

MANAGEMENT RESPONSE AND TRACKING		
Evaluation title	The Joint Programme contribution to strengthening HIV and Primary Health Care outcomes: interlinkages and integration	
Office/Region	Global	
Year of the report	End of 2023	
Overall response to the evaluation	Please provide an overall assessment of the evaluation	The evaluation has added valuable information to inform how best we as the Joint Programme could support countries in their efforts for integrating HIV into / with primary care services and overall PHC-oriented health systems for better person-centred and sustainable HIV services, systems and overall responses in countries
Planned use of evaluation	Please describe how the evaluation is intended to be used	The agreed recommendations of the Joint Programme will drive shared work with a particular focus on sustainability of person-centred and integrated HIV services and systems, including for HIV prevention, testing and treatment, those addressing the needs of key populations, women, mothers, children and other vulnerable groups, community engagement and overall governance by applying a PHC approach. In the current and foreseeable context of an increasingly constrained funding landscape for global HIV, TB, and broader health responses, the integration of HIV-specific systems and HIV and related services within PHC and national health systems is not only strategic but essential. Many countries are making decisive moves in this direction. The Joint Programme's responsiveness to these national choices and needs—guided by the Evaluation's recommendations—will be central to supporting countries in sustaining gains against HIV, advancing HIV and broader health outcomes and health equity, and achieving universal health coverage through resilient, sustainable people-centred systems.

Recommendations and responses				Tracking done- by November 2025
Management response	Actions planned	Responsible	Timeframe	Progress during 2025

<p><i>Please indicated if:</i></p> <ul style="list-style-type: none"> - Accepted - Partially accepted (please report reasons) - Not accepted (please report reasons) 	<p><i>Please indicate the concrete actions planned by UNAIDS Secretariat and Cosponsors to implement the recommendations</i></p>	<p><i>Please be specific and indicate who (office, unit, or staff) in UNAIDS Secretariat or Cosponsors is responsible for the actions.</i></p>	<p><i>If necessary, adjust the completion date proposed in the report; The overall timeframe for completing a management response is usually one year.</i></p>	<p><i>Please indicate the status of implementation and actions taken.</i></p> <p><i>If an action is no longer relevant due to a changed context, please provide a justification and indicate if it should be cancelled or reformulated.</i></p>
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1. Ensure conceptual clarity, shared understanding, and consistent application of relevant established definitions (PHC, primary care, integration, and convergence), and develop a shared vision on HIV and PHC integration and convergence .

Management response	Actions planned	Responsible	Time-frame	Implementation during 2025	Comments
Accepted	<p>1. Enhance conceptual clarity on the linkages between HIV, sexual and reproductive health, related comorbidities and coinfections, RSSH though focused efforts on HIV-PHC convergence and integration based on key policy and operational guidance.</p> <p>2. Document and share best practices from LMICs regarding the convergence of efforts on HIV and related comorbidities considering disease burden, health systems maturity and the needs of key populations.</p> <p>3. Strengthen the synergies between the management responses to the evaluations of the WHO Special Programme on PHC, SDG3 GAP and this one on HIV and PHC and identify common actions for follow-up.</p>	<p>1 and 2. WHO department of HIV, viral hepatitis and STIs and the WHO Special Programme on PHC and in collaboration with UNICEF PHC and HIV sections, UNFPA SRHR team and other partners.</p> <p>3. WHO, UNICEF and the UNAIDS Secretariat.</p>		<p>UNICEF established a community of practice spanning its regional HQ and Country Offices to build capacity around PHC and its intersections with HIV, immunization, nutrition, social policy etc</p> <p>This has resulted in a compendium of PHC case studies from across the globe that showcase different aspects of the PHC response, including community engagement models, strengthening health systems, addressing inequalities and building resilience.</p> <p>WHO published (with the inputs from UNAIDS and other partners) a policy brief <u>Integrating HIV, viral hepatitis and sexually transmitted infections with primary health care – Learning from countries</u> highlighting progress and lessons learned from efforts to converge, link and integrate HIV services with PHC in several low- and middle-income countries. The overall</p>	

				experiences from selected countries in this brief – Angola, Botswana, Brazil, Ethiopia, Indonesia, Kenya, Pakistan, Rwanda, Viet Nam, and Zambia – show varied challenges, approaches and outcomes aligned with the 4 strategic and 10 operational levers described in the WHO/UNICEF PHC Operational Framework .	
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2. Revisit the Division of Labour (DoL) in relation to the three pillars of the PHC approach and ensure buy-in of leadership.

Management response	Actions planned	Responsible	Time-frame	Implementation after 6 months	Comments
Partially Accepted	1. Analyze and optimize existing PHC-related responsibilities in the Division of Labour for action and as input to 2025 discussions on the Division of Labour in the context of developing the next Global AIDS Strategy and a fit for purpose Joint Programme (see also recommendation 6).	1. UNAIDS Secretariat and Cosponsors, convened by existing co-leads for UHC and integration: WHO, UNICEF World Bank and UNFPA.		Cosponsors have agreed to reduce 11 Cosponsors to six lead Cosponsors moving forward as part of the transformation of the UNAIDS Joint Programme. WHO and UNICEF, co-leading PHC, will remain as lead Cosponsors with a commitment to further apply the PHC approach to transition arrangements for UNAIDS. UNFPA will also continue as a lead. World Bank will move to affiliate Cosponsor status.	

3. Review and update UBRAF PHC related 2025 milestones and 2026 targets as part of the implementation of the 2024–2025 Biennial Workplan and Budget.

Management response	Actions planned	Responsible	Timeframe	Implementation during 2025	Comments
Accepted	1. Review PHC related milestones and targets in the current UBRAF to reflect latest guidance and agreed key actions. Ensure updated targets are aligned with the Global AIDS Strategy targets.	1. UNAIDS Secretariat, UNICEF and WHO.			

	2. Identify and propose new indicators for the 2026 UBRAF aligned with the Global AIDS Strategy targets (see recommendation 7 action 2).	2. UNAIDS Secretariat, UNICEF, and WHO and partners			
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4. Develop global guidance on HIV integration with broader health systems, engage people living with HIV and key population organizations in the HIV and PHC integration agenda and support countries with situation assessments, sustainability planning and country roadmaps for integration based on equity considerations.

Management response	Actions planned	Responsible	Timeframe	Implementation during 2025	Comments
Accepted	<p>1. Finalize and disseminate implementation-oriented guidance on HIV, sexual and reproductive health, related comorbidities and coinfections, RSSH and integration within PHC-oriented health systems and support priority countries develop country situation assessments, and plans including the convergence of HIV and comorbidities within the PHC approach (see recommendation 1 action 1 on conceptual clarity)</p> <p>2. Advance and invest in the sensitization of the staff and knowledge management in UNAIDS around HIV, health systems and PHC.</p> <p>3. Update the HIV and PHC information on the UNAIDS website and on the websites of leading Cosponsors.</p>	<p>1. WHO department of HIV, viral hepatitis and STIs and the WHO Special Programme on PHC and PHC Accelerator of SDG-3 GAP.</p> <p>2. UNAIDS Secretariat, WHO, UNICEF and other partners.</p> <p>3. UNAIDS Secretariat with WHO, UNICEF and other Cosponsors.</p>		<ul style="list-style-type: none"> • In 2025 UNICEF launched the process to revise its paediatric HIV service delivery framework with a greater focus on PHC integration • WHO published a policy brief (with the inputs from UNAIDS and other partners) highlighting progress and lessons learned from efforts to converge, link and integrate these services with PHC in several low- and middle-income countries as described earlier. This was initially designed as a descriptive technical brief but as the product neared finalization, it included a series of clear policy recommendations for countries and so was assessed and approved as a normative product prior to publication. 	

				<ul style="list-style-type: none"> • The World Bank supported country partners working to advance progress on integrated service delivery. Examples include ongoing projects in Argentina, Colombia, Cote d'Ivoire, Mozambique, South Sudan, and Tajikistan. • These efforts were part of the Bank's commitment to reach 1.5 billion people with quality health services by 2030 and its support for country-led approaches through its Health Works initiative (including the Leaders Coalition co-chaired by World Bank Group President Ajay Banga and WHO Director General Dr. Tedros Adhanom Ghebreyesus) and support for country- 	
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				led Country Compacts —with the first compacts being prepared to be formally launched at the UHC High-level Forum in Tokyo in December 2025.	
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5. Harmonize country Joint UN Team on AIDS plans with national health sector plans, strengthen coordination, enhance advocacy for inclusion of HIV services in health benefit packages and social contracting mechanisms, and assess and monitor equity dimensions.

Management response	Actions planned	Responsible	Timeframe	Implementation during 2025	Comments
Accepted	<p>1. Promote alignment of Joint Team country AIDS plans and related actions with national health sector and domestic financing plans.</p> <p>2. Strengthen advocacy for inclusion of HIV, comorbidities, coinfections and SRHR services, including for key populations, in health benefits packages, social contracting and other mechanisms.</p> <p>3. Promote human rights, gender and equity considerations, engagement of communities and non-health enablers, such as education and social protection in convergence and integration efforts.</p> <p>4. Advance a coordinated Joint Team approach to HIV, sexual and reproductive health, comorbidities, coinfections, RSSH and PHC convergence and integration efforts by leveraging existing in-country platforms and joining overall health development partner mechanisms.</p>	1- 4. Country Joint Teams supported by UNAIDS Secretariat and Cosponsors at regional and global levels.			

6. Develop the next Global AIDS Strategy and the next UBRAF (including Country Envelopes) specify the HIV and PHC integration priorities of the Joint Programme with clear actions in the UBRAF alongside a detailed Theory of Change .

Management response	Actions planned	Responsible	Timeframe	Implementation during 2025	Comments
Accepted	<p>1. Consider conclusions and recommendations of the evaluation in the mid-term review of the current Global AIDS Strategy as well as the development of the new Global AIDS Strategy, new 2030 global HIV targets, and new UBRAF.</p> <p>2. Promote the clear focus on primary health care in the WHO GHSS 2022-2030 and cross reference relevant sections during the process to develop the next Global AIDS Strategy</p> <p>3. Include a focus section on HIV, viral hepatitis and sexually transmitted infections and primary health care in the 2024 progress report on the GHSS 2022-2030.</p> <p>4. Generate evidence on context-specific HIV and PHC integration and linkages, including operational research to identify and address barriers to HIV and PHC convergence (see recommendation 1 action 2).</p>	<p>1. UNAIDS Secretariat, WHO, WB, UNICEF, UNFPA.</p> <p>2. WHO</p> <p>3. WHO.</p> <p>4. UNAIDS Secretariat, WHO, WB, UNICEF, UNFPA.</p>		<p>The recommendations from the Evaluation and other evidence along with the evolving clear needs in integrating HIV into / with PHC and broader health systems for more sustainable and person-centred HIV response have informed the inclusion of a dedicated Result Area on Integration in the next Global AIDS Strategy for 2026-2031 and newly developed integration targets mainly focused on addressing HIV comorbidities and coinfections through integrated service provision in the new set of 2030 global HIV targets. Throughout the first half of 2025, UNAIDS Secretariat jointly with WHO, UNICEF, and UNDP facilitated a series of extensive global multisectoral and</p>	<i>The new Global AIDS Strategy 2026-2031</i>

				<p>multistakeholder consultations on how the next Global AIDS Strategy could focus on integration of HIV within PHC and broader health systems, and key non-health sectors. Those were a demonstration of the critical need to advance countries' efforts in those directions while taking into account of challenges, risks and key opportunities for such integrated approaches, including for key and other vulnerable populations and with the need to strengthen and increase resilience of health and community systems, and meaningful integration of HIV into key non-health sectors and programs.</p> <p>UNAIDS Secretariat in collaboration with cosponsors has organized the pre-PCB multi-stakeholder consultation on October 22-23, 2025 to present and gather inputs from stakeholders on the</p>	
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				<p>draft Global AIDS Strategy and recommendations for its finalization. Within the consultation, a special session on integration (including HIV-PHC) and sustainability was organized with the participation of country governments (MOHs, NACs), community and civil society groups, and cosponsors.</p> <p>As a result of the multistakeholder consultation and with the inputs from stakeholders, the Global AIDS Strategy is being finalized for its presentation, discussion and approval at the next UNAIDS PCB on December 16-18, 2025.</p>	
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7. Strengthen accountability for HIV and PHC integration and linkages within the next UBRAF indicator framework by ensuring that key Joint Programme and individual Cosponsor actions and results are monitored .					
Managem ent response	Actions planned	Responsible	Timeframe	Implementation during 2025	Comments
Accepted	1. Conduct joint UN sensitization on PHC for all HIV policy and financial decision makers.	1- 2. UNAIDS Secretariat, WHO, WB, UNICEF and UNFPA.		1. UNAIDS Secretariat jointly with WHO, UNICEF, UNFPA and WB plan to organize a webinar	

	<p>2. Identify and propose new global HIV-PHC targets and indicators for the inclusion into the new 2030 global HIV targets and indicators and the new Global AIDS Strategy (see recommendation 3 action 2).</p>		<p>with the involvement of key external partners (Global Fund, PEPFAR, etc.) for countries' and regional joint AIDS teams, other relevant staff of cosponsor agencies in Nov/Dec 2025 – with the aim to not only sensitize them on HIV-PHC conversion and integration, but also to discuss practical ways forward for Joint Programme's collaboration in countries and partners, and support to countries focused on integration of HIV into PHC and broader health systems.</p> <p>2. In addition to revising key integration targets (for triple</p>	
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				<p>elimination, HIV-SRH, TB/HIV) , a set of new integration targets were finalized for the inclusion in the next Global AIDS Strategy – namely, HIV-hypertension, HIV-diabetes, HIV-cervical cancer, HIV-depression, HIV-viral hep B and C, and HIV-syphilis. Those are aligned with respective diseases’ global strategies and are aimed to track progress in providing integrated HIV and non-HIV services for PLHIV across the life-course, including through PHC. The work on next Global AIDS Monitoring Framework – particularly on revising existing GAM indicators focused on</p>	
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				integration and developing new integration indicators is ongoing.	
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KEY REFERENCE DOCUMENTS AND RESOURCES

[Operational Framework for Primary Health Care \(who.int\)](#)

[Primary health care and HIV: convergent actions: policy considerations for decision-makers \(who.int\)](#)

[2gether 4 SRHR Knowledge Hub – https://www.2gether4srhr.org/](https://www.2gether4srhr.org/)¹

[Implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, 2022–2030: Report on progress and gaps 2024, second edition |](#)

[Integrating HIV, viral hepatitis and sexually transmitted infections with primary health care – Learning from countries](#)

¹ Covers ten thematic areas of Sexual Reproductive Health Rights (SRHR) and aims to strengthen the combined response through increasing access to, disseminating and facilitating the exchange of regionally specific knowledge, and to help fast-track the attainment of the SRHR targets of the SDGs. The resources are focused on Africa.