

# UNAIDS

## Joint evaluation of the UN Joint Programme on AIDS's work on efficient and sustainable financing

### *Report*



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## Acknowledgements

The aim of this evaluation was to provide an independent assessment of the Joint Programme's work on efficient and sustainable financing of the AIDS response, covering the period from 2018 to 2021, and with a focus on relevance, coherence and effectiveness. The evaluation draws key conclusions on what is working well, what the Joint Programme should stop doing, and what the gaps are. It provides a set of forward-looking and actionable recommendations to UNAIDS Cosponsors and Secretariat for maximising the contributions to efficient and sustainable resourcing of the AIDS response.

We are especially grateful to the evaluation team from CEPA economics matter, led by Kaveri Kumar and Suzanne Fournier and to Cosponsors and Secretariat staff, UN Joint Teams on HIV, policy makers, implementors and other stakeholders who participated actively in the evaluation.

The evaluation included four country case studies conducted in Côte d'Ivoire, Kazakhstan, Tanzania and Viet Nam. The country reports stand on their own as national situation analyses and inform this report. They are published as a separate volume to go along with this report.

We acknowledge the contribution of the evaluation offices of UNFPA and WFP who supported the UNAIDS evaluation office in the management of the evaluation, and the reference group, which included Cosponsors as well as representatives of civil society and partners. Thanks also go to UNAIDS Country Offices in the four countries of the evaluation and experts who collaborated with the evaluation team and reviewed drafts of the report.

The evaluation has taken place at a critical time for the UNAIDS Joint Programme and we believe that the findings will improve the Joint Programme's role in promoting sustainable and efficient financing—as a critical lever for supporting countries to achieve the 2030 goal of ending AIDS as a public health threat.

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## Abbreviations and acronyms

<b>AP region</b>	Asia and the Pacific region
<b>AGYW</b>	Adolescent Girls and Young Women
<b>CBO</b>	Community-Based Organisation
<b>CCM</b>	Country Coordinating Mechanism
<b>COP</b>	Country Operational Plan (PEPFAR)
<b>CSO</b>	Civil Society Organisation
<b>EECA region</b>	Eastern Europe and Central Asia region
<b>ESA region</b>	East and Southern Africa region
<b>JPMS</b>	Joint Programme Monitoring System
<b>KII</b>	Key Informant Interview
<b>KP</b>	Key Population
<b>LAC region</b>	Latin America and the Caribbean region
<b>LMICs</b>	Low- and middle-income countries
<b>NASA</b>	National AIDS Spending Assessment
<b>NGO</b>	Non-governmental organisation
<b>NSP</b>	National Strategic Plan
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>OECD DAC</b>	OECD Development Assistance Criteria
<b>PCB</b>	UNAIDS Programme Coordinating Board
<b>PEPFAR</b>	United States President's Emergency Plan For AIDS Relief
<b>PWID</b>	People Who Inject Drugs
<b>SHI</b>	Social Health Insurance
<b>SID</b>	Sustainability Index Dashboard (PEPFAR)
<b>SRA</b>	Strategic Results Area
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>TA</b>	Technical Assistance
<b>TOC</b>	Theory of Change
<b>TOR</b>	Terms of Reference
<b>TSM</b>	Technical Support Mechanism
<b>UBRAF</b>	Unified Budget, Results and Accountability Framework
<b>UHC</b>	Universal Health Coverage
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WCA region</b>	Western and Central Africa region
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

Cambridge Economic Policy Associates (CEPA) was appointed by UNAIDS to conduct an independent evaluation of the UNAIDS Joint Programme’s contribution to efficient and sustainable financing for the AIDS response. This is CEPA’s final evaluation report and presents the evaluation findings, conclusions and recommendations.

### Background and objectives

The evaluation has taken place at a critical time for the UNAIDS Joint Programme. The last UNAIDS 2016–21 Strategy “On the Fast Track to end AIDS” has concluded and the new Global AIDS Strategy 2021–26 “End Inequalities. End AIDS” has commenced. Alongside, there has been a plateauing of funds for the HIV response, following two decades of steady increase. Changes in the AIDS financing landscape and the implications of the COVID-19 pandemic provide an opportunity to assess achievements to date and priorities going forward, which is the main purpose of this evaluation. The evaluation has the following three **specific objectives**:

- To provide an independent assessment of the Joint Programme support covering the period from 2018 to 2021 considering all Organisation for Economic Co-operation and Development (OECD) Development Assistance Criteria (DAC) evaluation criteria of relevance, coherence, efficiency, effectiveness, sustainability and impact, but with a focus on relevance, coherence and effectiveness.
- To draw key conclusions on what is working well, what the Joint Programme should stop doing, and what the gaps are.
- To provide a set of clear, forward-looking and actionable recommendations to the Co-sponsors and the Secretariat for maximising the contributions to efficient and sustainable resourcing of the AIDS response.

The **evaluation framework** is structured in terms of three key aspects of the Joint Programme functioning—(i) strategy and design; (ii) implementation; and (iii) results. Across these aspects, the framework considers eight evaluation questions representing the full set of OECD DAC evaluation criteria (see below). The **methodology** employed was a Theory of Change (ToC) based approach with mixed methods comprising document review, stakeholder interviews and focus group discussions, data analysis, intervention mapping as well as country case studies (Tanzania, Côte d’Ivoire, Viet Nam, Kazakhstan).

### Key findings

Table i.1 below presents the key findings of the evaluation for each of the eight evaluation questions.

**Table i.1: Key findings by evaluation question**

Key findings by evaluation question
<b><i>Evaluation Question 1: How has the Joint Programme leveraged its comparative advantages to strategically influence stakeholders?</i></b>
<ul style="list-style-type: none"> <li>■ The comparative advantage of the UNAIDS Secretariat with regards to efficient and sustainable financing is in terms of its convening power and political advocacy role, and for the Joint Programme as a whole in the provision of analytical products, advisory services, and generation of strategic information.</li> <li>■ UNAIDS Joint Programme work with civil society, community-based organisations (CBOs) and KP-led organisations is regarded as central to its identity within the global AIDS response.</li> <li>■ In countries transitioning from donor support, the UNAIDS Joint Programme plays a crucial role in efficient and sustainable HIV financing.</li> </ul>

- The unique Cosponsor model of the UNAIDS Joint Programme is not functioning as desired/ optimally with regards to work in efficient and sustainable financing.
- Whilst the Global Strategy recognises the current financing agenda is not about HIV alone but within the UHC and SDG contexts, there is a lack of definition and coherence in the approach of the Joint Programme in this regard.
- There is some concern as to whether and how current capacities and limited financing expertise within the UNAIDS Secretariat can and should support a broader mandate on tax reform within the macroeconomic financing agenda, notably as this is already within the mandates of several Cosponsors (e.g. UNDP, World Bank) and other organisations such as the International Monetary Fund (IMF).

***Evaluation Question 2: How well is the Joint Programme's work on efficiency and sustainability of AIDS funding aligned with the new Strategy 2021–2026?***

- There are good examples of financing related work recently completed or initiated which align closely to the new Strategy, suggesting good potential for a continuum in the Joint Programme's work. However, there is a continued challenge between the HIV focus of the UNAIDS Joint Programme mandate and defining the HIV approach for the SDG era.
- The Joint Programme's approach to activity and output based results measurement prevents a much needed focus on outcomes. While this does not suggest that the Joint Programme is not progressing and contributing to outcomes such as increased and more efficient financing, there is a lack of robust evidence to systematically assess progress.

***Evaluation Question 3: To what extent has the Joint Programme worked with and fostered relevant partnerships to achieve AIDS financing goals, including with civil society and international partners?***

- The UNAIDS convenor and political advocacy role is prime for funders, with strategic information and analytical products generated by the Joint Programme guiding funding allocation decisions, in particular for the Global Fund. The partnership with the Global Fund and contribution to country financing requests is significant, with room for more effective information-sharing and coordination on country support. The PEPFAR partnership is relatively more limited, but there are some recent examples of increased and collaborative working.
- UNAIDS Joint Programme coordination and partnership with civil society and CBOs/KP-led organisations is critically important to the sustainability of the AIDS response. Joint Programme work is regarded as contributing to directing (especially external) funding towards community responses. There is less evidence on the extent the Joint Programme has strengthened CSO and CBOs/KP-led organisations' capacity to engage with governments on efficient and sustainable financing.

***Evaluation Question 4: Has the Joint Programme sufficient capacity for work on efficient and sustainable financing?***

- The UNAIDS Joint Programme division of labour for efficient and sustainable financing is not fully leveraged at the global level and does not reflect how Cosponsors operate at country level. There is insufficient engagement on the range of financing work by Cosponsors and ad-hoc and haphazard coordination between the Secretariat and Cosponsors, with COVID-19 further impacting joint work. At country level, limited collaboration between the Joint Programme and the World Bank presents a missed opportunity to build on the World Bank's broader work in health financing and working with Ministries of Finance.
- There is a lack of coherence in the approach of the Joint Programme to its priorities in efficient and sustainable financing for the HIV response, where the mandate of Cosponsor agencies is for financing of the SDGs and Health/UHC, with HIV as a priority therein.
- The Joint Programme is not sufficiently engaging the financing expertise that exists within the Cosponsor agencies in its efforts under efficient and sustainable financing for the AIDS response.
- As a result of the above issues, the Secretariat is playing more of a principal/ implementer role in some aspects, which risks spilling over into Cosponsor areas of expertise.
- It is widely acknowledged that the Secretariat is stretched on the Joint Programme efficiency and sustainable financing agenda. A restructure and addition of Executive-level leadership is viewed as helping to bring additional capacity and greater visibility within the Secretariat to the financing efficiency and sustainability agenda. However there remain key questions on Secretariat capacity in relation to mandate.

***Evaluation Question 5: How have countries been supported on evidence and data that they need? What guidance and tools have been developed and promoted and are these used and useful?***

- The Joint Programme support for the development of National Strategic Plans (NSPs) and HIV investment cases is very well received by countries. It is at the core of the HIV sustainable financing and efficiency agenda, with some general suggestions for improvement in processes and coordination with partners as well as better linkages with translation to domestic policy.
- The relevance and quality of the work around transition and sustainability plans varies between countries, although this is an area of better coordination amongst partners. Financial sustainability plans are increasingly taking account of KP transition issues due to the efforts of the Joint Programme, however there remain challenges in actual transition.
- There are mixed views with regard to the National AIDS Spending Assessment (NASAs), with a clear need to have partner agreement on the approach going forward.
- HIV funding reporting through Global AIDS Monitoring (GAM) and provided publicly on the UNAIDS financial dashboard was considered useful especially for global advocacy purposes, although also with the aforementioned needs to improved coordination across partners.
- The work on separate cost-efficiency and costing studies has been disjointed and ad hoc so far, which has limited the impact.

***Evaluation Question 6: How has the Joint Programme influenced political commitment in countries? Has the Joint Programme been able to increase sustainable financing for the AIDS (and health) response?***

- The Joint Programme has played an important role in increasing the political commitment for HIV in countries, with high-level engagements being a driving factor.
- However, the Joint Programme could do more to resolve the gap between political buy-in and material change to domestic financing through detailed follow through of sustainability and transition plans.
- While there are good examples of Joint Programme contribution to political commitment, political will to commit domestic resources to key aspects of the response: prevention, services for KP, CBO and KP-led services remains a challenge.

***Evaluation Question 7: What contribution has the Joint Programme made to increase allocative and technical efficiency of resources?***

- The Joint Programme is regarded as making some important contributions to efficiencies in use of resources and in programme optimisation with support to Investment Cases, NSPs, and Global Fund proposals having the most significant impact.
- More work from the Joint Programme is needed on allocative and technical efficiencies in particular within domestic financing. This is considered key to achieving the ambitious AIDS targets given plateauing in HIV financing trends.
- The priority of efficient financing requires continued work by the Joint Programme and coordination with partners to ensure better linkage of outputs (analytical products, strategic information, policy and technical guidance) to changes in funding flows.
- Community-based delivery, including through social contracting, is regarded as a crucial area for efficiency where the Joint Programme is regarded as making progress—though more is needed.

***Evaluation Question 8: How has the Joint Programme supported countries to feature financing for the HIV response in the UHC country strategy?***

- Successive Global AIDS strategies have embraced a UHC orientation, but within the four country case studies, financing and governance have had limited to no fundamental shift.
- Coordination within the Joint Programme on HIV and UHC is limited at global and country levels. The high levels of HIV financing compared to other health priorities and reduced UBRAF funding are regarded as barriers.
- There is a need to better define the focusing and approach of the Joint Programme on HIV and UHC.

## Recommendations

Within the context of plateauing external funding for HIV as well as challenges from the COVID-19 pandemic, the Joint Programme has faced a crisis situation with a considerable decline in financial resources, and correspondingly staff capacity, amongst both UNAIDS and the Cosponsors. The fiscal challenges confronting the HIV response and the ambition of the SDGs are a call to action for the Joint Programme to bring greater coherence in its approach to efficient and sustainable financing which has been lacking. There is also a strong need for the Joint Programme to “re-boot” its capacities for effective delivery, and leverage its comparative advantages to a maximum, closely coordinating with PEPFAR and the Global Fund given their prominence in country HIV financing.

The following recommendations are proposed. Recommendations should be completed in six months to one year and the time frame to be indicated in the management response. The evaluation questions on which recommendations are based are indicated alongside the agencies to whom recommendations are directed. Each recommendation is followed by sub-bullets which elaborate on the main recommendation and/ or provide suggestions for their operationalisation.

**Recommendation 1: The Joint Programme should continue to focus and build upon its areas of comparative advantage in financing, including the Secretariat's convening/coordinating role at global, regional and country levels and political advocacy, and the Joint Programme's work as a whole on analytic tools, strategic information, and policy guidance. In particular, any change and/ or expansion in mandate for the work of the Secretariat should be carefully considered alongside the mandate of the Cosponsors and other organisations as well as its capacities and resources.**

Based on Evaluation Questions: 1, 2, 3, 4, 5

Directed to: UNAIDS Secretariat, Cosponsors

- The UNAIDS Secretariat should continue to leverage its “neutral arbiter” role to convene the different stakeholders including governments, civil society, community-led and key population-led organisations, UN agencies and international funders.
- It should also continue to harness its critical role in political advocacy for AIDS financing, in close partnership with the key international funders for AIDS including the Global Fund and PEPFAR, and with a renewed approach that reflects the evolving context for HIV within the wider UHC, SDG, and COVID-19 environment. The Joint Programme could better leverage and coordinate in this area with Cosponsors, in particular the World Bank, given the Bank's strong relationships with Ministries of Finance and Economy.
- The Joint Programme as a whole should emphasise the work on developing strategic information in support of efficient and sustainable financing, employing an “end-user” lens to ensure alignment of data and information, as well as relevance. See further recommendations below on this aspect.
- The Joint Programme should build on its critical role with regards to engagement and capacity building of CSOs, by supporting sustainable financing of civil society and community and KP-led organisations.

The Secretariat and the Joint Programme should closely consider how to engage in the macroeconomic financing agenda and specifically tax reform agenda, carefully clarifying Secretariat roles in relation to its resources and the risk of overlap and duplication with Cosponsors and other agencies, which may have more expertise to offer in these areas.

**Recommendation 2: The Joint Programme should clearly define its approach to efficient and sustainable financing and related work plan for the Secretariat and Cosponsors.**

Based on Evaluation Question: 2, 4

Directed to: UNAIDS Secretariat, UNDP, World Bank; with the Global AIDS Strategy 2021–26 Results Area 8 primary contributing organisations of UNICEF, WFP, UNFPA, WHO

- Based on the new Global AIDS Strategy 2021–26, and noting that the UBRAF development process was underway during the evaluation, UNAIDS should develop a strategy/ concept note for efficient and sustainable financing, with clearly defined overall objectives, the key activities to be undertaken to support the achievement of these objectives and key results, and related resourcing. This should be based on a ToC model that seeks to coherently define the Secretariat and Cosponsor approach to efficient and sustainable financing. It should consider issues that reflect the Secretariat core areas of work and financing issues that resonate with the Cosponsor priorities.
- The Joint Programme should move beyond an activity and output-based reporting and measurement approach and focus more on the outcomes of its work in efficient and sustainable financing for the AIDS response. Whilst this is a recommendation relevant for the UNAIDS Joint Programme as a whole, the need to move from largely activity-based reporting and assessment of results to outcome measurement is emphasized. Within the work on efficient and sustainable financing in particular, greater attention should be paid on measuring the translation of strategic information, national strategies, and analytical products into policy changes and financing increases, and the impact of CSO and KP engagement in terms of increased capacity building and financing, etc. Some of these aspects may also be supported through evaluations of the Joint Programme's work.

**Recommendation 3: The Joint Programme should seek to leverage additional and the right capacities in support of its goals of efficient and sustainable financing.**

Based on Evaluation Questions: 3,4

Directed to: UNAIDS Secretariat, UNDP, World Bank and other Cosponsors as relevant

- The Joint Programme should set up a coordinating mechanism or working group for efficient and sustainable financing, led by co-convenors and the Secretariat, which also engages closely with PEPFAR and the Global Fund. The working group would need to be a "light-touch" mechanism that convenes a couple of times a year to set the agenda and review progress, given limited resources and capacities amongst organisations. There should be agreement on a quorum of Cosponsor membership for this working group, reflecting the main HIV and health financing partners and specifically including participation from WHO, UNICEF and UNFPA in addition to the World Bank and UNDP as co-convenors. The financing coordinating mechanism/ working group should ensure the inclusion of health financing expertise from the Cosponsors as part of its membership. In this regard, the key teams within the Cosponsor agencies in support of UNAIDS financing objectives should be identified, together with ways of engaging them. The coordinating mechanism should build upon and leverage other coordinating mechanisms such as the SDG3 Global Action Plan Sustainable Financing Accelerator platform where the range of financing partners are actively engaging and discussions are framed in the context of integration, multisectoral financing and UHC.

- The Secretariat and the World Bank should together consider how greater collaboration can be facilitated at the country level, building on the opportunity for a common approach to sustainable health financing and efficiency that builds on the World Bank's broader work in health financing and working with Ministries of Finance.
- The Secretariat should selectively strengthen its capacity in HIV and health financing, focusing on supporting the efficiency of funding of the AIDS response (as a priority for focus with flat-lining funding) as well as broader health expertise that helps link HIV within the UHC and multisectoral context.

**Recommendation 4: UNAIDS should continue to evolve its partnership with the key international funders such as PEPFAR and the Global Fund to ensure relevance and added value, whilst continuing to leverage the Joint Programme's comparative advantage at country level.**

Based on Evaluation Question: 3

Directed to: UNAIDS Secretariat, Cosponsors

- Given the prominence of PEPFAR and the Global Fund in AIDS financing, the Joint Programme needs to continue to work in close partnership with these organisations, seeking to engage and coordinate with them alongside the set of Cosponsors. This would suggest that any coordinating body for Joint Programme work in efficient and sustainable financing includes engagement from these funders.
- In particular, the partnership with the Global Fund should seek to ensure better coordination of the generation of analytical products and strategic information. UNAIDS also needs to improve timeliness of delivery of strategic information in country in relation to Global Fund processes.
- The partnership with both the Global Fund and PEPFAR should continue to build upon the country presence of the Secretariat and wider Joint Programme and its convening role in support of advancing the PEPFAR objectives.

**Recommendation 5: The Joint Programme should further strengthen the engagement and capacity building for civil society, CBOs and KP-led organisations to engage in domestic financing debates.**

Based on Evaluation Question: 3

Directed to: UNAIDS Secretariat, Cosponsors

- The Joint Programme should continue to strengthen CSO and KP-led organisation capacity to engage in national plans and external funding processes. In addition, there should be more work to strengthen CSO and KP-led organisations to lobby for and receive funding from domestic sources, with social contracting in transitioning countries and sharing of best practices across countries to be strengthened going forward.

**Recommendation 6: The Joint Programme should improve coordination on its analytic work and strategic information on efficient and sustainable financing, and develop a common vision around the role of future tools, in particular regarding the integration into the wider UHC agenda, and consider ways for more effective translation to policy.**

Based on Evaluation Questions: 5, 6, 7, 8

Directed to: UNAIDS Secretariat, Cosponsors

- A starting point should be a clear mapping of planned and completed analytical products such as NSPs, investment cases, cost-efficiency studies, sustainability and transition plans etc by the Joint Programme by country. This should be made available widely to all partners for improved and transparent working.
- The Joint Programme should develop a strategic vision for some of its key tools, in particular with regard to the tension between being HIV specific and integrating with other disease areas.
- Additionally, there should be more processes to encourage and monitor the translation of strategic information and analytical products into national policy. This could include allocation of resources to dissemination and advocacy around key strategic information pieces; close collaboration with national actors, including CSOs, during the development and to keep track on the progress of key strategic products such as investment cases or transition plans; amongst others.

**Recommendation 7: The work on allocative and technical efficiency should be a priority for the Joint Programme, given plateauing funding for HIV. This includes identification of efficiency opportunities through its existing work in analysis and strategic information, emphasising translation of this information into policy.**

Based on Evaluation Questions: 5,7

Directed to: UNAIDS Secretariat, Cosponsors

- There has been some good progress in this area over the last few years which should be further strengthened, such as modelling support for investment cases and NSPs, coordination with external donors in particular around Global Fund country requests as well as the work around social contracting and community-led service delivery generally. Nevertheless, this is an area which requires much further work, given it is central to achieving the Global AIDS Strategy and the UNAIDS targets in the current constrained funding landscape. In particular, the Joint Programme needs to play a key role in encouraging and following up on identified efficiency opportunities including leveraging technologies and increased domestic funding.
- The Joint Programme should elevate its efforts to increase domestic resources to enable achieving the Global AIDS Targets and sustain the gains. There is a need to include quality sustainable financing plans, that include progressive integration, and support effective transition where donors have planned to exit.

**Recommendation 8: The Joint Programme should create a common vision and improve coordination with regard to the integration of HIV financing within the wider UHC financing agenda.**

Based on Evaluation Questions: 1, 4, 8

Directed to: UNAIDS Secretariat, Cosponsors

- The Joint Programme should develop a clear and well-communicated approach to its work with regards to the integration of HIV within the wider financing agenda. This would entail a careful consideration of where the HIV agenda can inform and amplify the UHC financing agenda that has wide ranging benefits that also advance HIV outcomes. Similarly, it would also involve a careful consideration of the extent to which HIV-specific financing objectives and advocacy efforts increase cross-disease/UHC supportive inefficiencies, and where spill-overs, mutually supportive programme and system investments, integrated systems approaches etc are overlooked. Stakeholders widely view the Joint Programme's value add for UHC as partnership with CSOs, community-led and KP-led partners and fostering their inclusion within national dialogues which the Secretariat should build on with Cosponsors and partners.

# 1. Introduction

Cambridge Economic Policy Associates (CEPA) was appointed by UNAIDS to conduct an independent evaluation of the UNAIDS Joint Programme's work on efficient and sustainable financing for the AIDS response. This is CEPA's final evaluation report and presents the evaluation findings, conclusions and recommendations.

This introduction section describes the evaluation background, objectives and scope (Section 1.1), the evaluation framework, approach and methodology (Section 1.2) and the structure of the report (Section 1.3).

## 1.1. Evaluation background, objectives and scope

Sustainable and efficient financing is a critical lever for supporting countries to achieve the 2030 goal of ending AIDS as a public health threat. The UNAIDS 2016–21 Strategy “On the Fast Track to end AIDS” target 9 (of 10) was aimed at raising financial resources for the AIDS response in low and middle income countries (LMICs) with continued increase from the current levels of domestic public sources.<sup>1</sup> Strategic Results Area 7 (SRA 7) was “AIDS response is fully funded and efficiently implemented based on reliable strategic information” which includes overall investment targets (including specifically for prevention, and with regards to domestic resources and international investment), implementation of financial sustainability transition plans and country compacts, analytical products and data to prioritise resource allocation, exploitation of allocative and productive efficiency gains, capacity building of countries, and investment and support to civil society including networks of people living with and at risk and affected by HIV. The 2016–21 Unified Budget, Results and Accountability Framework (UBRAF) denotes United Nations Development Programme (UNDP) and World Bank as the primary contributing organisations for SRA 7, alongside the UNAIDS Secretariat through its organisational functions of leadership, communication and advocacy; effective partnerships for impact and sustainability; strategic information for planning, monitoring and evaluation; coordination, coherence and convening; and mutual accountability.<sup>2</sup>

In 2021, UNAIDS released a new Global AIDS Strategy 2021–26 “End Inequalities. End AIDS”, in which the Joint Programme priorities on efficient and sustainable resources for the AIDS response also reflect the new health financing context resulting from the COVID-19 pandemic and an opportunity to ‘build back better’ through more resilient and people-centred health systems.<sup>3</sup> The Global AIDS Strategy calls for reforms that broaden the vision of financing for HIV and health financing to promote sustainability through addressing the structural drivers of inequality, promoting progressive taxation and Universal Health Coverage (UHC), and increased social spending. There are three priority actions to achieve planned targets and results: (a) mobilise the political leadership and global solidarity; (b) maximise the impact of available resources; and (c) develop and implement context-specific sustainability financing strategies. The UBRAF 2022–26 was under development at the time this evaluation was conducted.

This evaluation has been commissioned at an opportune moment, with the new Strategy 2021–26 in place, alongside the “2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030”. Changes in the AIDS financing landscape and the implications of the COVID-19 pandemic provide an opportunity to assess achievements to date and priorities going forward, which is the main purpose of this evaluation. In particular, the Terms of Reference (TOR) note that this evaluation “will serve the following three main **purposes**: (i) document results and demonstrate accountability to stakeholders in relation to the work of the UNAIDS Joint Programme in promoting efficient and sustainable financing for the AIDS response; (ii) support evidence-based planning, programming and decision-making; and (iii) contribute lessons learned to existing

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<sup>1</sup> UNAIDS (2016) UNAIDS 2016-2021 Strategy - On the Fast-Track to end AIDS, Page 9.

<sup>2</sup> The UBRAF is the Joint Programme contribution to the Global AIDS Strategy.

<sup>3</sup> UNAIDS (2021) End Inequalities. End AIDS. Global AIDS Strategy 2021-2026, Page 55.

knowledge on how to reach the global AIDS targets for 2030". Further, the TOR note the following **specific objectives** for the evaluation:

- To provide an independent assessment of the Joint Programme support considering all Organisation for Economic Co-operation and Development (OECD) Development Assistance Criteria (DAC) evaluation criteria of relevance, coherence, efficiency, effectiveness, sustainability and impact, but with a focus on relevance, coherence and effectiveness.
- To draw key conclusions on what is working well, what the Joint Programme should stop doing, and what the gaps are.
- To provide a set of clear, forward-looking and actionable recommendations to the Co-sponsors and the Secretariat for maximising the contributions to efficient and sustainable resourcing of the AIDS response.

As such, the evaluation retrospectively assesses progress covering the period from 2018 to 2021 to provide an independent assessment of the Joint Programme's contribution to efficient and sustainable financing. While it considers both strategies (i.e. previous 2016–21 and new 2021–26), the evaluation's conclusions and recommendations focus on the new Global AIDS Strategy 2021–26 to present a forward-looking view and support evidence-based decision-making for the 2021–2026 UNAIDS UBRAF.

## 1.2. Evaluation framework, approach and methodology

This section sets out the evaluation framework and methodology (Section 1.2.1), evaluation methods and limitations (Sections 1.2.2 and 1.2.3), and approach to collating and assessing robustness of evaluation findings (Section 1.2.4).

### Evaluation framework and theory-based approach

Based on the evaluation objectives and scope described above, Figure 1.1 over page sets out the evaluation framework which is structured in terms of three key aspects of the Joint Programme functioning—(i) strategy and design; (ii) implementation; and (iii) results. Across these aspects, the framework considers key evaluation questions representing the full set of OECD DAC evaluation criteria of relevance, coherence, efficiency, effectiveness, sustainability and impact. As is represented in the figure below, the questions cut across different OECD DAC criteria, with most questions to be examined through the lens of multiple evaluation criteria. That said, the emphasis is on the evaluation criteria of relevance, coherence and effectiveness, as per the evaluation objectives set out in Section 1.1. Overall conclusions and recommendations going forward have been drawn from the assessment across all evaluation questions and cross-cutting aspects.

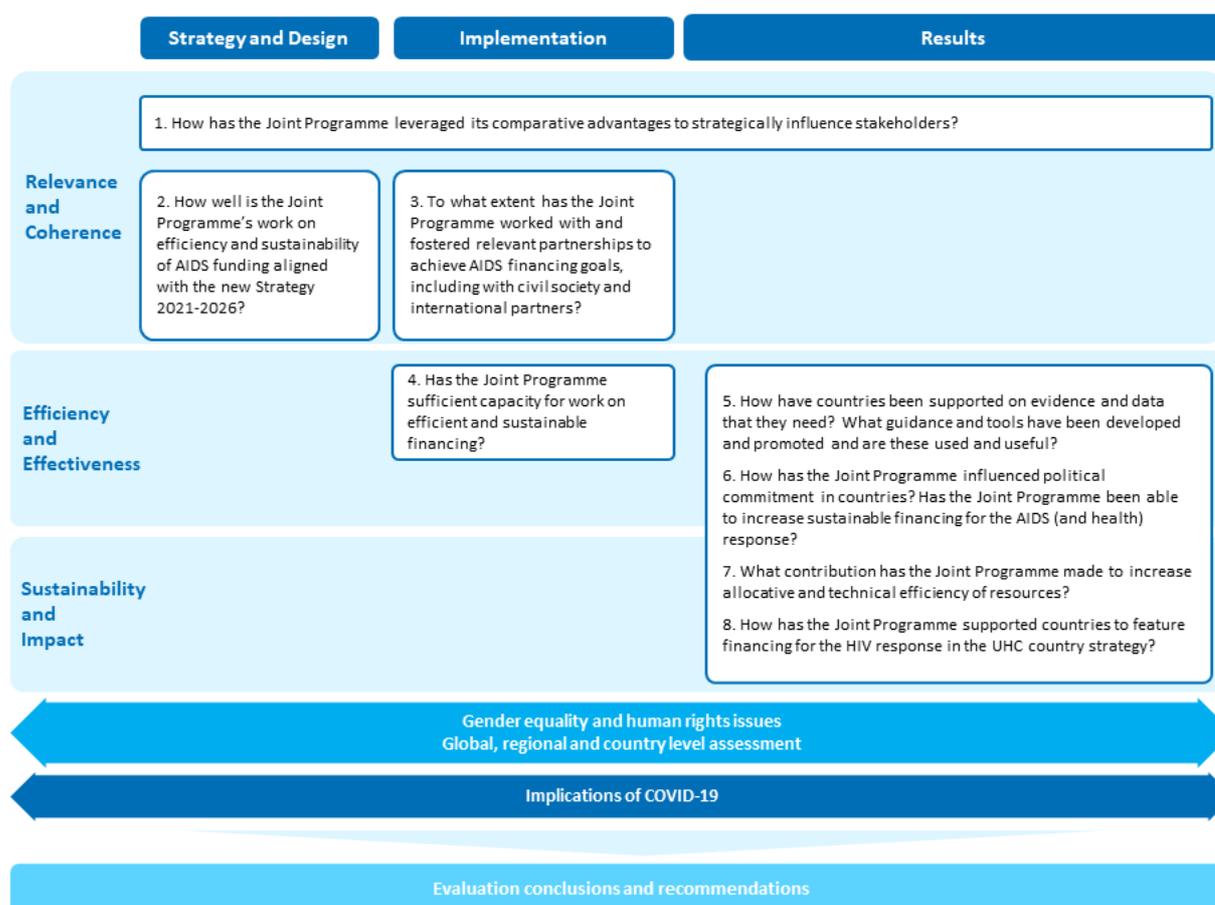
The evaluation employs a theory-based approach, in that, the evaluation is grounded in a theory of change (TOC) that sets out the key activities of the Joint Programme on efficient and sustainable financing and their intended results, with a delineation of the pathways to these results as well as key assumptions and risks. As a TOC for the Joint Programme's work in financing did not exist, CEPA constructed a TOC in support of this evaluation which is included in Appendix D.

The evaluation has been conducted in accordance with the UN Evaluation Group Norms and Standards for Evaluation and a consideration of the UNAIDS Guidance on Integrating Human Rights and Gender Equality into UNAIDS Evaluations.<sup>4,5</sup>

<sup>4</sup> UNEG (2017) UNEG Norms and Standards for Evaluation.

<sup>5</sup> UNAIDS (2018) UNAIDS Guidance on Integrating Human Rights and Gender Equality into UNAIDS Evaluations.

**Figure 1: Evaluation framework**



## Evaluation methods

The evaluation is a mixed-methods evaluation including document review, data analysis, intervention mapping, stakeholder interviews and focus group discussions, as well as country case studies. Each of these is described in turn below.

### Document review

The evaluation included a comprehensive and structured review of relevant documentation. Appendix A includes a bibliography that depicts the full list of reviewed resources. Key sources have included the following:

- UNAIDS documents:** A comprehensive review was undertaken of the relevant project documentation outlined in the TOR, including the UNAIDS 2016–2021 Strategy and the Global AIDS Strategy 2021–2026, the 2016–2021 UBRAF, UNAIDS budgets and workplans from 2018 onwards, and Programme Coordinating Board (PCB) reports and decisions on financing and sustainability. Documents from working groups on health and AIDS financing were also reviewed, including the UNAIDS Advisory Group break-out group on AIDS Response Financing, presentations on levels of domestic and global funding and manuscripts submitted for publication on social enablers and HIV resource needs. Other documents consulted include Technical Support Mechanism (TSM) reports and information on technical support provided since 2018, select past evaluations of UNAIDS (of the TSM, the UNAIDS Global Fund partnership, amongst others).
- JP Monitoring System (JPMS):** The following global and regional information in JPMS were reviewed: Global Reports on the outputs relevant for financing namely Outputs 7.1, 7.2 and 8.1 (sections on Individual Cosponsor Achievement and Collective Achievement); Regional Summary Reports on Outputs 7.1, 7.2 and 8.1 (where outputs are specifically referenced by their number, or there is content related to resource mobilisation, investment efficiency and sustainability, and

integration with UHC and other health programmes); and Joint Team Capacity information for SRA7 and SRA8.

- **Cosponsor and other key stakeholder documents:** Select reports and strategies developed by the main Cosponsors implicated in AIDS financing (World Bank, UNDP and World Health Organisation (WHO)) covering efficient and sustainable AIDS financing including wider issues such as UHC, social contracting, social protection, and social enablers. The review also included select reports and materials from other key AIDS stakeholders, including Global Fund, PEPFAR, and civil society (e.g., Global HIV Prevention Coalition), UHC2030 sustainability and transitions technical working group.
- **For country case studies:** Key country level documents were reviewed including HIV investment cases, National Strategic Plans (NSP), and progress and monitoring reports; JPMS data on Country Planning and Country Reports, including select supplementary documents and Joint Capacity Country information; the United States President's Emergency Plan For AIDS Relief (PEPFAR) Sustainability Index Dashboard (SID) and PEPFAR Country Operational Plan (COP) materials, and select data, guidance and evidence produced for countries with the support of the Secretariat and Cosponsors (e.g., allocative efficiency reports, sustainability and transition assessments).
- **Wider literature:** The desk-review was supplemented with select relevant academic and grey literature regarding AIDS financing, or which have AIDS financing implications.

### Data and quantitative analysis

A quantitative analysis of achievements against the UBRAF indicators for Output 7.1 and 7.2 and of Joint Programme budget allocated to SRA7 (see Section 3 below for details on these indicators and metrics) was performed. Where available, the evaluation also drew on other available quantitative information presented in UNAIDS reports or on the UNAIDS HIV Financial Dashboard. For the country case studies, quantitative data from the domestic sources has been analysed to complement the data officially reported by UNAIDS. As this is evidence that UNAIDS and Cosponsors are familiar with, the key purpose of the quantitative analysis was to prepare line of inquiries for the qualitative assessments conducted through country case studies and key informant interviews (KIIs).

### Intervention mapping

The evaluation has attempted to map out the key activities and interventions planned and implemented through the Joint Programme over the evaluation period 2018–21 across the main evaluation areas (with a focus on Evaluation Questions 5–8). This has been organised in a matrix by UNAIDS Secretariat and Cosponsors (with a focus on convening Cosponsors World Bank and UNDP). The objective was to understand the range of activities undertaken in support of the different evaluation areas. The intervention mapping is sourced from reports of SRA7 and SRA8 over this time period alongside TSM annual reports and feedback from the global and country stakeholder consultation. The mapping was conducted at a high-level and, while providing country examples, is not a detailed list of all activities in all countries. The intervention mapping is presented in Appendix J.

### Key stakeholder and focus-group interviews

The evaluation used semi-structured KIIs as an important source of information for the evaluation in order to gather a range of perspectives and insights. Due to COVID-19 restrictions, all global KIIs were conducted remotely.

Consultations were held with 45 global and regional representatives through individual interviews and focus group discussions (see Appendix B for a list of stakeholders and Appendix C for the interview guides). Focus group discussions were largely conducted by organisation, but where relevant, certain stakeholders were combined as focus group discussions to stimulate joint discussions and assessments. The representatives interviewed come from the following groups: UNAIDS Secretariat and select Cosponsors; key funders (e.g., Global Fund, PEPFAR/USAID); civil

society and non-governmental organisations (NGOs); select members of UNAIDS Advisory Break-out Group on AIDS financing; technical and academic partners; and wider health sector stakeholders (e.g. UHC2030)

Stakeholder interviews were supported by targeted interview guides, and were conducted utilising good interview practice (e.g., providing relevant background information, respecting anonymity, avoiding use of leading questions etc). A record of interviews by person/ role and organisation was retained to aid an assessment of relevance of the content and to facilitate our analysis.

## Country case studies

The country case studies serve as a key piece of evidence across all evaluation questions, with a particular emphasis on evaluation questions 1 and 5–8. The selection of countries and evaluation approach is as follows:

- **Selection:** Four countries for detailed country case studies were identified: **Tanzania, Côte d'Ivoire, Viet Nam, Kazakhstan**. Countries were selected to represent a mix of contexts and opportunities to strengthen efficient and sustainable HIV financing. These include epidemic typology, World Bank income level, HIV and health system financing trends, trends in HIV incidence, burden of HIV, together with qualitative information on political commitment to finance HIV responses, supportive context for key populations, and strength of the HIV response.
- **Approach:** For each country, a document and data review were performed, drawing from the aforementioned sources and other materials shared at country level. Evaluators spoke with a range of relevant stakeholders (on average 17 individuals per case study<sup>6</sup>) through individual interviews and focus group discussions (including Cosponsor representatives, representatives of National AIDS Control Councils, Ministries of Health, Country Coordinating Mechanisms (CCMs), Ministry of Finance, in-country CSOs/NGOs, donors, among others). The standard country-level interview guide is included in Appendix C. Individuals were identified with support from the UNAIDS Country Office and Cosponsors. Whilst led by the CEPA team, case studies also drew on country based associate experts for support with in-country networks and in-person interviews, and for KIIs conducted in languages other than English or French. Interviews were conducted both remotely and in person, with the exception of the Kazakhstan case study where all KIIs were conducted remotely.
- **Contribution to the evaluation:** Case studies are illustrative (and not statistically representative), exemplifying the range of contexts addressed and activities undertaken by the Joint Programme. They provide a deep dive of the work of the Joint Programme, to draw insights to inform in-country work, and support the overall global-level assessment.

The case studies are presented in Appendices E–H.

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<sup>6</sup> Specifically, the following number of stakeholders were consulted per country: Cote d'Ivoire (18), Kazakhstan (14), Vietnam (15) and Tanzania (22).

## Limitations and mitigation measures

Table 1.1. presents key limitations and mitigation measures.

**Table 1.1: Key limitations and mitigating measures**

Method/ Aspect	Limitations	Mitigating measures
Document / database review	Lack of complete and specific data and documentation and in particular: (i) some documentation is not specific and detailed on certain financing aspects and does not apply coherent terminology; (ii) activities and achievements in the first half of 2021 are not yet reported through official means such as the annual SRA report; and (iii) incomplete data such as JPMS data is not complete for all reporting fields and all years, including Human Resources data, databases such as the UNAIDS Financial Dashboard do not have comprehensive data for all countries, etc.	A substantial number of documents have been reviewed to enable a well-rounded evaluation. There has been a greater emphasis on stakeholder consultations including through the country case studies.
Stakeholder interviews	Consultation limitations include: (i) limited awareness and understanding with regard to specific UNAIDS Secretariat and Cosponsor activities especially with regards to efficient and sustainable financing work and distinguishing financing work from overall Joint Programme work; and (ii) limited understanding, particularly at country level, of the Joint Programme Cosponsor model and role of the Secretariat and Cosponsors as leading efforts on behalf of the Joint Programme	Consultees were advised of specific financing aspects during consultations and also triangulated with other evidence as available. In the country case studies, the evaluators made efforts to identify all Cosponsors engaged in work concerning efficiency and sustainable financing and to interview them.
Harmonisation in the Joint Programme's work on financing	There is not an agreed TOC for the Joint Programme's work on financing and therefore there are many different perspectives on regarding how the Joint Programme should be addressing key issues in HIV and health financing.	CEPA constructed a TOC during the inception phase based on document review. Core phase KIIs were used to triangulate respective views on the Joint Programme.
Assessment of achievements/ results	UNAIDS progress reports on financing are activity focused and in some cases include outputs but do not include an assessment of outcomes.	CEPA has developed detailed intervention mapping analysis linked to the evaluation questions to understand results (see Appendix J). A TOC was developed in support of the evaluation. Ultimately this has been a challenge for this evaluation, and as such there has been limited assessment of outcomes.
Remote working/ COVID-19	Limited insight from the remote country assessments due to COVID-19, given the more limited scope of key respondent enquiry as compared to in-person country visits.	CEPA included countries where an in-country or regional CEPA associate is based. Informants were carefully selected and detailed and tailored interview guides were produced. Video conference was used for a majority of interviews.

## Approach to collating and assessing robustness of findings

The evaluators collated evidence across the range of methods described above. Ultimately the findings, conclusions and recommendations are based on the range of evidence, with the evaluation team's expert judgment applied across the piece to bring out key issues and relevant recommendations going forward.

In line with good evaluation practice, evaluators assessed both the "quality" as well as triangulation/ "quantity" of the evidence.

- To evaluate the **quality** of the documentation and feedback, evaluators considered the source and reliability of the quantitative data and qualitative information (where possible/relevant), and involvement of the consultee providing feedback on a specific issue (e.g. Secretariat and Cosponsors may be conflicted to provide positive rather than critical feedback, etc.).
- To evaluate **quantity**, evaluators assessed the extent to which findings are consistent after being triangulated across sources of information. For example, in terms of consultations, evaluators considered how many consultee responses supported the same view, or if the same view is supported across consultees that have diverse agendas, or instances in which views might have been contradictory.

Table 1.2 presents a rating system that combines quality and quantity to assess the overall robustness of a finding. All robustness rankings are *relative* robustness rankings, based on careful consideration and are ultimately judgement-based. A robustness rating of 1 is considered "Strong", and 4 is considered "Poor"; findings of a Poor rating have not contributed to our analysis.

**Table 1.2: Robustness rating for /main findings**

Rating	Assessment of the findings by strength of evidence
Strong (1)	<ul style="list-style-type: none"> <li>■ The finding is supported by data and/or documentation which is categorised as being of good quality by the evaluators; and</li> <li>■ The finding is supported by majority of consultations, with relevant consultee base for specific issues at hand</li> </ul>
Moderate (2)	<ul style="list-style-type: none"> <li>■ The finding is supported by majority of the data and /or documentation with a mix of good and poor quality; and/or</li> <li>■ The finding is supported by majority of the consultation responses</li> </ul>
Limited (3)	<ul style="list-style-type: none"> <li>■ The finding is supported by some data and/or documentation which is categorised as being of poor quality; or</li> <li>■ The finding is supported by some consultations as well as a few sources being used for comparison (i.e. documentation)</li> </ul>
Poor (4) – Has not contributed towards analysis in the evaluation	<ul style="list-style-type: none"> <li>■ The finding is supported by various data and/or documents of poor quality; or</li> <li>■ The finding is supported by some/few reports only and not by any of the data and/or documents being used for comparison; or</li> <li>■ The finding is supported only by a few consultations or contradictory consultations</li> </ul>

### 1.3. Structure of the report

The report is structured as follows:

- Sections 2–4 present the findings and conclusions for each of the eight evaluation questions.
- Section 5 presents overall evaluation conclusions and recommendations.

The main report is supported by the following appendices. **Appendices E–J are included as a separate document.**

- Appendix A presents the bibliography/ list of references.
- Appendix B lists the global-level consultations conducted.
- Appendix C presents stakeholder interview guides.
- Appendix D presents the TOC in support of the evaluation.
- Appendix E presents the Tanzania country case study in support of this evaluation.
- Appendix F presents the Côte d'Ivoire country case study in support of this evaluation.
- Appendix G presents the Kazakhstan country case study in support of this evaluation.
- Appendix H presents the Vietnam country case study in support of this evaluation.
- Appendix I presents a summary of the work from the UNAIDS TSM in Results Area 3: Efficiency and HIV response financing
- Appendix J presents a high-level summary of the intervention mapping by evaluation area covering key global-level activities undertaken by UNAIDS Secretariat and Cosponsors.

## 2. Relevance and coherence

This section considers the evaluation questions on relevance and coherence of the UNAIDS Joint Programme’s work on efficient and sustainable financing. Section 2.1 includes an assessment of the comparative advantage (Evaluation Question 1); Section 2.2 evaluates the alignment of the Joint Programme’s financing work with the Global AIDS Strategy 2021–26 (Evaluation Question 2); and Section 2.3 assesses partnerships for financing (Evaluation Question 3).

### 2.1. Comparative advantage

**How has the Joint Programme leveraged its comparative advantages to strategically influence stakeholders?**

Key Findings	Robustness of evidence
<ul style="list-style-type: none"> <li>■ The comparative advantage of the UNAIDS Secretariat with regards to efficient and sustainable financing is in terms of its convening power and political advocacy role, and for the Joint Programme as a whole in the provision of analytical products, advisory services, and generation of strategic information.</li> <li>■ UNAIDS Joint Programme work with civil society, community-based organisations (CBOs) and KP-led organisations is regarded as central to its identity within the global AIDS response.</li> <li>■ In countries transitioning from donor support, the UNAIDS Joint Programme plays a crucial role in efficient and sustainable HIV financing.</li> </ul>	Strong
<ul style="list-style-type: none"> <li>■ The unique Cosponsor model of the UNAIDS Joint Programme is not functioning as desired/optimally with regards to work in efficient and sustainable financing.</li> </ul>	Strong
<ul style="list-style-type: none"> <li>■ Whilst the Global Strategy recognises the current financing agenda is not about HIV alone but within the UHC and SDG contexts, there is a lack of definition and coherence in the approach of the Joint Programme in this regard.</li> <li>■ There is some concern as to whether and how current capacities and limited financing expertise within the UNAIDS Secretariat can and should support a broader mandate on tax reform and the macroeconomic financing agenda, notably as this is already within the mandates of several Cosponsors and other organisations such as IMF.</li> </ul>	Moderate

The first evaluation question assumes high significance given the timing of this evaluation at the cusp of the completion of the previous UNAIDS 2016–21 Strategy and the start of the new Global AIDS Strategy 2021–26. Declining resources overall for the Joint Programme since 2016–17 highlight the need to prioritise resources on areas of comparative advantage, alongside new leadership at UNAIDS since 2019 seeking renewed focus and capacities for the organisation.

An assessment of the comparative advantage of the UNAIDS Joint Programme on HIV financing needs to be seen in the context of the substantial increase in resources for the AIDS response over time—from US\$5.1 billion in 2001 to US\$21.5 billion in 2020.<sup>7</sup> However, the context for HIV financing has changed today, not only with the plateauing of funds in recent years but the priority for alignment with broader health and development financing more generally and the consequences of

<sup>7</sup> <https://hivfinancial.unaids.org/hivfinancialdashboards.html#>

the COVID-19 pandemic on domestic financing.<sup>8</sup> Importantly, the UNAIDS Joint Programme comparative advantage is significantly linked with the prominence of PEPFAR and the Global Fund in country HIV financing.

Noting these several aspects of context, the following are the key findings on the comparative advantage of the UNAIDS Joint Programme with regards to financing work (i.e. UNAIDS 2016–21 Strategy SRA7: Efficient and Sustainable Financing for the AIDS response). A number of these findings are also discussed in depth in the analysis under subsequent evaluation questions.

- **The core role of the UNAIDS Secretariat on financing is viewed in terms of its convening power and political advocacy.** There was wide recognition of the convening power of UNAIDS at global and particularly the country level, bringing together different agencies, government as well as civil society and CBOs. This is driven not only by the coordinating role of UNAIDS, but importantly, it being perceived as a “neutral arbiter” within the HIV landscape. Within the UN system at country level, the Secretariat is recognised as leading the HIV agenda, valued for its convening power to keep Ministries of Health engaged on the HIV response and as the key advocate for improved financial tracking and costing of HIV services. Across consultations for this evaluation, stakeholders emphasised the important role of the UNAIDS Joint Programme (and specifically the Secretariat) in political advocacy for AIDS financing (reflective of its core organisational function as noted in the UBRAF), in terms of positioning, emphasising the resource ask and advocating for greater and improved financing.
- **The Joint Programme’s core role with regards to creation and collation of strategic information and generation of analytical products<sup>9</sup> has been emphasised, although with mixed views on the efficiency and efficacy of the range of available tools and studies.** The generation and collation of strategic information, specifically the epidemiological information that supports financing allocations, but also the financing information at global, regional and country levels was regarded as key by the range of stakeholders consulted. It was recognised that UNAIDS is the gatekeeper of all data and information with regards to financing of the AIDS epidemic and the state of the epidemic within populations. Beyond data, there were positive confirmations on the range of analytic work conducted by the Joint Programme, highlighting in particular the work on the development of NSPs that support Global Fund and PEPFAR financing of countries. There were mixed views by global and country stakeholders on a range of other analysis and tools—particularly the multitude of studies and tools, without adequate coordination on who is doing what and agreed reference document to be used by countries. Examples include work by a range of partners including UNAIDS Secretariat, the World Bank, Global Fund and PEPFAR on cost-effectiveness and efficiency analyses of specific interventions as well as programme responses. Other criticisms and weaknesses included silo-ed approaches to supporting financing sustainability and transition plans in country which do not consider the wider health context, or merits and demerits of the national AIDS spending assessments (NASAs), amongst others. These aspects are discussed further in Sections 4.1 and 4.3. In general, the Joint Programme was less considered as the voice of authority on strategic information for HIV financing and efficiency (as for example is currently the case for epidemiological data), notwithstanding recognised expertise within the World Bank).
- **The unique Cosponsor model of the UNAIDS Joint Programme is not functioning as desired/optimally, especially with regards to financing work.** The 2016–21 UNAIDS Strategy clearly sets out the comparative advantage of the Joint Programme as the only cosponsored programme of the United Nations, with its strength being derived from the diverse expertise and mandates of its

<sup>8</sup> World Bank Group (2021) From Double Shock to Double Recovery - Implications and Options for Health Financing in the Time of COVID-19. Technical update: Widening Rifts

<sup>9</sup> The UNAIDS Secretariat has differentiated the technical work of the Joint Programme that supports efficiency and sustainability of financing for the HIV response into three core areas: (i) conducting analytical work such as investment cases, national strategic plans (NSPs), sustainability plans, allocative and technical efficiency studies etc.; (ii) generation of strategic information such as HIV financing data; and (iii) provision of advisory services around policy and technical guidance. These terms are used in this evaluation report.

11 Cosponsors and added value of the Secretariat. Indeed, given the multiple dimensions of the AIDS epidemic, bringing in the required expertise and capacities from the range of UN Cosponsors is key. However, in practice, the Joint Programme is not functioning as envisaged<sup>10</sup>, especially with regards to its financing work under SRA7, with limited/ ad hoc coordination between the Cosponsors and insufficient engagement of the financing expertise that exists within the Cosponsor agencies. The COVID-19 pandemic also exacerbated the gaps in collaboration across the Joint Programme as key individuals were focusing on the UN pandemic response. These aspects are discussed further in Section 3.1.

- **UNAIDS Joint Programme work with civil society and CBOs is regarded as central to its identity.** Stakeholders consistently cited the Joint Programme's work in ensuring that civil society and communities are involved in key dialogues and processes, such as CCMs, as a key area of comparative advantage. This inclusion is a critical requirement for Global Fund AIDS financing and extends to domestic resource mobilisation and transparency in financial flows. This role is viewed as critical in the context of the evolution of the AIDS epidemic over time and for the priority of responding to the needs of KPs. It also complements the WHO role which focuses on the public sector. Target setting by the Joint Programme is regarded as fostering increased financing for KPs (e.g., the Fast-Track Commitment of 30% of testing and treatment services to be delivered by CBOs). In addition, the role of UNDP in working with national stakeholders to ensure that NGOs are explicitly recognised as partners and service providers in public health legislation and policies is viewed by stakeholders as important for channelling financing to civil society, who are part of an effective and sustainable HIV response. Regarding geographies where the epidemic is concentrated among KP, one stakeholder remarked they "could not imagine the situation without UNAIDS". For example, in Kazakhstan, the Joint Programme has helped secure domestic financing for services supporting people who inject drugs (PWID) through government advocacy and detailed costing analysis. There is an ongoing UNAIDS-commissioned joint evaluation on key populations that is exploring these aspects further, and hence our review is more high-level in this regard. Further analysis and evidence are presented in Section 2.3.
- **In countries transitioning from donor support, the UNAIDS Joint Programme plays a crucial role in efficient and sustainable HIV financing.** Country cases studies in Viet Nam and Kazakhstan highlighted the key role of the Joint Programme in countries transitioning from donor funding. In these contexts, there is less scope for donors to influence government through their more modest levels of funding, and so the Joint Programme is regarded as having a crucial role in supporting evidence-based national plans, leading HIV efficiency and sustainability analysis and dialogue with governments, and specifically for advocating for policy and programmatic support for KP services and an enabling policy environment. The modest UNAIDS Joint Programme presence in both Viet Nam and Kazakhstan could therefore be viewed as highly leveraged in terms of its influence on domestic financing, and of efficiency and sustainability in the overall response.
- **The Global Strategy 2021–26 recognises that the current financing agenda is not about HIV alone but within the UHC and SDG contexts, however there is a lack of definition and coherence in the approach of the Joint Programme in this regard.** Across stakeholders, the importance of positioning HIV financing within the UHC agenda was acknowledged, noting the SDG era and the decreased priority of disease specific funding. While it was universally acknowledged that the Joint Programme needs to be positioning HIV within UHC financing in terms of its leadership, advocacy and technical work, there were differing views as to where and how it should focus its efforts. For example, some stakeholders suggested a comparative advantage of the Joint Programme within the UHC agenda is to lead on inclusion of community-led services (with social contracting being one mechanism). It was also recognised that the different corporate mandates of the Cosponsors results in lack of coherence across the Joint Programme on its approach to efficient and sustainable financing in the UHC context.

<sup>10</sup> A previous evaluation of the UN system response to AIDS in 2016-19 highlights the challenges with the functioning of the Joint Programme as a whole. Ref: UNAIDS (2020), Independent evaluation of the UN system response to AIDS in 2016-2019.

- **There is some concern as to whether and how current capacities and limited financing expertise within the UNAIDS Secretariat can and should support a broader mandate on tax reform and the related macroeconomic financing agenda, notably as this is already within the mandates of several Cosponsors (e.g. UNDP, WB) and other organisations such as IMF.** One specific aspect for review intimated for this evaluation was whether the Joint Programme should expand the scope of work on efficient and sustainable financing to engage on progressive taxation and the related macroeconomic financing agenda, in the context of unlocking resources for the social sector and addressing inequality.<sup>11</sup> Most consultees for this evaluation were sceptical of this expansion, noting the limited technical capacities of the Secretariat in this area and its growing principal/ implementer role in the financing work (discussed further in Section 3.1) and thereby the risk to duplicate the work of several Cosponsors such as UNDP, WHO, World Bank, as well as other organisations such as the International Monetary Fund and Asian Development Bank, with much greater expertise and experience in this regard. Consultees also highlighted the limited engagement of the Joint Programme country structure as whole with relevant agencies at the country level (Ministries of Finance, tax and revenue authorities) as a severe limitation to progressing work in this area.<sup>12</sup>

Box 2.1 presents country-level views on the Joint Programme's comparative advantage drawn from the four country case studies conducted under this evaluation. These reflect the various points discussed above. Country level views are also skewed towards focusing on UNAIDS as distinct from the Cosponsors of the Joint Programme (as noted in Section 1.2.3 on limitations).

**Box 2.1: The Joint Programme's comparative advantage drawn from country case studies**

**Tanzania** The UNAIDS Joint Programme Country Office is regarded for its convening power allowing it to coordinate among different UN organisations and wider stakeholders including donors, government and CSOs. UNAIDS was also seen as a key player with regard to advocating for any changes in HIV policy and approaches. This was attributed to the perception that UNAIDS comes without a 'pre-set agenda' in contrast to some of the large donors. The Joint Programme has also a leading role with regard to providing data and evidence to inform financing decisions and to support the development of strategic and operational documents / tools.

**Cote d'Ivoire** One of the most cited examples of comparative advantage is the Joint Programme's inclusion of KP and negotiations to include representatives of the LGBTQ+ community and people living with disabilities in high level discussions such as national strategic planning, Global Fund grant request and negotiations & PEPFAR COP processes. In particular, the Joint Programme was cited as playing a key role in coordinating key strategic activities, such as providing technical assistance (TA) to the National HIV programme for its 2016–20 strategic plan review, and to develop the 2021–25 plan.

**Viet Nam** UNAIDS Joint Programme's main comparative advantage has been its ability to build and maintain strong working relations with the highest levels of government and generate political commitment for efficient and sustainable HIV financing. UNAIDS has been instrumental in securing commitment from the government to increase domestic funding for the HIV response, and in supporting the transition to financial sustainability. The Joint Programme's voice is respected at the highest levels of government.

**Kazakhstan** The UNAIDS Joint Programme is recognised as the only HIV specialised agency in the country, with a strong domestic reputation for bringing highly technical expertise and coordination for the HIV response. The Joint Programme, largely represented by the Secretariat and UNICEF on issues regarding efficient and sustainable financing, has built strong relationships with the government, Ministry of Health and the AIDS centre. It is very well positioned to lead and coordinate the efforts of all stakeholders in the country and viewed as very well positioned to voice KP needs and requests at the political level.

<sup>11</sup> This broader scope is articulated in the new 2022-2026 UBRAF, where the Joint Programme high-level actions include "Influence sustainable HIV and HIV-related health and development financing and economics agenda and mobilize political leadership and partners' (including global and regional financing institutions) commitment to sustainable and equitable financing for HIV, health and other related global public goods, including pandemic preparedness and responses". UNAIDS (2021) 2022-2026 UBRAF. PCB 6 October 2021.

<sup>12</sup> While the Joint Programme country presence as a whole was found to not have significant direct engagement with Ministries of Finance, this does not include the World Bank who do engage significantly with Ministries of Finance at country level.

As such, overall, there are some clear areas of comparative advantage of the Joint Programme in financing (e.g. coordination, advocacy, data gathering and analysis, KP support) demonstrated by its successful work in this regard to date as well as in the context of what others are doing. However, there are other aspects that require further definition and clarity under the new AIDS Strategy (e.g. role within UHC, improvement of Joint Programme functioning), including aspects that are not viewed as duplicative for the UNAIDS Joint Programme to take on (domestic taxation and macroeconomics).

## 2.2. Alignment with Global AIDS Strategy 2021–26

**How well is the Joint Programme’s work on efficiency and sustainability of AIDS funding aligned with the new Strategy 2021–2026?**

Key Findings	Robustness of evidence
<ul style="list-style-type: none"> <li>There are good examples of financing related work recently completed or initiated which align closely to the new Strategy, suggesting good potential for a continuum in the Joint Programme’s work. However, there is a continued challenge between the HIV focus of the UNAIDS Joint Programme mandate and defining the HIV approach for the SDG era.</li> </ul>	Moderate
<ul style="list-style-type: none"> <li>The Joint Programme’s approach to activity and output based results measurement prevents a much needed focus on outcomes. While this does not suggest that the Joint Programme is not progressing and contributing to outcomes such as increased and more efficient financing, there is a lack of robust evidence to systematically assess progress.</li> </ul>	Strong

This question examines the extent to which the current work of the Joint Programme on efficient and sustainable financing is aligned with the priorities of the Global AIDS Strategy 2021–26, and whether there is a need for any significant change in direction.<sup>13</sup>

The new Strategy articulates a people-centred approach to ending AIDS as a public health threat by 2030 through reducing the inequalities which drive the AIDS epidemic.<sup>14</sup> The Strategy maps to 10 of the 17 SDGs and explicitly links to institutional priorities of Joint Programme Cosponsors, including support for UHC, and addressing the social and structural drivers of poverty. For the financing results area of the Global AIDS Strategy 2021–26, the following three transformative actions are emphasised: (i) global solidarity and shared responsibility in mobilising significant new resources; (ii) improve the equality and strategic impact of resource allocations; and (iii) actions to focus finite resources on the settings, populations and game-changing approaches that will have the greatest impact.

Given the forward looking nature of this question, this evaluation sought to ascertain the extent to which the work of the Joint Programme under SRA7: Efficient and Sustainable Financing for the AIDS response of the UNAIDS 2016–21 Strategy was already aligned with the new Strategy, and any new or different approaches articulated in key documents and by stakeholders. Our findings are as follows:

- There are some good examples of work recently completed or initiated which align closely to the new Strategy, suggesting good potential for a continuum in the Joint Programme’s work.** Whilst not exhaustive by any means or reflective of priority work, some examples cited in the

<sup>13</sup> This evaluation question serves to assess the degree of pre-existing alignment of the Joint Programme work to the new Strategy and thus indicate the extent changes would be required to achieve the new Strategy.

<sup>14</sup> UNAIDS (2021) End Inequalities. End AIDS. Global AIDS Strategy 2021-2026

progress reports and during consultations include (as well as Box 2.2 on evidence from select country case studies):

- Joint Programme work to quantify the effect of social enablers on HIV programme effectiveness, which contributed to the evidence-base for the 10–10–10 targets for the removal of societal and legal barriers.<sup>15</sup> In the context of needing to mobilise domestic revenue and maximise efficiencies and health and social spending, UNDP is also building the evidence base and country experience in intersectoral co-financing ('co-financing') to reach the SDGs and contribute towards UHC.
- Collaboration at a technical level within the Joint Programme agencies on integration, such as i) the new 2022–30 WHO strategies for tackling HIV, viral hepatitis and STIs that will emphasise synergies in combatting HIV, viral hepatitis and STIs collectively, and ii) integrating tobacco control into tuberculosis and HIV responses.<sup>16,17</sup>
- UNDP finalised social contracting guidance for countries in 2019 to support review and strengthening of the legal frameworks, effective mechanisms and transparent procedures that allow governments to contract NGOs for service provision.<sup>18</sup> This is aimed at countries that are transitioning to domestic financing and included case studies of countries in various stages of social contracting. Social contracting is included in the new Strategy as a potentially powerful, yet underutilised, mechanism for reaching marginalised and hard to reach populations.<sup>19</sup> Recent and ongoing work in support of social contracting is analysis on the return on investment of social contracting ('social return on investment') which began with a focus on social contracting for the HIV response and which some countries have extended to other disease areas and vulnerabilities (e.g. TB, disability), thereby extending efficiencies in the HIV response to other health and social sector priorities.
- There is also documentary evidence reported through the UBRAF SRA7 annual reports of the contribution of the Joint Programme to resources for health overall (and thus also contributing to HIV responses), aligning with broader aspects of health financing in the new Strategy. For example, the World Bank supported establishment of the Debt Service Suspension Initiative in 2020 by G20 countries which has delivered about US\$ 5 billion in relief to over 40 countries in response to COVID-19. Further, WHO, UNDP, the Global Fund and the World Bank are collaborating in the Alliance for Anti-Corruption, Transparency and Accountability in Health, and working with governments and communities to institutionalise appropriate anticorruption mechanisms in the COVID-19 health response.<sup>20</sup>

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<sup>15</sup> Stangl A. Manuscript Draft. "Removing the societal and legal impediments to the HIV response: an evidence-based framework for 2025 and beyond" PLOS One.

<sup>16</sup> <https://www.who.int/news/item/27-05-2021-developing-global-health-sector-strategies-on-hiv-viral-hepatitis-and-sexually-transmitted-infections-for-2022-2030>

<sup>17</sup> UNDP and WHO (2018) Issue Brief: Integrating Tobacco Control Into Tuberculosis and HIV Responses - Implementing the WHO Framework Convention on Tobacco Control to address co-morbidities

<sup>18</sup> <https://www.undp-capacitydevelopment-health.org/en/transition/social-contracting>

<sup>19</sup> UNAIDS (2021) SRA 7: Investment and efficiency: SRA report 2020

<sup>20</sup> UNAIDS (2021) SRA 7: Investment and efficiency: SRA report 2020

## Box 2.2: Examples from country case studies on alignment of the Joint Programme work to the new Strategy

**Viet Nam** The Joint Programme, collectively, has made a significant contribution to ensuring donor resources are allocated to tackling the societal enablers of vulnerability, including for the development of a stigma and discrimination index together with PEPFAR/CDC, successfully supporting the amendment reforming the HIV law, and raising awareness and understanding of PLHIV on their employment rights. Still, the view is that the Joint Programme can do more to ensure more resources are allocated to tackling the structural drivers of the epidemic, such as poverty and gender. This requires resources to be channelled to sectors outside of health, such as education and home affairs, and for CBOs to play a strong role in their delivery.

**Kazakhstan** The Joint Programme has developed guidelines on the reduction of stigma and discrimination, and to advocate for the prioritization and sustainable financing of this work in the country.

**Cote d'Ivoire** In 2021, Joint Programme leadership and collaboration with USAID/PEPFAR, Global Fund and civil society helped to deliver the Stigma Index study 2.0. The results of this study will be used by organisations such as the Réseau Ivoirien des Organisations de Personnes Vivant(e)s avec le VIH, (RIP+) to measure the progress made in this area since the 2016 Stigma Index 1.0 survey and inform advocacy to influence changes in policy, law, programs and practices.

- **There is a continued challenge between the HIV focus of the UNAIDS Joint Programme mandate and defining the HIV approach for the SDG era.** The new AIDS Strategy emphasises a people-centric and multi-sectoral integrated approach, and while the direction of travel of the UNAIDS Joint Programme is very much aligned with this, there are inherent challenges in implementing this approach with largely vertical funding flows and corresponding programmes for HIV at the country level, especially in Sub Saharan Africa. As noted above in Section 2.1, our consultations emphasised the need for Joint Programme work in efficient and sustainable financing for the AIDS response to embrace the renewed UHC focused approach in global health and development, but there were also strong concerns not to lose the HIV focus together with some lack of clarity and inconsistency as to how this would be practically implemented. This is also discussed further in Section 4.4 (Evaluation Question 8).
- **Joint Programme approach to activity and output based results measurement prevents a much needed focus on outcomes.** Stakeholders voiced concerns that accountability mechanisms within the UNAIDS Joint Programme are too focused on activities/ outputs and not on outcomes. Indeed, this evaluation's review of the SRA reports found very limited information on outcomes and wider results. Stakeholders cite an 'output-driven culture' and missed opportunities for change by not equally investing in the support needed (e.g., advocacy, dissemination, integrated approaches) to influence outcomes. A similar finding was noted in the recently completed evidence review of UNAIDS contribution to resilient and sustainable financing for health (RSSH).<sup>21</sup> This finding is also discussed further in Section 4.4 as a concern that insufficient attention to following through on outputs (e.g., investment cases) dampens the potential impact of the Joint Programme and fails to maximise the strong government relationships held. While this does not suggest that the Joint Programme is not progressing and contributing to outcomes such as increased and more efficient financing, there is a lack of robust evidence to systematically assess progress.

As such the evaluation finds the direction of travel is so far aligned to the ambition of the new Strategy, although there are challenges with the HIV focus of the Joint Programme mandate and the limited emphasis on measuring outcomes. The below Sections 3 and 4 are relevant to this question as they provide a more detailed analysis of the extent to which the Joint Programme has the capacities to respond to the priorities of the new Strategy, and extent to which technical products and engagement on financing are fit for purpose to responding to HIV in the UHC and SDG era.

<sup>21</sup> 2021 UNAIDS contribution to resilient and sustainable systems for health (RSSH)

## 2.3. Partnerships for financing

To what extent has the Joint Programme worked with and fostered relevant partnerships to achieve AIDS financing goals, including with civil society and international partners?

Key Findings	Robustness of evidence
<ul style="list-style-type: none"> <li>The UNAIDS convenor and political advocacy role is prime for funders, with strategic information and analytical products generated by the Joint Programme guiding funding allocation decisions, in particular for the Global Fund. The partnership with the Global Fund and contribution to country financing requests is significant, with room for more effective information-sharing and coordination on country support. The PEPFAR partnership is relatively more limited, but there are some recent examples of increased and collaborative working.</li> </ul>	Moderate
<ul style="list-style-type: none"> <li>UNAIDS Joint Programme coordination and partnership with civil society and CBOs/KP-led organisations is critically important to the sustainability of the AIDS response. Joint Programme work is regarded as contributing to directing (especially external) funding towards community responses. There is less evidence on the extent the Joint Programme has strengthened CSO and CBOs/KP-led organisations' capacity to engage with governments on efficient and sustainable financing.</li> </ul>	Strong

Under this question, the evaluation examined the extent to which the Joint Programme has engaged with the following key partners towards AIDS financing goals.<sup>22</sup>

- Global funders—focusing on the Global Fund and PEPFAR/ US government
- Civil Society and CBOs—including organisations representing and led by PLHIV and other KPs, women, youth and faith-based actors.

### Global funders

Recognising the very different nature of the two large global funders for HIV, the Joint Programme's working and partnership with each of PEPFAR and the Global Fund has varied substantially. Key findings are as follows:

- Across both funders, the UNAIDS Secretariat convenor and political advocacy role is prime, with strategic information and analytical products generated by the Joint Programme guiding funding allocation decisions.** As also highlighted under the assessment of Evaluation Question 1 on comparative advantage (Section 2.1), both funders view the convenor and political advocate role of UNAIDS Secretariat as critical to support their funding of countries. With its country presence, UNAIDS has the mandate and has indeed played an important coordinating role across government, civil society and CBOs as well as Cosponsors of the Joint Programme. Its neutral broker role in this regard is considered as key, particularly in terms of bringing together and participating in discussions in CCMs in support of Global Fund funding. Both funders have also highlighted the important role of UNAIDS as an advocate for increased, diversified and sustained resources for the HIV epidemic. Stakeholders nearly universally mentioned that Joint Programme epidemiological data adds significant value at both global and country level by providing evidence in support of advocacy for HIV resource mobilisation. Stakeholders widely agreed the Joint Programme is seen as the authority on data on the state of the epidemic and this is useful both

<sup>22</sup> As per the Inception Report, the evaluation had also planned to evaluate partnerships at the regional level, in particular the South African Development Community but was unable to secure key informants during the evaluation period and hence this assessment has not been conducted.

for resource mobilisation, and for influencing how funders prioritise resources through increasing the visibility of the state of the epidemic amongst KP and other gaps in the HIV response.

- **The partnership with the Global Fund and contribution to country financing requests is significant, with room for more effective information-sharing and coordination on country support.** The partnership with the Global Fund is multifaceted and the strategic framework between the UNAIDS Secretariat and the Global Fund highlights the “wide ranging scope of collaboration between the two organisations”, focusing on advocacy, generating analytical products and strategic information, technical support and capacity building for countries.<sup>23</sup>
  - The framework reinforces UNAIDS valuable partnership role in supporting the development of NSPs and investment cases. Global Fund country proposals are highly reliant on analytical products and strategic information produced by the Joint Programme, which has a central role in a majority of NSP and proposal development and supporting countries to meet Global Fund requirements related to sustainability, transition and co-financing (e.g., transition readiness assessments and workplans). The progress report on SRA 7 states that the Secretariat and Cosponsors supported 50 Global Fund Window 1 and 2 funding requests in 2020.<sup>24</sup>
  - Partnerships pertaining to transition countries were reported as an area of particular strength between the Secretariat and the Global Fund. Specifically, UNAIDS was cited as helpful on transition readiness assessments where information on the national HIV financing picture is needed for transition planning.
  - The Joint Programme epidemiological data was stated as crucial for informing the Global Fund Investment Case and Replenishment cycles, with some respondents voicing that other contributions to Global Fund Replenishment beyond epidemiological data (such as political support) are not adequately acknowledged.
  - The Joint Programme, through UNDP, is also interim Principal Recipient of the Global Fund in crisis and post-crisis countries. Through this, it plays a key role building resilient health systems to ensure the sustainability of the response.

That said, there is room for improvement in the partnerships in terms of providing more clarity on who is providing what support to countries, and as such, there is need for better information and coordination between the two organisations. For example, stakeholders reported that a clear and operational workplan recognised between the organisations (and other relevant partners) as the ‘base or framework’ for joint working, which assigns responsibilities and timelines for supporting the development of analytical products such as NSPs or investment cases would be helpful. The timeliness of analytical products was also cited as an issue where in certain instances new analysis came after the NSP process concluded.

- **The PEPFAR partnership is relatively more limited, but there are some recent examples of increased and collaborative working.** Given the nature of PEPFAR programming for countries, the role of the Joint Programme in driving financing decisions is more limited than in the case of the Global Fund. That said, PEPFAR/USAID noted the important role of UNAIDS in convening key HIV stakeholders and political advocacy (as described above). However, there was also the view that the UNAIDS Joint Programme resource estimates/ resource asks are overstated, and while useful to drive the advocacy agenda, are not helpful to estimate needed and available financing. There were also views that the Joint Programme is not the leader domestically on allocative efficiency in the HIV response, and PEPFAR is better resourced for this analysis. Further, National AIDS Spending Assessments (NASAs) were reported as being too infrequent to align with PEPFAR’s annual funding cycles. As such, stakeholders cited that PEPFAR generates much of its own evidence and data and does not tend to use UNAIDS Joint Programme technical products for financing. Amongst other aspects however, PEPFAR has cited UNAIDS country leadership in

<sup>23</sup> UNAIDS (27 June 2019) Press release: UNAIDS and the Global Fund sign new strategic framework to strengthen joint support to countries in ending AIDS

<sup>24</sup> UNAIDS (2021). SRA 7: Investment and efficiency - SRA Report 2020

convening partners to develop PEPFAR's 2021 SID as a positive example of collaboration (with Tanzania being an example for collaboration on the SID) as well as more recent joint work on Activity-based Costing and Management (ABCM). Going forward, these may be areas for deeper collaboration between PEPFAR and the Joint Programme, drawing on UNAIDS and the cosponsors' comparative advantage of partnerships with government, civil society, KP-led actors, in support of PEPFAR's next phase, to more "ingrain the financing and functional aspects of sustainability".<sup>25</sup> The Joint Programme has also been consulted on aspects of PEPFAR's new forthcoming Strategy.<sup>26</sup>

Box 2.3 presents examples from country case studies of Joint Programme partnerships and support for the work of key HIV donors.

### **Box 2.3: Examples from country case studies of Joint Programme partnerships with major funders**

**Tanzania:** UNAIDS Secretariat and, to a lesser degree, cosponsors (UNICEF and WHO in particular) provided direct input into the most recent Global Fund funding proposal and coordinated with CSOs (such as the Key and Vulnerable Population Forum) to encourage their participation in the Global Fund country dialogue.

**Cote d'Ivoire:** UNAIDS has played a key role in convening and coordinating key activities and provision of targeted technical support, such as technical assistance to the National HIV program (PNLS), for its 2016–2020 strategic plan review, and to develop the 2021–2025 plan. It also led planning and organisation of Global Fund proposal writing and negotiations and convened stakeholders for PEPFAR's 2020 Country Operating Plan (COP) discussions. This support was crucial for CSOs and KPs full participation to all these processes.

**Viet Nam:** UNAIDS work in convening development partners on financial sustainability of the HIV response and discussions on the investment case from 2012 to 2015 laid the ground for negotiations for the government to gradually take on ARV costs through the Social Health Insurance (SHI). As a member of the CCM, they influence and oversee the execution of the grant, and ensure coordination with PEPFAR funding. UNAIDS, Global Fund and PEPFAR also worked together to design and secure government approval for social contracting pilots in nine provinces launched in 2021. One stakeholder commented *"UNAIDS plays an important role on the government's HIV technical subcommittee in negotiating and preparing the Global Fund proposal. They are proactive in coordinating resources and providing technical input in building, reviewing, and evaluating Global Fund funding requests"*.

**Kazakhstan:** The Joint Programme, the Global Fund and PEPFAR coordinate routinely through forums and technical working groups to discuss future plans and avoid duplication of efforts. Recent examples of coordinated work include supporting the country in the revision of its regulatory and legal framework, development of testing, treatment and prevention services protocols, and costing of services to be delivered through NGOs.

### **Civil society, Community-Based Organisations and Key Population-led Organisations**

In regard to partnerships with civil society and CBOs pertaining to efficient and sustainable HIV financing, the evaluation finds:

- **Coordination and partnership with civil society, CBOs and KP-led organisations is viewed as a key role of the Joint Programme and critically important to the sustainability of the AIDS response.** The Joint Programme is viewed as having a core mandate of ensuring that communities are at the centre of the HIV response. At country level, the Joint Programme, notably the UNAIDS

<sup>25</sup> 2021 HIV/AIDS Sustainability Index Implementation. Key findings and Priority Actions. Webinar 28 October 2021

<sup>26</sup> <https://www.state.gov/development-of-the-next-pepfar-strategy-vision-2025/> (Accessed 7 Dec 2021)

Secretariat, is seen as singular in terms of the close relationship with civil society and CBOs, and thus has an important role advising them to articulate demands, particularly in contexts where their inclusion would otherwise be a 'tick box' exercise. A key theme emerging in interviews for this evaluation is that there would be 'no KP response' if the Joint Programme were not present. In terms of areas cited as gaps in partnership with civil society, TA and accountability tools meant to facilitate increased funding for civil society and CBOs are largely regarded as insufficiently linked to results. Examples of these gaps include the UBRAF indicator 7.1 'percentage of countries with a HIV sustainability plan developed', which is viewed as not meaningfully connecting to levels of funding for community-led and KP-led programmes.

- **Joint Programme support for civil society, CBOs and KP-led organisations to engage in Global Fund and PEPFAR processes and to secure domestic financing through social contracting and other funding flows is regarded as contributing to directing funding towards community responses.**
  - Stakeholders viewed the Joint Programme as being central in creating space for civil society in country funding discussions, both with PEPFAR and with Global Fund where participation is explicitly required in the Global Fund CCM governance policy. Numerous country stakeholders were of the view that they would not necessarily have been invited to meetings on PEPFAR funding without the intervention of the Joint Programme. This inclusion and engagement has fostered increased levels of funding for civil society and CBOs, although progress in this regard varies by country (see Box 2.4 below).
  - Progress on social contracting is viewed as an important contribution to efficiency and sustainability particularly in transition countries. The example of Morocco was noted in consultations where the Secretariat, together with UNDP and Global Fund aggressively pushed the transition agenda and social contracting was cited as a successful model. In transition countries, respondents viewed that although the infrastructure of social contracting has improved through the efforts of the Joint Programme, a gap remains for strong civil society engagement, which the Joint Programme could fill.
  - Finally, beyond the narrow context of financing, there were also views that engagement of civil society more broadly is a UNAIDS Joint Programme success story that may benefit achievement of SDGs e.g. strong HIV CBO networks have followed the funding flows and widened their mandates to broader related issues including human rights, AGYW, income generation, and governance which has a multiplier effect.
- **There is less evidence on the extent to which the Joint Programme has strengthened CSO, CBOs, and KP-led organisations' capacity to engage with governments on efficient and sustainable financing.** At the global level, interviewees concurred on the importance of building civil society, CBO and KP-led organisation capacities in budget advocacy and literacy, and community-led budget monitoring. Stakeholders regarded this as a new area for the Joint Programme with therefore limited evidence of achievements in this regard. There are several examples in Kazakhstan of capacity building of civil society (see Box 2.4 below), with fewer in the other case studies for this evaluation, reflecting relatively nascent work on this topic. There are also some examples across case studies of the Joint Programme facilitating opportunities for civil society and KPs to engage with the government on the HIV response. For example, in Viet Nam where a social contracting pilot was launched in 2021 with Joint Programme and others' support, work is underway to help CBOs register as social enterprises and build their capacity to raise funding and operate as for-profit agencies and to access and utilise the state budget. In both Kazakhstan and Vietnam, where HIV financing has been decentralised, civil society capacity to hold governments to account for adequate and sustainable financing for HIV is viewed as a key priority for the Joint Programme going forward. The evaluation of the UNFPA Support to the HIV Response over 2016–2019 similarly cited numerous examples of UNFPA supporting meaningful participation of civil society, with a country case study in Namibia finding that UNFPA does not have the funding

required to support longer term capacity development for civil society, raising questions of sustainability civil society engagement.<sup>27</sup>

#### **Box 2.4: Examples from case studies of Joint Programme partnerships with civil society and CBOs/KP-led partners**

**Tanzania** To date, the direct involvement of CSOs/ CBOs with regard to advocating for sustainable HIV financing or efficiency has been limited. However, the Joint Programme has advocated for a more active role of CSOs and CBOs to be direct health service implementers and as an opportunity for more cost-effective and efficient service provision. While there has been some progress (such as an increased funding from the Global Fund going to non-government organisations—e.g., AMRAF and Mkapa Foundation) this has been identified as an area for future improvement in particular with regard to domestic financing.

**Cote d'Ivoire** In 2021, the Joint Programme ensured civil society participation in the “Atelier de transition” meeting organised with Results4Development to create a transition plan for Cote d'Ivoire that was validated in November 2021. However, there is limited evidence of Joint Programme support to civil society and CBOs/KP-led organisations to strengthen their capacities to engage in HIV financing discussions and advocacy. This is viewed as a critical area for strengthening given the critical role of community level activities in the HIV response and significant levels of under-funding in the country.

**Viet Nam** Although the Joint Programme promotes participation of community and civil society on key forums and platforms that address efficiency and sustainability (including participation in the technical committee on social contracting), they have not invested directly in strengthening their fluency or capacity on the HIV financing agenda, for example in conducting budget analysis of the governments HIV funding, or holding government to account for meeting funding commitments, which is an area of demand by CSOs.

**Kazakhstan** In Kazakhstan where funding for HIV programmes is devolved, the Joint Programme is regarded as playing a key role in building CSO capacity in local budgeting, costing of services, and budget advocacy. The Joint Programme has provided technical and financial support to establish the KP forum on financing, has trained NGOs on budgeting, and has involved NGOs and KPs in costing of HIV services.

### 3. Efficiency

This section considers the efficiency of the UNAIDS Joint Programme in executing on its priorities on financing. It specifically focuses on the **capacity** of the Joint Programme (both financial and human resources) to deliver against this results area, starting with a review of the more recent financing challenges to the Joint Programme and the implications of global trends in HIV financing overall, as well as impact of the COVID-19 pandemic.

As the Joint Programme, and in particular the Secretariat, fulfils its mandate, the extent to which the Joint Programme is viewed as having sufficient capacity is fundamental to interpreting and contextualising the findings on other questions in this evaluation.

<sup>27</sup> UNFPA (2020). Evaluation of the UNFPA Support to the HIV Response (2016-2019)

### 3.1. Capacity

#### Has the Joint Programme sufficient capacity for work on efficient and sustainable financing?

Key Findings	Robustness of evidence
<ul style="list-style-type: none"> <li>The UNAIDS Joint Programme division of labour for efficient and sustainable financing is not fully leveraged at the global level and does not reflect how Cosponsors operate at country level. There is insufficient engagement on the range of financing work by Cosponsors and ad-hoc and haphazard coordination between the Secretariat and Cosponsors, with COVID-19 further impacting joint work. At country level, limited collaboration between the Joint Programme and the World Bank presents a missed opportunity to build on the World Bank's broader work in health financing and working with Ministries of Finance.</li> <li>There is a lack of coherence in the approach of the Joint Programme to its priorities in efficient and sustainable financing for the HIV response, where the mandate of Cosponsor agencies is for financing of the SDGs and Health/UHC, with HIV as a priority therein.</li> <li>The Joint Programme is not sufficiently engaging the financing expertise that exists within the Cosponsor agencies in its efforts under efficient and sustainable financing for the AIDS response.</li> <li>As a result of the above issues, the Secretariat is playing more of a principal/ implementer role in some aspects, which risks spilling over into Cosponsor areas of expertise.</li> </ul>	Strong
<ul style="list-style-type: none"> <li>It is widely acknowledged that the Secretariat is stretched on the Joint Programme efficiency and sustainable financing agenda. A restructure and addition of Executive-level leadership is viewed as helping to bring additional capacity and greater visibility within the Secretariat to the financing efficiency and sustainability agenda. However there remain key questions on Secretariat capacity in relation to mandate.</li> </ul>	Strong
<ul style="list-style-type: none"> <li>UNAIDS competencies at country and global level are significantly stronger on the advocacy aspects rather than the technical aspects of efficient and sustainable financing.</li> </ul>	Moderate

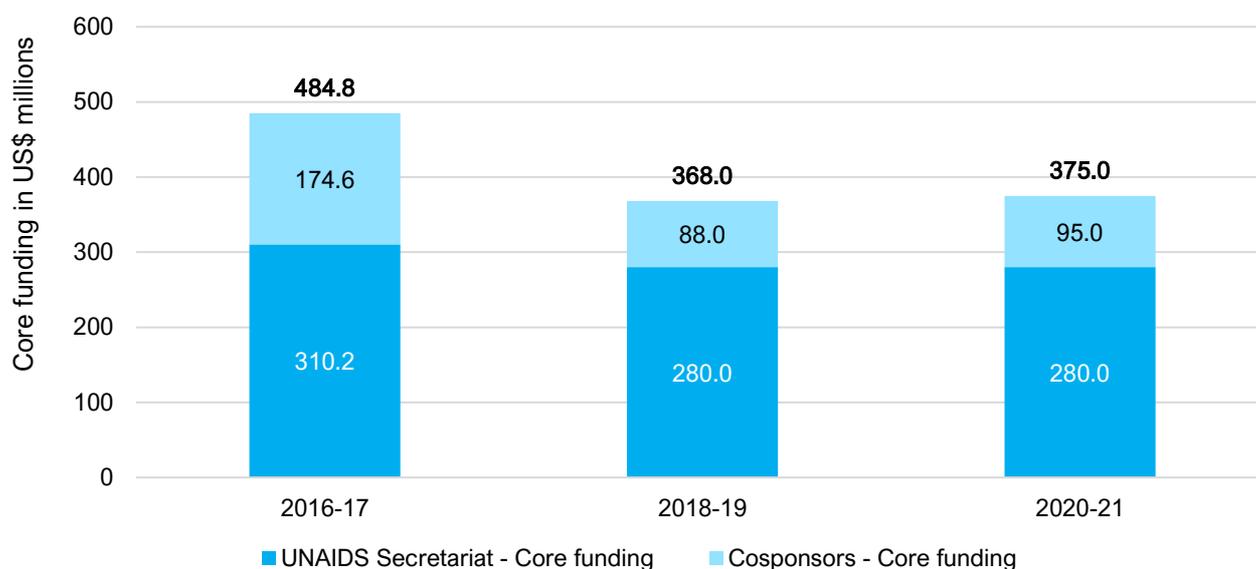
Given the unique Cosponsor model of the UNAIDS Joint Programme, analysis of this question considers two key dimensions:

- The extent to which the UNAIDS Joint Programme is regarded as having sufficient capacity (both financial and human resources) to deliver the goals of SRA7 under the strategy 2016–20 (now Results Area 8 of the new Strategy 2021–26). This also considers the escalating financing challenges imposed by the COVID-19 pandemic and stakeholder views on how donors and countries are reacting in regard to financing for HIV and health, transitions, UHC and overall fiscal space.
- The extent to which the UNAIDS Joint Programme is drawing on the full capacities through leveraging the capacities and resources of Cosponsors, and the extent to which efficient and sustainable financing efforts are coordinated between Cosponsors, and at the different levels.

In regard to financial resources, the reduction in UBRAF financing beginning in the 2016–17 biennium and its impact on human resources levels was referenced by numerous interviewees in relation to the capacity of the Joint Programme. Key figures relevant to this evaluation are as follows:

- The decline in UBRAF funding has predominately impacted Cosponsor core and non-core budgets.**<sup>28</sup> Core funding to UNAIDS declined at the start of the 2016–2021 UBRAF period. In 2016–17, the UBRAF core budget included US\$484 million allocated between the Secretariat and Cosponsors. In 2018–19, the UBRAF received US\$368 million in core funding, rising slightly in 2020–21 to US\$374 million—representing an overall decline of US\$110 million from 2016–17 levels as can be seen in Figure 3.1 below.

**Figure 3.1: Core funding for UNAIDS Secretariat and Cosponsors in 2016–17, 2018–19 and 2020–21**



The reduction in core funding was distributed as follows: Secretariat core funds declined to US\$280 million for two years (a difference of US\$30 million) and Cosponsor core funding declined from a high of US\$175 million in 2016–17 to a total of US\$ 88 million. Cosponsor funding was also divided into funding for global level functions which received a total US\$44 million in 2018–19 (US\$2 million per Cosponsor) and funding for country level work with a total of US\$44 million disbursed through the Country Envelope funding. Non-core funds for Cosponsors have also declined during the period of the evaluation, from US\$600 million budgeted in 2018–19 to US\$531 million in 2020–21. This was predominately driven by changes in the UNICEF, WHO and UNDP non-core funds decreasing over time with UNESCO being the only agency to substantially increase funding. Trends in core and non-core Joint Programme funding should be considered within the context that the budgets for Cosponsor contributions to the Joint Programme UBRAF comprise a larger share of non-core funding (relative to core funding), whereas Secretariat financing for its functions is almost exclusively from core funding. This is further described below in the analysis of funding for SRA7.

- Staff reductions amongst the Secretariat and Cosponsors is regarded as a key factor limiting the Joint Programme fully functioning per its comparative advantage.** Numerous informants raised the significant decline in core Cosponsor funding at global level as affecting joint working with the Secretariat due to the reduction of staff positions. These dynamics and the impact on the ability of the Joint Programme to leverage internal Cosponsor resources for UBRAF priorities were reported in the 2019 evaluation of UNAIDS.<sup>29</sup> These same perspectives were shared by stakeholders interviewed in this evaluation, suggesting little has changed. The UNAIDS budget for 2020–21 reflects similarly reduced staff numbers amongst Cosponsors, with 584 reported for

<sup>28</sup> Core funds provide funding to the Secretariat for implementation of its functions, and to provide catalytic funding for the HIV-related work of 11 Cosponsors. Non-core funds represent the HIV-related budgets of the Cosponsors that are mobilised internally, as well as additional funds that Cosponsors and the Secretariat raise at country, regional and global levels. The non-core funds in the UBRAF reflect regular and extra-budgetary resources of the Cosponsors which contribute to the achievement of UBRAF outputs, and which are or can be measured through UBRAF indicators.

<sup>29</sup> Itad. (2020). Independent Evaluation of the UN System response to AIDS in 2016-2019.

2020–21 compared to 862 in 2015.<sup>30</sup> It was not possible to analyse Cosponsor human resources (in FTE) assigned to any SRA given limitations in JPMS.

- **SRA7 on efficient and sustainable financing has been the strategic result area with the lowest funding from Cosponsors in the UBRAF budget, both with regard to core and non-core funding.** The key message in regard to SRA7 funding overall is that SRA7 has the smallest core budget of Cosponsors of the UBRAF results areas, with US\$ 4.58 million out of US\$ 90 million in 2020–21. The proportion of UBRAF core funds for SRA7 amongst Cosponsors has remained consistently low over the years, accounting for ~6.2% in 2016–17, and 5% in the more recent two biennium. Table 3.1 below provides an overview of the core funding for Cosponsors by SRA over time. The next smallest area (SRA8) received 7.5% in 2020–21 of Cosponsor core funding with the majority of funding going to SRA1.

**Table 3.1: Cosponsor core funds excluding supplementary funding in US\$ (and % in brackets)**

Results area	2016–17	2018–19	2020–21
SRA1: HIV testing and treatment	51.25 (29.4%)	24.35 (27.7%)	27.4 (29.1%)
SRA2: Elimination and mother-to-child transmission	9.26 (5.3%)	7.32 (8.3%)	7.78 (8.3%)
SRA3: HIV prevention among young people	27.41 (15.7%)	15.07 (17.1%)	16.39 (17.4%)
SRA4: HIV prevention among key populations	26.80 (15.3%)	14.5 (16.5%)	15.29 (16.3%)
SRA5: Gender inequality and gender-based violence	18.21 (10.4%)	9.32 (10.6%)	7.8 (8.3%)
SRA6: Human rights, stigma and discrimination	13.05 (7.5%)	7.42 (8.4%)	7.79 (8.3%)
<b>SRA7: Investment and efficiency</b>	<b>10.91 (6.2%)</b>	<b>4.13 (4.7%)</b>	<b>4.58 (4.9%)</b>
SRA8: HIV and health service integration	17.71 (10.1%)	5.89 (6.7%)	6.97 (7.4%)
<b>Total</b>	<b>174.60</b>	<b>88.00</b>	<b>94.00</b>

The core funding for Cosponsors entails both funding for global level function as well as support for country work in the form of the country envelope funding. The trend for the country envelope funding has been the same as the overall core funding with regard to SRA7 with only around 5% equivalent of US\$ 2.5 million of the country envelope going to SRA7 in 2020–21.

In 2020–21, three organisations had budgeted core funds for SRA7 at the global level, including budget for the World Bank (US\$ 1.5 million), UNDP (US\$1.02 million) and WHO (US\$0.24 million), reflecting the division of labour leadership on SRA7.

In regard to Cosponsor non-core funding which represents funding mobilised for HIV by the Cosponsor agencies outside of the UBRAF, SRA7 is also the smallest, comprising 3% of non-core Cosponsor budget. This proportion has been the same across each of the recent periods.<sup>31</sup>

Acknowledging these funding changes described above, the following are key findings in regard to the capacity of the Joint Programme on efficient and sustainable financing:

<sup>30</sup> UNAIDS (2019) UBRAF Workplan and Budget 2020-2021

<sup>31</sup> In 2020-21, five Cosponsors have budgeted funds to SRA7 through non-core funds including WHO (US\$ 10.4 million), UNFPA (~ US\$ 2.2 million), WFP (US\$ ~1.4 million), UNDP (~US\$ 0.8 million) and World Bank (US\$ 0.6 million).

- **The UNAIDS division of labour for efficient and sustainable financing is not fully leveraged at the global level and does not reflect country level work in this area.** Overall, there is a view that there is a lack of joint working and coordination for the work under SRA7. For instance:
  - While the World Bank and UNDP co-convene SRA7 per the division of labour, stakeholders report it has been a challenge to bring the agencies together on a shared agenda for work in efficiency and sustainability that resonates with the broader health and development priorities of the Cosponsors, with COVID-19 further impacting collaborative work. For example, a cross-Cosponsor Investments and Efficiencies Working Group (IEWG) co-chaired by UNDP and the World Bank, and involving the Secretariat, UNICEF, WFP, UNFPA and WHO was formed in 2019 and elaborated a number of focus areas for joint work, namely improving efficiency through co-financing and UHC, identifying inefficiencies and inequities in national HIV responses, and increasing domestic resources (e.g. through health taxes).<sup>32</sup> This joint work of the IEWG was not operationalised also given diversion of individuals to the COVID-19 response.
  - Outside the IEWG at the global level, respondents were unable to cite an active coordinating mechanism for SRA7 that met with a degree of regularity. Stakeholders instead referred to working groups that had been discontinued, including a Cosponsor working group constituted following the 2018 PCB43 policy paper “Way forward to achieving sustainable AIDS results”. This was reported by key informants not to have been active, and further, this evaluation was not able to review evidence of the working group’s workplan or outcomes.
  - Beyond coordination within the Joint Programme, the SDG3 Global Action Plan Accelerator theme on ‘Sustainable health financing’, a forum which includes UNAIDS and a number of Cosponsor agencies plus other key health financing stakeholders such as the Global Fund, Gavi, the Global Financing Facility (GFF) amongst others, was cited by numerous stakeholders as highly relevant to the aims of efficiency and sustainability for the HIV response, with HIV a core issue positioned amongst other SDG3 priorities. Stakeholders point out the value of this forum is both the focus on SDG3 which is strongly aligned to the institutional mandates of the Cosponsors and their approach to efficiency and sustainability in the health (and HIV) response, and the inclusion of key HIV and health funders such as the Global Fund, Gavi and the GFF.

The reduction in Cosponsor financing is stated as the reason for under-engagement and some informants suggested resource allocations within the UBRAF should be task/outcome-based rather than the current approach of apportioning budgets by institution.

At regional, and particularly the country level, Cosponsor engagement is highly variable and the division of labour for SRA7 is viewed by stakeholders as not reflecting actual Cosponsor engagement in country. For instance, while the World Bank is recognised as having relationships with Ministries of Finance, it does not coordinate on HIV efficiency and sustainability issues with UNAIDS country offices (discussed further below).

- **There is a lack of coherence in the approach to efficient and sustainable financing amongst the Secretariat and Cosponsors leading on SRA7.** Informant interviews surfaced an inherent challenge between the ‘single disease’ focus of the Joint Programme and the broader health and development mandates of the Cosponsor agencies. The issue of coherence and coordination on the financing results area is also discussed in Section 4.1 in relation to the prioritisation and coordination of analytic support and strategic information products.
- **Lack of engagement of key financing expertise within Cosponsors.** Several informants cited a fundamental flaw in the Cosponsor model for the financing workstream in which programme departments rather than health financing departments are represented in the global SRA7 workstream. Examples included the limited engagement of some portions of the World Bank’s health financing experts, and similarly also for WHO and UNDP. This may be reflective of the narrow scope of HIV financing issues previously prioritized within the Joint Programme, resulting

<sup>32</sup> UNAIDS Investments and Efficiencies Working Group concept note (updated 19 June, 2019)

in the view that the Joint Programme is missing the breadth of technical expertise required for the complex issue of health and HIV financing (and contributing to insufficient buy-in from Cosponsor agencies). Limited expertise and weak coordination with and amongst Cosponsors have resulted in the Secretariat playing more of a principal/ implementer role in some aspects, which risks spilling over into Cosponsor areas of expertise.

- **Increasing coordination/ collaboration with the World Bank at the global level is not matched by active participation within UNAIDS Joint Programme country teams in most countries.** While the World Bank is engaged at the global level on SRA7 and supports some regional and country teams, particularly in Eastern and Southern Africa, elsewhere at the regional and country levels there are few examples of World Bank collaboration directly with the Joint Programme outside of the allocative efficiency and health benefits package design products led by the World Bank. In countries, the World Bank model of engagement is to work directly with Ministries of Finance and across all thematic areas, not solely concerning HIV. In Tanzania for instance, World Bank financing provides key support for the Tanzanian Health Basket Fund and World Bank macroeconomists work closely with the Tanzanian government on domestic financing and public expenditure. To-date, collaboration between the UNAIDS Joint Programme, other Cosponsors and the World Bank in Tanzania has mostly focused on sharing documents and data, potentially missing an opportunity for a common approach to sustainable health financing and efficiency that builds on the World Bank's broader support.
- **UNAIDS competencies at country and global level are significantly stronger on the advocacy aspects rather than the technical aspects of financing.** At country level, respondents view the present UNAIDS Secretariat competencies as insufficient to engage in the technical aspects of health financing, such as resource prioritisation and engaging on UHC financing. Reinforcing this view was that many interviewees noted the Joint Programme (Secretariat or Cosponsors, excluding the World Bank) are rarely invited to country dialogues convened by the Ministry of Finance. This is because the UNAIDS Joint Programme is perceived as an advocacy partner by governments, and not health financing partner. There are exceptions, such as in Kazakhstan where the Joint Programme presented to the Ministry of Finance the costed package for PWID services. The Joint Programme employs significant external short-term TA to respond to the different country needs, at different points in time, and across the continuum of HIV resourcing and sustainability country contexts. At the global level, while the Joint Programme's strong advocacy for financing the HIV response is seen as an area of comparative advantage, expanding technical competencies in efficient and sustainable is viewed as necessary given the HIV fiscal context has shifted the ambition of 'new money' for HIV to efficiencies in existing resources.
- **It is widely acknowledged that the Secretariat is stretched on SRA7, and whilst new leadership is regarded as helping to bring in additional capacity and greater visibility, there remain key questions on capacity in relation to mandate. Country level capacity varies.** At the time of the evaluation, at the global level, the Secretariat has a team of three (recently expanded to four), including one team member at country level.<sup>33</sup> One interviewee reported there was previously a team of seven working on financing prior to the UBRF funding reduction. It is understood that the realignment of the Secretariat taking place at present will bring changes to the composition of the team responsible for SRA7. It also appears that new senior leadership within UNAIDS on financing is adding needed capacity and visibility at the executive level (e.g., the financing team is being 'elevated' to the level of a Practice (the 'Equitable Financing Practice') within the Secretariat, bringing greater attention within the Joint Programme. In regards to competencies within the Secretariat on HIV financing, informants also shared the view that staff who have worked narrowly in the field of HIV may need to expand competencies to effectively support countries' HIV-responses within the SDG context. At country level, there is variable capacity across country offices, with examples provided in Box 3.1.

<sup>33</sup> These data are based on KIIs, as human resources for SRA7 within the UNAIDS Secretariat cannot be quantified with current data availability.

**Box 3.1: Country case study examples regarding UNAIDS country capacity in efficient and sustainable financing**

**Tanzania** Overall, the UNAIDS Country Office has been considered to be well staffed allowing them to take the lead across most aspects of the Joint Programme, including HIV financing and efficiency. This includes staff positions that have specific focus areas (e.g., Strategic Information Adviser; PEPFAR and Global Fund Implementation Adviser) which overlap with the financing and efficiency agenda. Cosponsors received a total of US\$ 513,000 across 2018–2021 through the Country Envelope funding. The funding has been welcome but has been used mostly to include HIV aspects into existing initiatives of the cosponsors and to allow cosponsors to input into work from the UNAIDS Country Office, but capacity wasn't seen as sufficient for the cosponsors to lead on aspects of the HIV sustainable financing or efficiency agenda.

**Cote d'Ivoire** The capacity of the UNAIDS Country Office was praised by Cosponsors and external stakeholders for their expertise and ability to find resources—despite current resourcing challenges. Notably, the timely guidelines published in the midst of COVID-19 pandemic on community-led monitoring (CLM) was instrumental according to civil society stakeholders to secure initial funding for the strategy. However, the Joint Programme has not availed of any Country Envelope funding for SRA7, with a majority of technical support for financing-related support from the TSM (i.e. external consultants on a short term basis) and other partners.

**Viet Nam** Overall, there is a view that the UNAIDS Joint Programme has a comparative advantage and should provide more hands-on support regarding HIV financing. However, respondents stressed the needed skills, especially in health economics, to support this work are currently missing at both UNAIDS country and regional offices. Further, the Joint Programme requires more resources to engage at the provincial level, where the bulk of HIV financing decisions are now being made.

**Kazakhstan** UNAIDS capacity is viewed as very limited in terms of available human resources and budget where the UNAIDS office covers five countries in the Eastern Europe and Central Asia (EECA) region. The Joint Programme, represented by the Secretariat, has established partnerships with universities and CDC to finance some technical work and leverages UBRAF funds to bring necessary TA.

Given levels of UBRAF funding, the plateauing of global HIV resources since 2018 and now the COVID-19 pandemic, interviewees do not foresee a short- or medium-term increase in funding to the UNAIDS Joint Programme. Therefore, prioritisation and thoughtful approaches to allocating resources for the financing objectives of the new Strategy is particularly urgent.

## 4. Effectiveness, sustainability and impact

This section considers the contribution of the UNAIDS Joint Programme to key financing-related products and objectives. Section 4.1 discusses the provision of strategic information (Evaluation Question 5). Section 4.2 considers how the Joint Programme have improved political commitment and sustainable financing (Evaluation Question 6). Section 4.3 evaluates the Joint Programme’s contribution to efficient financing (Evaluation Question 7). Section 4.4 evaluates how the Joint Programme has helped to integrate HIV financing into UHC (Evaluation Question 8).

### 4.1. Strategic information for financing

**How have countries been supported on evidence and data that they need? What guidance and tools have been developed and promoted and are these used and useful?**

Key Findings	Robustness of evidence
<ul style="list-style-type: none"> <li>The Joint Programme support for the development of NSPs and HIV investment cases is very well received by countries. It is at the core of the HIV sustainable financing and efficiency agenda, with some general suggestions for improvement in processes and coordination with partners as well as better linkages with translation to domestic policy.</li> </ul>	Strong
<ul style="list-style-type: none"> <li>There are mixed views with regard to the NASAs, with a clear need to have partner agreement on the approach going forward.</li> <li>HIV funding reporting through Global AIDS Monitoring (GAM) and provided publicly on the UNAIDS financial dashboard was considered useful especially for global advocacy purposes, although also with the aforementioned needs to improved coordination across partners.</li> </ul>	Moderate / Strong
<ul style="list-style-type: none"> <li>The work on separate cost-efficiency and costing studies has been disjointed and <i>ad hoc</i> so far, which has limited the impact.</li> </ul>	Strong
<ul style="list-style-type: none"> <li>The relevance and quality of the work around transition and sustainability plans varies between countries, although this is an area of better coordination amongst partners. Financial sustainability plans are increasingly taking account of KP transition issues due to the efforts of the Joint Programme, however there remain challenges in actual transition.</li> </ul>	Moderate

The provision of appropriate, reliable and timely data and evidence for countries as well as support for data gathering, analysis and usage capability in countries is a key function of UNAIDS and the Cosponsors and is at the core of SRA7 under the 2016–21 UNAIDS Strategy, which stipulates that “the AIDS response is fully funded and efficiently implemented based on reliable strategic information”. The UNAIDS Secretariat differentiates the work in evidence, data, guidance and tools into three core areas: (i) conducting analytical work such as investment cases, national strategic plans (NSPs), sustainability plans, allocative and technical efficiency studies etc.; (ii) generation of strategic information such as HIV financing data generated through NASAs; and (iii) provision of advisory services around policy and technical guidance. This section focuses in particular on the first two—with the third being covered under evaluation questions 6 and 7.

With regards to the assessment of specific products of analytical work supported by the Joint Programme, their demand and use, key findings from the evaluation are:

- The Joint Programme support for the development of NSPs and HIV investment cases is very well received by countries. It is at the core of the HIV sustainable financing and efficiency agenda, with some general suggestions for improvement in processes and coordination.** The NSP and, where available in country, investment cases, are used as key reference documents on decisions around domestic and especially, external funding allocations to HIV investment. In

particular, the requirement of the Global Fund to have high-quality NSPs (ideally supported by longer-term investment cases) to inform funding requests has driven demand for these products by countries. They have also been used to coordinate national strategies with PEPFAR funding, though to a lesser degree than the Global Fund, due to the different funding approaches of the organisations. While at the core to increasing allocative and technical efficiency, these documents also have an important role as advocacy tools to increase domestic funding commitments, with many NSP and investment cases showing the potential health benefits of achieving the plan and the related funding needs. Stakeholders have also emphasised the critical value added that the Joint Programme (particularly the Secretariat) has in supporting these aspects, leveraging on its comparative strengths and in particular their convening power within countries to ensure multi-stakeholder involvement in the development of these key strategy documents. However, there are a range of areas for improvement in support of investment cases and NSPs, as follows:

- **Only around half of Joint Programme supported countries have up-to-date quality investment cases or similar documents (e.g., NSPs supported by modelling) to inform allocative efficiency.** UBRAF indicator 7.2 shows that only 54% countries had an up-to-date quality investment case or equivalent in 2020, which is well short of the 2021 target of 80%.<sup>34</sup>
- **There is considerable variation in quality and timeliness of investment cases and NSPs. There has been variation in the quality of the final product across countries.** Importantly, stakeholders emphasised that delay in finalising documentation can have negative consequences as these documents are key inputs for other decisions (such as the Global Fund funding applications every three years).
- **There is a need for a clearer and more systematic vision for the NSP and investment case development.** Issues flagged by different stakeholders included the following: (i) need to better outline linkages between different documents—e.g., investment cases with longer time horizons and NSPs with five year time-horizons, as well as linkages to other strategic documentation<sup>35</sup>; (ii) better differentiation between countries in terms of integration with other diseases based on their epidemiological context, as well as progress around UHC and health financing more generally; (iii) need for greater emphasis around equity (also to align with the new UNAIDS Strategy); and (iv) common set of guidelines for development of these strategies/ plans, applied similarly regardless of the partner providing the support (see also related next point). Upgrading and revising the investment case methods package was an agreed action area between the World Bank, UNDP and the Secretariat but actioning this point has been delayed due to COVID-19 pandemic.
- **The support for investment case and NSP development could be more systematic with increased coordination between the Secretariat, Cosponsors and Partners (e.g., the Global Fund).** In the past, some stakeholders have commented that there hasn't been a clear workplan setting out what countries will receive support by when and by whom (across UNAIDS Secretariat, Cosponsors such as the World Bank, and the Global Fund). In addition, there are no regular check-ins/ coordination mechanisms across the TA provided by different partners on these pieces, resulting in lack of, or misinformation for partners, e.g., reportedly Global Fund FPMs are not aware of the development of investment cases in some countries.
- **Strengthen the translation of documentation into domestic policies.** Whilst there has been a relatively strong coherence in using the NSPs/ investment cases for Global Fund processes, stakeholders considered that more could be done with regard to their linkage with domestic policy. This could include funding to support advocacy of the NSP/ investment case and, importantly, to increase ownership of the created documents amongst national stakeholders and long-term in-country international stakeholders. See Evaluation Question 7 for further details on this.

<sup>34</sup> UNAIDS (2021). SRA 7: Investment and efficiency - SRA Report 2020

- **The relevance and quality of the work around transition and sustainability plans varies between countries, although this is an area of better coordination amongst partners. Financial sustainability plans are increasingly taking account of KP transition issues due to the efforts of the Joint Programme, however there remain challenges in actual transition.**
  - The UBRAF indicator 7.1 target of 70% of countries with sustainability plans developed is unlikely to be reached, with only half of all countries (52%) having an HIV sustainability and/or transition plan in place.
  - The demand for and usefulness of the sustainability plans also varies by countries, in particular driven by the development status of the countries. For example, Tanzania conducted a transition plan a few years ago but it is not a key reference document compared to the investment case or NSP.
  - Global stakeholders also pointed out that the quality of transition plans has been varied, a point that also has been highlighted in the Partnership Agreement between the Global Fund and the Secretariat.<sup>36</sup>
  - However, overall, transition and sustainability plans has been an area largely considered to have worked well with regard to coordination between the Joint Programme and other key partners, especially the Global Fund where the Joint Programme has been seen to play an important role in providing useful data (e.g. regarding the domestic HIV funding and partner landscape) to inform the formulation of transition and sustainability plans in countries transitioning from Global Fund support.
  - There have been examples of countries (e.g., Macedonia, Montenegro and Serbia) that have struggled to maintain support for KPs, primary prevention activities and community engagement after they have transitioned from external support leading to increases in HIV transmission among KPs.<sup>37</sup> As such, many stakeholders welcomed the work that UNAIDS has conducted in recent years to emphasise the need for financing for KPs and CSOs in transition work. At the same time, this was identified as area for future improvements in particular with regard to translating the transition plans and strategic information into concrete policy changes (see Evaluation Question 6 on the challenges around transitioning to sustainable financing for KPs and CSOs).
- **The work on costing tools and cost-efficiency studies has been largely disjointed and ad hoc so far which has limited its impact.** There has been increasing demand for high-quality assessment on costing data as well as cost-efficiency on specific interventions and programme responses. In particular, international stakeholders including Global Fund and PEPFAR emphasised the need for better costing data to inform allocative and technical efficiency in-country and overall stakeholders emphasised that more coordination is needed across partners (World Bank, UNAIDS, Global Fund) in particular in Sub-Saharan Africa. There have been some recent changes for a more coherent approach on the costing data, in particular, through the activity-based costing for management (ABC-M) costing approach led by PEPFAR. The evaluators also understand that there is increasing multi-partner coordination of this work between the Global Fund, the Bill and Melinda Gates Foundation and the UNAIDS Secretariat.

With regards to the assessment of generating and collecting strategic information by the Joint Programme (led by the UNAIDS Secretariat), key findings from the evaluation are:

- **There are mixed views with regard to the NASAs, with a clear need to have partner agreement on the approach going forward.** Where conducted, they are often seen as key tools to understand the HIV funding landscape and useful documents to inform on funding requests and national strategies and investment cases. In particular, NASAs were considered to provide granular data especially around KPs and social enablers, which would not be provided by other

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<sup>36</sup> UNAIDS / Global Fund (2020) Resetting our partnership for a new era

<sup>37</sup> Open Society Foundation Public Health Programmes (2017). Three Case Studies of Global Fund Withdrawal in South Eastern Europe

domestic budget analyses such as National Health Accounts. Some stakeholders considered that the NASA was the most readily available tool at the moment to provide the necessary breakdown of HIV funding data to make high-quality decisions to improve allocative and technical efficiencies. This is also reflected in the fact that a majority of countries use NASAs to submit detailed information on HIV financing to UNAIDS as part of the Global AID Monitoring (GAM) reporting. There also have been recent improvements in the NASA methodology, processes and tools to improve on the burden of reporting such as using an enhanced software tool which automates many of the data collection, validation and reporting processes that were performed in Excel in the past. **However, NASAs continue to be criticised as resource intensive, disease vertical, at high risks of being delayed and implemented as a patchwork across countries.**

- Some of these criticisms of the NASA are more process oriented, such as the high resource intensity of the work, leading to high cost as well as risking delays of finalisation (with knock-on effects on the usefulness as findings becoming outdated or cannot be used for follow-on aspects such as Global Fund funding requests).
  - Similarly, the current approach was described as not very systematic, with no clear guidance on which countries should conduct NASAs and in which time period.
  - The information sharing once a NASA has been completed has also been flagged as a concern for example, no recently completed NASAs are readily available online.
  - However, there are also criticisms that are more fundamental with regard to the lack of integration, leading to duplication of efforts with regard to budget and funding analyses for other diseases. This is also reflected in the country case studies (e.g., Tanzania) where the health and HIV funding and budget analyses has been fragmented across different reporting systems and ad-hoc studies, including national efforts, those championed separately by cosponsors (e.g., NHA by WHO, public expenditure reports by the World Bank etc.) and partners (e.g., PEPFAR and Global Fund).
  - While there have been different suggestions around addressing these issues ranging from outright abolishing NASAs and integrating them with existing routine tools to creating a less burdensome “NASA-light” version, the common ground across stakeholder groups is that there is the need for a clear decision on the strategic direction on the NASAs.
- **HIV funding reporting through Global AIDS Monitoring (GAM) and provided publicly on the UNAIDS financial dashboard was considered useful especially for global advocacy purposes.**
    - The work regarding gathering countries’ domestic HIV funding across a range of categories through the GAM, including average per unit expenditure for key commodities, was considered to be an important information and advocacy tool. Together with data from donors (particularly Global Fund and PEPFAR) this provides insights on the global funding for the HIV response and any underlying shifts. Combined with the resource needs calculation conducted by the Secretariat, this provides useful insights on the funding gap which have been at the core of advocacy efforts at the global level.
    - Many stakeholders considered UNAIDS to be a strong position to lead on collecting and disseminating strategic information around HIV financing given its access to all LMICs as well as the commitment of countries to report on HIV metrics through the GAM.
    - Similar to the NASAs, there are overlaps between the domestic financing for HIV reported through the GAM and wider efforts in tracking health spending generally in countries.
    - However, the fact that countries can report based on different systems (including reporting against National Health Accounts where this is the only available data) eases some of the reporting burden. Such a differentiated approach makes sense depending on the HIV epidemic and available national reporting systems, but there are some concerns regarding the quality of the self-reported data as well as challenges with collating data at a global level given different approaches employed by countries.

- Compared to the epidemiological data collected by the Joint Programme, there is room for improvement regarding the financial data reporting (e.g., improvements to the UNAIDS financial dashboard such as an easy function to export data, further support to countries to report more regularly and with higher quality and coordination with other key actors collecting similar data such as WHO, IHME, Global Fund, PEPFAR etc). This is partly due to the much longer existence of AIDSinfo, the platform to disseminate epidemiological data, as well as resource constraints regarding the collection and dissemination of financial data. Nevertheless, there has been some progress on this point, with UNAIDS being part of the discussion between the Global Fund and PEPFAR in streamlining the way in which HIV expenditure is categorised and a number of project plans to upgrade the strategic information dissemination tools for HIV funding data.
- **There is also a range of wider UNAIDS Secretariat activities around epidemiological data, evidence and guidance which provides important inputs into the financing and efficiency discussions.** In particular, the epidemiological data collection and reporting supported by UNAIDS as part of the GAM has been considered to be of critical importance for advocacy efforts as well as allocative efficiency considerations. UNAIDS is considered to be the authority with regard to this data including the analytics and communication.

Box 4.1 presents examples from country case studies with regard to data, guidance and evidence highlighting the different experiences across UNAIDS supported countries.

**Box 4.1: Country case study examples regarding Joint Programme products and tools**

**Tanzania** The investment case 2.0 was overall considered to be of high quality by stakeholders and to serve its purpose to create a vision to address the sustainable financing and efficiency challenges facing Tanzania. It followed some best practices such as developing a range of different scenarios including those which depict funding allocations within resource constrained settings. The investment case made three key recommendations to improve technical efficiency and provided guidance on HIV interventions to improve allocative efficiency. Reportedly, it has been used to inform on the Global Fund funding application process and has been used as advocacy tools with national government.

**Cote d'Ivoire** The Joint Programme is regarded as the reference partner for epidemiological, and evidence based technical approaches. Epidemiological and financial gap analysis performed during the recent Global Fund grant proposal process offered a gap analysis per package offered, and lost-to-follow-up analysis, supporting a strong investment case. However, overall, the availability of strategic financial information in Côte d'Ivoire is regarded as insufficient. The latest NASA was conducted in 2012, and latest allocative efficiency study in 2016.

**Viet Nam** Joint Programme-generated strategic data, guidance and tools have influenced policy, resource generation and resource allocation at the national level. Civil society has been a consumer of this information, using it to advocate for more domestic investment at community level for prevention services.

**Kazakhstan** has used Optima analysis to develop investment cases to engage with the government on efficiencies in the response. This has influenced inclusion in the National Health Programme of financing for prevention and treatment services for KP under the National HIV Plan, transition and sustainability plan, and support for social contracting.

Overall, there has been a wide variety of different data, evidence, guidance and tools with regard to sustainable financing and efficiency that are useful in supporting funding allocations in countries, and for global and country advocacy. In many countries, the availability of funding data is largely considered to be sufficient though there are areas for improvements, including the need for:

- Clear coordination of analytical work, generation of strategic information and policy guidance across UNAIDS Secretariat, Cosponsors and partners.
- An increase of integration with other disease areas, based on the country context. There is an inherent challenge to integrate tools/ products with other disease areas while continuing to have sufficient granularity on HIV. This tension will only become more pronounced over the coming years as the world is moving further to UHC. It will be important that the Joint Programme considers its different activities with this in mind, assessing where changes may be necessary (such as for the NASAs) or where a more differentiated approach based on country context is needed.
- Wider challenges exist, in particular with regard to the translation of data, evidence and guidance into concrete policy action which is further discussed in Evaluation Questions 6 and 7 below.

## 4.2. Political commitment and sustainable financing

How has the Joint Programme influenced political commitment in countries? Has the Joint Programme been able to increase sustainable financing for the AIDS (and health) response?

Key Findings	Robustness of evidence
<ul style="list-style-type: none"> <li>■ The Joint Programme has played an important role in increasing the political commitment for HIV in countries, with high-level engagements being a driving factor.</li> <li>■ However, the Joint Programme could do more to resolve the gap between political buy-in and material change to domestic financing through detailed follow through of sustainability and transition plans.</li> <li>■ While there are good examples of Joint Programme contribution to political commitment, political will to commit domestic resources to key aspects of the response: prevention, services for KP, CBO and KP-led services remains a challenge.</li> </ul>	Moderate

This evaluation question examines the effectiveness of the UNAIDS Joint Programme since 2018 to influence political commitment in countries and the extent to which sustainable financing has improved for HIV and health as a result. The data sources for this question are drawn from global KIIs and document review, but mostly from the country case studies.

The backdrop of this evaluation question is a mixed picture of the extent to which political commitment has translated into sustainable financing. The UNAIDS SRA7 2020 report bluntly states that “some countries have made significant efforts to boost domestic HIV financing, but most are either unable or unwilling to allocate funding at the levels required to meet their needs.”<sup>38</sup> Overall, domestic financing as a share of the HIV response rose upwards from 56% in 2018 to 61% in 2020.<sup>39</sup>

In regard to political commitment in countries and the contribution of the Joint Programme to sustainable financing, the key findings are as follows:

- **The Joint Programme has played an important role in increasing the political commitment for HIV in countries, with high-level engagements being a driving factor. Across the country case studies, a range of different approaches have worked in different contexts.** UNAIDS and others

<sup>38</sup> UNAIDS (2021) SRA 7: Investment and efficiency: SRA report 2020

<sup>39</sup>UNAIDS analysis of self-reported earmarked government budget for HIV as reported by countries shows 22 of the 42 countries reviewed are expected to increase government budgets for HIV in 2022, 13 will remain steady, and 7 countries will reduce domestic financing for HIV. The increase in domestic contribution will not necessarily result in an increase in real terms for HIV should other funding sources (e.g., international) decline. Source: UNAIDS 2010-2020 HIV Resource Availability and 2025 Resource Needs (material shared by UNAIDS Secretariat).

are credited with their political advocacy to push governments on their HIV targets and commitments. In Tanzania, UNAIDS has engaged directly with national leadership including with the President, TACAIDS and the Prime Minister Office. This has led to official commitments from the country and the President to the HIV response. In Viet Nam, the Joint Programme has strong links with the Viet Nam Assembly and Social Affairs Committee to advance HIV issues where the Secretariat and WHO were deeply involved in updating the HIV law, which includes the legal framework for social contracting. Box 4.2 below presents the varying factors that have driven political commitment across the four country case studies for this evaluation. Box 4.3 presents key political wins in Viet Nam, which saw the largest increase in domestic HIV financing over the period of this evaluation.

#### **Box 4.2: Country case study examples of the Joint Programme's influence on political commitment**

**Tanzania** In Tanzania, work with parliamentarians as well as high-level engagements with the President were highlighted as good approaches to support domestic financing for HIV and health generally. Examples from other countries, in particular with similar epidemic and development backgrounds, were also considered to be powerful tools, and an area the Joint Programme can leverage more strongly. Despite progress around the political commitment to HIV targets there remains a gap with regard to domestic financing for the HIV response, and so more work with Ministry of Finance was highlighted as key area going forward.

**Cote d'Ivoire** The translation of political commitment to financing remains a challenge in Cote d'Ivoire. KIIs pointed to a missed opportunity on the lack of targeted advocacy at the Ministry of Planning, Ministry of Budget, and the National Assembly, though discussion of the results of the transition roadmap developed in 2021 is planned. The Joint Programme is now actively participating in the newly established *Plateforme nationale de financement de la santé* which provides an opportunity for stakeholders to network with influential administration members. While this group is focusing on increasing the available public budget for health in general, its roadmap is currently the most direct pathway to increase domestic budgetary allocation for health/HIV.

**Kazakhstan** A key insight from Kazakhstan has been the importance of being able to engage with Ministries of Finance on the unit costs of KP services at a granular level, supported by credible global policy guidance developed by UNAIDS headquarters. This fluency is viewed as critical for building credibility with the Ministry of Finance on the costs of providing a package of services for PWID, which have been included in the government budget. In Kazakhstan, the issue of comparability was also highlighted where examples from other EECA countries were viewed as most relevant to influencing the government and there was little to no interest in comparisons with lower income countries.

#### **Box 4.3: Political commitment in Viet Nam in the context of donor transition**

The HIV response in Viet Nam is successfully transitioning from a programme that was once primarily donor-dependent to one that is increasingly financed through domestic resources. Political commitment for domestic financing has been galvanised in several ways. At the highest level, the deputy prime minister attends the UN High Level Meetings (HLM on HIV/AIDS). In the meeting held in 2021, the Deputy Prime Minister presented the new national strategy to end AIDS by 2030, which articulates commitment to raise domestic financing, especially for prevention and control. Such pronouncements, allow UNAIDS and other stakeholders to hold government to account for meeting financing commitments.

Domestic funding (including both public and private sector spending) increased from 35% in 2015 to 47.6% in 2019, due to the transition of treatment costs from the Global Fund grant and

PEPFAR to SHI.<sup>40</sup> To secure commitment to transition treatment costs to the SHI, UNAIDS worked with the national assembly, and especially with their social affairs committee. In 2019, 38 of 63 provinces subsidized SHI premiums and ARV co-payments, amounting to US\$760,000. Additionally, Viet Nam is using domestic resources to provide methadone for its Methadone Maintenance Therapy (MMT) programme. This was a direct result of several exposure and learning visits for senior government officials that were organised and funded by UNAIDS and other partners.

To secure political buy in for social contracting, UNAIDS first held discussions with Ministry of Health and VAAC and then held joint meetings with the Ministries of Finance and Home Affairs, Planning and Investment and other key Departments within MoH to share best practices from other countries. They also highlighted some of the challenges with social contracting, such as current legal restrictions to contract CBOs. One key informant said that UNAIDS has successfully positioned HIV within a society wide framework, getting government to realise the importance of addressing the legal, human rights and social dimensions of epidemic. However, to date, the funding for addressing the societal enablers, such as legal reform to protect the labour rights of PLHIV, comes from donors. There have been no discussions on government taking on the costs of these activities in the future. It is likely donors will need to continue to fund interventions that address the structural drivers of HIV in the longer term, and beyond when government takes on prevention costs.

- **The Joint Programme's contribution to sustainability has been most powerful when coordinated and aligned with key donors.** In Tanzania, KII's view that Joint Programme alignment and coordination with PEPFAR and the Global Fund has been important for sending unified messages to the government on financing and efficiency priorities. For example, the Investment Case 2.0 supported by the Joint Programme picked up some of the key messages around efficiency that have also been implemented and advocated for by PEPFAR, and the Global Fund requirements for co-financing. In Viet Nam, coordination between the Joint Programme, the Global Fund, PEPFAR and other partners is viewed as providing underlying support for transitioning the costs of SHI premiums and co-payments for people living with HIV to the provinces, where the Global Fund agreed to initially meet these costs during the transition. In Cote d'Ivoire, sustainable financing discussions are only emerging within the government, and PEPFAR's SID and Global Fund negotiations are the main conversation drivers. Here, the Joint Programme leverages its comparative advantage of convening, government and civil society partnerships to support these processes.
- **Political advocacy for the HIV response should adapt to reflect the change from 'emergency' response, and link HIV to other domestic health and development concerns.** A theme emerging from numerous informant interviews was that Ministries of Finance do not view HIV as an 'exceptional' priority. Rather, financing for HIV is subsumed within budget allocations for health and social sectors, competing with other sectors for prioritisation in domestic budgets. Respondents stated that the 'emergency response' to HIV, and political attention this generated, is now widely considered to be over (however in ESA, the magnitude of donor HIV funds is recognised to distort the health financing landscape and thus continue to bring considerable political attention). Some respondents suggested Joint Programme domestic advocacy for political commitment to HIV and health financing needs to become more politically astute and more deeply engaged with the political system as a whole, leveraging issues such as UHC in political platforms.
- **The Joint Programme could do more to resolve the gap between political buy-in and material change to domestic financing through detailed follow through of sustainability and transition plans.** According to UBRAF reports 52% of all countries had completed sustainability plans by 2020 (a total of 45 countries). Informants stressed there is a gap between the vision of

<sup>40</sup> 2019 Viet Nam Global Fund funding request.

sustainable financing and current realities, including that once a sustainability plan is developed, the mechanisms to operationalise financing are often not in place and governments are still highly reliant on international financing (as also noted in Evaluation Question 5, and also a factor of the activity-focused culture defining the Joint Programme progress measurement as noted in Evaluation Question 2).<sup>41</sup> Informants viewed developing sustainability plans as a valuable exercise of demonstrating to governments the importance of continuing to invest and the budgetary costs of doing so, and also noted sustainability is a complex and long-term processes, which also require ensuring KPs are not left behind, and that impacts are optimised. Another area that could be further improved was engagement directly with the Ministry of Finance. This is also in line with recent recommendations from PEPFAR's SID review process which stated that targeted advocacy is needed directly with the Ministry of Finance to increase domestic contributions for HIV and health.

- **Overall, while there are good examples of Joint Programme contribution to political commitment, political will to commit domestic resources to key aspects of the response: prevention, services for KP, CBOs and KP-led services remains a challenge.** In Tanzania, the Joint Programme has been a strong advocate for increasing domestic financing for primary prevention services and funding to KPs, including in particular community service delivery. While there has been a degree of progress on this with regard to external funding (such as a CSO as second Principal Recipient of Global Fund support<sup>42</sup>) progress has been much more challenging with regard to domestic financing. This has been partly explained by the availability of donor resources for these aspects (such as PEPFAR's DREAM programme and Global Fund support) but also has been due to political aspects including continued stigmatisation of KPs (MSM in particular) in Tanzania. Additionally, treatment rather than prevention generally is considered to be of a higher priority for political leaders giving that prevention efforts only pay off in the long-term. In Kazakhstan, while 94% of the HIV response is domestically financed, prevention services for KP and vulnerable populations, who comprise the majority of new HIV infections, are not prioritized within the national programme leading to the lack of financial support for the development of service delivery guidelines and protocols, costing of services, and integration with wider health system and community-based programmes. This was a similar finding of the UNFPA 2020 evaluation which found in Georgia there were reportedly plans for adequate funding of treatment but prevention was relatively neglected.<sup>43</sup>

In summary, the Joint Programme without question has contributed to political commitment and sustainable financing in country, although more continues to be needed in terms of driving the political commitment (especially for challenging areas such as prevention support, KP support, etc.) and translating political commitment to increased domestic financing. This is consistent with research published elsewhere on the potential for governments to increase their share of HIV funding, where 80% of the estimated potential *additional* government resources for HIV was from only 10 middle-income countries.<sup>44</sup>

<sup>41</sup> UNAIDS (2021) SRA 7: Investment and efficiency: SRA report 2020

<sup>42</sup> While this indicates a degree of greater inclusion of civil society in Tanzania's HIV response, it is not an indication of increased funding to support the needs of KP and people living with HIV.

<sup>43</sup> UNFPA (2020) Evaluation of the UNFPA support to the HIV response (2016-2019)

<sup>44</sup> Haakenstad A, Moses MW, Tao T, Tsakalos G, Zlavog B, Kates J, et al. Potential for additional government spending on HIV/AIDS in 137 low-income and middle-income countries: an economic modelling study. *Lancet HIV*. 2019;6(6)

### 4.3. Supporting efficiency of financing

**What contribution has the Joint Programme made to increase allocative and technical efficiency of resources?**

Key Findings	Robustness of evidence
<ul style="list-style-type: none"> <li>■ The Joint Programme is regarded as making some important contributions to efficiencies in use of resources and in programme optimisation with support to Investment Cases, NSPs, and Global Fund proposals having the most significant impact.</li> <li>■ More work from the Joint Programme is needed on allocative and technical efficiencies in particular within domestic financing. This is considered key to achieving the ambitious AIDS targets given plateauing in HIV financing trends.</li> <li>■ The priority of efficient financing requires continued work by the Joint Programme and coordination with partners to ensure better linkage of outputs (analytical products, strategic information, policy and technical guidance) to changes in funding flows.</li> </ul>	Moderate
<ul style="list-style-type: none"> <li>■ Community-based delivery, including through social contracting, is regarded as a crucial area for efficiency where the Joint Programme is regarded as making progress—though more is needed.</li> </ul>	Moderate

This evaluation questions examines the results achieved in terms of improved efficiency in HIV resources, and how the UNAIDS Joint Programme has contributed to this. Improved efficiency is a priority for work under SRA7 and the UNAIDS 2016–2021 Strategy specifically calls for an intensified focus on improving efficiency and decreasing service delivery and commodity costs.

The evaluation draws on both global and country level document review and interviews, with a focus on the concrete developments with regards to efficiency in the four case study countries. The robustness of evidence for the findings takes account of the reliance on the country case studies resulting in lower robustness ratings compared to other evaluation questions. Owing to the largely activity-based reporting system for the Joint Programme, outside of the country case studies and specific reports (e.g., TSM reports, World Bank efficiency studies) it was difficult for the evaluation to draw connections between global-level activities with the outcome of improved efficiency of resources.<sup>45</sup> Further, it links directly to Evaluation Question 5 which examines produced analytical products and generated strategic information by the Joint Programme, and what has changed as a result of producing and using these analyses at country level.

**The key finding from the country case studies is that the Joint Programme is regarded as making important contributions to efficient use of resources and in programme optimisation, but more work is required in this area especially with regard to efficiencies within domestic HIV financing.**

<sup>45</sup> Zhao, Feng, Clemens Benedikt, and David Wilson, eds. 2020. Tackling the World’s Fastest-Growing HIV Epidemic: More Efficient HIV Responses in Eastern Europe and Central Asia. Human Development Perspectives. Washington, DC: World Bank.

Box 4.4 provides specific examples from each of the four country case studies.

**Box 4.4: Country case study examples of the Joint Programme's contribution to allocative and technical efficiency**

**Kazakhstan** The price reduction of dolutegravir ART in 2020 from US\$3,140 annually to US\$100 is regarded in Kazakhstan as one of the Joint Programme's most significant contributions to efficiency in the HIV response since 2018. This builds on past success using allocative efficiency analyses as entry points with the government to drive efficiencies, including shifting procurement through UNICEF. As an UIC, Kazakhstan was excluded from a landmark voluntary licence agreement that set price ceilings for dolutegravir-based first-line regimens in LMICs. In 2017, allocative efficiency analysis using the Optima model provided an entry point for UNAIDS, UNICEF and PEPFAR to start the conversation with the government on the pricing and specifically whether to seek a compulsory license for dolutegravir ART. In 2020, a new licensing agreement specifically for upper middle-income countries was announced that included Kazakhstan, Azerbaijan, Belarus, Malaysia to make generic dolutegravir ART available.<sup>46</sup> Other efficiencies within government resources have been less successful, notably prevention for KP where services responsive to MSM are poorly supported under the government's social contracting.

**Tanzania** Tanzania's Investment Case 2.0 considers both allocative efficiencies achieved through prioritizing or allocating funds across interventions and technical efficiency achieved through technological or policy changes that reduce the unit cost of interventions. Additionally, the Joint Programme has been working to disseminate the recommendations from the Investment Case to national government as well as to feed these into the Global Fund funding application process. Despite these efforts from UNAIDS, KIs viewed progress against allocative and technical efficiency remains a challenge in particular with regard to advancing efficiencies of domestic HIV financing.

**Cote d'Ivoire** In 2021 the Joint Programme played a coordinator role to avoid duplication of donor and government resources for the FY2022 HIV commodity funding landscape. As a result, the Government will increase its contribution to \$19M, with PEPFAR providing \$7.4M for commodities and the Global Fund \$11.7M. There has been less success in supporting civil society to secure funds for community-led delivery however, where 2019 donor commitments have not been fully met.

**Viet Nam** The AIDS Epidemic Modelling (AEM) exercise have demonstrated a shift from PWID driven infection to MSMs and CSW and the need for the reprioritisation of financing for KPs. As a result, some funds have been secured from domestic resources to finance NSP, procurement of tests, condoms, lubricants and other commodities, and pre-exposure prophylaxis (PrEP) for MSM and CSW.

The specifics of how the Joint Programme has contributed to efficiencies, what seems to work well and less well, and views on opportunities where the Joint Programme could be more effective are as follows:

- **The single most significant impact of the Joint Programme to allocative and technical efficiency is through support to Investment Cases, NSPs, and Global Fund proposals.** Country case studies and global interviews cite technical assistance, stakeholder convening, and domestic advocacy around these products as by far the most significant way the Joint Programme has influenced efficiencies in the HIV response. An important aspect has been that robust efficiency modelling informed the development of these products. This aligns to above views on comparative advantage and the partnership model between UNAIDS and the Global Fund. Specifically:
  - Stakeholders regard technical support by the Joint Programme as strengthening efficiencies within Global Fund proposals, including through greater use of granular data to improve

<sup>46</sup> <https://medicinespatentpool.org/news-publications-post/viiv-and-mpp-expand-access-to-dtg-to-four-new-countries> (Accessed Dec 7 2021)

geographic targeting, and resource allocation for KPs, amongst others. Specific examples from documentary evidence include UNFPA support to 30 countries to ensure the inclusion of costed HIV prevention programmes in Global Fund country proposals, and support through the TSM, with additional support by Avenir Health for allocative and technical efficiency modelling to inform prioritisation in Global Fund proposals.<sup>47</sup>

- TA provided through the TSM has supported close to US\$6.6 billion of Global Fund funding over Windows 1 to 5 with US\$257 million in matched government funding (TSM support linked to financing is discussed further in Appendix I).<sup>48</sup> In the EECA region, the UNAIDS Secretariat, Global Fund and the Burnet Institute and World Bank supported OPTIMA allocative efficiency modelling analysis to inform NSPs. There was subsequently an 11% increase in Global Fund 2020–22 EECA allocations.<sup>49</sup>
- **The work on allocative and technical efficiencies needs to be enhanced given the recent plateauing in HIV funding trends and the COVID-19 pandemic. Greater follow through and strong coordination are required to translate the outputs of allocative and technical efficiency work into policy and implementation changes.** Many stakeholders emphasised that the work on allocative and technical efficiency is a top priority in the HIV financing space given the plateauing of external HIV financing and increased pressure on domestic resources due to the COVID-19 pandemic. Advancing on allocative and technical efficiencies were considered by many as prerequisite to achieving the ambitious AIDS targets at global and national level and, thus, requires an increased focus on this topic across the Joint Programme. For example, in Tanzania the Investment Case 2.0 outlined the risk of plateauing or declining external funding and emphasised the need to optimise the existing resources. While there has been advances on allocative and technical efficiencies in particular with regard to externally funded HIV interventions, there is much room for improvement to advance allocative and technical efficiencies of domestically financed HIV interventions. A key finding from interviews noted in the above evaluation questions (Evaluation Question 5 and 6) is the need for the Joint Programme to follow-through strategic information and analytical products through to NSP development, funding requests and domestic budgets. Here often more challenging aspects arise including political economy aspects and lobbying of interest groups which can make it hard to implement all suggested changes from efficiency analyses. This indicates the continued need for strong coordination and alignment of the priorities and advocacy strategies of the different actors. It is also a factor of the activity-focused culture defining the Joint Programme progress measurement as noted in Evaluation Question 2.
- **Community-based delivery, including through social contracting, is regarded as a crucial area for efficiency where the Joint Programme is regarded as making progress—though more is needed.** As discussed in Section 2.3 above (Evaluation Question 3 on partnerships) stakeholders regarded the Joint Programme as providing valuable support to countries with the practical aspects of social contracting, recognising these are complex and it can take time to establish the national legal frameworks and mechanisms. In Tanzania, community delivery of ART was one of three priority optimisations identified in the 2.0 Investment Case, yet domestic financing of CSO service delivery lacks large-scale national buy-in and there is as yet no substantial distribution of domestic HIV funding to CSOs. Overcoming the structural and legal barriers for KP-led (or KP involved) organisations are also regarded as key for moving to more community-level delivery, given their essential role in effective programme delivery. In Viet Nam, the Joint Programme is viewed as contributing to the relatively recent government willingness to gradually take on responsibility for community-based services through social contracting where the Joint Programme is supporting the government's social contracting pilot. A key priority for the pilot is defining an effective package of interventions that is affordable to government to take on. Joint Programme newer work to roll out Community Level Monitoring (CLM) was cited by all countries

<sup>47</sup> UNAIDS (2021) UNAIDS Technical Support Mechanism Annual Report 2019-2020

<sup>48</sup> JPMS 2020

<sup>49</sup> JPMS 2020

as a recent, and complementary area for the Joint Programme that will contribute to efficiencies in the response.

- **COVID-19 has served as a catalyst to further increase efficiency in HIV service delivery.** Globally, some adaptations to keep HIV services running during the COVID-19 pandemic are widely seen as increasing the efficiency in the HIV response and should be institutionalised.<sup>50</sup> This was most pronounced in the Viet Nam case study where the COVID-19 pandemic served to fast track some programme innovations that will result in programme savings including multi-month dispensing of ARVs and a pilot to take home methadone. In Viet Nam, the view is that the Joint Programme does not appear to be active in further leveraging its platforms for innovations that improve efficiencies and there is considerable scope to bring in lessons from other countries on use of digital platforms for providing information, or clinical consultations which would likely bring considerable cost savings.
- **There has been limited work by the Joint Programme on leveraging technology to drive efficiency.** The above aligns with wider consultations where interviewees regarded leveraging technology as one of the priorities for SRA7 offering potential for efficiency gains, yet with limited current work under the Joint Programme with some exceptions.<sup>51</sup> This view is supported by progress against UBRAF indicators regarding technology use where in 2020, 55% of countries were reported to be using e-health or m-health for priority HIV services.<sup>52</sup>

In sum, there was nearly a universal view among respondents, articulated equally strongly by informants in the country case studies, that allocative and technical efficiencies are the top priority in the HIV financing space, and a more realistic approach of ‘finding new money’ than advocacy to increase funding levels overall for the HIV response. The UNAIDS PCB Report ‘The way forward for sustainable AIDS results’ estimated across 23 countries in Africa, Asia, Eastern Europe and Latin America, a more efficient allocation of HIV resources could reduce cumulative new HIV infections by an average of 18% over the years to 2020 and 25% over the years to 2030, along with a 25% reduction in AIDS-related deaths for both timelines.<sup>53</sup> While the Joint Programme is found to have contributed to resource efficiencies in the HIV response, stakeholders viewed that there remain areas for improvements, including with regards to further considering allocative and technical efficiencies in coordination with funding and national partners as well as with regards to better linkage of the strategic information work to changes in funding flows.

#### 4.4. HIV financing and UHC

**How has the Joint Programme supported countries to feature financing for the HIV response in the UHC country strategy?**

Key Findings	Robustness of evidence
<ul style="list-style-type: none"> <li>■ Successive Global AIDS strategies have embraced a UHC orientation, but within the four country case studies, financing and governance have had limited to no fundamental shift.</li> <li>■ Coordination within the Joint Programme on HIV and UHC is limited at global and country levels. The high levels of HIV financing compared to other health priorities and reduced UBRAF funding are regarded as barriers.</li> <li>■ There is a need to better define the focusing and approach of the Joint Programme on HIV and UHC.</li> </ul>	Moderate

<sup>50</sup> Global HIV Prevention Coalition (2021) Preventing HIV infections at the time of a new pandemic A synthesis report on programme disruptions and adaptations during the COVID-19 pandemic in 2020.

<sup>51</sup> SRA7 Indicator ‘Percentage of countries with scale-up of new and emerging technologies or service delivery models’

<sup>52</sup> UNAIDS (2020) PCB48 UBRAF Performance Monitoring Report SRA

<sup>53</sup> UNAIDS (2018). UNAIDS/PCB (43) Way forward to achieving sustainable AIDS results

This evaluation question is particularly relevant to the forward-looking aspects of this evaluation now that the COVID-19 pandemic has again laid bare the need for more equitable and resilient health systems, which are also crucial for success in the global HIV response.<sup>54</sup>

Looking back, the UNAIDS 2016–2021 Strategy identifies three dimensions to featuring HIV in UHC country strategies: (1) define the essential, high-impact HIV interventions that should be integrated into the national health benefit package; (2) ensure this package is adapted and equitably delivered to populations in need; and (3) ensure the national health financing system covers costs of HIV services to minimize out-of-pocket expenditure and risk.<sup>55</sup> The new Global AIDS Strategy 2021–26 continues to have a lens on driving progress towards HIV targets, but also enshrines a broader vision of HIV and health financing, taking into account the structural drivers of inequality.

A recent evidence review of the UNAIDS contribution to resilient and sustainable systems for health (RSSH) in 2021 firstly notes that “...evidence for broader ‘spill over’ effects of HIV responses and UNAIDS work, to other areas of health and the social sectors is limited. This is also reflected at global level where literature and documented examples regarding HIV-related health system-wide benefits is quite outdated (for example, many references are approximately a decade old, such as WHO’s Positive Synergies work in 2009)”; and this has indeed been the same experience of this evaluation, limiting our ability to conduct robust analysis.

Presented below is the overall evidence on UHC focused work based on a review of key UNAIDS Joint Programme documents and the SRA7 reports, followed by key findings based on stakeholder feedback and country case studies.

- At a global level, the evaluation finds since 2018 the Joint Programme has deepened policy linkages between HIV and UHC. Notable examples include:
  - The 2021 Political Declaration on HIV and AIDS, which reaffirmed past commitments to working towards UHC, with commitment to “accelerating integration of HIV services into UHC and strong and resilient health and social protection systems”, as well as commitments on strengthening community health systems and service delivery, which demonstrated their “essential value during the COVID-19 pandemic in reaching affected communities with essential HIV and health-care services”. The 2021-26 Global AIDS Strategy Results Area 8 includes specific actions to ensure UHC features an HIV-sensitive response, that HIV platforms are leveraged for UHC, and to shift towards progressive health financing (e.g., tax reforms) for UHC and HIV.
  - In the context of countries transitioning from external assistance, the UNAIDS Secretariat engagement in the UHC2030 Sustainability and Transitions working group (of which WHO, World Bank were also members) was regarded very positively. This working group developed recommendations in 2018 for governments of countries experiencing donor transitions, development agencies, and other stakeholders in these contexts.<sup>56</sup> Recommendation 6 of these principles is for all actors to focus on making the case for “appropriate domestic resourcing for health as a whole, raised in an equitable manner, rather than focusing on the immediate financial needs of any one program.”
- Further, at global and country level, there is strong evidence of Cosponsor work to advance UHC—examples include:
  - In 2019, UNDP developed and disseminated an Issue Brief on ‘Universal Health Coverage for Sustainable Development’ which outlines UNDP and partners’ contributions toward supporting countries to remove barriers to health and improve the affordability, accessibility and quality of health care and systems.<sup>57</sup>

<sup>54</sup> UNAIDS (2021) End Inequalities. End AIDS. Global AIDS Strategy 2021-2026

<sup>55</sup> UNAIDS (2016) UNAIDS 2016-2021 Strategy - On the Fast-Track to end AIDS, Page 70.

<sup>56</sup> UHC2030 (2018) Statement on sustainability and transition from external funding

<sup>57</sup> UNAIDS (2021). SRA 7: Investment and efficiency - SRA Report 2020

- In 2019, UNDP provided input to the G20 UHC financing dialogues, including the World Bank-led review of UHC financing which served as a basis for the 'G20 Shared Understanding on the Importance of UHC Financing in Developing Countries — Towards sustainable and inclusive growth' of the G20 Finance Ministers.<sup>58</sup>
- WHO and the World Bank Group co-convene UHC2030—a multistakeholder platform to strengthen health systems.<sup>59</sup>
- The Global Fund and the World Bank launched the first project under their co-financing framework—a joint-investment in Laos to advance UHC by increasing access to integrated essential services, including HIV and TB programmes.<sup>60</sup>
- UNFPA's work to promote integrated service models, such as Sexual and Reproductive Health Rights (SRHR) and HIV.<sup>61,62</sup>

In regard to the specific contributions of the UNAIDS Joint Programme to feature HIV in UHC as per the objectives of the 2016–2021 UNAIDS Strategy, the evaluation finds the following:

- **Global strategies have embraced a UHC orientation, though country case studies demonstrate country-level finance and governance have had limited to no fundamental shift.** As noted previously the new Global AIDS Strategy 2021–26 embraces the UHC orientation in the AIDS response, as also the 2021 political declaration on HIV and AIDS. However, with few exceptions, HIV services are not yet included in health benefits packages in countries scaling or introducing UHC. Interviewees referred to continued vertical financing for HIV and governance mechanisms as impeding progress. Even in Viet Nam and Kazakhstan where ARV costs are now covered by SHI, efforts to integrate HIV into UHC financing and the broader work on UHC are not well coordinated. This was also a finding of the recent RSSH review referenced above which found evidence that “UNAIDS is supporting initiatives to improve financial and programmatic sustainability of HIV programmes, but there is less evidence for how these actions ‘fit’ with wider health care/UHC financing discussions in some settings”. In Tanzania and Cote d’Ivoire, there is no overarching strategic coordination or plan on how to integrate HIV into UHC at this stage.
- **Coordination within the Joint Programme on HIV and UHC is limited at global and country levels. The high levels of HIV financing compared to other health priorities and reduced UBRAF funding are regarded as barriers.** Cosponsors are working on UHC as part of their institutional mandates and are not regarded as necessarily championing HIV within the UHC agenda. Interviewees regarded the high levels of HIV funding relative to other health priorities, and reduced UBRAF funding to Cosponsors as reasons for lower Cosponsor focus on HIV within UHC dialogues at global and country level. Some evidence of this is seen in how Cosponsors report UHC activities within JPMS which has limited mention of specific efforts to feature HIV within UHC activities. This disconnect flows through to country level. For example, in Tanzania, the UNAIDS Secretariat was considered to have an important role to play bringing their mandate and experience of equity and marginalised groups to UHC discussions, and that closer engagement with Cosponsors (WHO in particular, as leading on UHC) would be needed.
- **There is a need to better define the focusing and approach of the Joint Programme on HIV and UHC.** In general, and as noted under Evaluation Question 1, there is a need for the Joint Programme to better define its focus and approach to HIV within the UHC context. Some different aspects highlighted during consultations and through the country case studies include:
  - Now that UHC is already reinforced by COVID, a technical understanding of UHC and UHC financing is important to get the right messages for advocacy. While the COVID-19 pandemic is forcing some silos to break down, there remains a separation between HIV, health, and health

<sup>58</sup> UNAIDS (2021). SRA 7: Investment and efficiency - SRA Report 2020

<sup>59</sup> UNAIDS (2020) PCB48 UBRAF Performance Monitoring Report SRA

<sup>60</sup> UNAIDS (2020) PCB48 UBRAF Performance Monitoring Report SRA

<sup>61</sup> UNAIDS (2020) PCB48 UBRAF Performance Monitoring Report SRA

<sup>62</sup> UNFPA (2019) Evaluation of the UNFPA support to the HIV response (2016-2019)

financing—within governments and within the Joint Programme. Stakeholders reported that to effectively support countries, fluency within the Joint Programme (and specifically the Secretariat) in UHC and UHC financing is required, as well as more harmonised messaging between HIV and UHC.

- Where HIV (and health) financing is devolved, advocacy and engagement to ensure financing targets are met requires action at sub-national levels. In both Viet Nam and Kazakhstan where provinces are mandated to fund health insurance premiums for people living with HIV (Viet Nam), and social contracting (Kazakhstan), political advocacy and budget review has moved from the national to the sub-national level. This decentralisation will require the Joint Programme to work even more with civil society networks to widen its advocacy reach to the local level, and press local governments to meet financing commitments. In the interim, in Viet Nam, co payments continue to be provided through the Global Fund.
- The strengths of the global AIDS response: strong civil society, and community-led services are also regarded as strengths for the UHC response—if used beyond an ‘HIV focus’. The AIDS response is widely regarded as a huge asset for UHC that is insufficiently leveraged. Interviewees responded that UNAIDS could add value by focusing on the mutual benefits of why it is important to properly consider HIV in UHC. The Joint Programme is regarded as having an important role in the community-led side of UHC, such as in Viet Nam where community-led programmes were critical in keeping services running and supporting COVID response. Respondents at global and country levels viewed the community-service aspect of UHC as an area where the Joint Programme could add value, as this is generally viewed as a weak area of UHC—for instance, in Viet Nam, the WHO UHC model says little about communities.

Box 4.5 presents examples from country case studies of the extent HIV responses are featured within UHC financing, along with the status of UHC work in country and contribution of the Joint Programme.

**Box 4.5: Country case study examples of the extent the Joint Programme has contributed to featuring the HIV response in UHC**

**Tanzania** There is no overarching strategic coordination or plan on how to integrate HIV into UHC at this stage given the severeness of the HIV epidemic, but there have been some discussions on the inclusion of some ARV treatment in employee national insurance. There also have been some distinct pieces of work led by Cosponsors on integrating HIV and UHC financing into the wider development financing agenda such as the work led by UNDP on inter-sectoral co-financing.<sup>63</sup> Given the current discussions around changes to the insurance system in Tanzania, there is an opportunity to approach the topic of HIV funding integration more systematically across UNAIDS, cosponsors and partners and to create a long-term vision and approach of how HIV sustainability funding could be integrated in UHC.

**Cote d'Ivoire** The country's effort around building a strong UHC system is in pilot phase, focusing only on defined number of disease areas such as malaria. The World Bank is supporting work in Côte d'Ivoire, through the Health Intervention Prioritisation (HIP) tool, which aims to maximize the country's UHC goal along three dimensions (DALYs, equity and financial social protection) based on countries' disease burden, unit cost and cost-effectiveness of interventions.

**Viet Nam** While the Joint Programme played a crucial role in transitioning ARV costs to the SHI, efforts to integrate HIV into UHC financing, and the broader work on UHC led by WHO needs better coordination and is challenged by the MoH preference to recommend small and specific service packages for provinces. As a result, synergies that could benefit both programmes are not being reaped, for example social contracting for a package of health interventions addressing HIV and other chronic conditions that require strong community-based action. On a separate point, the inclusion of ARV costs within Viet Nam's SHI offers lessons for ensuring such mechanisms do not inadvertently exclude vulnerable populations, as initially people without an official identity card were not covered. The UN HIV Thematic Group's intervention with the government helped to resolve this issue and the Joint Programme, together with other partners such as PEPFAR and Global Fund, is now advocating for integration of PrEP within SHI, informed by the positive results of the PrEP Pilot initiative.

**Kazakhstan** has integrated HIV, STI, TB and MNCH testing and referral services showing a clear commitment to UHC and PHC integration. However, there is a lack of clear and sustainable financing for the integration and funds are difficult to track. The recently reintroduced mandatory social health insurance fund (MHIF) aims to provide protection from catastrophic health expenditure, with plans to increase healthcare spending from 9.3% of total government spending in 2019 to 13.1% in 2024. The increase in spending will be invested in the scale up of prevention services and public health issues (60% increase out of total spending). HIV prevention and ART are prioritised in the programme and have specific indicators to be measured and monitored regularly.

It was widely recognised by stakeholders that advocacy on HIV in the SDG era, and post-COVID will only be successful if the broader agenda is taken into account. Having established global policy on featuring HIV in UHC and that one will not be successful without the other, the view is generally that the Joint Programme should now turn to the technical competencies required for staff to engage (particularly at country level) on how HIV can be financed within UHC (and vice-versa), adapt its tools and advocacy messages appropriately, and more comprehensively leverage the Joint Programme's comparative advantage for UHC.

<sup>63</sup> UNDP (2019). Inter-sectoral co-financing: Financing across sectors for universal health coverage in sub-Saharan Africa

## 5. Conclusions and recommendations

The evaluation has taken place at a critical time for the UNAIDS Joint Programme. The last UNAIDS 2016–21 Strategy “On the Fast Track to end AIDS” has concluded and the new Global AIDS Strategy 2021–26 “End Inequalities. End AIDS” has commenced. Alongside, there has been a plateauing of funds for the HIV response, following two decades of steady increase. And, now more than ever before, there is a strong imperative for alignment of funds for HIV with broader health and development funding, also emphasised by the ongoing COVID-19 pandemic.

Within this context, the Joint Programme has faced a crisis situation with a considerable decline in financial resources, and correspondingly staff capacity, amongst both UNAIDS and the Cosponsors. This has been particularly stark for the financing results area. A recent independent evaluation of the UN system response to AIDS in 2016–19 highlighted the challenges with the declining funding and a number of issues with the Joint Programme, which continue to impede effective functioning, and the work on financing in particular. This evaluation has found a number of challenges with the capacity of the Joint Programme for work on financing, including:

- The UNAIDS Joint Programme division of labour for efficient and sustainable financing is not fully leveraged at the global level and does not reflect how the Secretariat and Cosponsors operate at the country level. In particular, at the country level, the World Bank’s direct engagement with Ministries of Finance is viewed as a missed opportunity for the Joint Programme to influence efficient and sustainable financing for the AIDS response. Coordination is insufficient within the efficiency and sustainability workstream (SRA7) of the Joint Programme. This pre-dates the COVID-19 pandemic which further disrupted joint working.
- There is a lack of coherence in the approach of the Joint Programme to its priorities in efficient and sustainable financing for the HIV response. This is amplified by the challenge of the ‘HIV focused’ mandate of the Joint Programme and that of the Cosponsors which institutionally focus on financing for the SDGs and Health/UHC, with HIV as priority within these.
- It is widely acknowledged that the Secretariat is stretched on SRA7, and whilst new leadership is helping to bring additional capacity and greater visibility, there remain questions on capacity in relation to mandate. The Joint Programme is also not sufficiently engaging the financing expertise that exists within the Cosponsor agencies in its efforts under efficient and sustainable financing for the AIDS response. Limited engagement of the needed expertise and weak coordination with and amongst Cosponsors have resulted in the Secretariat playing more of a principal/ implementer role in some aspects, which risks spilling over into Cosponsor areas of expertise.

As such, there is a strong need for the Joint Programme to “re-boot” its capacities for effective delivery, and leverage its comparative advantages to a maximum, closely coordinating with PEPFAR and the Global Fund given their prominence in country HIV financing. The following are the key evaluation conclusions on the Joint Programme’s work on efficient and sustainable financing, synthesised across the key findings by Evaluation Question.

- **Comparative advantage of UNAIDS as a convenor and political advocate.** The core comparative advantage of UNAIDS with regards to financing work lies in its convening power and political advocacy role, being perceived as a “neutral arbiter” amongst stakeholders. With its country presence, UNAIDS has the mandate and has indeed played an important coordinating role across government, donors, civil society and CBOs as well as Cosponsors of the Joint Programme. UNAIDS has also played a critical role in increasing the political commitment for HIV in countries, with high-level engagements being a driving factor across multiple countries.
- **Key contribution of the Joint Programme through analytical work and strategic information, with some products viewed more effective than others.** The Joint Programme’s role as a whole with regards to the creation and collation of analytic projects and Strategic Information is prime, and supports the funding allocations of the Global Fund in particular but also PEPFAR. UNAIDS is regarded as the gatekeeper of all data and information with regards to the AIDS epidemic which is

useful both for resource mobilisation, and for influencing how funders prioritise resources through increasing the visibility of the state of the epidemic amongst KP and other gaps in the HIV response. The Joint Programme's leadership role on financing data however is less pronounced than is the case for epidemiological data. This is because of the varied significance of different data and tools supported by the Joint Programme on HIV financing. While the work with regards to the development of NSPs, investment cases and sustainability plans is well regarded, there are mixed views on other tools and studies generated through the Joint Programme (e.g. criticisms of the NASAs being very resource intensive, non-systematic, and duplicative of other assessments; overlaps between the domestic financing for HIV reported through the GAM and wider efforts in tracking health spending generally in countries; largely ad hoc and disjointed work on costing tools and cost-efficiency studies; etc.).

- **Challenges around coordination and integration of strategic information on financing.** There is a core need for greater coordination amongst the UNAIDS Secretariat, Cosponsors, the Global Fund and other stakeholders with regards to strategic information in relation to financing, with lack of information on who is doing what with which country and when. A clear and operational workplan recognised between the organisations (and other relevant partners) as the 'base or framework' for joint working is lacking. Further, there are also challenges with inadequate integration of financing tools with other diseases and health areas, resulting in duplicative work.
- **The Joint Programme has inadequate focusing on follow through of analytic products (NSPs, investment cases, sustainable financing and transition plans) to longer-term results.** Whilst there has been a relatively strong coherence in using the NSPs/ investment cases for Global Fund processes which has directly contributed to increased and more efficient use of resources for the HIV response, there has been inadequate focus on longer-term opportunities to leverage the Joint Programme's government relationships to influence policies, thus adding to the sustainability of the HIV response. Some of the above challenges stem from the Joint Programme approach to activity and output based results measurement which prevents an adequate and much needed focus on the outcomes of financing work. Stakeholders cite an 'output-driven culture' and UBRAF.
- **Joint Programme work with civil society, community-led and key population-led organisations is regarded as central to its identity and key for engaging with and increasing financing for KPs from donors, although limited progress has been made with regards to their capacity building.** Joint Programme support for civil society and CBOs and KP-led organisations to engage in Global Fund processes is regarded as contributing to directing funding towards community responses. Progress on social contracting is viewed as an important contribution to efficiency and sustainability of the AIDS response, through directing public financing to the HIV response and the effectiveness of community-led service provision, particularly in transition countries. While there are good examples of Joint Programme contribution to political commitment, political will to commit domestic resources to key aspects of the response: prevention, services for KP, CBOs and KP-led services remains a challenge. There is also less evidence on the extent the Joint Programme has strengthened CSO, CBOs and KP-led organisations' capacity to engage with governments on efficient and sustainable financing.
- **The Joint Programme has made some important contributions to improving allocative and technical efficiency of the AIDS response, but more work is needed in this area in particular within domestically financed HIV responses.** The Joint Programme is regarded as making some important contributions to efficiencies in use of resources and in programme optimisation with support through Investment Cases, NSPs, and Global Fund proposals having the most significant impact. Many stakeholders emphasised that the work on allocative and technical efficiency needs to be a top priority in the HIV financing space given the plateauing of external HIV financing and increased pressure on domestic resources due to the COVID-19 pandemic. Advancing on allocative and technical efficiencies were considered by many as prerequisite to achieving the ambitious AIDS targets at global and national level and, thus, requires an increased focus on this topic across the Joint Programme. In particular, the allocative and technical efficiency work should be enhanced with regard to domestically financed HIV responses. Greater follow through

and strong coordination are required to translate the outputs of allocative and technical efficiency work into policy and implementation changes.

- **In countries transitioning from donor funding, the Joint Programme has a unique role in efficient and sustainable financing.** In these contexts, there is less scope for donors to influence government through their more modest levels of funding, and so the Joint Programme is regarded as having a crucial role in supporting evidence-based national plans and dialogue with governments, including advocating for policy and programmatic support for KP services and supporting social contracting with governments. Case studies in Kazakhstan and Viet Nam both highlighted that decentralisation of government HIV financing will bring new challenges in terms of how the Joint Programme continues to advocate now also to local governments on HIV financing and efficiencies in the response.
- **The Joint Programme has supported a UHC orientation in global-level strategies but not at the country-level, and there is a need to further define its approach to HIV within the UHC and multisectoral financing context.** Global strategies have embraced a UHC orientation, but the four country case studies in this evaluation found limited to no fundamental shift in financing flows and governance. Coordination within the Joint Programme on HIV and UHC is limited at global and country levels and the high levels of HIV financing compared to other health priorities and reduced UBRAF funding are regarded as barriers. There is a need for the Joint Programme to better define its focus and approach to HIV within the UHC and multisectoral financing context, and also match with appropriate technical expertise.

Building on the evaluation findings and conclusions, the following recommendations are proposed. Recommendations should be completed in six months to one year and the time frame to be indicated in the management response. The Evaluation Questions on which recommendations are based are indicated alongside the agencies to whom recommendations are directed. Each recommendation is followed by sub-bullets which elaborate on the main recommendation and/ or provide suggestions for their operationalisation.

**Recommendation 1: The Joint Programme should continue to focus and build upon its areas of comparative advantage in financing, including the Secretariat's convening/coordinating role at global, regional and country levels and political advocacy, and the Joint Programme's work as a whole on analytic tools, strategic information, and policy guidance. In particular, any change and/ or expansion in mandate for the work of the Secretariat should be carefully considered alongside the mandate of the Cosponsors and other organisations as well as its capacities and resources.**

Based on Evaluation Questions: 1, 2, 3, 4, 5

Directed to: UNAIDS Secretariat, Cosponsors

- The UNAIDS Secretariat should continue to leverage its “neutral arbiter” role to convene the different stakeholders including governments, civil society, community-led and key population-led organisations, UN agencies and international funders.
- It should also continue to harness its critical role in political advocacy for AIDS financing, in close partnership with the key international funders for AIDS including the Global Fund and PEPFAR, and with a renewed approach that reflects the evolving context for HIV within the wider UHC, SDG, and COVID-19 environment. The Joint Programme could better leverage and coordinate in this area with Cosponsors, in particular the World Bank, given the Bank's strong relationships with Ministries of Finance and Economy.
- The Joint Programme as a whole should emphasise the work on developing strategic information in support of efficient and sustainable financing, employing an “end-user” lens to ensure

alignment of data and information, as well as relevance. See further recommendations below on this aspect.

- The Joint Programme should build on its critical role with regards to engagement and capacity building of CSOs, by supporting sustainable financing of civil society and community and KP-led organisations.
- The Secretariat and the Joint Programme should closely consider how to engage in the macroeconomic financing agenda and specifically tax reform agenda, carefully clarifying Secretariat roles in relation to its resources and the risk of overlap and duplication with Cosponsors and other agencies, which may have more expertise to offer in these areas.

**Recommendation 2: The Joint Programme should clearly define its approach to efficient and sustainable financing and related work plan for the Secretariat and Cosponsors.**

Based on Evaluation Question: 2, 4

Directed to: UNAIDS Secretariat, UNDP, World Bank; with the Global AIDS Strategy 2021–26 Results Area 8 primary contributing organisations of UNICEF, WFP, UNFPA, WHO

- Based on the new Global AIDS Strategy 2021–26, and noting that the UBRAF development process was underway during the evaluation, UNAIDS should develop a strategy/ concept note for efficient and sustainable financing, with clearly defined overall objectives, the key activities to be undertaken to support the achievement of these objectives and key results, and related resourcing. This should be based on a TOC model that seeks to coherently define the Secretariat and Cosponsor approach to efficient and sustainable financing. It should consider issues that reflect the Secretariat core areas of work and financing issues that resonate with the Cosponsor priorities.
- The Joint Programme should move beyond an activity and output-based reporting and measurement approach and focus more on the outcomes of its work in efficient and sustainable financing for the AIDS response. Whilst this is a recommendation relevant for the UNAIDS Joint Programme as a whole, the need to move from largely activity-based reporting and assessment of results to outcome measurement is emphasized. Within the work on efficient and sustainable financing in particular, greater attention should be paid on measuring the translation of strategic information, national strategies, and analytical products into policy changes and financing increases, and the impact of CSO and KP engagement in terms of increased capacity building and financing, etc. Some of these aspects may also be supported through evaluations of the Joint Programme's work.

**Recommendation 3: The Joint Programme should seek to leverage additional and the right capacities in support of its goals of efficient and sustainable financing.**

Based on Evaluation Questions: 3,4

Directed to: UNAIDS Secretariat, UNDP, World Bank and other Cosponsors as relevant

- The Joint Programme should set up a coordinating mechanism or working group for efficient and sustainable financing, led by co-convenors and the Secretariat, which also engages closely with PEPFAR and the Global Fund. The working group would need to be a "light-touch" mechanism that convenes a couple of times a year to set the agenda and review progress, given limited resources and capacities amongst organisations. There should be agreement on a quorum of Cosponsor membership for this working group, reflecting the main HIV and health financing partners and specifically including participation from WHO, UNICEF and UNFPA in addition to the

World Bank and UNDP as co-convenors. The financing coordinating mechanism/ working group should ensure the inclusion of health financing expertise from the Cosponsors as part of its membership. In this regard, the key teams within the Cosponsor agencies in support of UNAIDS financing objectives should be identified, together with ways of engaging them. The coordinating mechanism should build upon and leverage other coordinating mechanisms such as the SDG3 Global Action Plan Sustainable Financing Accelerator platform where the range of financing partners are actively engaging and discussions are framed in the context of integration, multisectoral financing and UHC.

- The Secretariat and the World Bank should together consider how greater collaboration can be facilitated at the country level, building on the opportunity for a common approach to sustainable health financing and efficiency that builds on the World Bank's broader work in health financing and working with Ministries of Finance.
- The Secretariat should selectively strengthen its capacity in HIV and health financing, focusing on supporting the efficiency of funding of the AIDS response (as a priority for focus with flat-lining funding) as well as broader health expertise that helps link HIV within the UHC and multisectoral context.

**Recommendation 4: UNAIDS should continue to evolve its partnership with the key international funders such as PEPFAR and the Global Fund to ensure relevance and added value, whilst continuing to leverage the Joint Programme's comparative advantage at country level.**

Based on Evaluation Question: 3

Directed to: UNAIDS Secretariat, Cosponsors

- Given the prominence of PEPFAR and the Global Fund in AIDS financing, the Joint Programme needs to continue to work in close partnership with these organisations, seeking to engage and coordinate with them alongside the set of Cosponsors. This would suggest that any coordinating body for Joint Programme work in efficient and sustainable financing includes engagement from these funders.
- In particular, the partnership with the Global Fund should seek to ensure better coordination of the generation of analytical products and strategic information. UNAIDS also needs to improve timeliness of delivery of strategic information in country in relation to Global Fund processes.
- The partnership with both the Global Fund and PEPFAR should continue to build upon the country presence of the Secretariat and wider Joint Programme and its convening role in support of advancing the PEPFAR objectives.

**Recommendation 5: The Joint Programme should further strengthen the engagement and capacity building for civil society, CBOs and KP-led organisations to engage in domestic financing debates.**

Based on Evaluation Question: 3

Directed to: UNAIDS Secretariat, Cosponsors

- The Joint Programme should continue to strengthen CSO and KP-led organisation capacity to engage in national plans and external funding processes. In addition, there should be more work to strengthen CSO and KP-led organisations to lobby for and receive funding from domestic sources, with social contracting in transitioning countries and sharing of best practices across countries to be strengthened going forward.

**Recommendation 6: The Joint Programme should improve coordination on its analytic work and strategic information on efficient and sustainable financing, and develop a common vision around the role of future tools, in particular regarding the integration into the wider UHC agenda, and consider ways for more effective translation to policy.**

Based on Evaluation Questions: 5, 6, 7, 8

Directed to: UNAIDS Secretariat, Cosponsors

- A starting point should be a clear mapping of planned and completed analytical products such as NSPs, investment cases, cost-efficiency studies, sustainability and transition plans etc by the Joint Programme by country. This should be made available widely to all partners for improved and transparent working.
- The Joint Programme should develop a strategic vision for some of its key tools, in particular with regard to the tension between being HIV specific and integrating with other disease areas.
- Additionally, there should be more processes to encourage and monitor the translation of strategic information and analytical products into national policy. This could include allocation of resources to dissemination and advocacy around key strategic information pieces; close collaboration with national actors, including CSOs, during the development and to keep track on the progress of key strategic products such as investment cases or transition plans; amongst others.

**Recommendation 7: The work on allocative and technical efficiency should be a priority for the Joint Programme, given plateauing funding for HIV. This includes identification of efficiency opportunities through its existing work in analysis and strategic information, emphasising translation of this information into policy.**

Based on Evaluation Questions: 5,7

Directed to: UNAIDS Secretariat, Cosponsors

- There has been some good progress in this area over the last few years which should be further strengthened, such as modelling support for investment cases and NSPs, coordination with external donors in particular around Global Fund country requests as well as the work around social contracting and community-led service delivery generally. Nevertheless, this is an area which requires much further work, given it is central to achieving the Global AIDS Strategy and the UNAIDS targets in the current constrained funding landscape. In particular, the Joint Programme needs to play a key role in encouraging and following up on identified efficiency opportunities including leveraging technologies, and increased domestic funding.
- The Joint Programme should elevate its efforts to increase domestic resources to enable achieving the Global AIDS Targets and sustain the gains. There is a need to include quality sustainable financing plans, that include progressive integration, and support effective transition where donors have planned to exit.

**Recommendation 8: The Joint Programme should create a common vision and improve coordination with regard to the integration of HIV financing within the wider UHC financing agenda.**

Based on Evaluation Questions: 1, 4, 8

Directed to: UNAIDS Secretariat, Cosponsors

- The Joint Programme should develop a clear and well-communicated approach to its work with regards to the integration of HIV within the wider financing agenda. This would entail a careful consideration of where the HIV agenda can inform and amplify the UHC financing agenda that has wide ranging benefits that also advance HIV outcomes. Similarly, it would also involve a careful consideration of the extent to which HIV-specific financing objectives and advocacy efforts increase cross-disease/UHC supportive inefficiencies, and where spill-overs, mutually supportive programme and system investments, integrated systems approaches etc are overlooked. Stakeholders widely view the Joint Programme's value add for UHC as partnership with CSOs, community-led and KP-led partners and fostering their inclusion within national dialogues which the Secretariat should build on with Cosponsors and partners.

## Appendix A: List of references

### UNAIDS

#### **Strategies and frameworks**

Global AIDS Strategy 2021–2026: End Inequalities. End AIDS

UNAIDS Strategy 2016–2021: On the Fast-Track to end AIDS

2016–2021 Results and Accountability Framework (UBRAF)

2022–2026 Results and Accountability Framework (UBRAF)

#### **Political Declarations**

The 2016 Political Declaration on HIV and AIDS: on the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030

The 2021 Political Declaration on HIV and AIDS “ENDING INEQUALITIES AND GETTING ON TRACK TO END AIDS BY 2030”

#### **Budget, Workplans**

UNAIDS 2018 UNAIDS Joint Programme Division of Labour Guidance Note 2018

2018–2019 UNAIDS Budget

2020–2021 UNAIDS Workplan and Budget

2020–2021 Regional Country Priorities Budget and Workplan

#### **PCB and URBAF Reports**

Report of the UNAIDS Advisory Group break-out group on AIDS Response Financing. Virtual consultation meetings, 12 October 2020 and 23 January 2021

UNAIDS 2018 PCB (43)/18.25. Agenda item 5. Way forward to achieving sustainable AIDS results.

UNAIDS 2020 SRA 7 Investment Report 2018–2019

UNAIDS 2020 PCB46 Performance Monitoring Report: Regional and Country Report 2018–2019

UNAIDS 2021 SRA 7: Investment and efficiency Investment Report 2020

UNAIDS 2021 SRA 8: HIV and health services integration Investment Report 2020

UNAIDS 2020 SRA 8: HIV and health services integration: SRA report 2018–2019

#### **Data**

UNAIDS/KFF Donor Government Funding for HIV in low- and middle-income countries. 2018–2020 Reports

UNAIDS Global AIDS Monitoring database and country reports

UNAIDS AIDSinfo Database

UNAIDS Financial Dashboard and GARP-GAM dataset

UNAIDS 2010–2020 HIV Resource Availability and 2025 Resource Needs (material shared by UNAIDS Secretariat)

UNAIDS Technical Support Mechanism Financial Trackers (Not published)

UNAIDS Technical Support Mechanism Power BI Application

#### **Other UNAIDS Reports and Technical Papers**

UNAIDS 2018 Turning Point for Africa

UNAIDS 2018 Report Miles to Go

UNAIDS 2018 Miles to Go: Closing Gaps, Breaking Barriers Righting Injustices

UNAIDS 2019 Technical Support—Optimizing Global Fund grants in Asia and the Pacific 2017–2018

UNAIDS 2020 Technical Support Mechanism Annual Report 2019–2020

UNAIDS 2021 UNAIDS Technical Support Mechanism Semi-annual Report, Oct 2020—Mar 2021

UNAIDS 2021 UNAIDS Technical Support Mechanism Semi-annual Report, Mar 2021—Sep 2021 (Not published)

UNAIDS 2020 TSM Multiyear results framework, 2020–2022

UNAIDS 2020 World AIDS Day Report: PREVAILING AGAINST PANDEMICS BY PUTTING PEOPLE AT THE CENTRE

UNAIDS 2020 COVID-19 and HIV: 1 moment, 2 epidemics, 3 opportunities—how to seize the moment to learn, leverage, and build a new way forward for everyone's health and rights

UNAIDS 2020 The impact of the COVID-19 response on the supply chain, availability and cost of generic antiretroviral medicines for HIV in LMICs

UNAIDS 2020 Policy options to mitigate a drop in fiscal space for health and HIV following the COVID-19 pandemic: Case studies from the Democratic Republic of the Congo, Jamaica and Lesotho

Global HIV Prevention Coalition 2021 Preventing HIV infections at the time of a new pandemic A synthesis report on programme disruptions and adaptations during the COVID-19 pandemic in 2020

UNAIDS (27 June 2019) Press release: UNAIDS and the Global Fund sign new strategic framework to strengthen joint support to countries in ending AIDS

### ***Completed Evaluations by UNAIDS and Cosponsors***

2021 UNAIDS contribution to resilient and sustainable systems for health (RSSH)

2020 Independent evaluation of the UN system response to AIDS in 2016–2019

2020 Evaluation of the UNFPA support to the HIV response (2016–2019)

2020 Independent Evaluation of the UNAIDS Technical Support Mechanism

2017 Independent Evaluation of the Partnership between Joint United Nations Programme on HIV/AIDS (UNAIDS) & the Global Fund to Fight AIDS, Tuberculosis, and Malaria

## **WHO**

WHO (2021), "Developing global health sector strategies on HIV, viral hepatitis and sexually transmitted infections for 2022–2030." Accessed 7 Dec 2021 at: <https://www.who.int/news/item/27-05-2021-developing-global-health-sector-strategies-on-hiv-viral-hepatitis-and-sexually-transmitted-infections-for-2022-2030>

## **UNDP**

UNDP (2021) Policy Brief: Social Return on Investment for HIV Services

UNDP (2019) HIV, Health and Development Strategy 2016–2021

UNDP (2018) HIV, Health and Development Annual Report 2017–2018

UNDP (2019) Guidance Note for the Analysis of NGO social contracting mechanisms. The Experience of Europe and Central Asia

## PEPFAR

US Department of State 2020, "Development of the Next PEPFAR Strategy: Vision 2025." Accessed 7 Dec 2021 at: <https://www.state.gov/development-of-the-next-pepfar-strategy-vision-2025/>

### For country case studies

*Select country focused studies, strategies and data including:*

#### **Efficiency and sustainability analyses supported by Secretariat, Cosponsors or other sources**

National AIDS Spending Assessments (NASA)

National Strategic Plans (NSP)

Studies of national financing, gaps, and resource mobilization including innovative financing

Investment Cases

Sustainability and Transition Assessments

#### **World Bank**

Allocative Efficiency models and country reports

Zhao, Feng, Clemens Benedikt, and David Wilson, eds. 2020. Tackling the World's Fastest-Growing HIV Epidemic: More Efficient HIV Responses in Eastern Europe and Central Asia. Human Development Perspectives. Washington, DC: WorldBank.

#### **UNDP**

Resources on multisectoral responses, equity, working with communities

#### **PEPFAR**

2021 HIV/AIDS Sustainability Index Implementation. Key findings and Priority Actions. Webinar 28 October 2021

COPs, Sustainability Index Dashboards, other studies of sustainability, PEPFAR global and country studies of HIV efficiency, PEPFAR studies on DRM and innovative financing

PEPFAR Strategy: Vision 2025 (draft overview)

#### **Global Fund**

Global Fund sustainability guidelines and assessments, Global Fund guidelines and tools for efficiency analysis

Global Fund 2017–2022 Strategy

### Additional Reports and Publications

UHC2030 2018 Statement on sustainability and transition from external funding

Frontline AIDS 2020. HIV Innovation

Frontline AIDS 2020. Sustaining community-led responses

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## Appendix B: List of global-level consultations

Table B.1 presents the consultees interviewed within the inception phase of the evaluation.

**Table B.1: Stakeholder consultations undertaken in the inception phase**

Stakeholder group	Organisation	Name	Position
UNAIDS	Secretariat	Shannon Hader	DXD Programme
		Jaime Atienza	Chief, Health Financing
		Trouble Chikoko	Senior Programme Coordinator
		Iris Semini	Senior Advisor, Investment and Sustainability Team, Fast Track Implementation Department
		Jose Antonio Izazola	Division Chief, Evaluation and Economics
		Nertila Tavanxhi	Economics Adviser
		Morten Ussing	Director of Governance
		Samia Lounnas	Senior Governance Advisor, Governance and Multilateral Affairs
		Laurel Sprague	Senior Adviser, Human Rights and Law at UNAIDS
		Emily Christie	Senior Governance Advisor, Governance and Multilateral Affairs
		Charles Birungi	UNAIDS Fast-Track Advisor, Zimbabwe
Cosponsors	WHO	Susan Sparkes	Health financing technical officer
	UNDP	Doug Webb	Manager, Health and Innovative Financing (in the HIV, Health and Development Group)
	World Bank	Katherine Ward	UNAIDS Focal Point (HNP/World Bank)

Table B.2. presents the list of global level consultees for the core phase of the evaluation.

**Table B.2: Global level stakeholder consultations undertaken in the core phase**

Stakeholder Group	Organisation/ Department	Name(s)	Position
UNAIDS	Secretariat	Iris Semini	Senior Advisor, Investment and Sustainability Team
		Nertlia Tavanxhi	Technical Lead Transitions and Sustainability
		Peter Ghys	Director, Strategic Information and Evaluation
		Taoufik Bakkali	AP Regional Advisor (RST ad interim)
		Fern Terris-Prestholt	Health Economist
		Erik Lamontagne	Senior Economics Advisor
		Adriana Jimenez Cuen	Senior Advisor, Strategic Partnerships / Fast-track Implementation
		Deepak Mattur	Resource tracking and resource needs
	UNAIDS Technical Support Mechanism	Kaori Kawarabayashi	Manager
		Aries Valeriano	Technical Officer
		Caroline Ntchatcho	Technical Officer
		Hidrissa-Chérif Haïdara	
	Oxford Policy Management (in association with UNAIDS TSM)	Cindy Carlson	Public Health Systems and Governance Specialist
		Anthony Kinghorn	Independent Public Health Consultant
	ex-UNAIDS	Vladanka Andreeva	UN Resident Coordinator in Azerbaijan
		Savina Amassari	UN Resident Coordinator in Gabon
Cosponsors	WHO	Susan Sparks	Health financing technical officer
	World Bank	Katherine Ward	UNAIDS Focal Point (HNP/WB)
	UNDP	Doug Webb	Manager, Health and Innovative Financing (in the HIV, Health and Development Group)
	UNDP	Boyan Konstantinov	Policy Specialist, HIV, Health and Development Group
	UNDP	Kenechukwu Esom	Policy Specialist, HIV, Health and Development Group
	UNDP	Rosemary Kumwenda	Team Leader, HIV, Health and Development Group, EECA region

	UNDP	John Macauley	Program Specialist, HIV, Health and Development Group, EECA region
<b>Communities, Civil society and NGOs</b>	Community representative, people who use drugs	Aditia Taslim	Personal capacity, Indonesia (previous Member of Asia Pacific NGO Delegation to the UNAIDS Programme Coordinating Board)
<b>HIV/AIDS Funders</b>	Global Fund	Shufang Zhang	Senior Advisor, Value for Money
		Michael Borowitz	Chief Economist
	PEPFAR	Mike Ruffner	Director—Office of Financial and Program Sustainability
		Mamadi Yilla	Director for Multilateral Programs
	USAID	Mai Hijazi	Division Chief for Systems and Program Sustainability (SPS), Office of HIV/AIDS (OHA), Bureau for Global Health
		Elan Reuben	Senior Economist—GH/OHA/SPS/HFE
<b>UNAIDS Advisory Break out Group on AIDS Response Financing</b>	Financing Break out Group	Christoph Benn	Director for Global Health Diplomacy, the Joep Lange Institute, and Chair of the UAG Break-out Group on Financing
	Chatham House	Rob Yates	Director, Global Health Programme; Executive Director, Centre for Universal Health
	CHAI	Yogan Pillay	Country Director South Africa
<b>Academic/ Technical partners/ others</b>	Avenir Health	John Stover	Vice President, founder
	Brandeis University	Allyala Nandakumar	Chief Economist at the Office of the Global AIDS Coordinator (PEPFAR); (Financing BoG Member)
	UHC2030	Maria Skarphedinsdottir	UHC2030 Core Team

## Appendix C: Interview guides

This appendix includes broad interview guides for global and country level stakeholders. The questions have been selected and further tailored depending on the stakeholder during the interviews.

### C.1. Global level stakeholders

- How has the Joint Programme leveraged its comparative advantages to strategically influence stakeholders?
- How well is the Joint Programme's work on efficiency and sustainability of AIDS funding aligned with the new Global AIDS Strategy 2021–2026 and internally coordinated?
- To what extent has the Joint Programme worked with and fostered relevant partnerships to contribute to AIDS financing goals?
  - Has the Joint Programme worked successfully with key global funding partners, including Global Fund and PEPFAR? What areas have worked well and what areas could be further improved?
  - Has the Joint Programme worked successfully with civil society and community partners? What efforts have been made to build community and civil society knowledge and fluency on the financing agenda, and what space has been created for them to participate in key forums, such as budget hearings, and in the development of integrated AIDS investment cases and sustainability and transition plans?
- Has the Joint Programme sufficient capacity for work on efficient and sustainable financing?
- How have countries been supported on evidence and data that they need? What guidance and tools have been developed and promoted and are these used and useful?
- How has the Joint Programme influenced political commitment in countries? Has the Joint Programme been able to increase sustainable financing for the AIDS (and health) response?
- What contribution has the Joint Programme made to increase allocative, technical and implementation efficiency of resources for AIDS-related financing?
- How has the Joint Programme supported countries to feature financing for the HIV response in the Universal Health Coverage (UHC) country strategy, ensuring that no one is left behind?
- Overall, in regard to the Joint Programme's work on sustainable and efficient financing, what is working well, where are the gaps and what should the Joint Programme stop doing?

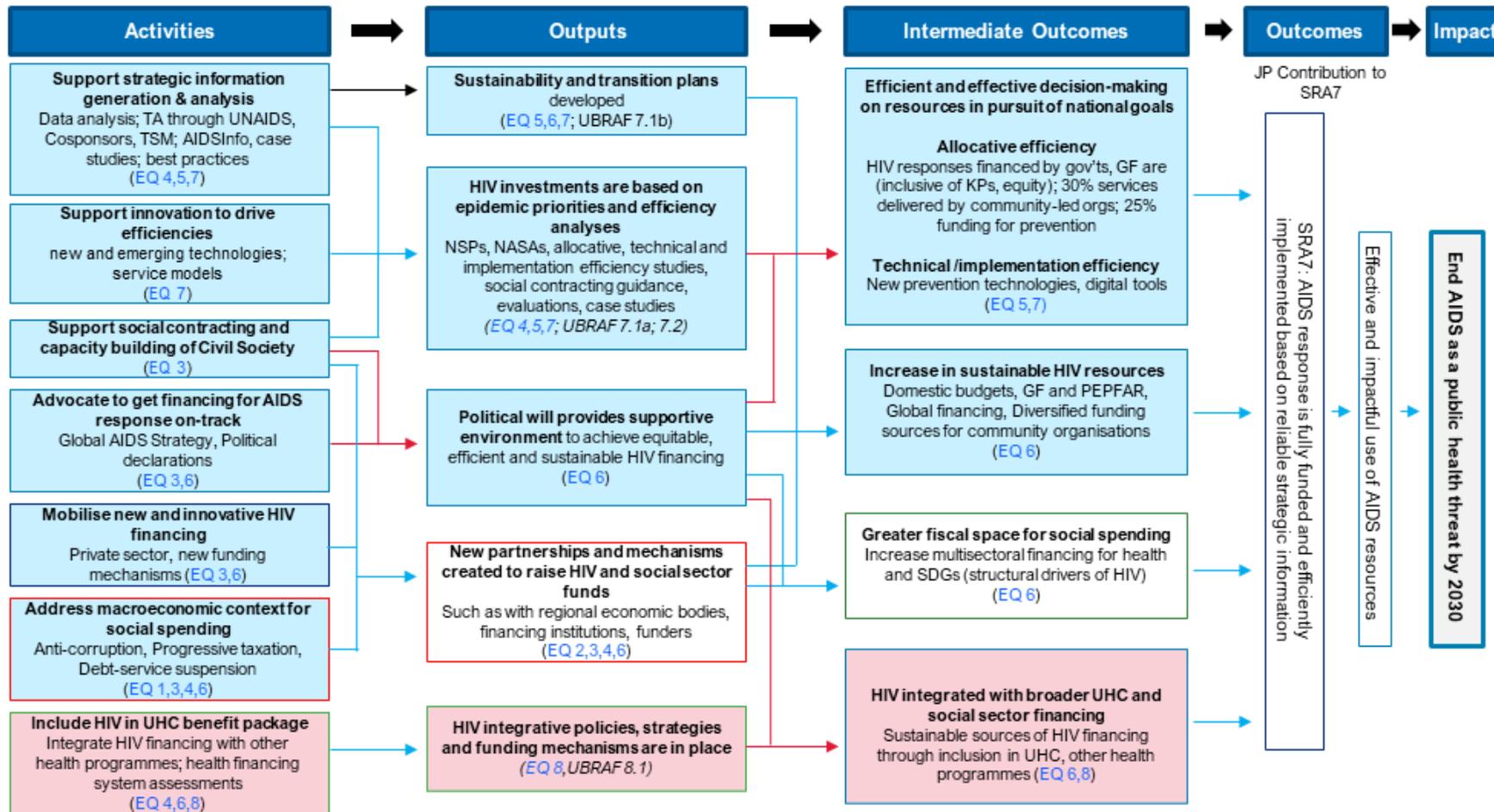
### C.2. Country level stakeholders

- What are the key issues in terms of efficient and sustainable financing for the AIDS response?
- What are the main areas of political commitment for the AIDS response in your country and what are the challenging areas? What has been UNAIDS role in securing political commitment?
- What have been the main data, guidance and tools that have been used (by your country) to support decision-making and resource allocation for the AIDS response?
- What contribution has the Joint Programme made to increase allocative, technical and implementation efficiency of resources for AIDS-related financing?
- To what extent has the work of UNAIDS been well coordinated and supportive of the processes and approaches of the Global Fund and PEPFAR funding in country? For example, has the Joint Programme:

- To what extent has the work of UNAIDS been well coordinated and supportive of engaging other key partners—namely:
  - What other key partners does UNAIDS convene/work with to support more efficient and sustainable AIDS responses
    - Civil society and community groups?
    - Private sector?
  - What are examples of meaningful change related to financing (e.g., new funding available, funding through civil society) as a result of UNAIDS' contribution?
- How has UNAIDS helped build the capacity of communities and civil society to be effective stakeholders on issues of efficient and sustainable financing?
- To what extent is the HIV response in your country integrated with UHC approaches from a financing perspective, and how has the work under the Joint Programme contributed to this?
- Has the UNAIDS Joint Programme provided adequate support, in terms of their available capacity and resources, to respond to the needs of your country in relation to HIV financing?
- Do you see a unified approach amongst the UNAIDS Cosponsors at country level for work related to *efficiency and sustainability*?
- What do you see as the comparative advantage of UNAIDS in your country to supporting more efficient and sustainable resources for the national AIDS response?
- Are there any best practices or lesson learned in your country which can be replicated or leveraged?
- What recommendations do you have for the Joint Programme with regard to improving sustainable financing and efficiency for AIDS in your country? What more (or less) should the Joint Programme be doing going forward?

## Appendix D: Theory of Change in support of the evaluation

Figure D.1: Theory of Change for the Evaluation of UNAIDS Joint Programme contribution to efficient and sustainable AIDS financing



**How UNAIDS JP operates:** leadership, convening, coordinating, communication, advocacy, TA, partnership building, generating and disseminating evidence, accountability

**Assumptions (EQs 1-4)**

Comparative advantage of Secretariat and Cosponsors fully leveraged  
 Secretariat and Cosponsors well aligned and coordinated on HIV financing priorities  
 Sufficient capacity dedicated to HIV financing priorities  
 Priorities suitably re-positioned to the Global AIDS Strategy  
 Key partnerships maximised

**Risks:** economic impact of COVID, HIV fatigue, competing health priorities, lack of political will for KPs

SRA7

SRA8

Global AIDS Strategy  
 deeper focus / new areas

EQ Evaluation question



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