

# **ZERO DRAFT OF THE 2022–2026 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)**

**Additional documents for this item:**

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

*recall* Decision Points 4.2 and 4.3 of the Special Session of the Programme Coordinating Board in March 2021;

*take note* of the zero draft of the overall UBRAF 2022–2026 and progress update and *look forward* to the submission of the full 2022–2026 UBRAF and biennial workplan and budget for 2022–2023 for approval at a Special Session of the PCB in September/October 2021;

**Cost implications for the implementation of the decisions:** none

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## EXECUTIVE SUMMARY

1. After four decades of progress since the AIDS epidemic was first recognized, the global HIV response faces a critical moment of truth. Recent experience in a diverse and growing number of countries and communities demonstrates that rapid gains in preventing new HIV infections and preventing AIDS-related deaths are achievable. However, despite the progress, the world is not on-track to end the AIDS epidemic as a public health threat by 2030.
2. Shifting priorities, global emergencies and instability have seen the HIV response recede as a political priority. Funding for HIV programmes in low- and middle-income countries has flattened and the COVID-19 pandemic has set back progress due to substantial service disruptions, increases in vulnerability and profound economic effects. Without a course correction in the HIV response and effective action to address emerging challenges, some of the achieved gains are at risk and hopes for ending AIDS could quickly vanish.
3. After extensive consultation with diverse partners and a review of available evidence, a process led by the Joint United Nations Programme on HIV/AIDS (UNAIDS) reached one overarching conclusion: *Intersecting inequalities, including many that are worsening, are driving the epidemic and holding back the global HIV response.* In March 2021, the Programme Coordinating Board (PCB) endorsed a visionary new Global AIDS Strategy to reduce HIV-related inequalities and get the world on-track to end the AIDS epidemic as a public health threat.
4. The new Unified Budget, Results and Accountability Framework (UBRAF) describes how UNAIDS, as an innovative cosponsored organization that leads the global effort to end AIDS as a public health threat, will contribute in 2022–2026 to the achievement of the strategic priorities, results and targets set out in the Global AIDS Strategy and the Sustainable Development Goals (SDGs). Under the UBRAF, catalyzing concrete actions to reduce inequalities will serve as the primary test for UNAIDS' effectiveness.
5. The accomplishments of the global HIV response are historic. However, efforts to end AIDS as a public health threat in all settings and communities face considerable challenges. To achieve the 2030 goal, we must find new, more effective ways to reach people and communities who are most marginalized and vulnerable. Some approaches that have worked until now will not meet the needs of people who experience multiple, intersecting forms of exclusion and inequalities.
6. Approaches that rely primarily on facility-based services will prove inadequate for people who can only be reached through community-led responses. Strategies that worked when HIV funding was rising from year to year may need to be revisited or revamped. A shared commitment to innovation will be essential. The global AIDS movement will need to diversify and evolve, especially as the global HIV response works to complement biomedical approaches with greater attention to underlying social, human rights and other nonmedical factors that must be tackled.
7. At this pivotal moment, UNAIDS plays a unique and indispensable role. The Joint Programme remains among the world's leading voices, reminding the global community that AIDS continues to be a global tragedy and that the task of ending the epidemic has not been completed. UNAIDS is the forum where the many sectors that must play a role in the response—health, human rights, gender equality, justice, finance, education, social protection and humanitarian responses—come together to ensure that responses work for all people and communities. With its focus on ending the AIDS epidemic, the Joint Programme has a unique ability to cultivate, support and

sustain innovative partnerships to drive progress. It provides essential normative guidance to help ensure that responses are evidence-based and reflect the importance of multisectoral, people-centred action, and it contributes to translating them into action. By collecting and disseminating the largest and most reliable data set on the epidemic and the response, UNAIDS supports countries and communities in tailoring responses to meet local needs and circumstances.

### What is the UBRAF?

8. The UBRAF provides the operational framework for the work of UNAIDS—the strategic planning, budgetary, joint working and accountability structure that enables the Joint Programme to serve as the world’s recognized forum for taking on the HIV-related inequalities. Through processes outlined in the UBRAF, the Joint Programme continually assesses its effectiveness, challenging itself to reinvent and adapt as needs change and as opportunities arise in order to achieve the targets outlined in the Global AIDS Strategy and in support of the UN General Assembly’s 2021 Political Declaration on HIV and AIDS, and the SDGs.
9. The UBRAF serves as a tool for prioritization, joint planning, coordinated implementation, monitoring, reporting, knowledge building and sharing, and accountability. It defines the priority results to which the Joint Programme will contribute; outlines what the Joint Programme will do to achieve the desired results, as well as its limitations; describes the principles and mechanisms for budgetary allocations; and establishes a framework for collective and individual Joint Programme accountability.

### What is new in the 2022–2026 UBRAF?

10. Recognizing that innovative approaches and new ways of working are needed to reduce inequalities and get the world on-track to end the AIDS epidemic as a public health threat, the new UBRAF incorporates several important shifts:
  - *The Joint Programme will use an inequalities lens across all aspects of its work.* It will support countries and communities to identify people who are left behind and who face inequalities, inequities and exclusion, and it will prioritize actions needed to address the intersecting factors that perpetuate and increase HIV-related inequalities and slow progress in the response.
  - *The new UBRAF is built on a more fully articulated theory of change.* The UBRAF’s overarching theory of change includes a *change theory* (describing how coordinated, multisectoral action with a focus on inequalities will accelerate progress towards the 2030 goal) and an *action theory* (outlining the chain between actions of the Joint Programme and achievement of targeted results, concrete outcomes and desired impacts).
  - *The Joint Programme will centre on gender-transformative actions.* The UBRAF outlines ambitious actions, indicators and resources to promote gender equality and the empowerment of women and girls.
  - *The UBRAF intensifies action in aspects of the response that have been under-prioritized.* It elevates the focus on combination HIV prevention, youth, women and girls and key populations,<sup>1</sup> and on vertical transmission and paediatric and

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<sup>1</sup> UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people and people who inject drugs as the four main key population groups. The term “key populations” is also used by some agencies to refer to populations other than the four listed above, such as prisoners and other incarcerated people. The term “key populations at higher risk” may be used more broadly to refer to additional

adolescent HIV; on uncovering and prioritizing treatment gains for all highly affected sub-groups; on removing human rights barriers; on effectively addressing social and structural drivers; on more closely linking the HIV response to the broader SDG agenda and intersecting systems; and on economics and financing.

- *The UBRAF elevates the Joint Programme's work to support and promote effective resourcing community-led responses.* Under the UBRAF, the Joint Programme will redouble its work to promote the leadership of people living with HIV, adolescent girls and young women, young people and key populations, in all their diversity, including their integration as full partners in all aspects of the response, including monitoring.

### What the Joint Programme will deliver through the new UBRAF

11. The Joint Programme applies a systemic, multisectoral and collaborative approach to deliver on 10 output-level results that work together to advance Joint Programme's outcomes and achieve the three strategic priorities (see below), result areas and targets identified in the Global AIDS Strategy.<sup>23</sup> By applying an inequalities lens across these three strategic priority areas, UNAIDS will draw on the values, mandates and strengths of the Joint Programme to support countries and communities to identify gaps, particularly those affecting people and communities who are most vulnerable and are left behind; identify solutions, and; address challenges, while fully grounding UNAIDS' work in the 2030 Agenda and the SDGs.

#### **The Global AIDS Strategy 2021–2026 strategic priority areas:**

- **Strategic Priority 1:** maximize equitable and equal access to HIV services and solutions;
- **Strategic Priority 2:** break down barriers to achieving HIV outcomes; and
- **Strategic Priority 3:** fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.

### *How the Joint Programme will deliver strategic results*

12. UNAIDS will provide leadership to accelerate collaborative action and scale up access to and the equitable distribution of global goods. It will support countries and communities to reduce inequalities and achieve the strategic priorities, while empowering people, especially those who are most vulnerable. The Joint Programme will strategically draw on and effectively leverage its key functions of advocacy and leadership development; partnerships and collaboration; innovation in data, science and research; human rights; gender equality and action to end stigma and discrimination; and focus on cities, urbanization and human settlements. In doing so,

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populations that are most at risk of acquiring or transmitting HIV, regardless of the legal and policy environment; these may include people living with HIV, seronegative partners in serodiscordant couples, and other specific populations in particular regions (such as young women in southern Africa, fishermen and women around some African lakes, long-distance truck drivers and mobile populations).

<sup>2</sup> For more information on the Global AIDS Strategy 2021–2026 Strategic Priority areas, please see:

<https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>

<sup>3</sup> As set out in the Strategy, "services" encompass HIV prevention among key populations and general populations, testing and treatment, eliminating vertical transmission, and paediatric HIV treatment and care. "Societal enablers" include community-led responses, human rights, gender equality and young people. "Health systems and social protection" incorporate funding for the HIV response, systems integration, social protection, humanitarian settings and pandemics.

the Joint Programme will realize a holistic, people-, and community-centered HIV response that advances and draws on broad progress across the SDGs.

13. Catalyzing actions to achieve the Strategic Priorities and address the inequalities that block progress demand a Joint Programme that is fit for purpose. To enable effective implementation of the UBRAF, UNAIDS will optimize and align its footprint, prioritization and leveraging of its comparative advantages and expertise. This includes the Secretariat's alignment to optimize its structure to better respond to priority gaps and needs of countries and impact. The Joint Programme will prioritize joint actions to bring key innovations to scale and translate science into programmes that work for communities. It will also intensify its efforts to support and magnify the impact of strategic partnerships and collaborations.
14. The high-level framework of the UBRAF will be articulated in greater detail in the biannual and/or annual Workplan and Budget, which will be informed by regular evidence reviews and will be aligned with analyses of country-specific capacity needs. The UBRAF includes a set of indicators to track the Joint Programme's progress against defined results, milestones and targets. These UBRAF indicators are closely aligned with Global AIDS Monitoring system indicators, which monitor progress towards global AIDS targets, including those outlined in the UN General Assembly's Political Declaration on HIV and AIDS. Annual reporting on the UBRAF indicators will be summarized in a Performance Monitoring Report, providing the PCB with a clear and strategic overview of progress and achievements against the UBRAF, as well as challenges and lessons learned each year.

## INTRODUCTION

15. At a virtual Special Session of the PCB in March 2021, the Board adopted the Global AIDS Strategy 2021–2026. The Strategy is an ambitious blueprint for ending the inequalities that drive the AIDS epidemic, putting people at the centre and getting the world on-track to end AIDS as a public health threat by 2030. UNAIDS plays a unique and central role in driving the necessary action for coordinated and evidence-based implementation of the Global AIDS Strategy through a whole-of-government and whole-of-society response. The UBRAF defines priorities and operationalizes UNAIDS' central role and contribution to the Global AIDS Strategy. The UBRAF sets priorities and plans and provides guidance to enable the Joint Programme to achieve its primary operational goals (see Figure 1).

**Figure 1: Four operational-level goals of the new UBRAF**

### **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.



### **UNAIDS: The Joint UN Programme on HIV/AIDS**

UNAIDS derives its strength from its mandate, as specified in ECOSOC Resolution 1994/24, and from the multisectoral expertise and experience of its 11 Cosponsors and the Secretariat, as aligned in the UNAIDS Division of Labour, which ensures coherence and reciprocity across the Joint programme. The Cosponsors are:

- Office of the United Nations High Commissioner for Refugees (UNHCR),
- United Nations Children's Fund (UNICEF),
- World Food Programme (WFP),
- United Nations Development Programme (UNDP),
- United Nations Population Fund (UNFPA),
- United Nations Office on Drugs and Crime (UNODC),
- United Nations Entity for Gender Equality and the Empowerment of Women (UN Women),
- International Labour Organization (ILO),
- United Nations Educational, Scientific and Cultural Organizations (UNESCO),
- World Health Organization (WHO),
- The World Bank.

16. Building on lessons from previous iterations of the UBRAF, the 2022–2026 UBRAF<sup>4</sup> specifies how the Joint Programme will collectively and collaboratively contribute to achieving the Strategy's goals and targets, and the SDGs, taking account of the broader context and the efforts of other stakeholders.
17. The new UBRAF demonstrates clearer prioritization and alignment between roles, accountabilities and resource levels across the Joint Programme's work. An overarching theory of change was developed, guiding the identification of strategic priorities and clarifying how the Joint Programme will drive change over the five-year span of the UBRAF. The new UBRAF demonstrates clearer prioritization, alignment and interaction within the Joint Programme, and it uses an inequalities lens to exploit the links and interdependencies between the Strategy's three interlinked strategic priorities.
18. At its Special Session in March 2021, the PCB took "note of the progress update and proposed approach" for development of the UBRAF. It asked the Executive Director to submit a zero draft for the overall 2022–2026 UBRAF at the 48th PCB meeting in June 2021, with a full UBRAF and biennial workplan and budget for 2022–2023 to be submitted at a Special Session of the PCB in September 2021. In line with PCB decisions and feedback<sup>5</sup>, the current zero draft provides the general direction for the new high-level strategic programme of work, budget and accountability framework for 2022–2026. Also taken into account were other previous PCB decisions,<sup>6</sup> the findings

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<sup>4</sup> The exact name of the new UNAIDS Unified, Budget, Results and Accountability Framework (UBRAF) will be revised during its development, as suggested by PCB members. It will be referred to as the UBRAF in this document.

<sup>5</sup> Agenda item 4: Update on the new Unified Budget, Results and Accountability Framework, UNAIDS/PCB (EM) / 3.4.rev1 ([https://www.unaids.org/en/resources/documents/2021/PCBSS\\_Update\\_UBRAF](https://www.unaids.org/en/resources/documents/2021/PCBSS_Update_UBRAF)).

<sup>6</sup> Decisions from 47th PCB meeting: that the Joint Programme shows "how it intends to support countries in implementing the Global AIDS Strategy 2021–2026 with greater specificity of action, contributions and accountability, through its new results and accountability framework"; "ensure that prevention of new HIV infections is given high priority in the new Global AIDS Strategy and new UNAIDS Unified Budget, Results and

and recommendations of recent external assessments,<sup>7</sup> as well as lessons learned from the current UBRAF, including experiences with implementation of the refined operating model following recommendations of the Global Review Panel.<sup>8</sup>

19. This zero draft provides the general direction for the new high-level strategic programme of work, budget and accountability framework for 2022–2026. It describes the purpose of the UBRAF, how it will advance the Joint Programme’s vision to reduce inequalities and accelerate progress towards ending AIDS, and its structure. It describes how the UBRAF for 2022–2026 differs from the earlier version covering 2016–2021.
20. The draft outlines the linked theories of change on which the UBRAF is based, then specifies the ten output-level results the Joint Programme aims to achieve, as well as the three strategic outcomes those results will collectively generate. The draft describes how the Joint Programme will be optimized to maximize its effectiveness in achieving these output-level results, including how it will work with key partners and stakeholders. It summarizes how the Joint Programme’s performance will be monitored and how transparent reporting will enable the PCB and other stakeholders to assess UNAIDS performance against agreed indicators.

### **UBRAF as a management and accountability tool**

21. The UBRAF serves as a tool for prioritization, joint planning, implementation, monitoring, reporting, knowledge building and sharing, and accountability. The UBRAF is aligned with the global response targets and outlines the scope and boundaries of the Joint Programme’s ambition under the Global AIDS Strategy. It translates the Joint Programme’s unique role and added value into specific commitments and actions. The UBRAF sets the priorities and identifies the expected results of the Joint Programme; provides a framework against which budgetary allocations are made; and serves as the basis for performance monitoring, reporting and accountability. Considering the complex nature of UNAIDS—a joint and cosponsored programme—the UBRAF promotes the Joint Programme’s coherence, synergies, coordination, transparency and impact.<sup>9</sup>
22. The UBRAF encompasses the work of the 11 Cosponsors and the Secretariat at global, regional and country levels. As reflected in the UBRAF, the Joint Programme’s multisectoral approach seeks to advance country-level progress towards ending AIDS, while contributing to broader development outcomes. The UBRAF guides operational planning for the Joint Programme at global, regional and country levels.

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Accountability Framework, with a particular focus on populations and locations with high HIV incidence, prevalence, and high risk of infection, including through combination prevention”; ensure that the UBRAF includes coordinated support to countries to reduce new HIV infections among children, adolescents and young people and to end paediatric AIDS; and to report on progress as part of annual UBRAF reporting” and “commit integrating gender-responsive actions, indicators and resources within the new UBRAF to deliver for women and girls and for all key and vulnerable populations most at risk of HIV and AIDS.”

<sup>7</sup> These include the management and administration review of UNAIDS by the UN Joint Inspection Unit and the Independent Evaluation of the UN System Response to AIDS 2016–2019, and related management responses, as well as PCB feedback.

<sup>8</sup> To keep the PCB and the broader public informed of the new UBRAF development process, a new page is available on the UNAIDS Results & Transparency Portal at <https://open.unaids.org/newubraf>.

<sup>9</sup> The five-year UBRAF is synchronized as much as possible with the planning cycles of Cosponsors and other UN funds, programmes and agencies, in line with the Quadrennial Comprehensive Policy Review (QCPR) and PCB request. Additionally, the mid-term review of the new UBRAF, planned for December 2024, further accommodates those QCPR-recommended cycles and will help align with Cosponsors’ strategic planning and inclusion of HIV components.

23. The UBRAF serves as a key platform for optimizing human and financial capacities within the Joint Programme and for identifying actions to address capacity gaps as they pertain to achievement of the strategic priorities and results of the Global AIDS Strategy. The UBRAF guides the Joint Programme in prioritizing the allocation and use of its finite resources. It outlines the process the Joint Programme will use to provide effective, strategic support to countries with a specific emphasis on tackling inequalities, closing the gaps with a people-centred and human rights-based approach, while addressing social and structural barriers to leave no one behind and building inclusive, sustainable national responses. The UBRAF also defines the Joint Programme's performance monitoring, reporting and accountability mechanisms.
24. The full UBRAF package will include:
- the Joint Programme's five-year, high-level strategic framework, which is designed for flexibility for adaptation to rapidly evolving contexts;
  - the Joint Programme's biennial (2022–2023 and 2024–2025) and annual (2026) Workplan and Budgets, which will provide greater detail on specific programmatic priorities and budgetary allocations; and
  - the Joint Programme's performance indicators (referred to as UBRAF indicators) that are aligned with the Global AIDS Monitoring indicators (referred to as GAM indicators).

### **The Joint Programme's vision and commitments to reduce inequalities and enhance effectiveness**

25. Although the knowledge and tools exist, the world is not on-track to end AIDS as a public health threat due to persisting inequalities. Multiple forms and layers of inequalities, including gender inequalities, overlap and intersect with each other, increasing vulnerability and reducing the ability of many to access essential services. These intersecting inequalities, in turn, result in marked disparities in HIV outcomes within and between countries and populations. Closing the response gaps and reducing the inequalities that drive the HIV epidemic in the different regions and countries is the primary focus of the Global AIDS Strategy and the central aim of the Joint Programme's work in 2022–2026.
26. UNAIDS has a key role in driving implementation of the Global AIDS Strategy through a whole-of-government and whole-of-society response for transformative action. The innovative UNAIDS partnership unites and reinforces the efforts of the UN System with those of civil society, national governments, the private sector, global institutions and people living with HIV and key and other priority populations.<sup>10</sup> Using a multisectoral approach, the Joint Programme speaks out in defence of human dignity, human rights and gender equality; mobilizes political, technical, scientific and financial resources; guides policy and programmatic changes, including innovations to save lives and enhance well-being; empowers change agents; supports inclusive and optimally effective country leadership; and promotes a human rights-based approach and accountability in the response.
27. The UBRAF seeks to contribute to achievement of the Global AIDS Strategy's three strategic priorities by catalyzing actions that specifically address overlapping inequalities which, among other factors, resulted in the failure to reach the 2020 Fast-Track targets. The degree to which the Joint Programme catalyzes actions that

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<sup>10</sup> The term "key populations" refers to gay men and other men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people.

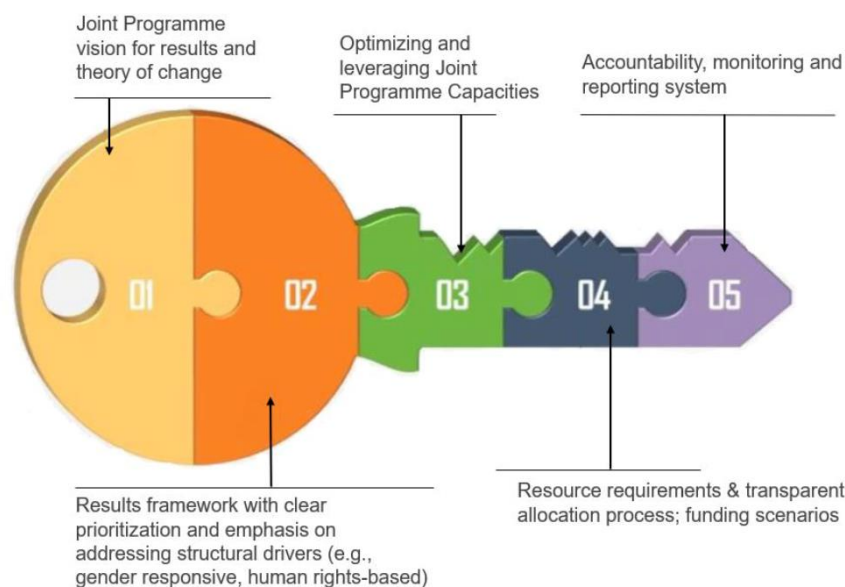
successfully reduce response gaps and the intersecting inequalities that drive the HIV epidemic will serve as the ultimate measure of the Joint Programme's success.

28. Under the UBRAF, planning and resource allocation processes will be streamlined to focus the Joint Programme on persistent gaps, barriers and inequalities that have been slowing progress in the response in the different regions and countries, and on programming needs. The Joint Programme's geographic footprint will evolve to deploy the Joint Programme's resources where they are needed most, informed by the latest evidence and new context. Ways of working and resource allocation within the Joint Programme will be adapted to optimize implementation of prioritized actions consistent with the Global AIDS Strategy.

### Structure of the UBRAF

29. The 2022–2026 UBRAF comprises five components, as illustrated in Figure 2. The zero draft outlines broad strategic directions and programmes of work during the UBRAF's five-year period. To enable the PCB to provide guidance to the Joint Programme, each of the five components are described in the sections below.

**Figure 2: Key components of the 2022–2026 UBRAF**



### Key shifts in the 2022–2026 UBRAF

30. Although the failure to reach the 2020 Fast-Track targets is sobering, recent years have yielded critical insights regarding the gaps and inequalities that have impeded progress, as well as compelling evidence that ending the AIDS epidemic as a public health threat is feasible. In response to a continually evolving epidemic and important changes in the global context, the 2022–2026 UBRAF incorporates several strategic shifts in how the Joint Programme will work to help get the global response on-track.

#### Key shifts in the UBRAF

31. The UBRAF outlines the goals and operational structure for the Joint Programme in alignment with the strategic priorities, result areas and targets of the Global AIDS

Strategy. The UBRAF is rooted in a theory of change that explains how interventions contribute to a chain of results that lead to the intended or observed impacts, and that explicitly describes the processes and mechanisms through which change is achieved. Clarification of the “top-line” theory of change has informed work towards the new results framework, estimation of resource requirements and allocation methodology for 2022–2026.

32. The UBRAF articulates how the Joint Programme will strategically leverage the broader and rapidly changing landscape in which it operates to sustain and catalyze HIV responses. Continuous mapping of this dynamic landscape will aid the Joint Programme in developing priority actions, innovative workplans; identifying new opportunities and partnerships to leverage and catalyze action; and catalyzing locally specific, differentiated responses. In addition to building on an assessment of the external context, the final version of the UBRAF will also be informed by an extensive, ongoing internal assessment of the Joint Programme’s capacity, designed to optimize collective and individual impact and spur innovative approaches.
33. Progress in implementing the Global AIDS strategy (including its targets) and in accelerating progress towards the goals, commitments and targets in the expected new UN General Assembly Political Declaration on HIV/AIDS will be tracked through the GAM. An updated GAM is being developed based on the new global AIDS targets, focusing on people who are being left behind and aiming to generate actionable data to guide efforts to address inequalities in access to HIV services.
34. The Joint Programme’s performance will be monitored through UBRAF indicators. In accordance with the Management Response to the Independent Evaluation of the UN System Response to AIDS 2016–2019, the UBRAF indicators, which will be developed for review by the PCB in December 2021, will be better aligned with the GAM. They will also focus better on assessing the performance of the Joint Programme against its expected strategic results and its contribution to implementation of the Global AIDS Strategy.
35. Building on lessons learned from earlier efforts to monitor the Joint Programme’s performance, the new UBRAF indicators will strive to assess overall progress as well as specifically enable improved assessment of the Joint Programme’s contributions to that progress. Efforts will be made to better capture the Joint Programme’s enabling and catalytic contributions in selected sectors that are closely intertwined with and critical for reducing inequalities in the HIV response, including through integration of gender-transformative indicators to deliver for women and girls and for all key and vulnerable populations most at risk of HIV.
36. The UBRAF will enable further improvements in the quality of the Joint Programme’s annual Performance Monitoring Report and other accountability tools, while streamlining reporting processes to reduce related transactional costs and, where possible, ensure quicker feedback. It will do so through a clearer theory of change, a more-targeted results framework and improved alignment with key components, such as the GAM and Joint Programme capacities. The new UBRAF indicators will be developed once the 2022–2026 UBRAF is approved by the PCB and the new set of GAM indicators is available to ensure appropriate linkages. As previously agreed, the new UBRAF indicators will be submitted to the PCB for consideration at its 49th session in December 2021.

### Key programmatic shifts

37. As its specific contribution to implementation of the Global AIDS Strategy, UNAIDS will apply an inequalities lens across the three strategic priority areas, drawing on the values and mandate of the UN System to identify, interrogate and close gaps in the response. Using an inequalities lens and fully grounding UNAIDS' work in the 2030 Agenda will enable the Joint Programme to support countries and communities in identifying people who are left behind, facing inequalities, inequities, injustice and exclusion, and in implementing tailored, innovative responses to address the specific, overlapping factors that increase vulnerability, diminish service access and contribute to disparities in HIV outcomes. The Joint Programme will intensify its efforts to build diverse and sustained leadership to drive transformative progress on HIV, and provide leadership and accelerate action to create and ensure equitable distribution of global public goods.
38. In accordance with the Global AIDS Strategy and 47th PCB Decision Point 9.7, where the PCB requested the integration of gender-responsive actions, indicators and resources into the new UBRAF, the new UBRAF will include an ambitious result area dedicated to gender equality. It will integrate gender-transformative actions, indicators (including the UN Gender Equality Marker, or GEM) and resources across the UBRAF to enable the Joint Programme to deliver for women and girls and for all key and vulnerable populations.
39. The UBRAF will prioritize joint actions that contribute to addressing programmatic gaps highlighted in the Global AIDS Strategy. The Joint Programme will further strengthen its support to countries and communities to improve HIV prevention leadership to scale up combination HIV prevention interventions, with a particular focus on populations and locations with high HIV incidence or high risk of infection.
40. The Strategy's new societal enabler targets (10–10–10) will require an intensified focus on human rights and gender programming, and greater support to countries and communities to increase action with respect to creating enabling legal and policy environments, addressing stigma and discrimination and increasing access to justice.
41. The Strategy's ambitious 95–95–95 service and other 2025 global targets serve to refocus the Joint Programme's work to ensure that all settings and communities can benefit fully from HIV prevention, testing and treatment services, with particular attention to adherence and quality of care. The UBRAF renews and intensifies the Joint Programme's commitment to support countries to address the needs of people who are often left behind in the response, including gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prison or closed settings, as well as women, children, adolescents and young people who are living with or at risk of HIV.
42. Under the UBRAF, the Joint Programme will prioritize catalytic support to enhance community-led HIV responses and leadership, with the aim of ensuring that communities living with and affected by HIV have the agency, resources and tools they need to optimize their contribution to ending the AIDS epidemic and monitoring of progress. The Joint Programme will intensify work to promote community engagement and leadership across all aspects of the response, with particular attention to supporting community-led monitoring, advocacy, service delivery, stigma and discrimination reduction and engagement in decision making bodies. The Joint Programme will work to catalyze increased leadership, delivery and monitoring of programmes by people living with HIV, key populations, young people, women and adolescent girls.

## Key shifts for the Joint Programme

43. With the new UBRAF, the Joint Programme will prioritize data-driven analysis and programme reviews for the allocation of human, technical and financial resources where they are most needed to address inequalities and where impact will be greatest. The Joint Programme will reinforce country-level work and collaborative actions, including with major implementing partners, while ensuring greater cohesion and fully embedding UN reform across its work. The UBRAF clearly describes the Joint Programme's support to programme reviews and data analytics, national leadership and stewardship capacity strengthening, inclusive engagement and national coordination of all stakeholders, in alignment with the Quadrennial Comprehensive Policy Review (QCPR).

### **Using an inequalities lens**

To operationalize an approach that focuses on reducing HIV-related inequalities, the Joint Programme will focus on:

- Using strategic information to identify the inequalities driving the epidemic;
- Convening and building political will to reduce inequalities;
- Providing technical capacity to reduce inequalities and supporting transformative HIV priority actions;
- Enhancing legal and policy environments to reduce inequalities; and
- Strengthening UNAIDS' contribution to capacity in the era of economics and financing to eliminate trade-offs that fuel HIV-related inequalities.

44. Building on and deriving lessons from the Joint Programme's strong track record of collaboration and partnerships, the UBRAF prioritizes even further the need for the Joint Programme to support and mobilize and leverage other stakeholders to act effectively. This is especially vital for the strategic actions beyond the HIV sector that will be required to reduce underlying inequalities. The Joint Programme will prioritize enabling, facilitating and supporting others to act to achieve the Strategy's three strategic priorities. The Joint Programme will employ innovative funding approaches to pivot responses to tackle intersecting inequalities and prioritize investments for focused interventions to achieve targets for services, societal enablers and community-led service delivery.
45. The UBRAF reinforces the Joint Programme's accountability for results for people, communities and countries. Joint planning tools will be improved to further facilitate the Joint Programme's differentiated support to national and local epidemic response contexts. Resource allocation processes and methodologies will be updated to enhance their effectiveness, efficiency and transparency, and to strengthen accountability. The Joint Programme will intensify its efforts to ensure that the UBRAF is fully funded.
46. The Joint Programme's performance indicators, to be developed later in 2021, will be linked clearly to the Global HIV Monitoring indicators, providing transparency, accountability and clarity regarding the Joint Programme's contribution to the Global AIDS Strategy and its specific results area. For longer-term, transformative interventions, The UBRAF indicators will include interim process milestones the Joint Programme will report on. A new generation of the Joint Programme Monitoring System, adapted and aligned to the new UBRAF and informed by lessons learnt and

UN reporting standards and requirements, will be developed to allow for streamlined and higher-quality monitoring and reporting that can better inform adaptations in the Joint Programme's work. Improvements in the Joint Programme Monitoring System will further support alignment to UN-wide planning and reporting tools, as well as future needs for reprogramming in response to changing conditions, as occurred with the partial reprogramming undertaken in 2020 in response to the COVID-19 pandemic. Additional updates will be made to the UNAIDS Results and Transparency Portal, including explicit reporting on compliance with the International AIDS Transparency Initiative.

## THE JOINT PROGRAMME'S THEORY OF CHANGE

47. The UBRAF is grounded in a clearly articulated theory of change.<sup>11</sup> By defining the causal pathways through which the Joint Programme is expected to achieve the strategic priorities, result areas and targets of the Global AIDS Strategy, this theory of change is intended to:
- make explicit how persisting inequalities will be tackled to drive the necessary progress to be achieved by 2026 to remain on-track to ending the AIDS epidemic as a public health threat by 2030;
  - clarify the interdependence between achieving the different outcomes and outputs of the UBRAF to remain on-track, coalescing into a synergistic whole;
  - provide the causal pathways identified to develop and provide adequate support for targeted interventions to achieve intended results without negative consequences; and
  - provide a framework for transparency in terms of the Joint Programme's accountability, and inform prioritized data collection on risks, assumptions and emerging results to use for timely course corrections where needed.

### Overview of the UBRAF theories of change

48. The Independent Evaluation of the UN System Response 2016–2019 called for a more fully articulated version of the UBRAF theory of change that informs the new results framework and is clearer about the Joint Programme's contribution to achievement of strategic priorities and intended results. The overarching theory of change for the new UBRAF comprises a series of interlinked theories, the structure are described in the box below. The more detailed, logical framework can be found in the narrative and graphics later in this section.<sup>12</sup>

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<sup>11</sup> De Silva MJ, Breuer E, Asher, L, Chowdhary N, Lund C, Patel V. Theory of Change: a theory-driven approach to enhance the Medical Research Council's framework for complex interventions, *Trials* 2014;15:267.

<sup>12</sup> Definitions used in the theory of change:

"Theory of change": An explanation (narrative) of how an *intervention* contributes to the intended or observed outcomes, which has two components: "change theory" and "action theory". "Change theory" is the process by which change comes about (for an individual, organization, community, system or other relevant entity). "Action theory" describes how the intervention activates the change theory. The action theory includes the rationale for: the choices that are made and priorities that are set in relation to a range of possible features of each outcome in the outcomes chain; and the choices that are made about what will be done to achieve those outcomes and their selected features.



### UBRAF theories of change

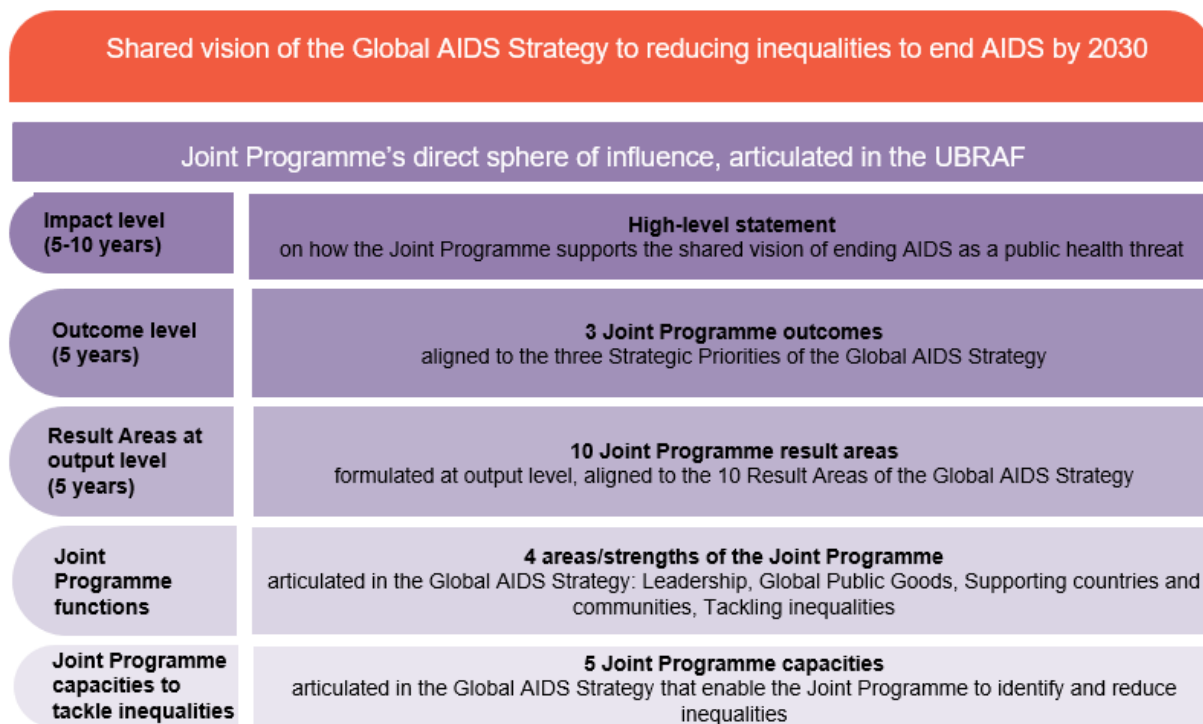
An **overarching theory of change** highlighting causal pathways to get the response on-track through application of an inequalities lens (narrative, **IF...THEN...**statement)

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.

49. Figure 3 illustrates how the interlinked and mutually reinforcing theories of change lead to the results for which the Joint Programme will be held accountable (i.e. outcomes and outputs that are under the Joint Programme’s control), taking account of the capacities and strengths of the Joint Programme, and underpinning those tangible results at different levels.

**Figure 3: Overall structure of different UBRAF levels, contributing to achieving the global HIV response results.**



### Overarching theories of change: Three strategic priorities and tackling inequalities

50. While no single theory or course of action can address all global, regional and country specificities, these theories of change identify key actions for the Joint Programme. They also entail a logical framework for prioritizing actions, based on evidence, context

and programmatic coherence, to achieve high-level outcomes and outputs towards the Strategy's three strategic priorities. The theories of change will continue to evolve as the final version of the UBRAF is developed.

### Theories of change for the 3 strategic priorities and tackling inequalities

51. The theories of change for the UBRAF recognizes the centrality of inequality as a driver of the HIV epidemic, as well as the interconnectedness and interlinkage between and within the three strategic priorities of the Global AIDS Strategy. HIV services fall short of their potential if an enabling environment is not in place to reduce vulnerability, address inequalities, and enhance service uptake and continuity. Without robust systems for health, integrated approaches across diverse sectors, sufficient financial resources, and preparedness to address emergencies and other shocks, efforts to expand service access and address underlying inequalities and social/structural drivers will not be optimally effective.
52. While the key focus areas outlined in the UBRAF for 2022–2026 (services, societal enablers and systems) are not new, focusing first and foremost on reducing inequalities, including through better addressing of causes of exclusion and vulnerabilities across all aspects of the response, represents an important strategic shift for the Joint Programme. The theories of change posit that without a specific, defining focus on reducing inequalities, the world will not achieve the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.
53. Reducing inequalities and fully leveraging societal enablers will require a substantially greater emphasis by the Joint Programme on supporting community-led responses. Nearly four decades of experience in responding to HIV demonstrates that communities living with and affected by HIV exert leadership, reach and influence in distinctive ways which governments and donors cannot always replicate.
54. To achieve the ambitious 2025 targets and get the world on-track to end AIDS as a public health threat by 2030, renewed and urgent attention to resource the response is essential. Not only will additional financing be needed, but the interconnectedness of the three strategic priorities underscores the importance of robust financing for broader health and social protection systems. Investing in those systems will strengthen the ability of countries to recover from COVID-19 and respond to future pandemics, emergencies and shocks.

### Overarching theory of change highlighting causal pathways to get the HIV response on-track through application of an inequalities lens

Altogether, the change theory for the UBRAF 2022–2026 links the following causal pathways to get the response on-track through the application of an inequalities lens:

- **IF** the conceptual and SDG-related connections between the HIV response and systems for health and social protection are strengthened, **THEN** there is space for health systems and emergency responses that take account of the specific inequalities and exclusions related to HIV. This can be achieved **AS LONG AS** the inequalities and causes of exclusion and vulnerabilities are well understood and effectively addressed and **AS LONG AS** an enabling legal and social environment is in place, thanks to the Joint Programme's further actions.
- **IF** the HIV response is put successfully on-track and it contributes to 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 must be 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 the translation of that commitment into sustainable resources that support transformative interventions at scale.
- **IF** the conditions described above 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 that 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, **IF** the Joint Programme is to support countries to apply an inequalities lens successfully, and **IF** the Joint Programme:
  - a) convenes and promotes coordinated action on identifying and tackling inequalities and builds political will and inclusive dialogue to address them;
  - b) provides technical support by leveraging its collective strengths and complementary advantages and capacities;
  - c) advocates for evidence-based programmes and policies, improving the legal and policy environment and enhancing capacities to increase financing and fiscal space to advance sustainable financing to secure the systems and supports needed to reduce inequalities, and drive a more sustainable HIV response; and
  - d) is fully funded,

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

55. Undergirding the structure of the UBRAF are change and action theories that have been articulated for each of the strategic priorities, as shown below.

<p><b>Joint Programme Outcome to Strategic Priority</b> (Statements)</p>	<p><b>Strategy Priority 1</b> Maximize equitable and equal access to HIV services and solutions</p>
<p><b>Joint Programme Outcome to Strategic Priority</b> (IF... THEN)</p>	<p><b>Joint Programme Outcome Statement 1:</b> People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.</p> <p><b>IF</b> 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; <b>IF</b>, 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; <b>IF</b> gender-related barriers in access to HIV prevention, treatment and care services are addressed; <b>IF</b> all people living with HIV have suppressed viral load; and <b>IF</b> women and girls, particularly young women and adolescent girls have their HIV and sexual and reproductive health needs met; <b>IF</b> people living with HIV receive preventive treatment for TB or TB treatment if already coinfected with TB; and <b>IF</b> 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, <b>THEN</b> equitable and equal access to gender-responsive HIV services and solutions will be achieved.</p> <p><b>IF</b> 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, <b>THEN</b> critical leadership to ensure equitable and equal access to HIV services and solutions will be strengthened and acquired.</p> <p><b>IF</b> 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 <b>IF</b> it provides thought leadership and facilitate knowledge sharing, <b>THEN</b> global public goods towards equitable and equal access to HIV services and solutions will be provided.</p> <p><b>IF</b> 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 <b>IF</b> 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, <b>THEN</b> countries and communities will be supported and empowered to ensure equitable access to HIV services and solutions.</p>
<p>Joint Programme result areas at output level contributing towards outcomes and Strategic Priority</p>	<pre> graph TD     A(HIV Prevention) &lt;--&gt; B(HIV Treatment)     A &lt;--&gt; C(Paediatric AIDS, Vertical Transmission)     B &lt;--&gt; C     </pre>

Joint Programme Outcome to Strategic Priority  
(Statements)

**Strategy Priority 2**  
Break down barriers to achieving HIV outcomes

**Joint Programme Outcome Statement 2:**  
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

**IF** countries, communities, and other actors work to ensure that societal enablers are prioritized, funded, implemented, monitored and scaled up to address underlying inequalities across the multisectoral and interconnected areas of the HIV response, **THEN** inequalities in the AIDS response will be reduced, there will be equitable and equal access to HIV services, helping countries to advance toward ending AIDS as a public health threat.

**IF** community-led HIV responses are fully recognized and adequately resourced, and **IF** they have the means to improve HIV prevention and HIV testing, treatment, care, viral load suppression and integration and advocate for and be involved in law reform, stigma and discrimination reduction and access to justice, and **IF** people living with HIV, women and girls, key populations and others at risk of HIV in all their diversity can enjoy human rights, gender equality and an enabling legal environment, **IF** programmes include stronger focus on gender-equitable social norms, and encourage a collaborative approach to end gender-based violence and mitigate its impact on HIV, and **IF** young people are fully empowered, educated and resourced to make informed decisions to protect their own health and well-being and to exert full leadership, including in governance, societal change and innovation to accelerate the AIDS response and end inequalities, **THEN** social and structural barriers to achieving HIV outcomes will be reduced.

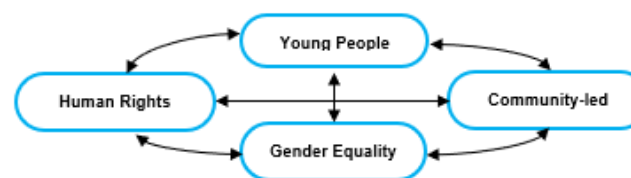
Joint Programme Outcome to Strategic Priority  
(IF... THEN)

**IF** the Joint Programme develops and supports the implementation of normative guidance to drive transformative action to reduce inequalities, and **IF** it promotes and supports targeted sex and age disaggregated data collection and analysis, including utilizing rigorous data collected by communities, on the status of the HIV epidemic, response and financing, **THEN** global public goods to break down barriers to achieving HIV outcomes will be provided.

**IF** the Joint Programme supports countries and communities to develop, resource, monitor, and implement inclusive, evidence-informed, people-centred, rights-based and gender-transformative strategies and programmes, and **IF** it convenes, asserts leadership and builds capacity of communities to engage effectively in decision-making and implementation and **IF** it supports countries to identify and prioritize national legal, regulatory and policy changes, **IF** sufficient political will or alliances/partnership are further built to support leadership including funding for and action for the improving the legal and social enablers, **THEN** countries and communities will be provided with necessary support to remove criminal and discriminatory laws, reduce stigma and discrimination and otherwise break down barriers to achieving HIV outcomes.

**IF** the Joint Programme fosters and expands partnerships with the Global Fund, PEPFAR, other bilateral and multilateral partners, governments and communities living with and affected by HIV, and **IF** it contributes to the future architecture and resilience of global health, and **IF** it further demonstrate UN effective coordination, joint work and broader collaboration for results responding to national priorities with strategic and integrated multisectoral action/interventions as well as inclusive governance **THEN** critical leadership to reduce barriers to achieving HIV outcomes will be catalysed and supported.

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



Joint Programme Outcome to Strategic Priority (Statements)

**Strategy Priority 3**  
Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses

**Joint Programme Outcome Statement 3:**  
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.

IF national HIV-related responses and concerns are integrated in all relevant systems, and if the national responses have optimal resources and capacities as well as updated and inclusive policies on HIV and sustainable health financing and social protection, and if partnerships are established with community-led organizations including key populations organizations and other key stakeholders, **THEN** people living with HIV, key populations and other populations at risk of and affected by HIV will have sustainable, predictable, effective and equitable access to the full range of services (medical and non-medical), in all settings, including in humanitarian and fragile contexts.

IF health and social protection systems are adequate, accessible and devoid of barriers and bottlenecks, **THEN** people living with HIV, key populations and other populations and communities at risk of or affected by HIV will equitably access quality health, social protection and other vital services; countries and communities are equipped to better manage health, social economic shocks and other emergencies (e.g., COVID-19, conflicts, hunger, natural and others);

IF well planned and inclusive emergency responses can help strengthen health and social protection systems (such as through additional resources/capacities, advocacy, innovative approaches, and leveraging of new technologies), **THEN** the social protection system will be more robust, comprehensive, inclusive and sustainable, leaving no one behind

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

IF the Joint Programme supports countries and communities in humanitarian contexts to integrate displaced populations in national health systems and to build evidence and integrate HIV into emergency response, **THEN** people in humanitarian settings, regardless of any social, legal and residency status, will have access to comprehensive HIV services.

IF the Joint Programme works with other partners to bolster a more sustainable HIV response financing agenda that enables full implementation of the Global AIDS Strategy and contributes to the transformation of financing for health and development to ensure more equitable and affordable services and capacitated health systems, **THEN** critical leadership and capacities for effective financing and systems will be available.

IF the Joint Programme leverages partnerships to build financial capacity for better access to affordable technologies and support under-financed public systems for health and explores alternative mechanisms to incentivize innovation within the health sector, including fair financing of community led services, **THEN** global public goods to inform effective financing and systems will be enhanced.

IF the JP strengthen its contribution to enhance national capacities in the area of financing and fiscal space to advance sustainable financing to secure the systems and supports needed to reduce inequalities, meet targets, and put the HIV response on a sustainable financial footing for countries, communities and people, **THEN** it can more effectively support countries and communities to improve effective financing and systems.

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



## The action theory: considerations

56. The Joint Programme will act as a key catalyst in the HIV response. UNAIDS engages in advocacy to keep HIV on the agenda, fostering dialogue between different sectors, sets new targets and priorities, oversees the GAM system, amplifies the voices of populations who are underserved and left behind, builds partnerships for results, documents and disseminates knowledge on best practices and innovation, promotes evidence-informed HIV policies and programmes, mobilizes essential resources through domestic and international sources, and helps build the capacities of countries and communities to respond effectively to their epidemics. The Joint Programme brings a unique, holistic perspective and expertise for a multisectoral and integrated approach that places people and communities at the centre. The Joint Programme applies a systemic multisectoral approach that achieves results by addressing the actions needed to contribute towards the strategic priorities, as well as exploiting the multisectoral links and interdependencies between the three strategic priorities.
57. Implementing the strategic shifts and realizing the causal pathways to get the response on-track will require the Joint Programme to fully leverage its capacities. The full UBRAF to be presented in September 2021 to the PCB will include a logic model that illustrates the five core capacities which the Joint Programme will apply, strengthen and expand in order to reduce intersecting inequalities and achieve the interlinked strategic priorities and the 2025 targets detailed in the Global AIDS Strategy. The final year, high-level UBRAF and biennial/annual workplans and budgets will provide further information on how this will be operationalized at all levels.

## RESULTS FRAMEWORK

58. To seize opportunities highlighted by the causal pathways outlined in the theories of change, the Joint Programme will deliver ten results formulated at output-level, contributing to the achievement of the three strategic outcomes. This will be explicitly linked to the 2025 Targets. This section provides a high-level overview of the outcomes and outputs, with more granular information of the Joint Programme's specific activities to achieve the outcomes and outputs to be described in the biennial/annual Workplan and Budgets for 2022–2023, 2024–2025, and 2026.
59. As illustrated in Figure 4, the Joint Programme will build on, strengthen and expand the capacities needed by countries and communities to tackle inequalities. Applying an inequalities lens across all its work, the Joint Programme will fully leverage its functions, capacities and comparative advantages to get the response on-track to reach the 2030 goal.
  - **Leadership to accelerate action.** The Joint Programme will mobilize political will to reduce inequalities, increase access to services and action on societal enablers including championing human rights and gender equality, support efforts to achieve sustainable HIV financing and maximize efficiencies and impact of resources. For this, it will maximize the coherence and impact of the UN System's work to reduce vulnerabilities and inequalities driving the HIV epidemic, enhance collaboration with key partners, build better synergies between the HIV response with other movements, contribute to the broader global health architecture and the interlinked SDGs.
  - **Scaled-up access and equitable distribution of global public goods.** Applying an inequalities lens, the Joint Programme will deliver normative and operational

guidance, provide and leverage technical support, promote the use of disaggregated data and other strategic information to identify inequalities in the response, disseminate information, build partnerships for additional research, and support mechanisms for increased accountability by duty bearers to citizens on the ground.

- **Supporting countries and communities to reduce inequalities.** The Joint Programme will provide leadership, technical assistance and support to define and drive transformative HIV priority actions to reduce inequalities and mobilize, support and build the capacity for inclusive country and community leadership, investments and strategic action.
60. As its specific contribution to the implementation of the Strategy, and working across the three strategic priority areas, UNAIDS will support countries and communities to use an inequalities lens to identify people who are still being left behind and prioritize action to reduce inequalities, HIV-related human rights violations, injustices and exclusion that stand in the way of achieving equitable outcomes for people living with, at risk of, and affected by HIV in every country and every community, with a particular focus on low- and middle-income countries.
61. Across all of its work, the Joint Programme will use approaches that are evidence-informed, gender-transformative, people-centred and human rights-based. Science, innovations for better commodities and technologies and their delivery as well as other programme excellence and enabling environments will continue to evolve. Global public health goods and other HIV-related UN international guidance will be updated accordingly and disseminated to optimize their rapid translation into action and impact in countries. The Joint Programme will help convene/facilitate policy dialogue with key stakeholders to accelerate rapid uptake and impact thanks to coordinated technical expertise and support. Across the Joint Programme's work on strengthening data collection including from communities and use of strategic information, the focus will be on ensuring that data are sex-, age- and population-disaggregated and build on gender analysis. For all result areas, the Joint Programme will advocate for, leverage and guide domestic and international investments for evidence-informed national strategies and their implementation, including resolving bottlenecks, in particular through close collaboration and efficient and effective complementarity with the Global Fund, PEPFAR and other partners.
62. The outputs outlined in Figure 4 are primarily framed in terms of key stakeholders' capacities to undertake actions that are essential for reducing inequalities and ending the AIDS epidemic as a public health threat. This formulation focuses on the Joint Programme's role in reinforcing, facilitating and catalyzing the diverse, synergistic actions, including systematic changes for communities, organizations and society as a whole, to unleash, strengthen, adapt and maintain the capacities that will be needed to reach the 2025 targets. "Capacities" are understood here to mean the ability of people, organizations and society as a whole to manage their affairs successfully,<sup>13</sup> delivering the

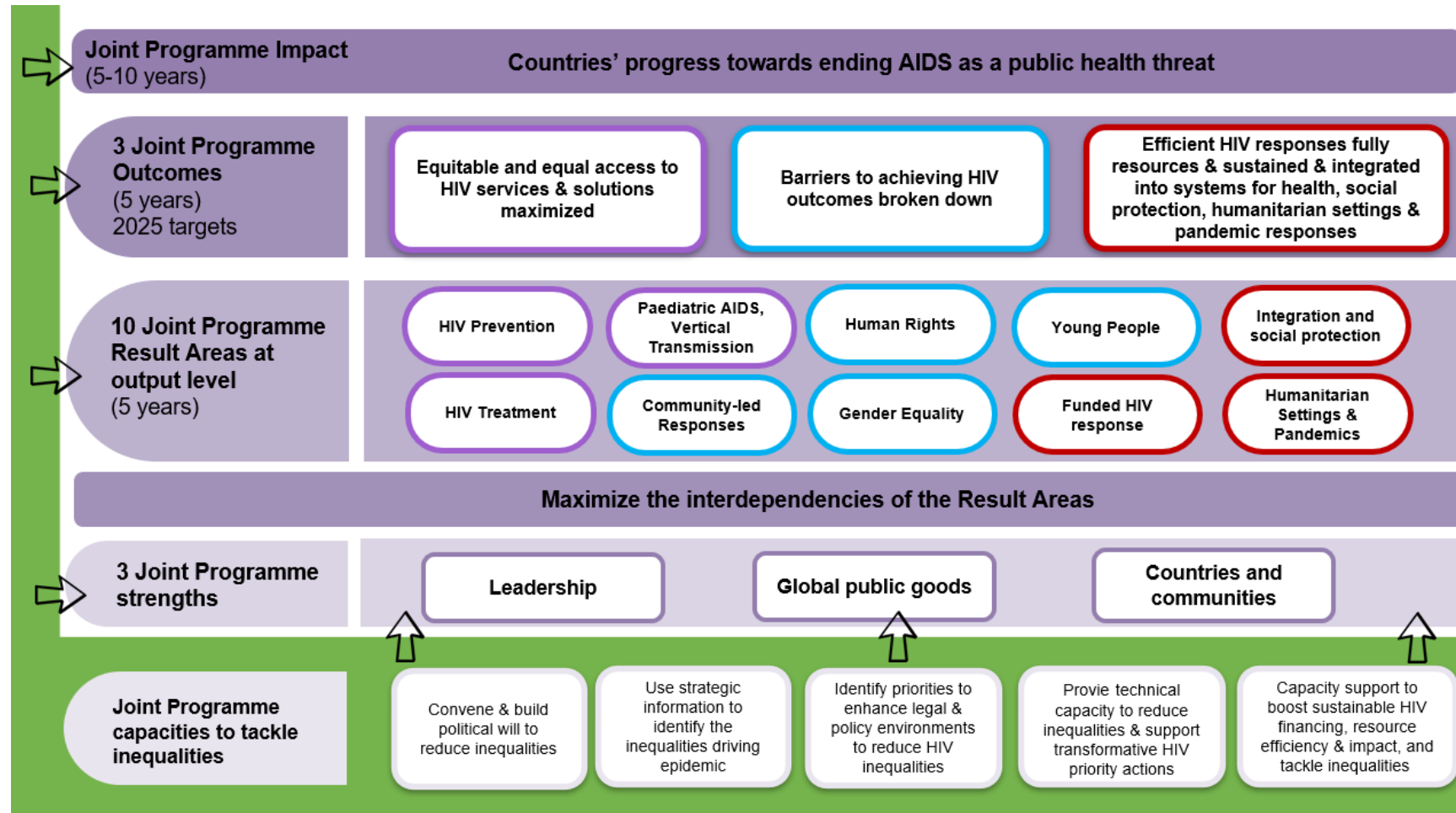
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<sup>13</sup> As per the UNDG definition: <https://unsdg.un.org/sites/default/files/UNDG-UNDAF-Companion-Pieces-8-Capacity-Development.pdf>



actions that are needed. The full UBRAF will further explain how the increased capacities will improve the pathways to the implementation of the Strategy.

Figure 4: Joint Programme’s overall results structure (for the detailed framework, please see the list, below)



UBRAF detailed results framework

<p><b>Joint Programme Outcome 1:</b></p> <p><b>People living with and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.</b></p>	
<p><b>Joint Programme Result Area 1:</b></p> <p><b>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.</b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• leverage global platforms and frameworks (such as the Global HIV Prevention Coalition) for strategic investments and action by governments, communities and other partners to accelerate scale-up and reduce inequalities in access to people-centred combination HIV prevention services;</li> <li>• support reinvigorated, inclusive and effectively implemented combination HIV prevention programmes with particular attention to the needs of key populations and adolescent girls and young women;</li> <li>• develop and support the implementation of policy guidance and enhance knowledge sharing on effective combination HIV prevention, especially for key populations and adolescent girls and young women;</li> <li>• provide technical expertise and strengthen the capacities of countries and communities to generate and use strategic information for tailored and gender-responsive combination HIV prevention programmes and actions, especially for key populations and adolescent girls and young women;</li> <li>• engage key and other vulnerable populations in the planning and budgeting and community-led implementation of combination HIV prevention services and community-led monitoring of service accessibility and quality;</li> <li>• leverage actions by the Global Fund, PEPFAR and other partners, as well as global initiatives (such as the Education Plus Initiative) for key populations and adolescent girls and young women; and</li> <li>• support efforts to scale up comprehensive harm reduction for people who inject drugs in all settings.</li> </ul>
<p><b>Joint Programme Result Area 2:</b></p> <p><b>Country and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.</b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• mobilize and support inclusive (including community leadership) to achieve and sustain equal access to HIV services;</li> <li>• develop, promote and support implementation of evidence-based normative guidance to drive transformative action;</li> <li>• generate strategic information to maximize equal and equitable access;</li> <li>• support the tailoring of actions to achieve the 95–95–95 targets for all populations, locations and settings;</li> <li>• promote and support integrated, people-centred, context-specific services and service delivery approaches;</li> <li>• promote the development and scale-up of and equitable access to evidence-driven innovations, technologies and science; and</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>foster and expand strategic partnerships to accelerate equitable service access.</i></li> </ul>
<p><b>Joint Programme Result Area 3:</b></p> <p><b>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.</b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• <i>promote country leadership and community engagement on eliminating vertical transmission and ending paediatric AIDS;</i></li> <li>• <i>advocate for continued and prioritized international and domestic investments for ending the AIDS epidemic among children;</i></li> <li>• <i>support countries to implement innovations in line with evidence-informed normative guidance;</i></li> <li>• <i>improve the quality and granularity (e.g. disaggregation) of data and their use at decentralized levels to identify and address programme gaps;</i></li> <li>• <i>promote effective, impactful integration of maternal and paediatric HIV interventions, including HIV testing and optimal antiretroviral treatment in maternal and child health services;</i></li> <li>• <i>improve systems for retention in care and integration of prevention interventions, including PrEP for HIV-negative pregnant and lactating women; and</i></li> <li>• <i>build partnerships and collaborations with diverse stakeholders, and share knowledge and best practices to amplify success.</i></li> </ul>
<p><b>Joint Programme Outcome 2:</b></p> <p><b>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</b></p>	
<p><b>Joint Programme Result Area 4:</b></p> <p><b>Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.</b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• <i>advocate at global, regional and country levels for sufficient space and financing for community-led HIV responses, in line with the Greater Involvement of People Living with HIV and AIDS (GIPA) principle;</i></li> <li>• <i>provide normative guidance and capacity-building support for community-led service delivery;</i></li> <li>• <i>strengthen the genuine participation of community-led organizations in HIV and health governance, planning and decision making;</i></li> <li>• <i>support and advance community-led monitoring and research and support systems to improve service access, retention systems and psychosocial support;</i></li> <li>• <i>advocate for, empower and capacitate community-led organizations to advance their role in accountability of HIV and health programmes; and</i></li> <li>• <i>advocate for, and provide support to, countries to increase sustainable domestic public financing for community-led responses.</i></li> </ul>

<p><b>Joint Programme Result Area 5:</b></p> <p><b>Political commitment, community leadership, funding and evidence-informed action built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and vulnerable to HIV, including key populations, women and girls.</b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• <i>provide technical support and guidance to governments, communities and other stakeholders for the development, implementation, scale-up and monitoring of sustainable, evidence-based human rights programming;</i></li> <li>• <i>leverage partnerships (such as the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination) and other platforms (such as the Global Commission on HIV and the Law) to promote access to justice, the creation of an enabling legal and policy environments, including removing punitive laws and policies and reduction of stigma and discrimination;</i></li> <li>• <i>convene, advocate for and support the continued development of human rights guidance, as well as political commitment and funding for human rights interventions and approaches; and</i></li> <li>• <i>monitor progress on the removal of human rights barriers and support communities and governments to monitor progress and rights violations.</i></li> </ul>
<p><b>Joint Programme Result Area 6:</b></p> <p><b>Strengthened capacities of governments, communities and other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender equality and work together to end gender-based violence.</b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• <i>promote the use of sex- and age-disaggregated data and gender analysis in the HIV response;</i></li> <li>• <i>strengthen gender equality expertise among country stakeholders to develop, implement, resource and monitor gender-transformative HIV responses;</i></li> <li>• <i>create and sustain platforms for meaningful engagement of women and girls living with HIV in all aspects of HIV responses at regional, national, subnational and community levels;</i></li> <li>• <i>advocate for increased financing and support for networks, other organizations and mobilization mechanisms for women and girls, including those living with or affected by of HIV;</i></li> <li>• <i>promote the implementation and scale-up of community-led interventions that work with men and boys, and women and girls, in all their diversity, to transform unequal gender norms, attitudes and behaviours, to reduce gender-based and sexual violence, and to prevent HIV or help mitigate its impact;</i></li> <li>• <i>support partners in identifying and addressing social and structural barriers to HIV service access;</i></li> <li>• <i>promote the economic empowerment of women, especially those living with and affected by HIV; and</i></li> <li>• <i>promote access to justice for people living with and affected by HIV, including women and girls, men and boys, in all their diversity.</i></li> </ul>
<p><b>Joint Programme Result Area 7:</b></p> <p><b>Countries are capacitated to invest in systems and platforms to deliver coordinated,</b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• <i>support countries to increase access to youth-centred and youth-led HIV and sexual and reproductive health services;</i></li> </ul>

<p><b><i>multisectoral strategies that provide adolescents and youth with lifesaving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.</i></b></p>	<ul style="list-style-type: none"> <li>• <i>meaningfully engage, empower and elevate the leadership of young people, particularly adolescent girls and young women and key populations living with and affected by HIV;</i></li> <li>• <i>increase country capacities to enable all young people to receive a quality education through secondary level, including access to comprehensive sexuality education;</i></li> <li>• <i>work to catalyze the scale-up of efforts to address the social and structural drivers of vulnerability among young people; and</i></li> <li>• <i>enhance the availability and effective use of data and evidence, including support for youth-led monitoring and data collection, on the needs of adolescents and young people for inform advocacy and more tailored interventions</i></li> </ul>
<p><b><i>Joint Programme Outcome 3:</i></b> <b><i>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.</i></b></p>	
<p><b><i>Joint Programme Result Area 8:</i></b> <b><i>Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively and efficiently implemented.</i></b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• <i>drive the HIV financing and economics agenda and mobilize political leadership and partners' (including global and regional financing institutions) commitment to sustainable and equitable financing for HIV, health and other global public goods, including pandemic preparedness and responses;</i></li> <li>• <i>enhance capacity, and generate and use HIV and health financing-related strategic information for effective HIV financing-related decision-making to optimize affordable service delivery for sustainable results;</i></li> <li>• <i>strengthen evidence-informed policymaking and quality implementation to fully leverage and enhance the efficient use of available resources, including community-led responses, for maximum sustainable impact, efficiency and equity; and</i></li> <li>• <i>support countries to develop and implement context-specific transition preparedness, sustainable and equitable financing strategies in the context of Universal Health Coverage and countries' macroeconomic environments.</i></li> </ul>
<p><b><i>Joint Programme Result Area 9:</i></b> <b><i>Increased access for people living with, at risk of and affected by HIV to integrated health services, health technology and social protection.</i></b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• <i>support country stakeholders to strengthen inclusive systems for health, including primary health care, community health systems, UHC and social protection;</i></li> <li>• <i>build high-level support and global, regional and country levels for action to ensure that people living with HIV and key and vulnerable populations have adequate access to social protection services and programmes;</i></li> <li>• <i>leverage in-country capacity to ensure that HIV is reflected in national UHC and social protection agenda, including</i></li> </ul>

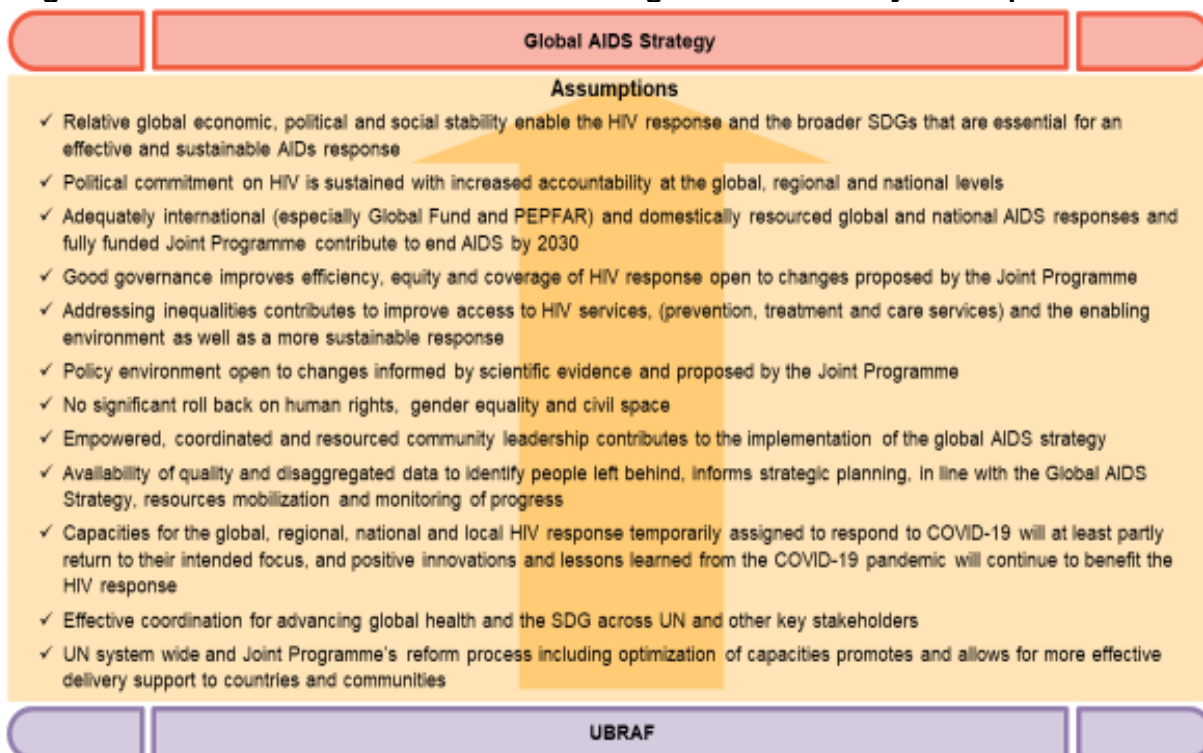
	<p><i>building capacity in planning, financing, implementation monitoring and evaluation;</i></p> <ul style="list-style-type: none"> <li>• <i>support and guide health system strengthening to reduce inequalities, eliminate stigma and discrimination, implement integrated and differentiated services, improve health information systems, support and integrate community-led responses; strengthen consolidated procurement and supply management and a multipurpose lab system;</i></li> <li>• <i>support HIV and social protection equity assessments and advocate for laws, policies and programmes to reduce barriers to housing, education and employment and to protect the rights of workers living with HIV to retain their employment; and</i></li> <li>• <i>provide tailored support to countries, focussing on identifying and removing barriers to the uptake of social protection services, such as lack of information, documentation challenges, complicated procedures, stigma and discrimination.</i></li> </ul>
<p><b>Joint Programme Result Area 10:</b></p> <p><b><i>A fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.</i></b></p>	<p><i>The Joint Programme will:</i></p> <ul style="list-style-type: none"> <li>• <i>advocate at all levels for HIV responses that ensure access to comprehensive HIV services for populations in humanitarian settings,<sup>14</sup> including integration of these populations into national health services;</i></li> <li>• <i>support strengthening of sexual and reproductive health services for young people and key populations, as well as survivor-centred responses for gender-based violence, in crisis-affected and other mobile populations in humanitarian and fragile settings;</i></li> <li>• <i>support and build capacities of stakeholders to expand access to HIV counselling and testing, TB programming (and bidirectional linkages with HIV care) in humanitarian settings;</i></li> <li>• <i>reinforce partnerships with relevant stakeholders to integrate HIV with services for sexual and reproductive health, mental health and psychosocial support, and nutrition and food security services in humanitarian settings;</i></li> <li>• <i>support engagement of communities and civil society, including people living with HIV, key populations and their networks, in planning, decision-making, service delivery and monitoring in humanitarian settings;</i></li> <li>• <i>support the scale-up and institutionalization of community-led adaptive innovations for HIV services under COVID-19 and in pandemic preparedness plans; and</i></li> <li>• <i>support countries, in close collaboration with partners such as the Global Fund and PEPFAR, to protect HIV services from disruption due to COVID-19, other future pandemics' and shocks including through preparedness and impact mitigation plans.</i></li> </ul>

<sup>14</sup> These include refugees, asylum seekers, internally displaced persons, returnees, vulnerable migrants and other key and vulnerable populations affected by humanitarian emergencies.

## UBRAF assumptions and risks

63. Ongoing monitoring of risks, assumptions and early results will be essential for the strategic use of the theory of change to drive progress towards the UBRAF's outcomes and outputs. Key assumptions for the UBRAF (outlined in Figure 5) concern the external conditions that will be necessary to achieve the priorities and results of the Global AIDS Strategy.

**Figure 5: Link from UBRAF results to shared global vision—key assumptions**



64. The ability of the Joint Programme to effectively apply the theory of change to achieve the desired outcomes is shaped by important potential risks and obstacles, as outlined in Table 1.<sup>15</sup>

**Table 1: UBRAF risk matrix**

Identified risk area	Details
<b>Political and governance issues</b>	<ul style="list-style-type: none"> <li>• Reduced political support to end AIDS as a public health threat.</li> <li>• Significant retreat on human rights and /or gender equality, including increases in conservative policies and further shrinking of space for civic and community leadership.</li> </ul>

<sup>15</sup> These key risks were identified during regular risk analysis, as well as through the process of developing the UBRAF theories of change. Identification of key risks remains a work in progress. In a rapidly changing global context, key risks will continue to evolve and need to be revisited during the UBRAF implementation. Measures to mitigate risks will be further elaborated in greater detail in the final UBRAF 5-year framework theories of change section.



	<ul style="list-style-type: none"> <li>• Complacency among the public and the international community, and diminishing global AIDS solidarity, social mobilization and activism for the HIV response.</li> <li>• Reduced focus among UN partners on ending the AIDS epidemic as a result of reduced funding and in the context of other priorities and needs.</li> <li>• Increased international political, social and economic instability.</li> <li>• Decreased international commitment to reach the 2030 SDGs.</li> <li>• Failure to match commitments on gender equality, elimination of gender-based violence and human rights with accountability mechanisms to ensure implementation and enforcement.</li> </ul>
<p><b>Technical and programmatic issues</b></p>	<ul style="list-style-type: none"> <li>• Changing agenda and priorities of strategic partners and other stakeholders, which limit their work on HIV.</li> <li>• Delayed implementation of the Joint Programme's work, failure to reach targets due to competing priorities and reduced funding at national, regional and global levels.</li> <li>• Limited scientific and technological developments for HIV prevention, treatment and care commodities and a vaccine, and reduced research capacities, including in social behaviours to into programmes.</li> <li>• Further erosion of dedicated technical capacities on HIV and gender equality/human rights in the context of HIV at regional, national and local levels due to other pressing needs, more integrated systems and reduced funding.</li> <li>• Limited adoption and integration of community-led responses as a key element of the HIV response.</li> <li>• Low prioritization and decreased funding for addressing social and structural drivers of the HIV epidemic.</li> </ul>
<p><b>COVID-19</b></p>	<ul style="list-style-type: none"> <li>• Localized and country-level lockdown measures, disrupting HIV testing, treatment and prevention programmes, including community-led ones.</li> <li>• Procurement and supply chain disruptions.</li> <li>• Increased pressure on fragile health systems, limiting access to and quality of HIV services.</li> <li>• Inadequate social protection and heightened risk of discrimination, stigma, gender-based violence and livelihoods disruption.</li> <li>• Redirection of national or regional resources to address urgent, emerging health and economic priorities.</li> </ul>
<p><b>Funding levels and/or donor confidence</b></p>	<ul style="list-style-type: none"> <li>• Reductions in Overseas Development Assistance and, particularly, Global Fund and PEPFAR investments in countries, and reprioritization of national budgets to focus on other issues, leading to significant decline of funding for AIDS.</li> <li>• Insufficient and unpredictable funding for the Joint Programme to deliver on its mandate.</li> <li>• Insufficient resources and capacities of national partners to operationalize the Global AIDS Strategy and sustain progress.</li> <li>• Lack of funding for human rights, gender-transformative investments and other societal enablers, for community-led responses (causing their continued reliance on volunteerism) or for populations left behind.</li> </ul>

<b>UN System</b>	<ul style="list-style-type: none"> <li>• Challenges in advancing UN reform at all levels and implementing multisectoral, interconnected approaches.</li> <li>• Changing agendas, priorities or capacities of strategic partners the UN collaborates with to leverage expertise and resources to support countries and communities.</li> </ul>
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## OPTIMIZING AND LEVERAGING JOINT PROGRAMME CAPACITIES

65. The development of the new UBRAF occurs in the midst of substantial shifts in the HIV response and the broader global context, including the continuing the COVID-19 pandemic. Taking account of this continually changing context demands that the Joint Programme focus and prioritize while maintaining a high degree of flexibility in order to adjust and adapt as needed.
66. To maximize the impact of the UN System in accelerating progress towards ending AIDS, the resources and strategies within the Joint Programme must be fully aligned and its comparative advantages and expertise and the broader UN System must be fully leveraged. All Cosponsors have committed to align their organizational HIV strategies and HIV-related resources and programming with the Global AIDS Strategy.

### Overall principles of prioritization

67. In addition to the use of available strategic information (including GAM indicators, HIV estimates, latest scientific evidence, other data and parameters on social and structural drivers of the HIV epidemic, including gender inequality), specific approaches will inform prioritization as described below.
68. *The Joint Programme will use an inequalities lens to prioritize and operationalize this approach, including through appropriate frameworks and tools to identify and address inequalities in various contexts and advance progress toward the three strategic priorities.* Those frameworks and tools will guide and enable programme managers to craft evidence-based interventions that reduce or eliminate inequalities that fuel the HIV epidemic, and to use ongoing monitoring of indicators to implement remedial measures as needed.
69. *The Joint Programme will prioritize based on documented country-level gaps.* The Joint Programme will prioritize its programmatic focus and geographic footprint based on a set of criteria that reflect epidemic trends, persistent response gaps and inequalities, political and socioeconomic contexts, and capacities and needs in countries and communities. Evidence-informed country profiles will support geographic and programmatic prioritization. Those profiles will highlight country response and capacity gaps as they relate to the achievement of the commitments and targets of the Strategy, and they will be based objectively and transparently on documented gaps.
70. Using the Strategy as a framework, the country profiles will build on quantitative indicators and additional qualitative variables (on HIV-specific measures, additional health and development indicators and the broader national context) relevant to the Strategy Priority areas (services, societal enablers and health systems and social protection), and they will regard the HIV response as an integral part of the integrated SDG agenda. and inequalities, and may lack capacities and resources to respond effectively. Joint UN Teams will use the country profiles as a basis for developing the next biennial workplans for the Joint Programme. They will build on the profiles in strategically positioning HIV within the UN Common Country Assessment and

Sustainable Development Cooperation Framework. The analyses will also support prioritization of action at regional and global levels.

71. *The Joint Programme will prioritize work critical to ending AIDS but previously under-prioritized elements of the response.* Building on the work done in the context of the UNAIDS Strategy 2016–2021 and the Prevention 2020 Roadmap of the Global HIV Prevention Coalition, the Joint Programme will redouble its support to countries and partners to scale up combination HIV prevention, with particular attention to inequalities in HIV prevention access and outcomes.
72. Supporting HIV community-led responses will serve as an even more central focus of the Joint Programme in 2022–2026, including advocacy for adequate resourcing of community-led responses, integration of community-led responses in national HIV programmes, technical support and capacity-building for communities left behind and the removal of laws, policies and practices that block or impede community-led responses.
73. Recognizing that biomedical tools cannot succeed without focused attention on key social and structural factors, the Joint Programme will advocate, build partnerships and support countries to take additional actions to significantly scale up efforts to eliminate stigma and discrimination, create enabling legal environments, remove punitive laws and policies, and advance gender equality and human rights as essential pillars of the response. This will include working to ensure that gender and human rights investments and activities are key elements of the national response in every country. The UBRAF elevates the Joint Programme’s catalytic work on inclusive social protection to reduce HIV vulnerability and to address the root causes of many inequalities.
74. *The Joint Programme will opportunistically identify partnerships and key actions to magnify the reach and impact of the HIV response.* To reduce inequalities and drive results for people, the Joint Programme aims to play a critical catalytic role in helping unblock progress, close programmatic and policy gaps and reach those who are being left behind. The Joint Programme will work to achieve these outputs and outcomes in varied ways. In certain areas—such as accelerating service uptake and supporting community-led responses—the Joint Programme will play a more central role, working directly with national AIDS programmes, health ministries, community-based organizations and networks, and other more traditional HIV partners. In other areas, the Joint Programme will focus on fostering other "non-HIV-focused actors" to take actions to reduce vulnerabilities and address the needs of the communities affected by HIV. Across all aspects of the Strategy, the Joint Programme will be strategic in cultivating and supporting partners who are best-positioned to drive progress towards achievement of the Strategy’s strategic priorities and results.

### **Aligning and optimizing capacities**

75. UNAIDS will optimize the collective assets and capacities of the UN System (both its HIV-specific and non-HIV-specific but HIV-sensitive expertise), while taking account of ongoing UN reform and the broader context of Agenda 2030. The Joint Programme aims to achieve a clearer alignment between roles, accountabilities and resource levels within the Joint Programme to deliver ever-greater value for communities and countries as they pursue their 2030 goals. As outlined in the Management Response to the Independent Evaluation, the Joint Programme is building on the systems and practices of the refined operating model, with a view to:
  - further strengthen the emphasis on joint planning aligned with people-centred targets;

- enhance the programmatic focus of joint planning at the global level;
  - improve the strategic focus and catalytic impact of joint planning at country and regional levels; and
  - maintain and expand technical partnerships beyond the Joint Programme.
76. An institutional review and alignment of the Secretariat is underway, with a view to ensuring a workforce with the right skills, performing the right functions, in the right locations, and with the necessary support. The Secretariat's alignment seeks to ensure that UNAIDS is: (1) aligned with the Global AIDS Strategy and achieves the biggest impact; (2) financially sustainable and more cost-effective; (3) diverse, inclusive and therefore effective, credible and legitimate; (4) knowledge-driven, optimizing its world-wide expertise and staff through the use of digital technologies in its work; and (5) aligned with UN reform, including in its work on pandemic preparedness. The alignment process also leverages work undertaken to transform the Secretariat's organizational culture, based on feminist leadership principles, for an equal, safe and empowering UNAIDS..
77. Consistent with the Joint Programme management response to the Independent Evaluation of the UN System Response to AIDS 2016–2019, an assessment of Cosponsors' capacity to deliver on the Global AIDS Strategy will also be conducted. Coordinated with the Secretariat's alignment process, the Cosponsors' capacity assessment aims to ensure that the Joint Programme evolves to respond to an ever-evolving epidemic and global context and that the collective assets and capacities of the Joint Programme are optimally harnessed to drive progress towards ending the AIDS epidemic. The Joint Programme is recruiting external support to develop the methodology and implement the Cosponsor capacity assessment.
78. Together, the Secretariat alignment and Cosponsor capacity assessment will identify and recommend optimal Joint Programme's configurations to respond to priority gaps and needs of countries in relation to the priorities and targets of the Global AIDS Strategy. The country configuration analysis will be one of the useful elements informing decisions to optimize assistance to countries and communities through the Secretariat's alignment and the Cosponsors' capacity assessment and Joint Programme's overall planning.
79. Harmonized understanding, coherence and application of key framing concepts essential to accelerating progress—including "inequality" and "equity", "intersectionality", "inclusion", and "gender-transformative interventions"—will also be prioritized. These processes will help guide efforts to optimize Joint Programme's capacities to support countries and communities to deliver on the Global AIDS Strategy. Those efforts will include effective models to support differentiated approaches that are tailored to the needs of specific settings and populations; to leverage actions across sectors and key partners; and to enable countries and communities to drive progress towards achievement of the SDGs.

### **Division of labour**

80. Updated most recently in 2018, the Joint Programme's Division of Labour outlines the roles and responsibilities among Cosponsors and the Secretariat, with the aim of enabling the Joint Programme to deliver in an integrated, optimally effective manner at country, regional and global levels. The Division of Labour aligns with the UN Secretary-General's vision of a repositioned UN Development System that leverages comparative advantages and expertise to enable achievement of the SDGs.

81. The current Division of Labour has succeeded in clarifying leadership, fostering joint efforts and reducing duplication in implementation of the Joint Programme's work. At country level, it has been, and will continue to be, adapted for the Joint Programme to respond to country context, priorities and needs in an effective, synergistic and impactful manner taking account of Cosponsors' capacities.
82. To implement the UBRAF, the Joint Programme will reaffirm the current Division of Labour, while making revisions, as needed, to align with and effectively support and catalyze implementation of the Global AIDS Strategy at the global, regional and country levels. This is in line with recommendations of the Global Review Panel on the Future of the UNAIDS Joint Programme Model, which included the regular review and refinement of the Division of Labour and the adaptation of global guidelines at country level.
83. The principles of UNAIDS cosponsorship, updated in 2020, will guide Cosponsors' engagement in supporting implementation of the Global AIDS Strategy. The Joint Programme will align its activities for development and support to countries with the recommendations of the 2020 Quadrennial Comprehensive Policy Review (QCPR), including supporting the repositioning of the UN Development System to maximize its work across the areas of development, peace, humanitarian affairs and human rights.

#### **Leveraging the Joint Programme's contribution through innovation**

84. The strategic shifts reflected in the UBRAF, important uncertainties regarding the external environment and the need for urgent action to get the response on-track underscore the centrality of innovation in the next five-year UBRAF period. Building on lessons learned from the current UBRAF, including those outlined in the most recent Independent Evaluation of the UN System response, the Joint Programme will prioritize new ways of operating, with the aim of optimizing its synergies, efficiencies and impact. UNAIDS will work to document, further learn from the UN reform and other agencies, and disseminate innovations such as in incentivizing budgeting, effective implementation model especially for joint programmes and their performance monitoring.
85. The Secretariat will actively engage with Cosponsors, with a particular focus on reinvigorating HIV-related work beyond the health sector. Creatively engaging across the Joint Programme is vital, as some winding-down of dedicated UN HIV focal points at country and regional levels risks a considerable loss of institutional memory. The ongoing experience in some regions and countries has demonstrated the transformative value of engaging human and other resources to contribute to various areas (e.g. address violence against LGBTIQ+ groups), galvanizing the engagement of other UN entities and diverse partners, such as the Office of the UN High Commissioner for Human Rights, Resident Coordinator's offices and innovative ways to advancing key programmatic areas in countries with most need (e.g. exploring options for cost sharing for regional policy adviser on PrEP and testing). This approach has focused elevated actions on priority issues and has provided a framework and relationship for future cooperation on other issues.
86. Where the Joint Programme lacks the capacity to engage fully on specific areas, it will expand the circle of collaboration to include new partners, either from within or beyond the UN System. An example of an innovative strategic partnership is the Global Fund Middle-East Emergency Grant, in which the Secretariat and WHO partnered with the International Organization for Migration to address HIV prevention and treatment needs of humanitarian populations in the region. Similarly, other UN agencies that are not formal member of the Joint Programme (e.g. UN HABITAT, FAO) are supporting

the Joint Programme's cross-cutting strategic initiatives on HIV in urban and rural settings.

87. Financial resources will incentivize joint work and innovative ways of working with improved accountability within the Joint Programme and beyond, and will leverage other resources for results.

## COLLABORATION WITH OTHER STAKEHOLDERS

88. To catalyze the strategic actions required to reduce inequalities and get the world on-track to end AIDS as a public health threat, the Joint Programme will use a systems approach to address underlying and interlinked issues. It will also prioritize collaboration other stakeholders, as well as further build national capacities and empower communities. The Joint Programme, itself a pioneering partnership within the UN System, has always prioritized partnership and collaboration. The Joint Programme's emphasis on supporting, enabling and facilitating the work of diverse stakeholders will deepen under the UBRAF.

### The broader UN System

89. The UBRAF is designed to advance the impact of the UN and leverage the resources of the broader UN System to support countries and communities in ending the AIDS epidemic as part of the integrated SDG agenda. To drive country-level progress, the Joint Programme will build on the collective strengths of Joint UN Teams on AIDS. Planning by Joint UN Teams will be guided by country profiles, which highlight response and capacity gaps across the Strategy's three priorities, with attention to HIV-specific issues to a broader set of relevant health and development indicators. The Joint Teams will mobilize resources and expertise from across the UN System to close these gaps through strategic actions that accelerate progress towards ending AIDS, while advancing the 2030 Sustainable Development Agenda.
90. In situating its collaborative effort within a larger development context, the Joint Programme will work to generate and strengthen synergies between HIV-specific actions and broader development and human rights initiatives. The Joint Programme will support countries and communities to ensure that lessons from and gains in the HIV response— such as inclusive governance platforms, empowerment of key populations, and community-led responses—accelerate progress across the SDGs and advancement on other development priorities, such as humanitarian responses, social protection, efforts to promote socially and environmentally sustainable cities, the protection and realization of human rights or innovative financing for development. Partnerships with academia and the private sector will also be pursued.
91. Through its joint planning for collective results, evidence-based interventions and inclusive approaches, the Joint Teams on AIDS will continue to advance the work of the UN Country Teams and support the efforts of Resident Coordinators. Further opportunities to collaborate with other UN entities will be pursued (e.g. OHCHR, IOM). The Joint Programme will foster alliances to address intersectional vulnerabilities and make sure that matters pertinent to ending AIDS are effectively integrated across the UN Sustainable Development Cooperation Framework. UNAIDS will also work to ensure that the Joint Programme is effectively positioned in UN reform as an example of strategic coherence and is visible in results reported for the collective UN System.
92. The Joint Programme has explicitly aligned its operating model with the requirements of the QCPR. Under the refined operating model, country-level joint work has been reinvigorated and collaborative efforts have been tailored better to country contexts,

priorities and needs. Implementation of country envelopes has enabled country-level teams to fund priority joint actions. The updated UNAIDS Division of Labour (2018) has also aligned with the SDGs and enhanced effective utilization of the Joint Programme's unique collective expertise and resources.

93. The UBRAF applies the QCPR's recommendations on prioritization of data-driven approaches, transparency of funding flows and harmonization and simplification of business practices. In line with with the QCPR's emphasis on monitoring and evaluation to enhance coordination, coherence, effectiveness and efficiency, the development of the UBRAF was informed by the Independent Evaluation of the UN System response to AIDS 2016–2019. The Joint Programme has committed to provide an annual report to the PCB on alignment with and adherence to QCPR recommendations.

### **Engagement with community and other civil society partners**

94. The Joint Programme remains a global leader in the promotion and engagement of communities and civil society as key partners in the HIV response. The Joint Programme works at country and regional levels to ensure that differentiated HIV programmes are informed by and responsive to community inputs. Representatives of nongovernmental organizations from all regions serve on the PCB, and UNAIDS has memoranda of understanding in place with community-led and other civil society organizations to pursue joint work to ensure that responses are inclusive and people-centred.
95. The Global AIDS Strategy further prioritizes civil society engagement and leadership in the HIV response. It does so by way of concrete targets for community-led service delivery;<sup>16</sup> a result area that is specifically devoted to recognizing, empowering, resourcing and integrating community-led HIV responses; and community-focused priority actions across the three strategic priorities. Borrowing from the HIV response, the response to COVID-19 has underscored the crucial role that communities play in organizing education, outreach and support services, reaching further into communities than health systems or local authorities are able to do.
96. The Joint Programme will work strategically and in an innovative and evidence-based manner to ensure that people living with HIV and people most affected by HIV, including key populations, women and girls, are at the heart of the response at country, regional and global levels.
97. In collaboration with civil society, the Joint Programme will work to demonstrate that community engagement and community-led service delivery, monitoring, and advocacy are indispensable for reducing inequalities and accelerating progress towards ending the AIDS epidemic. Through strategic action, including advocacy and capacity-building support, the Joint Programme will work to empower local communities of people living with and affected by HIV to lead elements of the response that communities are uniquely suited for. In its work to support and empower community-led responses, the Joint Programme will act as an honest broker, providing strategic support to governments, civil society and other stakeholders to improve community engagement in the response, reduce stigma and discrimination, reach

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<sup>16</sup> Targets for community service delivery in the Global AIDS Strategy include:

- 30% of testing and treatment services to be delivered by community-led organizations;
- 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations; and
- 60% of programmes support the achievement of societal enablers to be delivered by community-led organizations.

those who are at risk of being left behind, and improve outcomes along the continuum of HIV activities.

98. The Joint Programme recognizes that a changing funding environment for HIV and the progressive digitization of life have the potential to both disrupt and empower communities. Through proactive partnerships, the Joint Programme will work to foster dialogues and 'bridges' between communities, governments, donors and the technology and data sector to accelerate progress towards the goals and targets of the Global AIDS Strategy while protecting privacy and human rights.
99. To help institutionalize community-led responses, the Joint Programme will develop, update and implement normative guidance; broker strategic partnerships and build the capacities of communities and other key actors. Accountability with respect to community engagement and community-led responses will be enhanced through the development and monitoring of core community-focused indicators. The Joint Programme will encourage national governments to integrate community-led monitoring and use findings to improve the quality and reach of HIV programmes as well as the engagement of communities in national HIV responses.
100. Joint Programme will support and amplify community efforts to reduce stigma and discrimination, including through the continued rollout of the People Living with HIV Stigma Index.
101. Within and beyond systems of health, the Joint Programme will prioritize advocacy and the collection, use and dissemination of strategic information to help translate findings from community-led monitoring into policies and laws that protect people most affected by HIV, including people living with HIV, key population and women and girls.

### **Global partners**

102. With active engagement and coordination by the Secretariat, longer-term plans for engaging with key global partners (such as the Global Fund and PEPFAR, and global community groups such as GNP+, ICW, Y+, and global key population networks) will be developed based on each partner's comparative advantage. Further strategic clarification of respective roles and responsibilities will enable the Joint Programme to maximize its support for partners by focusing on global leadership and advocacy, coordinated technical guidance to optimize investment and evidence-informed programmes for the greatest impact, filling crucial capacity gaps by providing technical support for countries and communities, while promoting inclusive governance and monitoring of progress. The Joint Programme provides critical added value at the country level, where the Global Fund lacks a presence, including active engagement with and contribution to more than 70 Country Coordinating Mechanisms. The Joint Programme will continue its collaboration with the Global Fund, PEPFAR, other partners, including international nongovernmental organizations, to strengthen the capacities of local communities.
103. In accordance with their Memorandum of Understanding, the UNAIDS Secretariat, Cosponsors and the Global Fund advocate for each other's work, support each other's processes and activities, and ensure that national responses are enabled by strategic information, technical support and capacity building.
104. The Joint Programme advocates for robust funding of the Global Fund. It supports national strategic planning processes, inclusive of people living with HIV, women and key populations, that form the basis for Global Fund funding requests; tailors technical support to country partners to address gaps and bottlenecks identified in technical



review processes, audits and other evaluations; and collaborates on important global initiatives, such as the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. Steps have already been taken to align the work of the Global Fund with the Global AIDS Strategy. Strategic coordination within the Joint Programme will focus on optimizing the use of Global Fund allocations, including those focused on mitigating the impact of COVID-19 on HIV programmes and resolving bottlenecks as they arise.

105. In implementing the Strategy, the Joint Programme will fully leverage its close collaboration with the United States' Government's PEPFAR programme. The Joint Programme will contribute to the development of Country and Regional Operational Plans, join with PEPFAR in supporting policy reforms to accelerate national progress, and collaborate with PEPFAR to identify and address technical support needs. The HIV Situation Room, which the UNAIDS Secretariat co-chairs with PEPFAR and WHO, will continue to provide a forum for identifying and addressing political and technical challenges with respect to programme implementation.
106. In working to implement the Global AIDS Strategy, the Joint Programme will proactively collaborate with a broad array of additional global health partners, including Unitaid, Gavi, the Vaccine Alliance, the Stop TB Partnership, stakeholders in the Global Action Plan for Healthy Lives and Well-being for All, and the Medicines Patent Pool. To drive progress both on HIV and across the broader development agenda, the Joint Programme will prioritize collaboration with partners beyond the HIV and health sectors, such as the Education Plus Initiative.
107. To ensure that global collaborations are optimally strategic, the Joint Programme will assess the broader operating context on an ongoing basis to identify new partnership opportunities. Partnerships will be developed or strengthened by focusing on specific priorities, such as reducing new HIV infections and achieving the new 10–10–10 societal enabler targets. In addition to global-level partners, the Joint Programme will actively engage with key regional partners to accelerate progress in key areas, such as HIV combination prevention, strategic action to address gender inequalities and other structural barriers to access, effectively resourcing and scaling up community-led responses and domestic resource mobilization in a constrained fiscal environment.

## RESOURCE ALLOCATION

108. The Joint Programme's resource allocation process 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.
109. While the Joint Programme will further use the full power of its collective and individual capacities of the Cosponsors and Secretariat including political and policy leverage for results, the UBRAF resources are meant to be catalytic, leverage and optimize Joint Programme capacities and foster the mobilization of complementary non-core resources & other national and international investments including from Cosponsors.
110. Informed by the Theory of Change and UBRAF results framework, the budget will reflect the respective human and financial resource requirements with 'value for money. In the context of increasingly constrained resources for HIV, compounded by the direct and indirect effects of the COVID-19 pandemic, calls for further strategic optimization of all Joint Programme's resources for impact. Investment will focus on actively promoting and supporting innovative and catalytic joint programming and improving efficiencies in funding allocations and mechanisms in effective coordination with other stakeholders to address the underlying inequalities impeding progress, and

improve the lives, health and well-being of populations living with and/or affected by HIV.

111. The new methodology for the UBRAF resources allocation:

- builds on the 2016-2021 UBRAF resources allocation and the Joint Programme's Refined Operating Model operational since 2018 (informed by recommendations from the Global Review Panel endorsed by the PCB) including dedicated innovative country envelop allocation
- addresses the recommendations from the Independent Evaluation of the UN system response to AIDS 2016-2019, the related management response and guidance from the PCB.

112. It aims for better transparency, increased effectiveness, improved efficiencies and strengthening the Joint Programme's coordinated action and resources for achieving more impactful results especially in countries and related accountability.

## 7.1 Methodology

113. The methodology for resource allocation will combine a principles-based approach and a more evidence, results based and incentivizing approach which will comprise of:

- *A set of clear principles* for the Joint Programme management of resources and related accountability
- *An evidence-based approach*: allocation for evidence-informed interventions using various sources (e.g., UN Secretary-General (SG) Report: Addressing inequalities and getting back on track to end AIDS by 2030 and other HIV-relevant UN SG reports, Evidence Review of the implementation of the 2016-2021 UNAIDS Strategy: on the Fast-Track to end AIDS, Global AIDS Monitoring, evaluations conducted by the Joint Programme, other regional and country data, SDG reporting, country configuration analyses)
- *An aligned DOL*, reflecting the new Global Strategy's strategic priorities and results areas, and new UBRAF results framework *and* providing a clear delineation of roles & responsibilities
- *Past performance review (programmatic and financial)*

## 7.2 Key principles

114. The allocation of resources towards the Secretariat and Cosponsors will further meet the three overarching objectives of the Refined Operating Model approved by the PCB in 2017 as below:

<p>Overarching objectives</p> <ul style="list-style-type: none"><li>• To deploy human and financial resources where they are needed most.</li><li>• To reinvigorate country-level joint work and collaborative action.</li><li>• To reinforce accountability and results for people.</li></ul>
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115. The following principles will apply for the resources allocation:

- Prioritizing human and financial resources informed by evidence and focused on meeting the most crucial needs to effectively address the gaps and clearly aligned with the UBRAF results framework;
- UBRAF funding is catalytic, meant to leverage other funding from different sources
- Incentivizing joint and more integrated work (joint planning and implementation as per aligned Division of Labour);

- Focus on promoting and supporting innovations and incentivizing catalytic solutions including some risk taking to allow for allocative efficiencies in funding to areas that are most in need;
  - All funding clearly tied to actions with agreed and measurable results and sound programming;
  - Reducing transaction costs including fragmentation, enhancing efficiency in the management of funds for greater impact and ensuring effective synergies with other stakeholders;
  - All funding tied to strong accountability, including timely and quality reporting;
  - Clear indication of how resources at all levels contribute, in meaningful and concrete ways to the realization of the 2030 Agenda and the SDGs and related quality reporting as per the UN agreed standards for system-wide reporting on funding, performance and programme results for the United Nations operational activities for development, aligned with the Sustainable Development Goals;
  - At least 75% of UBRAF resources for Joint UN Plans aligned to the country UNSDCF in their country as per the UN SDG Funding compact requirement; and
  - Resource allocation will be informed by realistic financial outlook, funding scenarios and disbursement dependent on resources actually mobilized.
116. Overall, the allocation between the Cosponsors and the Secretariat and within each entity will be based on epidemic priorities, clear contribution to results and their comparative advantages. The overall proportion of the allocation between the Cosponsors and Secretariat will stay within the same range but as progress is urgent in countries, with progressively increased resources allocation for country level work compared to the global level.
117. In line with Refined Operating Model, adequate resource will be made available to protect the Secretariat's core funding for its leadership, advocacy, strategic information and accountability functions.
118. A predictable core flexible allocation to all Cosponsors will facilitate continued engagement for their key role in the Joint Programme such as their coordination/convening role in their respective areas as per the aligned DOL and delivering on jointly agreed priorities against the 3 strategic priorities of the Strategy to be reflected in the UBRAF' including for regional and country levels, global advocacy and ensuring HIV is well integrated into their own organization.
119. Further building on the successful implementation of the Refined Operating Model's country envelope allocation for Cosponsors' action for specific results as part of jointly developed and agreed Joint UN Plans on HIV/AIDS, Joint Programme allocations for selected countries will continue with a minimum amount for Joint UN Plans on HIV/AIDS specific key priorities & results and an additional incentivized 'regional funding pot' for country programme allocation aligned with the UBRAF results framework. This will be based on submission from Joint UN Teams on HIV/AIDS of quality realistic yet ambitious jointly agreed proposals (plans) for clear results, ideally high impact innovations and catalytic for other resources mobilization and taking into account epidemic, inequalities, economic, social, structural and other parameters. Within countries, the allocation will be designed to address major response gaps against clear deliverables as part of UN Joint Plan, to drive measurable change on a critical or priority areas aligned with the UNSDCF and within a specified timeframe and milestones.
120. This will further build on UBRAF 2016-2021 principle of Cosponsors striving for a minimum 30:70 ratio between global and regional/country level resources and current

practice for most Cosponsors towards a higher proportion of core and non-core funding towards country level resources to accelerate results.

121. The high level UBRAF will include estimated budget and resources (core and non-core) breakdown by UBRAF results areas (output level), global and regional levels and between the Cosponsors and Secretariat. The detailed budget and resources allocation will be presented in the biennial/annual Joint Programme's Budget & Workplans.

## ACCOUNTABILITY, MONITORING AND EVALUATION AND REPORTING SYSTEMS

122. Guided by the PCB, the Joint Programme will provide sound planning, implementation, performance monitoring, reporting and accountability. Through the UBRAF, the Joint Programme will ensure that:
  - planning processes are based on and informed by the latest available evidence;
  - progress is measured against tangible, timebound and clear UBRAF indicators, which will be aligned better to the GAM indicators and will show linkages to the SDGs;
  - there is annual reporting to the PCB, focusing on progress at country level, with a streamlined overview of the Joint Programme's results;
  - links between investments and results are transparently demonstrated and are publicly available through the Results and Transparency Portal;
  - both joint and individual achievements and contributions are highlighted; and
  - meaningful monitoring and reporting on the Joint Programme's performance is done through streamlined processes, which use and are aligned with UN System-wide mechanisms whenever possible.

### Planning and implementation

123. The high-level UBRAF framework and biennial/annual Workplan and Budget are the basis for planning and implementation by Cosponsors on HIV and the Secretariat at all levels. At the global and regional levels, planning and implementation will also be informed by regular evidence review, including updates to country profiles, and dialogues on key programmatic issues. At country level, planning and alignment to national frameworks and priorities are informed by the country profiles and other relevant up-to-date evidence, facilitated by Joint UN Teams on AIDS, which are usually chaired by UNAIDS Country Directors, under the overall leadership of the UN Resident Coordinator. The UBRAF is also an important reference for incorporating HIV-related results and interventions into other planning and implementation instruments (such as the UN Sustainable Development Cooperation Frameworks) for increased coherence, synergies and better capturing and documenting the Joint's Programme's contribution to the broader UN system support to progress towards the SDG achievements.
124. All efforts will be made to further increase synergies with UN System-wide strategic planning, implementation and reporting processes as part of the UN reform agenda to ensure coherent and integrated support for the implementation of the 2030 Agenda. More detailed operational aspects of the 2020 and subsequent QCPR Resolution will also be progressively integrated into the workplans and budgets, beyond the planning cycle.
125. To maximize impact by ensuring that the activities of the Joint Programme are strategic, catalytic and innovative, planning at all levels will include consultations with

other partners, including governments, international and national nongovernmental partners, reflecting the multisectoral nature of the HIV response and the range of partners involved.

126. Experience across regions has shown that "one size does not fit all" when it comes to the Joint Programme's support for national responses. Support that may be appropriate at one point in time may be less relevant as epidemics and responses evolve. This underscores the importance of reviewing progress and gaps at country, regional and global levels annually and for each biennial cycle. Those reviews should identify achievements by the Joint Programme, expenditures against budgets, and areas where progress is not achieved as expected, and they should provide the basis for adjustments in planning, implementation and budget allocations.
127. In response to QCPR recommendations and UN System-wide suggestions on aligning planning cycles, the Joint Programme will undertake an evidence/mid-term review by December 2024. This review will occur when most of the Cosponsoring agencies are starting the development of their 2026–2029 four-year strategic plans. This synchronicity will enable the systematic and meaningful integration of HIV components in Cosponsors' agency-specific plan, thus enhancing the Joint Programme's planning as a whole.

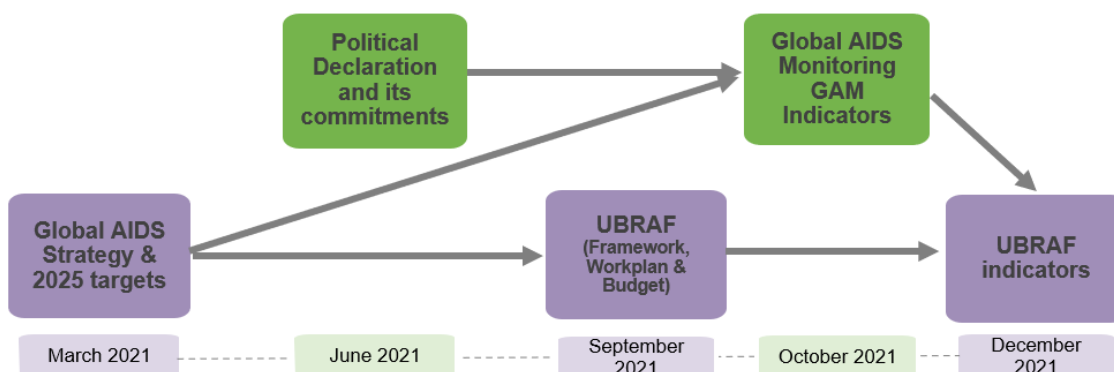
### **Performance monitoring**

128. The Joint Programme's accountability rests with the global HIV response and the PCB. Consistent with the Management Response to the Independent Evaluation of the UN System Response to AIDS 2016–2019, performance monitoring under the new UBRAF will rely on indicators that better capture the role of the Joint Programme in advancing progress towards the global AIDS targets and that enable improved understanding of the relative performances of the Cosponsors and Secretariat.
129. A broad range of tools and methods is used for monitoring performance and accountability throughout the UBRAF cycle. This allows for engagement and feedback from PCB members and observers, as well as from national stakeholders, through various channels.
130. The UBRAF includes a set of Joint Programme's performance indicators, which provides the platform for tracking the Joint Programme's progress against defined results, milestones and targets; these are referred to as UBRAF indicators. Building on lessons learned from the 2016–2012 UBRAF, the new set of indicators will capture results at all levels, especially progress that is the plausible outcome of Joint Programme actions.
131. The performance monitoring of the UBRAF incorporates a broad array of monitoring and evaluation tools. It draws on quantitative data for defined indicators, a mixed methods approach, external validation of data, and the development of narrative descriptions and analyses from multiple data sources to assess results. UBRAF monitoring and other accountability tools enable partners and stakeholders to assess the performance of the Joint Programme as a whole, understand the contributions of individual members, and link results with investments.
132. Joint Programme and related, separate indicator guidance will be developed in a consultative manner. The accountability framework under the UBRAF encompasses short-term milestones, as well as progress in addressing longer-term challenges, such as transformative action on societal enablers and the Joint Programme's contribution to reducing inequalities. UBRAF monitoring demonstrates the results and effectiveness

of the Joint Programme and helps identify where adjustments to plans and activities are required.

133. In reference to the Joint Programme result framework, the monitoring and evaluation tools will be clearly aligned to the SDGs and its indicator set. This approach will better capture the Joint Programme's contribution to the broader Agenda 2030 and it will reduce reporting burdens and duplication of processes.
134. In line with the SDG indicators, the GAM indicators track progress against the Global AIDS Strategy (including the global targets) and the UN General Assembly's Political Declaration on HIV and AIDS, through which UN Member States are expected to agree on a set of commitments and related reporting. This global monitoring is informed by advice from a Monitoring Technical Advisory Group and is based on over 15 years of experience in data collection from countries. UNAIDS will continue to assist countries to compile their HIV data and it will publicly disseminate validated global HIV data, including on its AIDSinfo platform.
135. The GAM indicators will also inform the development of the UBRAF indicators (Figure 6 shows the important linkages between the GAM and the UBRAF indicators). This helps ensure consistency and integration, while minimizing the reporting burden for countries and the Joint Programme at country level. All efforts will be made and PCB guidance will be sought to align, as much as possible, the timeframes for country GAM data reporting with Joint Programme data collection so that the Performance Monitoring Report can reflect the latest available data (while noting that GAM reporting remains at the discretion of countries).
136. Community-led responses constitute a key component of the new Global AIDS Strategy and civil society's contribution to monitoring progress of the global HIV response is essential. UNAIDS will continue to actively engage with civil society and communities for national reporting on AIDS, guided by the GAM guidance, and it will continue to support community-led monitoring across regions. The Joint Programme's support for that (i.e. measurement of investment in and engagement of civil society and key populations groups in the response at country level as plausible results of the Joint Programme's efforts) will be reflected in the UBRAF.

**Figure 6: Joint Programme performance indicators linkages to Strategy and High-Level Meeting results, commitments and the 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.

## Reporting

137. Through the annual reporting process, the Performance Monitoring Report and its accompanying documents provide the PCB with a clear and strategic overview of progress and achievements against the UBRAF at the Joint Programme's result areas at output level. They also highlight the joint process at country level along with specific challenges and lessons learned from HIV programme implementation. Thus, the Performance Monitoring Report demonstrates the catalytic role, added value and effectiveness of the Joint Programme. The Report will also document the participation of the Joint Programme in the development and implementation of wider UN-led initiatives towards the achievement of the SDGs and realization of the 2030 Agenda and UN Reform. This includes incorporating and aligning with UNSCDF plans at country level.
138. The Report includes a narrative, which highlights the Joint Programme's contributions, progress against indicators, expenditures and key evaluation findings. These are complemented by annual financial reports, prepared for the PCB. Reporting under the new UBRAF will build on improvements, as recognized by the PCB, while ensuring streamlined, quality reporting that is proportionate to investments, reduced duplication and synergies with other mandatory UN System-wide reporting (e.g. QCPR, UN SWAP, UN INFO).
139. The Joint Programme Results and Transparency portal (<https://open.unaids.org/>) will be improved further. It features updated country, regional and global programmatic and financial (budgetary, funding trends and expenditures) information on achievements, as well as progress against priorities. UNAIDS will remain compliant with the International Aid Transparency Initiative (IATI), a voluntary, multistakeholder initiative that seeks to improve the transparency of aid, development and humanitarian resources. UNAIDS will use updated guidance to further improve its rating in relation to IATI compliance.

## Evaluation

140. The 44th meeting of the PCB approved a new evaluation policy,<sup>17</sup> which formalized the establishment of an independent evaluation function in UNAIDS, with reporting occurring directly to the Board. The policy applies to the work of the Secretariat and to the collective efforts of the Joint Programme. Where possible and relevant, evaluations are conducted jointly with Cosponsors and/or other partners, as and when required. To ensure independence, they are contracted to external consultants or companies.
141. The UNAIDS Evaluation Office is supported by an Evaluation Expert Advisory Committee, an independent, external body that reports to the Board and provides advice and guidance on the implementation of the UNAIDS evaluation policy and plan. Additional support to the UNAIDS Evaluation Office is provided by a UNAIDS Cosponsor Evaluation Group. It discusses system-wide and joint evaluations to be included in the UNAIDS evaluation plan, provides resources for implementation by leveraging Cosponsor capacities and resources for evaluation, and shares knowledge and experience.
142. Using the UNAIDS Strategy and UBRAF as reference frameworks, the UNAIDS Evaluation Office each biennium leads the development of an evaluation plan through a consultative process with Cosponsors, Secretariat staff and key stakeholders. Evaluations vary in scope, themes covered and geographical coverage. Final evaluation reports, along with the corresponding management responses, are published on the UNAIDS Evaluation Office webpage.
143. Evaluations may serve an accountability purpose, but they are primarily intended to bring about meaningful change and improvements in the Joint Programme's activities, as part of a broader knowledge management strategy. Findings from ongoing/planned evaluations in the coming years (e.g. such as the Independent Evaluation of the Work of the Joint Programme on HIV/AIDS on Preventing and Responding to VAWG) will be progressively taken into account as part of the UBRAF cycle. The Evaluation Office tracks implementation of management responses and promotes an evaluation culture towards accountability and learning, beyond specific evaluation products.

## PCB AND OTHER EXTERNAL ENGAGEMENTS

144. The PCB will review and be asked to approve the UBRAF framework, its biennial/annual Workplan and Budget, as well as the annual Performance Monitoring Report. Beyond this regular involvement, the PCB will have additional opportunities to engage on and provide feedback on accountability, monitoring and evaluation and reporting systems, including:
  - participation and inputs through the UBRAF Working Group into the development and finalization of the UBRAF 2022–2026 Framework, 2022–2023 Workplan and Budget, and the UBRAF indicators;
  - regular external participation that is built into the planning and implementation cycle of the UBRAF, especially at country level with national governments and civil society;
  - field visits by PCB members to obtain insights into the work of the Joint Programme at country level and to inform discussions at PCB meetings;
  - bilateral and multistakeholder consultations and ad hoc working groups on specific issues;

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<sup>17</sup> PCB (44) 19.7; Decision Point 6.6.



- other external assessments of the Joint Programme, such such as the Multilateral participation in the funding dialogue, aimed at ensuring predictable and full funding for implementation of the 2022–2026 UBRAF; and
- the Organizations Performance Assessment Network, which provides important independent perspectives to complement UNAIDS' own independent evaluations, reviews and performance monitoring.

## DECISION POINTS

145. The PCB is expected to provide feedback and guidance on the zero draft to inform the development of the draft overall UBRAF (2022–2026) and Workplan and Budget (2022–2023) for submission to the PCB.
146. The PCB at its 48th meeting in June 2021 is invited to:
- *recall* Decision Points 4.2 and 4.3 of the Special Session of the Programme Coordinating Board in March 2021;
  - *take note* of the zero draft of the overall UBRAF 2022–2026 and progress update and look forward to the submission of the full 2022–2026 UBRAF and biennial workplan and budget for 2022–2023 for approval at a Special Session of the PCB in September/October 2021;

*[Document ends]*