

From Strategy to High Level Meeting to UBRAF:

Supporting Countries & Communities to End Inequalities & End AIDS

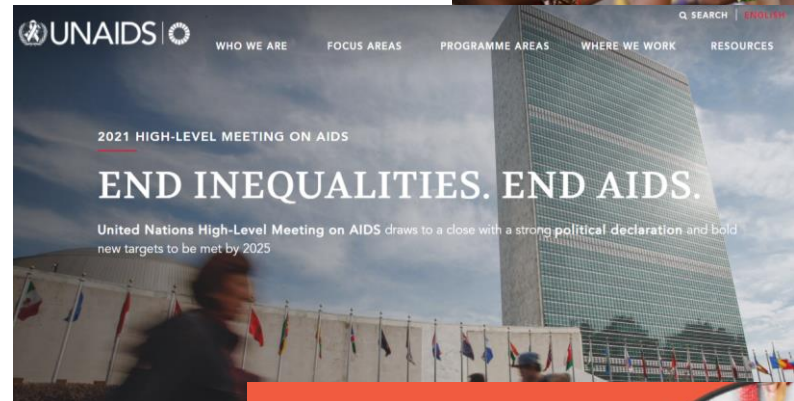
22 June 2021

EVIDENCE REVIEW

IMPLEMENTATION OF THE 2016–2021
UNAIDS STRATEGY: ON THE
FAST-TRACK TO END AIDS

31 July 2020

**END INEQUALITIES.
END AIDS. GLOBAL AIDS
STRATEGY 2021-2026**



Zero draft of the
2022-2026 Unified
Budget, Results and
Accountability
Framework
(UBRAF)



UNAIDS Pre-PCB Meeting
22 June 2021

UNAIDS EXECUTIVE DIRECTOR SPEECH



EVIDENCE REVIEW

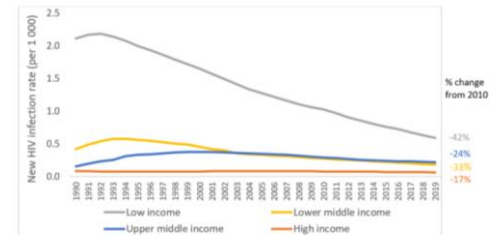
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Figure 1. Evidence review of thematic areas, UNAIDS strategy result areas and the 10 core commitments of the United Nations 2018 Political Declaration on ending AIDS



Figure 9. Rate of new HIV infections per 1000 people, by country income level, global, 1990–2019

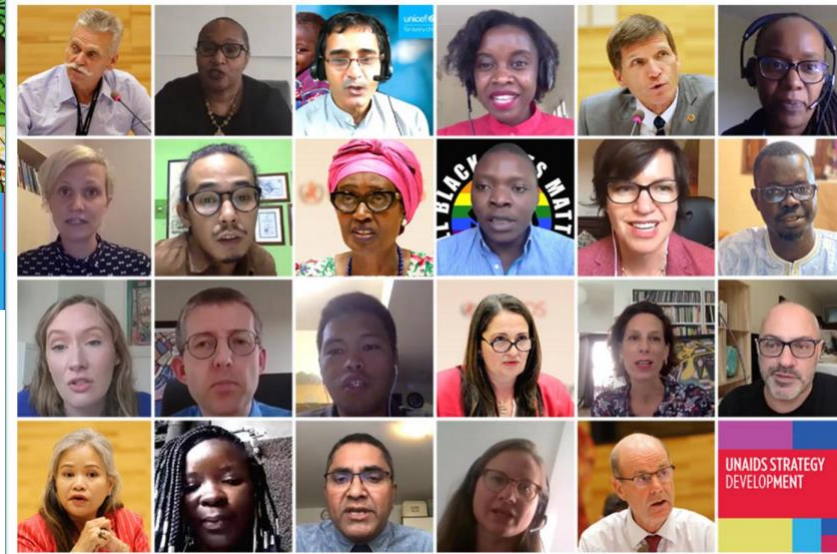
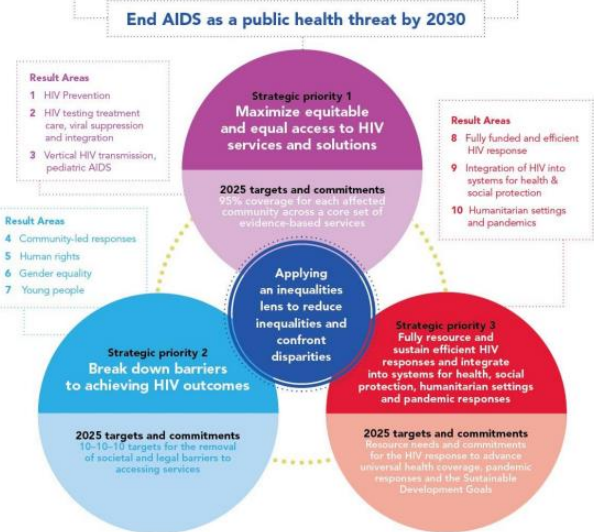
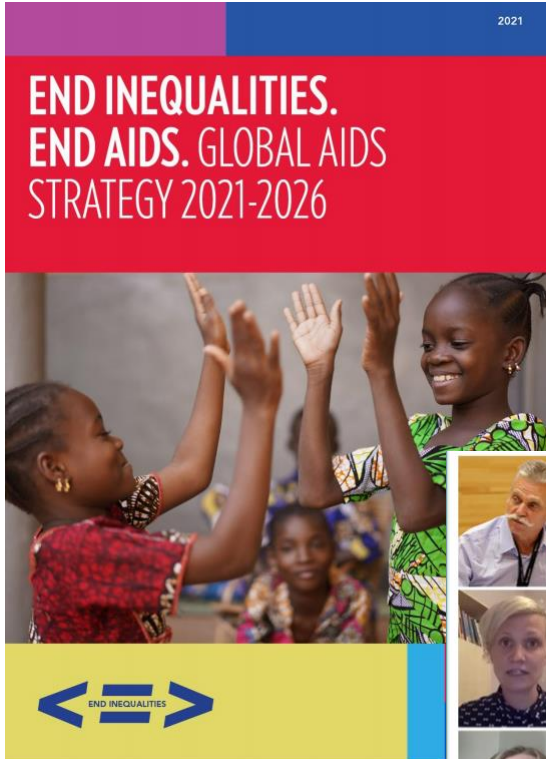


46th meeting of the UNAIDS Programme Coordinating Board
23 June 2020

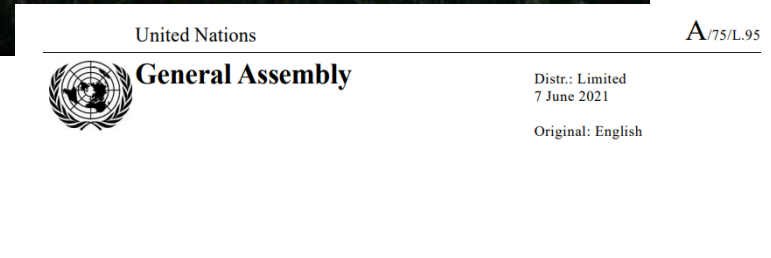
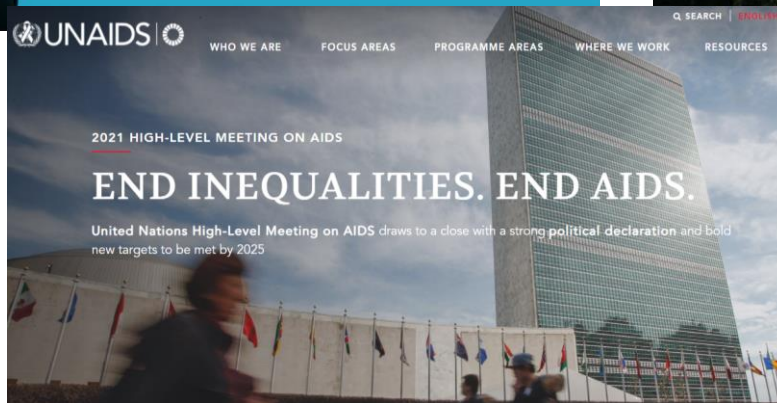
Evidence Review Implementation of the 2016-2021 UNAIDS Strategy:
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End Inequalities. End AIDS

Global AIDS Strategy 2021-2026



UNGA High Level Meeting on AIDS, 8-10 June, 2021



Seventy-fifth session

Agenda item 10

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

Draft resolution submitted by the President of the General Assembly

Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030

The General Assembly

Adopts the political declaration entitled "Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030" annexed to the present resolution.

From Global AIDS Strategy to High Level Meeting to UBRAF Zero Draft:

Commitments of the Joint Programme to Support Countries & Communities to End Inequalities & End AIDS

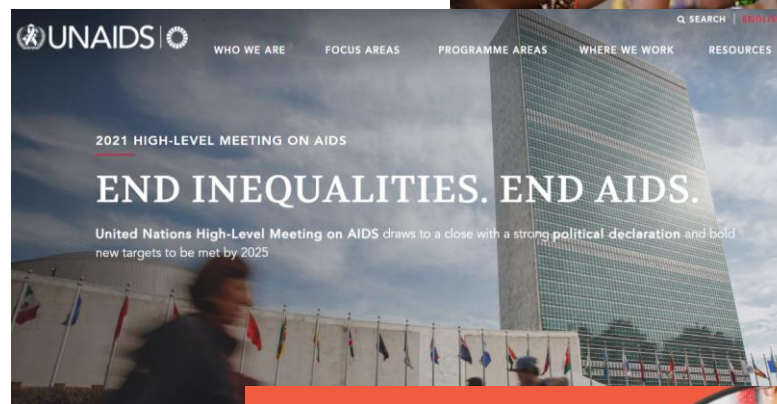
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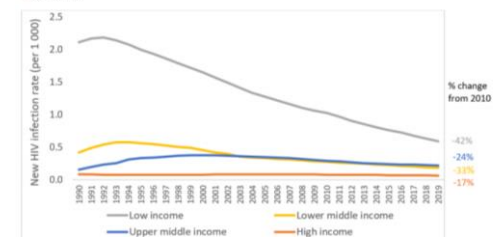
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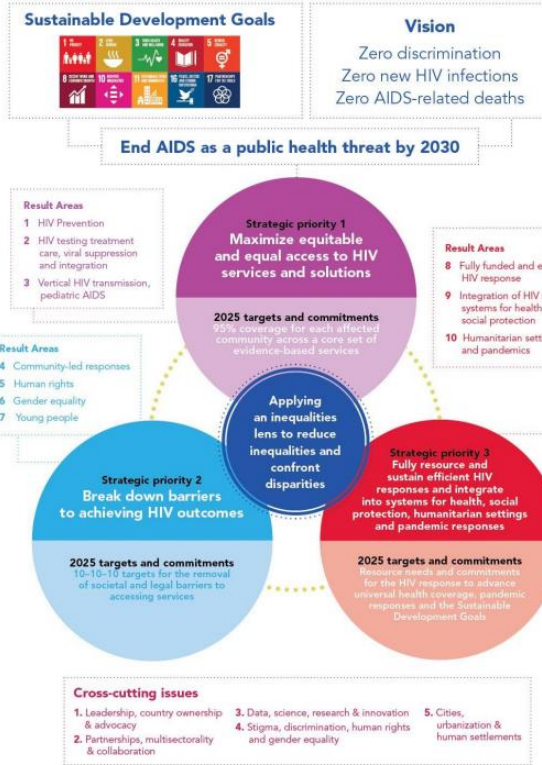
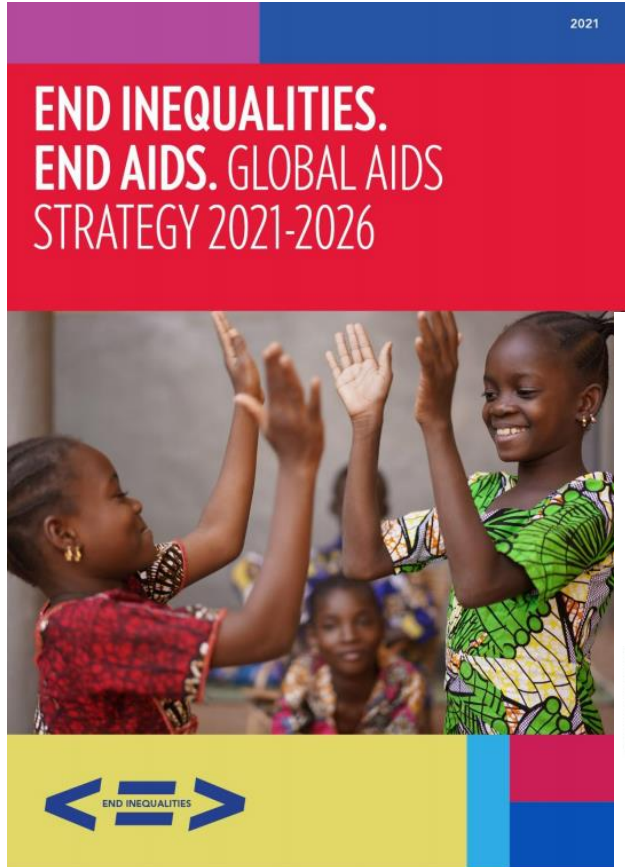


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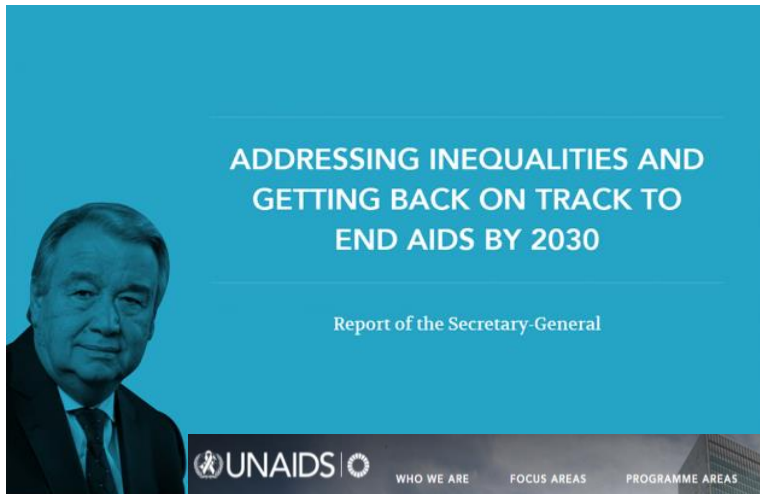
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United Nations A/75/L.95

 **General Assembly**

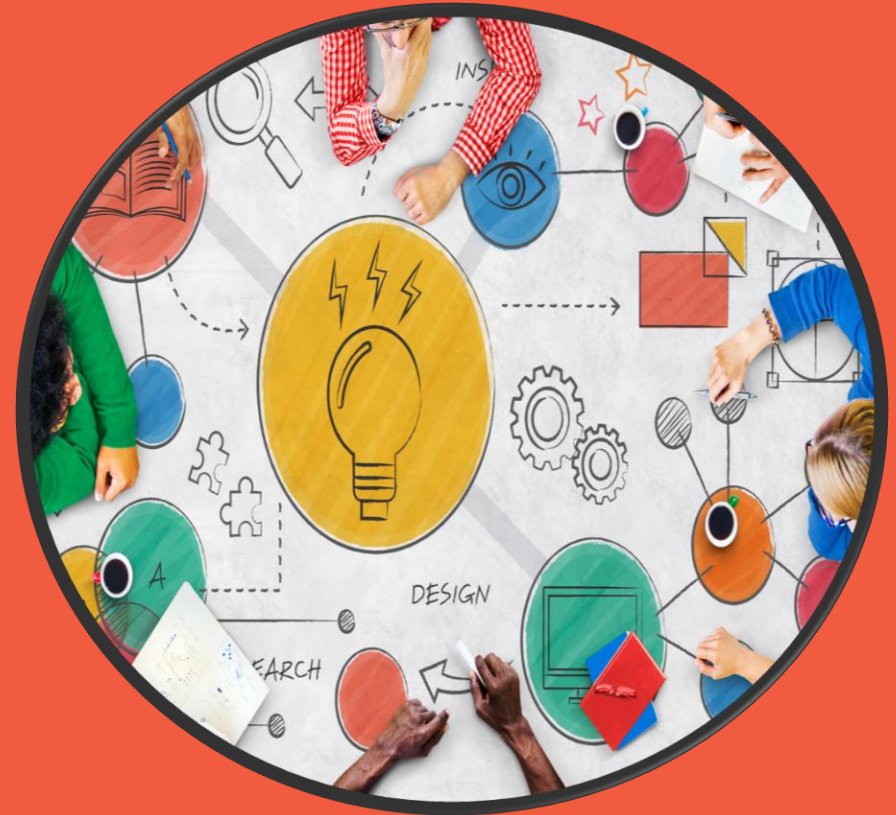
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Seventy-fifth session
Agenda item 10
Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

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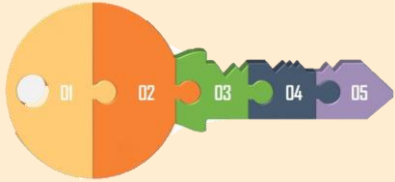
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The new UBRAF Framework

Five-year high-level strategic programme of work, budget and accountability: 2022 - 2026

1. Joint Programme's vision, theory of change & result structure at outcome level
2. Results framework with clear prioritization and emphasis on addressing structural drivers
3. Optimizing and leveraging Joint Programme's capacities
4. Resource allocation process and funding scenarios
5. Accountability, monitoring and reporting system



The UBRAF is the central, comprehensive instrument guiding and framing the work of the Joint Programme

Four operational-level goals of the new UBRAF



The UBRAF is the central, comprehensive instrument strategically guiding and framing the work of the Joint Programme, setting priorities, creating the top-line guidance and plan to accomplish four operational-level goals:

- i. set and operationalize a consistent, prioritized workplan at different levels that aligns the work of the Joint Programme with the Global AIDS Strategy and the SDGs;
- ii. provide the framework for differentiated approaches at the regional and country levels to reflect differences in the local contexts;
- iii. lay out the processes the Joint Programme will use to provide effective, strategic support to countries; and
- iv. provide the basis for investments in the Joint Programme, its resources allocation, performance monitoring, reporting and accountability.

New features of the UBRAF 2022-2026



Strategic programmatic shifts

- Inequalities lens & prioritization with focus on critical topics outlined in new Strategy and as per by PCB request (e.g. prevention)
- Fully-articulated theory of change as the 'backbone' with clearer causal pathways for change that address intersecting priorities, the results framework, and resources allocation

Strategic organizational shifts

- Optimization of Joint Programme's capacities
- Updated resource allocation process
- Smarter tracking and streamlined processes (strategic joint planning tools)
- UBRAF indicators linked to Global AIDS Monitoring indicators

Shared vision of the Global AIDS Strategy to reducing inequalities to end AIDS by 2030

Joint Programme's direct sphere of influence, articulated in the UBRAF

Impact level (5-10 years)	High-level statement on how the Joint Programme supports the shared vision of ending AIDS as a public health threat
Outcome level (5 years)	3 Joint Programme outcomes aligned to the three Strategic Priorities of the Global AIDS Strategy
Result Areas at output level (5 years)	10 Joint Programme result areas formulated at output level, aligned to the 10 Result Areas of the Global AIDS Strategy
Joint Programme strengths	3 areas/strengths of the Joint Programme articulated in the Global AIDS Strategy: Leadership, Global Public Goods, Supporting countries and communities
Joint Programme capacities to tackle inequalities	5 Joint Programme capacities articulated in the Global AIDS Strategy, capacities that enable the Joint Programme to identify and reduce inequalities

UBRAF Theories of Change

An **overarching theory of change** highlighting causal pathways to get the response on-track through application of an inequalities lens (narrative, **IF...THEN...**statement)

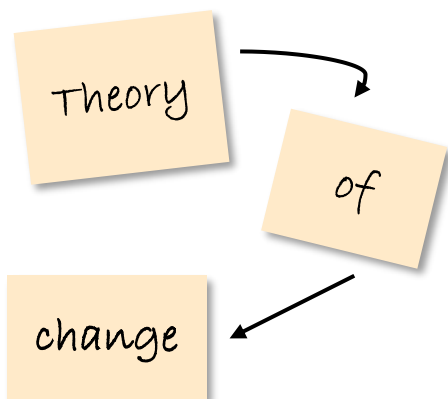
A **nested theory of change: a narrative/visual representation of the UBRAF** theory of change on how the Joint Programme contributes to each of the three interlinked strategic priorities using an inequalities lens and exploiting interdependencies (**IF... THEN...** statement)

Strategic priority 1: Maximize equitable and equal access to HIV services and solutions.

Strategic priority 2: Break down barriers to achieving HIV outcomes.

Strategic priority 3: Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.

Overarching Theory of Change I



IF the conceptual and SDG-related connections between the HIV response and systems for health and social protection are strengthened, **THEN** health systems and emergency responses can take account of inequalities and exclusions related to HIV. This can be achieved **AS LONG AS** the inequalities and cause of exclusion and vulnerabilities are well understood and effectively addressed and there is an enabling legal and social environment in place, thanks to the Joint Programme's further actions.

IF the HIV response is put successfully on-track and it contributes to the progress towards achieving the SDGs, **THEN** more focus should be placed on reducing inequalities, including gender inequality.

IF more focus is placed on reducing inequalities, **THEN** it is critical to learn from, engage and empower those currently left behind and reduce their vulnerabilities.

IF this work is to have maximum impact, **THEN** the HIV response must be mainstreamed across the broader health, human rights, gender equality and development continuum and used to inform broader work on systems for health and social protection. This can be achieved **AS LONG AS** the Joint Programme is able to build further political commitment and foster its translation into sustainable resources that support transformative interventions at scale.

Overarching Theory of Change II

IF the conditions as described are met, **THEN** there is space for creative, responsive and relevant combination prevention work that empowers and engages all people and communities at risk, and protects and promotes gender equality and human rights. This can be achieved **AS LONG AS** there is more effort, including from the Joint Programme, to foster an enabling legal and social environment and **AS LONG AS** the funding available is used in an effective and well-prioritized manner.

IF the Joint Programme is to drive the transformation of the HIV response, and **IF** the Joint Programme is to support countries to apply an inequalities lens successfully, and **IF** the Joint Programme

- (1) convenes and promotes coordinated action on identifying and tackling inequalities, and builds political will and inclusive dialogue to address them;
- (2) provides technical support and leverages its collective strengths, complementary advantages and capacities;
- (3) advocates for evidence-based programmes and policies, improving the legal and policy environment and enhancing capacities to advance financing and fiscal space to advance sustainable financing to secure the systems, and supports actions to reduce inequalities and to drive a more sustainable HIV response;
- (4) is fully funded;

THEN the needs of countries can be effectively addressed for them to make progress towards ending AIDS by 2030.

Nested Theory of Change for each Strategic Priority

Joint Programme Outcome to Strategic Priority
(Statements)

Strategy Priority 1
Maximize equitable and equal access to HIV services and solutions

Joint Programme Outcome Statement 1:
People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

Joint Programme Outcome to Strategic Priority
(IF... THEN)

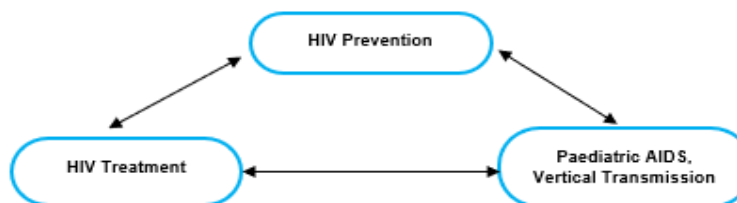
IF countries, communities and other actors work to ensure that people at risk of HIV infection, including key populations, have access to, have full control of and use appropriate, prioritized, person-centred and options for effective combination HIV prevention services; **IF**, in all geographic settings including in humanitarian ones, testing and treatment targets are achieved within all subpopulations and all age groups, including in HIV-exposed children who are tested by two months of age and after cessation of breastfeeding, and if needed are able to access treatment; **IF** gender-related barriers in access to HIV prevention, treatment and care services are addressed; **IF** all people living with HIV have suppressed viral load; and **IF** women and girls, particularly young women and adolescent girls have their HIV and sexual and reproductive health needs met; **IF** people living with HIV receive preventive treatment for TB or TB treatment if already coinfected with TB; and **IF** people living with and at risk of HIV are linked to and use people-centred and context-specific gender-responsive integrated services for other communicable diseases, noncommunicable diseases, sexual health and gender-based violence, mental health, drug and substance use, and other services they need for their overall health, well-being and quality of life, **THEN** equitable and equal access to gender-responsive HIV services and solutions will be achieved.

IF the Joint Programme builds political will to recognize, take action and reduce inequalities and societal barriers that affect person- and community-centred and effective combination prevention, access to HIV testing, treatment and care and vertical transmission and paediatric HIV diagnosis and treatment, including the scale-up of societal enablers, **THEN** critical leadership to ensure equitable and equal access to HIV services and solutions will be strengthened and acquired.

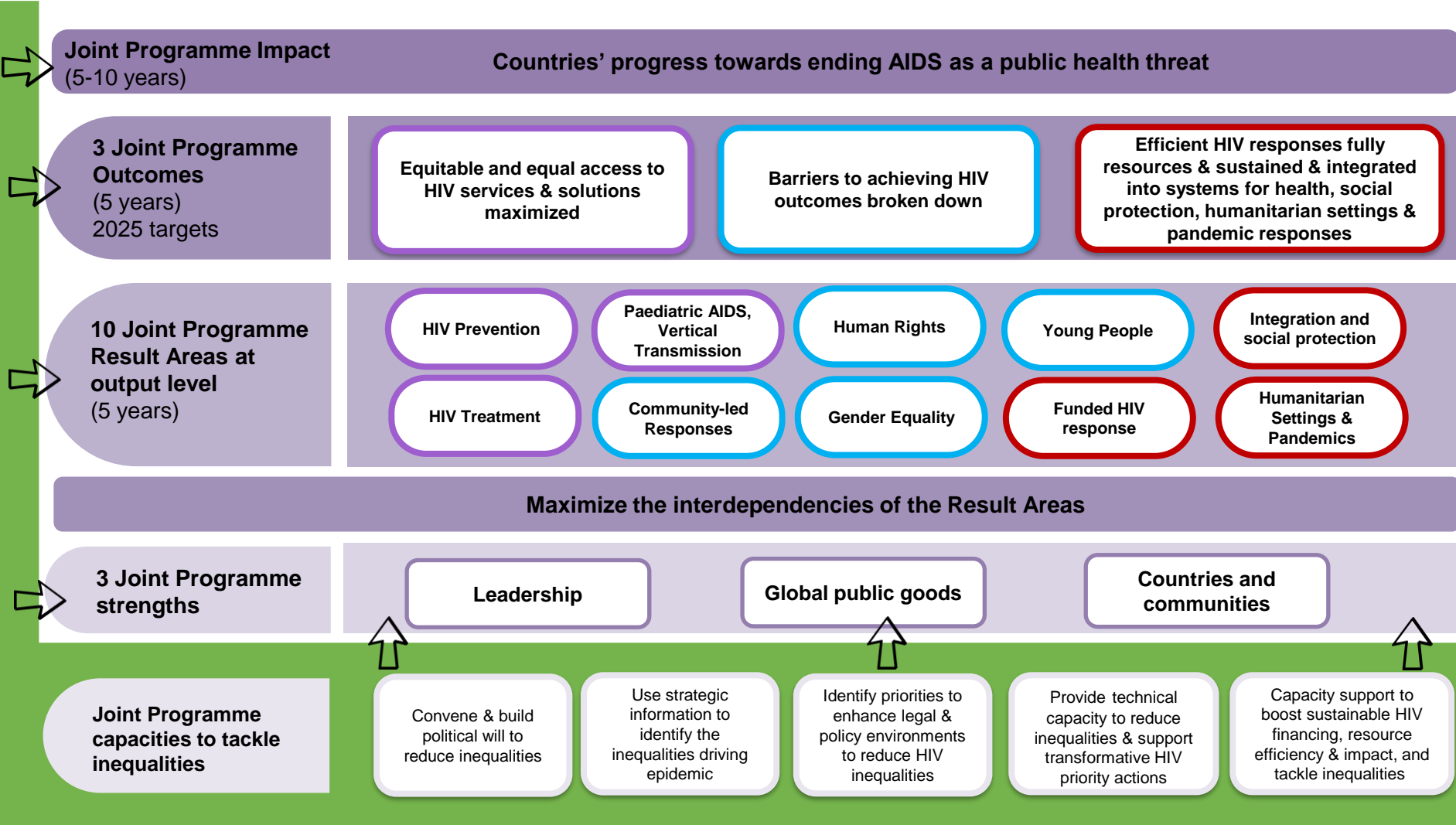
IF the Joint Programme advances inclusion through promotion of policies, guidance and support for user-friendly tailored and gender-responsive services that works for everyone including the most vulnerable and marginalized through a whole-of-society response and **IF** it provides thought leadership and facilitate knowledge sharing, **THEN** global public goods towards equitable and equal access to HIV services and solutions will be provided.

IF the Joint Programme mobilizes and supports inclusive country leadership, enhances technical capacities and builds on its partnerships with the Global Fund, PEPFAR and other health and development partners, and **IF** it demonstrates leadership and ability to leverage the best potential of the UN system's support for the AIDS response (especially in countries as part of the UN Sustainable Development Cooperation Frameworks) and broader partnerships at all levels, **THEN** countries and communities will be supported and empowered to ensure equitable access to HIV services and solutions.

Joint Programme result areas at output level contributing towards outcomes and Strategic Priority



New UBRAF Draft Results Framework



Draft Results Framework: Joint Programme's results

Joint Programme outcome 1 Outcome 1 on Equitable access to and benefits from HIV services and solutions maximized

People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

Result Area 1 (output level contributing to outcome):

HIV prevention

Country and community capacities are strengthened to define, prioritize, implement and bring gender-responsive HIV combination prevention programmes for and with key and other vulnerable priority populations at an appropriate scale to drive impact and achieve national HIV prevention targets.

Joint Programme's key actions to achieve the targets for each results area:

- Provide technical expertise, capacity strengthening and policy support for inclusive, effectively implemented combination HIV prevention programmes
- Engage in collaborative actions to support the scale-up of HIV prevention programmes

Result Area 2: HIV treatment

Country and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.

Joint Programme's key actions to achieve the targets for each results area:

- Mobilize inclusive support and collaborative and strategic partnerships for sustainable service delivery, and equal access to testing, treatment, care and technologies
- Develop, promote, and support country implementation of evidence-based normative guidance and support inclusive, integrated HIV service and service delivery

Result Area 3: Paediatric AIDS, Vertical Transmission

Capacities at national and subnational levels strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.

Joint Programme's key actions to achieve the targets for each results area:

- The Joint Programme will...

Joint Programme outcome 1 Outcome 2 on Social and structural barriers to achieving HIV outcomes removed

Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed

Joint Programme outcome 1 Outcome 3 on Efficient HIV responses fully resourced, sustained and integrated into systems for health, social protection, humanitarian settings and pandemic responses

Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

Prioritization will be informed by:



- Comparative strengths and added value of the Joint Programme
- Latest available evidence
- Use of an inequalities lens including through frameworks and tools to identify and address context-specific inequalities and advance progress towards strategic priorities
- Documented country-level gaps against the three strategic priorities based on specified criteria
- Areas critical to ending AIDS but previously under-prioritized
- Identified opportunities, strategic partnerships and key actions to magnify the reach and impact of the HIV response

UBRAF with a focus on communities

- **Support to communities mainstreamed in the whole UBRAF and reflected in all results areas under each outcome**
- **Specific results area (output level)** on support for community engagement, community-led responses and monitoring, to reduce inequalities and address context-specific challenges and gaps



Collaborative support to focus on communities

Community-led data collection and monitoring

Data use and dissemination

Translation of findings into policies and laws

Empowerment of communities

Resource Allocation

Building on the current model with a more explicit evidence-based approach, with aims to catalyze strategic priority action to address urgent and persistent gaps driven by inequalities that challenge progress towards achieving the Strategy's ambitious targets

Overarching objectives

- To deploy human and financial resources where they are needed most.
- To reinvigorate country-level joint work and collaborative action.
- To reinforce accountability and results for people.

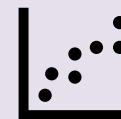
Methodology:

- A set of clear principles
- An evidence-based approach
- An aligned Division of Labour
- Past performance review (programmatic and financial)



Principles for UBRAF resources allocation

- **Joint and more integrated work and planning**
- **Catalytic and diversified funding base**
- Joint actions for **agreed and measurable results and sound programming**
- Promotion of and support for **innovations and catalytic solutions** for allocative efficiencies
- **Evidence-informed** human and financial **resources**
- **Enhanced efficiency of funds management** for greater impact and effective **synergies through reduced transaction costs**
- **Strong accountability**, including timely and quality reporting
- **Linkage and contributions to the 2030 Agenda and the SDGs** through reporting
- Minimum **75% funds for Joint UN Plans aligned to country UN Sustainable Development Cooperation Framework (UNSDFC)**
- **Informed by realistic financial outlook, funding scenarios and disbursement** of mobilized resources



Cosponsors and Secretariat allocations

Overall proportion of allocation between Cosponsors and Secretariat will stay within the same range

- Builds on existing minimum 30:70 allocation between global & regional/country levels
- But more funding allocated for country level

Cosponsor and Secretariat allocations principally based on

Epidemic priorities

Clear contribution to results

Comparative advantage

Cosponsor allocation

- Predictable core flexible allocation for continued engagement
 - coordination/convening role (per DOL)
 - delivering on jointly agreed priorities
 - global advocacy
 - ensuring HIV is integrated in their organization.
- Joint Programme allocations for Cosponsors' actions for specific results as part of **jointly developed and agreed Joint UN Plans on HIV/AIDS** of selected countries to continue
 - minimum amount for Joint UN Plans on HIV/AIDS key priorities & results
 - additional incentivized 'regional funding pot' for clear results, reducing gaps and inequalities for high impact innovations and catalytic for other resources mobilization
 - within countries: allocation to address major response gaps against clear deliverables as part of Joint UN Plans, for measurable change in priority areas, alignment with UNSDCF, and specified timeframe/milestones

Secretariat allocation

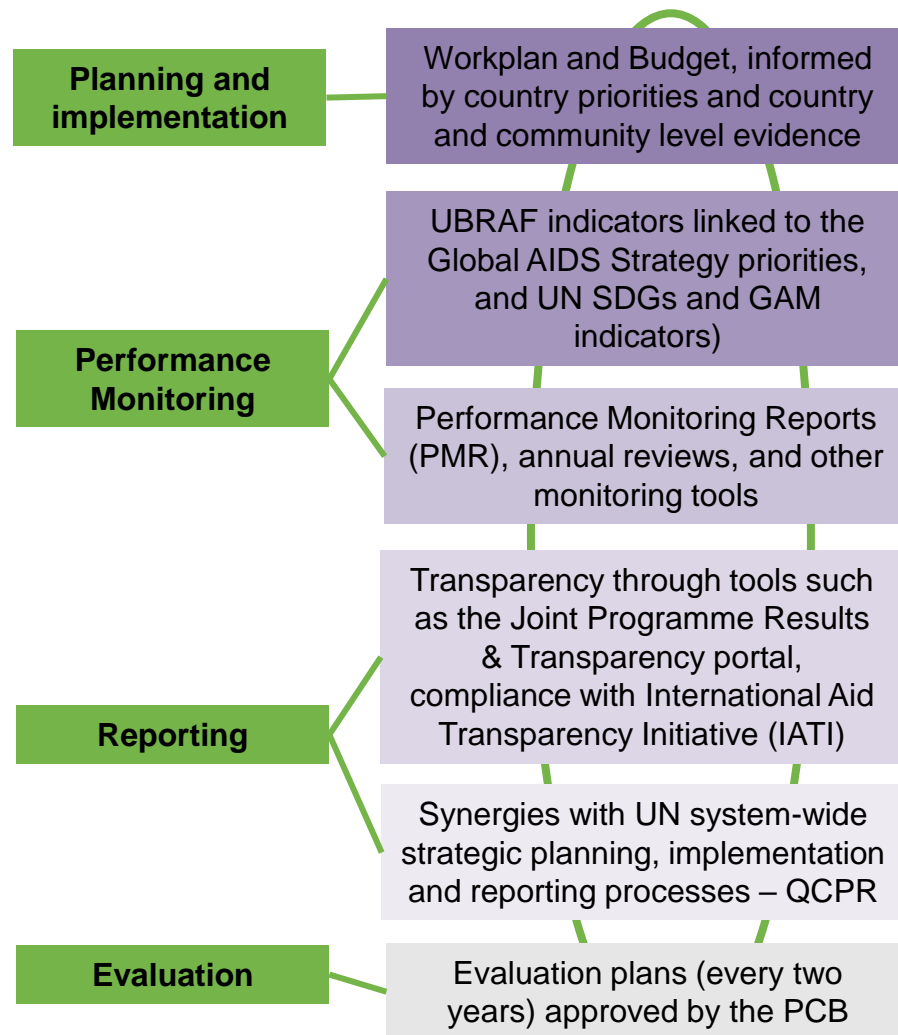
- Per the Refined Operating Model, adequate resources to protect the Secretariat's core funding for its leadership, advocacy, strategic information and accountability functions

Assumptions

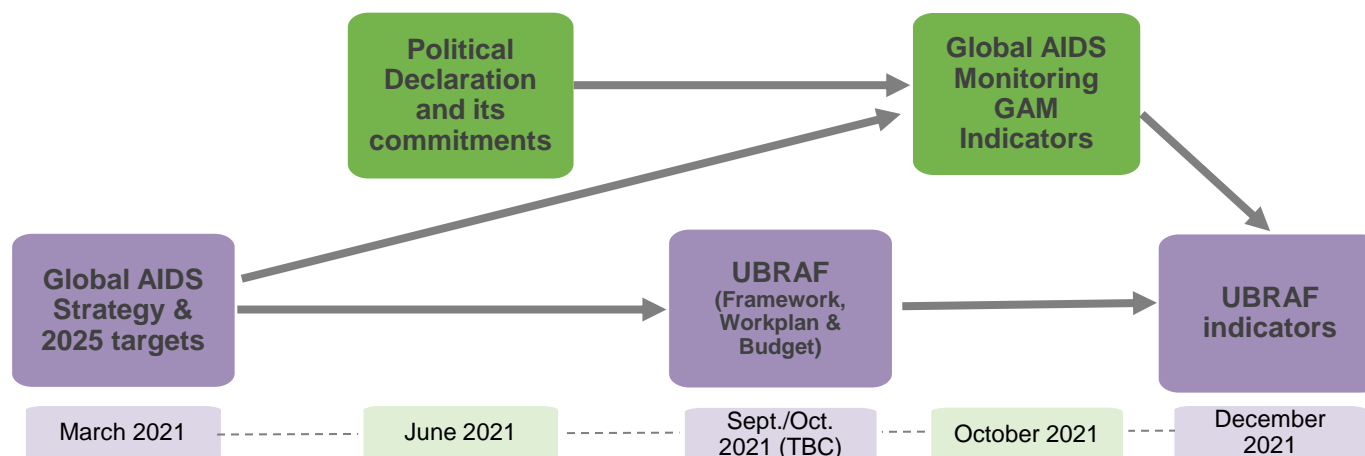
- ✓ Relative **global economic, political and social stability** enable the HIV response and the broader SDGs that are essential for an effective and sustainable AIDS response
- ✓ **Political commitment on HIV is sustained** with **increased accountability** at all levels
- ✓ Adequately **international and domestically resourced** global and national AIDS responses and **fully funded Joint Programme**
- ✓ **Good governance** improves HIV response
- ✓ **Addressing inequalities** contributes to improve access to HIV services, the enabling environment and sustainable response
- ✓ **Policy environment** open to changes informed by scientific evidence and proposed by the Joint Programme
- ✓ **No significant roll back on human rights, gender equality and civil space**
- ✓ Empowered, coordinated and resourced **community leadership** contributes to implement the global AIDS strategy
- ✓ **Availability of disaggregated data** to identify people left behind, informs strategic planning, resources mobilization and monitoring
- ✓ **HIV capacities temporarily assigned to respond to COVID-19** at least partly return to their intended focus, and lessons learned from the COVID-19 pandemic continue to benefit the HIV response
- ✓ **Effective coordination for advancing global health** and the SDG
- ✓ **UN system wide and Joint Programme's reform** process including optimization of capacities

UBRAF accountability, monitoring and evaluation, and reporting

- Planning processes based on and informed by the **latest available evidence**;
- Measuring progress against **tangible, timebound and clear UBRAF indicators**
- **Annual reporting to the PCB**, focusing on **progress at country level with streamlined overview of the Joint Programme's results.**
- Transparently demonstrating **links between investments and results, in compliance with International Aid Transparency Initiative through public information**
- Highlighting **joint and individual, achievements and contributions**, and;
- Monitoring and reporting on the Joint Programme's performance through **streamlined processes using and aligning to UN system-wide mechanisms** whenever possible.



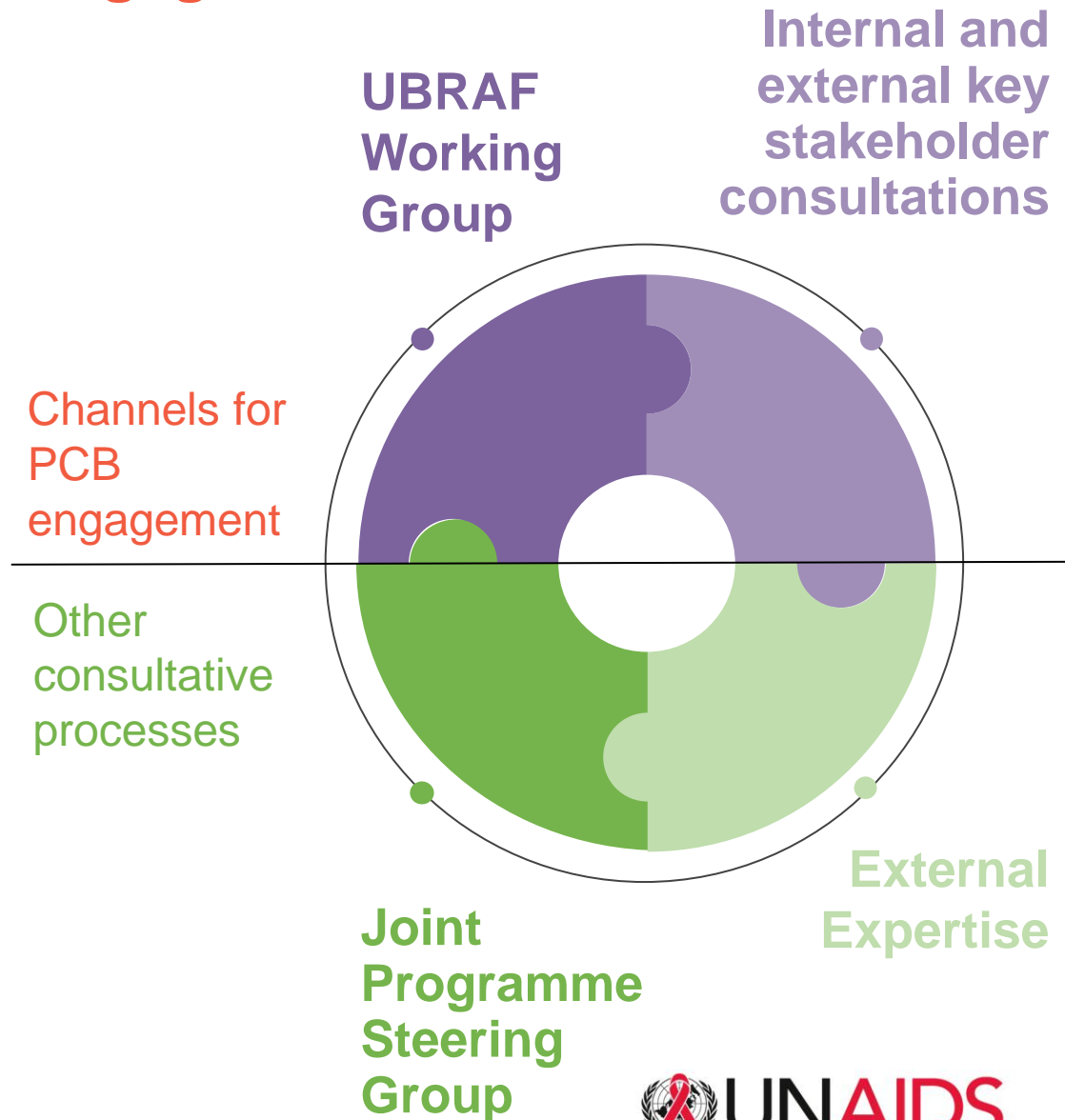
UBRAF Indicators: Joint Programme performance indicators linkage to Strategy & HLM results, commitments and GAM indicators



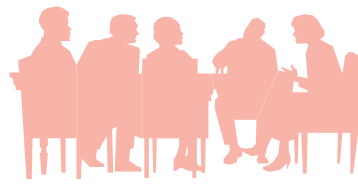
- The Global AIDS Monitoring (GAM) indicators monitor progress against the strategy (including targets) and Political Declaration.
- The UBRAF indicators focus on measuring progress and performance of the Joint Programme' against its expected results and contribution to the implementation of the global strategy and will be linked to the GAM ones.

PCB and stakeholder engagement

- Regular engagement through PCB Bureau and other inclusive consultations throughout the process with PCB members and other stakeholders
- UBRAF Working Group with 18 members established by UNAIDS Executive Director as per the Modus Operandi



UBRAF Working Group



Purpose:

To **advise on, guide and support** the development of the UBRAF, focusing on the following areas: results framework, resource allocation and accountability, including monitoring and evaluation, funding scenarios and UN reform, and providing **technical inputs and consultations** on the UBRAF **based on their expertise**

Membership:

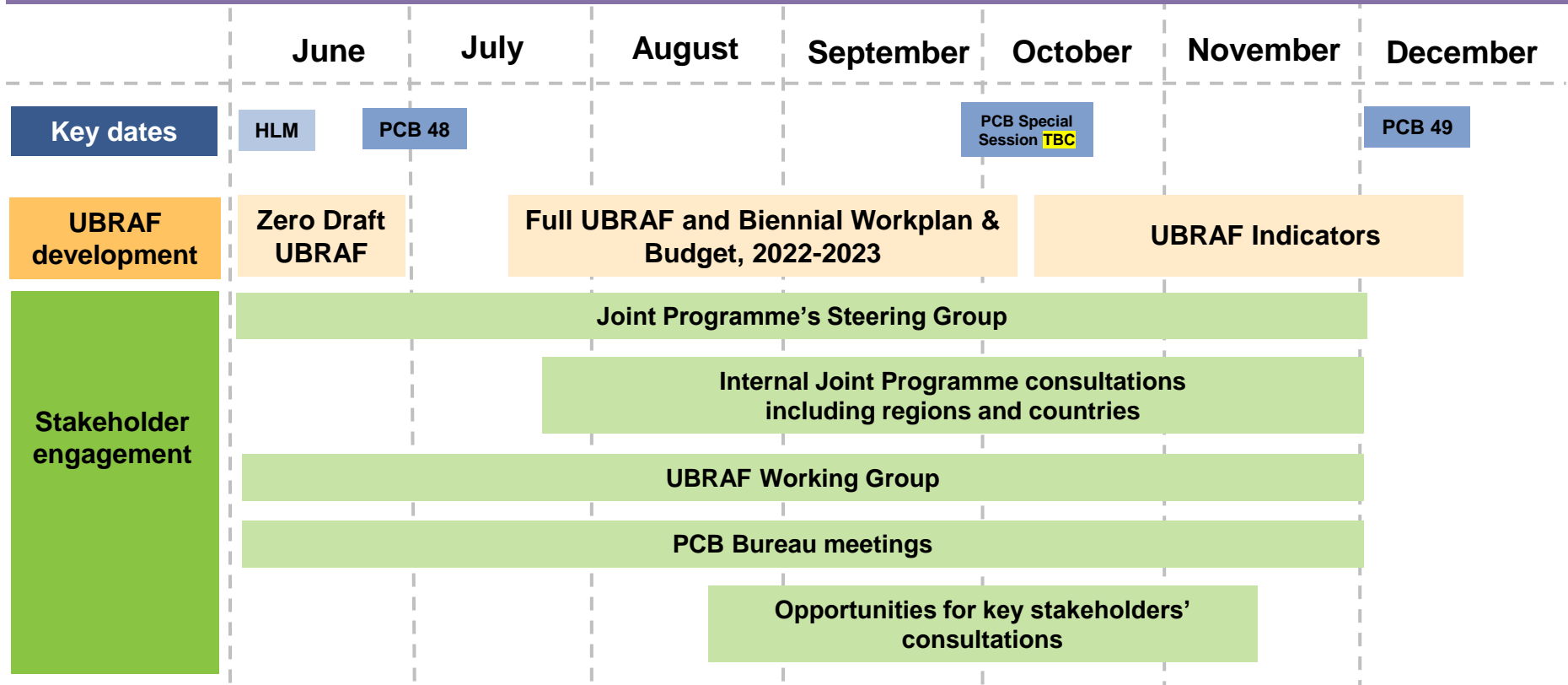
- 18 members with geographic and gender balance, including:
- Experts from Member States (8),
- Civil Society (4),
- Joint Programme representatives (2)
- and Secretariat representatives (2)

Tentative timeline:

- **April - June 2021:** membership confirmed and first meeting
- **July - Sept. 2021:** update and consultations on key elements of full UBRAF and preparation for PCB Special Session
- **Sept. - Dec. 2021:** development of the UBRAF indicators

Looking forward

New UBRAF development timeline



Thank you