

ANNUAL REPORT ON EVALUATION AND EVALUATION PLAN 2022–2023

Independent Evaluation Office

Additional documents for this item: UNAIDS Management Response to the Annual report on Evaluation and Evaluation plan 2022-2023 (UNAIDS/PCB (49)/21.35); evaluation of the work of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls (UNAIDS/PCB (49)/CRP1); 2020 annual report on evaluation (UNAIDS/PCB (47)/20.31).

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

See draft decision points in the paragraphs below:

78. *Recall* decision 11 of the 45th session of the Programme Coordinating Board approving UNAIDS 2020–2021 Evaluation Plan as well as decisions 9.1 and 9.2 of the 47th session of the Programme Coordinating Board welcoming progress in the implementation of the Evaluation Policy and Evaluation Plan, recognizing the important work done by the Expert Advisory Committee in support of the UNAIDS Evaluation Office, and requesting the next annual report to be presented to the Programme Coordinating Board in 2021;
79. *Take note* of the summary of the main findings of the Evaluations conducted in 2021 and the management response to the annual report on evaluation and the evaluation plan 2022-2023;
80. *Welcome* continued progress in the implementation of the Evaluation Policy and the 2020–2021 Evaluation Plan and, taking into account the financial situation of the organization, *reiterate* decision 9.3 of the 47th session of the Programme Coordinating Board requesting the Executive Director to ensure that the evaluation function remains adequately resourced and staffed in accordance with the Evaluation Policy approved by Programme Coordinating Board in decision 6.6 of its 44th session; and
81. *Agree to* the composition of the Expert Advisory Committee on evaluation proposed by the PCB Bureau for the period 2022-2023 as mentioned in annex 1 of the 2021 annual report (UNAIDS/PCB (49)/21.28), *approve* the 2022–2023 Evaluation Plan (UNAIDS/PCB (49)/21.28) endorsed by the Expert Advisory Committee and *look forward to* the next annual report on evaluation to be presented to the Programme Coordinating Board in 2022;

Cost implications for the implementation of the decisions: included in UNAIDS budget for 2022–2023 approved by the Programme Coordinating Board at its special session in October 2021 (decision 3.3).

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EXECUTIVE SUMMARY

1. At its 45th meeting in December 2019, the Programme Coordinating Board (PCB) of the Joint United Nations Programme on HIV/AIDS (UNAIDS) approved UNAIDS Evaluation Plan for 2020-2021 and requested annual reporting on the Plan (decision 11). This document provides an overview of the implementation of the 2020–2021 Evaluation Plan, which has been prepared in accordance with the PCB decision. It focuses on 2021 since details of evaluations and other activities carried out in 2020 are presented in the last annual report on evaluation to the PCB (UNAIDS/PCB (47)/20.31).
2. The document summarizes evaluations of the Joint Programme, Secretariat-specific evaluations that were carried out in 2021, and related management responses. Those include evaluations of the work of the Joint Programme on Violence against Women and Girls, Key Populations, and Efficient and Sustainable Financing as well as the Secretariat Gender Action Plan and Contribution to Resilient and Sustainable Health Systems. Evaluations of the work of the Joint Programme at country level have taken place in Benin, Brazil, the Democratic Republic of Congo, Gabon and Ghana, while support for evaluations of UN Development Assistance Frameworks was provided in four other countries.
3. The report includes a presentation of other activities conducted as part of the 2020-2021 Evaluation Plan. These cover efforts to strengthen the independence, credibility and utility of evaluations, drawing on the expertise of the evaluation offices of the Cosponsors, other UN agencies and the UNAIDS Expert Advisory Committee on evaluation, as well as ongoing efforts to enhance evaluation capacity, quality and culture in UNAIDS. The report also provides an overview of expenditures against the biennial budget with highlights of the work of the Expert Advisory Committee and its request that UNAIDS meet the 1% target of organizational resources to be allocated to evaluation committed to in the Evaluation Policy approved by the PCB.
4. The Evaluation Plan for 2022–2023 is also included in this document and is being presented to the Programme Coordinating Board for approval. The Evaluation Plan has been developed in parallel with the 2022-2026 Unified Budget, Results and Accountability Framework and in accordance with the UNAIDS Evaluation Policy. In 2022–2023, evaluations to be conducted of the role and contribution of the Joint Programme cover Social Protection, Human Rights, HIV Integration into Primary Health Care and the Country Envelope funding mechanism. Secretariat-specific evaluations include its Policy Work and Influence, Support to Community-led Monitoring, Partnership with the Global Fund, the Data Hubs, the Impact and Implications of the COVID-19 pandemic and the work of the Programme Review Committee.
5. A provision is also included for country and regional evaluations, cost-sharing of UN Development Assistance and Sustainable Development Cooperation Framework evaluations, as well as issues that may emerge during the implementation of the Evaluation Plan to ensure it remains relevant.
6. Evaluations are carried out by external consultants to strengthen independence and are conducted in a participatory way with community representatives as members of the evaluation teams, where possible. Evaluation reports and corresponding management responses are published on the UNAIDS website. A system has been established to track management responses and implementation of evaluation recommendations.

7. Activities to strengthen the evaluation capacity of UNAIDS staff and organizational culture for evaluation will be intensified in 2022–2023. Efforts to strengthen capacity of country partners will be expanded through training and increased use of local consultants as evaluators, as well as through engagement of representatives of community groups. UNAIDS Evaluation Office will continue to work closely with the evaluation offices of the Cosponsors and remain an active member of the UN Evaluation Group to tap into the expertise and resources of other UN organizations and share experience. An annual report on implementation will be presented to the PCB, a semi-annual update will be presented to the PCB Bureau, and the Cosponsors and Secretariat senior leadership will be briefed and engaged regularly.

INTRODUCTION

8. The UNAIDS Evaluation Office prepares a biennial Evaluation Plan through a consultative process and presents it to the UNAIDS Programme Coordinating Board (PCB) for approval. The Evaluation Plan is based on UNAIDS Evaluation Policy, which was approved by the PCB at its 44th meeting in June 2019 (decision 6.6), which formalized the establishment of the UNAIDS Evaluation Office as a structurally and functionally independent unit of the UNAIDS Secretariat, positioned independently from management functions and reporting directly to the PCB.¹
9. UNAIDS Evaluation Plan for 2020–2021 was approved by the PCB at its 45th meeting in December 2019.² The Evaluation Plan for 2022–2023 is presented for approval at the 49th session of the PCB in December 2021.
10. The Evaluation Office reports annually to the PCB on implementation and presents a semi-annual update to the PCB Bureau. In June 2020, an update on the implementation of the 2020–2021 Evaluation Plan was shared with the PCB Bureau, in December 2020 an annual report was presented to the PCB, and in June 2021 a semi-annual update was presented to the PCB Bureau. Updates on evaluation are shared regularly with the senior leadership of UNAIDS Secretariat and the Cosponsors.
11. The Evaluation Office works closely with the evaluation offices of the Cosponsors and other United Nations (UN) agencies and draws on their experience, expertise and resources. An Expert Advisory Committee on evaluation, established by the PCB in 2019 in accordance with UNAIDS Evaluation Policy as an independent, external body of evaluation experts provides advice and guidance on evaluation (see Annex 1).

THE 2020–2021 EVALUATION PLAN

12. The evaluations carried out in 2021 and the corresponding budgets are presented in Table 1. Evaluations carried out in 2020 are described in the last annual report on evaluation (UNAIDS/PCB (47)/20.31), which was presented to the PCB at its 47th session.³

Table 1: Evaluations carried out in 2021

Topic	Budget (US\$)
Joint Programme evaluations	
Violence against women and girls*	120 000
Key populations**	260 000
Efficiency and sustainability**	100 000
Country level collaboration***	120 000
Total Joint Programme evaluations	600 000
UNAIDS Secretariat evaluations	
Gender Action Plan	40 000
Resilient and sustainable systems for health****	46 000
Regional, intercountry and country-level work	72 000
Total Secretariat evaluations	158 000
TOTAL	758 000

* Initiated in 2020 and completed in 2021; budget refers to 2021 component.

** Initiated in 2021, to be completed in early 2022; budget refers to 2021 component.

*** Five evaluations supported in response to UNAIDS Country Office requests.

**** Replaces evaluations on advocacy and communication and partnership with the Global Fund.

13. All Joint Programme evaluations included in the 2020–2021 Evaluation Plan have been carried out. Two Secretariat evaluations were postponed and instead an evidence review was conducted and additional support was provided to country level evaluations as shown in Table 1. Although no specific evaluation on the impact of COVID-19 pandemic on the work of the Joint Programme was carried out, questions on to the impact of COVID-19 were included across all evaluations.

Joint Programme evaluations

14. Preventing and responding to violence against women and girls. The purpose of the joint evaluation was to assess the Joint Programme's role in ending violence against women and girls in all their diversity and in addressing the bidirectional relationship between it and HIV. Violence against women and girls can be an indirect and direct factor for increased HIV risk, and violence can be an outcome of HIV status and disclosure. The evaluation found that the Joint Programme is to some extent supporting countries to work collaboratively with women's and relevant civil society networks in addressing gender equality, HIV and violence against women and girls. However, inadequate attention is being paid to transformative approaches to address the structural and root causes of gender inequality, HIV and violence against women and girls.
15. The evaluation was carried out by a team of independent evaluators supported by a management group, consisting of senior evaluation officers from UNFPA, UNESCO, UNHCR and ILO, and a reference group consisting of Cosponsors' Global AIDS Coordinators and gender-based violence experts, UNAIDS Secretariat staff and the PCB Civil Society Delegation. In addition, the evaluation engaged women in their diversity representing organizations and networks on HIV and violence against women and girls through an Accountability and Advisory Group, which contributed to the evaluation in different ways from its inception through implementation, data collection and analysis and reporting.
16. The final evaluation report and annexes, including nine country case-studies across six regions, was completed in June 2021. It provides strategic recommendations to prioritize and strengthen the work of the UN at the interlinkages of HIV and violence against women and girls. Intended users are UNAIDS Secretariat and Cosponsors, along with key national AIDS coordinating authorities, implementing partners at country level, as well as women's and girls' groups and networks and other civil society organizations and HIV advocates.
17. Work with and for key populations. Over half of new HIV infections globally are among key populations and their sexual partners. Despite the focus of Agenda 2030 on people who are left behind, key populations still lack adequate access to HIV services and are often victims of stigma, discrimination and other human rights violations. This joint evaluation assesses the relevance and coherence, effectiveness and equity of Joint Programme support for sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs and prisoners at country level, in the context of broader country responses to HIV. It covers the period 2018–2021 and includes case studies in six countries across six regions where the Joint Programme operates.
18. The evaluation helps understand the extent to which the Joint Programme supports service provision and strategically engages with government stakeholders to improve policies and enabling environment for key populations, and how it brokers space for key populations-led groups and networks in decision-making processes. The evaluation also assesses whether UN agencies are adequately equipped, in terms of human and

financial resources, to provide the needed support for different and intersecting key populations, including young people.

19. The evaluation is being carried out by a team of independent evaluators and community representatives from key populations, at the global level and in each of the country case studies. Representatives of key populations were selected by the relevant networks and have different roles in the evaluation teams across countries, including that of team leaders. Evaluators are supported by a management group, composed of senior evaluation officers from UNODC, UNESCO and WHO. They are also supported by a reference group, composed of Cosponsors' Global AIDS Coordinators and key population experts, UNAIDS Secretariat staff and self-nominated representatives from global networks of key populations and people living with HIV, as well as representatives from the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR).
20. Efficient and sustainable financing of the AIDS response. In 2018 the PCB endorsed the Joint Programme framework for sustainability of the HIV response. The year 2021 was considered an opportune point for a forward-looking assessment; it also coincided with approval of the new Global AIDS Strategy, which includes efficient and sustainable resources for the AIDS response as one of its strategic results. The strategy prioritizes transformative action in three areas: global solidarity and shared responsibility in mobilizing significant new resources; equality and strategic impact of resource allocations; and focus of resources on the settings, populations and game-changing approaches that will have the greatest impact.
21. Equitable domestic spending for the AIDS response is highly dependent on political choices. The Joint Programme is well-positioned to influence choices, but it needs a clear assessment of its own comparative advantage and potential for action. The evaluation is conducted by a team of independent evaluators with expertise in evaluation as well as in economics and health financing. It is supported by a management group composed of senior evaluators from UNFPA and WFP and a reference group composed of Cosponsors' Global AIDS Coordinators and health financing experts, UNAIDS Secretariat staff with expertise in economics, as well as the Global Fund, PEPFAR and civil society.
22. The evaluation includes four country case studies of different geographic and health financing profiles. It is expected to provide actionable recommendations to Cosponsors and the Secretariat for maximizing their contributions to efficient and sustainable resources for the HIV response, taking stock of what is working well, what the Joint Programme should stop doing and what the main gaps are. Learning from the evaluation will benefit the scale-up of future country-tailored solutions.
23. Country-level evaluations. Based on the learning from the evaluations in Mozambique and Viet Nam carried out in 2020, Joint Programme evaluations were carried out in Benin, Brazil, the Democratic Republic of Congo, Gabon and Ghana. In the Democratic Republic of Congo, four workshops were conducted in conjunction with the evaluation to strengthen the evaluation capacity of UN and national partners and to support the use of evaluation findings for the next planning phase. In Kenya, the Gambia, Mauritania and South Sudan, instead of a separate evaluation, the Evaluation Office advised on how to capture the role and contribution of the Joint Programme as part of UN Cooperation Framework evaluations, aiming at strategic positioning of the Joint Programme in the new UN Cooperation Frameworks.

UNAIDS Secretariat evaluations

24. Gender Action Plan (GAP). The independent midterm evaluation assessed the continued relevance, progress and trends in achieving key targets of the GAP in the context of other ongoing change processes within the Secretariat. The evaluation responds to the UN-SWAP commitment, which requires an independent evaluation of an entity's gender action plan to be conducted every five to eight years and which provides an unbiased and participatory assessment of achievements and gaps in gender equality within the Secretariat. The evaluation recommended a data-driven approach to build a picture of gender (and other) diversity dimensions and to develop a theory of change for the GAP, with key performance indicators. Training needs a gender transformative lens and opportunities should be for all. Technology, the use of which has increased during the COVID-19 pandemic, seems to be a leveller and UNAIDS should sustain its benefits.
25. Resilient and Sustainable Systems for Health. The purpose of the evidence review was to explore UNAIDS's contribution to resilient and sustainable systems for health, gaps and missed opportunities in four countries (the Dominican Republic, Ethiopia, Ghana and Kyrgyzstan) in the past five years. The review focused principally on the role and contribution of the UNAIDS Secretariat, but also considered the contribution of UNAIDS Cosponsors as members of Joint UN Teams on AIDS at country level. The review documents evidence of how HIV responses and UNAIDS contributions to resilient and sustainable systems for health went "beyond HIV" and identifies areas where UNAIDS can play a more strategic role in the future.
26. Other global, regional and country evaluations. The Evaluation Office is in regular contact with UNAIDS Country Offices and Regional Support Teams, as well as with departments and offices of the Secretariat to ensure collaborative implementation of ongoing evaluations and to identify needs for evaluations, assessments or reviews of the work of UNAIDS Secretariat. In the first half of the year, the Evaluation Office supported a review of the Rights in the Epidemic report. This included contributing to the development of terms of reference and identifying suitable consultants to carry out the review, advising on methods, and providing feedback on the inception report and the draft and final reports.
27. Promoting and supporting reviews and assessments by different Secretariat units is an effective way to strengthen evaluation culture and capacity. Country evaluations are another way to strengthen evaluation capacity, mainly of UNAIDS staff but also of national stakeholders. For instance, the Joint Programme evaluation in the Democratic Republic of Congo included a specific module to train and strengthen capacity of the Joint Team on AIDS and partners on results-based management, as well as on the use of theories of change ahead of the next planning cycle. The training was designed to be operational in approach so that evaluation findings could directly inform programmatic choices in the country, including at subnational levels.

Follow-up to evaluations

28. To ensure that evaluation recommendations are used to inform policies, programmes and decisions, the Evaluation Office ensures that managers in the Secretariat and Cosponsors can contribute to and co-create evaluation recommendations. Where possible and relevant, national governments and representatives of civil society and other partners also participate in these exercises. Within three months from the completion of an evaluation, the Evaluation Office facilitates the development of a management response, with a clear indication of activities to be implemented in

response to recommendations, responsibilities and timelines. For joint evaluations, a management response is developed jointly by the Secretariat and Cosponsors.

29. The Evaluation Office tracks implementation of management responses, which are posted on the UNAIDS website along with evaluation reports, giving a clear sense of what changes were directly promoted and achieved as a result of the evaluation. The status of evaluations and the corresponding management responses are tracked using a dashboard which captures the evaluation recommendations that were accepted or partially accepted, as well as progress in implementing the recommendations (see Annex 2 for an overview of evaluations completed in 2020–2021).
30. To enhance communication about findings, conclusions, recommendations and follow-up to evaluations, the UNAIDS webpage includes a dedicated site on evaluation. The site is regularly updated with the latest evaluation reports and management responses, as well as guidance, reference documents and links. Webinars are organized with Regional Support Teams, Country Offices and Secretariat offices and departments to share findings, conclusions and recommendations of evaluations. In collaboration with the Cosponsors Evaluation Group, more joint efforts are being dedicated to the dissemination of evaluation findings, while also engaging communication expertise within the agencies. For example, for the joint evaluation of the work of the Joint Programme on preventing and addressing violence against women and girls, a package of evaluation products was agreed upon, as well as a list of audiences, and a joint virtual launch was organized across evaluation offices.

Enhancing the quality of evaluations

31. The UNAIDS Evaluation Office has engaged actively with the evaluation offices of Cosponsors and other members of the UN Evaluation Group to tap into their knowledge and expertise in order to enhance the robustness and credibility of evaluations. In addition to ensuring the quality of evaluations throughout the design and implementation process, the UNAIDS Evaluation Office assesses each evaluation once it is completed with the aim of improving the overall quality of evaluations.
32. An independent academic institution (C4ED) was contracted to assess the quality of the five evaluations conducted in 2020, using an agreed quality assessment checklist (annex 3). Four reports were rated as good, and one as fair. The checklist, which was developed in collaboration with the UNAIDS Expert Advisory Committee on evaluation, draws on the UN Evaluation Group quality of evaluation checklist and the OECD/DAC quality standards for development evaluations.¹ These assessments focus on the credibility and independence of evaluations, as well as participation in evaluations (i.e. how perspectives of a diverse set of stakeholders are considered by evaluators, from the design to the reporting phases).
33. The overall conclusion of the external assessments was that the evaluation reports thoroughly describe the background of the evaluations, and adequately distil findings from the information collected. The different evaluation teams were found to work well with the UNAIDS Evaluation Office to create final products that have been useful for all concerned. Overall the reports were considered well-written and user-friendly. However,

¹ Criteria include: (1) structure and clarity of the report; (2) if the evaluation process was credible, independent, and participatory, and whether ethical principles were respected; (3) the clarity of the evaluation context and purpose, whether the design and methodology were rigorous, and the quality of data; (4) whether the analysis was sound and the findings credible; (5) the validity of conclusions; (6) usefulness and clarity of recommendations; and (7) human rights, gender equality and empowerment of women, using the same assessment criteria as the UN-SWAP scoring tool.

it is possible that readability may be rated differently if assessed by non-academic reviewers (e.g. by civil society representatives). The Evaluation Office will explore ways of capturing additional perspectives on evaluations to continue improving their quality and utility.

34. The quality assessments recommended ensuring that the time-frame for country evaluations is adequate to avoid time pressures that affect the quality of the reports. In terms of methodology and design, it was recommended that more details on the sampling and tools be added to allow readers to assess the methodological approach as well as the integration of ethics, gender equality and human rights into the design and reporting. Finally, it was suggested that attention should be paid to having clearer links between theories of change and evaluation matrices in evaluation questions.

Resourcing and implementation

35. Approximately US\$ 2 million per year was budgeted for the implementation of the UNAIDS Evaluation Plan in 2020–2021. Staff costs of the Evaluation Office (envisaged as a unit with three staff) represent approximately 40% of the budget for evaluation. Evaluations represent another 40% of the budget. Activities to follow up on evaluations, strengthen evaluation culture and capacity, stakeholder engagement, professionalization and operating costs represent approximately 10% of the budget. This also includes a budget for travel and honoraria of the Expert Advisory Committee members. Another 10% (US\$ 200 000 per year) was kept as a reserve for evaluations and emerging needs that could not be envisaged at the time of the development of the 2020–2021 Evaluation Plan.

Table 2: Budget implementation in 2020–2021 (US\$)

Main categories	Budget (US\$)	Expenditures (US\$)*	Implementation
Staff costs	1 593 000	1 317 677	83%
Evaluations and activities	1 959 000	1 288 042	66%
Unanticipated needs**	400 000	-	-
TOTAL	3 952 000	2 605 719	66%

* Actual expenses and encumbrances (firm commitments) as of 8 November 2021.

** Funding retained for evaluations that were not planned and other emerging needs.

36. As shown in Table 2, staff costs at the end of 2021 are expected to amount to 83% of the biennial budget. This reflects the fact that the Evaluation Office has been functioning with two professional staff (at the D2 and P5 level) against three budgeted positions. Expenditures against the budget for evaluations are largely in line with expectations, with two ongoing joint evaluations to be completed in early 2022. Five evaluations of the Joint Programme at country level were completed in 2021, compared with two in 2020.
37. Efforts to strengthen evaluation culture and capacity in UNAIDS and opportunities for the Expert Advisory Committee to take forward its agenda have been constrained by the COVID-19 pandemic (see below). This explains a 66% implementation rate against the budget for evaluations and activities. No funds kept for unanticipated needs have been utilized and none are expected to be needed before the end of the year.

38. To take COVID-19 into account, evaluation approaches and methods have been adjusted to carry out the evaluations included in the Evaluation Plan. An iterative approach was adopted to identify and confirm the feasibility and risks and to make changes, as necessary, during implementation of evaluations. In 2020 and the first half of 2021, evaluations were conducted by teams of international and national consultants working remotely. However, in the second half of 2021, country missions involving in-person meetings, interviews, group discussions and site visits have been conducted, where possible. There was also more use of national consultants in the evaluation case study countries.
39. Since its establishment by the PCB in 2019, the Expert Advisory Committee has focused on strengthening the utility, credibility and independence of evaluations in UNAIDS, and the importance of the Committee was acknowledged by the PCB in December 2020. Among Committee members there was a general sense that the COVID-19 pandemic made it difficult for the Committee to take forward its agenda and that it was important to give sufficient time for the work of the Committee to come to fruition. Accordingly, the PCB Bureau recommended the reappointment of six of the current Committee members and the appointment of one new member (representing Eastern Europe) for the period 2022–2023 for agreement of the PCB (see Annex 1).
40. The UNAIDS Evaluation Office is currently staffed by a director and a senior evaluation adviser, against a plan for three staff members. Both Secretariat and Joint Programme evaluations are primarily conducted by external experts, including from a roster of prequalified evaluation experts with whom the Evaluation Office has established long-term agreements. However, filling the vacant third position is vital for ensuring full implementation of the Evaluation Plan, including capacity building, follow-up to evaluations and translating evaluative evidence into knowledge.
41. The importance of a strong, independent evaluation function and the need for UNAIDS to meet the 1% target of organizational resources allocated to evaluation in accordance with the Evaluation Policy approved by PCB in June 2019, have been highlighted by the Expert Advisory Committee, echoing decision 9.3 of 47th session of the PCB in December 2020. Additional details on the Committee are included in Annex 1.

Value and utility of evaluations

Key themes and lessons learned

42. A key principle of UNAIDS Evaluation Office is to involve key stakeholders of the Joint Programme from across countries, regions and the global level throughout an evaluation, from the design stage to the validation of findings and co-creation of recommendations. As a result, the evaluations are often important opportunities for learning that can contribute to shaping the future course of programmes and of efforts to end AIDS as part of the 2030 Agenda.
43. The evaluations conducted in 2020–2021 have demonstrated the value of having different kinds of evaluations and reviews for different purposes. They provided the basis for reflecting on ways to enhance relevance, coherence and achievement of results. They also provided useful analyses for the alignment of UNAIDS Secretariat, helped energize key partnerships and collaboration, and enhanced understanding of the work of UNAIDS.
44. The Independent Evaluation of the UN System Response to AIDS in 2016–2019 was timed to inform the development of the new 2022–2026 UBRAF. The recommendations for a clear theory of change, results and indicators; to prioritize programming in a more

strategic and pragmatic way; to revise the resource allocation and clarify the HIV and gender equality strategy were all considered during the development of the UBRAF and helped shape it. More detailed commitments on gender equality and HIV, as well as a revised monitoring and evaluation framework should be reflected in the workplans of the Joint Programme.

45. The evaluations of the Joint Programme's work at country level formed the evidence base for the development of Joint Plans in the respective countries, informed the Common Country Analyses and helped remobilize Joint Teams to reposition the AIDS response within the UN Cooperative Frameworks.
46. The evaluation of UNAIDS Secretariat Collaboration with the United States Centers for Disease Control confirmed that outcomes are well on-track and that the collaboration has strengthened national partnerships on strategic information. It identified support for developing HIV estimates as the most effective component of the collaboration, urged more work on HIV estimates for key populations and community-based monitoring, and highlighted the need for a capacity-building strategy.
47. The evaluation of the UNAIDS Secretariat Technical Support Mechanism analysed and brought together information from different sources in a compact way and provided a useful overview of the Technical Support Mechanism. It helped clarify roles and responsibilities, and it promoted transparency within UNAIDS and with the technical support provider, Oxford Policy Management. The evaluation also prompted changes in the governance and management of the Technical Support Mechanism and addressed areas requiring strengthening, such as knowledge management and the pool of consultants.
48. The evaluation of UNAIDS Secretariat Health Situation Rooms provided a useful overview of the status of the Health Situation Rooms across nine countries. The evaluation triangulated information from a variety of sources and facilitated reflection on existing challenges and how the Situation Rooms link to UNAIDS' role and capacity in strategic information. In each country, follow-up discussions have taken place to determine how the Secretariat can best support development of data analytics capacity, data visualization and data use.
49. The review of the Fast-Track Cities Initiative documented a strong partnership between UNAIDS and IAPAC (International Association of Providers of AIDS Care) and confirmed the value of the initiative to various stakeholders. It confirmed that the project is achieving results with relatively modest resources in often challenging environments, and it identified areas for improvement.
50. The evidence review of UNAIDS Secretariat contribution to resilient and sustainable systems for health concluded that more clarity is needed to define how and why HIV-related investments can build resilience and sustainability, and whether investments are "systems support" (gap-filling or supporting systems to produce better short-term disease-specific outcomes) or "systems strengthening" (permanently making the systems function better). The findings of the review are intended to inform UNAIDS thinking and direction on resilient and sustainable systems for health under the new UBRAF and work planning processes.
51. The UNAIDS Secretariat Gender Action Plan evaluation highlighted the need for senior leadership backing, resources, a nonbinary and intersectional approach and the simplification and streamlining of initiatives and working groups. Clarity on definitions and language is necessary to avoid conflation of concepts. Findings from the evaluation

have direct implications for the alignment process in UNAIDS and have been considered in the alignment finalization phase.

52. The Violence against Women and Girls evaluation recommended an explicit focus on preventing and addressing violence against women and girls in all their diversity in the new UBRAF and detailed commitments in global, regional and country workplans. Specific recommendations include to strengthen advocacy to address the bidirectional linkages of violence against women and HIV; develop guidance on what works to address the intersections of violence and women and girls and HIV; strengthen mechanisms for feedback and accountability to civil society and women in their diversity; make the UBRAF envelope funding more catalytic and impactful; and improve internal training, capacity building and knowledge management.

THE 2022–2023 EVALUATION PLAN

Overview of the plan

53. UNAIDS 2022–2023 Evaluation Plan includes evaluations of the work of the Joint Programme, which will be conducted jointly with the Cosponsors, and UNAIDS Secretariat evaluations. The evaluations focus on generating evidence in areas where the Joint Programme can and should accelerate progress to support achievement of the targets in the UNAIDS 2021–2026 Strategy and the 2021 Political Declaration on HIV and AIDS. The evaluations cover the work of Cosponsors and the Secretariat at global, regional and country levels.
54. The strategic priorities in the UNAIDS 2021–2026 Strategy and the outputs and core functions of UNAIDS Secretariat in the 2022–2026 UBRAF provide the overall conceptual underpinning of the Evaluation Plan. All evaluations to be conducted in 2022–2023 are mapped against and contribute towards these. The inequalities that fuel the HIV epidemic are a crosscutting theme in all evaluations in 2022–2023, along with the roles of UNAIDS Cosponsors and the Secretariat in tackling inequalities to ensure equitable access to HIV services and support. An evaluation of the inequalities framework and country tools developed by UNAIDS to address inequalities is planned for 2024.
55. The Evaluation Plan includes activities to follow up on evaluations in order to translate findings and conclusions into organizational learning and activities that can strengthen evaluation culture and capacity. That includes monitoring the implementation of recommendations of recent evaluations (which relate directly to key priorities in the 2022–2026 UBRAF) such as on violence against women and girls, and on key populations, as well as efficient and sustainable financing. The status of evaluations conducted in 2020–2021 is presented in Annex 2.
56. The responsibility for the development and implementation of Evaluation Plan rests with UNAIDS Evaluation Office. Approximately US\$ 2 million per year is budgeted for implementation of the plan in 2022–2023. This is based on the UNAIDS Evaluation Policy, approved by the PCB in June 2019, which established that 1% of annual expenditures of core and noncore resources mobilized by UNAIDS Secretariat should be allocated to evaluation.
57. Staff costs of the Evaluation Office—envisaged as a unit with three staff— represent 45% of the budget for evaluation. These costs include the design, management and follow up to evaluations and translation of findings into organizational learning. Evaluations to be carried out in 2022–2023 represent another 45% of the budget. Of this amount, almost two thirds are allocated to evaluations of the Joint Programme. Activities to strengthen evaluation culture and capacity, as well as the professionalization of evaluation, stakeholder engagement, interagency collaboration and operating costs, as well as the functioning of the Expert Advisory Committee, represent about 5% of the total budget, with 5% retained for possible emerging needs.

Table 3. Overview of evaluation budget in 2022–2023 (US\$)

Main categories	2022	2023	Total	%
Staff costs	879 000	909 000	1 788 000	45%
Evaluations and activities	997 000	967 000	1 964 000	50%
Emerging needs	90 000	90 000	180 000	5%
TOTAL	1 966 000	1 966 000	3 932 000	100%

58. Evaluations will be designed and carried out in accordance with UNAIDS Evaluation Policy (paragraph 22) which requires the highest standards of professional integrity, ethics and respect for beliefs, customs and social norms, human rights and gender equality and the "do no harm" principle. Particular attention will be paid to the COVID-19 pandemic by taking advantage of remote data collection methods and making use of local evaluators as much as possible. Going forward, evaluations will also need to explore ways to consider the potential effects and implications of climate change on the support of the Joint Programme to end AIDS by 2030, including the impact on food insecurity, displacement, migration and other issues.

Development of the plan

59. The UNAIDS Evaluation Office facilitated a consultative process to identify topics for evaluations and define the scope and key questions of the evaluations to be included in the 2022–2023 Evaluation Plan. The joint/system-wide evaluations were identified, scoped and defined together with Cosponsors, while Secretariat evaluations were developed with units and offices of the Secretariat. The joint evaluations respond well to the Secretary-General's call (in the 2020 QCPR report (A/75/79)) to strengthen independent, system-wide evaluations.
60. The Evaluation Plan was developed based on the guiding principles in UNAIDS Evaluation Policy (paragraph 13), which includes the greater meaningful engagement of communities, civil society and people living with HIV, women and youth groups and key populations in evaluations, and assessing the extent to which the Joint Programme responds to the needs of key and vulnerable populations. The scope of the upcoming MOPAN review of UNAIDS was also considered to avoid unnecessary overlap or duplication.⁴
61. In accordance with the Evaluation Policy, the following elements were considered while identifying possible evaluation topics:
- strategic significance of the topic, levels of investment, potential risks and need for evidence for decision-making;
 - importance of knowledge gaps to be filled, potential for staff or institutional learning, innovation, replication or scaling-up; and
 - possible organizational requirements, as well as feasibility of conducting the evaluation.
62. Evaluation topics identified were refined through discussions with staff working in the proposed areas, discussed with the Cosponsor Evaluation Group and narrowed down based on their relevance and utility. A draft Evaluation Plan was shared for comments with the Cosponsors and Secretariat Senior Leadership Team before being discussed with the Expert Advisory Committee on evaluation. Feedback from the Committee was reflected in the final Evaluation Plan for 2022–2023, which was endorsed by the Committee, before being presented for approval to the 49th session of the PCB.

Contents of the plan

63. The evaluations included in the Evaluation Plan are presented in Table 4 below. Short summaries of the evaluations in the 2022–2023 Evaluation Plan appear in Annex 4.

Table 4. Planned evaluations in 2022–2023 and estimated budget (US\$)

Topic	Year	2021–2026 UNAIDS Strategy*	UBRAF Outputs and Secretariat functions	Budget (US\$)
Joint Programme evaluations				
The Work of the Joint Programme on Social Protection	2022	Strategic Priority 2	Output 9 Integration and Social Protection	260 000
The Joint Programme Country Envelopes	2022	Strategic Priorities 1, 2, 3	Across outputs	210 000
The Work of the Joint Programme on Human Rights	2023	Strategic Priority 2	Output 5 Human rights	260 000
The Joint Programme Contribution to Integration of HIV into Primary Health Care	2023	Strategic Priority 3	Output 9 Integration and Social Protection	210 000
The Joint Programme Work at Country Level and Contribution to UNDAFs/UNSDCFs	2022 2023	Strategic Priorities 1,2,3	Across outputs and functions	100 000 100 000
<i>Estimated total for Joint evaluations</i>	2022			570 000
<i>Estimated total for Joint evaluations</i>	2023			570 000
UNAIDS Secretariat evaluations				
UNAIDS Secretariat Policy Work and Influence	2022	Strategic Priorities 1,2,3	Across outputs	120 000
UNAIDS Secretariat Data Hub in Asia-Pacific and in Other Regions	2022	Strategic Priorities 1,2,3	S3 Strategic Information	60 000
The Impact and Implications of COVID-19 on the Work of UNAIDS Secretariat	2022	Strategic Priorities 1,2,3	Across outputs and functions	90 000
The Work of the UNAIDS Secretariat Programme Review Committee	2023	Strategic Priorities 1,2,3	Across outputs and functions	30 000
UNAIDS Secretariat Support to Community-led Monitoring	2023	Strategic Priority 2	Output 4 Community-led responses	120 000
UNAIDS Secretariat Partnership with the Global Fund**	2023	Strategic Priorities 1,2,3	S4 Coordination, convening and implementation support	120 000
Regional and Country-level Work	2022 2023	Strategic Priorities 1,2,3	Across outputs and functions	40 000 40 000
<i>Estimated total for Secretariat evaluations</i>	2022			310 000
<i>Estimated total for Secretariat evaluations</i>	2023			310 000
ESTIMATED TOTAL	2022			880 000
ESTIMATED TOTAL	2023			880 000

* UNAIDS strategic priorities:

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.

** Expected to be cost-shared by the Global Fund

Areas of intensified focus in the 2022–2026 UBRAF covered by the Evaluation Plan

- Leadership and support for innovative approaches to achieve more inclusive HIV services;
- Empowerment and resourcing of communities for stronger community-led responses;
- Societal enablers, including social protection, enabling legal environments and eliminating stigma and discrimination;
- Availability and financing of sustainable systems to achieve the 2025 HIV targets; and
- Tackling of inequalities to ensure equitable access to HIV services (as a cross-cutting theme in all evaluations).

64. In addition to the evaluations that are commissioned, managed and funded by the UNAIDS Evaluation Office, the Evaluation Plan also includes a provision for regional and country evaluations which the Evaluation Office expects to support in 2022–2023. The Evaluation Office will also continue to provide support to internal reviews and assessments initiated by offices or units of the Secretariat.

65. With the aim of enhancing UN system coherence and alignment with government planning cycles and mechanisms to review progress towards the SDGs, the UNAIDS Evaluation Office also contributes to UN Cooperation Framework (UNDAF and UNSDCF) evaluations in function of requests from Country Offices.

Implementation of the plan

66. The UNAIDS Evaluation Office is responsible for implementation of the Evaluation Plan. Evaluations are conducted in a participatory and consultative manner and are primarily carried out by external consultants to enhance the independence of the evaluations. The Evaluation Office ensures quality through all phases of the evaluations; effective utilization of resources; and presentation and dissemination of evaluation findings, recommendations and lessons learned from evaluations. Evaluations undertaken jointly with Cosponsors include some cost-sharing as well as joint management and joint management responses to evaluations.

67. As with all evaluation offices across the UN system, there is a need to strike the right balance between the independence of the evaluation function and its utility. This requires strong programmatic knowledge and linkages with staff and stakeholders working in different programmatic and operational areas. It is necessary to identify knowledge gaps and evaluation topics that are relevant and strategic, and to build partnerships around the implementation of evaluations and, ultimately, for findings to be used and knowledge-based decisions and practices to be implemented.

68. The UNAIDS Evaluation Office publishes evaluation reports and corresponding management responses on the UNAIDS website and it facilitates the development and tracking of management responses and the implementation of evaluation recommendations. In 2022–2023, additional efforts will be made to identify, synthesize and disseminate recurring, systemic or crosscutting issues and lessons learned from evaluations, as well as innovative knowledge products. As part of the UNAIDS Secretariat alignment process, discussions have taken place on how the Evaluation Office can contribute most effectively to knowledge management in UNAIDS, which draws on, but goes beyond evaluative evidence.

69. Filling a vacant (P-3) position on knowledge management would enhance the ability of the Evaluation Office to translate insights from evaluations into knowledge products that

can contribute to improved policies, programmes, processes, decision-making and governance of the Joint Programme. The position could also meet the communications and administrative support needs of the Evaluation Office.

70. Efforts will also be devoted to strengthening the capacity of country partners, for example by adding training components to country evaluations and by investing in local evaluators/consultants, including representatives of community groups, as relevant. With time, increased demand is anticipated for evaluations that are not limited to assessing the contributions of the Secretariat or the Joint Programme and which consider the national responses more broadly.
71. The 2022–2023 Evaluation Plan includes evaluations and other activities over a two-year period. It is designed so that adjustments can be made, if necessary, to include, prioritize or deprioritize issues or topics that emerge in the course of implementation in order to ensure the continued relevance of the Evaluation Plan. Emerging issues and any significant changes to the Evaluation Plan will be discussed with the Cosponsor Evaluation Group and the Expert Advisory Committee before being presented to the PCB Bureau and PCB.
72. The UNAIDS Evaluation Office will continue to engage actively with Cosponsor evaluation offices to ensure their active participation in HIV-related evaluations and in sharing lessons learned from other evaluations. UNAIDS will remain an active member of the UN Evaluation Group. It will participate regularly in meetings of the heads of evaluation offices, various task forces (in particular on joint and system-wide evaluations) and COVID-19 evaluations.
73. An annual report on implementation of the Evaluation Plan is presented to the PCB and a semi-annual update is presented to the PCB Bureau. The Cosponsors and Secretariat Senior Leadership Team are regularly informed of progress in implementing the plan and are engaged in evaluations related to their respective areas of work.

CONCLUSION

Maintaining the momentum and ensuring a robust evaluation function

74. Until 2019, an effective and independent evaluation function was a missing piece in UNAIDS' efforts to strengthen accountability, transparency and organizational learning. In June 2019 the PCB approved the UNAIDS Evaluation Policy following a consultative process that involved Member States, civil society, the Cosponsors and other partners. The Policy was extensively discussed by a PCB working group and peer reviewed by the evaluation offices of Cosponsors before it was presented to the PCB for approval.
75. The manner in which the Policy was developed and moved forward was commended by the Joint Inspection Unit in its 2019 review of UNAIDS (JIU/REP/2019/7). In December 2019, the PCB approved the UNAIDS Evaluation Plan for 2020–2021 and in 2020 the institutional architecture of the evaluation function was put in place. This included the establishment of the Evaluation Office as a structurally and functionally independent unit, positioned independently from management functions and reporting directly to the PCB.
76. In December 2020, the PCB considered progress against the 2020–2021 Evaluation Plan and welcomed the establishment of the independent Evaluation Office and thanked UNAIDS for keeping the evaluation plan on-track during a challenging year and

for completing an impressive range of work, especially in the context of the COVID-19 pandemic (UNAIDS/PCB (47)/20.45).

77. In addition to challenges stemming from the COVID-19 pandemic, the UNAIDS Evaluation Office has had to operate with two staff against three budgeted positions. As part of discussions on the alignment of UNAIDS Secretariat, the role of evaluation in shaping and improving policies, programmes, processes, decision-making and governance has been underscored. To enable the Evaluation Office to fully implement the 2022–2023 Evaluation Plan, enhance accountability and play a key role in knowledge management and organizational learning, while also contributing to UN system-wide and joint evaluations, the UNAIDS Evaluation Office needs to be adequately resourced and staffed as called for by the PCB in decision 9.3 of its 47th session. The Expert Advisory Committee highlights this and requests UNAIDS to meet the 1% target of organizational resources to be allocated to evaluation committed to in the Evaluation Policy approved by the PCB.

PROPOSED DECISION POINTS: The Programme Coordinating Board is invited to:

78. *Recall* decision 11 of the 45th session of the Programme Coordinating Board approving UNAIDS 2020–2021 Evaluation Plan as well as decisions 9.1 and 9.2 of the 47th session of the Programme Coordinating Board welcoming progress in the implementation of the Evaluation Policy and Evaluation Plan, recognizing the important work done by the Expert Advisory Committee in support of the UNAIDS Evaluation Office, and requesting the next annual report to be presented to the Programme Coordinating Board in 2021;
79. *Take note* of the summary of the main findings of the Evaluations conducted in 2021 and the management response to the annual report on evaluation and the evaluation plan 2022-2023;
80. *Welcome* continued progress in the implementation of the Evaluation Policy and the 2020–2021 Evaluation Plan and, taking into account the financial situation of the organization, *reiterate* decision 9.3 of the 47th session of the Programme Coordinating Board requesting the Executive Director to ensure that the evaluation function remains adequately resourced and staffed in accordance with the Evaluation Policy approved by Programme Coordinating Board in decision 6.6 of its 44th session; and
81. *Agree to* the composition of the Expert Advisory Committee on evaluation proposed by the PCB Bureau for the period 2022–2023 as mentioned in annex 1 of the 2021 annual report (UNAIDS/PCB (49)/21.28), *approve* the 2022–2023 Evaluation Plan (UNAIDS/PCB (49)/21.28) endorsed by the Expert Advisory Committee and *look forward to* the next annual report on evaluation to be presented to the Programme Coordinating Board in 2022;

[Annexes follow]

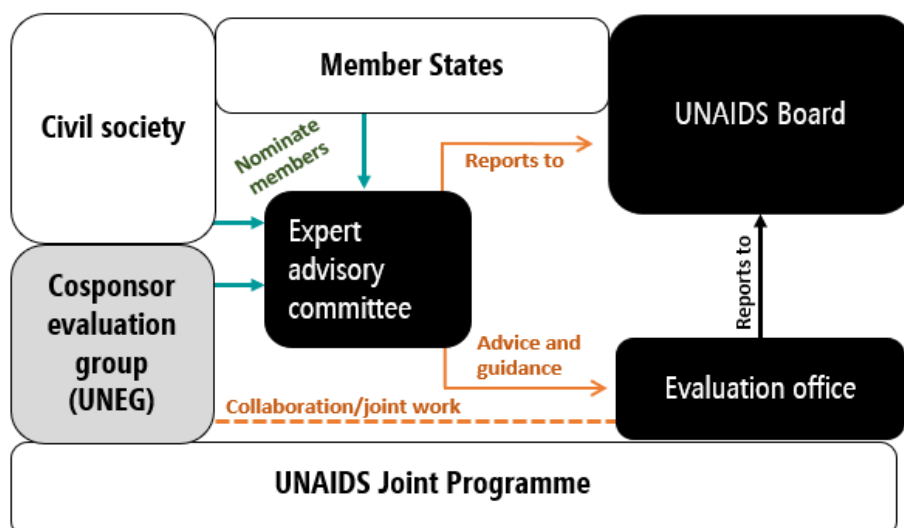
ANNEX 1: EXPERT ADVISORY COMMITTEE

The **Expert Advisory Committee** is an external body which provides advice on evaluation. It consists of 7 members, nominated by Member States (5), NGO delegation of UNAIDS Board (1) and Cosponsor evaluation offices (1). Expert Advisory Committee members are appointed for two years and cannot be reappointed more than once.

Six of the current Committee members have been reappointed by the PCB Bureau for a two-year period and one new member (representing Eastern Europe) is nominated by the PCB Bureau for approval of the PCB.

1. **Dr. Elizabeth Moreira dos Santos**, researcher and independent consultant (Latin America and Caribbean), Chair;
2. **Mr. Raymond Yekeye**, Chair of the National AIDS Council of Zimbabwe (Africa);
3. **Dr. Zunyou Wu**, Chief Epidemiologist, Chinese Centre for Disease Control and Prevention (Asia-Pacific);
4. **Ms. Sigrid Vorobjov**, Senior Researcher, National Institute for Health Development, Estonia (Eastern Europe)
5. **Professor Till Bärnighausen**, Director of the Heidelberg Institute of Global Health (Western European and Other Countries);
6. **Ms. San Patten**, independent research and evaluation consultant (NGO Delegation);
7. **Mr. Marco Segone**, Director of the UNFPA Evaluation Office (Cosponsor Evaluation Group).

The positioning of the Expert Advisory Committee in the architecture of UNAIDS evaluation function is shown in the figure below.



The **Programme Coordinating Board** approves the Evaluation Policy, Evaluation Plan and budget, considers annual reports on implementation and draws on evaluations for decisions.

The **Cosponsor Evaluation Group** brings together and leverages the resources of the Cosponsor evaluation offices and promotes joint evaluations related to HIV.

Since its establishment, the **Expert Advisory Committee** has focused on strengthening the utility, credibility and independence of evaluations in UNAIDS. The Committee has been a strong advocate for a well-resourced evaluation function and the importance of the Committee was acknowledged by the PCB in December 2020 (UNAIDS/PCB (47)/20.45). The Committee has provided overall direction for UNAIDS evaluation function as well as advice and guidance to ensure the relevance and utility of UNAIDS evaluations. The Evaluation Plan for 2022-2023 was reviewed by the Committee members and subsequently endorsed by the Committee.

Due to the COVID-19 pandemic, the Expert Advisory Committee has not been able to meet face-to-face and two virtual meetings were held in 2021. During the meetings, Committee members expressed appreciation regarding the achievements of the Evaluation Office, notable in particular given the small size of the office and constraints imposed by the COVID-19 pandemic. Concern was expressed regarding the capacity and viability of an office with two professional staff managing a large number of evaluations covering the work of the Joint Programme at global, regional and country levels.

The Committee highlighted the importance of sufficient human resources and the need to accelerate the establishment and filling of an additional position to increase the capacity of the Evaluation Office. This would help ensure adequate focus on the quality of evaluations, strengthen follow up to evaluations, dissemination and communication. It would also help boost the overall implementation rate against the budget of the Evaluation Office.

The importance of investing sufficient financial resources in evaluation was highlighted and it was noted that current level of resources for evaluation appeared low given the important role of evaluation in organisational learning and knowledge management, and also given that a strong evaluation function can support resource mobilisation in UNAIDS.

Another way proposed to increase the capacity of UNAIDS Evaluation Office was to tap even more into the evaluation capacities of the Cosponsors, e.g., by having them lead specific evaluations where HIV would only be one component to be assessed.

The focus on system-wide and joint evaluations conducted by UNAIDS Evaluation Office in collaboration with other UN agencies was particularly valued by UNAIDS Cosponsors. It was noted that in the context of UN reform and the latest UN General Assembly Quadrennial Comprehensive Policy Review, UNAIDS Evaluation Office was among the few playing this key role of convening other UN agencies.

Committee members drew attention to UNAIDS new Strategy and its inequality lens as a useful framework for the next Evaluation Plan and inequalities as an added dimension of vulnerability. It was noted that new arrangements beyond current systems were needed to respond effectively to HIV and evaluations needed to look beyond HIV and the health sector, and consider the role of civil society and socio-economic impact of the COVID-19 pandemic more broadly. Evaluating the lessons learned from the response to the HIV and COVID-19 pandemics would be useful and could consider issues such as participation, access, equity and resilience, and focus on key populations and vulnerable communities.

It was suggested that the 2022-2023 Evaluation Plan should consider digital interventions, digital tools and digital evaluations since these are going to be important ways to conduct evaluations. Evaluations should also consider the impact of climate change on the work of UNAIDS: implications on the way in which the Joint Programme operates as well as effects on food insecurity, displacement, migration and other issues which directly impact efforts to end AIDS by 2030. In terms of country coverage, it was suggested to systematically include large countries, such as India and South Africa, where the impact of HIV is large.

It was recommended that the 2022-2023 Evaluation Plan should consider new approaches, methods, tools and techniques as well as the context of virtual interactions. The need to bring communities on board and the usefulness of participatory methods and qualitative community approaches were highlighted. The burden of data collection on NGOs was raised as a concern and it was therefore important to consider what would be reasonable in terms of data collection and data analysis.

Going forward, the need to strengthen the rigour of evaluations from a scientific perspective was stressed. Committee members highlighted the need for evaluations to go beyond interviews with partners and the need for engagement with genuine experts, a range of stakeholders and civil society. Where possible, the causal impact should be quantified, more causal impact evaluations should be carried out and quantitative components added to evaluations. Programme science should be tapped into to increase knowledge translation and strengthen the feedback loop into programming.

The follow up to evaluations and uptake of evaluation findings were stressed by Committee members to ensure that evaluations influence policies, programmes and decisions. The Evaluation Office was advised to go beyond summative evaluations for the purpose of reporting and accountability to more formative evaluations as well as developmental evaluations – learning and adaptation for results – in order to help formulate the right questions, support adaptive management and inform decisions in real-time and. This is in line with a movement of the evaluation domain in the direction of design research to create better systems and a focus on the potential for the future.

The importance of including academia and being product focused were also stressed and it was suggested that the Evaluation Office should from the outset engage experts who represent diverse approaches, methods and practices in evaluation. Committee members pointed out that the Evaluation Office should also consider the relationship between evaluation and monitoring data. It was stressed that data should be part of programming and that there should be a natural alignment of purpose in the evaluations – serving an independent purpose but also contributing data that is useful for an organisation to function.

During discussions Committee members highlighted that the COVID-19 pandemic had made it more difficult for the Committee to take forward its agenda and that it was important to give sufficient time for the work of the Committee to come to fruition. Accordingly, difficulties experienced by the Committee in fulfilling its role due to COVID-19 were brought to the attention of the PCB Bureau at its meeting on 15 July 2021 and the PCB Bureau was requested to consider extending the terms of the members of the Expert Advisory Committee for a two-year period 2022-2023.


The Bureau discussed different options and recommended the reappointment of six Committee members for the period 2022-2023. Subsequently, following a nomination and selection process in accordance with the terms of reference of the Expert Advisory Committee, the Bureau also recommended the appointment of one new member (representing Eastern Europe) for agreement of the PCB (kindly see the PCB Bureau summaries for [15 July 2021](#) and 4 November 2021).

ANNEX 2: EVALUATIONS CARRIED OUT IN 2020–2021

Extract from UNAIDS evaluation dashboard

Evaluation title	Evaluation status	End date	Management response status	End date
Evaluations carried out in 2020				
Independent evaluation of the UN system response to AIDS in 2016–2019	<i>published</i>	Jun-20	<i>tracking completed</i>	Dec-21
Evaluation of the UNAIDS technical support mechanism	<i>published</i>	Jun-20	<i>tracking completed</i>	Feb-21
Evaluation of UNAIDS-CDC collaboration on strengthening public health capacity and strategic information systems	<i>published</i>	Jun-20	<i>tracking completed</i>	Jun-21
Review of UNAIDS Secretariat support to Fast-Track the HIV response in cities	<i>published</i>	Dec-20	<i>tracking completed</i>	Jun-21
Evaluation of UNAIDS Country Health Situation Rooms	<i>published</i>	Dec-20	<i>under implementation</i>	Dec-21
Evaluation of the work of the Joint Programme in Viet Nam	<i>published</i>	Dec-20	<i>tracking completed</i>	Dec-21
Evaluation of the work of the Joint Programme in Mozambique	<i>published</i>	Apr-21	<i>tracking completed</i>	Dec-21
Evaluations carried out in 2021				
Evaluation of the Joint Programme’s work to prevent and respond to violence against women and girls	<i>published</i>	Jun-21	<i>to be finalised by end November</i>	To be confirmed
Evaluation of the UNAIDS Secretariat Gender Action Plan 2018–2023	<i>published</i>	Jun-21	<i>to be finalised by end November</i>	To be confirmed
Evidence review of UNAIDS contribution to resilient and sustainable systems for health	<i>published</i>	Apr-21	<i>not applicable</i>	To be confirmed
Evaluation of UNAIDS Secretariat’s work on advocacy and communication	<i>postponed</i>	Dec-21	<i>not applicable</i>	To be confirmed
Evaluation of the UNAIDS Secretariat–Global Fund collaboration	<i>postponed</i>	Dec-21	<i>not applicable</i>	To be confirmed
Evaluation of the Joint Programme’s role on efficiency and sustainability	<i>ongoing</i>	Feb-22	<i>not started</i>	To be confirmed
Evaluation of the Joint Programme’s work on key populations	<i>ongoing</i>	Feb-22	<i>not started</i>	To be confirmed
Evaluation of the work of the Joint Programme in Benin	<i>completed</i>	Nov-21	<i>not started</i>	To be confirmed
Evaluations of the work of the Joint Programme in Brazil	<i>completed</i>	Nov-21	<i>not started</i>	To be confirmed
Evaluations of the work of the Joint Programme in the Democratic Republic of Congo	<i>completed</i>	Nov-21	<i>not started</i>	To be confirmed
Evaluations of the work of the Joint Programme in Gabon	<i>completed</i>	Nov-21	<i>not started</i>	To be confirmed
Evaluations of the work of the Joint Programme in Ghana	<i>ongoing</i>	Dec-21	<i>not started</i>	To be confirmed

ANNEX 3: EVALUATION QUALITY ASSESSMENT CHECKLIST

Evaluation Quality Assessment Tool and Checklist ²			
<p>This checklist is designed to review the quality of UNAIDS evaluation reports. The purpose is to perform an independent and objective assessment of the quality of evaluations that have been completed and to improve the quality of future evaluations. Suggested weights for the different are as follows:</p> <ul style="list-style-type: none"> i. Design and Methodology / Analysis and Findings (0.25 each) ii. Structure and Clarity / Evaluation Process / Conclusions / Recommendations / Human rights and gender (0.1 each) 			
Institution carrying out the assessment:	<input type="text"/>	Year of report:	<input type="text"/>
Title of evaluation report:	<input type="text"/>		
Overall quality of report:	<input type="text"/>	Date of assessment:	<input type="text"/>
Overall comments:	<input type="text"/>		
Assessment Levels	<div style="background-color: #00AEEF; color: white; padding: 5px; display: inline-block;">Very Good</div> strong, above	<div style="background-color: #70AD47; color: white; padding: 5px; display: inline-block;">Good</div> satisfactory, respectable	<div style="background-color: #4682B4; color: white; padding: 5px; display: inline-block;">Fair</div> with some weaknesses, still acceptable
			<div style="background-color: #FF0000; color: white; padding: 5px; display: inline-block;">Unsatisfactory</div> weak, does not meet minimal quality standards

² The checklist was developed by the UNAIDS Evaluation Office and reviewed by UNAIDS Expert Advisory Committee on Evaluation. The checklist draws on the UN Evaluation Group Quality Checklist for Evaluation Reports (2010) <http://www.unevaluation.org/document/detail/607> and Improved Quality of Evaluation Recommendations Checklist (2018) <http://web.uneval.org/document/detail/2124>) and the Quality Standards for Development Evaluation (DAC Guidelines and Reference Series). The approach and format are based on Quality Assessment tools developed by UNFPA (<https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>).



Quality Assessment Criteria		<i>Insert <u>assessment level</u> followed by main <u>comments</u>. <u>Please provide an overall score based on responses to the individual questions - this is a qualitative assessment - a majority of "yes" implies a score of "good" or "very good" while a majority of "no" corresponds to "unsatisfactory".</u></i>	
1. Structure and Clarity	Yes, No, Partial, N/A	Assessment Level: Suggested weight for the section: 0.1	
<i>A comprehensive and user-friendly report</i>			
1a. The report is easy to read and understand (i.e., written in accessible language appropriate for the intended audience).			
1b. The report is structured in a logical way.			
1.c There is a clear distinction made between findings/analysis, conclusions and recommendations.			
1d. The annexes contain – at a minimum –a bibliography; a list of interviewees; an evaluation matrix; tools used (e.g., interview guides, etc.).			
1e. There is a stand-alone concise executive summary with a clear structure and key information regarding the report contents and main findings.			
2. Evaluation Process	Yes, No, Partial, N/A	Assessment Level: Suggested weight for the section: 0.1	
<i>An evaluation process that is credible, independent, and participatory</i>			
2a. Evaluators were independent (from programme management), able to work freely and without interference.			
2b. Evaluators were granted access to all relevant information (the section of the report describing limitations does not mention lack of access to specific documents or not receiving information promised).			

2c. Relevant stakeholders were given an opportunity to contribute to the design of the evaluation and comment on the draft report. [Confirm with UNAIDS Evaluation Office if not explicitly stated in the report]			
2d. Quality assurance was carried out through an internal and/or external mechanism, such as a management group and/or a reference group. [Confirm with UNAIDS Evaluation Office if not explicitly stated in the report]			
2e. The evaluation was conducted in a timely manner. [Confirm with UNAIDS Evaluation Office if doubts about timeliness]			
<i>Respect of ethical principles</i>			
2f. Anonymity and confidentiality of individual informants was protected as per UNAIDS/UNEG ethical principles in evaluation.			
2g. Data were collected respecting ethical considerations (ex: non-discrimination), as i) evidenced throughout the report and/or ii) in a separate section on ethics. [Please refer to UNEG ethical guidance]			
3. Design and Methodology	Yes, No, Partial, N/A	Assessment Level: Suggested weight for the section: 0.25	
<i>Clarity of evaluation context and purpose</i>			
3a. The objective/purpose of the evaluation is clearly described.			
3b. The audience and context of the programme or intervention and the evaluation are clearly described and explained.			
3c. The report notes overall constraints of the evaluation, e.g., time, resources available, data available, access to countries that explain why the evaluation was carried out in a particular way.			
3d. The evaluation report describes or reconstructs a theory of change and/or intervention logic and uses it, as appropriate.			
<i>A rigorous design and methodology (this is both about transparency of methods used and their suitability)</i>			
3e. The evaluation report describes the methodology and its application and methods used are appropriate to respond to evaluation questions.			
3f. The evaluation criteria and questions are explicit and adequately address all the evaluation objectives.			

3g. The evaluation describes and adequately justifies the methodological approach including the selection of tools for data collection. [See inception report, if necessary]			
Quality of data			
3h. The analysis is transparent about the sources and quality of data and the evaluation report describes the sampling frames used.			
3i. The evaluation report describes data limitations (i.e., bias, data gaps) and explains what was done to minimize these.			
4. Analysis and Findings	Yes, No, Partial, N/A	Assessment Level: Suggested weight for the section: 0.25	
Sound analysis and credible findings			
4a. The analysis is presented against the evaluation questions and the findings are substantiated by evidence (data sources triangulated).			
4b. The data analysis offers a sufficient level of disaggregation (by organization, organizational level, target group, geographical area, etc., as relevant).			
4c. Contextual factors of the evaluation as well as key assumptions of the evaluators are made explicit.			
5. Conclusions	Yes, No, Partial, N/A	Assessment Level: Suggested weight for the section: 0.1	
Validity of conclusions			
5a. The conclusions reflect reasonable evaluative judgments and are substantiated by findings.			
5b. The conclusions provide a thorough understanding of the underlying issues being evaluated and meet the knowledge needs of the intended users.			
5c. The conclusions present strengths and weaknesses of the programme or intervention being evaluated.			
5d. The conclusions take due account of the views of a diverse cross-section of stakeholders.			
6. Recommendations	Yes, No, Partial, N/A	Assessment Level: Suggested weight for the section: 0.1	

<i>Usefulness and clarity of recommendations</i>			
6a. The recommendations are relevant to the purpose and objectives of the evaluation and appear balanced and impartial.			
6b. The recommendations were developed with the involvement of relevant stakeholders.			
6c. The recommendations are targeted at or grouped by the intended users.			
6d. The recommendations are action-oriented, prioritized and have a timeframe proposed – to facilitate an appropriate management response and follow up on the recommendations.			
7. Human Rights, Gender Equality and Empowerment of Women (GEEW)	0, 1, 2, 3	Assessment Level: Suggested weight for the section: 0.1	
<i>To assess the integration of Gender Equality and Empowerment of Women (GEEW) (*)</i>			
7a. Gender equality and empowerment of women was integrated in the analytical framework and evaluation criteria and questions were designed in a way that ensured GEEW-related data could be collected.			
7b. A gender equality and empowerment of women-responsive methodology and tools, and data analysis techniques were selected.			
7c. The evaluation findings, conclusions and recommendations reflect a gender analysis.			
<i>To assess the integration of Human Rights (*)</i>			
7d. Human rights were integrated in the analytical framework and evaluation criteria and questions were designed in a way that ensured human rights related data could be collected			
7e. A human rights responsive methodology and tools, and data analysis techniques were selected.			
7f. The evaluation findings, conclusions and recommendations reflect a human rights analysis.			
(*) These assessment criteria are identical to those of the UN-SWAP Scoring Tool. Each sub-criterion shall be equally weighted (as per the calculation in the tool and totalling the scores 8-9 = "very good"; 6-7 = "good"; 5-2 = "fair"; 1-0="unsatisfactory").			

ANNEX 4: EVALUATIONS TO BE CARRIED OUT IN 2022–2023

JOINT PROGRAMME EVALUATIONS 2022–2023

The Work of the Joint Programme on Social Protection

2021–2026 UNAIDS Strategy: **Strategic Priority 2—Break down barriers to achieving HIV outcomes**

UN Leads: UNAIDS Secretariat, WFP, ILO, UNICEF, the World Bank

Coverage: Global Regional Countries

Time period: 2018–2021 (to be carried out in 2022)

Content and key questions

The evaluation will assess Joint Programme results on output 9 of the 2022–2026 UBRAF on social protection schemes that support wellness, livelihood and enabling environments for people living with, at risk of and affected by HIV. The evaluation will take stock of the level of HIV (and TB) integration into social protection programmes across regions and how integration has been carried out; what partners are involved; what is the coverage and access to social protection across population groups and epidemic profiles: who are the people left behind and current practices. Among possible evaluation questions:

Q1: What are the main lessons and results from implementing the HIV and social protection assessment tool and how can it be improved? How has the assessment tool strengthened Global Fund programmes?

Q2: What models of social protection—plus cash plus programming—are feasible in resource-constrained environments (e.g. cash transfers plus nutrition programmes)?

Q3: What have been the main lessons emerging from COVID-19 related government and community-led social protection services supported by the Joint Programmes (e.g. cash transfers)?

Q4: What the relevance and effectiveness of Joint Programme guidance and efforts on integration? How to improve partnerships with and capacity of stakeholders (civil society, government, others)? How is the Joint Programme contributing to tracking progress?

Strategic significance

The need for stronger social protection systems and HIV- and TB-sensitive social protection is recognized in the context of the SDGs. The new UNAIDS 2021–2026 Strategy renews this focus. Social protection has been empirically linked with the reduction of many structural drivers of the HIV epidemic such as intimate partner violence, HIV risk behaviours, enrolment, and retention of adolescents in school, teenage pregnancies and other outcomes. Social protection links to integrated systems, cross-cutting approaches, and sustainability. It also contributes to HIV prevention and treatment efforts. The UNAIDS Secretariat has produced a comprehensive assessment tool in 2017

(<https://www.unaids.org/en/resources/documents/2017/HIV-social-protection-assessment-tool>). However, feedback from country users seem to suggest that the tool needs a revision. The evaluation will assess if the tool delivers salient information and recommend improvements for more effective support and also contribute to guidance on HIV-sensitive social protection programming.

Risks associated with the subject of the evaluation

Despite the need for social protection, there is limited and uneven coverage across key population groups. For instance, coverage ranges from 7% in Zambia to 46% in Namibia among women living with HIV, and from 6% in Zambia to 40% in Namibia among men living with HIV. Social protection coverage among adolescent girls and young women is 20% or less in seven of the countries with available PHIA data, and it exceeds 40% in Eswatini and Namibia. Coverage for female sex workers is uniformly low. Efforts on social protection are crucial for integration, and affect prevention, treatment, human rights, gender equality and sustainability.

Level of investment in the area being evaluated

The Joint Programme supports national social protection programmes and social protection floors, ensuring they are HIV-sensitive, reach the poorest HIV affected households and communities, and address the needs of vulnerable children. Each assessment tool country exercise costs about US\$ 50 000.

Knowledge gap

There is need for programmatic action, operational research and best practices related to HIV and social protection. The evaluation will contribute to the strategic assessment and future planning of social protection HIV related interventions to strengthen their reach and inclusion of people living with, at risk of or affected by HIV. Findings on the assessment tool will be useful to plan future amendments and scaling up.

Feasibility of the evaluation

Medium—the evaluation can benefit from progress reports (on the implementation of the assessment tool) and monitoring data. An evaluability analysis should be conducted before initiating the exercise.

Notes

The evaluation is supported by the Inter-Agency Task Team (IATT) for Social Protection. The IATT, civil society organizations and some governments have requested an evaluation of the social protection assessment tool. The findings can feed into a global evidence base to ensure that social protection systems are designed with people living with, at risk of or affected by HIV. The topic was not previously evaluated.

The Joint Programme Contribution to Integration of HIV into Primary Health Care

2021–2026 UNAIDS Strategy: Strategic Priority 3—Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses

UN Leads: UNAIDS Secretariat, UNICEF, WHO, UNFPA

Coverage: Global Regional (two regions) Countries

Time period: 2018–2021 (to be carried out in 2022)

Content and key questions

The evaluation will assess what has the Joint Programme done to integrate HIV into primary health care and what can we learn from HIV programming to strengthen it. The evaluation could cover two regions (e.g. eastern and southern Africa and Asia-Pacific) to cover settings with high burdens of HIV as well as settings with concentrated epidemics, since integration into primary health care presents different challenges in diverse epidemic contexts and requires some form of prioritization.

This is intended as a two-way evaluation, looking at:

Q1: How has the Joint Programme been able to leverage primary health care for HIV outcomes;

Q2: What the Joint Programme could learn from HIV programming to enhance primary health care and make it fit for purpose to manage layered and complex chronic illnesses.

Additional possible evaluation questions are:

Q3: To what extent has the impact of the COVID-19 pandemic forced the Joint Programme to look at new ways of working on HIV within the context of primary health care? Are there best practices from the COVID-19 mitigation response that showcase the benefits and importance of integration into primary health care?

Q4: Could a stronger primary health care system support sustainable high-quality HIV programming in the future, and what elements of primary health care need to be strengthened to be able to achieve this? What role can the Joint Programme play in securing that future?

Strategic significance

Although Resilient and Sustainable Systems for Health is not a pillar of the 2021–2026 UNAIDS Strategy, it is considered as a cross-cutting theme to all other programme areas. The new Strategy also considers epidemic preparedness and there is a strong link to the third strategic priority in the Strategy—i.e. fully resource and sustain efficient HIV responses and integrate them into systems for health, (...) and pandemic responses. What the Joint Programme does on integration in primary health care is also relevant to universal health care. This evaluation is critical for sustainability of programmes and especially important for women and children for whom primary health care is essential for accessing health and HIV services.

Risks associated with the subject of the evaluation

It is important to understand what the Joint Programme has achieved in the integration space and what it could do better, because it is an area relatively underprioritized in the current Joint Programme plans.

Level of investment in the area being evaluated

Investments on HIV integration into primary health care go beyond the Joint Programme on HIV (i.e. the UBRAF budget and HIV-specific human resources). This evaluation would thus provide learning beyond the Joint Programme.

Knowledge gap

As of 2021, there are not indicators that are used to assess Joint Programme performance on primary health care integration, and this means there is lack of evidence/information on work in the area and results. Since some of the interventions in this area go beyond Joint Programme work—it may be underreported in the JPMS, beyond the well-established integration of PMTCT services into antenatal care.

Since in the context of HIV responses, the emphasis is often on vertical approaches, there are knowledge gaps in relation to integration of HIV services and results.

Knowledge gaps extend to issues of decentralization (linked to integration) for some of the services, such as HIV services for children. The continued focus on centralized services results in lack of access in many settings. Centralized services and systems are often valued more in the HIV context as they are highly productive for generating performance results. Structural issue remains a challenge requiring assessment of how HIV programming can be truly integrated when it remains largely donor-funded.

The approach outlined to look at high HIV burden and low HIV burden contexts will create valuable case studies for other countries and regions.

Feasibility of the evaluation

Medium. There might be issues with current monitoring data—both indicators and narratives. May need case studies and in-depth data collection at the country level.

Notes

The subject was not previously evaluated in the context of the Joint Programme. Evaluation of resilient and sustainable programming has been conducted in the past, but only for the Secretariat.

The model of looking generalized versus concentrated epidemics, using data to inform the response, recognizing that programmes need to differentiate according to setting, sets a good practice, and it can also be of use to partners such as PEPFAR and the Global Fund and for Cosponsors programmes beyond HIV.

The Work of the Joint Programme on Human Rights

2021–2026 UNAIDS Strategy: Strategic Priority 2—Break down barriers to achieving HIV outcomes

UN Leads: UNAIDS Secretariat, Co-Convenors and technical working group of the Global Partnership on stigma and discrimination: UNDP (lead under DOL), UN Women, UNODC, ILO, UNESCO, WFP, WHO, UNFPA.

Coverage: Global Regional (three regions: Caribbean, EECA, ESA) Countries

Time period: 2018–2022 (to be carried out in 2023)

Content and key questions

The evaluation will focus on the work of the Joint Programme on reduction in stigma and discrimination, and on law reform/decriminalization. It will provide learning on whether and how best the Joint Programme can contribute to the 10–10–10s; and how the Joint Programme can partner further with key donors and International Organizations towards innovative practices. Possible evaluation questions are:

Q1: To what extent is Joint Programme work contributing to the reduction of HIV related stigma and discrimination and law reform?

Q2: What are the results of Joint Programme efforts and partnerships to shift social norms and influence removal of punitive laws, policies and practices that perpetuate inequalities and undermine human rights?

Q3: How is the Joint Programme increasing collaboration among key stakeholders, supporting legal literacy programmes, increasing access to legal support and representation, and supporting community monitoring for people living with or affected by HIV?

Q4: What are some of the best practices at country and regional level, in terms of collaboration between entities and developing effective interventions or advocacy?

Q5: What are the barriers the joint programme faces in supporting law reform or reduction in stigma, both internal and external barriers, and what support do they need to be more effective?

Q6: How to prioritize and strengthen Joint Programme work on human rights?

Strategic significance

The 2021–2026 UNAIDS Strategy has a strong focus on human rights as necessary to reducing inequalities, reducing HIV incidence and increasing access to HIV services. Result Area 5 commits for "people living with HIV, key populations and people at risk of HIV (to) enjoy human rights, equality and dignity, free of stigma and discrimination". Zero Discrimination has been a key target of the joint strategy since 2016 and UNAIDS has recommended decriminalization of HIV since at least 2006. The 2021–2026 Strategy also includes specific targets by 2026:

- less than 10% of people living with HIV and key populations experience stigma and discrimination and violence;
- less than 10% of countries have laws that criminalise drug use, same sex sexual activity, HIV exposure, nondisclosure and transmission and sex work.

The Joint Programme have had guidance on the seven key human rights programmes since 2012 "Key Human Rights Programmes", plus comprehensive guidance on the "Fast Track and Human Rights" from 2017 and recent guidance on the "Evidence for eliminating HIV-related stigma and discrimination". The evaluation will help the Joint Programme signal where it is making progress and what needs to be intensified.

Risks associated with the subject of the evaluation

The infringement of human rights is slowing progress in the HIV response and across other health and development areas. Exclusion, stigma, discrimination, human rights violation, and violence fuel the AIDS epidemic among adults and children. Lack of access to justice impacts on the ability of people living with HIV and key populations to get redress for HIV-related human rights violations.

The Joint Programme has comparative advantage for work on human rights in the context of HIV and it is key that efforts are of the right scale and effective. However, work in this area has been slow, often with biomedical approaches prioritized over human rights.

Level of investment in the area being evaluated

UBRAF allocation under 2022–2023 Workplan and Budget: about US\$ 10.5 million in core resources and US\$ 23.1 million in noncore resources, which corresponds to about 3% of total biennial UBRAF resources.

Knowledge gap

There is a need to know what the human rights-related knowledge and capacities are of Cosponsors and the Secretariat, and which actions the Joint Programme is taking or not taking on those issues. More needs to be known about the extent to which the Joint programme is working together at country level on the Global Partnership. The evaluation will contribute to identifying best practices in relation to Joint Programme coordination and action on human rights, particularly stigma and discrimination, as well as opportunities and synergies that are being missed due to lack of coordination, and the barriers to achieving results in this area. Effective practices at country or regional levels can be used as templates for other regions and countries.

Feasibility of the evaluation

High—Monitoring data are available across countries and are relevant to country responses and status, as well as Joint Programme interventions.

Notes

Subject not previously evaluated.

The Joint Programme Country Envelopes

2021–2026 UNAIDS Strategy: Across three strategic priorities

UN Leads: UNAIDS Secretariat, all Cosponsors

Coverage: Global Regional Countries (a random sample of countries)

Time period: 2018–2021 (to be carried out in 2022)

Content and key questions

The evaluation will assess the UBRAF funding allocation system (i.e. country envelopes), examining the planning, strategic choices, coordination, efficiency and country results across all 2022–2026 UBRAF outputs, challenges and lessons learned. The country envelopes were introduced in UNAIDS biennial budget for 2018–2019, which was approved by the PCB in June 2017. The evaluation would cover five years of implementation. Possible evaluation questions are:

Q1: What has changed in countries due to the country envelope allocation process and implementation? To what extent are the country envelopes addressing structural drivers of the epidemic, such as gender equality and human rights? To what extent are civil society and communities, including key populations, engaged in resource allocation, design and implementation?

Q2: How do joint plans and envelope proposals score on: relevance to country needs; prioritization and focus; joint and coordinated action; catalytic nature and innovation; articulation of SMART deliverables?

Q3: How has the principle of results-based allocation of fundings been applied in practice?

Q4: What are the overall recommendations for allocation of resources under the next phases of UNAIDS Unified Budget Results and Accountability Framework (UBRAF), i.e. the 2024–2025 workplan?

Strategic significance

The UNAIDS Strategy is operationalized by the Joint Programme through the UBRAF and relies on core resources mobilized by the Secretariat, which are allocated to the Cosponsors at the country level through the envelope process, and on additional resources mobilized by the Cosponsors (non-core funds). Envelope allocations cover most countries where the Joint Programme is present. In a context of reduced resource availability, it becomes crucial to have efficient and effective processes for resource allocation and utilization, which are results-based and people-centred. Although the envelope resources represent a small part of total UBRAF funding, it is key to assess it because of its innovative decentralized approach, with decisions on funding taken at the country level.

Risks associated with the subject of the evaluation

Suboptimal use of UBRAF funding has implications across all areas of the Joint Programme contribution to implementation of the UNAIDS Strategy.

Level of investment in the area being evaluated

Envelope funds represent approximately 13% of the core UBRAF funds (about 26% of total core UBRAF funds are allocated to Cosponsors) and approximately 5% of overall funding of the Secretariat and Cosponsors for HIV (2020 data).

Knowledge gap

There is no systematic analysis (beyond 2018) of the envelope process or results achieved to make sure this is the most efficient and effective way to allocate, disburse and use more than half of the Cosponsors' core UNAIDS funds.

The country envelope mechanism could be of interest to UN organizations at the country level as an alternative to multipartner trust fund and other pooled fund mechanisms.

Feasibility of the evaluation

High—Good data availability through joint plans and joint reporting mechanisms (such as the Joint Programme Monitoring System, or JPMS) as well as relevant envelope guidance tools.

Notes

The subject was covered to some extent by Independent Evaluation of the work of the Joint Programme during 2016–2019. The country envelope process was also assessed in 2018 through six country case studies as part of the Review of the Implementation of the UNAIDS Joint Programme Action Plan and Revised Operating model.

While in-person data collection would seem to be a natural approach innovative information technology tools/methods will also be considered.

UNAIDS SECRETARIAT-SPECIFIC EVALUATIONS 2022–2023

UNAIDS Secretariat Policy Work and Influence

2021–2026 UNAIDS Strategy: **Across three strategic priorities**

Coverage: Global Regional Countries (a random sample of countries)

Time period: 2016–2021 (to be carried out in 2022)

Content and key questions

The evaluation will support achievement of all 2022–2026 UBRAF outputs, cutting across the three UNAIDS Strategic Priorities. It will include a mapping of existing UNAIDS policies and cover both policy development at the Secretariat and country uptake of policies. The evaluation should inform an institutional process to initiate and close policies and provide recommendations on how to shape the policy function in UNAIDS. For assessing policy uptake, need for disaggregation by region and policy area. Possible questions are:

Q1: What is the interpretation and meaning of policy in UNAIDS (versus Strategy, guidance, briefs etc.)? What is the continuous relevance of existing policies and their use?

Q2: How is the Secretariat developing new thematic policy/policy positions (dynamics, formal mechanisms, approval, participation etc.)? How is the policy function organized and how to improve it (policy function at the global level and policy advisers at Regional Support Teams and UNAIDS Country Offices)?

Q3: How effective are country offices in translating global UNAIDS policy and influencing policy change at the country level? Note that needs for policy change vary by region/country

Q4: What are the components for changing policy at the country level? What the constant elements, i.e. the building blocks, beyond circumstantial? How to improve effectiveness of UNAIDS policy work in countries?

Q5: How well does the Secretariat allocate resources in order to realize its policy work in an effective manner?

Strategic significance

There is a need to clarify how the Secretariat develops and approves thematic HIV policies to make policy work more structured and coherent. At the same time, since policy development at the global level needs to translate into policy development/change at the country level, it would be important to identify the key elements of the policy advocacy process that can be replicated. While UNAIDS has a two-years work plan cycle, work to influence policy takes longer, requiring continuity across joint plans (in receptive policy environments it can take less but these are exceptions). Developing a policy toolkit, based on evidence from UNAIDS experience, will increase effectiveness of policy influence, that is key to UBRAF implementation.

Risks associated with the subject of the evaluation

In some cases, policy development in UNAIDS is driven by programme or projects, without a coherent policy function or protocol on how UNAIDS develops policy positions. There is need for a better articulated policy process. Relevance of UNAIDS policies also needs revision (e.g. not clear if the policy on PMTCT was evaluated, used, translated to country results). Without clarity on the policy development process and a mapping of policy positions, there are areas for which the organization position is still not clearly defined (e.g., on sex work). Lack of a clear policy reference may result in divergent programmatic action that may go against required standards and human rights considerations. In some Country Offices, UNAIDS has policy and strategy advisors, however, their work is not connected across regions or with the policy unit at global level. At country level, short-term programming may not be effective to influence policy. It is important for the Secretariat to plan for the longer term, and monitor/evaluate work on policy influence.

Level of investment in the area being evaluated

Policy influence is central to the work of the Secretariat, both in terms of developing programmatic global policy positions and for country level use.

Knowledge gap

There is need for a more coherent policy development process in UNAIDS and clarity on the policy function. The evaluation should identify key steps for policy development at the global level to systematize policy production and avoid gaps in policy positions. Stronger guidance (a toolkit) is needed for Country Offices, but also at the headquarter and regional levels, to increase skills and capacity on policy work. The evaluation will provide the evidence base to shape the policy function and clarify skills sets and a tool kit to increase capacity. Recommendations should apply to the global level and across countries.

Feasibility of the evaluation

Medium—Need for an evaluability phase since sufficient long-term monitoring data on how policy work takes place in UNAIDS may be lacking. Secretariat policy positions interlink with Cosponsor policies, so the mapping may need extension to Cosponsor work, requiring more time/efforts. In addition, reporting on policy change tend to take place when successful, and less at the process level, i.e. the steps that bring to a change.

Notes

Evaluation of policy change is an area that is evolving and currently discussed in the context of the **UN Evaluation Group**. This evaluation can contribute to the field, as well as provide tools to the Secretariat to be a stronger player for policy development and change. It would also help in better monitoring policy changes and the various steps involved. The subject was not previously evaluated, apart from indirect assessments of policy elements through other thematic evaluations (e.g. on violence against women and girls).

UNAIDS Data Hub in Asia-Pacific and in Other Regions

2021–2026 UNAIDS Strategy: Across three strategic priorities

Coverage: Global Regional (AP, EECA, LAC, ESA, WCA) Countries
Time period: 2018–2021 (to be carried out in 2022)

Content and key questions

The evaluation will take stock of the regional **data hubs** on AIDS and contribute directly to the performing of the UNAIDS Secretariat function S3 on Strategic Information. Emphasis is on the **data hub** in Asia-Pacific since it is the first one being established and the most institutionalized. For a view of data hubs across regions, please refer to: <https://aphub.unaids.org/>; <http://eecahub.unaids.org/>; <http://lachub.unaids.org/>;

<https://esahub.unaids.org/>; <http://wcahub.unaids.org/>. Possible evaluation questions:

Q1: Did the data hubs achieve their objectives? Who are the intended constituencies? What is the impact outside UNAIDS?

Q2: What the key elements that can explain the performance of the **data hub** in Asia-Pacific and what can other regions learn?

Q3: How does the Asia-Pacific model differ from models implemented in other regions? What makes some models more successful than others? What are the requirements for setting up a successful **data hub**?

Q4: What would make the **data hubs** successful across the UNAIDS regions (also in relation to **AIDS Info: AIDSinfo | UNAIDS**)?

Strategic significance

The 2021–2026 UNAIDS Strategy reiterates the importance of disaggregated location and population data and their use, including attention to inequalities. To address inequalities, there is need to support more closely the measurement and evidence on inequalities across the regions and to provide data in specific localities and populations, as well as strong advocacy efforts in regions.

Data hubs are powerful tools in aggregating and portraying data for programmatic and advocacy purposes. The Asia-Pacific **data hub** is referred to as a model. Since most UNAIDS country offices do not have strategic information advisers in Asia-Pacific, the Regional Support Team plays a stronger role, the **data hub** is more resourced than elsewhere, and it serves a stronger purpose for data presentation and advocacy. Civil society is also a strong user of data hubs. If the Asia-Pacific **data hub** is to be used as a reference, there is need to know about the specifics of the region to contextualise the learning and ensure adaptation.

Risks associated with the subject of the evaluation

There is need to document the Asia-Pacific **data hub** model, which is considered success, to identify the conditions and the definition of the model and allow smooth replication in other regions. More clarity on the contextual elements of the **data hub** would help avoid risks of failure in replicating it to different areas.

Level of investment in the area being evaluated

Four staff positions—from UNAIDS core funding—at the Regional Support Team in Asia-Pacific plus software investment, etc.

In Latin America, eastern and southern Africa, and western and central Africa, data analysts in addition to staff time (about 30%) from strategic information advisers are needed. In the Middle East and North Africa, and eastern Europe and central Asia, **data hubs** are managed by strategic information advisers and consultants.

Knowledge gap

This evaluation relates to knowledge management—data use and applicability to different context. In some instances, staff tend to not analyse/interpret data but delegate that work to strategic information advisers. There is need for more staff data education.

Need to better define the elements of the **data hub** in Asia-Pacific (i.e. the model for **data hubs**) to allow for evidence-informed replication. Implementation of the **data hubs** in other regions have had issues/challenges. The evaluation will help with adequate replication of a model in different regions.

Feasibility of the evaluation

High—Monitoring data available and easily accessible.

Notes

In 2014/15 UNICEF carried out an evaluation of the **data hub** in Asia-Pacific. Based on the evaluation, the programme was revised. At present, UNICEF no longer funds the **data hub**.

Data hubs on AIDS are external publicly accessible databases; as such, they benefit all stakeholders, including civil society and communities.

The Impact and Implications of COVID-19 on the Work of UNAIDS Secretariat

2021–2026 UNAIDS Strategy: Across three strategic priorities

Coverage: Global Regional Countries
Time period: 2020–2021 (to be carried out in 2022)

Content and key questions

The evaluation will assess how countries adapted HIV responses to the COVID-19 crisis and how UNAIDS was able to support these changes. It will also look at how the COVID-19 response was supported (through AIDS-related actions and leveraging). In addition to assessing the impact and implications on the HIV response and UNAIDS support (adaptation, implementation, quality, and lessons learned), the evaluation will look at internal implications, such as adapting ways of working and what should stay—and the acceleration of digital interventions. Possible evaluation questions are:

Q1: What are the implications of the COVID-19 response on the AIDS epidemic and responses, and how was UNAIDS able to support AIDS relevant action at times of crisis?

Q2: What the contribution of UNAIDS work to addressing the COVID-19 pandemic, based on the strengths and learning from dealing with the AIDS epidemics (like the role of community engagement, vulnerabilities and location/population approaches, addressing inequalities, respect of human rights and gender equality etc.)?

Q3: What has changed in UNAIDS's ways of working due to the COVID-19 pandemic, and what has been positive and should remain?

At country level, the evaluation will consider broader UN efforts, i.e. the UN Framework on the immediate socioeconomic response to COVID-19 as operationalized through the Socio-Economic Response Plans (SERPs) and evolving Cooperation Frameworks. As such, the evaluation will also provide lessons that can feed into how the new generation of UN Country Teams can work better with national governments and partners to progress towards recovering in line with core values of furthering human rights, gender equality and inclusion during the decade of action to deliver on the Sustainable Development Goals.

Strategic significance

During the COVID-19 pandemic, UNAIDS has worked alongside people living with and affected by HIV to manage its impact. It also investigated how the experience of tackling HIV could help inform and guide effective, efficient, people-centred and sustainable COVID-19 responses. Two years into the COVID-19 pandemic, it is time to take stock of the learning and ensure that the HIV response is integrated with COVID-19 pandemic recovery efforts, as well as with other emergencies and crises so that people are better-protected against health emergencies and pandemics.

In terms of UNAIDS's internal ways of working, it is important to achieve a post-COVID-19 transition where the positive aspects of digital acceleration are maximized and internalized, while considering the well-being of staff and gender dynamics.

Risks associated with the subject of the evaluation

The AIDS and COVID-19 pandemics follow and deepen societal fault lines. Inequalities exacerbate vulnerability to infectious diseases and magnify the impact of pandemics. It is important for UNAIDS to keep drawing on key lessons learned from the intersecting HIV and COVID-19 pandemics, leveraging the proven tools and approaches of the HIV response, working to get on-track to ending AIDS while also contributing to protecting people against other health emergencies and pandemics.

Level of investment in the area being evaluated

The implications of the COVID-19 pandemic cut across all 2022–2026 UBRAF outputs and Secretariat functions, and the affect the overall effectiveness of the Secretariat response.

Knowledge gap

Although there has been ongoing discussion and reflections on the COVID-19 pandemic in UNAIDS (both for external and internal implications), there is a need for a more systematic assessment across geographical levels (global, regional, countries).

Feasibility of the evaluation

High—The evaluation will also benefit from data collected by the Secretariat during the pandemic on country relevant COVID-19 action, such as Assemblage and internal COVID-19 summaries.

Notes

The UN Evaluation Group committed to carry out a system-wide evaluation of the UNDS Response to COVID-19, in the context of the UN COVID-19 Response and Recovery Fund. This UNAIDS specific evaluation can contribute to that larger effort.

UNAIDS Secretariat Programme Review Committee (PRC)

2021–2026 UNAIDS Strategy: Across three strategic priorities

Coverage: Global Regional Countries
Time period: 2016–2022 (to be carried out in 2023)

Content and key questions

The purpose of the Programme Review Committee as an internal control function is to help the UNAIDS Secretariat achieve its goals and be accountable for the use of resources. The Programme Review Committee ensures that the efficiency and accountability of programme implementation conforms with established rules, regulations and procedures. As such, this evaluation will benefit implementation of all Secretariat functions as defined in the 2021–2026 UBRAF. Possible key questions to assess the effectiveness of the global and regional Programme Review Committee entities are:

Q1: Is the Programme Review Committee able to ensure that financial and administrative processes conform with established rules, regulations and procedures, and with full independence?

Q2: Is the Programme Review Committee effective in ensuring that appropriate justifications are in place in cases where procedures have not been followed (i.e. safeguarding resources from inappropriate use, loss or waste)?

Q3: To what extent do Programme Review Committee processes slow down programmatic implementation?

Q4: How to improve the functioning of the global and regional Programme Review Committee mechanism?

Strategic significance

The evaluation is about operational efficiency for the Secretariat to perform his functions more effectively and timely, in support of programmatic interventions contributing the 2021–2026 Global AIDS Strategy and 2022–2026 UBRAF implementation. Any improvement to the Programme Review Committee process would affect procurement processes across the organization.

Following implementation of the Secretariat alignment, the evaluation provides an opportunity to review internal control functions designed to strengthen the transparency, accountability and coherence between organizational objectives and activities.

Risks associated with the subject of the evaluation

In the context of resource shortages (for UNAIDS staff and programmes), it is important that Secretariat process are efficient and timely.

Level of investment in the area being evaluated

The topic of the evaluation (a management/operational procedure/process) is cross-sectional, and it covers procurement processes for the Secretariat across areas and offices.

In terms of evaluation costs, this should be a relatively light process/formative evaluation with clear operational recommendations for the next stages of the Programme Review Committee.

Knowledge gap

There are anecdotal reports about lack of consistent follow-up of projects and progress on achievement of results by the Programme Review Committee, but there is a need for evidence and the evaluation can help fill that gap.

There is also a need to assess whether current Secretariat control functions can safeguard against potential misuse of resources and effectively ensure accountability without hindering the work of the Secretariat due to over burdensome processes.

There is a need for evidence on potential efficiencies to be gained in terms of streamlining processes, moving to an electronic system, reviewing monthly submissions.

Feasibility of the evaluation

Medium—The current effectively database is paper-based.

Notes

The evaluation could yield recommendations for innovative and more efficient ways of working within the Secretariat.

UNAIDS Secretariat Support to Community-led Monitoring

2021–2026 UNAIDS Strategy: **Strategic priority 2—break down barriers to achieving HIV outcomes**

Coverage: Global Regional Countries (12 countries in ESA and WCA)
Time period: 2018–2022 (to be carried out in 2023)

Content and key questions

The evaluation will specifically contribute to Output 4 of the 2022–2026 UBRAF, on community-led responses, and take stock of progress, challenges and needs for improvement. Possible evaluation questions include:

Q1: What is the progress on community-led monitoring at the country level? How is community-led monitoring supportive to reaching the 95–95–95 targets?

Q2: In what areas of community-led monitoring has UNAIDS made most meaningful contributions (taking into consideration financial support, mainly extra-budgetary, and staff time at country level on community mobilization and strategic information)? What are the challenges/gaps?

Q3: Is internal UNAIDS coordination across different teams working in this area effective to achieve results on community-led monitoring? How to improve/ better leverage synergies?

Q4: In which areas of community-led monitoring UNAIDS can be most supportive (i.e. comparative advantage) going forward (i.e. prevention, treatment, human rights)?

Strategic significance

The evaluation will provide information to contribute to Result Area 4 of the 2021–2026 UNAIDS Strategy: *Fully recognized, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response*. It is key for UNAIDS to assess the value it adds to community-led monitoring since this is a central puzzle-piece in the Strategy (community engagement). UNAIDS should have a clear assessment of its capacity to strengthen communities and their ability to lead monitoring and evaluation systems. The year 2023 is a mid-point for Strategy implementation, which means there is still time for improvement/retargeting as needed.

Risks associated with the subject of the evaluation

UNAIDS needs to provide evidence on its ability to deliver through communities, given the centrality of the issue in the new Strategy. When moving from the 90 to the 95 targets, the only way to increase coverage is to be more specific with locality/populations (zooming in geographically and with specific populations and outreach) and engaging communities in the delivery of services. Communities are key partners in reaching the last mile and there is need to ensure UNAIDS is supporting them the right way.

Level of investment in the area being evaluated

Since 2020, the UNAIDS investment is relatively large:

- extra-budgetary funds in 12 countries (from PEPFAR/CDC), plus funding channelled through the Technical Support Mechanism; and
- staff efforts, including community/social mobilization advisers and strategic information advisers in UNAIDS Country Offices.

Knowledge gap

There is a need for evidence whether UNAIDS is investing correctly on community-led monitoring and if UNAIDS is the best partner to support countries in this work. The evaluation will assess if UNAIDS facilitation is efficient at country level. UNAIDS is in direct contact with communities and there is an implicit assumption that it can add value through liaison with and knowledge of communities. However, relevant evidence is missing, and the evaluation should produce it.

Since the focus of UNAIDS support is in western and central Africa and in eastern and southern Africa, evidence from the evaluation could help implementation in other regions/countries, such as Latin America and the Caribbean.

The evaluation could showcase some innovation of community-led monitoring practices and assess relevant benefits. Successful practices could then become more normative (as for now, each country applies different models). The evaluation should also help communities and governments having a stronger dialogue on approaches and type of support.

Feasibility of the evaluation

High—Monitoring data are available, such as monthly reporting on CDC/PEPFAR funds. This evaluation will need country presence/field work since it requires field discussions with communities.

Notes

The United States Government (PEPFAR/CDC) should be a partner in the evaluation. In addition, some community-led monitoring activities are funded by the Global Fund (Technical Support Mechanism support is used by Global Fund implementers), so the Global Fund is also a partner.

UNAIDS Secretariat Partnership with the Global Fund

2021–2026 UNAIDS Strategy: Across three strategic priorities

Coverage: Global Regional (three regions of the UNAIDS-GF MOU: AP, WCA and ESA) Countries
Time period: 2019–2022 (to be carried out in 2023)

Content and key questions

The evaluation will inform the Secretariat function S4 on coordination, convening and implementation support. The evaluation will cover the memorandum of understanding with the Global Fund, in view of its renewal, but it will go beyond the MOU and include recent initiatives like the financial agreement between UNAIDS and the Global Fund. The evaluation will assess how the UNAIDS and Global Fund strategies align, what is working and what is not, and what to change. Possible evaluation questions include:

Q1: How well has the partnership between UNAIDS and the Global Fund worked? What are the results of the partnership and what should be improved? The evaluation will cover the agreed areas of collaboration at the global and regional levels, as specified in the memorandum of understanding, and will include recent initiatives.

Q2: What are the results of technical assistance provided by UNAIDS, including the virtual support model? What is recommended for the next stages (e.g. on grant-making, implementation, and/or strengthening specific thematic areas)?

Q3: How effective is the UNAIDS constituency (i.e. Secretariat, Cosponsors, and civil society) in the Global Fund Board to advance priorities of the global AIDS strategy and how can it be strengthened?

Q4: How has the partnership between UNAIDS and the Global Fund helped mitigate the impact of COVID-19 on Global Fund grants implementation?

Note: The Cooperation Agreement (memorandum of understanding between UNAIDS and the Global Fund) is a partnership document with no financial implications. The partnership is primarily based on achieving common goals and secondarily on attaining mutual benefits. The agreement focuses on maximizing support to countries and optimizing investments and impact at the country level. In 2021, a financial agreement was signed with the Global Fund for specific initiatives. Also in 2021, UNAIDS established a technical support model (the virtual support model) to support countries preparing applications for the second phase of the Global Fund's COVID-19 Response Mechanism (C19RM). The model comprises in-country support to proposal development, an online Virtual Support Desk Mechanism, and a helpdesk to provide countries with tailored, long-distance technical support on request, as well as virtual peer reviews of draft applications.

Strategic significance

The 2021–2026 UNAIDS Strategy values its work with partners which are essential for achieving desired results. The timing of the evaluation is key to inform the next memorandum of understanding between UNAIDS and the Global Fund. The current memorandum of understanding identifies specific areas of collaboration and includes a result matrix to measure progress. It will be important to evaluate whether the current memorandum of understanding is indeed an effective way for the partnership to engage.

Risks associated with the subject of the evaluation

The Global Fund is a key partner in the AIDS response and the global community is unlikely to reach the AIDS targets and end AIDS without Global Fund investment. UNAIDS is a key partner in ensuring that Global Fund funds are used effectively at country level. Assessing the results of the areas of collaboration between UNAIDS and the Global Fund will show whether these are key in supporting countries to achieve their goals, and what needs to change.

Level of investment in the area being evaluated

Investment in the partnership is substantial at all levels. The Global Fund relies on UNAIDS for political advocacy and technical assistance and for support to countries at the policy and strategic information levels.

Knowledge gap

The evaluation will inform UNAIDS and the Global Fund and interested stakeholders on progress made and further opportunities to strengthen cooperation and collaboration between them in the context of the 2021–2026 Global AIDS Strategy and post-COVID-19. The evaluation should cross-reference with the one carried out in 2017 and should focus on the innovative aspects of the current memorandum of understanding.

Feasibility of the evaluation

High—The evaluation should be cost-shared with the Global Fund.

The result matrix and indicators on the memorandum of understanding (annexes) contribute to evaluability and provide a baseline.

Notes

The current MOU was informed by an evaluation of the collaboration between UNAIDS and the Global Fund in 2017 (https://www.unaids.org/en/resources/documents/2017/PCB40_CRP3) that recommended to clarify and specify roles between the two organizations. This follow up evaluation should be a joint evaluation with the Global Fund (possibly the evaluation department). The need for an evaluation is mentioned in the memorandum of understanding itself, although not in mandatory way. UNAID Evaluation Office will explore (with the Evaluation Unit of Global Fund)- innovative evaluation methods and how to engage country stakeholders and ensuring inclusion of their perspectives also using virtual data collection tools.

¹ https://www.unaids.org/en/resources/documents/2019/PCB44_Evaluation_Policy

² https://www.unaids.org/en/resources/documents/2019/PCB45_Evaluation_Plan

³ https://www.unaids.org/sites/default/files/media_asset/Annual_Report_on_Evaluation

⁴ https://www.mopanonline.org/ourwork/themopanapproach/MOPAN_3.1_Methodology

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