.g. implementation support instead of policy dialogue) and 'avoid reporting failures' and that UBRAF could be more prescriptive. Others informants, and not only country-level respondents, argue that country-level staff are in the best position to ensure relevance of the UN support to local realities and are better left to strategize themselves.

> *"On a semantic level, the actions of the Joint Programme may arguably all be considered relevant. On an implementation level, relevance is not contingent on the Joint Programme but rather individual actions fitting into broader country-level chain of results." (survey respondent)*
>
> *"UBRAF should strike a balance to be more accountable and specific, but also not to be too prescriptive towards country teams. This aspect through the Fast-track and country-level approaches is going in the right direction."* (KII, UNAIDS)

42. **Finding 1.4: UBRAF reflects the commitment of UNAIDS Secretariat and Cosponsors to social determinants of HIV and stakeholder participation.** The UNAIDS Strategy and UBRAF contain multiple statements regarding vulnerability of key populations, and how empowerment and providing space for key populations to be leaders will be a critical function of the Joint Programme. Stigma, discrimination and other human rights violations are recognised to impede progress in the AIDS response. Key informants from among donors, partners and civil society commend the commitment of UNAIDS Secretariat and

[24] From the country case studies, Guatemala reported less positive outcomes; Burkina Faso, Morocco, Nigeria, Kazakhstan, South Africa and Ukraine largely highlight positive outcomes and other countries had mixed outcomes.
[25] This question was answered by all respondents, including: UNAIDS (86), Cosponsors (328), Donors & Development partners (84) National or Local Government (178), International NGOs (83), National NGO/CSOs (171), Others (93).
[26] Some country case studies highlight the actions as quite relevant (Burkina Faso, Morocco), and some highlight it to be not relevant (Guatemala, Jamaica). Most are mixed, or give some positive examples without conclusively agreeing on its relevance.
[27] Fifteen KIIs discussed the issue of country level relevance (4 UNAIDS, 5 Cosponsor, 6 External).

individual Cosponsors to address broader social enablers, and to reflect this in the UBRAF and in country-level Joint Programmes.[28] However, those close to the development of the UBRAF (and UNAIDS Strategy) recognise that some UN member states and PCB members challenged inclusion of strong language on gender and rights in the UBRAF. For some, the UBRAF as an accountability framework could have been more articulate on human rights and gender. They argue that UBRAF language is supportive, but does not sufficiently translate into strategic objectives or indicators for accountability. Yet, the evaluation found specific strategic result areas for human rights and gender, and that other strategic result areas also have output indicators that specifically consider gender, women/girls and equity. Besides, all service-related output indicators are disaggregated for gender, age and population group (general versus key population).[29]

43. **Finding 1.5: Strategic result areas and activities defined in the UBRAF are ambitious, but unlikely to be fully achieved; the UBRAF is thus not very realistic.** The UBRAF reflects the broad ambitions of the UNAIDS Strategy, which is aimed at all countries of the world. As a joint planning document, it reflects a multitude of strategies prioritised by a variety of stakeholders and interest groups. UBRAF is also a resource mobilisation and allocation tool, thus incentivising Cosponsors to push for inclusion of HIV strategies and activities related to their mandate. Global stakeholders are cautious: some consider it unrealistic to frame the UNAIDS Strategy and UBRAF as 'ending AIDS' and 'getting to Zero'. This communication strategy of the UNAIDS Secretariat was not supported by all Cosponsors, and even if the term was changed to '*ending* AIDS *as a public health challenge*', it is still seen as overpromising (and necessarily underperforming).[30] Also, there appears to be a disconnect between the UBRAF which is broad and ambitious, and UNAIDS core resources which have flatlined since 2008. When funding for 2018–2019 turned out less than anticipated, this resulted in budget cuts to all UNAIDS partners (see also 'Right Ways' section below). Nevertheless, 85% of survey respondents score the Joint Programme 6 out of 10 or higher on realism, with a median of 8/10 (415 respondents),[31] which probably reflects the fact that most survey respondents work at country level and score the realism of country level Joint Plans rather than the UBRAF.

44. Regional Joint Programmes strategies exist as 'regional profiles' in UNAIDS Strategy and UBRAF which are wide in scope and ambition in relation to the limited resources available. From regional progress reports, it appears that UN teams in a few regions, for example Eastern and Southern Africa and Latin America and the Caribbean, have prioritised a limited set of areas. At country level, Joint Programmes tend to be more realistic, as they are workplans based on available budget and a capacity assessment as part of the joint planning guidance.

> *"Translation into programming has been difficult & constrained by resources/funding.*
>
> *This means some activities have not been implemented at all." (survey respondent)*

45. **Finding 1.6: The UBRAF provides little guidance to prioritise strategic result areas or activities.** The UBRAF aims to be strategic (focusing on a limited number of results) and catalytic (identifying critical support gaps), recognising that core resources reflect less than one per cent of global AIDS resources. However, in mirroring the global UNAIDS Strategy, UBRAF articulates comprehensively the many policies and strategies that countries should adopt, including the support these countries can expect from the UN system. UBRAF strategic result areas are not prioritised, in order to help Joint Teams or individual Cosponsors strategize with restrained human and financial resources. Several global stakeholders talk about a 'laundry list', which may be useful for global agenda setting, but less so to operationalise global, regional or country-level UN programming. The PCB actually recognised that the UBRAF was too unwieldy and requested a PCB working group to revise and prioritise the UBRAF.[32] This exercise resulted in fewer output indicators but not a reduction of the scope or prioritisation of strategies and actions. At the design stage of the UBRAF it was already evident that (both core and non-core) resources for the Joint Programme were reducing, and prioritisation would be required: since the 2008–9 fiscal year, UNAIDS faced ongoing reductions in real resources.[33] Nevertheless, in 2018 prioritisation happened in response to reduced resources and recommendations of the Global Review Panel. The shift to fund more country-level programming is generally appreciated as strategic, even though the implementation is challenged by Cosponsor representatives. However, of those who were asked how well the Joint Programme has

[28] All country case studies touched on this topic, and in most there is evidence of involving stakeholders and, to some extent, addressing social aspects around HIV. For example, in Morocco, the Joint Programme is praised for its work with vulnerable and key populations in a difficult socio-cultural context, including the mobilisation of funds and integration into programming.
[29] UBRAF result framework.
[30] Although two KII respondents (1 UNAIDS and 1 Cosponsor) agreed that the defined actions were too ambitious and could not be achieved, they also felt that this effort to strive for ambitious results was better than aiming too low and taking the easy route.
[31] This question was answered by respondents from UNAIDS (85) and Cosponsors (330).
[32] UBRAF, intro – see also PCB working group report.
[33] MOPAN 2015, p.7 under KPI 1 – organisational architecture.

responded to priorities identified in the UBRAF, 74% (387 respondents)[34] responded that the Joint Programme did this adequately well or very well.

46. Key informants agree that political realities also affect strategic priorities; they mention in particular the shifting priorities of the PCB, i.e. Joint Programme donors, as a challenge.[35] At country level, planning guidance helps UN country teams to develop prioritised Joint Plans. Priorities of Joint Plans reflect expressed needs of national AIDS programmes, an assessment of epidemic needs and availability of (non-core) funding and expertise of Cosponsors in-country. Country progress as assessed through Global AIDS Monitoring also helps Joint Teams identify priorities for UN support.

> *"The UBRAF is quite broad, everything is mentioned... Being a global document it has to offer options to everyone". (KII, UNAIDS)*
>
> *"it was hard to see what they hadn't prioritised." (KII, Donor)*
>
> *"it's become so granular that you see the grains and you count the grains, but the grains don't add up to the picture." (KII, Cosponsor)*

47. **Finding 1.7: UBRAF does not serve as a resource allocation tool, as intended.** According to the UNAIDS Strategy "UBRAF outlines the Joint Programme's role in the AIDS response and guides operational planning at all levels, providing the framework against which budgetary allocations (and performance monitoring) are made".[36] This presumes that prioritisation of the Joint Programme is agreed, and reflected in resource allocation. In practice, resource allocation in the Joint Programme is neither coordinated nor prioritised. Although UBRAF discusses the HIV resources of all UN Cosponsors (estimates for the first biennium 2016–17), it does not articulate how the Joint Programme coordinates resource allocation across strategies and Joint Programme partners.[37] In reality, the Joint Programme only monitors and reports how UN HIV resources are allocated and spent, both core resources for the Joint Programme (13% of total UN HIV resources)[38] and non-core resources raised by Cosponsors themselves (87%). The biennial Joint Programme budget allocation of core resources is prepared by UNAIDS Secretariat and approved by the PCB. In practice, around 80% is allocated to the UNAIDS Secretariat functions mandated in the UBRAF and 20% is distributed among Cosponsors, 50% as catalytic funding to complement their own resources, and the rest through country-level 'envelopes'. This distribution causes some resentment among Cosponsors, especially those that rely heavily on the Joint Programme for HIV resources. Cosponsors are only able to access additional core resources through country-level 'envelopes' for Joint UN Programming, if their programmes are included. This requires them to have a presence and HIV programmes in that country, resulting in debate about selection criteria for countries to be prioritised.[39] The Global Review Panel[40] noted that resource allocation is 'static'; it does not seem to follow the needs assessment and priorities of the UNAIDS Strategy, nor the resource needs of Cosponsors.

> *"The Fast-track system of prioritisation doesn't work for us, because [our mandated areas of work] are not used as selection criteria for fast-track countries." (KII, Cosponsor)*
>
> *"There is a need for scenario planning for the future, – for example 20% of budget to structural drivers of the epidemic. Not just programmatically but also managerially, such as human resource allocation across the Joint Programme." (KII, Cosponsor)*

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[34] This question was answered by respondents from UNAIDS (81) and Cosponsors (306). The question was only asked to UNAIDS and Cosponsors.

[35] Prioritisation was one of the key discussion points under hypothesis one. It was brought up by 3 UNAIDS, 7 Cosponsors, and 4 external respondents. In general, UNAIDS respondents argued that Cosponsor competition often proved to be a distraction, preventing effective prioritisation. Conversely, most Cosponsors highlighted that the UBRAF priorities do not translate properly into resources. External respondents argued that the prioritisation never really worked and that there should be an improved focus on putting money where it is most needed.

[36] UNAIDS Strategy 2016–21, p.19 – 'the role of UNAIDS', UNAIDS, 2019.

[37] Resource allocation was brought up by 8 KII respondents: 1 UNAIDS, 4 Cosponsors, and 3 External. A common theme among them was that resource allocation had not been informed by data or UBRAF priorities. Others felt that the resource allocation had not been explained at all and so reductions to resources were not well received.

[38] UBRAF 2016–2021, UNAIDS, 2019.

[39] Most country case studies identified the issue of scarce resources, and limited ability for UBRAF/UNAIDS to support resource allocation. This was also connected to the issue that limited funding might come with deprioritisation of key issues for addressing HIV/AIDS.

[40] GRP report, p.12, Global Review Panel, 2017.

Hypothesis 2: UBRAF articulates how the UN Joint Programme actions are both rights- and needs-based for key stakeholders (including key populations) and gender-sensitive

UBRAF articulates how the UN Joint Programme actions are both rights- and needs-based for key stakeholders (including key populations) and gender-sensitive	Strength of evidence
2.1. The process to identify Joint Programme priorities is very inclusive and participatory at global, regional and country level.	
2.2. The UNAIDS Strategy, UBRAF and country-level plans are responsive to the needs of governments and key populations.	
2.3. UBRAF promotes the greater and meaningful involvement of people living with HIV, communities and civil society.	
2.4. The UNAIDS Strategy provides a comprehensive rationale for interventions that address gender equality and women empowerment (GEWE). However, the lack of reference to a number of relevant global normative standards, along with consistent shortfalls in systematic gender analysis, constrains the Joint Programme from coordinating and prioritising sustainable gender- transformative HIV interventions.	
Evaluation questions[41] ➢ What has been the process of including key stakeholders in identification of Joint Programme priorities? ➢ Are the needs of country counterparts articulated in the UBRAF, regional and country plans? ➢ Are the needs of key populations articulated in the UBRAF, regional and country plans? ➢ Does UBRAF promote the greater and meaningful involvement of people living with HIV? ➢ Is the UBRAF informed by a comprehensive gender analysis?	

48. **Finding 2.1: The process to identify Joint Programme priorities is very inclusive and participatory at global, regional and country level.** UBRAF reflects the UNAIDS Strategy priorities. The process of priority setting for the UNAIDS Strategy was very participatory, included ten regional consultations with countries, communities and civil society, and two virtual consultations, one centred on themes and another to obtain feedback on the first draft of the UNAIDS Strategy.[42] The external (Multilateral Organisation Performance Assessment Network, MOPAN) review commended UNAIDS on the effective consultative approach to broker agreement on the Global Strategy.[43] In a parallel process, the UBRAF was developed with involvement of Secretariat staff, Cosponsors and PCB members. Further revision of the output indicators was done by a PCB working group, again with membership of experts from NGOs, Cosponsors and member states. At country level, development of UN Joint Plans happens with involvement of local stakeholders, both government and civil society. UBRAF planning guidance demands this.

49. Community representatives are actively engaged in planning processes, and civil society organisations are represented in the PCB and relevant committees at all levels.[44] The Strategy notes that the extensive feedback from CSOs and community networks during the development was noteworthy, as these were often consolidated positions of up to hundreds of organisations.[45] UNAIDS Joint Programme governance is through the PCB, the only UN governing board with representation of NGOs and communities. NGO representatives on the board are broadly satisfied with their ability to influence UNAIDS priorities, observers note that there is always room for improvement, and rolling membership and subsequent loss of continuity in the NGO delegation is a challenge. At country level, UCOs are recognised for encouraging and supporting community and PLHIV involvement in UN, national and local planning and implementation.[46] Survey respondents express satisfaction about community engagement in priority setting, across various populations: 78% score good or very good engagement of CSO; 78% of PLHIV; 63% of other key populations; 63% of women/girls; and 61% of youth (395+ responses), as shown in Figure 9.[47]

[41] Note: to improve readability the order and/or wording of some evaluation questions are slightly adjusted compared with the evaluation matrix.
[42] UNAIDS Strategy, Annex 2, consultation process, UNAIDS, 2015.
[43] MOPAN assessment report, 2016.
[44] Many external KII respondents, including AIDS-focused NGOs and CSOs, felt very engaged in the process of identifying Joint Programme priorities. This was most prevalent at the global level, as stakeholders engaged through their collective roles within the global health architecture.
[45] UNAIDS Strategy 2016–2021 'On the Fast Track to end AIDS', p.87 UNAIDS, 2015.
[46] Most country case studies highlight that the process is participatory, and includes KPs and country priorities. In some countries the evidence appears stronger than in others (e.g. the evidence appears stronger in South Africa, Kazakhstan, Nigeria), with examples provided of how stakeholders were engaged.
[47] These questions were answered by respondents from UNAIDS and Cosponsors. The responses were as follows: CSO – 83 UNAIDS and 320 Cosponsors; PLHIV – 82 UNAIDS and 314 Cosponsors; Key Populations – 83 UNAIDS and 316 Cosponsors; Women/Girls – 82 UNAIDS and 316 Cosponsors; Youth – 82 UNAIDS and 317 Cosponsors. The question was only asked to respondents from UNAIDS and Cosponsors.

Participation and inclusion in planning and implementation - lessons from country visits[48]

Iran – models of community involvement

In countries where certain behaviours are criminalised and supporting civil society is a challenge, the UN Joint Programme needs to be creative in engaging key populations and their networks. In Iran, UNAIDS and Cosponsors are successful in working with national counterparts to engage key populations to improve service delivery and to amplify their voice. One model of community involvement is recruitment of peer outreach workers, e.g. in Drop-In Centers (DIC) for People who inject drugs (PWID) (UNODC), or in outreach for 'men at high risk' and 'women at high risk' (UNFPA). This approach increased HIV testing uptake and improved the quality and responsiveness of government services. Another model is helping PLHIV to form and register community-based organisations (UNAIDS). Positive Clubs, local CBOs, in several cities formed a national network for advocacy, skill-building and organising. Finally, the Joint Team invited PLHIV to participate directly in the planning for the Joint Plan and envelope. This resulted in procurement of viral load test kits with UN envelope funding.

Guatemala – fragmentation and re-engagement of civil society

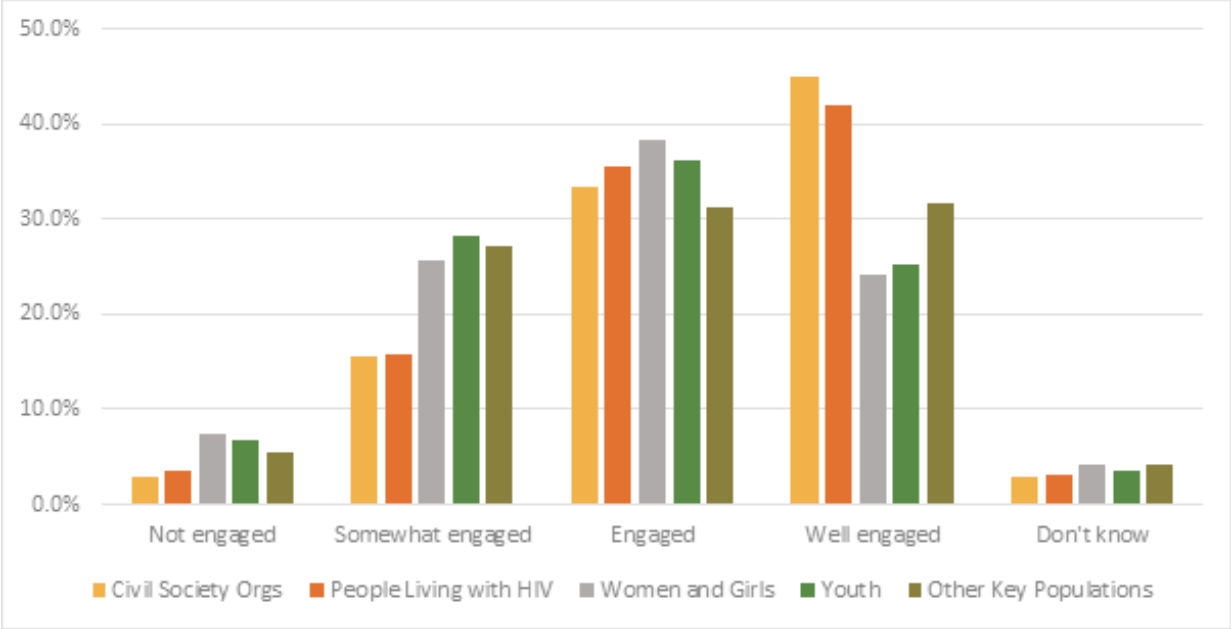
In Guatemala, HIV-related civil society has effectively weakened over the years for several reasons. Since the multisectoral national AIDS commission was absorbed in the Ministry of Health, NGOs are no longer represented in the national programme, even though some key population (KP) activists became Ministry of Health (MoH) staff. Currently, NGOs are represented in the Global Fund Country Coordinating Mechanism (CCM) which drives the national response, but the application process and grant implementation has fragmented the community groups. Meanwhile, parliament proposed legislation to limit CSO autonomy and independence. The UN Joint Programme envelope prioritises key populations (trans, MSM and women who have sex with women (WSW)), and the UN aims for a community response at the Primary Health Care level. It is difficult to bring community representatives around one table. NGOs argue that for meaningful civil society involvement, the UN Joint Programme may first need to focus on (1) financial transition to reduce NGOs' dependence on Global Fund funding, (2) technical capacity to design and implement KP interventions, and (3) a CSO network for partnership and policy dialogue.

Myanmar – advocating for community and indigenous NGO involvement.

Myanmar experiences a concentrated epidemic (both by populations and by geography) while laws and policies have historically been punitive toward key populations (e.g. prostitution, sodomy and drug possession laws). First, the UN has to navigate carefully between national programmes and civil society as these two sets of stakeholders may have opposing goals. The UN Joint Programme has been able to successfully broker compromises. For example, UNAIDS played a role in ensuring that there was active and meaningful participation by key populations in the development of the current National Strategic Plan. Stakeholders note a unique opportunity to try and implement KP HIV programmes as Myanmar has only recently started on a democratisation process and come out of isolation. A second lesson is that the UN Joint Programme needs to ensure strong advocacy for (CSO) engagement with a harmonised approach across agencies, and that it works with CSOs on capacity building – even with declining support. The UN Joint Programme's work with civil society was positively noted by most stakeholders, primarily of UNAIDS, UNODC and WHO, although some national CSOs expressed disappointment that the majority of funding goes to International Non-governmental Organisations (INGOs).

[48] The 12 country visits were used to explore lessons learnt on six cross-cutting evaluation issues: gender mainstreaming, human rights, community involvement, resource leverage, UN partnership and UN delivering as one.

Figure 9: How well have stakeholders been engaged in prioritising activities which the Joint Programme has undertaken at the level at which you work?



50. National governments and AIDS programmes have been involved in global planning, and are influential in setting priorities for country-level Joint UN Plans. Guidelines for Joint UN Programmes and envelope funding, developed as part of the UBRAF implementation, specify that Joint Teams refer to priorities of national AIDS strategies.[49] The consequence of participatory planning is that country-level UN Joint Plans are often a compromise between what is best and what is possible, and do not necessarily reflect UBRAF priorities.

Case study – UN Joint Plan in the absence of a national AIDS strategy – Kazakhstan

Kazakhstan does not have disease-specific national programmes and HIV is part of the more general Programme on Health. As a result, key national targets in the area of HIV are not stipulated in any national strategic document. HIV prevention work among key populations is underfunded and insufficient in coverage. The Joint Programme was not able to ensure that Fast-Track targets are officially acknowledged by the national government, however UNAIDS was able to support key population size estimates to promote more and more targeted allocation of funds to services for key populations.

The lesson is that unless the Joint Programme ensures that strategic priorities are officially acknowledged by the national governments, UNAIDS Strategic Objectives at the country level may remain purely declarative.

51. **Finding 2.2: The UNAIDS Strategy, UBRAF and country-level plans are responsive to the needs of governments and key populations.** Most data sources, informants, documents and survey respondents confirm that the Joint Programme generally reflects the needs of a variety of stakeholders, especially governments and key populations, as shown in Figure 10 below.[50] The needs of *members states* and their national strategies are reflected in the Joint Programme. The UNAIDS Strategy is a global strategy of member states and provides goals and targets for country governments to achieve. As mentioned, priorities were determined in consultation with member states. The UBRAF is the accountability framework for the UN system (not member states) and articulates how the Joint Programme supports governments to address their needs and strengthen the AIDS response. There may be tension between Joint Programme priorities and the priorities of individual countries, for example in identifying the role of government to provide services and legal protection to key populations. UBRAF had to be carefully worded around sensitivities of certain member states and PCB members, and expectations or demands of others, resulting in compromises. Balancing the needs of member states as well as beneficiaries, UBRAF provides useful guidance for Joint UN Teams to undertake advocacy and provide policy alternatives where

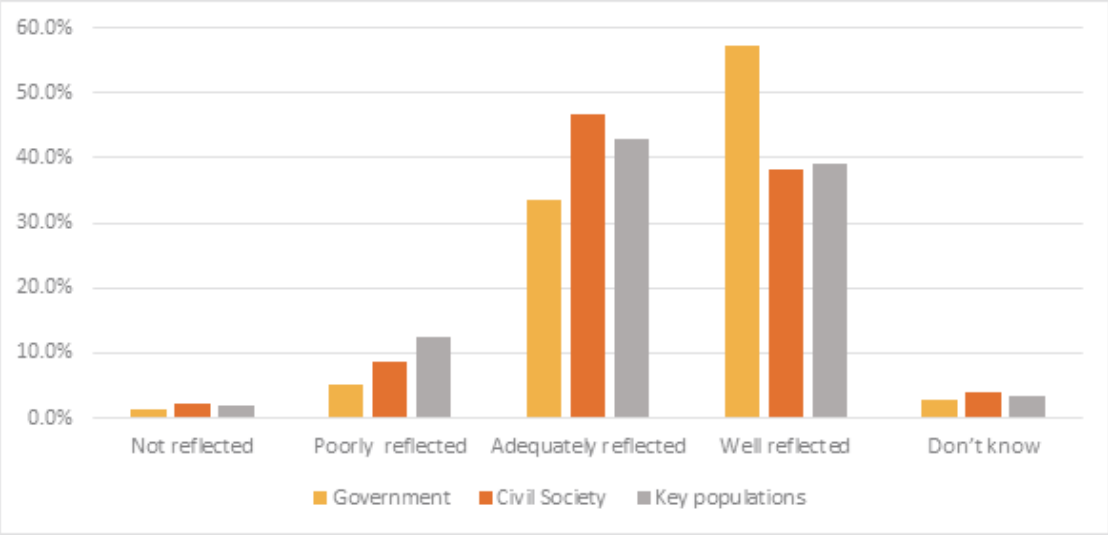
[49] Unified Budget. Results and Accountability Framework (UBRAF) Workplan and Budget 2020–2021.
[50] These questions were answered by respondents from UNAIDS and Cosponsors. The responses were as follows: Government – 82 UNAIDS and 318 Cosponsors; CSO – 82 UNAIDS and 315 Cosponsors; Key Populations – 82 UNAIDS and 312 Cosponsors.

needed, as well as normative and technical support where requested by national counterparts. Based on recommendations of the Global Review Panel, starting from 2018–2019, Joint Teams further aligned Joint Plans with national strategies, addressing specific bottlenecks based on UN comparative advantage. Country-level Joint UN Plans typically also reflect a negotiated mix of activities based on the needs of government counterparts, versus advocacy and policy guidance regarding gaps in the national response, for example legal reform or civil society support.

52. The needs of the *most vulnerable populations* have been guiding principles of the UN Joint Programme since its establishment and universally appreciated in key informant interviews with Cosponsors, the Secretariat, donors and communities themselves. UBRAF is specific in defining key populations (men who have sex with men, transgender women, sex workers, people who inject drugs, prisoners and migrants), but also mentions people living with HIV, women and young people specifically as central to the epidemic and the response at all levels. The UBRAF planning relied on the community consultation processes outlined above for the UNAIDS Strategy, complemented by needs assessments undertaken by the UNAIDS Secretariat (e.g. surveys and mapping through the strategic information function), Cosponsors (e.g. United Nations Office on Drugs and Crime (UNODC) research on people using drugs and prisoners) and other research. Country case studies indicate that planning for the UN Joint Plans generally uses a mix of consultation and needs assessment research, undertaken by community networks, countries or academia.

> *"Data [on key population needs] is much better now than in the past – thanks to 15 years of research and. assessments, and UNAIDS Secretariat work on strategic information." (KII, Cosponsor)*

Figure 10: How well have the needs of counterparts been reflected in the work of the Joint Programme?



53. **Finding 2.3: UBRAF promotes the greater and meaningful involvement of people living with HIV, communities and civil society.** The UNAIDS Strategy is developed with input from people living with HIV, and their needs are broadly addressed in both UNAIDS Strategy and UBRAF. PLHIV representatives particularly commend UCOs and the Secretariat for practical support to engage PLHIV in global and local responses, but also recognise the limitations of the UN system to respond to emerging issues at country level, for example the adoption of discriminatory legislation.

54. **Finding 2.4: The UNAIDS 2016–2021 Strategy provides a comprehensive rationale for interventions that address GEWE, developed through wide and participatory consultation across the Joint Programme. However, there is a lack of reference to a number of important global normative standards focused on HIV & AIDS,[51] along with consistent shortfalls in systematic gender analysis (particularly at the national level, and in relation to gender and social norms). These constraints prevent the Joint Programme from coordinating and prioritising sustainable gender-transformative HIV interventions with full efficiency and effectiveness.** UBRAF and UNAIDS

[51] For example, HIV-specific aspects of the Beijing Declaration and Platform for Action, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), UN Security Council resolutions 1983 (which encourages the inclusion of HIV/AIDS prevention, treatment, care and support in its peacekeeping mandates) and 1308 (which calls for enhanced coordination of UN bodies to respond to the HIV/AIDS pandemic - including the General Assembly and the Economic and Social Council), as well as agreements under the Commission on the Status of Women (e.g. 60/2, which includes commitments on building equality in household care in the context of responding to HIV/AIDS).

Strategy have one specific strategic result area on gender: "Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV", and recognise gender inequalities as social determinants of HIV vulnerability and risk. UNAIDS Secretariat developed a comprehensive Gender Assessment Tool to assess and improve gender responsiveness of national strategies[52] and applied the UN gender equality marker (GEM) to assess country Joint UN Plans on gender responsiveness. There is a fair degree of evidence that gender-specific review tools – such as the GEM and UN-SWAP – bring challenges as well as utility. The GEM tool,[53] developed in 2013 as a generic tool[54] adopted by several UN agencies, has been useful to systematically consider gender equality issues across corporate level activities and documentation, although it has been criticised for being applied in an insufficiently programmatic or tailored way to measure engagements at the civil society level around gender equality issues.[55] It has also been criticised by some for focusing on resource allocation rather than programmatic issues, while some Cosponsors question if the tool is appropriately used to challenge and promote gender responsiveness of the UN response at all levels. Similarly, in relation to the UN-SWAP, the approach has been shown to have a heavy bias toward convenient process indicators at the corporate level (gender parity in workforce (P12), leadership (P7), commitment towards SDGs – P1), rather than toward the delivery of results indicators that outline progress at the programming level.[56]

55. The evaluation found that only a few Joint Programme commissioned research studies on gender specifically, including one study on barriers to access for women living with HIV.[57] Some respondents argue that not enough is done on gender in the Joint Programme, and that gender needs to be more explicitly mainstreamed in each strategic result area. For example, some key stakeholders argued that an opportunity was lost to incorporate tracking mechanisms for social and gender norms (i.e. perception and behavioural change) – despite the fact that 23 of the 68 UBRAF progress measures mention gender and/or women or equity and rights. More broadly, the absence of a comprehensive Theory of Change linking the 2016–2021 Strategy and the UBRAF suggests not only that gender analysis at the institutional level could be improved, but also that a shared understanding of the key pathways of change in relation to gender mainstreaming is lacking across the Joint Programme.

56. Other informants identify strategic gaps in the current gender-related guidance, for example how to operationalise gender strategies or a discussion of masculinities, sexual orientation and gender identities, beyond a limited focus on women and girls. There is no 'HIV and gender' strategy that helps articulate definitions, scope and priorities for the UN Joint Programme as a whole. Despite these challenges, survey respondents consider the Joint Programme gender sensitive: 21% scored it very gender sensitive; 48% sufficient and 24% somewhat insufficient (405 responses).[58] Respondents also scored 63% (very) good engagement of women and girls in the Joint Programme and UBRAF (398 responses).[59]

57. Many of the KII respondents commended the strength of the UNAIDS strategy in regards to gender sensitivity and engagement. Within the country case studies, several examples are given of action towards gender equality and female empowerment, for example support for women living with HIV (WLHIV) in Ukraine; gender-based violence programming in Papua New Guinea; and prioritising men who have sex with men, sex workers and trans women in Guatemala.[60] However, stakeholders in some countries[61] highlight that what is being done to operationalise gender strategies is not enough. For instance, as noted by a key informant in Nigeria, specific policy and programming responses to the high rates of new infections among gay men and other men who have sex with men are left to implementing agencies operating under The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) or PEPFAR funding. Similarly, a key informant from Papua New Guinea stated that, in terms of gender analysis, '*this country thinks only of women'*.

> *"A systematic gender analysis still needs to be undertaken to inform the gender markers in the workplan. I felt it was a rushed process that did not involve all partners."* (KII)

[52] Gender Assessment Tool, UNAIDS, 2018.
[53] https://unsdg.un.org/resources/gender-equality-marker-guidance-note.
[54] The Gender Equality Marker (GEM), originally an OECD tool, is intended to measure the extent to which intermediate results that use programme budgets contribute to the advancement of gender equality and women empowerment or to the reduction of discrimination and inequalities based on sex. It uses a four-category scale, ranging from 0 (not expected to contribute to Gender Equality in any noticeable way) to 3 (advancing Gender Equality is a principal objective of the result).
[55] Global KII.
[56] UNU-IIGH (2018) Final Meeting Report: What works in Gender and Health.
[57] Key barriers to women's access to HIV treatment: a global review, UN Women, 2017.
[58] This question was answered by respondents from UNAIDS (83) and Cosponsors (322).
[59] This question was answered by respondents from UNAIDS (82) and Cosponsors (316).
[60] See country notes and case studies.
[61] Including South Africa, Ukraine, Nigeria and Papua New Guinea, see country notes and case studies.

Gender mainstreaming and contribution to gender equality – lessons from country visits[62]

South Africa – gender investment

A lesson from South Africa is that the correlation between gender-sensitive responses and investment is not straightforward. Cosponsors and government consider that the national response acknowledges the role of gender inequality in the HIV epidemic. The UN Joint Plan 2018/19 is considered gender sensitive: the Gender Equality Marker (GEM) is at least 2 for all activities ("Significant contribution to gender equality and/or the empowerment of women and girls"). Nevertheless, only 4% of the $2.2 million envelope budget is allocated to UBRAF Strategic Result Area 5 (Gender inequality and Gender-based violence (GBV)) and about 15% of Joint Plan activities are scored by the GEM as "principal objective is to advance gender equality and/or the empowerment of women and girls". UN Women argues that the amount of funding allocated is a true reflection of how (not so) important gender equality is considered. That said, Joint Programme gender-related activities may be underreported when these are not funded by UBRAF envelope funding.

Ukraine – what constitutes 'meaningful' involvement of WLHIV?

In Ukraine, the UN Joint Programme involves and supports PLHIV including WLHIV, yet opinions differ about how meaningful this involvement is. Although the PLHIV Network is a strong CBO and key partner of the Joint Programme, 'Positive Women', a community of WLHIV, consider that women are not enough heard in decision- making bodies. The UN Joint Programme supported WLHIV in several ways, including (1) funding for annual WLHIV Forums and participation in International AIDS Conferences; (2) involving WLHIV in decision-making bodies (e.g. MoH working groups on elimination of mother to child transmission (eMTCT) & NSP development, CCM); (3) support for input in Parallel to Report the Beijing Declaration and Platform for Action (2014 – 2019); and (4) funds to provide legal support to female, HIV-positive Internally Displaced Persons (IDPs). Despite these efforts, 'Positive Women' would like to see more of their recommendations incorporated, and a KII working on gender issues argues that stakeholders do not understand the importance of a gender-sensitive approach to programming.

Papua New Guinea – gender and HIV, not quite what was expected

One lesson from Papua New Guinea is that while GBV is a major problem for all Papua New Guinea women, it is not driving the HIV epidemic. As Papua New Guinea has some of the world's highest rates of GBV, especially individual and gang rape, it is not surprising that Papua New Guinea was long presumed to be the driver of a generalised HIV epidemic. But the 2018 Papua New Guinea Integrated Bio-Behavioural Surveillance report (IBBS) showed that Papua New Guinea's epidemic is instead a concentrated one, most affecting FSW and MSM. What is more, GBV is not more common for FSW than for other women. A new programme to combat GBV (Spotlight Initiative) managed by UN Women does not specifically target TG and MSM. Another issue is that men are left out from gender analysis. "In a gender analysis, this country thinks only of women" according to a technical KII. Young men ask why they are being left out of HIV programmes and need help to be linked to other men. Arguably, the groups most left out in Papua New Guinea's gender analysis are 'men with diverse sexuality', Papua New Guinea's euphemism for transgender women and MSM.

[62] The 12 country visits were used to explore lessons learnt on six cross-cutting evaluation issues: gender mainstreaming, human rights, community involvement, resource leverage, UN partnership and UN delivering as one.

Hypothesis 3: UBRAF reflects UN system, Cosponsors' and Secretariat comparative advantage at global, regional and country level.

UBRAF reflects UN system, Cosponsors' and Secretariat comparative advantage at global, regional and country level	Strength of evidence
3.1. The UN system comparative advantage, especially with respect to 'upstream work', is indicated but not elaborated in the UBRAF.	
3.2. Global stakeholders question the added value of the Joint Programme architecture beyond 2030.	
3.3. The comparative advantage of regional Joint UN Teams depends on willingness and ability of regional Cosponsor offices to collaborate.	
3.4. UBRAF recognises the Global Fund and the US President's Emergency Plan for AIDS Relief (PEPFAR) as funders of national responses, but not their technical support and normative role, and how this interacts with the UN system mandate at global or	
3.5. Global Fund and PEPFAR involvement in Joint Programme planning is mostly	
3.6. The UNAIDS division of labour adequately reflects the roles and mandates of Cosponsors and Secretariat, but it is political and continuously debated.	
3.7. The role of the Secretariat vis-à-vis Cosponsors at all levels has been contentious and precarious from the early days of the Joint Programme. Incompatible demands from member states and NGOs and Cosponsors leave the Secretariat in a difficult position.	
3.8. UBRAF and the Joint Programme are in line with UN and SDG principles.	
3.9. The UNAIDS Joint Programme is considered to be an example of UN reform, and achieves UN reform objectives best at country level.	
Evaluation questions[63] ➢ Does UBRAF articulate the added value of the UN Joint Programme at global, regional and country level? ➢ Is there a Theory of Change linking the actions of the Joint Programme to the goals and targets in UNAIDS Strategy? [64] ➢ Does UBRAF reflect the role of other global players, PEPFAR, the Global Fund, etc.? ➢ Do Joint Programme roles and responsibilities reflect capacities and resources of the Cosponsors and Secretariat? ➢ Does UBRAF articulate UN principles of human rights, equity and leaving no one behind? ➢ Does the Joint Programme architecture reflect UN development system reform?	

58. **Finding 3.1: The UN system comparative advantage, especially with respect to 'upstream work', is indicated but not elaborated in the UBRAF.** The UNAIDS Strategy describes the comparative advantages of the Joint Programme as an 'intersectoral response to the multifaceted issue of HIV': deriving strength from 'the diverse expertise and mandates of its 11 Cosponsors and the added value of the Secretariat' as well as a governance body comprising member states, Cosponsors and civil society[65]. The comparative advantage of the UN system is presented in the UBRAF result framework as the functions of Cosponsors and UNAIDS Secretariat in essence, 'upstream' functions such as advocacy for human rights, providing policy options, capacity building, convening and providing evidence.[66] This is in line with UN Economic and Social Council (ECOSOC) guidance for the roles of the UN development system,[67] and indicates a comparative advantage for the UN in strategic result areas 6, 7 and 8, which deal with critical enablers for HIV services. However, in the subsequent narrative, the UBRAF does not elaborate how Cosponsors will apply core functions to achieve the desired results at global and country level.

59. Key informants confirm the comparative advantage of the UN as trusted partner to engage in politically or culturally sensitive policy dialogues with member states, while PEPFAR and the Global Fund are seen as technical and/or funding agents, complementing the UN. Additional comparative advantages mentioned are catalytic core funding for innovations; joint UN advocacy on human rights being more effective than single Cosponsor policy dialogue; and the ability to influence Cosponsor boards and through these, member states. Finally, the inclusion of civil society in the governance of the Joint Programme is seen to

[63] Note: to improve readability the order and/or wording of some evaluation questions are slightly adjusted compared to the evaluation matrix.
[64] This evaluation question is addressed here, although in the evaluation matrix it is listed under Hypothesis 1.
[65] UNAIDS Strategy, UNAIDS, 2015.
[66] UBRAF – result framework and p.25.
[67] ECOSOC Dialogue on longer-term positioning of UN Development System in the context of the 2030 Agenda for Sustainable Development - Functions and Impact of the UN Development System https://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/qcpr/ecosoc-dialogue-functions-of-unds.pdf.

add value to the Joint Programme. At a practical level, some respondents find that the UBRAF does not sufficiently clarify what the UN Cosponsors and Secretariat jointly or individually plan to do, per their core functions, in each of the eight result areas. At a more conceptual level UBRAF does not articulate how core functions and actions of the Joint Programme contribute to the UBRAF strategies and outputs: typically, the percentage countries with a certain policy, which may or may not be a direct or exclusive[68] result of UN support.

60. The comparative advantage of individual UN agencies in the Joint Programme varies with their mandate and modus operandi. UBRAF states that the Joint Programme maximises the comparative advantages and the effectiveness of the 11 Cosponsors. Within their specific mandates, Cosponsors produce normative guidance, develop policy options, advocate, engage partners, mobilise resources, provide technical and implementation support and generate data for advancing their specific HIV mandates and thereby contribute to the achievement of the UBRAF outputs.[69]

61. The comparative advantage of individual Cosponsors varies per their mandate and area of work. In practice, however, the added value of Cosponsors at global level also depends on their corporate priorities, availability of resources, and HIV technical capacity. Donors observe that the added value of Cosponsors is greater if they focus on upstream functions and focus on a limited number of countries where they can make a significant impact, rather than working everywhere. For example, donors generally like to see UN agencies use their neutral broker position to advocate for rights-based responses, while one UNAIDS donor mentioned that implementation by UN agencies tends to carry higher overheads than INGOs. Respondents also observe that when Cosponsors push for their own mandate to be included in all UBRAF strategies, this risks diluting the focus and added value of the Joint Programme as a whole.

Case study - Core functions of the UN - Jamaica

The Child Care and Protection Act (2004) aims at promoting the best interests, safety and well-being of children and enforcing their rights. However, the Act contained a clause that stated that duty bearers including health care workers could not provide sexual and reproductive health (SRH) services to minors without parental consent. The United Nations Joint Team on AIDS (JUNTA) strategically advocated for the removal of this clause which was accepted by a Joint Select Committee of Parliament and awaits the final amendment to the legislation. JUNTA also supported the government to develop 26 youth-friendly SRH service centres.

62. **Finding 3.2: Global stakeholders question the added value of the Joint Programme architecture beyond 2030.** Several external partners of the Joint Programme and external reviews[70] argue that

63. Cosponsorship is static, and does not always reflect Cosponsor ability and willingness to contribute to the UN system response. The Global Review Panel identified that some Cosponsors disengage, and made a case for more flexibility, allowing Cosponsors to leave and/or new UN agencies to fill identified gaps, for example the International Organization for Migration (IOM) or Office of the High Commissioner for Human Rights (OHCHR).[71] Several UNAIDS donors challenge the Secretariat to better justify its added value to the Joint UN Programme, but they do not agree how this should happen: opinions vary from *increasing* the Secretariat's technical role and providing investment advice to countries to *phasing out* the Secretariat by 2030 now that most Cosponsors have incorporated HIV in their work.[72] Some informants are apprehensive for the Secretariat to become institutionalised beyond a time-limited Joint UN Programme Secretariat, for which purpose it was established.

> *"The current structure of the Joint Programme might not be the most effective or efficient. The Joint Programme, therefore, needs to scale significantly down the massive coordination structure that was created at the height of the AIDS epidemic and replace it with a leaner structure that is more fit for the purpose of reaching the furthest left behind while maintaining the gains." (survey response)*

> *"The added value of the UNAIDS Secretariat is reducing now that Cosponsor are responding to HIV – the Secretariat could be phased out in due time, for example 2030." (KII, donor)*

[68] Attribution implies the change is caused by the Joint Programme influence or intervention. Contribution implies the change is only in part due to the Joint Programme influence or intervention under consideration.
[69] UBRAF p.25 on role of Cosponsors.
[70] 2019 Joint Inspection Unit, 2017 Global Review Panel.
[71] Recommendation of the Global Review Panel, 2017.
[72] This is supported both by KIIs and country case studies.

64. The comparative advantage of Joint UN Teams at country level is variable: policy and normative support is a comparative advantage, implementation support (e.g. procurement, grant management) less so. In theory, the comparative advantage of UN teams at country level is similar to the global and regional level: providing policy, normative and technical support to national counterparts, plus enabling them to mobilise resources and implement strategies. In practice, the evaluation found that the added value of the Joint UN System to the national response is determined by multiple factors, including 1) presence of a UCO or equivalent support to UN coordination platform; 2) presence of relevant Cosponsors and HIV expertise, and; 3) linkages with government and other partners (e.g. PEPFAR and the Global Fund). An important determinant of comparative advantage is how individual Cosponsors interpret 'implementation support', as long-term system strengthening or short-term support for service delivery. An example is the United Nations Development Programme (UNDP) role in many countries as principal recipient for the Global Fund; this role may vary from a purely grant management function to a more normative function in support of the national HIV programme (see case study Iran). Similarly, the United Nations Population Fund (UNFPA) may undertake procurement on behalf of a national programme, or actually build procurement capacity and systems.

65. **Finding 3.3: The comparative advantage of regional Joint UN Teams depends on willingness and ability of regional Cosponsor offices to collaborate.** The Joint Programme at regional level consists of UNAIDS Regional Support Teams (RST) coordinating relevant regional Cosponsor offices and HIV-related human resources. The UBRAF articulates the role of Regional UN Joint Teams as adapting the global UNAIDS Strategy and supporting countries in the region, acting as hubs to provide technical support, engage regional entities, and share learning.[73] Respondents from UNAIDS Secretariat confirm 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 Global Review Panel found that the backstopping role of regional Cosponsor offices and RSTs has become more critical as country-level offices and teams downsized, and recommended to reinvigorate regional Joint UN Teams, and hold them accountable for clear deliverables at country level.[74] This evaluation did not find evidence that this happened systematically. As mentioned, a coordination challenge is that regional offices of the Cosponsors and Secretariat are spread across different countries.

Case study - UNDP as the Global Fund Principal Recipient (GF PR) and Joint Team member – IR Iran

UNDP acted as Global Fund (GF) Principal Recipient on behalf of the Ministry of Health since their first grant. The close and synergetic relationship between UCO and the focal point for the GF grant in UNDP is influential in supporting and shaping the national response: UNAIDS Country Director, UNDP GF manager and National AIDS Programme Manager coordinate almost daily. UNDP perceives this role as their contribution to the Joint Plan and reports GF-supported activities in the UBRAF progress reports.

At global level, UNDP's role and activities as GF principal recipient are generally not perceived as part of the Joint UN Programme; GF grants managed by UNDP are not counted as UNDP resources for UBRAF. Iran Joint Team shows that at country level this UNDP function can be crucial not only in supporting the national response, but also in strengthening the Joint UN Team and the UN system partnership with the government.

66. **Finding 3.4: UBRAF recognises the Global Fund and PEPFAR as funders of national responses, but not their technical support and normative role, and how this interacts with the UN system mandate at global or country level.** At global level PEPFAR and the Global Fund as the major funders, naturally influence strategic priorities. At the same time that Secretariat and Cosponsors are downsizing global human resource due to resource constraints, PEPFAR and the Global Fund increase their human resources and their role in setting global (and local) policy agendas. Examples include the extensive normative and policy work of the Global Fund on gender, community & human rights or the PEPFAR technical and normative support for key population service scale-up. One respondent mentioned the normative gap left by the UN (and filled by the Global Fund) around financial transition from donor to domestic funding, and would like to see more joint planning on this. Another GF staff member remained hopeful that global and upstream agreements to finance the Joint Programme to coordinate technical support for GF grants – a long debated issue – was possible through partnership arrangements and was being seriously considered for the future. UBRAF does not discuss partnerships of Individual Cosponsors,

[73] UBRAF p.27.
[74] Global Review Panel Reports, pp.31–33. 2017.

for example UNDP as principal recipient for Global Fund grants, WHO's memorandum of understanding with the Global Fund, or UNAIDS Secretariat's contract under PEPFAR to support strategic information.

67. At country level, Global Fund presence is less and the Joint Programme usually more involved in providing technical and normative support. UN agencies are represented in governance and technical platforms, such as Country Coordination Mechanisms that support planning and oversee Global Fund grant implementation.

> *"Interesting contrast to Global Fund who focuses on human rights as a strategic objective. This equivalent isn't seen on the side of UNAIDS." (KII, NGO)*
>
> *"The real contribution of the Joint Programme is to move outside the concentrated areas, i.e. countries where the Global Fund & PEPFAR already are." (KII, Cosponsor)*

68. **Finding 3.5: Global Fund and PEPFAR involvement in Joint Programme planning is mostly indirect**. US government is the largest donor of the Joint Programme (and of several Cosponsors) and is represented in the PCB. As a consequence, the interests of PEPFAR, the US Government HIV programme, are represented in both UNAIDS Strategy and UBRAF. Global Fund and UNAIDS are engaged in a formal strategic partnership, and have several common donors and board members, including civil society representatives. It was not clear if and how instrumental Global Fund HIV technical staff were in contributing to the development of the UNAIDS Strategy and UBRAF (some certainly mentioned reviewing these products) but they were aware of and refer to the UNAIDS Strategy and Fast-Track targets on a regular basis. Country case studies indicate that at country level, PEPFAR and Global Fund representatives are not directly involved in joint UN team planning. Nevertheless, both PEPFAR and Global Fund are large donors of national responses, and therefore indirectly determine the need and opportunities for the UN to support the national response, for example by addressing gaps or supporting planning and implementation of GF-funded programmes.

69. **Finding 3.6: The UNAIDS division of labour adequately reflects the roles and mandates of Cosponsors and Secretariat, but it is political and continuously debated.** The UBRAF contains a division of labour designed to be a flexible instrument that maximises Cosponsors' comparative advantages and that can be adapted based on individual country circumstances.[75] The division of labour (dating from 2010) was updated in 2018 at the recommendation of the PCB working group (in charge of finalising the UBRAF accountability component) and the Global Review Panel, to reflect the SDGs and Fast-Track commitments, and take account of regional and country-level collaboration. The revised division of labour describes 15 response areas and Cosponsor responsibilities in those areas. The evaluation found that most stakeholders agree that the division of labour is necessary and useful, but that in practice a certain amount of overlap and competition continues (see also chapter 2 on implementing the partnership).

> *"There's a real issue about who's supposed to be doing what. Everybody has their own thing and sharing is probably the biggest issue, because there's a lot of competition between all the UN agencies that are involved, 'This is my little niche and I'm holding onto it'." (KII, Donor)*
>
> *"UBRAF's is a crude tool, but it at least stops some overlap at the margins, and it does incentivise each UN agency to at least try and have some coherence about how it's contributing to the overarching contribution. Many confounders in it all, I think it's a difficult mechanism to use." (KII, NGO)*

70. At regional and country level, roles and responsibilities are determined by field realities. At country level, the division of labour provides useful guidance to Joint Teams, but a challenge is that some Cosponsors are absent in certain countries. In practice, the UCO fills such gaps, at the risk of being challenged. Roles and responsibilities reflect the global division of labour, but also the availability of HIV expertise, non- core resources and HIV programmes. As such, while it may be broadly appreciated that there needs to be some flexibilities in how roles are interpreted at country level between Cosponsors, instances of tension and misunderstandings, nevertheless, exist.

71. **Finding 3.7: The role of the Secretariat vis-à-vis Cosponsors at all levels has been contentious and precarious from the early days of the Joint Programme. Incompatible demands from PCB (member states and NGOs) and Cosponsors leave the Secretariat in a difficult position.** The UBRAF specifies five core functions for the UNAIDS Secretariat: leadership and advocacy, partnership, strategic

[75] Global Review Panel report, p.29, 2017.

information, country-level coordination and accountability.[76] Stakeholders generally appreciate the Secretariat's role in strategic information, global advocacy as well as for country-level coordination. The Global Review Panel found that there has been a continuous cycle of Secretariat expansion and Cosponsor retreat, which is confirmed by key informants. UNAIDS senior staff mention that while the PCB generally enables UNAIDS Secretariat to be ambitious and develop initiatives, the CCO tends to be more apprehensive and prefers the Secretariat to remain focused. Cosponsor representatives are concerned about mission creep by the Secretariat, challenge the resource allocation to the Secretariat vis-à-vis Cosponsors, and advocate for a smaller Secretariat, especially at headquarters. On the other hand, at country level (and occasionally at regional level) the Secretariat occasionally has to fill gaps left by Cosponsors' lack of HIV experts or resources, further exposing them to accusations of overstepping its mandate.

72. **Finding 3.8: The UNAIDS Strategy and UBRAF are based on guiding principles of the UN and the sustainable development agenda.** The UNAIDS Strategy links the AIDS response to the 2030 Agenda for Sustainable Development in two directions, recognising the epidemic cannot be ended without addressing the determinants of health and vulnerability, and the holistic needs of affected people, but also that lessons learned from the multisectoral, multi-stakeholder AIDS response are key to progress across the SDGs.[77] The UBRAF also reflects the guiding principles of addressing inequalities and respect for human rights under several strategic result areas. For example, how *"gains in expanding access to HIV services are not equitably shared, and closing these access gaps will be essential",* and how *"stigma, discrimination and other human rights violations [are] increasing risk and vulnerability and deterring many people from seeking or obtaining essential services"*.[78]

73. **Finding 3.9: The Joint Programme is considered to be an example of UN reform, and achieves UN reform objectives best at country level, less so at global level.** Current UN development system reform has six objectives: (a) a new generation of UN country teams; (b) reinvigorated role of the resident coordinator system; (c) revamped regional approach and collaboration; (d) oversight and accountability for system-wide results; (e) improved funding; and, (f) repositioning of the UN development system at the global, regional and country levels towards SDG achievement.[79]

74. The UNAIDS Strategy introduces the Joint Programme and UBRAF as models in line with UN reform, to maximise the impact of the HIV-related resources of the UN, delivering as one.[80] The UBRAF cites ECOSOC in calling the Joint Programme a useful example of UN reform, and how UNAIDS supports a 'One UN'. In line with UN reform aims, UBRAF provides a UN system-wide accountability framework, linked with the SDGs and reflecting system-wide HIV resources; a division of labour, and description how Joint UN Teams coordinate support at global, regional and country level.[81] The role of the resident coordinator system and joint resource mobilisation, other aspects of UN reform, get little attention in the UBRAF.

75. External reviews confirm the potential of the Joint Programme in the context of UN reform. The Global Review Panel credits the Joint Programme as a front runner in UN reform[82] and recommended a strong coordination function at all levels. The MOPAN review credits the UNAIDS Strategy to be the first strategic plan in the UN system explicitly linked to the SDGs and to commitments in the Quadrennial Comprehensive Policy Review. The recent Joint Inspection Unit (JIU) review recognises the potential on paper but also the challenges in implementation, and calls for lessons to be learnt. Important lessons relate to: (1) focusing on country priorities; (2) interagency collaboration; and (3) financial/allocation accountability and joint resource mobilisation.[83] The JIU recognises positive attributes at country level, especially high-burden countries (including Joint UN Teams and fast-track envelope allocation), but also gaps and tensions at the global level (division of labour, resource mobilisation and allocation).[84] Key informants endorse the view that the Joint Programme achieves UN reform objectives best at country level.[85]

> *"The Joint Programme is repeatedly held up as a model and inspiration for what UN Reform should be and look like on the ground. However, it has worked better in- country teams than with HQ". (survey comment)*

[76] UBRAF, result framework.
[77] UNAIDS Strategy p.25, UNAIDS, 2015.
[78] UBRAF, p.15 TOC for SRA 6, as an example that the UBRAF recognises HR.
[79] Review of the Management and Administration of the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2019 https://www.unjiu.org/sites/www.unjiu.org/files/jiu_rep_2019_7_english.pdf.
[80] UNAIDS Strategy p.83, 2015.
[81] UBRAF, p.23, explanation of one of the specific roles of UNAIDS Sec. – actually the ECOSOC resolution states "that the Joint Programme offers" a useful example, to be considered, as appropriate, as a way to enhance strategic coherence, coordination, results-based focus and country-level impact, based on national contexts and priorities.
[82] Global Review Panel report, epilogue p.40, 2017.
[83] Joint Inspection Unit report, 2019.
[84] Joint Inspection Unit report, 2019.
[85] External and UNAIDS respondents agree that the Joint Programme is ahead of the curve in terms of UN reform and joint working.

Human rights-based approach – lessons from country visits[86]

Morocco – transition of human rights-based interventions beyond Global Fund support.

A challenge for the UN Joint Programme in Morocco is to fill the gap when the Global Fund ceases to fund NGOs to deliver services to key populations. In Morocco, male-to-male sex, sex work and drug use are criminalised and key populations stigmatised by culture. Yet, the MoH collaborates with NGOs targeting these populations, relying on KP networks and coalitions that are funded by the Global Fund. Once the grant ends, this situation is at risk. So far, the UCO and Joint Team have been important and supportive to both government and civil society, for example in developing the 'National Strategy on Human Rights and HIV/AIDS', legal reform, harm reduction in prisons (with UNODC), police and judiciary sensitisation on sex work, sensitisation of Muslim leaders on HIV (UNFPA), and support for NGOs to change laws related to child marriage (UN Women). The UN Joint Programme may need to step up support to both government and civil society to ensure sustainability of key population services: advocate with the government to make general health services accessible, and in the meantime support CBOs to continue peer-led services and sensitise service providers.

Myanmar – human rights intersectionalities

In Myanmar, there are human rights challenges for key populations and deep-seated stigma and discrimination against PLHIV; but there are also human rights challenges around longstanding ethnic conflicts. There is overlap between these two areas: the UBRAF indicators about HIV services for people affected by emergencies and internally displaced people remain largely unmet. Discussing human rights is difficult, and the UN Joint Programme needs to position itself carefully with the Government. Yet, the UN system is recognised to be on the forefront on addressing human rights. Key informants see some UN agencies, e.g. UNDP, initiating a difficult dialogue about human rights and ethnic relations. And UN agencies primarily involved in HIV, which are seen by the Government as "neutral" technical assistance providers, use this position to discuss rights-based approaches. That said, some stakeholders argue that the UN Joint Programme can do more, they should not only discuss HIV related rights, but focus more broadly on right to heath, including barriers to access for ethnic minorities.

4.2 Workstream 2: 'The right ways'

76. This workstream focuses on the way *the UBRAF is being operationalised through the Joint Programme* and on the extent to which the Joint Programme: (a) brings coherence and synergy to the efforts of UNAIDS' Cosponsors and Secretariat and those of other stakeholders; (b) ensures more meaningful and measurable involvement of communities, civil society, people living with HIV (PLHIV), and key populations; and (c) provides an adequate framework against which budgetary allocations are made and performance of the Joint Programme is monitored in an accurate and timely fashion. As with Workstream 1, the findings presented in the section below are based on a range of data sources and the data collection and analytical approaches described above and in the evaluation framework. A rating of the strength of evidence is presented next to the high-level finding in response to each evaluation question.

[86] The 12 country visits were used to explore lessons learnt on six cross-cutting evaluation issues: gender mainstreaming, human rights, community involvement, resource leverage, UN partnership and UN delivering as one.

Hypothesis 4. The Joint Programme enhances synergies between Cosponsors', Secretariat and partner responses at global, regional and country level

The Joint Programme enhances synergies between Cosponsors, Secretariat and partner responses at global, regional and country level	Strength of evidence
4.1. Many external stakeholders at the country level did not know what UBRAF as an acronym meant nor its purpose	
4.2. Overall, the Joint Programme appears to be adequately interacting with its external partners with some noting specific helpful initiatives and others noting that there is still room for improvement. Most respondents did not specify whether this cooperation differed between the global/HQ, regional, and country levels.	
4.3. The relationships and level of collaboration across the Joint Programme are under stress at the global level.	
4.4. Collaboration of the Joint Programme at country level both internally and externally is reported to be generally working well.	
4.5. While Joint Programme informants reported good knowledge of the UBRAF and how it had responded to the overall UN objectives, many flagged that the prominence of HIV within some UNDAFs/UNSDCFs has decreased.	
Evaluation questions ➢ How has the Joint Programme worked with the other major stakeholders at global, regional and country level? ➢ To what extent have partnership mechanisms been effectively used to ensure the delivery of the Joint Programme's goals (within recognised resource constraints)? ➢ What is the relationship between UBRAF and the UNSDCF, and how are they used at country level?[87]	

77. **Finding 4.1: Many external stakeholders at the country level did not know what UBRAF as an acronym meant nor its purpose.** From KIIs and country case studies, the evaluation found that while external partners are generally aware that the UN system uses framing documents such as UBRAF and UNSDCF, they had little knowledge about their specific contents, including goals and objectives and how they were utilised for programming.[88] This was particularly notable among civil society organisations and some external development partners.

78. **Finding 4.2: Overall, the Joint Programme appears to be adequately interacting with its external partners with some noting specific helpful initiatives and others noting that there is still room for improvement. Most respondents did not specify whether this cooperation differed between the global/HQ, regional, and country levels.** There is broad consensus among external stakeholders interviewed that the Joint Programme has positioned itself well as a provider of technical assistance, normative guidance, advocacy for HIV/AIDS efforts, and as an information hub in its work with other HIV/AIDS domestic and external partners. Examples are formal cooperative agreements between US Centers for Disease Control (CDC) and UNAIDS, and between the Global Fund and WHO to provide technical assistance to member states. A number of external KII stakeholders pointed to launch of the 'HIV Situation Room' as a positive development in the ability of the Joint Programme to partner with other major stakeholders.[89] Some of the participants in the HIV Situation Room include, for example, UNAIDS, WHO, PEPFAR, and the Global Fund. The HIV Situation Room was noted for being particularly useful in examining GF grants for implementation bottlenecks and providing technical assistance to identified issues; however, stakeholders noted that there was still room for improvement in providing coordinated technical assistance. KIIs also noted that formal external partnership mechanisms were limited to only a sub-set of Joint Programme Cosponsors (e.g. GF MoUs with UNICEF, UNFPA, UNAIDS, WHO, etc., PEPFAR agreements with UNAIDS) and that, perhaps, while formal agreements are not needed with all Cosponsors, this may have narrowed the scope for interaction.

> *"The Joint Programme plays a catalytic role beside the other big sources of funding." (Survey respondent)*

[87] In the evaluation matrix, this evaluation question was originally placed under hypothesis 3.
[88] It is important to flag that he UNSDCF is being introduced at the country level to replace the UNDAFs as the overall planning and monitoring framework for the UN system; UNSCDFs are yet to be introduced in many countries, and may therefore not be known.
[89] The situation room is an agreement between the Global Fund to Fight AIDS, Tuberculosis and Malaria (the 'Global Fund') and the World Health Organization ('WHO') regarding the provision by WHO of technical assistance to applicants to the Global Fund prior to the submission of their respective concept notes for financing by the Global Fund (2014 Cooperation Agreement text).

79. As noted in Table 3 below,[90] survey evidence points to the Joint Programme working primarily either adequately or very well with partners; however, the survey did not differentiate between geographic levels. Evidence from the country case studies suggests that there is a good level of interaction with external partners, mostly at country level. Of note from the survey is that there was a slightly bigger percentage of external respondents who believed that the partnership work had been inadequate, while more than 5% of internal respondents, in comparison to external stakeholders, who believed the Joint Programme had worked "very well" with other major stakeholders. For both internal and external stakeholders, nearly 20% of each type of respondent believed that the interaction had been inadequate or somewhat inadequate while approximately two-thirds believed it has been adequate or done very well. Additionally, within the UNAIDS Secretariat there is now a specific team tasked with managing relationships with major external stakeholders (primarily PEPFAR and the GF) and, according to some informants, this has improved coordination significantly across the Joint Programme.

Table 3: How well has the Joint Programme worked with the other major stakeholders (e.g. the Global Fund, PEPFAR, etc.)?

Answer choices	Responses internal stakeholders[1]	Responses external stakeholders[2]	Difference (Internal – external)
Inadequately	3.1%	5.2%	-2.1%
Somewhat	15.5%	14.8%	.7%
Adequately	40.2%	40.0%	.2%
Very well	30.7%	24.5%	6.2%
Don't know	10.6%	15.5%	-4.9%
Number of	388	522	

[1] Respondents from the UNAIDS Secretariat and UNAIDS Cosponsors

[2] Respondents from Donor organisations, International NGOs, National NGOs, Community-based organisations, National and local governments, Other

80. Of specific concern among many KIIs, was the need for greater transparency and accountability from the Joint Programme in its interaction with partners with some noting that the diffusion of accountability for reporting results and use of funds undermines confidence in the coherence and holistic approach of the Joint Programme. A few cited as an enhanced partnership model Gavi's Partnership Engagement Framework in which funds from Gavi are tied to obligations in terms of behaviours and actions of the Gavi alliance members. Further, as part of the Gavi model, there is a committee including donors and recipient countries who monitor the performance of agencies against the partnership. KIIs noted that this is missing in the Joint Programme's model and its interaction with its partners.

81. **Finding 4.3: The relationships and level of collaboration across the Joint Programme are under stress at global level and Finding 4.4: Collaboration of the Joint Programme at country level both internally and externally is reported to be generally working well.** As mentioned under 'the right things' above, the UBRAF seeks to maximise the effectiveness of the UN resources through a division of labour between and among the Cosponsors and Secretariat, based on comparative advantage.[91] The division of labour is seen as a good starting point, but many stakeholders note that it does not necessarily translate into actions at the country level with some KIIs also noting that the Secretariat routinely extends its role into other Cosponsor responsibilities, including presenting itself as an implementer. However, this observation was balanced by the fact that not all Cosponsors have presence in all countries or even if they do have presence, they may not have sufficient resources or capacity to engage in HIV. Thus, the default lead becomes the Secretariat. Finally, while several examples were provided on Cosponsors working together to, for example, provide guidance on working with certain key populations, these examples were countered by examples of delays in implementation because of the need to get consensus of even minute details (e.g. dates for technical support, agreement on ToRs, etc.).

> *"Sometimes you feel like there's a lot of competition between all the agencies that are involved… and what they don't do is use the money to drive change." (KII, Donor)*

[90] This question was answered by all respondents, including: UNAIDS (82), Cosponsors (306), Donors & Development partners (70) National or Local Government (156), International NGOs (70), National NGO/CSOs (145), Others (81)

[91] UNAIDS 2016–2021 Strategy, UNAIDS, 2015.

82. Secretariat strengths noted by KIIs include its role in strategic information (monitoring implementation progress and using this as a basis for coordinating technical support);[92] planning both at the headquarters and country level; its ability to address broader issues around HIV; and providing unified, policy guidance. However, some KIIs noted that many of these actions were reactive rather than proactive, again; resulting in delays in, for example, the provision of technical assistance. Further, several KIIs had serious concerns about the Secretariat's (previous) leadership and general technical capacity, and how resources are allocated between HQ and country levels.

> *"The current structure of the Joint Programme might not be the most effective or efficient. The Joint Programme, therefore, needs to scale significantly down the massive coordination structure that was created at the height of the AIDS epidemic and replace it with a leaner structure that is more fit for purpose…" (Survey respondent)*

83. Many stakeholders (both internal and external) also noted that the relationship between the Cosponsors and the Secretariat, at least at the HQ level, had deteriorated in recent years and, in some cases, this has translated into suboptimal external relationships. This issue has also been noted in other reviews.[93] Some of the reasons given for this poor interaction included territoriality around technical issues, lack of transparency both in terms of programming and financing, and that there is a notable disconnect between the Secretariat and the Cosponsors (versus being perceived as a Joint Programme). Indeed, one key informant noted that many organisations do not interact with the Joint Programme as such, but rather as UNAIDS and its Cosponsors as individual 'organisations'. Many external KIIs were unsure of the value-added of a Joint Programme – particularly at the global level over and above the sole contributions of the Cosponsors, and the lack of 'co-ownership' by the Cosponsors of the Joint Programme has also been previously noted in other reviews.[94]

> *"Good will is needed to make it work." (KII, UNAIDS)*

84. At the country level, the Joint UN Team on AIDS (Joint Team)[95] meeting is the primary mechanism for ensuring partnerships are utilised and can be effective when there is consistent attendance. The introduction of the country envelope, per country-level stakeholders and key informants, has reinforced the effectiveness of the Joint Team meetings for planning and budgeting.

Case study - UBRAF to guide planning and ensure the right mix of actions – South Africa

Cosponsors acknowledge that in the early days, UBRAF was a vehicle to obtain funding (and getting the most out of it). Joint planning, largely meant grouping together and reflecting the priorities and related actions of individual Cosponsors. During the 2020–21 planning round, true joint planning became more prominent, including consultations with government and others. There seems to be a change in thinking that money is not the most important, but planning and working together is even more important, as that will be crucial in the future with UN funding becoming less.

The lesson learnt by the South Africa Joint UN Team is that as much as UN organisations want to work together, the need for resources and allocation of limited funding are important impediments to collaboration. UBRAF should focus even more on joint planning than the division of the country envelope.

85. **Finding 4.5: While Joint Programme informants reported good knowledge of the UBRAF and how it had responded to the overall UN objectives, many flagged that the prominence of HIV within some UNDAFs/UNSDCFs has decreased.** The results of the survey showed that approximately 74% of respondents thought that the Joint Programme had responded either adequately or very well to the priorities identified in the UNSDCF (formerly UNDAF) in the country/region in which they worked (387 respondents).[96,97] On the other hand, there is less understanding of the links between UNSDCF and UBRAF among non-UN partners. Further, as noted by a few external KIIs more familiar with the UBRAF,

[92] The UNAIDS Secretariat role in role in strategic information was almost universally acknowledged as extremely valued, but particularly bilateral donors.
[93] Joint Inspection Unit report, 2019.
[94] Joint Inspection Unit report, 2019.
[95] Also known as JUNTA - Joint UN Team on AIDS.
[96] This question was answered by respondents from UNAIDS (81) and Cosponsors (306).
[97] One notable difference is that there was a slight variation between how UNAIDS Secretariat staff responded versus Cosponsors at the ends of the scale. While both groups overwhelmingly noted that the Joint Programme had responded adequately to the UNDAF/UNSCDF, Cosponsors were more than twice as likely to state the response had been either inadequate or somewhat inadequate (approximately 14%) than UNAIDS staff (approximately 7%) while UNAIDS staff were approximately 10% more likely than Cosponsors to say that the response had been "Very Well" (approximately 40% and 30% respectively).

as funding for HIV efforts has been reduced, the prominence of HIV within some UNSDCFs has decreased and HIV has been incorporated into broader programmes.

Mobilisation and leveraging of resources – lessons from country visits[98]

Ukraine – envelope funding leveraging additional funding

In Ukraine, envelope funding for eMTCT enabled additional resources from PEPFAR and Global Fund for this national programme. At the request of the Ukraine MoH, validation on eMTCT was included in the Joint Programme as an activity of WHO, UNICEF and UCO (50% of the country envelope). Cosponsors and UCO helped develop roadmaps for eMTCT of HIV, but a barrier to validation was that HIV testing kits for pregnant women were not purchased. To enable validation, US CDC was found willing to finance HIV tests for 2020.

Nigeria – leveraging additional resources with envelope funding

In Nigeria, the Joint Programme used envelope funding to leverage resources for the national programme as well as additional funding for Cosponsors. Cosponsor advocacy resulted in several government declarations to fund HIV services, some of which materialised. The UN Joint Team supported successful grant proposals to the Global Fund with a mission of global experts, and WHO chairs the Resource Mobilization Committee of the CCM. Cosponsors also leveraged resources for their own programmes: UNODC and UN Women obtained EU and World Bank funds for SRH programmes such as SPOTLIGHT and Saving One Million Lives, and UNDP manages a Global Fund which supported regional Lesbian, Gay, Bisexual, and Transgender (LGBT) human rights programmes.

Iran – Sustainability of UN support through a handover strategy

In middle-income countries like Iran, a strategy to hand over UN-supported projects to domestic funding is a way to transition ownership of projects to national counterparts in a smooth manner. UNAIDS initiated 'Positive Clubs' under the protection of the MoH counterpart with Global Fund financing. To prepare for the end of external funding, UCO developed an exit strategy plan in 2015 for handing over the Positive Clubs to the government gradually. As of 2020, the National AIDS Programme has already taken over administration of 11 Positive Clubs. Similarly, UNICEF and the Ministry of Health and Medical Education started working from 2016 to institutionalise 'Adolescent Well-being Clubs' into the national HIV prevention programme. By May 2020, UNICEF will have phased out and handed over the operation of the existing seven clubs. The lesson from Iran is that handover strategies need to be built into Joint Programme supported (pilot) projects, not only for financial sustainability of the services, but to institutionalise and scale up UN-supported innovation.

Kazakhstan – Strict priority setting for UBRAF envelope funding helps achieve strategic objectives

UBRAF envelope funding allowed UNAIDS in Kazakhstan to increase the focus of Cosponsors on AIDS. Previously, priorities were set by Cosponsor regional offices; starting in 2018 there has been an active in-country dialogue, and priorities are identified by the UN Joint Team. For the latest envelope, an independent committee chaired by the UNAIDS Country Director with representatives of government, civil society, GFATM Project Implementation Unit, and UNDP, reviewed Cosponsor proposals. According to UCO, this approach ensured better quality of proposals and prioritised the Joint Programme work towards UNAIDS strategic goals. For example, in the 2020–2021 UBRAF budget there is a clear emphasis on MSM, a population in which HIV prevalence rates increase.

[98] The 12 country visits were used to explore lessons learnt on six cross-cutting evaluation issues: gender mainstreaming, human rights, community involvement, resource leverage, UN partnership and UN delivering as one.

Hypothesis 5: The Joint Programme ensures greater and meaningful involvement of people living with, at risk of and affected by HIV in the AIDS response

The Joint Programme ensures greater and meaningful involvement of people living with, at risk of and affected by HIV in the AIDS response	Strength of evidence
5.1. The UNAIDS 2016–2021 strategy notes that strong civil society engagement is critical to implementation and the overall governance structure ensures civil society engagement in global planning and decision making.	
5.2. At the global level there is an intensive effort to engage with civil society networks to support global policy development, while at the country level, UNAIDS plays a critical role as a broker bringing together civil society and other sectors.	
5.3. There continues to be a degree of discontent among some stakeholders about the quality and level of CSO and community involvement – particularly at the country level.	
5.4. UNAIDS and UBRAF has replaced language on 'greater and meaningful involvement of people infected and affected by AIDS' (GIP/MIPA) with 'greater involvement of civil society (and funding for civil society organisations), which reflects assumptions on	
Evaluation questions ➢ How do Cosponsors and UNAIDS Secretariat engage communities and civil society in the Joint UN Programme? ➢ How does the Joint Programme support community and civil society involvement in national HIV responses and in global policy development? ➢ How does UBRAF monitor and evaluate community and civil society involvement (disaggregated for various key populations)?	

86. **Finding 5.1: The UNAIDS 2016–2021 strategy notes that strong civil society engagement is critical to implementation and the overall governance structure ensures civil society engagement in global planning and** decision **making; and Finding 5.2: At the global level there is an intensive effort to engage with civil society** networks **to support global policy development, while at the country level, UNAIDS plays a critical role as a broker bringing together civil society and other sectors.**

87. There is clear recognition at the global level across the Joint Programme of the importance of civil society, including networks of PLHIV, young people and key populations, to occupy a leadership role in the response and play a critical role in holding decision-makers to account and demanding political leadership ('the eyes and ears of the AIDS response') and to contribute ensuring that services are effective, sustainable and relevant.[99]

88. This said, the way the actual level of community involvement has been reported through UBRAF has historically not been adequate to systematically monitor and account for Joint Programme investment in civil society involvement. Civil society involvement has mainly been reported in the narrative sections of the Joint Programme Monitoring System (JPMS) and four UBRAF indicator questions with 'Yes' or 'No' responses.[100,101] The recent, (2019) roll out of the of the civil society engagement marker (CSM) which will be assigned to each deliverable in the Joint Plan to rate the level of civil society / community involvement is promising improvement on this but it is too early to assess the effectiveness of the CSM in monitoring community and civil society involvement.[102]

[99] UNAIDS Strategy 2016–2021 'On the Fast Track to end AIDS', p.16.
[100] The 2016–2021 UBRAF indicates that "…for each result area, indicators include measurement of investment in and engagement of civil society and key population groups in the HIV response at country level – as plausible results of Joint Programme efforts. These specific measurements were developed through a process involving representatives of civil society. Additional information on the role of the Joint Programme in strengthening of civil society at country level will be collected through narrative/qualitative reports" (2016–2021 Unified Budget, Results and Accountability Framework, p.42).
[101] The indicators and corresponding questions are: Indicator 2.1 Percentage of countries implementing latest eMTCT guidance
Question 4. Networks of women, including of women living with HIV, are engaged in eMTCT strategy development and service implementation (yes, no)
Indicator 3.1: Percentage of countries with combination prevention programmes in place
Question 3. Young women are engaged in HIV prevention strategy development and service implementation (yes, no)
Indicator 4.1: Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies
Question 3. Key populations are engaged in HIV strategy/programming and service delivery: MSM (yes, no)
Sex workers (yes, no)
Indicator S2b: The UNAIDS Secretariat mobilised financial resources to support civil society action.
[102] It should be noted that it is unlikely that it will provide a straightforward measurement, as no clear benchmarks are set against which to compare.

89. At the country level, the Joint Programme, in particular UCOs, plays a critical role:

- As a broker bringing together civil society and enabling them to engage meaningfully with other sectors.
- Ensuring KP involvement in the development of national implementation tools and guidance focusing on key populations.
- Setting up or strengthening key population groups to enable them to work more sustainably as part of the national response.
- Supporting innovation.

90. At a country level, UNAIDS country teams have acted as the broker mobilising the UN Joint Team and all partners and sectors for inclusive country dialogue, with meaningful participation of civil society, to support the development of NSPs, national funding application development[103] and other Global Fund country processes.[104] It has also brokered engagement between government and civil society to fill vital gaps in implementation.[105] The Joint Programme has supported the collaboration of KP groups in the assessment and development of technical guidance, developing new guidelines,[106] or amending existing national protocols or implementation guides to include a focus on key population groups,[107] resulting in better integration and implementation of key population responses. The Joint Programme has been involved in the set-up of new networks to work on their population's behalf,[108] worked to strengthen existing networks,[109] and provided support to bring networks together to ensure a more amplified voice.[110] In one case, this support to networks resulted in mobilising significant resources from the Global Fund.[111] There is also some evidence of the Joint Programme working with civil society groups to implement more innovative solutions, using trial projects[112] or new monitoring mechanisms more aligned to KP requirements.[113] Some JPMS reports note that opportunities for meaningful involvement have been missed,[114] and that capacity of PLHIV and civil society for meaningful participation in the AIDS response in some countries is limited, but do not include recommendations for how to address this.[115]

[103] Example: In Morocco, UNAIDS supported Moroccan CSOs in the preparation of an action plan within the MENA multicounty grant on "sustainability of services for KPs". The proposal was accepted by GF. (Source JPMS 2018).
[104] Multiple examples for support to Global Fund Country Coordinating Mechanisms, which stipulate the involvement of KP groups and civil society in JPMS reports.
[105] In Papua New Guinea, the UN Joint Team on AIDS supported civil society partners to lobby the Government to fulfil long overdue treatment procurement commitments. This resulted in a Government order through UNICEF for USD 1.3m of ARV and OI drugs.
[106] In Ukraine, UNFPA supported the development of national guidelines on provision of health services to GBV survivors and supported the All-Ukrainian Network of People Living with HIV to develop an electronic training course on HIV for family doctors to strengthen their capacity to provide HIV-related services. (Source: JPMS country reports 2018).
[107] In Jamaica, the Joint Programme forged a collaboration between government bodies and civil society to develop modules for programme development of the Sex Worker Implementation Tool (SWIT) and the Trans Implementation Tool (TransIT), while in Ukraine UN Women facilitated engagement and contribution of the network of women living with HIV to develop gender-responsive recommendations for the National AIDS Programme.
[108] In Indonesia, UNODC supported the establishment of the network of Indonesian Women Who Use Drugs.
[109] In Nigeria, UNAIDS provided technical assistance to review and strengthen the governance architecture of the Key population Secretariat and Core Group, for an enhanced representation and advocacy for its community members.
[110] In Papua New Guinea, UNAIDS created a Community Advocacy Adviser position to work with key populations groups in the creation of a coalition.
[111] In Nigeria, the technical assistance provided resulted in the Global Fund investing over $100,000 into organisational strengthening community mobilisation and protection of the human rights of KPs. (Source: JPMS Reports 2018).
[112] In Papua New Guinea, UNAIDS provided technical assistance for two non-government organisations to trial a new HIV prevention enhanced outreach methodology. (Source: JPMS country reports 2018).
[113] In Indonesia, UNDP supported the development of Community Based Monitoring Feedback (CBMF) Mechanism for TB and HIV (Source: JPMS country reports 2018).
[114] The JPMS report from South Africa noted that there was limited engagement of CSO and PWID in development and evaluation of national response to drug use and HIV. (2018).
[115] For example: JPMS Guyana, 2018.

Case study - Ensuring active and meaningful participation by key populations in the development of the current National Strategic Plan - Myanmar

The laws and policies within Myanmar have historically been substantially punitive toward key populations (e.g. prostitution laws, sodomy laws, drug possession laws) and it is only through the combined efforts of the UN agencies, primarily UCO, UNODC and WHO, with support from other development partners, that there has been some limited progress.

The UN had to navigate carefully between working closely with national programmes and with civil society as these two sets of stakeholders may have goals which are in opposition to each other. In Myanmar, for the most part, the Joint Programme has been able to successfully broker compromises. The Joint Programme needs to ensure that it is seen as a strong advocate for civil society organisation engagement with a harmonised approach across agencies, and work with CSOs on capacity, even with declining support. In Myanmar, the Joint Programme work with civil society was positively noted by almost all stakeholders, although some CSOs expressed disappointment that, despite capacity building, the majority of funding resulting from proposals after the NSP development goes to international NGOs (INGOs).

91. **Finding 5.3: There continues to be a degree of discontent among some stakeholders about the quality and level of CSO and community involvement – particularly at the country level.** A number of KIs interviewed articulated mixed assessment of the Joint Programme's level of community involvement at the country level, with many saying the approach was too ad hoc and not aligned with the level of engagement across the Joint Programme at the global level.

> *"At [the] global level there is an intensive effort to engage with global networks of CSOs. However, there is not the same emphasis on each of the regional and country work." (KII)*

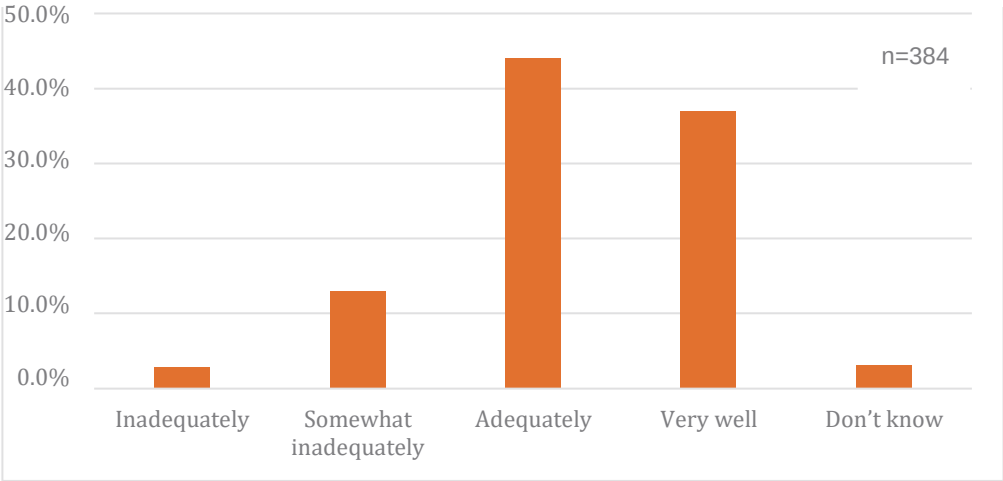
92. The wide variation in the degree to which different Cosponsors engaged civil society was also highlighted by a number of the case studies with several KIs noting that engagement levels were dependent on individual organisations and significantly dependent on the skills and personalities within UN country offices and the closeness of the relationship a particular Cosponsor has with the government.[116]

93. In addition in the survey, while 37% of respondents noted that the Joint Programme has promoted the involvement of communities and civil society in the HIV response well (with 44% saying adequately), there were a significant number of free text comments highlighting concerns that noted that the Joint Programme should consult more with civil society and key populations in particular. The full response is given in Figure 11 below.[117]

[116] Nine KIIs discussed the degree of happiness/discontent about the level and quality of CSO involvement. Six KIIs considered that the level of engagement was too low, and 4 of them consider it to be particularly low at country level. Two KIIs (both external) felt that the involvement of CSO is not particularly low considering the lack of resources given to it. One KII (external) thinks that there is a high level of CSO engagement at the global level.

[117] This question was answered by respondents from UNAIDS (83) and Cosponsors (301).

Figure 11: How well has the Joint Programme has promoted the involvement of communities and civil society in the HIV response?



Participation and inclusion in planning and implementation – lessons from country visits on sustaining CSO involvement[118]

Morocco – sustaining community involvement post Global Fund transition

A lesson from Morocco, facing transition from Global Fund support, is that the when the Global Fund CCM comes to an end, so will the only platform for community and CSO involvement in the national response. The UCO is member of the CCM and provides its community members with support for preparing project proposals and implementing projects. In this way, PWID were included in Global Fund proposals and subsequently in the National AIDS Strategy. The CCM is an important platform to facilitate participation and inclusion of PLHIV and KP (as members of CSOs applying for GF funding) at proposal planning, implementation and decision making. 40% of CCM members are NGOs (the chair is an NGO member) and 10 CCM members represent key populations. Moroccan key informants fear that once Global Fund funding will end, the CCM will disappear, and recommend that the CCM continue as an NGO or ministerial committee. Recognising the key leading, supporting and advocating roles of the UCO, they also recommend that the UN system, i.e. relevant UNAIDS Cosponsors and UCO must play an even more important role, not only providing support and training to manage the new entity, but being a facilitator of its members, providing access to quality technical assistance, and bringing innovation to programmes and projects contributing to the national response to HIV/AIDS.

Kazakhstan – promoting social contracting for key population-specific services

A lesson from Kazakhstan is that even where government provides strong leadership and funding, high levels of stigma and discrimination of KPs and a low level of capacity among NGOs, prevent access to hard-to-reach KPs. Kazakhstan is an upper middle-income country and the government finances 92% of the overall HIV-related expenditures, but has limited success in reaching MSM and PWID, the key vulnerable populations. Prevention and HIV case detection is through 'HIV service organisations', a minority of whom receive government funding and only a few of those work directly with key populations. Social contracting procedures discourage most NGOs from applying because they are complex and require a bidding and registration fee, CBO legal registration, and initial prepayment of services. As a result, HIV prevention work is carried out mainly through government-owned facilities. UNAIDS has supported public hearings to promote social contracting among NGOs. To ensure funding for KP-related service that are needs based, The Joint UN Team on AIDS could also promote the role of CBOs and NGOs in the HIV response, facilitate alternative mechanisms of state funding to NGOs, and support capacity building of KP CBOs.

[118] The 12 country visits were used to explore lessons learnt on six cross-cutting evaluation issues: gender mainstreaming, human rights, community involvement, resource leverage, UN partnership and UN delivering as one.

Jamaica – How can the UN support civil society organisations for sustainability?

A lesson from Jamaica is that UN Joint Programme support for NGOs requires a thoughtful approach to financial and organisational support in order to be effective. The UN Joint Programme supported 'Eve for Life', an NGO fighting gender-based violence in Jamaica, with catalytic funds to develop a strategic plan and mobilise resources from government and private sector partnerships. Once this catalytic funding ended, the NGO struggled to maintain their services. It was believed that the UN should have facilitated funding from the Global Fund or PEPFAR to ensure services could continue, a finding reflected by KIIs with Cosponsors who believed that UN agencies typically form innovative partnerships, while struggling to sustain them, and that UBRAF has not changed this, leaving small NGOs, and their beneficiaries, vulnerable.

94. **Finding 5.4: UNAIDS and UBRAF has replaced language on 'greater and meaningful involvement of people infected and affected by AIDS' (GIP/MIPA) with 'greater involvement of civil society (and funding for civil society organisations), which reflects assumptions on representativeness and governance**.[119] When discussing primary beneficiaries and their needs, UBRAF and UNAIDS Strategy use terms like key populations, marginalised groups, community, community networks, community-based organisations, NGOs and civil society synonymously. This is reflected in the UBRAF commitment to advocate for scaling up investments in *civil society*, reaching 3% of all global AIDS resources, to represent the interests of the people most affected.[120] Which civil society groups should be supported, how they represent and consult key populations and/or serve special interests, is not articulated in the UBRAF. For country teams, the relation between UN support for civil society organisations and the impact on their constituencies is easier to monitor than at regional and global level.

> *"Civil society is represented in the PCB so there is direct involvement; communities' involvement is less transparent and could be improved" (Survey respondent)*

Hypothesis 6: The Joint Programme has mobilised, allocated and used financial and human resources in an efficient way at global, regional and country level.

The Joint Programme has mobilised, allocated and used financial and human resources in an efficient way at global, regional and country level	Strength of evidence
6.1. Resource mobilisation for core funding has been less than anticipated and this has resulted in increased tensions at all levels across the Joint Programme.	
6.2. A key issue explaining the lack of success in raising funds for the Joint Programme appears to be the Joint Programme's inability to link funding with results, particularly at the global and regional level and, to a certain extent, at the country level, which has reduced confidence for partners to provide resources.	
6.3. A challenge raised by the vast majority of Cosponsor key informants is the perception that a disproportionate amount of core funding is allocated to the Secretariat in relation to the Cosponsors.	
6.4. There are mixed views on the adequacy in the way the Joint Programme has responded to the financial resource constraints though there is an emergent consensus that the realities of constrained resources represent an opportunity for the Joint	
6.5. Two of the main reported barriers to fully utilising the situation of constrained resources are (a) increased reporting and accountability demands on Cosponsors (even though funding has decreased) and (b) that the thinning of resources has left most programmes unable to demonstrate and communicate significant results, catalytic or otherwise.	
6.6. The increased country-level allocation (through country envelopes) has been broadly appreciated. However, there are a number of reported issues which need to be resolved to ensure more effective implementation of the funding.	
6.7. The allocation of human resources both in terms of quantity and quality is widely reported to be one of the weakest areas of the Joint Programme. This has weakened the implementation of Joint Plans, the Joint Programme's effectiveness, and has led to sub-optimal support for national strategies in some cases.	

[119] UNAIDS Strategy 2016–2021, UNAIDS, 2015.
[120] UBRAF p.26: "engagement of CS chapter".

6.8. Cosponsor HIV-specific human resources are reducing, and affecting Cosponsor capacity to provide technical leadership in their mandated field; UNAIDS Secretariat and UCO human resources are also reducing (but to a lesser extent).	
Evaluation questions ➢ To what extent have funds been mobilised as per plan? What have been the barriers? ➢ To what extent has UBRAF leveraged Cosponsor and other development partner resources for HIV programming? ➢ How has the Joint Programme responded to reduced resources? ➢ How have country envelopes affected the overall budgeting process and/or the Joint Programme's ability to respond to emerging issues? ➢ What has been the Joint Programme's capacity and adequacy of allocation of human resources?	

95. **Finding 6.1: Resource mobilisation for core funding has been less than anticipated and this has resulted in increased tensions at all levels across the Joint Programme.** UBRAF provides the framework against which budgetary allocations are made and in order to promote a transformative response with a core budget that represents approximately one per cent of total global AIDS investments, the Joint Programme has to focus on actions which are strategic, catalytic, and people-centred. It is clear, based on both the document review and KIIs, that resources were not raised as planned starting primarily in 2016.[121] Several reasons were given by stakeholders for this gap in funding. Some noted, for example, the switch in priorities in 2016 among European donors towards the refugee crisis while others noted that the UBRAF, the Fast-Track Strategy, and UNAIDS' external communications are not well-suited as resource mobilisation marketing tools and that these may have had the unintended effect of donor fatigue and de-prioritising HIV. Further, some stakeholders were unclear whether there was a resource mobilisation strategy and, although some tools were developed, that nothing substantive had occurred (however, a resource mobilisation strategy is referenced in the reviewed documents[122] along with other resource mobilisation efforts, including dedicated Secretariat staff).[123,124,125] A previous review noted that "…the resource mobilisation strategy has been unrealistic and overly ambitious."[126]

> *"There was a lack of confidence in UNAIDS' leadership, governance, and they were overstaffed. The Secretariat continued to expand when all the signals were they needed to get lean and they are highly dependent on a few large donors." (KII, Cosponsor)*

96. It was also noted that because each Cosponsor has different donors and/or representatives sitting on each of their boards, coherent messaging is a challenge and at the global level, according to most KIIs from Cosponsors, there was a great reluctance by Cosponsors to mobilise funds for the Joint Programme. In some cases, this gap in resources had a knock-on effect in that staff who would have been charged with resource mobilisation were either reduced or not hired.

> *"But I'm not the Secretariat mandated with raising resources for the Joint Programme. If someone gave me that job, you know, I'd do it. But that's not my job…" (KII, Cosponsor)*

97. It is important to flag that most of the evidence gained from this evaluation concerned resource mobilisation at the global or country level. Very little information was shared about raising funds at the regional level other than it was particularly challenging and there was a need to rebuild the relationships and demonstrate the value-added of the regional programmes. A few stakeholders noted that this was a potentially important untapped resource. As noted in a previous report, "UNAIDS Regional Support Teams have successfully mobilised significant supplementary and extrabudgetary resources for regional programme initiatives on an ad hoc basis."[127]

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[121] Budget shortfalls have been noted in various documents such as: Performance Monitoring Reports; Guidelines for Activity Workplanning; Quality Assurance of Workplans and the Quality Assurance Review Group comments; The Report of the Global Review Panel on the Future of the Joint Programme; and the UBRAF: On the Fast Track to End AIDS, UBRAF Financial Reporting, and UBRAF Workplan and Budgets.
[122] UBRAF Performance Monitoring Report (2016–2017), UNAIDS, 2018.
[123] Innovation for Impact: Refining the Operating Model of the UNAIDS Joint Programme.
[124] Report on the Progress in the Implementation of the UNAIDS Joint Programme Action Plan: Strategic Resource Mobilization Plan (2018–2021), UNAIDS, 2018.
[125] UNAIDS 2018–2019 Budget: A dynamic differentiated resource planning, mobilization, allocation, and accountability model.
[126] Joint Inspection Unit report, 2019.
[127] Report on the Progress in the Implementation of the UNAIDS Joint Programme Action Plan: Strategic Resource Mobilization Plan (2018– 2021) , UNAIDS, 2018.

98. Output 7.1[128] notes that the Joint Programme will promote increased investment in the global AIDS response, innovative financing and other measures to build sustainability for national strategic plans and HIV services. Approximately 41% of survey respondents stated that the Joint Programme had done either an inadequate or somewhat inadequate job of leveraging resources from other donors as shown in Table 4 below.[129]

Table 4: How well has the Joint Programme leveraged other donor resources for HIV programming?

Answer choices	Number of respondents	Percentage of respondents
Inadequately	35	9.1%
Somewhat inadequately	124	32.1%
Adequately	132	34.2%
Very well	56	14.5%
Don't know	39	10.1%
Total	386	100%

99. **Finding 6.2: A key issue explaining the lack of success in raising funds for the Joint Programme appears to be the Joint Programme's inability to link funding with results (in addition to overall decreases for the UN in general and HIV in particular). This is particularly notable at the global and regional level and, to a certain extent, at the country level, which has reduced confidence for partners to provide resources.** While the Introduction section of the 2018 Performance Monitoring Report makes clear the importance of leveraging external partners: "Resources made available to countries by the Global Fund and PEPFAR are crucial for achieving Fast-Track targets", the qualitative feedback from KIIs, particularly a number of key donor representatives, provides some insights into some of the issues with leveraging both external and internal resources for the Joint Programme. Specifically, there appears to be a fundamental mismatch between donor expectations in terms of demonstrable results and the Joint Programme's reporting and this has undermined confidence as to whether it is achieving value for money. This lack of transparency and accountability is compounded by competing priorities for scarce donor resources. This concern is well noted and as the recent internal UNAIDS report highlighted there are attempts to address it.[130]

100. **Finding 6.3: A challenge raised by the vast majority of Cosponsor key informants is the perception that a disproportionate amount of core funding is allocated to the Secretariat in relation to the Cosponsors**. According to the 2018 UBRAF Performance Monitoring Report,[131] the Secretariat was allocated $140 million of core funds with each of the Cosponsors receiving $2 million (and additional funds provided via the country envelopes) in addition to the funds (approximately $300 million) which they committed from their own funding. Though the Secretariat did not receive any country envelope funds in 2018, these amounts for Cosponsors only ranged from approximately $140,000 to slightly less than $5 million for all of the countries in which they worked. Almost all Cosponsor informants noted that this imbalance has left Cosponsors under-resourced (even when non-core funds are accounted for), including not having sufficient human resources for both technical assistance and resource mobilisation, and possibly has reduced their buy-in for the Joint Programme. A large proportion of Cosponsor informants also noted that, despite the majority of core funding being provided to the Secretariat, it was the Cosponsors which had to have a higher level of accountability in terms of reporting against core funds and that both the Secretariat and Cosponsors should receive the same level of scrutiny.

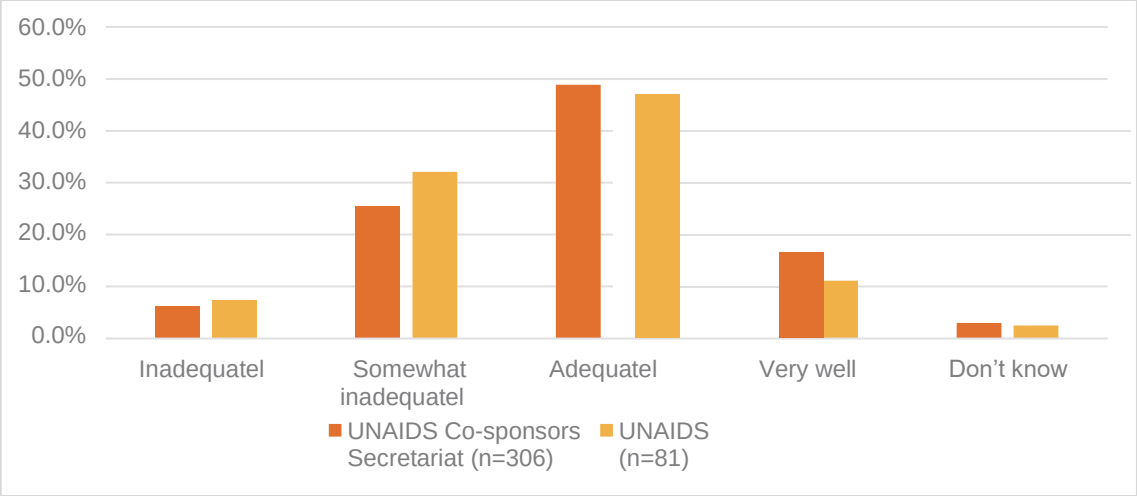
101. As noted previously, the ability to mobilise resources, per stakeholders, is at least in part dependent on the individual Cosponsors and their relationships with donor partners. As a few stakeholders pointed out, originally there was never an intent for HIV strategies of Cosponsors to be funded by resources through UNAIDS and that all Cosponsors were supposed to mobilise funds and not be dependent on UNAIDS. Regardless, KIIs noted that not all Cosponsors currently operate at the same level in terms of dedicated human and financial resources with some Cosponsors having narrower mandates to work on HIV and making HIV a lower priority and, thus, dedicating fewer resources to ensuring funds are secured.

[128] 2016–2021 Unified Budget, Results and Accountability Framework.
[129] This question was answered by respondents from UNAIDS (83) and Cosponsors (303).
[130] Fast Forward: Refining the Operation Model of the UNAIDS Joint Programme Agenda (2030).
[131] UBRAF Performance Monitoring Report: 2018, UNAIDS, 2019.

102. **Finding 6.4: There are mixed views on the adequacy in the way the Joint Programme has responded to the financial resource constraints though there is an emergent consensus that the realities of constrained resources represent an opportunity for the Joint Programme**. While the survey results pointed to the Joint Programme responding mostly 'adequately' to constrained resources, this was fairly contradictory to KII feedback; however, many stakeholders saw the issue of reduced resources as an opportunity rather than a barrier. As noted in Figure 12 below,[132] the survey results show that approximately 50% of respondents (both from the Secretariat and Cosponsors) believe that the Joint Programme is adequately responding to reduced resources with no significant differences between the two groups. The survey results were in contrast to feedback from the majority of all the KIIs across the Joint Programme stakeholders who, in various ways and to varying extents, argued that the Joint Programme had been too slow to respond to the reduction in resources and may have possibly missed some opportunities to prioritise and streamline activities to ensure the effective use of the smaller allocation.[133]

103. Examples of repeated suggestions of opportunities missed to ensure greater cost-effectiveness that were raised by KIIs included the speedier implementation of decentralisation of some Secretariat functions to Cosponsors and from HQ to country level, and a re-focusing on the goals of the Joint Programme via the strategy. Several KIIs highlighted the perception that proposed activities could have been more strategic and closely aligned to the achievement of more targeted goals rather than 'business as usual' (i.e. fewer meetings and routine trainings versus using evidence-based analysis to scale up successful approaches and interventions). Some interviewees also saw the reduction in resources as an opportunity for the Cosponsors to increase their efforts to bring in their own resources, for the Joint Programme to become more cost-effective as a whole, and for the possibility of linking HIV better with other health issues (e.g. NCDs) and using lessons learned from the HIV experience (e.g. the social determinants of health, behaviour change, multi-sectoral approaches) to inform work in the health sector writ large and demonstrate HIV's continued importance in the sector.

Figure 12: How well is the Joint Programme performing in the context of constrained resources?



104. **Finding 6.5: Two of the main reported barriers to fully utilising the situation of constrained resources are the (a) increased reporting and accountability demands on Cosponsors (even though funding has decreased) and (b) thinning of resources that has left most programmes unable to demonstrate and communicate significant results, catalytic or otherwise.** The majority of Cosponsor informants, and even a number of Secretariat informants, flagged that in their opinion the current core resources to Cosponsor headquarters or through envelopes to countries are not commensurate to the planning and reporting demands for these funds. As such there is a clear disincentive among Cosponsors to invest in leveraging these Joint Programme funds. As mentioned previously, many Cosponsors were already unclear about the value-added of the Joint Programme, and with reduced and diffuse resources, this has increased the challenges of communicating what is the comparative advantage of the Joint Programme.

[132] This question was answered by respondents from UNAIDS (81) and Cosponsors (305).
[133] However, there were also positive feedback from the KIIs as to the country envelope mechanism, and emerging consensus that realities of constrained resources can represent an opportunity for the Joint Programme.

"Since 2016 onwards I would say, there's been this kind of steady decline. It's kind of a slow-moving train wreck, not a car crash. It's a slow-moving event." (KII)

105. **Finding 6.6: The increased country-level allocation (through country envelopes) has been broadly appreciated. However, there are a number of reported issues (such as funding levels and the allocation decision process) which need to be resolved to ensure more effective implementation of the funding.** Country envelopes represent a small,[134] yet catalytic proportion of the overall Joint Programme budget with the purpose of better leveraging joint action among the Cosponsors. The majority of country envelope funding is for designated Fast-Track countries and to support populations in greatest need in other (non-Fast-Track) countries based on a formula established at the global level.[135] In 2018, country envelopes were on average 5.25% of all funding expenditures (core and non-core) for each of the 11 Cosponsors with a range of less than 1% (this was for UNDP but it included UNDP's GF resources) to nearly 12% of total resources for that Cosponsor. The UNAIDS Secretariat did not receive country envelope funding.

106. While interviewed stakeholders stated that the country envelopes were a good initial step,[136] many cited the low amount of funding as a barrier to their effective use, especially in comparison to resources provided by the Global Fund and PEPFAR in Fast-Track countries. Because of the comparatively low funding amounts, country envelope programming can be less of a priority for the Joint Programme particularly when the transaction costs were accounted for and that they only allow smaller activities which cannot be brought to scale.[137] For example, the top four recipients (India, Mozambique, Nigeria, and South Africa) of country envelope funding each received $1.1 million in 2018. Those funds then had to be divided among participating Cosponsors. The top 15 recipients of country envelope funding in 2018 received $9.85 million ranging from $350,000 for Cameroon to the above-mentioned top four recipients receiving $1.1 million.

107. Some stakeholders noted that the expiry dates of the funds can be problematic if they are released late or pushed back in the schedule and this can result in specific programmatic challenges as the funds cannot be used for long-term human resources, which can make utilising and overseeing the funds difficult (i.e. the country envelopes cannot be used for full-time, normal hire staff, yet staff are needed to programme the funds). Finally, a number of Cosponsor informants questioned the role of the UCO in the process of determining how the funds should be allocated and that the Secretariat may be pushing certain agenda items onto its Country Directors rather than allowing them to assume a coordination role. This issue has, for some Cosponsors, undermined their trust in the country envelope process.

108. Regardless of the issues raised above, many stakeholders noted that the envelopes provide a focal point for planning, leveraging, and catalysing limited resources. The majority of Cosponsor informants are supportive of the envelopes and see them as a good response from the Joint Programme and believe more resources should be put into them. There were many comments within the survey and in the feedback from key informants which can provide guidance as to how to make the country envelopes more useful for country-level counterparts.[138]

[134] Per the UBRAF Workplan and Budget (2020–2021) $25 million will be allocated to Cosponsors via the country envelopes.
[135] Progress on the Implementation of the UNAIDS Joint Programme Action Plan, UNAIDS, 2018.
[136] In case study countries that received an envelope, most case studies show that country stakeholders appreciated allocations through the country envelopes (Burkina Faso, Iran, Jamaica, Kazakhstan and Ukraine). The main positives highlighted are the increase of government focus on HIV (e.g. Iran), increase of coordination, and good instrument to involve UN-agencies. Guatemala is the only country among the case studies where the envelope didn't achieve reported impacts.
[137] This may indicate variable understanding among Joint Programme partners about the intended catalytic nature of envelope funding.
[138] These suggestions will be covered in the Recommendations.

The Joint Programme partnership model – lessons from country visits on comparative advantage[139]

South Africa - Added value of the UNAIDS Joint Programme

In South Africa there is a call for more clarity on the niche of the UN Joint Team in the country, and for the UBRAF framework to allow for alignment of priorities and related activities accordingly. To this end, long/medium term goals would be helpful, besides the current two-year planning system. There is some debate about the role of the UN Joint Team, especially around implementation support (there are others who are better suited to this role such as research and academic institutions) and financing support (Global Fund and PEPFAR have much more money). UN stakeholders agree that it is important that the UN Joint Team should focus on what it is good at and contributes most to, namely technical assistance, policy options, and innovation. However, the health care service delivery system in South Africa has such immediate needs that the UN still needs to step in to implement basic things before they can work on innovative solutions for the country. The UCO has four provincial representatives, based within the Office of the Premier, for the same reason.

Kazakhstan – Procurement as comparative advantage of the UN

In Kazakhstan, low procurement, supply chain management capacity, and lack of procedural flexibility of the MoH on the one hand, and established mechanisms of international drug procurement by UN agencies on the other, are some of the reasons why the latter (UNDP, UNICEF and UNFPA) frequently act as procurement agents. A deal with UNICEF to procure antiretroviral (ARV) drugs allowed an increase of treatment coverage from 6,000 to 18,000 people. Kazakhstan used to depend on local suppliers who offered branded medicines for high prices, and being an upper middle-income country, Kazakhstan does not qualify for a voluntary licence to procure generic alternatives. UNICEF through its regional office is able to procure from generics manufacturers. The challenge for these Cosponsors is to support supply chain and health systems, so that once international procurement is done medicines reach the people who need them.

Iran – maximising the comparative advantage of UN agencies

In Iran, despite challenges around policy dialogue and little articulation of the UN system role and comparative advantage, Cosponsors are largely able to focus on upstream work, without drifting into implementation, thanks to receptive and pragmatic government counterparts, and the willingness of government and Global Fund to finance service delivery. Cosponsors work on a mix of normative/policy strategies (e.g. WHO/UNICEF technical support for eMTCT) and implementation support (e.g. UNODC & UNHCR grants to NGOs harm reduction services). It is a challenge to combine the two approaches in a way that enables long-term impact on the drivers of the epidemic. The Joint Programme emphasises the unique role of the UN to engage in policy dialogue on international agreements, but there are incentives for Cosponsors to achieve quick wins by working with NGOs on service delivery. MoH and partner ministries, who are considered pragmatic and committed to respond to HIV, welcome UN support to pilot innovative intervention strategies, and tend to adopt and expand effective models. It is useful to regularly assess all Cosponsor strategies in terms of contributing to long-term sustainable change in policy environment or national systems.

109. **Finding 6.7: The allocation of human resources both in terms of quantity and quality is widely reported to be one of the weakest areas of the Joint Programme. This has weakened the implementation of Joint Plans, the Joint Programme's effectiveness, and has led to suboptimal support for national strategies in some cases.** Approximately 50% of respondents in the survey note that human resource allocation has been done either inadequately or somewhat inadequately (see Table 5 below).[140] The issues around human resource allocation were also raised almost universally by nearly all KIIs across the Joint Programme. Chief among the issues raised by Cosponsors was the number of Secretariat headquarters staff,[141] often at a senior level in comparison with the Cosponsors, and how this does not reflect a country focus.[142] While it was acknowledged that in recent years, especially with the

[139] The 12 country visits were used to explore lessons learnt on six cross-cutting evaluation issues: gender mainstreaming, human rights, community involvement, resource leverage, UN partnership and UN delivering as one.
[140] This question was answered by respondents from UNAIDS (82) and Cosponsors (300).
[141] For example, per the Global Review Panel's report, in 2016 there were 730 Secretariat staff (708 of which were core funded) in comparison to 629 for the 11 Cosponsors (215 which were core funded). By 2017, the expected decrease was to 630 and 459 respectively. These significant staff decreases were verified in subsequent workplans.
[142] Also noted in: Review of the Management and Administration of the Joint United Nations Programme on HIV/AIDS.

2016/17 'rightsizing' exercise,[143] there has been a shift of staff from the Geneva to country level (and somewhat to the regional level), the process through which this has been done and the degree to which this has been effective has also been widely criticised, both by Cosponsors, and from within the Secretariat.

> *"While it's great to encourage movement from HQ and country and vice versa, this policy can end up with frustrations. Country-level people don't always fit in at HQ and the constraints, adapting to losing their independence, not having staff to manage and fitting in to team work." (KII, UNAIDS)*

Table 5: How well has the Joint Programme allocated human resources (reduced or otherwise)

Answer choice	Number of respondents	Percentage of respondents
Inadequately	58	15.2%
Somewhat inadequately	130	34.0%
Adequately	132	34.5%
Very well	24	6.3%
Don't know	38	9.9%
Total	382	100%

110. **Finding 6.8: Cosponsor HIV-specific human resources are reducing, and affecting Cosponsor capacity to provide technical leadership in their mandated field; UNAIDS Secretariat and UCO human resources are also reducing (but to a lesser extent).** Each Cosponsor receives UNAIDS core funds to support strengthening the organisational response to HIV. This funding is unrestricted and tends to be used for dedicated HIV staff, strategy development and technical support to country-level colleagues, who may not be HIV experts. At the recommendation of some donors and the Global Review Panel and in response to overall reduction in resource availability, Cosponsor resources have been allocated more at country level (but excluding staffing) and less at headquarter level since at least the 2018–19 workplan. As a consequence, several Cosponsors report to struggle to provide HIV technical leadership to country colleagues who are typically generalist and need specialist support to develop high quality strategies. Some Cosponsor country offices have few dedicated HIV staff and have functional difficulties, particularly when key staff go on leave or there is staff turnover. Notably, Cosponsors have responded to losing HIV staff by increasingly relying on short-term consultants which, per some stakeholders, can make it more difficult to continuously engage and ensure timely and proper implementation of programmes. HIV positions at Cosponsor headquarters have been abolished or replaced with more generalist positions. The risk is a vicious circle of reduced organisational resources and expertise, undermining Cosponsor ability to add value to the Joint Programme and global HIV response, and importantly raise additional resources. The Secretariat has also reduced human resources at all levels, and closed or downsized UCOs. While some respondents and reviews[144] argue that the Secretariat is still overstaffed and over-graded, others are worried about the loss of HIV technical leadership at Secretariat level.[145]

> *"Cosponsors had reduced their technical human resources working on HIV. This has debilitated the implementation of Joint Plans and the effectiveness of the Joint Programme." (KII)*

111. The widely reported impact of these changes (by KIIs at global and country level and across the Joint Programme) is that the current quantity and quality of human resources, particularly expert staff and those focusing on key population issues, is affecting the Joint Programme's ability to deliver on its strategy and support other programmes.

[143] There has been a shift of staff from the HQ and country level and to the regional level with the overall target of 30% based at HQ and 70% based at the country/regional level with the current trends of having multi-country offices and nationalising more posts.
[144] Joint Inspection Unit report, 2019.
[145] GF Lee

Hypothesis 7: UBRAF has allowed for better planning, monitoring and reporting to ensure course correction and better programming at global, regional and country level

UBRAF has allowed for better planning, monitoring and reporting to ensure course correction and better programming at global, regional and country level	Strength of evidence
7.1. While there has been recent good progress in streamlining and rationalising the UBRAF reporting system it is still widely considered to be sub-optimal.	
7.2. The UBRAF as an accountability framework fails to articulate the contribution of the UN system to country-level and global change.	
7.3. External evaluations are supposed to provide a more objective and independent assessment of the Joint Programme contributions, to be triangulated with UBRAF reporting, yet, until recently, there have been few evaluations done on Cosponsor or	
Evaluation questions ➢ To what extent are the monitoring and evaluation systems fit for purpose in terms of the quality and quantity of data generated and reported? ➢ To what extent are the monitoring and evaluation systems (and the information generated) used at all levels to inform planning, programming and course corrections? ➢ Is there a Theory of Change linking the actions of the Joint Programme to the goals and targets in the UNAIDS Strategy? [146] ➢ How have the different Cosponsors and Secretariat reported on their contributions to UBRAF results?	

112. **Finding 7.1: While there has been recent good progress in streamlining and rationalising the UBRAF reporting system it is still widely considered to be sub-optimal.** According to background documents, a simplified monitoring framework was developed for UBRAF 2016–2021, that contains 20 outputs and corresponding indicators compared with 64 in the 2012–2015 UBRAF, and shifted from process indicators to results indicators. These changes aimed to focus on monitoring changes at the country level to which the Joint Programme contributes more directly, to allow more country-level progress analyses, and to improve data use and evidence-based programming.[147] In 2018–2019, the Joint Programme strengthened its focus on evaluation in response to recommendations from several external reviews and a corresponding PCB action point.[148] Both KIIs and previous evaluations suggest that the revised monitoring framework is more focused on results than before, and that the Joint Programme Action Plan and revised operating model has improved accountability, since agencies are required to budget and report against specific deliverables, set at the country level.[149] This progress has also been picked up in external reviews.

> *"Considerable progress has been made in moving to more results-based reporting and, particularly, in the use of performance indicators, baselines and targets. However, there is still work to be done." (MOPAN 2015–16 Assessments UNAIDS, Executive Summary 2017, p.3)*
>
> *"…after some decrease in quality in 2013–2015, data and information produced by the Joint Programme is back at a good level and can inform planning and programming". (Survey respondent)*

113. Nevertheless, analysis of background documents and detailed review of the reports provided by the evaluation team reveal that the two main goals of the monitoring framework revision (simplification, and clearer contribution of Joint Programme to reported results) were not fully achieved. There is limited unification of the planning, monitoring and reporting systems across the Cosponsors and the quality of reports and how contributions are expressed differs significantly by country and agency. In addition, as responses to questions do not change much from one period to the next, they are not providing dynamic data for analysis or timely data use for decision making. As was also highlighted in the KIIs, multiple measurement questions within each of the 20 output indicators, and a complex reporting architecture that

[146] In the evaluation matrix this evaluation question is under Hypothesis 1, but it is discussed more appropriately here.
[147] UNAIDS 2018–2019 Budget: A dynamic, differentiated resource planning mobilization, allocation and accountability model, UNAIDS, 2017.
[148] Fast-forward: refining the operating model of the UNAIDS Joint Programme for Agenda 2030, UNAIDS, 2017.
[149] Review of the Implementation of the UNAIDS Joint Programme Action Plan and Revised Operating Model, Interim Report 2018, UNAIDS, 2018.

consists of multiple levels, agencies and reporting formats,[150] make the performance measurement system complicated and "not telling a clear story".[151]

114. Some of the reasons that stakeholders felt the Joint Programme data are sub-optimal in terms of their usefulness are the following: (i) a significant number of indicators are not felt to be relevant to specific country contexts; (ii) being mainly related to existence of policies / strategies, the responses to questions do not change much from one period to the next, thus not providing dynamic data for analysis; (iii) measurement questions are not always specific enough, and their exact interpretation is left for country offices; (iv) there is inconsistent data quality due to lack of external validation; (v) data are frequently viewed as declarative in nature; and (vi) indicators partially overlap with National Commitments and Policies Instrument (NCPI) data and do not provide sufficient information on results of Joint Programme efforts. It was also found that at the country level, Cosponsors were lacking 'lower level' output indicators that could be used as instruments for easy monitoring of workplan and budget implementation.

> *"…data collection is slow and not dynamic to inform programming", "…the data is not always of sufficient quality and rigour." (Survey respondent)*

115. It was also found that the resources allocated to the UBRAF reporting system have not been adequate at all levels, and especially at the global level.

116. Annex N provides a more comprehensive review of findings relating to the UBRAF reporting system.

117. **Finding 7.2: The UBRAF as an accountability framework fails to articulate the contribution of the UN system to country-level and global change.** A key challenge presented by the current UBRAF reporting system is that the UBRAF outputs reflect change which occurs at country level (so the indicators actually measure country 'outcomes'), not the UN system outputs due to their influence/interventions. In fact, many changes measured through UBRAF outputs are not directly or exclusively supported by the UN system, and therefore not specific as indicators for UN system attribution or contribution. In the current UBRAF framework, there is a missing 'middle' in terms of the systematic reporting of Joint Programme outputs (see Annex N for more details).

118. The PCB working group tasked to review the UBRAF outputs recognised that UBRAF has no lower level fully attributable results,[152] and that the choice had been to define broader outcomes that provide more relevant information but require clearly articulated theories of change for the outcomes in the UBRAF.[153] However, theories of change explaining *how* UN system activities result in country-level change, are not included in the UBRAF. Key informants – in particular some key donors – have recognised the conflation of the global and UN system response in the UNAIDS Strategy and UBRAF, and the resulting limitations of the UBRAF as an accountability framework.[154]

119. Lack of a clear contribution narrative around the reported results to the Joint Programme efforts leads to both overestimation of Joint Programme successes, as well as to conveying the attitude that the expected results were not achieved because they are beyond the Joint Programme's control (or a "built- in excuse for failure"[155]). Lack of Joint Programme control over the reported results and focus of indicators on policies/strategies in place make the current UBRAF indicator set more useful as an advocacy tool than for accountability purposes.

120. Annex M provides a more detailed description of the UBRAF contribution gap described above.

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[150] JPMS reporting module includes:.
a. Annual Secretariat country, regional and headquarters activity workplan reporting;
b. Annual reporting of Joint Teams on AIDS implementation of their respective Joint UN Plans that includes, i) individual agency achievements;
ii) country summaries; iii) core and non-core expenditures;
c. Country reporting against UBRAF indicators;
d. Regional summary reporting;
e. Cosponsors and Secretariat headquarters/global reporting against UBRAF Strategy Result Areas, outputs and Secretariat Functions as well as core and non-core expenditures. (2016–2021 Unified Budget, Results and Accountability Framework).

[151] Reporting was a common topic raised across the KIIs, with a total of 15 respondents bringing up the issue (5 UNAIDS, 5 Cosponsor, and 5 External). UNAIDS respondents felt that the new reporting system does try to capture what is happening at country level and that the changes have been well received. However, the Cosponsor and external respondents agreed that effective reporting had been a struggle and that the reports do not reflect the contributions or results of the Joint Programme. This was further supported by the country case studies, particularly Iran, Kazakhstan and Ukraine.

[152] Attribution implies the change is caused by the Joint Programme influence or intervention. Contribution implies the change is only in part due to the Joint Programme influence or intervention under consideration.

[153] PCB Working Group to Review and Further Develop the Results and Accountability Framework of the UBRAF, note for the record 2–3 March 2016.

[154] KII interviews and document review.

[155] KII interview.

121. **Finding 7.3: External evaluations are supposed to provide a more objective and independent assessment of the Joint Programme contributions, to be triangulated with UBRAF reporting, yet, until recently, there have been few recent evaluations done on Cosponsor or Secretariat HIV programmes.**[156] According to the 2016 MOPAN assessment, one of the weaknesses of UNAIDS is 'Evidence of effectiveness and impact through evaluative or more analytical data than currently'.[157] The need to strengthen the UNAIDS independent evaluation function was emphasised in response to calls from the PCB and recommendations from the UK Department for International Development (DFID) Multilateral Development Review, MOPAN and other external reviews of UNAIDS,[158] and in UBRAF 2016–2021 the use of both qualitative and quantitative methods and multiple data sources to assess Joint Programmes achievements was promoted.[159]

122. The revised UBRAF recognises that inferring causation is challenging and proposes a range of monitoring and evaluation tools, including external evaluations to address this.[160] However, an assessment of reviews and evaluations undertaken to date has found that there have been no UNAIDS evaluations, and few Cosponsor evaluations on specific aspects of the UBRAF[161] and none of the independent assessments have systematically looked at the contribution of the reported results to the Joint Programme efforts (see Annex L).[162]

The Joint Programme partnership model – lessons from country visits on 'Delivering as One'[163]

Madagascar – Cosponsors are perceived as isolationist.

In Madagascar, several Cosponsor activities are complementary in areas such as stigmatisation of PLHIV in care settings (WHO & UNDP), comprehensive sexuality education (UNAIDS, WHO, UNESCO & UNFPA), PMTCT (UNICEF & WFP) and HIV policy for mining companies (ILO & WHO). UNAIDS Secretariat supports Cosponsors with advocacy, capacity building of stakeholders and supervision. Nevertheless, Government and technical partners criticise UNAIDS Cosponsors and Secretariat for not being visible as a Joint Programme. Cosponsors in the Joint Programme are often guided by agency mandates and territorial anchorage rather than by epidemic priorities, and credit themselves rather than the Joint Programme. UCO is criticised for not acting as interlocutor.

Papua New Guinea – Is the UN Delivering as One, or Is One Delivering For the UN?

In Papua New Guinea external stakeholders praise UCO for carrying HIV work forward in a country rife with difficulties, and question if other UN Cosponsors are doing their share. UNICEF has withdrawn HIV posts globally, mainstreaming HIV into health (although a local HIV post is forthcoming.) At UNFPA, HIV is no longer a core programme; now HIV is a niche under SRH and gender. The UN Joint Team is considered weak, and although the UBRAF partnership model and the envelope system support Cosponsors to focus on their mandates and areas of expertise, the system leaves gaps – for UNAIDS to fill. The UNAIDS Country Director is credited for doing just that. The HIV Planning Summit ended by asking UNAIDS to act as the coordinating body to keep their recommendations on senior leadership's agenda. And UNAIDS chairs the Global Fund CCM (which is already housed at UCO). Neither funding nor staffing seems to be keeping up with UNAIDS' leadership role. The lesson is that a lot, possibly too much, of the UN (and national) response depends on one leader.

Burkina Faso – keeping HIV on the Cosponsor agenda

Burkina Faso is not a Fast-Track country and is suffering a humanitarian crisis. HIV is not seen as a priority by Cosponsors, unless HIV programming is a resource mobilisation opportunity. The lesson here is that a partnership model and Cosponsor ownership of a Joint Plan needs strengthening, possibly through a mechanism that credits Cosponsors for their contribution to common results. Government and development partners comment that there is little evidence of a joint UN plan, and HIV

[156] UNFPA HIV programme evaluation ongoing; 2 regional UNODC programme evaluations.
[157] MOPAN 2015–16 Assessments Joint United Nations Programme on HIV/AIDS (UNAIDS) Executive Summary 2017, p.3.
[158] UBRAF Workplan and Budget 2020–2021, p. 41, UNAIDS, 2019.
[159] Additionally, three KII respondents bemoaned the lack of independent reviews (1 UNAIDS, 1 Cosponsor, 1 external).
[160] UBRAF p.10, Fast-forward: refining the operating model of the UNAIDS Joint Programme for Agenda 2030.
[161] Regional UNODC programme evaluations.
[162] It is noted that this evaluation aims to address this lacuna and that the evaluation office in UNAIDS Secretariat was established in 2018 in recognition of the need to strengthen evaluation and has developed a pipeline for future evaluations that will further address this gap - see https://www.unaids.org/sites/default/files/media_asset/11112019_UNAIDS_PCB45_Evaluation_Plan_EN.pdf.
[163] The 12 country visits were used to explore lessons learnt on six cross-cutting evaluation issues: gender mainstreaming, human rights, community involvement, resource leverage, UN partnership and UN delivering as one.

is seen as the responsibility of UNAIDS. The perception is that each agency works alone, possibly because Cosponsor interventions on HIV, if not funded by UBRAF funds, are not credited to the Joint Programme. The role of UNAIDS Secretariat in keeping HIV on the agenda of UN agencies, and to boost synergies among them, is therefore crucial if the Joint Programme is to meet the 2030 goal. This is all the more true in the humanitarian context of Burkina Faso.

4.3 Workstream 3: 'The right results'

123. This section focuses on the way the Joint Programme is contributing to improved results. It was originally intended that the way this would be done would be to present the evaluation findings that relate to achievement of Joint Programme targets and then assess the contribution of the Joint Programme to country and global HIV response and epidemic achievements (hypothesis 9).

124. However, as noted in the section on the 'right ways', UBRAF outputs measure country- and global-level HIV response results (so actually outcomes) and not direct results of Joint Programme activities (real outputs).[164] Hence, this section will focus on the quantitative evidence relating to the progress made in the HIV response at country and global level that the Joint Programme has contributed to (under hypothesis 8) and qualitative evidence of how the Joint Programme has done this (under hypothesis 9). Finally, this chapter will assess the likely sustainability of Joint UN achievements (under hypothesis 10).

Hypothesis 8: The Joint Programme has achieved UBRAF results.

The Joint Programme has achieved UBRAF results	Strength of evidence
8.1. At the global level, in 2018 80% of the UBRAF indicator measurements met or exceeded the 2019 milestones set for these, an increase of 8% since 2016. This suggests that at a country level, considerable progress has been made in the AIDS response in those areas that the Joint Programme focuses on.	
8.2. In 2018, there were large differences between countries on an overall score based on responses to the indicator measurements, indicating substantial differences between countries in the status of their AIDS response. There are only small differences in progress in the response between Fast-Track and other countries, or regions.	
8.3. Some progress has also been made in terms of changes in the number of new HIV infections and AIDS-related deaths, although the Fast-Track targets that have been set for these impact indicators have not been achieved.	
Evaluation questions ➢ To what extent have the targets been achieved and what is the evidence by output? ➢ What is the evidence of differential performance between countries?	

125. **Finding 8.1: At the global level, in 2018 80% of the UBRAF indicator measurements have met or exceeded the 2019 milestones set for these, an increase of 8% since 2016 (Table 6)**. [Note that milestones were set at the end of the biennia, 2017 and 2019, and targets for 2021. Since the period up to 2018 was evaluated and data are only available up to that year, it was not expected that all milestones would have been reached by this date.] Since these UBRAF indicator measurements assess if policies, strategies, guidelines and programmes are in place, this suggests that at a country level progress has been made in the AIDS response in those areas that the Joint Programme focuses on, especially when keeping in mind that changes of this nature take time to occur.

126. The 2019 milestones are based on the percentage of countries that score "yes" on an indicator measurement, e.g. the indicator measurement "Treat-all policy is adopted" is met or exceeded when 60% of the countries have done so ("green""); is equal to or greater than 50% of the milestone when 30–59% of countries have done so ("yellow"); or does not meet the milestone if fewer than 30% of countries have done so ("red") (coding as in the UBRAF indicator report). In the analysis that has been conducted, the 80% above means that out of the 76 measurements considered, 80% have met or exceeded their respective milestones. When looking at the individual strategic result areas (SRAs), progress was made in achieving more milestones in HIV testing and treatment, HIV prevention and young people and key populations, and HIV and health services integration.

[164] Outputs are considered to be direct results of the Joint Programme activities, while outcomes are changes at country level (due to outputs from the Joint Programme, but also from other stakeholders). Impacts reflect what programmes ultimately aim to change, in this case population-level changes in HIV infection, morbidity and mortality.

127. In terms of gender-specific indicators, the Joint Programme demonstrates slow but steady progress across indicators 5.1 and 5.2 from 2016 to 2018, although it already exceeded 2019 milestone indicators across all seven activities under SRA5 as of commencement of the new strategy in 2016. The most significant areas of progress are shown to be indicators 5.1.3 (structural and social change interventions to transform unequal gender norms) and 5.2.1 (improve disaggregated data on prevalence and nature of GBV) which shifted from 63% in 2016 to 73% in 2018 and from 64% in 2016 to 76% in 2018 respectively. The Joint Programme has also contributed to several key wins on promoting GEWE on the global stage. UNAIDS Secretariat routinely scores very well on the UN-SWAP with 11 performance indicators, including tracking financing, and it remains the only UN agency to be fully compliant across the UN-SWAP.

128. No progress has been made in the indicator measurements related to elimination of mother to child transmission and still three-quarters of measurements in this area have not achieved the 2019 milestone, although at least half of the milestone was achieved. In addition, in the area of investment and efficiency no change is seen, with only 60% of the indicator measurements in this area being met. In 2018, there was only one area (All high-burden cities have developed a plan and allocated resources to achieve Fast-Track) that achieved less than 50% of the 2019 milestone. Note that in 2016, all indicator measurements for gender inequalities, GBV, stigma / discrimination / human rights met the indicator milestones set for 2019 and hence the indicator measurements chosen and/or the milestones set did not give any room for improvement.

129. With respect to the methodology of the above analysis: The global level includes 90 countries with Joint Programme presence that have participated in data collection using the JPMS annually between 2016–2018. Only 76 indicator measurements (out of 90) were included in the analysis, because during the data validation process several issues were identified with indicator measurements of output 6.1 which looks at the implementation of various laws and/or policies presenting barriers to HIV prevention, treatment and care services. (More detailed information can be found in the 2016–2021 UBRAF indicator guidance.) Furthermore, the indicator measurements were analysed individually and not by output (which includes multiple indicator measurements) as requested, as analysis experience made clear that many countries were not meeting the targets for the full UBRAF outputs, while countries successfully demonstrated meeting several of the 2019 milestones for the individual indicator measurements included in the outputs. More detailed information, including the percentage of countries that scored positive on each of the indicator measurements, is presented in the 2016–2018 UBRAF Indicator Report.[165]

130. **Finding 8.2: In 2018, there were large differences between countries on an overall score based on responses to the indicator measurements, indicating substantial differences between countries in the status of their AIDS response. There are only small differences in progress in the response between Fast-Track and other countries, or regions.** Five countries had a score of over 95% (Rwanda, Thailand, Togo, Cameroon, South Africa and Tanzania), meaning that more than 95% of the 54 indicator measurements looking at whether policies, strategies, guidelines, programmes, and so on, were in place were answered with “yes”, while three countries had a score of less than 50% (Bolivia, Somalia, Angola). The largest progress between 2016 and 2018 was made in Kazakhstan (59 to 89%), Nicaragua (65 to 89%) and Burundi (72 to 94%).

[165] UBRAF Indicator Report 2016–2019, UNAIDS 2019

Table 6: Indicator measurements performance against 2019 milestones (% and number of indicator measurements), overall and by Strategic Results Area, 2016 and 2018

	% (number) of indicator measurements that meets or exceeds 2019 milestone	% (number) of indicator measurements that is equal to or greater than 50% of 2019 milestone	% (number) of indicator measurements that is less than 50% of milestone
Overall			
2016	72.4% (55)	25.0% (19)	2.6% (2)
2018	80.2% (61)	18.4% (14)	1.3% (1)
SRA 1: HIV testing and treatment			
2016	63.6% (14)	31.8% (7)*	4.5% (1)
2018	72.7% (16)	22.7% (5)	4.5% (1)
SRA2: Elimination of mother to child transmission			
2016	25% (1)	75% (3)	n/a
2018	25% (1)	75% (3)	n/a
SRA 3: HIV prevention and young people			
2016	66.7% (4)	33.3% (2)	n/a
2018	83.3% (5)	16.7% (1)	n/a
SRA 4: HIV prevention and key populations			
2016	78.6% (11)	14.3% (2)	7.1% (1)
2018	92.9% (13)	7.1% (1)	n/a
SRA 5: Gender inequalities and gender-based violence			
2016	100% (6)	-	-
2018	100% (6)	-	-
SRA 6: Stigma and discrimination and human rights			
2016	100% (6)	-	-
2018	100% (6)	-	-
SRA7: Investment and efficiency			
2016	60% (6)	40% (4)	-
2018	60% (6)	40% (4)	-
SRA 8: HIV and health services integration			
2016	87.5% (7)	12.4% (1)	-
2018	100% (8)	-	-

**In 2016 two indicator measurements were not scored due to being newly added in 2017. For comparison purposes these were given the 2017 value.*

131. **Finding 8.2: In 2018, there were large differences between countries on an overall score based on responses to the indicator measurements, indicating substantial differences between countries in the status of their AIDS response. There are only small differences in progress in the response between Fast-Track and other countries, or regions.** Five countries had a score of over 95% (Rwanda, Thailand, Togo, Cameroon, South Africa and Tanzania), meaning that more than 95% of the 54 indicator measurements looking at whether policies, strategies, guidelines, programmes, and so on, were in place were answered with "yes", while three countries had a score of less than 50% (Bolivia, Somalia, Angola). The largest progress between 2016 and 2018 was made in Kazakhstan (59 to 89%), Nicaragua (65 to 89%) and Burundi (72 to 94%).

132. Since the 2019 milestones are based on the percentage of countries that score "yes" on an indicator measurement (e.g. the indicator measurement target is "60% of the countries have adapted the treat- all policy"), individual country performance (and change) using the UBRAF data cannot be analysed against these milestones. Hence this overall score per country was created, based on the percentage of indicator measurements that was scored positive, in order to show progress over time. Note that this scoring is based on 54 (of the 76) indicator measurements that are applicable to all countries; for example, not all countries have refugees/asylum seekers, IDP, people affected by emergencies, or a significant PWID epidemic; some indicators are only for Fast-Track countries. As a result, for some countries this might mean that although progress has been made, it is not reflected in the scoring.

133. Fast-Track countries had an average overall score of 81% in 2018 which was an increase of 8% from 2016, compared with a score of 75% (6% increase) in other countries (Figure 14). As fast-tracking is based on the size of the epidemic (countries that account for most of the world's people newly infected with HIV), not on the status of the response, this finding is not surprising, as these countries might have already got more attention before 2016. When looking at the different regions, WCA (84%) and ESA (83%) had the highest scores in 2018 (and in 2016 already, both regions include a large number of Fast- Track countries), while the largest progress was made in EECA (8%), followed by WCA (5%) (Figure 15).

Figure 13: UBRAF indicator measurements score, by country 2018

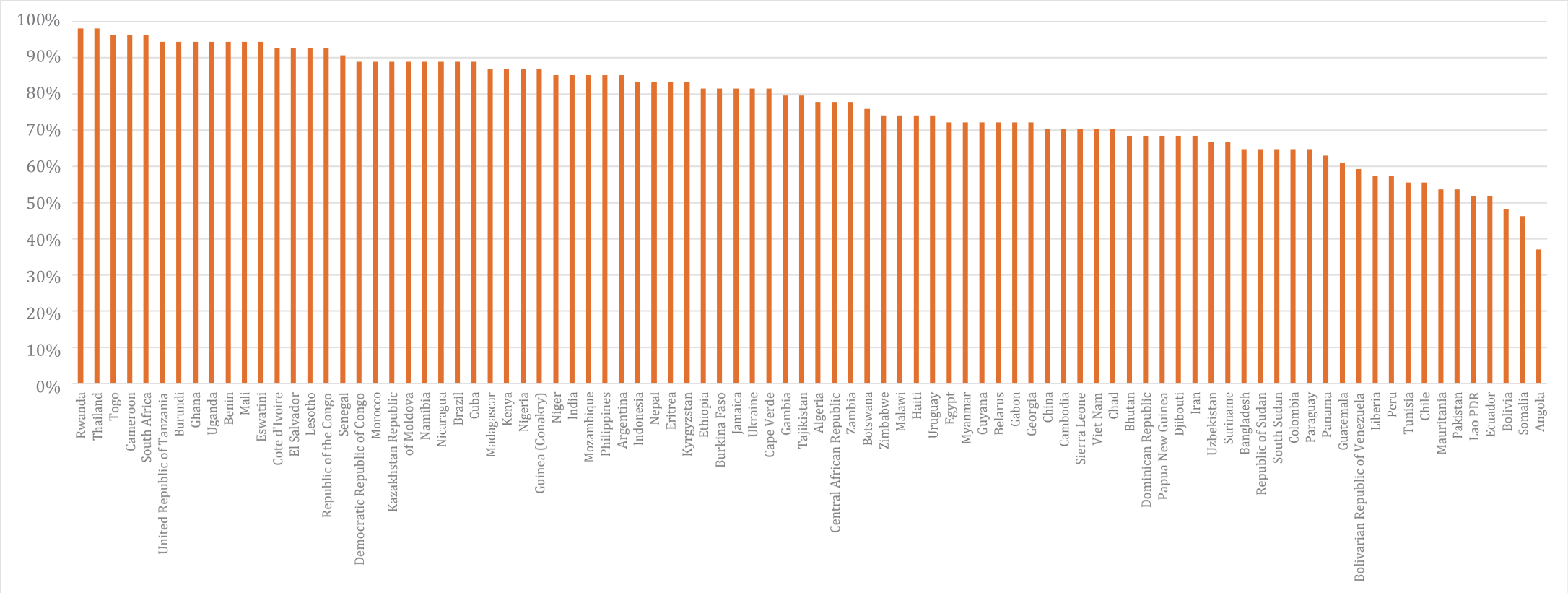


Figure 14: UBRAF indicator measurements score, by Fast-Track status

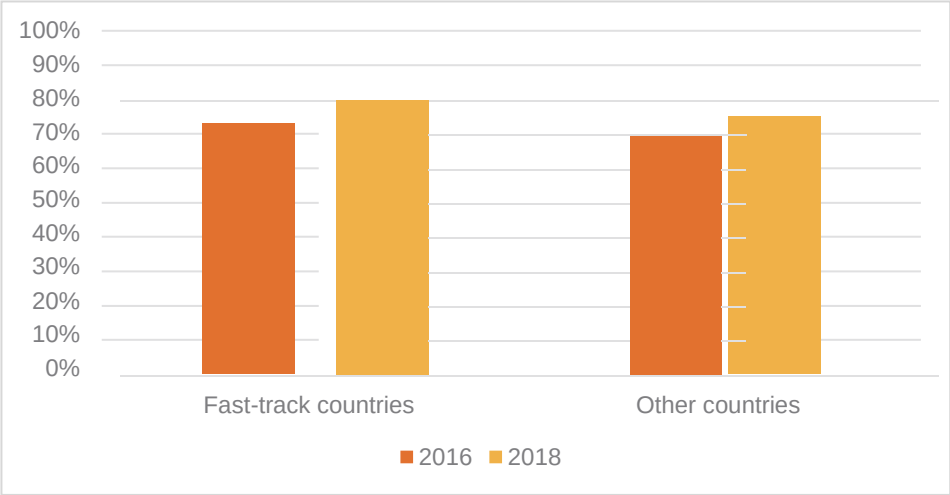
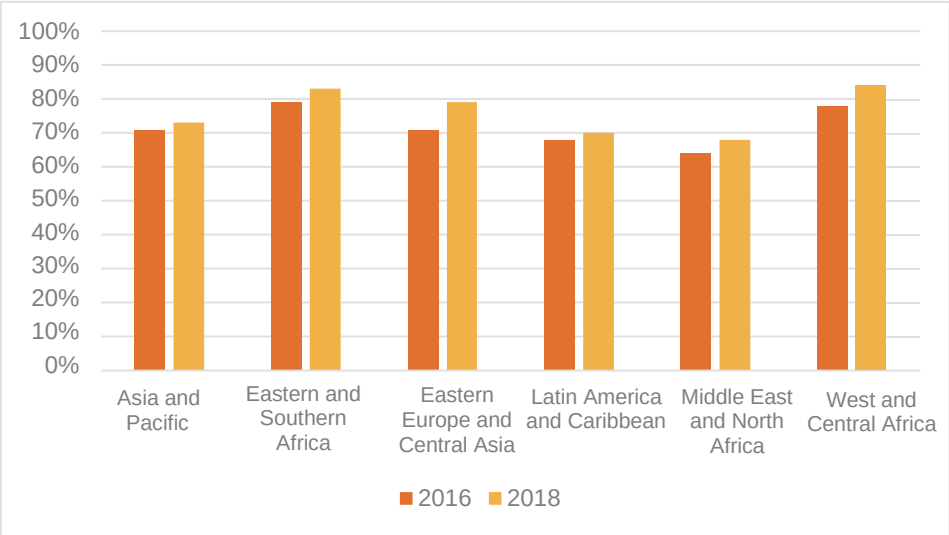


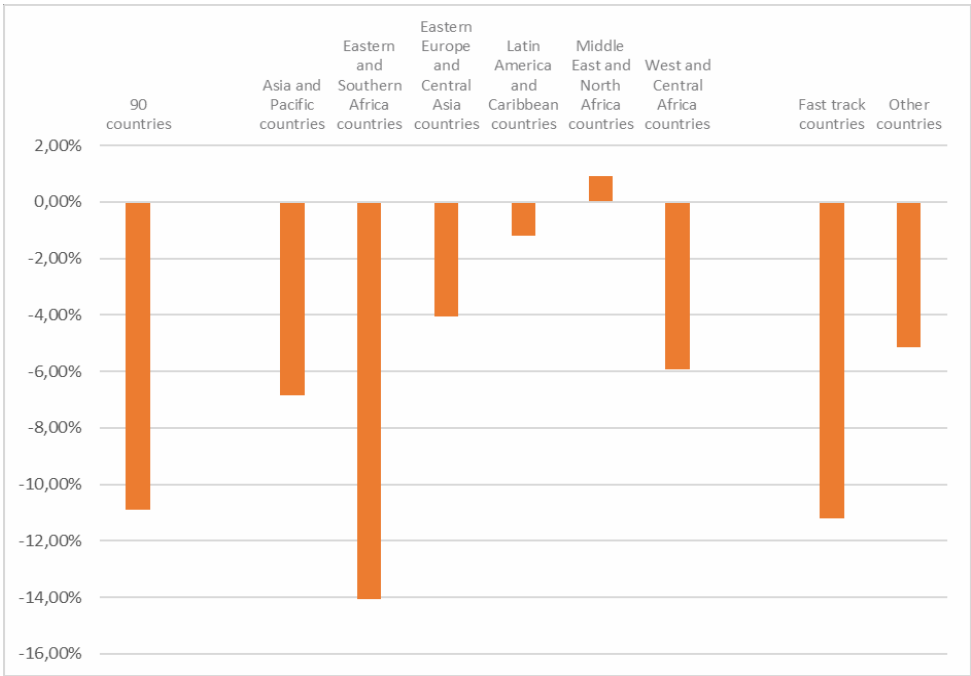
Figure 15: UBRAF indicator measurements score, by region



134. **Finding 8.3: Some progress has also been made in terms of changes in the number of new HIV infections and AIDS-related deaths, although the Fast-Track targets that have been set for these impact indicators have not been achieved.** For example, when looking at the same 90 countries included in the quantitative analysis above, substantial differences can be seen with respect to the change in new infections (Figure 16). For example, Cambodia and Viet Nam showed large decreases (-38% and -33%, respectively), while Egypt, Philippines and Madagascar presented large relative increases (33%, 30% and 26%, respectively) over the period 2016–2018.[166] When looking at Fast- Track versus other countries and the regions, there are also large differences: fast-track countries show a 11% decrease in the number of new infections, while other countries only show 5%; results in the regions vary from the Middle East and North Africa (MENA) having a 1% increase in the number of new infections, to ESA having a 14% increase. However, this is still far from the target of 75% decrease in new infection to be achieved by 2020. Results are similar for the change in the number of AIDS-related deaths.

[166] data source: https://www.unaids.org/en/resources/documents/2019/HIV_estimates_with_uncertainty_bounds_1990-present.

Figure 16: Percentage change in the number of new HIV infections all ages, 2016–2018



Hypothesis 9: UBRAF results contribute to the status and response to the HIV epidemic at national level

UBRAF results contribute to the status and response to the HIV epidemic at national level	Strength of evidence
9.1. The UN Joint Programme contributes to SDGs identified in the UBRAF, to the extent that it contributes to strategic result areas and country HIV responses.	
9.2. While it is difficult to prove the contribution of the Joint Programme to country-level outcomes using quantitative data (UBRAF indicators), based on qualitative data, there is ample anecdotal evidence of Joint Programme outputs that have contributed to changes in HIV responses at the country and global level in terms of normative guidance, policy options, tools, strategic information and resources in the period 2016–2019. However, the contribution of individual Cosponsors and the Secretariat cannot be established.	
9.3. The UN Joint Programme contributes to addressing social enablers at all levels, and this is mentioned to be 'part and parcel' of the Joint response.	
9.4. The UN Joint Programme contributes to resource mobilisation and supports transition from external to domestic funding.	
9.5. The UN Joint Programme contributes to stronger systems and capacities to sustain national and local AIDS responses.	
Evaluation questions ➢ What is the evidence to support a correlation between progress on UBRAF outputs and the status and response to the HIV epidemic? ➢ To what extent can lack of correlation ('outliers') be explained? What lessons can be learned? ➢ How does the UN Joint Programme contribute to broader SDGs that are most relevant to the AIDS response? ➢ What is the relative contribution of Cosponsors and the Secretariat to joint UN response?[167] ➢ What is the evidence that the Joint Programme has addressed social enablers at country level?[168] ➢ To what extent has the Joint Programme supported transition from external to domestic funding?[169] ➢ How has the Joint Programme informed and optimised the use of Global Fund, PEPFAR and other resources at the country regional and global level?[170] ➢ What is the evidence that the UN Joint Programme contributed to stronger systems and capacities to sustain national and local AIDS responses?[171]	

[167] In the evaluation matrix this evaluation question is under Hypothesis 3.1, but it is discussed more appropriately here.
[168] In the evaluation matrix this evaluation question is under Hypothesis 3.1, but it is discussed more appropriately here.
[169] In the evaluation matrix this evaluation question is under Hypothesis 3.2, but it is discussed more appropriately here.
[170] In the evaluation matrix this evaluation question is under Hypothesis 3.2, but it is discussed more appropriately here.
[171] In the evaluation matrix this evaluation question is under Hypothesis 3.2, but it is discussed more appropriately here.

135. As indicated earlier, for assessment of the Joint Programme contribution to country or global progress in the HIV response or epidemic, the current UBRAF indicators are not suitable. Therefore, correlating progress in these indicators to progress in the UNAIDS 2016–2021 Strategy Fast-Track indicators per the evaluation question phrased (and as proposed in the UBRAF indicator guidance) would not make sense, and hence it was not possible to look at explaining 'outliers' (lack of correlation).

136. **Finding 9.1: The UN Joint Programme contributes to SDGs identified in the UBRAF, to the extent that it contributes to strategic result areas and country HIV responses.** UBRAF articulates all SDGs that are relevant to HIV, and how strategic result areas contribute to these (e.g. strategic result area 1 and 2 link to SDG 3; SRA 3 and 4 to SDG 10; SRA 5 to SDG 5; SRA 6 to SDG 16; and SRA 7 and 8 to SDG 17). The fact that the UBRAF SRAs are linked to the different SDGs is seen as a good thing to see where the efforts fit into the bigger picture.[172] However, it must be clear that this does not mean that the whole SDG is covered by the SRAs.[173]

137. Looking at data from the survey, the Joint Programme is perceived as having contributed "adequately" or "very well" to the broader SDGs according to three-quarters (76%) of respondents (381 respondents). In addition, specific examples of direct contributions to SDGs have been documented below.

Examples of SDG contributions from Joint Programme

Connected delivery on SDGs: Through joint efforts from UNFPA, UNICEF, WHO and UNAIDS Secretariat resources were mobilised in Eastern and Southern Africa to strengthen integrated HIV and sexual and reproductive health and rights services, and sexual and gender-based violence services. This work contributes to SDG 3 and SDG 5, and is a good example of connected delivery on SDGs.

Gender Equality: UN Women has strategically highlighted the gender dimensions of the HIV/AIDS epidemic, supporting the agreement of the Commission of the Status of Women Resolution 60/2 on Women, the Girl Child, and HIV/ AIDS and the UN Political Declaration on HIV/AIDS, which together articulate critical actions for Member States to address high levels of HIV infection among women, especially young women, and promote gender equality more broadly. These agreements map out an agenda for action to reduce HIV prevalence among women and girls, making progress towards SDG target 3.3 and contributing towards SDG 5 on achieving gender equality.[174]

Partnerships: The provision of supply chain services to health actors is WFP's contribution to SDG 17 and leverages new and innovative approaches to tackling chronic constraints in supply chains.[175]

138. **Finding 9.2: While it is difficult to prove the contribution of the Joint Programme to country-level outcomes using quantitative data (UBRAF indicators), based on qualitative data, there is ample anecdotal evidence of Joint Programme outputs that have contributed to changes in HIV responses at the country and global level in terms of normative guidance, policy options, tools, strategic information and resources in the period 2016–2019. However, the contribution of individual Cosponsors and the Secretariat to these outputs cannot be clearly established.** Narrative reports in the Joint Programme Monitoring System (JPMS) contain many examples of activities conducted, along with Cosponsor evaluations and other documentation, key informant interviews and country case studies.[176]

139. Key areas where UN contribution can be seen from the above sources include:

- Global guidance through policy development, tools and networks (such as the Global HIV Prevention Coalition).
- Support to country strategy development and investment cases, based on strategic information (relating national targets to global).
- Sustaining the focus on human rights, gender and the inclusion of civil society, even in challenging environments.

[172] KII_EXTERNAL_11, KII_Cosponsor, KII_UNAIDS_2, Comments survey.
[173] KII, Cosponsor, data analysis.
[174] UBRAF603 p.49.
[175] UBRAF571 p.39.
[176] For example, the Iran country case study praised the Joint Programme for being the only support available during the sanctions, and for the successes in prisons, PMTCT, and adolescents. In Morocco, the Joint Programme is seen to have achieved good results, with the country office praised for mobilising high calibre expertise and funds. In Kazakhstan, the Joint Programme is praised for introducing a series of innovations (PrEP, rapid testing), and for advocacy in the abolishment of discriminatory laws and practices.

- Catalytic support to service delivery, such as the United Nations Children's Fund (UNICEF), WFP and UNDP providing vital procurement services in countries under trade sanctions or where capacity is low.

140. So, although the current evaluation found that there is a large amount of reporting on detailed activities undertaken through the Joint Programme and by individual Cosponsors (mainly through the JPMS), the overarching story with respect to outputs from the joint response is missing and how they relate to country-level outcomes cannot be established. As such, it has proved impossible to systematically or adequately establish within this evaluation the relative contribution made by individual Cosponsors and the Secretariat.[177]

141. Annex L provides more details of the specific contribution examples generated through this evaluation.

142. **Finding 9.3: The UN Joint Programme contributes to addressing social enablers at all levels, and this is mentioned to be 'part and parcel' of the Joint response.[178]** Many respondents specifically mention the political advocacy role and work in the area of human rights, stigma and discrimination are highlighted with respect to this. To illustrate this, political advocacy, e.g. for key populations, is repeatedly mentioned as a key strength/legacy of the Joint Programme (see the box below). An important role of the Secretariat/Joint Programme (at global and country level) is to keep HIV on the agenda, focus on human rights and health, hold countries accountable on key populations interventions, and so on. It is stated that this is more effective if the UN is united.[179]

Examples of political engagements at global and national level in relation to gender-responsive HIV/AIDS activities

The Joint Programme demonstrates several technical guidance contributions that have resonated at major global events, including the 2017 International Conference on AIDS and STIs in Africa, and the 60th and 61st sessions of the Commission on the Status of Women. For the latter, the events included a major advocacy focus by the JP on the promotion of leadership by WLHIV. As a result, young women and networks of WLHIV took on significant roles in framing the agenda and participating in HIV policy and programming at national, regional and global levels. For instance, in both Uganda and Ukraine, promising practice has been observed: for the former, the development of a centralised gender dashboard allowed the tracking of national HIV indicators by civil society networks in the AIDS Strategic Plan (2016–2020); while for the latter, WLHIV were supported by the UNAIDS Secretariat and UN Women to add a gender lens to the draft National Programme on HIV prevention (2019–2023) . These activities were also supported via the updating of the Gender Assessment Tool, which allowed AIDS coordinating bodies at national level to review and improve national HIV strategies.

143. Although at country level this (united) advocacy role does not always happen (as mentioned for e.g. Indonesia[180] and South Africa[181]), interview respondents mention significant achievements of the Joint Programme have been to put human rights, stigma and discrimination on national agendas.[182] UNDP convenes, on behalf of the Joint Programme, the Global Commission on HIV and the Law, thereby promoting human rights, gender equality and enabling law, rights and policy frameworks for health, including for vulnerable and key populations.[183] Furthermore, in 2018, the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination was launched with UNDP, UN Women, the Secretariat, the PCB NGO Delegation and the Global Network of PLHIV as co- conveners.[184] However, it is acknowledged that indicators for social enablers are not clearly defined and there is a lack of indicators, hence making it difficult to quantify and monitor those against targets.[185] There is also a lack of data, as the Global AIDS Monitoring includes, for example, an indicator on discriminatory attitudes towards PLHIV, but only 16 of the 90 (18%) countries included in the quantitative analysis had data for this in 2016, 2017 or 2018 while this should be measured every 3–5 years through a population-based survey.[186]

[177] This issue was raised across most KIIs and was also flagged within the majority of the case studies. See Annex M on the contribution gap.
[178] KII, External; KII, External.
[179] KII, Cosponsor; KII, Cosponsor; KII, External; KII, External 180 KII, External.
[180] KII, External.
[181] KII, External.
[182] KII, External.
[183] UBRAF574, pp.48–49.
[184] UBRAF574, p.48.
[185] 2025 AIDS targets. https://www.unaids.org/en/topics/2025_target_setting.
[186] https://aidsinfo.unaids.org/.

144. **Finding 9.4: The UN Joint Programme contributes to resource mobilisation and supports transition from external to domestic funding.** Despite the fact that the Joint Programme supports development of country investment cases and Global Fund proposals, transition from external to domestic funding is from a sustainability perspective also more important. This is well recognised and in particular, the Secretariat, World Bank, UNDP and Joint UN Teams advocate and assist countries to undertake transition activities in line with the Global Fund 2016 Sustainability, Transition and Co-financing policy.[187] Forty-six per cent of survey respondents indicated that the Joint Programme supported transition from external to domestic funding "adequately" or "very well" (375 respondents).[188]

145. The support includes assistance with readiness assessments and the development of roadmaps and plans for transition and sustainability. In 2018, 38 countries (42%) had developed an HIV sustainability and/or transition plan (from 30% in 2016, but still well short of the 2019 milestone of 60%) and 95% of those plans included increasing domestic public investments.[189]

146. Despite efforts made by the UN Joint Programme as well as other efforts to transition from external to domestic funding by other stakeholders, when looking at the proportion of domestic funding out of the HIV resource availability, there is limited change over time (so limited success in terms of transition from external to domestic funding) at global level and in most regions (ESA, Caribbean, WCA, ECCA): domestic financing in LMICs globally was stable around 56% from 2016–2018.[190] It was widely commented that often there is no domestic funding resulting in countries being reliant on external funding[191] while it was also indicated across a number of the case studies that there is still too much comfort with donor funding.

147. **Finding 9.5: The UN Joint Programme contributes to stronger systems and capacities to sustain national and local AIDS responses.** There are several examples that UNAIDS Secretariat and Cosponsors have contributed (financially, in terms of technical assistance) to capacity building and supporting systems (supply chain; health information).

148. Over a third (36%) of the survey respondents indicated that the Joint Programme contributed to a great extent to stronger systems and capacities, and another 43% to a moderate extent (886 respondents).[192] It was commented that funds were often not sufficient to properly facilitate this.[193] To illustrate this, WFP, UNICEF and UNDP all carry out large procurement processes for countries in challenging environments or those with a lack of capacity, while in some countries providing new and innovative approaches to tackling chronic constraints in supply chains.[194,195] The World Bank provides financing for systems strengthening projects to integrate HIV services within the public health system (e.g. within maternal and child health programmes, sexual and reproductive health services).[196] A final example is how strategic information tools from UNAIDS are also implemented in other health areas (e.g. non-communicable diseases).[197]

Case study – Contribution to system strengthening - Myanmar

The health system in Myanmar, which has been severely underfunded for many years, struggles to meet demands for services. So far, there have been hardly any spill-over effects from UN support to HIV to other aspects of the health system and hence the contribution to system strengthening is limited.

Case study – Contribution to system strengthening – Nigeria

In Nigeria, the UN joint team has contributed to service integration, specifically of HIV and hepatitis, HIV and TB, and Prevention of Mother to Child Transmission (PMTCT) in Reproductive, Maternal, Neonatal, Child and Adolescent Health services. This has been achieved through advocacy carried out with the relevant agencies at the States.

[187] UBRAF575 p.47; UBRAF570 p.89, p.91; UBRAF572 p.14.
[188] This question was answered by respondents from UNAIDS (80) and Cosponsors (295).
[189] UBRAF Indicator Report 2016–2019, UNAIDS 2019, draft.
[190] data from http://hivfinancial.unaids.org/hivfinancialdashboards.html.
[191] Comments survey and UNAIDS KII.
[192] This question was answered by all respondents, including: UNAIDS (81), Cosponsors (297), Donors & Development partners (68) National or Local Government (154), International NGOs (69), National NGO/CSOs (142), Others (75).
[193] Comments survey.
[194] UNAIDS 2018 Performance Monitoring Report 2016–2017: Organizational Reports.
[195] Joint Programme for Health Systems Strengthening and Social Accountability in Zambia https://www.unfpa.org/joint-programme-health-systems-strengthening-and-social-accountability-zambia.
[196] UBRAF575 p.47; UBRAF570 p.89, p.91; UBRAF572 p.14.
[197] See Annex L.

Hypothesis 10: UBRAF results can be sustained beyond 2021, including through sustainable financing for national responses.

UBRAF results can be sustained beyond 2021, including through sustainable financing for national responses	Strength of evidence
10.1. Sustainability of UBRAF output level results (change in countries) hinges on country capacities, willingness and resources – largely outside sphere of Joint	
10.2. Sustainability of results of Cosponsor HIV programming depends on core funding but also (mainly) on Cosponsor investment of own resources.	
10.3. Sustainability of the UNAIDS Secretariat programming and results depends largely on core funding resource mobilisation and donor commitment to UNAIDS.	
10.4. Sustainability of the UN Joint Programming depends largely on willingness to collaborate and contribute – less on mobilising core resources.	
Evaluation questions ➢ How sustainable are the efforts and results of the Joint Programme?	

149. **Finding 10.1: Sustainability of UBRAF output level results (change in countries) hinges on country capacities, willingness and resources – largely outside sphere of Joint Programme influence.** As was highlighted above, the UBRAF outputs measure country and global level HIV response results and not direct Joint Programme results. The relative size of the financial resource contribution of Joint Programme resources – compared with Global Fund and PEPFAR contributions, for example – plus the paramount importance of the country capacities and willingness mean that the sustainability of results achieved to date moving forward fall largely outside the sphere of Joint Programme influence. This is not to devalue the potential role that the Joint Programme could have (and has had, as was shown) on the results moving forward as a key actor in the ecosystem of the response.

150. **Finding 10.2: Sustainability of results of Cosponsor HIV programming depends on core funding but also (mainly) on Cosponsor investment of own resources.** Several respondents[198] agree that international funding for HIV and the Joint Programme is unlikely to increase. The sustainability of Cosponsor HIV responses depends on their ability and willingness to integrate HIV in their organisation, and allocate human and financial resources to HIV programming.[199] Also, these respondents argue for cost-efficiencies. Country visits and Joint Programme reports found that Cosponsors often work on a mix of upstream (normative and policy support) and downstream (implementation support) activities. Upstream functions are generally more cost-effective than implementation support and service delivery; the latter would be the first functions to be transitioned to the host country.

151. **Finding 10.3: Sustainability of the UNAIDS Secretariat programming and results depends largely on core funding resource mobilisation and donor commitment.** Global stakeholders question the long-term relevance of the UNAIDS architecture. UNAIDS was established as a UN Joint Programme, and several observers suggest that the continued need and relevance of UNAIDS in the current format beyond 2030 (end of AIDS) needs to be re-articulated.[200,201,202] The Joint Inspection Unit also found that the context of the HIV response has dramatically changed, but also that targets for SDG 3 are not being met; UNAIDS resource mobilisation target was unrealistic; and that reduced funding and staffing changed the role and commitment of the Cosponsors. Hence the JIU report calls for a long- term strategy for UNAIDS to meet its 2030 commitment and a review of appropriate staffing levels, resources and field presence, and reassessment of the commitment of Cosponsors to a Joint Programme.[203] UNAIDS donors echo the need for long-term scenario planning, rather than business- as-usual planning. But opinions differ on the direction: while some advocate phasing out the Secretariat, handing over key functions (e.g. strategic information, global advocacy, fundraising) to Cosponsors, others suggest broadening UNAIDS' mandate to address social determinants of health beyond HIV. Options put forward for country-level offices include moving UNAIDS into the UN Resident Coordinator system,[204] and encouraging UNAIDS staff to fill gaps left by Cosponsors in terms of broader partnerships and social determinants.[205]

[198] KII, External; KII, Cosponsor, UBRAF604 p.11.
[199] KII, Cosponsor.
[200] Donor KIIs, Joint Inspection Unit report.
[201] KII, External; KII, External; KII, External; KII, External; KII, External.
[202] KII, External.
[203] Joint Inspection Unit report, 2019.
[204] KII, UNAIDS.
[205] KII, Cosponsor; South Africa Case Study.

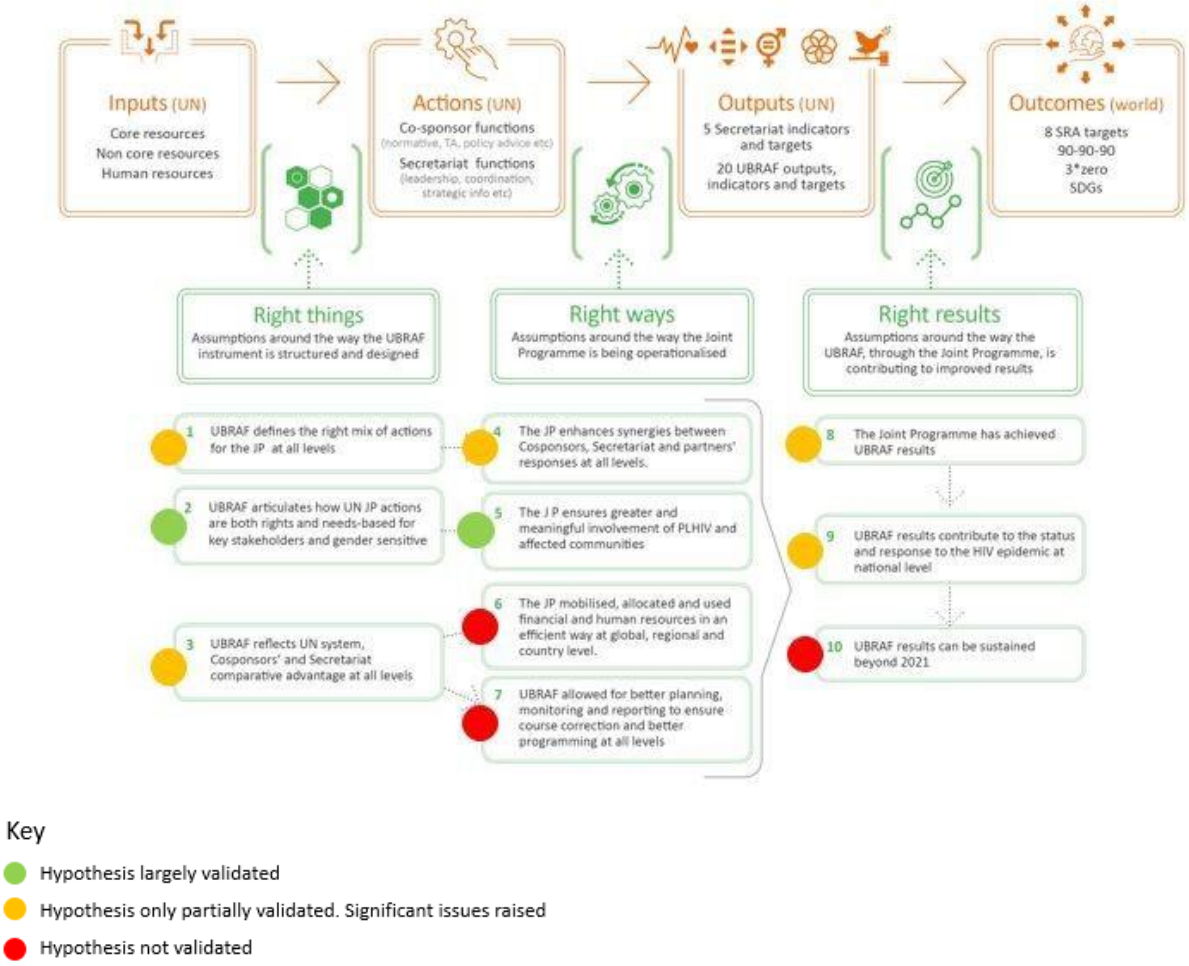
152. **Finding 10.4: Sustainability of the UN Joint Programming depends largely on willingness to collaborate and contribute – less on mobilising core resources.** This finding primarily builds off the discussion under Hypothesis 4 and specifically the finding that the relationships and level of collaboration across the Joint Programme are 'under stress' – particularly at the global level. A common theme among many of the key stakeholders that were interviewed across the Joint Programme was that, while at an individual level people enjoyed working together and were often able to focus on resolving key issues collectively, the interagency UN 'politics' and ongoing dissatisfaction over financial and human resource allocation meant that these collaborative achievements were often achieved 'in spite of' and 'not because' of the Joint Programme structures. Several KIIs flagged that these stresses were increasingly reaching breaking point. In this context, 'willingness' is viewed as a finite commodity which would require a continued focus on maintenance, something that goes beyond simply finding additional funds.

> *"We really enjoy working with each other when we get together and have over the years achieved great things…however when we get back in to our respective organisations day-to-day realties and pressures…are increasingly getting in the way of collaboration…"* (KII, Cosponsor)

Section 5 Conclusions

153. The previous section presented the findings by the three workstreams and by the 10 hypotheses which were developed during the inception period for this assignment. Figure 17 below maps against the theory of change presented in Section 3, the extent to which the evaluation team have concluded whether the 10 hypotheses have been validated or not.

Figure 17: Validation of the Theory of Change



154. This figure highlights that the evaluation partially validated the three hypotheses that were tested with regard to the extent to which the UBRAF has been doing the 'right things' – with particular emphasis on how the UBRAF was based on evidence and has been the result of extensive input from the key stakeholders. However, the evaluation did identify some significant issues in relation to right things (specifically in terms of the extent to which the UBRAF has not been able to support effective prioritisation and resource allocation).

155. In terms of the **'right ways',** while the finding relating to the extent to which the Joint Programme has ensured greater involvement of PLHIV and affected communities was largely validated, two of the four hypotheses that were tested were found to have not been validated (relating to the allocation and use of financial and human resources and the use of planning and monitoring to ensure better programming) while the hypothesis relating to the Joint Programme's ability to enhance synergies across stakeholders was found to be only partially validated (with the finding relating to the fact that relationships and level of collaboration across the Joint Programme are under stress at the global level being particularly key).

156. In terms of the '**right results'**, the evaluation was only able to partially validate the hypotheses relating to extent to which the Joint Programme has achieved the UBRAF results and contributed to national level epidemic status and responses and was unable to validate the hypothesis that the UBRAF results could be sustained beyond 2021.

157. On the basis of the hypothesis-driven validation of the theory of change, the headline conclusions of this evaluation are as follows:

- **The structure and design of** the UBRAF has been a success in several ways. It is needs based, inclusive and participatory and provides a comprehensive rationale for interventions that address gender equality and women's empowerment. But despite demonstrating the potential for UN reform at country level, it has proved unable to achieve a consistent division of labour among the Cosponsors and Secretariat and neither guides the prioritisation of actions nor is an effective tool to allocate resources.

- **In its operationalisation** UNAIDS has been most successful at engaging with and bringing together civil society with other sectors. In contrast, while collaboration across the Joint Programme generally works well at country level, it is under stress at the global level, where Cosponsors are increasingly unable to provide technical skills and leadership. Mobilisation of resources and allocation across the programme is recognised to be weak with poor accountability and falling effectiveness. The contribution of the UN system to country and global change is poorly recognised and insufficiently evaluated.

- **The UBRAF** has potential to be a play a continued useful role as an instrument for the joint Programme. However, for this to be the case the UBRAF needs to have a fully articulated Theory of Change (ToC) which is fully aligned with a modified results framework that includes precise output level performance indicators which are attributable to the UN system.

- Despite shortcomings in UNAIDS' operationalisation and measurement, evidence suggests a number of key UBRAF milestones for **results** were being met or exceeded in 2019, although with wide variation among countries. The Joint Programme clearly contributes to country level outcomes though the relative performances of the Cosponsors and Secretariat cannot be identified. The Joint Programme contributes to stronger systems and capacities to sustain national and local AIDS responses.

- Looking forward, the **sustainability** of the results achieved through the Joint Programme will depend critically on a) continued core funding of UNAIDS, b) continued Cosponsor engagement and c) increased alignment with national priorities and associated domestic commitments. In the current environment, none of these things are guaranteed. Cosponsor HIV programming depends on continued core funding but also (mainly) on Cosponsor investment of own resources and there is no certainty that Cosponsors will continue to invest their own resources moving forward. The sustainability of the UNAIDS Secretariat programming and results depends largely on core funding resource mobilisation and donor commitment to UNAIDS which is likely to be under threat: Some donors question the continuing relevance of the Joint Programme architecture and it is not clear that donors will remain committed to UNAIDS beyond 2021. Finally, at national level domestic commitments to AIDS programming have, on the whole, been disappointing and there is little indication that this will shift positively.

158. Presented below are the 11 specific evaluation conclusions mapped against each of the three overarching evaluation questions. These conclusions provide more detail and nuance to these three headline conclusions and cut across the hypotheses. These 11 evaluation conclusions draw directly from the evaluation findings provided in the previous section. In order to help ensure the line of sight between these evaluative conclusions and the specific findings, relevant finding numbers in brackets in the text have been identified.

1. **The UNAIDS Strategy, which articulates the global response, is highly relevant because it describes the UN system's 'upstream' role within the global response, and is based on evidence and extensive input from the key stakeholders.**

   The strategies and actions of the Joint Programme mirror the UNAIDS Global Strategy and are based on (a) thorough and detailed analysis of the epidemiological evidence and shifts in the context over the period, although there are shortfalls in gender assessment capacity (particularly gender and norms analysis) **[1.1, 1.2, 1.4, 2.3],** and (b) a highly participatory process of engagement with all key stakeholders at global, regional and national levels **[2.1, 2.2, 2.3, 2.4].** The UN Joint Programme reflects the comparative advantage of the UN system – namely the functions of Cosponsors and UNAIDS Secretariat, which are in essence 'upstream' functions such as advocacy for human rights, providing policy options, capacity building, convening and providing technical and standard setting guidance. **[3.1]**

2. **The UBRAF, which provides operational details on the Joint UN response, is not well known beyond the Joint Programme. It is not used as was intended and has demonstrated limited value as a prioritisation / resource allocation tool. The UN system cannot and/or does not use it as such.**

   External partners are generally aware that the UN system uses framing documents such as UBRAF and UNSDCF, but they had little knowledge about their specific contents, including goals and objectives and how they were utilised for programming **[4.1].** This undermines the utility of the UBRAF as a joint planning and engagement tool across the response **[3.5].** The UBRAF aims to be strategic (focusing on a limited number of results) and catalytic (identifying critical support gaps), recognising that core resources reflect less than one per cent of global AIDS resources. However, in mirroring the global UNAIDS Strategy, UBRAF articulates comprehensively the many policies and strategies that countries should adopt, including the support these countries can expect from UN system. UBRAF strategic results areas are not prioritised, so lack any implicit guidance for Joint Teams or individual Cosponsors to strategise when human and financial resources are constrained. While the 2016 prioritisation exercise initiated by the PCB resulted in fewer output indicators this did not explicitly result in a reduction of the scope or prioritisation of strategies and actions **[1.5, 7.1].** In 2018, prioritisation happened in response to reduced resources and recommendations of the Global Review Panel with the shift to fund more country-level and Fast-Track country programming **[6.6].** In practice, resource allocation in the Joint Programme is not coordinated nor prioritised and the reality of the funding landscape means that de facto, Cosponsor resource mobilisation and capacity and political realities drives UN system priorities rather than the UBRAF **[1.6, 6.7].**

3. **The lack of Joint UN 'HIV and gender' plan, based on a comprehensive assessment, prevents clarity on the way forward for the Joint Programme.**

   The UNAIDS Strategy provides a comprehensive rationale for interventions that address gender equality and women empowerment (GEWE) more broadly, and gender-sensitive HIV responses more narrowly, developed through wide and participatory consultation across the Joint Programme **[1.1, 2.1, 2.4].** However, the lack of reference to a number of relevant global normative standards, along with consistent shortfalls in systematic gender analysis (particularly at the national level), constrains the Joint Programme from coordinating and prioritising sustainable gender-transformative HIV interventions **[2.4].** The Joint Programme has been informed by useful instruments, such as the Gender Equality Marker (GEM) and UN-SWAP (Sector Wide Approach) in delivering some strategic commitments at the corporate level, but these instruments have not systematically informed programmatic responses to address gender-sensitive HIV responses.

4. Country-level Joint Planning contains positive lessons for UN reform.

In line with UN reform aims, UBRAF provides a UN system-wide starting point for strategic cooperation framework, linked with the SDGs and reflecting system-wide HIV resources, a division of labour, and description of how Joint UN Teams coordinate support at global, regional and country level **[3.9].** The aforementioned highly participatory planning processes that have characterised the UBRAF development and ongoing refinement (including the agreements over division of labour) **[3.6]** in many ways represent best practice in joint programming **[1.1, 1.2, 2.1, 2.2, 2.3].** There are numerous examples of successful joint planning initiatives particularly at the country level **[3.6, 6.6, 9.2].**

5. The UBRAF output indicators do not allow assessment of the UN system contribution to global progress nor do they adequately systematically capture the direct contribution that Joint Programme activities make to country-level change.

The UBRAF results framework reflects changes (outcomes and impacts) that are intended to take place at the country level as a result of all stakeholder activities **[7.1, 9.1, 9.2].** Joint Programme activities are captured in part through the JPMS reporting system but this system is still viewed as sub-optimal as it is largely qualitative and based on self-reporting **[7.1].** There is a missing 'middle' in terms of the systematic reporting of Joint Programme 'outputs' – the current UBRAF indicators are too distal (measure results at country level) and the JPMS (largely) qualitative reporting is too proximal (largely measure activities – outputs need to be extracted) – so that it is impossible to ascertain the contribution that the Joint Programme is having, particularly at country-level change **[3.1, 7.2, 9.2, 9.3].** This lacuna is having an impact on resource allocation **[1.6, 1.7, 3.6],** fundraising **[6.1, 6.2, 6.7]** and the sustainability of the Joint Programme **[10.1, 10.3].**

6. The recognised challenges of Joint Programming across multiple agencies have been significantly exacerbated by a shortage of available funding – but this is seen by many as an opportunity for strategic prioritisation.

The relationships and level of collaboration across the Joint Programme are significantly under stress **[4.3].** These stresses are particularly playing out at the global level with internal discussions focused on mandates and resource allocation taking up a lot of time, energy and resources. The UNAIDS division of labour agreement is in many ways an impressive achievement (see conclusion 5 above) but it is necessarily political and a highly contentious process **[3.6].** The less than anticipated resources available for the Joint Programme **[6.1]** have exacerbated the debates around resource allocation with particular focus and disagreement about the relative distribution of funds between Cosponsors and Secretariat, between global and country level, and the selection criteria of country envelopes **[6.3, 6.5, 6.6, 6.7].**There is an emergent consensus that the current situation represents an opportunity for strategic prioritisation across the Joint Programme and even a radical rethink of the way forward **[6.4].**

7. The view that financial and human resources from core funds are not being appropriately allocated across the Joint Programme is widely held, particularly at global level.

The view that that the core resource allocation across the Joint Programme is disproportionately skewed in favour of the Secretariat vis-à-vis Cosponsors is widely held, particularly at the global level **[3.2, 3.7, 6.3, 6.7].** This view is in part corroborated by the JIU report **[3.2].** It is important to highlight that the current allocations were strongly influenced by the Global Review Panel and the PCB and that the focus on increasing the core resource allocation to country level (which by definition reduces total resources available at global level) means that there exist incompatible demands on resource allocation. These incompatible demands are also characterised between the PCB and the Cosponsors **[3.7].**

8. At the country level, the ability to provide leadership in HIV technical areas, as well as programme and oversee HIV funds, has been negatively impacted by reductions of in-country HIV expertise for several Cosponsors. This will have short-, medium-, and long-term consequences for the Joint Programme.

The allocation of human resources both in terms of quantity and quality is widely reported to be one of the weakest areas of the Joint Programme **[6.7].** Cosponsor HIV-specific human resources are reducing, and affecting Cosponsor capacity to provide technical leadership in their mandated field; UNAIDS Secretariat and UCO human resources are also reducing (but to a lesser extent) **[6.8].** As resources have been allocated more at country level, a number of Cosponsors report to struggle in providing HIV technical leadership to country colleagues who are typically generalist and need specialist support to develop high

quality strategies. Notably, Cosponsors have responded to losing HIV staff by increasingly relying on short-term consultants which can make it more difficult to continuously engage and ensure timely and proper implementation of programmes. HIV positions at Cosponsor headquarters have been abolished or replaced with more generalist positions. The Secretariat has also reduced human resources at all levels, and closed or downsized UCOs with a loss of HIV technical leadership at Secretariat level. The widely reported impact of these changes is that the current quantity and quality of human resources, particularly expert staff and those focusing on issues of key populations, are affecting the Joint Programme's ability to deliver on its strategy and support other programmes. The risk is a vicious circle of reduced organisational resources and expertise undermining the Joint Programme ability to add value to the global HIV response, and importantly raise additional resources **[6.7, 6.8, 10.2, 10.4].**

Right results

9. There is progress in terms of reaching UBRAF milestones although there is wide variability between country performance, and the expected acceleration in the country response in Fast-Frack countries versus other countries has not clearly happened yet. There are numerous, mainly qualitative, examples of UN contributions to the global and country HIV response.

At global level, in 2018 80% of the UBRAF indicator measurements met or exceeded the 2019 milestones set for these, an increase of 8% since 2016. Since these UBRAF indicator measurements assess if policies, strategies, guidelines and programmes are in place, this suggests that at a country level progress has been made in the AIDS response in those areas that the Joint Programme focuses on. Especially when keeping in mind that changes of this nature take time to occur **[8.1].** In 2018, there were large differences between countries on an overall score based on responses to the indicator measurements, indicating substantial differences between countries in the status and/or focus of their AIDS response **[8.2].** There are only small differences in progress in the response between Fast-Track and other countries, or regions. Furthermore, although some progress has also been made in terms of changes in the number of new HIV infections and AIDS- related deaths, the Fast-Track (epidemic) targets that have been set for these impact indicators have not been achieved **[8.3].** While it is difficult to prove the contribution of the Joint Programme to country level outcomes using quantitative data (UBRAF indicators), based on qualitative data, there is ample anecdotal evidence of Joint Programme outputs that have contributed to changes in HIV responses at the country and global level **[9.2, 9.4, 9.5].** Key areas where UN contribution can be seen include:

- Global guidance through policy development, tools and networks (such as the Global HIV Prevention Coalition).
- Support to country strategy development and investment cases, based on strategic information (relating national targets to global).
- Sustaining the focus on human rights, gender and the inclusion of civil society, even in challenging environments.
- Catalytic support to service delivery, such as UNICEF, WFP and UNDP providing vital procurement services in countries under trade sanctions or where capacity is low **[9.2, 9.3, 9.4, 9.5, Annex L].**

10. The sustainability of the results achieved through the Joint Programme to date are not guaranteed and indeed are under immediate threat.

The Sustainability of UBRAF output level results (change in countries) hinges on country capacities, willingness and resources which are largely outside the sphere of Joint Programme influence **[10.1].** The sustainability of the Joint Programme itself is under significant strain – both in terms of securing ongoing funding for activities **[6.1, 6.2, 6.3, 10.2]** but also securing ongoing 'investment' in Joint Programming collaboration **[4.3, 4.5, 10.2].** Reduced funding and stressed working relationships are putting the sustainability of the activities and outputs of the Joint Programme under pressure **[4.3, 10.4].** The ongoing sustainability of the Joint Programme hinges on the ability and willingness of Cosponsors to jointly mobilise resources and develop the right cooperation framework **[6.2, 10.2, 10.4].**

11. Looking forward, a coordinated UN response on HIV remains very relevant, especially at normative and policy level; however, the future relevance of the Joint Programme architecture is being questioned by a number of key stakeholders (including key donors).

There is broad agreement on the relevance for a joint UN programme to the current and future global response to HIV **[1.1, 1.2].** The comparative advantage of the UN system is presented as the functions of Cosponsors and UNAIDS Secretariat: in essence, 'upstream' functions such as advocacy for human rights, providing policy options, capacity building, convening and providing evidence. Of particular emphasis is the comparative advantage of the UN as a trusted partner to engage in politically or culturally sensitive policy dialogues with member states, while PEPFAR and the Global Fund are seen as technical and/or funding agents, complementing the UN **[3.4].** Additional comparative advantages of the Joint Programme also noted are catalytic core funding for innovations; joint UN advocacy on human rights being more effective than single Cosponsor policy dialogue; and the ability to collectively influence Cosponsors and their member states **[2.1, 3.1].** Finally, the inclusion of civil society in the governance of the Joint Programme is seen to add value to the Joint Programme **[2.1, 2.2, 2.3, 2.4].**

However, the relevance of the current Joint Programme architecture for the medium to long-term needs of the response is being increasingly questioned by a broad range of stakeholders **[6.2].** Several UNAIDS donors and Cosponsor agencies challenge the UNAIDS Secretariat to better justify its added value to the Joint UN Programme **[3.2, 6.2].** Concerns are linked to the increasing difficulty in resource mobilisation for the Joint Programme – reflecting increasing additional and competing needs as well as divergent interests of donors and member states – **[6.1]** and the way these resources are being distributed across the Joint Programme **[3.6, 4.2, 6.3, 6.5].** Several external partners of the Joint Programme and other external reviews have flagged that Cosponsorship is static and does not always reflect Cosponsor ability and willingness to contribute to the UN system response **[6.2].** It is important to highlight there does not seem to be a clear consensus regarding what the changes to the architecture should be and that there are incompatible demands on the current architecture that are playing out **[3.7].**

Section 6 Recommendations

159. Eight recommendations have been identified. These have been derived from the 11 conclusions. These recommendations are, in the first instance, all directed towards the UNAIDS senior management.

160. The recommendations are presented as overall recommendation statements with specific detailed recommendations presented as bullet points underneath these statements. These bullet points are listed in order of importance and sequence of timing.

161. The recommendations are divided into four strategic and four operational recommendations. The strategic recommendations are structured to address the deep failures and concerns over resource allocation, especially from core funds. They include a redefined UN System Strategy; a fully costed and prioritised unified budget; improving the theory of change to identify effective indicators; a radical revision of the architecture of the Joint Programme; and revamped professional interaction. The operational recommendations support strategic change and deal with mobilising resources more systematically; ways to improve allocation of core funds and to reassess human resources in the Secretariat and Cosponsors; and improved articulation for gender mainstreaming.

6.1 Strategic recommendations

Recommendation 1: The Joint Programme needs to prioritise programming in a more strategic and pragmatic way.

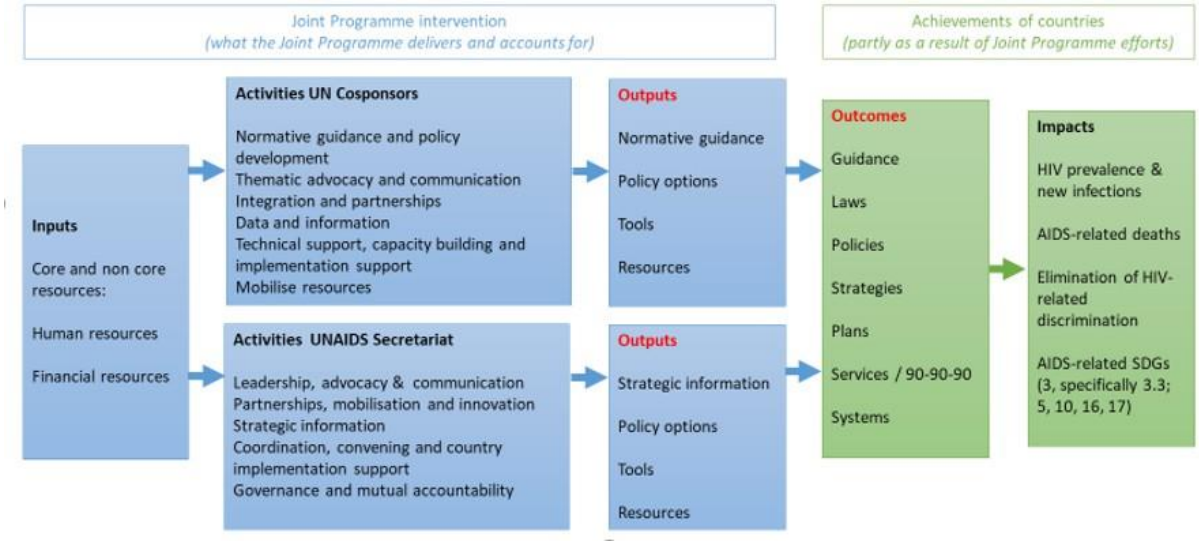
Conclusions 3, 6

- UNAIDS Secretariat to facilitate consensus among UNAIDS Cosponsors for the period until 2030, on a *UN System Strategy* in support of the global HIV response.
  - This UN System Strategy should be realistic:
    - based on scientific evidence of strategies having the most impact on the HIV epidemic;
    - based on cost-effective approaches;
    - tying into the agreed-upon Division of Labour and the upstream role of the UN system.
  - The UN System Strategy should be prioritised:
    - prioritising the geographical footprint for UN System support;
    - presenting specific UN activity areas as 'investment cases' showing value for money and comparative advantage for UN system and/or Cosponsors;
    - demonstrating priorities for different funding levels.
- UNAIDS Secretariat and Cosponsors to finalise the next *Unified Budget*, guiding specific allocation of joint human and financial resources, so that the budget:
  - prioritises core funds to joint strategies and activities (as opposed to Cosponsor specific);
  - fully costs each priority of the UN system strategy, showing funding gaps, so that donors appreciate what the Joint Programme can or cannot do based on levels of funding;
  - reduces the number of countries for country envelope funding such that the monies are large enough to make a difference and reduce the transaction costs;
  - prioritises the UNAIDS Secretariat geographical footprint (fewer country offices, more multi-country offices) deploying savings to increase the Fast-track/country envelopes.
- UNAIDS Secretariat to facilitate where possible (e.g. around country-level NSP development and global review processes) improved UN joint system planning with the Global Fund, PEPFAR and mutual donors.

Recommendation 2: Revise the UBRAF Theory of Change (ToC) and modify the associated results framework and M&E systems accordingly to better capture the contribution of the Joint Programme to global and country-level outcomes

Conclusions 5, 9, 10

- The UBRAF has potential to be a play a continued useful role as an instrument for the Joint Programme. However, for this to be the case the UBRAF needs to have a fully articulated Theory of Change (ToC) which is fully aligned with a modified results framework that includes precise output level performance indicators which are attributable to the UN system.
- UNAIDS Secretariat to revise the UBRAF Theory of Change (ToC) and results framework (for example as proposed below – see also Annex M). A revised ToC and result framework should
  - Include Joint Programme *outputs* (i.e. attributable results of Joint Programme activities) which are currently missing, reflecting the 'upstream' functions of the UN;
  - Include Joint Programme *outcomes* and *impacts* (i.e. country-level changes that the Joint Programme outputs contribute to, but that are usually a result of the efforts of multiple actors).
- UNAIDS Secretariat to commission regular (preferably bi-annual) external evaluations that would aim to establish links between the UBRAF outputs and country-level outcomes, and validate the contribution implied by the ToC.
- UNAIDS Secretariat to further strengthen and streamline the M&E system and tools for the Joint Programme (JPMS) and invest increased human and financial resources into managing these systems in country and centrally.



Revised ToC framework with Joint Programme outputs and outcomes specified

Recommendation 3: Address head-on the future architecture of the Joint Programme
Conclusions 2, 4, 7, 11

• UNAIDS Senior Management to get on the 'front foot' of discussions about the UNAIDS Secretariat's immediate role and especially long-term (post 2030) role, and to commission a comprehensive external review of strategic options.[206]
• This review should build on the 2017 Global Review Panel and ensure the continued relevance of the Joint Programme as key part of the global HIV response explore options for the future *architecture* and *operation* of the Joint Programme, such as:
  ○ leveraging UN reforms – especially with respect to (a) transparency and simplification of planning, (b) improving financial allocation and reporting, (c) placing greater emphasis on instruments such as UNSDCF, and (d) the possibility of the UNAIDS country-level coordination function to be taken up as part of the UN Resident Coordinators Office – arguably this would also be more in line with the integrated and multi-sectoral approach to sustainable development promoted by the SDGs);
  ○ radical architecture options such as greatly reducing the size and function of the Secretariat (particularly the Geneva HQ) so that it only has a coordination and strategic information function;
  ○ increasing the agility of the Joint Programme, for example a more fluid and dynamic process for Cosponsors to join or leave the Joint Programme, and increasing the ability of resources to be reallocated quickly across Cosponsors or geographies to maximise results;
  ○ leveraging synergies between the big players in the HIV response such as Global Fund and PEPFAR to maximise impact and reduce overlap and inefficiencies.

Recommendation 4: The Joint Programme should invest more in working better together
Conclusions 6, 10

• UNAIDS Leadership to hold the CCO responsible for addressing management and resource issues, so that Cosponsor technical experts can collaborate more effectively on programmatic issues. The CCO needs to:
  ○ strengthen the agency of technical staff to collaboratively implement the Joint Programme as a powerful basis for ongoing future work to combat HIV; and
  ○ separate conversations around management issues (around process, governance and resources) from the technical and programmatic issues, with an emphasis on ensuring that the former does nor crowd out the latter.
• UNAIDS Secretariat to create more platforms and opportunities for Joint Programme technical experts and professionals at all levels to collaborate around key technical and programmatic issues and challenges, such as:
  ○ technical gatherings/meetings for Joint Programme counterparts to discuss technical issues, best practices, and lessons learned;
  ○ setting up of a short-term secondment system so that staff can learn more about counterpart programming;
  ○ joint planning at all levels (country/regional/global).

[206] It is noted that this review could be integrated in to the current (at time of writing) UNAIDS strategy facilitation process that has been commissioned.

6.2 Operational recommendations

Recommendation 5: UNAIDS Secretariat to develop a Joint Programme resource mobilisation strategy that is linked directly to the UN System Strategy and Unified Budget mentioned in Recommendation #1

Conclusions 2, 6, 10

- UNAIDS Secretariat to conduct a systematic resource mobilisation review for the Joint Programme.[207] This review should cover:
  - three main perspectives: (1) the relative ability of the Secretariat vis-à-vis Cosponsors to raise funds; (2) the resource mobilisation options from a global, regional and country perspective, and (3) an assessment of why the previous UNAIDS resource mobilisation strategy was unsuccessful;
  - an assessment of the donor and member states' likely ongoing support for a special UN programme on HIV, seeking indications from these constituencies on the specific areas that are perceived to be needed/add value, indicating options for the future architecture of the UN response on HIV (see Recommendation #3).
- The results of this review should inform a revised Joint Programme resource mobilisation strategy which is agreed on and owned across the Joint Programme.

Recommendation 6: The Joint Programme needs to sharpen – and possibly overhaul – its resource allocation processes

Conclusions 2, 6, 7

- UNAIDS Secretariat to solicit independent advice (for the Programme Coordinating Board (PCB)) for a resource allocation process for UNAIDS *core* funding in the next Unified Budget, in order to restore the collective belief in the validity of the process, improve efficiency and improve transparency for fundraising. This independent review should propose the following:
  - documented rationale and accountability process for resource allocation across the Joint Programme;
  - criteria to allocate core funds to Cosponsors, e.g. contribution to UN System Strategy priorities, resource needs and fundraising abilities;
  - criteria to allocate core funds to programme activities, e.g. contribution to UN System Strategy priorities, joint versus individual Cosponsor activities, priority countries;
  - an arbitrated resource allocation process;
  - an exit strategy for Cosponsors to graduate out of core funding support if they have enough resources, and strategy for UN agencies to 'buy into' UNAIDS services.
- UNAIDS Secretariat to commission a detailed assessment/evaluation of the country envelope mechanism.
- UNAIDS Secretariat to commission an independent review of the human resource levels of the UNAIDS Secretariat vis-à-vis UN System Strategy priorities (see also Recommendation #8). This review should assess:
  - economies of arrangements within countries and regions;
  - appropriateness of human resources of the UNAIDS Secretariat at global, regional and country level;
  - options for arrangements to allocate staff across agencies depending on requirements, the presence of agencies and programmes.

[207] In some case we have suggested the need for an independent/external review to be commissioned. However, we know that external reviews are expensive and so, where the need for an external review to be conducted is not paramount – as is the case here - we have not suggested this in the text.

Recommendation 7: The Joint Programme should develop a concise and clear Joint UN 'HIV and gender' plan to facilitate the implementation of strategic gender commitments

Conclusion 3

- UNAIDS Secretariat to mainstream gender commitments into the upcoming Strategy, by developing an accompanying Joint UN 'HIV and gender' plan (annexed or standalone) that provides guidance for the Joint Programme on practical implementation of the commitments. This process should ensure that the Joint UN 'HIV and gender' plan:
  - Articulates a shared understanding of the gender aspects of the HIV epidemic, definitions, scope and principles;
  - Allocates roles and responsibilities to action areas among Cosponsors and Secretariat
  - Is informed by a review of evidence that demonstrates where strategic gender commitments resulted in positive HIV response outcomes the national level
  - Reflects existing gender mainstreaming strategies, approaches and best practice articulated across the UN system and elsewhere;
- UNAIDS Secretariat to incorporate the above into the UN System Strategy and Unified Budget described in Recommendation #1.

Recommendation 8: Act now to maintain HIV technical expertise in Joint Programme Response

Conclusions 7, 8, 10

- UNAIDS Secretariat to undertake a review of the human resource levels of the Cosponsor HIV departments vis-à-vis UN System Strategy priorities (see also Recommendation #6). This review should:
  - address the need to maintain HIV technical leadership across the Joint Programme.
  - examine to what extent HIV specialist expertise (e.g. in relation to working on issues around Key Populations and policy work) is being adequately resourced.
  - help bolster focused Cosponsor technical HIV expertise (mainly but not only at country level) so that quality programming is assured.
- UNAIDS Secretariat to support Cosponsors to advocate for adequate human resources with the PCB and donors, and the financial resource for this.

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org