Agenda item 4

UNAIDS/PCB (59)/26.25

ANNUAL REPORT ON EVALUATION AND 2027 WORKPLAN

Independent Evaluation Office

UNAIDS

8–11 December 2026 | Geneva, Switzerland
UNAIDS Programme Coordinating Board
Issue date: 17 November 2026

Additional documents for this item: N/A

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

- *Recall* decision 9.4 of the 57th meeting of the Programme Coordinating Board approving the UNAIDS 2026 Evaluation Plan, as well as decision point 9.8 of the 57th meeting of the Programme Coordinating Board requesting the next annual report to be presented to the Programme Coordinating Board in December 2026;
- *Take note* of the 2026 annual evaluation report and the summary of the main findings from the evaluations undertaken in 2026;
- *Take note* of the management response to the 2026 annual report on evaluation;
- *Approve* the 2027 Evaluation Plan (UNAIDS/PCB (59)/26.25) endorsed by the Expert Advisory Committee on evaluation;
- *Recall* decision point 9.3 of the 47th session of the Board on the importance of adequately resourcing and staffing the evaluation function in accordance with the evaluation policy approved by the PCB in its decision 6.6 of its 44th session, taking into account the financial situation of the organization;
- Recalling decision 9.6 from the 57th PCB meeting and decision 8.6 from the 55th PCB meeting, in accordance with provision 73 of the evaluation policy, *look forward* to receiving the UN Evaluation Group peer review final report in 2027.
- *Look forward* to the annual report on evaluation to be presented to the Programme Coordinating Board in December 2027;

Cost implications for the implementation of the decisions: Included in the UNAIDS Budget and Workplan for 2027 approved by the Programme Coordinating Board in October 2026.

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Executive Summary

1. This document presents an overview of the implementation of the UNAIDS Evaluation Plan for 2026 and proposes the Evaluation Plan for 2027.

2. Two evaluations have been completed in 2026: the evaluation of the role of the Joint Programme in sustaining the response to HIV; the Joint Evaluation, managed with UNODC, on the sustainability of the response to HIV among people who inject drugs and people in prisons and other closed settings. The Mid-term Evaluation of Equitable, Sustainable and Efficient Financing for HIV and Health in Southeast Asia and The Mid-term Evaluation of the DFAT Indo-Pacific HIV Partnership will be finalized by December 2026. The Preliminary Assessment of the role of the Joint Programme in the use of Lenacapavir for HIV prevention is in the data collection and analysis phase and is expected to be finalized by the end of December 2026.

3. Three evaluations could not be conducted in 2026 because of budget constraints and were deferred to 2027: the evaluability assessment of the translation of the Global AIDS Strategy into country programmes; the evaluation of UNAIDS community systems at country level in the context of sustainability roadmaps; and the lessons learned from the Organization's transition process.

4. The 2026 work plan was adjusted during the year in response to a substantive reduction of 54% in the budget allocated for its execution. These developments required the reallocation of available resources to protect evaluation quality. The reallocation entailed additional data collection, a new case study and translation for the joint evaluation on people who inject drugs and people in prisons, quality assurance of a decentralized evaluation in Asia, and co-funding of the Peer Review beyond the contribution provided by the United Nations Evaluation Group (UNEG).

5. To ensure follow-up, the Evaluation Office tracked 18 management responses and the implementation of their recommendations. It also provided internal advisory services to Human Resources, including support that reformulated more than 400 individual staff performance objectives into SMART objectives.

6. Interagency collaboration included active engagement in UNEG, including its working group on Behavioral Science and its Task Force on UNEG Finance. The Office also worked closely with Cosponsor evaluation offices conducting joint evaluations.

7. The UNEG Professional Peer Review of the UNAIDS evaluation function started in August 2026. The panel includes two Heads of Evaluation Functions, supported by a consultant. The Review is expected to be finalized in early 2027. It will assess the independence, credibility and utility of the function. The Peer Review will provide clarity on adaptations of the UNAIDS Evaluation Policy for an evaluation function fit for purpose. And how an evaluation function can operate and adapt in the uncertain context to continue providing independent accountability, evidence-based strategic advice and insights to PCB and Senior Management.

8. The Expert Advisory Committee on Evaluation met virtually twice in 2026. It advised on adapting the evaluation function to the transformation and on demonstrating its value in supporting decision-making. A new member must be appointed to replace Mr Guy Thijs, who has retired.

9. The 2027 Evaluation Plan proposes to complete the evaluations deferred from 2026 in the context of UNAIDS' transformation into a hub. It requests USD 165,000: USD.

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Introduction

10. At the 44th session of the Programme Coordinating Board (PCB) in June 2019, the Board approved the UNAIDS Evaluation Policy (decision point 6.6). This formalized the establishment of the UNAIDS Evaluation Office as a structurally and functionally independent unit of the UNAIDS Secretariat, positioned independently from management functions and reporting directly to the PCB. The Evaluation Policy (UNAIDS/PCB (44)/19.7) directs the Independent Evaluation Office to prepare a biennial (now annual) Evaluation Plan through a consultative process and to present it to the PCB for approval. An annual report is to be presented to the PCB and a semi-annual update is to be presented to the PCB Bureau.[1]

Overview of the 2026 Evaluation Plan

Context

11. In December 2025, at the 57th meeting the PCB approved the 2026 Evaluation Plan.

12. Responsibility for the development and implementation of the Evaluation Plan rests with the UNAIDS Evaluation Office. The UNAIDS 2026 Evaluation Plan includes evaluations of the work of the Joint Programme, which are conducted jointly with Cosponsors and UNAIDS Secretariat evaluations.

13. The evaluations focus on generating evidence in areas where UNAIDS Cosponsors and the Secretariat can support and sustain achievement of the targets set out in the 2026–2031 Global AIDS Strategy and in the 2026 Political Declaration on HIV and AIDS. The evaluations cover the work of Cosponsors and the Secretariat at global, regional and country levels.

14. The strategic priorities in the Global AIDS Strategy and the outputs and core functions of the UNAIDS Secretariat in the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF) and Workplan and Budget for 2027 provide the overall framework for the Evaluation Plan. All evaluations conducted in 2026 were mapped against and contribute towards those priorities.

Implementation of the Evaluation Plan

15. Evaluations are designed and carried out in accordance with the UNAIDS Evaluation Policy (paragraph 22), which requires the highest standards of professional integrity, ethics and respect for beliefs, customs and social norms, human rights, gender equality and the "do no harm" principle.

16. Table 1 provides a summary status of the evaluations carried out during 2026.

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

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Table 1. Status of Evaluation Plan 2026

Evaluations	Year	Status
Joint Programme Evaluations		
1. The role of the Joint Programme in sustaining the response to HIV. (carried over from 2025 workplan)	2025	Completed
2. Joint Evaluation on the sustainability of the response to HIV in key populations: people who inject drugs and people in prisons and other closed settings	2026	Completed
3. Preliminary Assessment on the role of the UNAIDS Joint Programme in the use of Lenacapavir for HIV prevention	2026	In progress (December)
4. Professional Peer Review of the Evaluation Function	2026	In progress (Early 2027)
5. Evaluability assessment of the translation of the Global AIDS Strategy into country programmes	2026	Deferred 2027
6. UNAIDS community systems at country level in the context of sustainability roadmaps.	2026	Deferred 2027
Secretariat Evaluations		
7. Mid-term Evaluation Equitable, Sustainable and Efficient Financing for HIV and Health in Southeast Asia	2026	In progress (December)
8. Mid-Term Evaluation - DFAT Indo-Pacific HIV Partnership	2026	In progress (December)
9. Lessons learned from the Organization's transition process	2026	Deferred 2027
10. Global, regional and country-level work	2026	Completed

17. A total of two centralized evaluations were completed (the Joint Evaluation on the Sustainability of the response to HIV in key populations: people who inject drugs and people in prisons and other close settings and the Evaluation of the Joint Programme in sustaining the response to HIV). The preliminary Assessment on the role of UNAIDS Joint Programme in the use of Lenacapavir for HIV preventions is undergoing. Two regional decentralized evaluations in Asia were added to the 2026 evaluation plan: Mid-term evaluation equitable, Sustainable and Efficient Financing for HIV and Health in Southeast Asia and the Mid-term evaluation DFAT Indo-Pacific HIV partnership. One Peer Review of the evaluation function is undergoing.

18. The Independent Evaluation Office also drives organizational efficiency and effectiveness through systematic follow-up on 18 management responses and their recommendations, and through internal advisory services to the human resources department — including support reformulating more than 400 individual staff performance objectives to become SMART objectives (specific, measurable, attainable, results oriented and time bounded.

19. Due to financial constraints, three evaluations have been deferred to be conducted in 2027 (UNAIDS Community Systems at Country Level and Evaluability assessment of the

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translation of the Global Aids Strategy into Country Programs Lesson learned from the organization transition process).

Evaluations and financial status

20. Evaluations and other activities approved in the 2026 work plan, as well as their budget allocations, are presented in Table 2.

Table 2. Implementation of the budget in 2026 (US$)

Categories of expenditure 2026	Amount Allocated	Expenditure in 2026	% Amount budgeted vs Expenditure
Staff cost	274,000	254,193	93%
Joint Programme Evaluations	76,200	64,270	84%
Secretariat Evaluations	17,500	10,625	60%
Capacity and Governance	1,000	1,000	100%
Effective Management	-	-	0%
Total USD	**368,700$**	**330,088$**	**90%**

21. The senior evaluation adviser left the organization in March 2026. The Independent Evaluation Office now operates with one staff member, supported by a G5 staff member on a 30% basis. In addition, financial constraints have limited the Office's ability to conduct all evaluations planned for 2026 and have affected the timeline for completing the work plan.

22. The 2026 work plan was adjusted during the year in response to a substantial 54% reduction in the budget allocated for its implementation, as well as developments that required available resources to be reallocated to protect evaluation quality. These developments included the need for additional data collection for the Evaluation of the Joint Programme's Contribution to Sustaining the Response to HIV, which had been carried forward from the 2025 work plan. This additional data collection was undertaken in line with the recommendation of the evaluation reference group.

23. Along the same lines, additional resources were allocated to support a new case study and translation services for the *Joint Evaluation on the Sustainability of the Response to HIV among Key Populations: People Who Inject Drugs and People in Prisons and Other Closed Settings*. Additional resources were also provided to ensure the quality of decentralized evaluations in Asia. Finally, co-funding was required for the Peer Review, in addition to the contribution provided by the United Nations Evaluation Group. As a result, three evaluations were deferred to 2027, and resources will need to be secured for them that year.

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24. The approved work plan for 2026 included five evaluations and the Peer review of the evaluation function. However, budget constraints allowed to conduct two evaluations, undertake the UNEG Professional Peer Review of UNAIDS Evaluation function and finalize one evaluation carried forward from the 2025 work plan

    - Joint Evaluation on the sustainability of the response to HIV in key populations: people who inject drugs and people in prisons and other closed settings.
    - Preliminary Assessment on the role of the UNAIDS Joint Programme in the use of Lenacapavir for HIV prevention.
    - UNEG Professional Peer Review of UNAIDS Evaluation function
    - Joint Programme's Contribution to Sustaining the Response to HIV (carried forward 2025 workplan)

25. In response to these constraints and with the aim to generate actionable evidence and accountability across the regional level of the organization, the Evaluation Office integrated in its work plan funded and quality assured two decentralized evaluations conducted in the Asian region that will be finalized by December 2026:

    - Mid-term Evaluation Equitable, Sustainable and Efficient Financing for HIV and Health in Southeast Asia
    - Mid-Term Evaluation - DFAT Indo-Pacific HIV Partnership.

26. Two centralized evaluations have been completed:

    - Evaluation of the Joint Programme in sustaining the response to HIV(carried forward 2025 workplan)
    - Joint Evaluation on the sustainability of the response to HIV in key populations: people who inject drugs and people in prisons and other closed settings.

27. The assessment role of the UNAIDS Joint Programme in the use of Lenacapavir for HIV prevention is at the data collection and analysis stage and is expected to be finalized by the end of December 2026.

28. The next section of the report provides a summary of the two centralized evaluations completed in 2026.

Summary of evaluations

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

29. Why this evaluation matters**:** The PCB requested this evaluation at its 53rd meeting (December 2023) to confirm that the Joint Programme remains sustainable, resilient and fit for purpose. It serves both learning and accountability purpose. The evaluand is the Joint Programme as a collective mechanism. It covers 2020–2025 and used a mixed-methods design: 88 documents reviewed, 41 global and regional key informant interviews, and three in-person case studies (Cambodia, the DRC, Uganda) and two

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remote ones (Peru, the Philippines). In total, 179 stakeholders were engaged. The evaluation took place during a period of exceptional change and has been used as an input in the different phases of UNAIDS transformation.

30. Key insights
    - The Joint Programme's comparative advantage lies in leadership, data and accountability, convening, and community engagement. These are the functions to safeguard under any transition scenario.
    - The Joint Programme's value lies in functions that a reduced footprint can lose. Stakeholders consistently valued its convening role, its trusted data, its engagement on sensitive human-rights issues and its inclusion of people living with HIV in governance. These functions are not tied to a single agency or a large country presence, but they do rely on relationships, mandates and dedicated staff.
    - Domestic financing alone will not close the prevention gap. Community-led and key population services, including for LGBTQI+ and criminalized groups not covered by other UN mandates, are the most exposed.
    - A smaller budget makes demonstrating collective value essential. A narrower, outcome-focused results framework and simple cost-effectiveness tools would strengthen confidence among donors and PCB members.

31. Main findings

    - Relevance: The Joint Programme remains highly relevant at all levels. Stakeholders particularly valued its support to key populations, the inclusion of people living with HIV in its governance, and its ability to engage on sensitive human-rights issues that individual agencies cannot. The breadth of the UBRAF results areas, together with funding shortfalls, has diluted its focus in the past. Stakeholders also see scope for a clearer long-term vision as the epidemic evolves.
    - Coherence: Coherence is strongest at country level, where the Secretariat is a trusted convener behind national priorities. It is also strong in partnerships with the Global Fund and PEPFAR, where UNAIDS data is a consistent value-add. Challenges remain in overlapping mandates, bilateral agency approaches, and trust and role clarity between Cosponsors and the Secretariat at global level.
    - Effectiveness: The Joint Programme has made catalytic contributions to prevention scale-up, strategic information, rights-based programming, political commitment and legal reform. The Programme Coordinating Board's inclusion of people living with HIV was widely praised.
    - Efficiency; Efficiency gains are mixed. Country envelopes have helped leverage Cosponsor funding, from 15 times the envelope in the DRC and Uganda to 80% in the Philippines. Reporting has become more standardized but still struggles to show collective impact.
    - Sustainability: Financial sustainability is under significant pressure. Sustainability roadmaps and the Rapid Financing Tool have helped countries begin prioritizing domestic resources, but the transition is fragile and uneven.

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Treatment is often prioritized over prevention, and community-led responses are increasingly at risk.

- Groups at risk: Stakeholders expressed concern that restructuring could affect community-level responses most, along with LGBTQI+ and criminalized groups not covered by other UN mandates, adolescent girls and young women, and HIV work in humanitarian settings.

Joint Evaluation on the sustainability of the response to HIV in key populations: people who inject drugs and people in prisons and other closed settings

32. Why this evaluation matters: People who inject drugs (PWID) and people in prisons and other closed settings (PLP) remain among the key populations most affected by HIV, TB, viral hepatitis and overdose. PWID account for about 8% of new HIV infections globally, and their relative risk of acquiring HIV is now estimated at 34 times that of the general population. This global, formative evaluation was managed jointly with UNODC. It drew on a desk review and 98 stakeholders, including two country case studies. It examined whether the capacities, systems and policy gains supported by the Joint Programme can be sustained as the funding and multilateral landscape changes.

33. Key insights
    - Sustainability should be understood as institutionalization without loss of specificity. Services are embedded in national systems while community leadership, rights and equivalence of care are protected.
    - Case study shows both vulnerability and opportunity, with growing government ownership and a Harm Reduction Bill. Both case studies shows how legislation, social contracting and intersectoral cooperation can maintain continuity.
    - Without decisive action, the most likely outcome is partial sustainability. Core treatment is better protected than prevention, harm reduction, community-led interventions and prison health services. The report proposes "continuity with equity" as the benchmark for success.

34. Main Findings
    - Financing: The current financing environment is the most immediate risk to continuity. Donor priorities are concentrating on HIV treatment. Global Fund reprioritization has reduced allocations for PWID by USD 12.83 million across 24 highly dependent countries, and Grant Cycle 8 allocations for people in prisons are reported to have fallen by 61%. Prevention, harm reduction, community-led services and prison programmes are the most exposed.
    - Policy and governance: Sustainability depends on more than health-sector action. Punitive laws, discriminatory enforcement and fragmented health and justice mandates can limit the reach of otherwise sound health policies. Countries with domestic financing and strong institutional ownership have shown greater resilience.
    - Integration: Integration into primary health care and universal health coverage is a necessary pathway, but it does not automatically ensure sustainability. If it is cost-driven or rushed, it may weaken the specialised, low-threshold and community-led services on which these populations rely.

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- Community leadership: Peer workers and community organisations provide trusted access that is difficult to replace. They were among the first to be affected by funding reductions, and once this infrastructure is lost it is costly and slow to rebuild.
- Prison health: Coverage remains limited. Opioid agonist treatment is available in at least one prison in only 61 countries. Needle and syringe programmes and naloxone on release are available in 11 countries each. Continuity of care is most at risk at the points of arrest, transfer and release. Surveillance data are often incomplete or not disaggregated, which can make PWID and PLP less visible in national planning and financing decisions.
- Rights and equity: Women, young people, sexual and gender minorities, people with disabilities, people experiencing homelessness and people in humanitarian settings need tailored approaches.

35. The Evaluation Plan includes follow-up activities on evaluations to translate findings and conclusions into organizational learning and strengthen evaluation culture and capacity. This includes monitoring the implementation of recommendations for recent evaluations. The status of evaluations conducted in 2021, 2022, 2023, 2024 and 2025 2026 is presented in Annex 2.

Interagency collaboration

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

37. The UNAIDS Evaluation Office will continue to engage actively with Cosponsor evaluation offices to ensure their active participation in HIV-related evaluations and in sharing lessons learned from other evaluations. UNAIDS will remain an active member of the UN Evaluation Group, and it will participate regularly in relevant meetings, working group on Behavioral Science and Task Force on UNEG Finance.

Peer review of the UNAIDS evaluation function

38. The 55th PCB meeting, during consideration of agenda item 6 pertaining to the evaluation processes, formally acknowledged, with due appreciation, the decision to undertake a peer review conducted by the United Nations Evaluation Group (UNEG) in 2025, pursuant to provision 73 of the existing evaluation policy.

39. The UNEG peer review group which oversees managing the pipeline of Peer Reviews in the United Nations provided supported the start of the Peer Review of UNAIDS evaluation function in August 2026. A panel was put together comprised by two Heads of UNEG Evaluation Functions complemented by an independent consultant to support the process of data collection and analysis.

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40. The Peer Review of the evaluation function is undergoing and expected to be finalized by early 2027.

41. The preliminary desk analysis of the Peer Review indicates that, while a substantial accountability framework for the transformed Joint Programme — a common results framework, clearly assigned responsibilities, reporting, complemented by PCB-commissioned independent reviews and country reviews — it leaves the future of an independent evaluation function insufficiently defined, without an ongoing mandate, resources or safeguards.

42. The Peer Review once finalized will provide more clarity on adaptations of the UNAIDS Evaluation Policy for an evaluation function fit for purpose. It will also be key to assessing the (independence, credibility and utility of the function but understand how an evaluation function can operate and adapt in the uncertain context to continue providing accountability, strategic advice and insights based on evidence to managers at regional and country level, PCB members, cosponsors, secretariat, donors, national governments and communities.

The 2027 Evaluation Plan

43. The annual plan includes evaluations of the work of the Joint Programme, which are conducted jointly with Cosponsors, UNAIDS Secretariat evaluations and other key activities. The evaluations focus on generating evidence in areas where UNAIDS Cosponsors and the Secretariat can support and sustain the achievement of the targets in the UNAIDS 2026–2031 Global Strategy and Workplan and Budget for 2027.

44. Traditionally, the UNAIDS Evaluation Plan was designed on a bi-annual basis. However, in alignment with 2026 organizational context a one-year plan was approved. Looking ahead and considering the transformation of UNAIDs into a HUB during 2027. The Evaluation Office proposes to complete the deferred evaluations from 2026 into the 2027 work plan, for this purpose it requests 165,000 USD for the implementation of the plan.

45. This evaluability assessment will analyze the alignment between the overarching Strategy's vision and the actual actions undertaken by partners, considering contextual factors such as epidemiological, social and economic differences. The process seeks to ensure that the global ambitions are integrated into country-level actions.

Evaluations 2027*[2]	**Year**	**US$**
Joint Programme evaluations		
Evaluability assessment of the translation of the Global AIDS Strategy into country programmes	2027	40 000
UNAIDS community systems at country level in the context of sustainability roadmaps.	2027	80 000

[2] * The concept notes for these evaluations are included in annex three of this report.

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Secretariat evaluations		
Lessons learned from the Organization's transition process	2027	30 000
Other activities		
Evaluation coordination activities and dissemination	2027	15 000
Total		**165 000**

46. The 2027 evaluation plan has three complementary purposes: to assess results, to test readiness, and to close the feedback loop on how decisions are made. The evaluation of UNAIDS community systems at country level will assess how far the Joint Programme has supported community systems become fully recognized, empowered, capacitated and resourced for a transformative, sustainable HIV response. It will focus on social contracts and link this work to the country-led Sustainability Roadmaps. The evaluability assessment of the Global AIDS Strategy will examine how closely partners' country-level actions match the Strategy's vision, taking account of epidemiological, social and economic differences. Its aim is to confirm that global ambitions translate into country realities. The lessons-learned assessment will review how key decisions of 2025 and 2026 and draw out lessons to guide decision-making in 2027 and 2028. It will draw on UN 2.0 Quartet methods, including behavioral science, to recommend ways to build stronger decision-making processes, reduce uncertainty and improve outcomes.

Expert Advisory Committee on Evaluation

47. In approving the UNAIDS Evaluation Policy in June 2019, the PCB agreed to the establishment of an Expert Committee as an independent, external body to provide advice and guidance on evaluation. The role of this Expert Advisory Committee within the architecture of UNAIDS evaluation function and its membership and terms of reference are presented in Annex 1.

48. In 2026, two virtual meetings of the Expert Advisory Committee were held. In these meetings the Evaluation Office presented the implementation of the workplan, ongoing evaluations, budget status, summary of findings, and recommendations of all completed evaluations.

49. Moreover, the Committee provided advice on the adaptations needed to design a future of independent evaluation, emphasizing the importance of demonstrating the value of the evaluation function in contributing to the transformation process and in providing evaluative evidence to support decision-making.

50. At the second meeting in 2026 that was held on the 30th of October 2026. The committee discussed completed evaluations, the contents of the 2026 annual report and analyze potential scenarios of the evaluation function during transformation.

51. The Committee’s advice was clear on the role of an independent evaluation function going into the future. The Committee advice that evaluation should be harnessed as a strategic tool for adaptive management based on decision making, independent accountability to provide, actionable insights to PCB and senior management. Retaining

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an independent Evaluation Function focus on independent accountability an insight for the HUB.

52. The Committee also considered that funds were insufficient to implement the 2026 work plan with enough quality and should increase in 2027 line with what PCB approves annually for each annual work plan. Moreover, the Committee advice to improve the use of evidence from evaluations in the decision-making process across the organisation. With this aim proposes that communication channel with PCB (formal and informal) and the dissemination of evaluations need to be strengthened.

53. One of the members of the Committee, Mr Guy Thijs, Director of Evaluation, International Labour Organization (Cosponsor Evaluation Group) has retired and needs to be replaced by a new member.

Conclusions

54. Until 2019, an effective and independent evaluation function was a missing piece in UNAIDS's efforts on accountability, transparency and organizational learning. In June 2019, the PCB approved the UNAIDS Evaluation Policy and formalized the establishment of the Evaluation Office as a structurally and functionally independent unit, independently from management functions and reporting directly to the PCB.

55. As UNAIDS advances its transformation, the expectations of PCB members and donors for credible, independent accountability remain high even as resources contract. On a modest budget, the Evaluation Office delivers corporate strategic evaluations and enables the Secretariat to meet donor evaluation requirements, as reflected in the two evaluations added to the 2026 work plan in Asia and co-financing nine joint evaluations with UNAIDS Cosponsor evaluation offices since 2021.

56. The Independent Evaluation Office closes the accountability and learning loops across the Joint Programme working with cosponsor evaluation offices and extends the reach of every evaluation dollar. It also drives efficiency through systematic follow-up on 18 management responses and their recommendations, and through internal advisory services to the Human Resources HRM-SDP — including support that reformulated more than 400 individual staff performance objectives into SMART objectives. As the independent evidence layer of the Joint Programme's, the evaluation function ensures that decisions taken under a leaner structure remain grounded in evidence.

57. Evaluation should be harnessed as a strategic tool for adaptive management and accountability. Its main purpose is to provide independent accountability and actionable insights to PCB and senior management of the Joint Programme.

58. Limitations on funds limit the coverage and timely delivery of the workplans.

59. An annual report on the implementation of the Evaluation Plan is routinely presented to the PCB, and semi-annual updates will be presented to the PCB Bureau as requested.

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60. The Cosponsors and the Secretariat's senior leadership team are engaged in evaluations related to their areas of work and are regularly informed of progress in implementing the evaluation workplan.

Proposed Decision Points

The Programme Coordinating Board is invited to:

61. *Recall* decision 9.4 of the 57th meeting of the Programme Coordinating Board approving the UNAIDS 2026 Evaluation Plan, as well as decision point 9.8 of the 57th meeting of the Programme Coordinating Board requesting the next annual report to be presented to the Programme Coordinating Board in December 2026;

62. *Take note* of the 2026 annual evaluation report and the summary of the main findings from the evaluations undertaken in 2026;

63. *Take note* of the management response to the 2026 annual report on evaluation;

64. *Approve* the 2027 Evaluation Plan (UNAIDS/PCB (59)/26.25) endorsed by the Expert Advisory Committee on evaluation;

65. *Recall* decision point 9.3 of the 47th session of the Board on the importance of adequately resourcing and staffing the evaluation function in accordance with the evaluation policy approved by the PCB in its decision 6.6 of its 44th session, taking into account the financial situation of the organization;

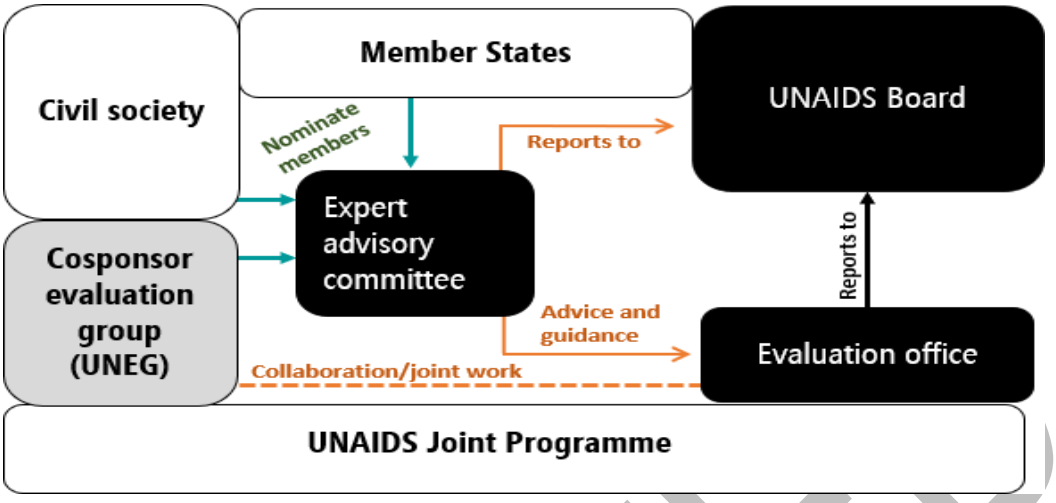
66. Recalling decision 9.6 from the 57th PCB meeting and decision 8.6 from the 55th PCB meeting, in accordance with provision 73 of the evaluation policy, *look forward* to receiving the UN Evaluation Group peer review final report in 2027.

67. *Look forward* to the annual report on evaluation to be presented to the Programme Coordinating Board in December 2027;

[Annexes follow]

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Annex 1. Evaluation function and advisory committee



Programme Coordinating Board

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

Cosponsor Evaluation Group

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

Expert Advisory Committee

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

Current Committee members

1. Dr Muhammad Bakari, Professor of Internal Medicine, Muhimbili University of Health and Applied Sciences, Tanzania (Africa);
2. Dr Sarah Faisal Alawi, Head of AIDS Office, Public Health Administration, Ministry of Health, Kuwait (Asia-Pacific);
3. Dr Nikkiah Forbes, Director of the National HIV/AIDS and Infectious Disease Programme, Ministry of Health, The Bahamas (Latin America and Caribbean);
4. Ms. Alice M. Kayongo Senior Associate, O'Neill Institute for National and Global Health Law, Georgetown University (NGO Delegation).
5. Mr Theo van de Sande Expert, Open data and OECD/DAC reporting, The Netherlands (Western European and Other Countries);

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Terms of reference: Expert Advisory Committee on Evaluation

Background

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

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

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

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

Scope of work

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

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

Qualifications

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

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

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Composition

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

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

Selection

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

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

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

Once the proposed composition of the Committee has been confirmed, the PCB Bureau will communicate the names of the experts to all Member States, the PCB NGO Delegation and Cosponsors. The PCB Bureau propose the membership of the Committee, for agreement by the PCB.
Members of the Expert Advisory Committee shall appoint a chair from within its membership. Members shall serve for a term of two years and cannot be reappointed more than once.

Working modalities

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

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

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Annex 2. Status of evaluations conducted 2021-2026

Extract from UNAIDS evaluation dashboard

Evaluation title	Status of evaluation	Management response
Evaluations conducted in 2026		
Joint Evaluation on the sustainability of the response to HIV in key populations: people who inject drugs and people in prisons and other closed settings	*Under Edition*	*Under Development*
The role of the Joint Programme in sustaining the response to HIV	*Published*	*Under Implementation*
Evaluations conducted in 2025		
System-wide evaluation on progress towards a "new generation of United Nations country teams"	*Published*	*Under Implementation*
Multi-Country Offices and HIV advisors as alternatives to UNAIDS Country Offices	*Published*	*completed*
Evaluations and reviews conducted in 2024		
Joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG-3 GAP)	*Published*	*completed*
Midterm Evaluation of the Cooperative Agreement (2021–2026) between CDC and UNAIDS[2]	*Completed 2024*	*Not applicable, by being a review*
Review of UNAIDS Joint Programme evaluations and assessments (2020–2024) towards the Joint Programme Evaluation, 2025	*Published*	*Not applicable, by being a review*
Evaluations conducted in 2023		
Evaluation of HIV and primary health care integration and interlinkages	*published*	*completed*
Evaluation of the Joint Programme's work on HIV and social protection	*published*	*Completed*
Evaluation of UNAIDS country envelopes	*published*	*completed*
Evaluations conducted in 2022		
Evaluation of the UNAIDS Secretariat data hubs	*published*	*completed*
Evaluation of the work of the Joint Programme at country level in Lesotho and Mali	*published*	*completed*
Evaluation of the Joint Programme's role on efficiency and sustainability	*published*	*completed*
Evaluation of the Joint Programme's work with and for key populations	*published*	*completed*

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Evaluations conducted in 2021		
Evaluations of the work of the Joint Programme at country level in Brazil, Gabon and the Democratic Republic of the Congo	*published*	*completed*
Evaluation of the UNAIDS Secretariat Gender Action Plan 2018–2023	*published*	*completed*
Evidence review of UNAIDS's contribution to resilient and sustainable systems for health	*published*	*Not applicable*
Evaluation of the Joint Programme's work to prevent and respond to violence against women and girls	*published*	*completed*

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Annex 3. Overview of the Evaluations 2027

1. Evaluability assessment of the translation of the Global AIDS Strategy into country programmes

UNAIDS Secretariat and Cosponsors Coverage: □ *Global* □ *Regional* □ *Countries*
Time period: *2026-2027*

Content and key questions

The successful translation of the Global AIDS Strategy 2026–2031 into country programmes is a critical step for ensuring that the global strategic objectives are effectively operationalized at national and local levels. As countries adapt the global framework to their specific epidemiological, social and economic contexts, it is essential to understand the extent to which the Strategy has been contextualized, communicated and prioritized within individual programmes.
An evaluability assessment is a systematic process used to determine whether a programme, strategy or initiative is ready for evaluation. This evaluability assessment will analyze the alignment between the overarching Strategy's vision and the actual actions undertaken by partners, considering contextual factors such as epidemiological, social and economic differences. The process seeks to ensure that the global ambitions are integrated into country-level actions.
This assessment is of particular importance to UNAIDS as it seeks to ensure that the Global Strategy's ambitions translate into tangible progress on the ground. It will help identify best practices, gaps and challenges in the implementation process, informing future technical guidance and support to countries. Ultimately, the findings will contribute to strengthening the effectiveness and coherence of UNAIDS's efforts, fostering more tailored and impactful responses that accelerate progress towards ending the AIDS epidemic by 2030.
The evaluability assessment will explore the following questions:
Q1: To what extent are the objectives of the Global AIDS Strategy 2026–2031 clearly articulated and well-defined within country programmes, and how feasible are these objectives to evaluate at the national and local levels?
Q2: How effectively have country partners contextualized, communicated and prioritized the Global AIDS Strategy's objectives within their national HIV responses, considering epidemiological, social and economic factors?
Q3: What is the level of alignment between the global strategic vision and the practical actions implemented by country programmes and are there gaps or challenges?

Strategic significance

The Global AIDS Strategy is a key document for the success of the response in the upcoming years 2026–2031. Increasing the certainty and feedback loop to ensure that country programmes are aligning to the Strategy will yield great benefits for accountability and learning beyond 2031.

Risks associated with the subject of the evaluation

Availability of country programmes, limited days assigned to conduct the assessment, data paucity.

Level of investment in the area being evaluated

The Strategy will indicate the future of the global HIV response to all stakeholders at global level.

Knowledge gap

The Global AIDS Strategy will be approved in December 2025.

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Feasibility of the evaluation: High

2. *UNAIDS community systems at country level in the context of sustainability road maps*

UNAIDS Secretariat and Cosponsors Coverage: □ *Global* □ *Countries*

Time period: *2020–2025*

Content and key questions

The evaluation will assess the extent to which the Joint Programme has supported community systems to be fully recognized, empowered, capacitated and resourced for a transformative and sustainable HIV response in countries. The evaluation will link the work through communities to UNAIDS Sustainability Roadmaps as country-led frameworks that are designed to achieve long-term sustainability of national HIV responses.

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

The evaluation will explore the following questions:

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

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

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

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

Strategic significance

Since the beginning of the HIV epidemic, communities have played critical role in the response. More than ever, it is crucial to sustain the gains of the HIV response in countries. Community systems strengthening is an integral part of efforts to achieve the vision and ambition of ending AIDS by 2030.

In this context, it is critical to understand the role of the Joint Programme in supporting the involvement of communities in decision-making related to a multi-sectoral response to HIV in countries, as well as challenges and success factors in strengthening community systems in countries, the scale of community responses in different epidemic contexts, and whether the necessary investments for resourcing and capacity building of community systems are occurring.

Risks associated with the subject of the evaluation

1. Evaluability of community systems in countries; 2. Quality of monitoring and evaluation data available on various aspects of community systems; 3. Insufficient comparability to draw meaningful and generalizable findings from countries.

Level of investment in the area being evaluated

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

Knowledge gap

While there have been significant efforts by many partners to strengthen community systems in countries, insufficient analyses exist on the role of the Joint Programme in strengthening community systems that are recognized, capacitated and resourced to sustain the HIV response.

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Limited information also exists on efforts by the Joint Programme to introduce and support the scale up of social contracting to sustain the HIV response and how community-led monitoring is implemented in countries.

Feasibility of the evaluation

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

3. Lessons learned from the Organization's transition process

UNAIDS Secretariat and Cosponsors Coverage: □ *Global*

Time period: *2025*

Content and key questions

During 2025 and 2026, UNAIDS embarked on three key processes: implementing recommendations of the High-Level Panel, the restructuring of the UNAIDS Secretariat and the transformation of UNAIDS joint Programme into a Hub. These processes have tested the organization in many ways, including its decision-making processes.

As the organization stabilizes, prepares implementing the recommendations of the Working Group on the further transition and integration of UNAIDS into the UN System and Beyond. Evidence-based decision-making is key to face uncertainty, reduce inconsistencies and improve the success of organizational decisions.

This assessment will revisit the processes of major decisions made during 2025 and 2026 and extract lessons from past processes and how these lessons will structure decision-making processes in the context which the organization will face during 2027 and 2028.

This assessment will use the methodologies and techniques from UN 2.0 quartet, such as behavioral science, to recommend new ways to develop solid decision-making processes and reduce uncertainty by improving its outcomes.

The assessment will explore the following questions:

Q1: What were the elements and processes used in key decision-making during 2025 and 2026?

Q2: What are the lessons learned on decision-making processes used during 2025 and 2026?

Q3: What are the improvements that can be incorporated in key decision-making processes in 2027and beyond?

Strategic significance

The process of making decisions and its outcomes is essential for the success of an organization. Behavioral science and decision science are key elements to improve decision-making processes.

Risks associated with the subject of the evaluation

Availability of informants, limited days and resources assigned to conduct the assessment.

Level of investment in the area being evaluated

Decisions in 2026 and 2027 will allocate the limited resources of the Secretariat.

Feasibility of the evaluation: High

A systematic reflection on decision-making processes has not yet occurred.

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