

ANNUAL REPORT ON EVALUATION

Evaluation of UNAIDS Joint Programme Country Envelopes: 2018-2022

UNAIDS

An Evaluation of UNAIDS Joint Programme Country Envelopes: 2018–2022

Report



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The UNAIDS Evaluation Office would like to express its gratitude to the Euro Health Group for conducting the evaluation of the Country Envelopes. The purpose of the evaluation was to assess the Country Envelopes as a mechanism for allocating and disbursing funds mobilized by the UNAIDS Secretariat for Cosponsors' country work as part of Joint UN Teams on AIDS and Joint UN Plans on HIV. The evaluation aimed to assess how funds are being allocated and used, evaluate the results achieved through these funds, and consider alternative approaches used by UN and other organizations.

The Evaluation Office extends its appreciation to all stakeholders who generously provided inputs and time during the evaluation process. The Office would particularly like to acknowledge the efforts and contributions of colleagues and partners in the six country case studies - the Andean region (Peru/Ecuador/Bolivia), Cote D'Ivoire, Kyrgyzstan, India, Iran, and Zambia.

The evaluation team found that Country Envelope funding remains important, but improvements are needed in evidence-based decision-making and monitoring of funds. Regular funding from the Country Envelopes has helped maintain HIV as a relevant area of work for the UN and enabled collaboration and stakeholder engagement. However, the multiple intentions and expectations of the Country Envelopes need to be revisited to achieve a more strategic use of funds and impact. Increasing the strategic orientation of Country Envelopes requires bolder decision-making and stronger Joint Plans. Overall, changes to the Country Envelope model are desired, and there is a strong case for course corrections to strengthen prioritization and focus in light of the Global AIDS Strategy targets and reduced availability of HIV funding.

We hope that the findings and recommendations will be helpful in guiding the Country Envelopes for maximum efficiency, inclusion, and people-centred results at the country level.

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List of acronyms and abbreviations

AP	Asia Pacific
ART	Antiretroviral therapy
ARV	Antiretroviral drugs
BUF	Business Unusual Funds
CE	Country Envelope
CR	Community responses
CSO	Civil society organization
DSD	Differentiated service delivery
EECA	Eastern Europe and central Asia
EMTCT	Elimination of mother-to-child transmission (of HIV)
EQ	Evaluation question
ESA	Eastern and southern Africa
FSW	Female sex worker
GAS	Global AIDS Strategy
GBV	Gender-based violence
GE	Gender equality
GTL	Global thematic lead
HR	Human rights
ILO	International Labour Organization
IOM	International Organization for Migration
IRC	Independent review committee
JPMS	Joint Programme Planning, Monitoring and Reporting System
KII	Key informant interview
LAC	Latin America and the Caribbean
LoA	Letter of agreement
M&E	Monitoring and evaluation
MENA	Middle East and North Africa
MPTF	Multi-Partner Trust Fund
OECD DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission (of HIV)
PPE	Personal protective equipment
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
QA	Quality assurance
RA	Results area
ROI	Return on investment
SI	Strategic Initiatives
SRA	Strategic results area
SRA/RA	strategic result areas/result areas
ToC	Theory of change
TRP	Technical review panel

TWG	Technical working group
UBRAF	Unified Budget Results and Accountability Framework
UCD	UNAIDS Country Director
UCO	UNAIDS country office
UN	United Nations
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
UNHCR	United Nations High Commissioner for Refugees
UNSDCF	United Nations Sustainable Development Cooperation Frameworks
VCT	Voluntary counselling and testing
WCA	Western and central Africa
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

The Country Envelope (CE) was introduced in 2017 as part a refined operating model to improve the transparency, efficiency and results focus of UNAIDS Joint Programme (Joint Programme). The CEs were established to incentivize joint planning and action, as part of Joint Plans on HIV/AIDS (Joint Plan) and United Nations Sustainable Development Cooperation Frameworks (UNSDCF), and to drive impact.

Evaluation approach and methodology

The evaluation is retrospective in that it assesses the design, implementation and results of CE, and is formative in that it will inform the continued implementation of the 2022-2026 Unified Budget Results and Accountability Framework (UBRAF) through evidence-based findings and learning.

The evaluation developed a theory of change (ToC), which has served as the overall analytical framework for the evaluation. The theory of change has informed the evaluation protocol and the development of 10 evaluation questions focusing on the design, implementation and results of the CE. Evidence for the evaluation was generated principally through six country case studies – the Andean region (Peru, with two sub-case studies), Cote D'Ivoire, Kyrgyzstan, India, Iran, and Zambia. The evaluation methodology included a document review, key informant interviews at global, regional, and country levels, and a global survey for Joint Programme staff. Evidence was analysed and triangulated through a team analysis workshop in November 2022 and findings and recommendations were developed. These were discussed with the evaluation's Steering Committee and wider UNAIDS stakeholders in January 2023.

Purpose and scope of the evaluation

The purpose of the evaluation is: to assess the CE as a mechanism to allocate and disburse funds mobilized by the UNAIDS Secretariat for Cosponsors' country work as part of Joint UN Teams on HIV/AIDS and Joint UN Plans on HIV/AIDS; assess how funds are being allocated and used; assess the results achieved from these funds; and consider alternative approaches used by UN and other organizations to inform recommendations. The evaluation covers the period 2018-2022, that is, three biennia 2018-2019, 2020-2021 and implementation until July 2022.

The evaluation team acknowledges that CEs are one source of funds that support the Joint Plan at the country level. However, as per the approved scope of the evaluation, the focus of this evaluation is on CEs, and the implementation and results of CE funding. Thus, it was out of the evaluation's scope to include a wider analysis of UBRAF and other sources of funding that support the implementation of Joint Plans and the contribution to national HIV responses in case-study countries.

While the evaluation assesses CE-related processes, including the development and implementation of Joint Plans as they relate to the CE, it is the overarching story of the results and impact achieved by the CE that is in focus (as requested by the Steering Committee).

Limitations

The evaluation's limitations include the small number and prescribed choice of case-study countries, a short time frame to conduct interviews and field work and the large number of CE activities making it difficult to follow progress and assess results of each activity. The team experienced some challenges interpreting data from the Joint Programme Planning, Monitoring and Reporting System (JPMS) and interpreting the use of CE funds in relation to UBRAF 2016-2021 strategic results areas and UBRAF 2022-2026 results areas.

The following table provides a summary of key findings. Further detail and more findings are found in the relevant sections of the main report

Area of work	Summary of findings
<p>Design of the CE (findings from Evaluation Questions 1 and 9)</p>	<ul style="list-style-type: none"> ▪ There are multiple objectives in the design of the CE, and high expectations for what can be achieved in relation to size of funds available. ▪ Differentiated allocations are not accompanied by differentiated monitoring and reporting processes, with implications for transaction costs. ▪ The allocation model is primarily designed for equality, that is, to ensure that all eligible countries receive at least some resources. Some equity considerations must be balanced against this, in that human and financial resources need to be directed toward those countries with the highest burden of disease. Decisions on the in-country allocation of CE funds to Cosponsors are largely driven by fairness and a desire to be inclusive of all country Cosponsor partners. ▪ The allocation model has resulted in a small pot of money being spread across a wide set of countries, many of which have received small allocations. This has encouraged so-called activity funding but does not incentivize results. In addition, the potential to achieve results or optimize UNAIDS return on investment does not inform the allocation of resources. ▪ There is no clear ownership of the CE across the Joint Programme, and this is limiting opportunities for broader strategic discussion and learning.
<p>Implementation of the CE (findings from Evaluation Questions 2,3,6,8,9)</p>	<ul style="list-style-type: none"> ▪ CE funds have helped maintain or re-energize Joint Team working and are helping keep HIV on the agenda including within the United Nations. ▪ CE have brought Cosponsors together to develop Joint Plans but there is scope for greater strategic orientation and prioritization of Joint Plans as well as stronger oversight from regional and global teams during the planning phases where decisions on the use of funds are taking place. ▪ The planning timeframe and often late disbursement of funds impacts on the strategic use of funds and ability to do joint programming. ▪ Roles and responsibilities for the accountability of CE funds and performance are ambiguous, and levels of oversight of CE are variable.
<p>CE addressing gender, human rights and community responses and COVID-19 responses (findings from</p>	<ul style="list-style-type: none"> ▪ CE funds support mainstreamed and gender equality (GE)-specific approaches, but it is unclear to what extent these activities are tackling the structural causes of gender inequality. ▪ Globally, CE investment in gender equality is low and this is also reflected at the country level; investments in human rights (HR) and community responses (CR) fare slightly better. ▪ Due to the range of CE-funded gender equality, human rights and community response activities undertaken by Cosponsors in any one country, the extent to which these represent a joint strategic focus linked to country priorities is unclear.

The following table provides a summary of key findings. Further detail and more findings are found in the relevant sections of the main report

Area of work	Summary of findings
<i>Evaluation Questions 4 and 5)</i>	<ul style="list-style-type: none"> ▪ Markers are helpful only as an indication of the extent to which the design of an activity considers gender equality, human rights, and community responses. They cannot be relied on as a monitoring tool and are not an accurate indicator of the extent to which the activity has contributed to these areas. ▪ COVID-19 reprogramming was timely, supported by the Secretariat, and flexible.
<i>Use of funds, results generated from CE and how contributing to UBRAF outputs and Global AIDS Strategy outcomes (findings from Evaluation Questions 7, 8, 9)</i>	<ul style="list-style-type: none"> ▪ Between 2018-2022 US\$ 119 million of CE funds, including Business Unusual Funds (BUF) were budgeted across 96 countries. The top three UBRAF outputs where CE funds have been budgeted are 1: SRA 1/RA 2 testing and treatment and RA 1: HIV prevention; 2: SRA 3/RA 7 HIV prevention among young people; and 3: SRA 4/RA 4 HIV prevention among key populations/community-led responses. ▪ Across all regions, limited funds have been budgeted in 2018-2022 towards SRA/RAs targeting Global AIDS Strategy 2021-2026 priorities 2¹ and 3.² ▪ Over two thirds of CE funds 2018-2022 were budgeted among four Cosponsors: the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Health Organization (WHO) and WHO-PAHO (the Regional Office for the Americas of the World Health Organization). <ul style="list-style-type: none"> ▪ Evidence for what has been funded is widely available but evidence for what change has occurred because of CE funding is more limited. ▪ There are some positive examples of the use of CE funds including with some catalytic results. CE funds seem to be most catalytic when focused on upstream activities, such as research, generation of strategic data, guidance and policy development, pilot approaches with potential for scale up, and where the comparative strengths of the Joint Programme are harnessed. ▪ CE funds are being used to support gaps or the expansion of existing projects. In these cases, CEs are blended with other funding making it difficult to follow the money, understand the catalytic component and differentiate CE contribution/results. ▪ Opportunities are being missed for strategic and cross-country learning including what works to help advance progress towards the global AIDS targets.

¹ Breaking down barriers to achieving HIV outcomes – including result areas on community-led responses, human rights, gender equality and young people. These map loosely onto UBRAF 2016-2021 SRAs 3 (HIV prevention and young people), 4 (HIV prevention and key populations), 5 (gender and gender-based violence (GBV)) and 6 (human rights).

² Fully fund and sustain efficient HIV responses and integrate into systems for health, social protection, humanitarian settings and pandemic responses – including result areas on fully funded and efficient HIV response, integration of HIV into health systems and humanitarian settings and pandemics. These map loosely onto UBRAF 2016-2021 SRAs 7 (investment and efficiency) and 8 (social protection - integration of HIV and health services).

The following table provides a summary of key findings. Further detail and more findings are found in the relevant sections of the main report

Area of work	Summary of findings
	<ul style="list-style-type: none"> ▪ Despite efforts to report UBRAF results, the JPMS does not include any functionality for monitoring/assessing jointness as a pathway to catalytic results.
<p><i>What other models exist as potential alternatives for funding the work of United Nations agencies at the country level? (findings from Evaluation Question 10)</i></p>	<ul style="list-style-type: none"> ▪ There are mixed lessons of experience from pooled funds, but ingredients of success include: <ul style="list-style-type: none"> — Having a clear objective for a pooled fund which is shared and understood. — Having a separate panel or entity for reviewing proposals. — Having unearmarked funds to drive joint planning and programming. ▪ There is no perfect way to allocate scarce resources across countries, therefore trade-offs between equality, equity and return of investment considerations exist. As such, a pragmatic and balanced approach is required, and this has implications for UNAIDS and the way it considers allocating scarce resources in the future.

Conclusions

- 1. Funding countries to support the priorities of national responses continues to make sense.** Overall, the evaluation is supportive of Joint Programme funds continuing to be targeted to countries albeit with improvements. This requires evidence-based decision-making for the allocation and use of funds and stronger monitoring and follow up across the board to improve the performance of funds (this point relates to findings from Evaluation Questions 1 and 2).
- 2. CEs have provided a relatively regular source of funding for Joint Teams, which has helped galvanise Joint Team working and enabled HIV to remain a relevant area of work** for the UN and kept HIV on the agenda for some smaller agencies and countries. Evidence indicates that using funds to re-energize or maintain Joint Teams and planning processes is a model that can bring UN agencies together and support collaboration. There are some positive implementation experiences and examples where CE funds have been used in ways that have proved catalytic and are more aligned to the Joint Team's comparative advantages e.g., strategic information, laws, policies, advocacy, and have used UN convening power and Cosponsor expertise and technical assistance to positive effect (This point relates to findings from Evaluation Questions 2, 5, and 7).
- 3. CEs have been designed with multiple intentions and expectations, many of which are too big to address with the funds available and need to be scaled back.** Catalysing change, improving UN capacity, empowering countries, strengthening accountability, boosting joint programmes and coordination—such is the multitude of intentions and expectations of CE that it is unclear what CE funds are trying to accomplish. This makes it difficult to understand whether funds are being used for what could be considered their correct purpose and what their contribution and impact is. Trying to solve these issues through the small amounts of CE funds available is unrealistic. Scaling back the intentions and expectations of CE and having very clear objectives for what UNAIDS wants to achieve with the CE is necessary (this point relates to findings from Evaluation Questions 1, 2, 8).
- 4. The allocation model balances technical priorities (trying to match the epidemic) with political priorities (providing funds to maintain a global Joint Programme) and this has spread and fragmented funds** across a large number of countries, to an extent that countries are challenged to use the funds in the most strategic way. Within countries, the starting point for the allocation of funds to Cosponsors appears to be by equality considerations and this fragments funds further and can undermine the impact of what can be achieved. The CE funds are not designed or used as strategically as they could be across and within countries and, to achieve more impact, the priorities for allocating funds should be revisited. This requires making difficult decisions about the allocation of future funding, including the trade-offs required. Ultimately this depends on what purpose the CE funds are intended to serve (this point relates to findings from Evaluation Question 1).
- 5. The use and quality of programming of CE funds depends significantly on many factors** such as the leadership capacity of the UNAIDS country office (UCO) and/or the UNAIDS Country Director (UCD) in setting the strategic direction of Joint Plans. As well, the roles, responsibilities and voice of global and regional teams and Cosponsors vis-à-vis country voices, Cosponsor presence and capacities to engage in Joint Teams, and the extent to which close consultations with wider stakeholders is happening at planning stages also influences the use and quality of CE fund programming (this point relates to findings from Evaluation Questions 8 and 9).

6. **There is scope to increase the strategic orientation, relevance and results of the CE** through ensuring that country needs and inclusive planning processes drive the prioritization of CE resources and Cosponsor involvement. This is likely to require bolder decision-making and more rigour regarding the allocation of funds and the development of stronger Joint Plans including for resource mobilization at the country level. This will enable a shift away from activity funding towards a more strategic, policy-focused work, where the Joint Programme can make a difference, based on its comparative advantage (this point relates to findings from Evaluation Questions 2 and 3).
7. **There is evidence from across the Joint Programme that changes to CE are desired** and that more impact could be achieved through rethinking the current model of the CE. Given the set of findings and wider context of increased new HIV infections in some regions, commitments to progress the achievement of the Global AIDS Strategy targets, and less available funding for HIV, there is a strong case for course correction to strengthen the prioritization and focus of CEs and to revisit the principles, objectives and operations of the CE (these points relate to findings from Evaluation Questions 1,2,3,4,7,9).

The following options were considered by the evaluation team for how UNAIDS may wish to reallocate CEs to address the findings of the evaluation. The options table is followed by recommendations that are relevant to all options as well as specific recommendations for the preferred option 4: the Country Results Fund (CRF).

Alternative models for the CE	Pros	Cons
Option 1 Status quo—retain current CE model	<ul style="list-style-type: none"> • Maintains decentralized decision-making on in-country allocations. • Responds to the concerns about the bandwidth constraints within UNAIDS currently. • Allows preservation of the global Joint Programme by supporting countries with no other sources of funding to keep HIV on the agenda. 	<p>Does not address findings of evaluation, for example:</p> <ul style="list-style-type: none"> • Funds spread thin over large number of countries. • Fragmentation of funds through country allocation processes. • Lack of clear institutional home, ownership and learning function.
Option 2 Refined CE model	<ul style="list-style-type: none"> • Changes allocation to support greater equity. This reduces number of eligible countries and increases volume of funds. • Likely reduces transaction costs as fewer countries would receive funds. 	<ul style="list-style-type: none"> • Reduces importance and visibility of Joint Programme in countries not receiving funds—risk to global HIV agenda and preservation of the Joint Programme.
Option 3 Regional model	<ul style="list-style-type: none"> • Allocation is based on equity as above so fewer countries receive funds but volume of funds to those countries increases. • Allocations are made by regions and could be informed by return on investment/results. • Strengthens accountability as regions play a stronger role in CE processes through decisions on allocations, monitoring and oversight of use of country funds. • Provides potential regional capacity to fulfil the role. Builds on strengthened regional role in latest CE guidance. 	<ul style="list-style-type: none"> • Reduces importance and visibility of Joint Programme in countries not receiving funds—risk to global HIV agenda and preservation of the Joint Programme
Option 4 (preferred option) Country Results Fund (CRF)	<ul style="list-style-type: none"> • Pillar 1 funds allocated to all countries enables preservation of global programme and HIV stays on agenda in 90+ countries. • Pillar 2 funds supports Joint Team working through development of one joint proposal with common vision and approach. • Pillar 2 funds support strategic/thematic priorities to enable progress towards country and global targets. • Funds are less fragmented and likely to support more impact. 	<ul style="list-style-type: none"> • Requires some initial effort to set up (e.g., technical working group)—independent panel, guidance, deciding on themes, proposal format). • Challenging to make changes in the context of realignment as roles/structures are still settling in and there is funding uncertainty.

Alternative models for the CE	Pros	Cons
	<ul style="list-style-type: none">• More funds empower the Joint Teams' credibility, visibility, leverage.• Independent review enables more strategic proposals anchored in the theory of change.• Could serve as an instrument for resource mobilization.	

Recommendations

Recommendations 1-8 are relevant for all options presented in the table.

Recommendation 1: Have a strategic discussion between Secretariat and Cosponsor staff regarding the positioning and support to CEs in the wider context of changing UBRAF budgets, funding and resource mobilization efforts. Discussions should focus on:

- Scenario planning and assessing support for the continuation of the CE.
- Determining a clear purpose for the CE—essentially, what does UNAIDS want to achieve with these funds?
- Assessing the options presented to remodel the CE in conjunction with the purpose.
- Determining the next steps.

Recommendation 2: Retain CE funding. The evaluation team recommends keeping the CE in some form as findings suggest that: a) it is helping to reinvigorate Joint Team planning and working to some extent; b) having funding available for use at country levels is helping keep HIV on the political agenda in countries where other sources of funding are not available; and c) there is some evidence that CE-funded activities have been catalytic.

Recommendation 3: Determine a clear institutional home for CE. The evaluation found no clear ownership for CE. Placing CE within a clear institutional home (e.g., under the direction of the Deputy Director of Programmes in the UNAIDS Secretariat) will help increase responsibility, transparency and accountability for the performance of such funds.

Recommendation 4: Ensure Joint Plans on HIV/AIDS are anchored in a theory of change (aligned with national strategic plans and local UNSDCF) and the UBRAF theory of change. In line with the 2022 guidance note on the New Generation of Joint Programmes, that Joint Plans develop a theory of change which is anchored in the wider UBRAF TOC and national frameworks. Within this context, the assumptions for how use of CE funds will bring about change should be made explicit. This responds to the need to increase the strategic intent of Joint Plans and use of CE and would help Joint Teams coalesce around a Joint Vision for the longer term and enable Joint Teams to identify specific areas/ opportunities where they can work together to leverage their comparative advantage.

Recommendation 5: Lengthen the planning timeframe, continue to promote two-year planning, and accompany this with two-year disbursements. Lengthening the planning timeframe will promote a more meaningful analysis and more meaningful engagement with national partners on gaps and needs to be addressed. Aligning the disbursement period to the planning period (two years) will support longer-term, more strategic planning and implementation. The evaluation recognizes this recommendation will need to be discussed in the context of wider UNAIDS resource mobilization and funding strategies, for example, generating support for multi-year commitments.

Recommendation 6: Ensure guidance for the CE provides clear instructions and transparent information on how funds can be used. Definitions and examples of key principles and terms such as strategic, catalytic and tangible examples of the types of results expected from these funds should be included. Be clear how gender, human rights and community responses are expected to be addressed through these funds, including expectations for funds to address related structural causes.

Recommendation 7: Assign clear roles to support the allocation, oversight and learning resulting from CEs. The following roles could be envisaged for Joint Teams, a regional Joint Team, global coordinators and UNAIDS global thematic leads (GTLs):

- a) **Joint Team role:** strategic oversight of the development of plans to use the funds.

- b) **Joint Programme regional team role:** technical advisory support to country Joint Teams, quality assurance (QA) of reports, and identification of strategic learning, proactive dissemination of learning as needed.
- c) **Global coordinator's role:** work with the regions to determine which countries would be best placed to receive CE funds. Perform quality assurance of Joint Team reports for performance and accountability purposes.³
- d) **UNAIDS Secretariat global thematic lead role:** lead discussion around how CE funds should be used and in which thematic areas, based on knowledge of key gaps in global targets and areas of Joint Programme comparative advantage; review implementation reports to identify learning themes and innovative examples that can be shared across countries and regions to promote learning and adaptation; and commission evaluations of CE funds, as appropriate.

Recommendation 8: Update the JPMS to improve results reporting and strengthen accountability and learning. Being able to identify how CE funds are contributing to the wider Joint Programme and UBRAF results chains is important if these funds are to be results-oriented. In addition to the current country joint reports, there is an opportunity for the reporting format to capture specific results achieved (as opposed to activities/deliverables) that can be tagged to the UBRAF Results Framework 2022-2026 for the Joint Programme, at output and outcome levels.⁴ Planning and reporting should also allow Joint Teams to tag each entry (whether activity or deliverable) to several strategic results areas if relevant. A proportional allocation would be required to avoid the double counting of budget amounts.

Recommendations 9 and 10 are specific to the preferred option 4, the Country Results Fund.

Recommendation 9: Establish a Country Results Fund.

There is no perfect way to allocate scarce resources to improve impact. Demonstrating results is increasingly needed to mobilize funds and to make visible UNAIDS' value proposition. Building on the findings, the evaluation team recommends recalibrating the CE through the development of a **Country Results Fund**. This model builds on the existing structures, processes and guidance to minimize the burden associated with adapting the CE. It assumes the same level of CE funding available in 2022-2023.

The purpose of the Country Results Fund is to demonstrate results to support the achievement of the Global AIDS Strategy and country priorities, through the comparative advantage of the Joint Programme. The design features reflect this purpose.

The Country Results Fund will have two pillars of financial support:

Pillar 1: Provide a fixed amount to all Joint Programme countries on a “no regrets” basis to strengthen Joint Team working and the strategic intention of Joint Plans and enable HIV to remain on the agenda of Cosponsor agencies and countries (up to an indicative aggregate amount of US\$ 10 million⁵).

These funds would be used to galvanise Joint Team working and support the development of stronger Joint Plans including situational assessments as appropriate, participatory planning meetings, the development of the Joint Plan, and high-level policy and advocacy work. An indicative amount per country could be US\$ 100 000 over two years, which would total approximately US\$ 9.1 million over 91 countries.⁶ The current disbursement mechanism

³ Reporting upwards to the institutional home/owner.

⁴ Noting that these outputs and outcomes correspond directly to the 10 results areas in the Global AIDS Strategy that feed into the three Global AIDS Strategy strategic priorities.

⁵ Noting that the split of funds between pillars 1 and 2 should be calibrated by the Joint Programme

⁶ 91 countries are currently funded in 2022.

could be retained or UNAIDS could identify the most efficient way that would allow all Cosponsors to receive an equal amount.

Pillar 2 provide fund to accelerate results. Key features of the Pillar 2 grants include:

- a) **Support results-based proposals developed by country Joint Teams** with a floor of US\$ 1 million and ceiling of US\$ 3 million over two years. Using an estimated pot of US\$ 32.5 million envisaged for CE funds this would allow between 11-32 country grants over two years.
- b) **Focus proposals on one theme every two years to focus the achievement of results in specific/target areas.** The need to enhance results in a thematic area would be based on evidence and learning and would be identified and criteria defined by UNAIDS Secretariat global thematic leads, global coordinators and regional Joint Teams and other experts and networks as appropriate.
- c) **Enable flexibility in how funding can be used in proposals.** This would mean that countries could propose use funds for additional human resources if there is a strong rationale for doing so. Proposals would also be able to reprogramme funds easily, for maximum flexibility. Funds would be disbursed for a two-year period to align with two-year plans.
- d) **Establish a small independent panel to review and endorse proposals** based on clear and transparent criteria and guidance.⁷ The independent panel would comprise a select number of independent experts and draw on the technical expertise of the UNAIDS global thematic leads, regional teams and global coordinators.
- e) **Define roles to support the independent panel and the operationalization of Pillar 2** for the Joint and regional teams, global coordinator's role and UNAIDS Secretariat global thematic lead roles but would essentially build on existing roles and expertise (see full report recommendations for details).
- f) **Update the JPMS to improve results reporting and strengthen accountability and learning.** This would mean:
 - **Providing clear guidance on process steps required to ensure the annual joint reporting and reporting process is meaningful.** The JPMS could include questions that probe, for example, how the reports have been developed, how learning around successes and challenges has been compiled and shared, and the extent to which the gender equality/human rights/community response intention was achieved, in addition to output and outcomes reporting. This would incentivize joint analysis of implementation and encourage reflection and learning within Joint Teams.

Recommendation 10: Establish a temporary technical working group to fully scope the design of the Country Results Fund. Draw on and align with UNAIDS Joint Programme thinking to ensure complementarity.

⁷ Including definitions, example results and template for proposal development, for example.

Introduction

The Country Envelope (CE) model was introduced in 2017 as part of a refined operating model⁸ to improve the transparency, efficiency and results focus of the UNAIDS Joint Programme (Joint Programme).⁹ The CEs were established to incentivise joint planning and action, as part of Joint Plans on HIV/AIDS (Joint Plan) and United Nations Development Assistance Frameworks (UNDAF),¹⁰ and to drive impact.

The CEs were initially assessed in 2018 through six country case studies.¹¹ Since then, no follow up assessment of the progress and results of the CEs has been undertaken. This evaluation addresses this gap and aims to assess the use and results of CE funds with a view to informing the implementation and future impact of UNAIDS 2022-2026 Unified Budget and Results Accountability Framework (UBRAF),¹² and progress towards the Global AIDS Strategy 2021-2026 targets and the goal of ending AIDS as a public health threat by 2030.¹³

Overview of the evaluation

Purpose and scope of the evaluation

The purpose of the evaluation is: to assess the CE as a mechanism to effectively allocate and disburse funds mobilized by the UNAIDS Secretariat for Cosponsors; assess how CE funds are allocated and used; assess the results achieved from these funds; and consider alternative approaches used by the United Nations and other organizations to inform recommendations. The evaluation covers the period 2018-2022, that is, three biennia 2018-2019, 2020-2021 and implementation up to July 2022.

The evaluation team acknowledges that CEs are one source of funds that support the Joint Plan at the country level. However, as per the approved scope of the evaluation, the focus is on CE funding only, and thus does not include a wider analysis of UBRAF core and non-core funding, nor does it attempt to assess the Joint Programme's overall contribution to national HIV responses in case-study countries. In addition, and as requested by the evaluation's Steering Committee, it is the overarching story of the results and impact of CE that is of interest.

Specifically, the scope of the evaluation is to:

- Assess the global and country allocation model to ensure CE funds are reaching regions and countries most in need.
- Assess the role of the CE in addressing priority gaps and needs in national responses.
- Assess the role of the CE in supporting coordination and more strategic joint planning and prioritization processes.
- Assess the efficiency and effectiveness of the CE including disbursements, implementation and reporting.
- Report the results of CE funding, including the contribution to UBRAF outputs and higher-level results.
- Explore alternative funding allocation models for joint funds to inform recommendations.

⁸ Refined operating model of the United Nations Joint Programme on HIV and AIDS.

⁹ The evaluation recognizes that the Joint Programme for HIV/AIDS comprises the UNAIDS Secretariat and participating UN Cosponsor agencies.

¹⁰ UNDAF has been renamed as United Nations Sustainable Development Cooperation Framework.

¹¹ Review of the implementation of the Joint Programme action plan and revised operating model.

¹² https://www.unaids.org/sites/default/files/media_asset/PCB_SS_2022_2026_UBRAF_Framework_EN.pdf.

¹³ Global AIDS Strategy 2021-2026.

Related issues raised during the inception period for further exploration by the evaluation

During the inception period, discussions with the UNAIDS Secretariat and Cosponsors raised additional related issues for the evaluation to consider. Some of these have also been raised by previous evaluations¹⁴ and include:

- The global allocation model and the need to reduce the number of countries eligible for CE funding so that available funds are large enough to make a difference and generate results.
- The unclear or untransparent criteria and decision-making to allocate CE funds between Cosponsors.
- The weak global and regional review processes to ensure investments are targeting the right things, in the right ways.
- The processes and timespan of the CE cycle and how this facilitates achieving the objectives and results of the CE.
- The perceived excessive transaction costs associated with CEs, which can act as a disincentive for applying and using the funds and which may exceed the value of the grant.
- Unclear and poor tracking of results from CE funding.
- Understanding the extent to which the CEs have fostered joint planning or whether CE interventions are separate Cosponsor activities despite being integral to the Joint Plan.
- Understanding the potential trade-offs between country-owned allocation decisions and implementation and global and regional influence through quality assurance/oversight mechanisms.
- Business Unusual Funds (BUF) principles and how these are being implemented in practice.
- Human and financial capacity constraints in Cosponsor agencies that limit the ability to implement and achieve results, especially when CE funding cannot support staff costs.

Evaluation approach and methodology

Approach

The evaluation is retrospective in approach in that it assesses the design, implementation and results of the CE. It is also formative in that it is intended to inform the continued implementation of the 2022-2026 UBRAF through evidence-based findings and learning.

The evaluation is theory-driven and a theory of change (ToC) was developed (See Annex 1) that has served as an overall analytical framework for the evaluation. The theory of change is informed by the 2016-2021 Fast-Track Strategy and UBRAF, and the new Global AIDS Strategy 2021-2026 and UBRAF 2022-2026, to provide the reference for forward-looking recommendations. It outlines the relationship between the CE funding and interventions and how these are expected to bring about change and results for national responses. The evaluation spans two strategic periods and, as requested by UNAIDS, the theory of change includes the current UBRAF results areas (RAs) as well as the former strategic results areas (SRAs) of the 2016-2021 UBRAF (see [Annex 6](#)). A summary assessment of the findings against the theory of change assumptions can be found in [Annex 2](#).

¹⁴ UNAIDS 2020 Independent Evaluation of the UN system response to AIDS 2016-2019; UNAIDS 2022 Independent evaluation of the UNAIDS Joint Programme's work with and for key populations at the country level 2018-2021.

Ten evaluation questions (EQs), based on evaluation criteria adapted from the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD DAC), were identified to enable the scope and objectives of the evaluation to be achieved (see Table 1 below). These should be read in conjunction with the theory of change and evaluation framework (see [Annex 3](#)).

Table 1: Country Envelope evaluation questions

Evaluation questions	
Strategy and design (relevance and coherence)	
Evaluation Question 1	How well is the country envelope allocation mechanism working?
Implementation (efficiency and effectiveness)	
Evaluation Question 2	How well are the structures and processes to support the implementation of the Country Envelope model working in practice?
Evaluation Question 3	To what extent have country stakeholders (the Government, civil society, people living with HIV (PLHIV), key population groups, and other partners) been engaged in United Nations joint planning and implementation at the country level?
Evaluation Question 4	To what extent have Country Envelope funding and Business Unusual Funds contributed to addressing gender equality, human rights and community responses (CRs)? ¹⁵
Evaluation Question 5	To what extent have Country Envelope funding and Business Unusual Funds supported the adaption of HIV programming during the COVID-19 pandemic in a flexible and timely way? How has COVID-19 impacted on the implementation of Country Envelope activities?
Results (and sustainability)	
Evaluation Question 6	To what extent have the Country Envelope funding and Business Unusual Funds achieved the country envelope outputs/results, as intended (see the theory of change)
Evaluation Question 7	What results have been generated through Country Envelope funding and how are Country Envelopes contributing to the achievement of UBRAF outputs 1-10 and higher-level Global AIDS Strategy outcomes?
Evaluation Question 8	To what extent have the Country Envelope funds enhanced and changed the capacity of Joint Teams and supported the mobilization of resources ¹⁶ at the country level?

¹⁵ Please note that supporting communities has been a priority for the Joint Programme but has not had a specific strategic results area under the previous Fast-Track strategy. The concept of community-led responses is recent, in the new Global AIDS Strategy and is unlikely to be articulated in Country Envelopes before 2022. All Cosponsors are expected to contribute to this, so there is no defined lead Cosponsor agency in the Division of Labour.

¹⁶ Mobilization of resources in the context means human, financial and technical resources for the Joint Programme and for the national response.

Evaluation questions	
Evaluation Question 9	What are the main factors helping or hindering the achievement and sustainability of results?
Evaluation Question 10	What other models exist as potential alternatives for funding the work of United Nations agencies at the country level?

Data sources and evaluation methods

Six countries were chosen as case studies: Côte d'Ivoire, India, Iran, Kyrgyzstan, Peru (including two subcase studies in Bolivia and Ecuador as these countries are managed through the UNAIDS office in Peru) and Zambia. At the request of the UNAIDS Evaluation Office, the choice of case-study countries was based on the 2018 Review of the Joint Programme Action Plan and Revised Operating Model¹⁷ although for this evaluation Belarus was replaced by Kyrgyzstan.

Evidence generated from the case studies has been supplemented by a document review, key informant interviews (KII) at global and regional levels, an online global survey¹⁸ and a global financial data analysis.

Data analysis, synthesis and development of evaluation recommendations

The evaluation used a range of analytical methods including the theory of change and its assumptions and the use of the OECD DAC evaluation criteria, along with relevance and coherence frameworks to analyse the design of the CE as well as the activities at the country level. Process evaluation was used to assess whether processes were implemented as intended in accordance with CE guidance. Analysis of interview notes and documents, as they related to the theory of change, generated a triangulated synthesis of evidence.

The core evaluation team undertook a data analysis/findings workshop in early November 2022 to review the evidence from all sources, conduct structured analysis of findings based on key areas of the evaluation framework and theory of change, and to identify key findings, conclusions and recommendations across all evaluation questions. A member of the UNAIDS Evaluation Office attended this meeting to act as a resource person and to observe the process of analysis and development of recommendations.

Generating recommendations

The approach has generated robust, evidence-based findings and recommendations for the UNAIDS Secretariat and Cosponsors, focusing on recalibrating the CE in the current and future biennia. A presentation with UNAIDS and Cosponsors staff was conducted in January 2023 to discuss the findings and recommendations and to ensure these prove as useful as possible. Extensive feedback has been received by the team from the Secretariat and Cosponsors, much of which has been considered and is reflected in this final report.

Limitations

Highlighted below are a range of limitations encountered during the evaluation process that will help aid in the interpretation of this report.

¹⁷ The 2018 review included Belarus, Côte d'Ivoire, India, Iran, Peru and Zambia as case studies.

¹⁸ A global survey was distributed in English, French and Spanish to 183 staff from UNAIDS and 1455 Cosponsors, by email. The survey was live between 23 September and 7 October 2022. Four reminder emails were sent during that period. The distribution list targeted UNAIDS and Cosponsor colleagues who have worked on the CE in some capacity since it began in 2018. The survey was also shared by some recipients of the survey keen to ensure their colleagues with perspectives to share had the opportunity to do so. A total of 578 responses were received, giving an approx. response rate of 35%.

Limitations	Mitigation strategies
<p>Limited number and choice of case studies undertaken: given the number of countries receiving CE funds (over 90) and the diversity of contexts in which CE funds were used, having six countries as a basis for the case studies somewhat limits the evaluation's ability to draw conclusions on how the findings may be applied to other settings. In addition, the choice of case studies was prescribed for the evaluation.</p>	<p>Recognition of the context-specific nature of HIV responses; identification of critical factors influencing responses in different contexts; where possible, drawing out common themes across the case studies to ensure some degree of generalization. Given the limited choice of countries in the evaluation, the team ensured that CE-related findings from other recent evaluations were considered (referenced in the text).</p>
<p>Time restrictions: data collection in case-study countries was short—one to two weeks for key informant interviews. In some countries and at the global and regional levels, setting up and securing interviews with all the key stakeholders was sometimes delayed and/or stakeholders were not available. Trying to do three short case studies for the Andean region in the time available limited the depth of findings.</p>	<p>Follow-up requests were sent for interviews with some key informants before concluding they were not available for interview. Triangulation from other interviews and data sources was necessary.</p>
<p>Volume of CE activities since 2018: due to the number of activities funded by CE at the country level since 2018, it was not possible to follow progress and assess results of each activity.</p>	<p>The use of deep dives enabled one or two interventions to be tracked in more depth. The triangulation of data from key informant interviews helped validate the deep-dive findings. For other activities, the evaluation team conducted a review of the themes, nature and volume of funds per country case study to help understand the use of CEs.</p>
<p>Limitations of the country review using the Joint Programme Planning and Monitoring System (JPMS) data: challenges with extracting and interpreting the data and information from the JPMS; challenges mapping use of CE funds in relation to the UBRAF 2016-2021 results areas and UBRAF 2022-2026 UBRAF strategy results areas to ensure the case studies and final report generated accurate analysis on use of funds and expected results across two strategic periods.</p>	<p>Ensuring caveats were included in the analysis of the financial data and following up on data gaps and interpretation through interviews.</p> <p>The team developed a table (presented in the inception report) that mapped strategic results areas to results areas to interpret the use and the expected results of CE funds.</p>
<p>Lack of data or results at outcome level: here was limited data available beyond output level, which has impacted the evaluation's ability to form strong conclusions on the effectiveness and results of CE funding.</p>	<p>As above. This was anticipated and mitigated to some extent through deep dives and through focusing on the outputs of the CE mechanism in the theory of change. The report makes it explicit where evidence was strong, or less strong and this is considered in the findings/evaluative judgements.</p>

Context for the Country Envelope evaluation

The establishment of the Joint Programme on HIV/AIDS in 1994 marked a transformation in the delivery of global health programming, shifting the responsibility of responding to the epidemic away from a model based on one agency's expertise (through the World Health Organization's (WHO) Global Programme on AIDS) towards a unique partnership that leverages the leadership, technical expertise and resources of multiple United Nations (UN) agencies. The Joint Programme, drawing on the expertise of 11 Cosponsors, and the UNAIDS Secretariat, aims to provide global leadership, vision and strategic direction for the

global AIDS response, and has been instrumental in galvanizing political commitment and mobilizing resources with the overall objective of ending the AIDS epidemic by 2030.

The UNAIDS 2022 report “In Danger” provides a summary of the difficult global context in which this evaluation is situated. Data reveal that progress against the HIV pandemic has stalled, with the number of annual new infections globally dropping by 3.6% between 2020 and 2021, the smallest annual decline since 2016. This masks regional variations that show increasing new infections found in the regions of eastern Europe and central Asia (EECA), the Middle East and North Africa (MENA), Latin America and Asia and the Pacific (AP) and decreasing rates in the regions of western and central Africa (WCA) and the Caribbean.¹⁹

Resources for global and national HIV responses have also declined with falls in domestic funding for the HIV response in low- and middle-income countries for the past two consecutive years, and 57% cuts in international bilateral funding (other than from the United States of America (USA)), observed over the past decade.²⁰ While the recent Global Fund replenishment generated over US\$ 15 billion in resources for the next funding cycle, it fell short of the US\$ 18 billion target, thereby requiring Global Fund partners, countries and implementers to achieve more health impact for the same level of resources through greater efficiencies and different ways of working.²¹

The Joint Programme has not been immune to these changes and faces a complex set of challenges. As a fully voluntary funded programme, significant budget cuts have been experienced since 2016 and these have impacted on the Joint Programme’s capacity to support global and national HIV responses. At the time of writing this report, 70% of the 2023 CE allocation is available (US\$ 17.5 million instead of US\$ 25 million)^{22, 23} with the intention to mobilize further resources to meet the gap. Organizational realignment of the UNAIDS Secretariat is underway to improve efficiencies, respond to the dynamic environment of evolving HIV epidemics and intensify action to get back on track to achieve the ambitious goals and objectives of the Global AIDS Strategy 2021-2026. Advocating for the added value of UNAIDS and being able to clearly communicate the contribution of the Joint Programme will be important for resource mobilization efforts with existing and new donors. The UNAIDS Executive Director in a recent press statement explained that the Joint Programme is at a crossroads and trade-offs are likely in the future.

*The size of the budget shortfall means that it cannot be addressed by stretching the budget or finding any more efficiency gains. It is forcing stark choices—a dramatic reduction in UNAIDS country presence or further reductions to our Cosponsors are some of the scenarios.*²⁴

Given the political and financial challenges facing countries and the Joint Programme, this evaluation is timely in its aims to support greater efficiency, effectiveness and impact of scarce global health resources.

Design, allocation and evolution of the Country Envelopes

In 2017, the refined operating model reconfigured the Joint Programme resource allocation model for core UBRAF funds. The changes were in response to budget cuts to the Joint Programme in 2016 and included the allocation of US\$ 140 million to the UNAIDS

¹⁹ In Danger: UNAIDS Global AIDS Update 2022 <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>.

²⁰ Ibid.

²¹ The Global Fund replenishment results: a call for more efficiency in health expenditures in Africa in the Global Fund Observer, Sept 22, 2022. <https://gfo.aidspace.org/fr/node/6101>.

²² Email from Eamonn Murphy, Deputy Executive Director a.i., Programme Branch dated 23 November 2022.

²³ Guidance paper Implementation review of the 2022-2023 Joint UN Plans on AIDS.

²⁴ UNAIDS Press Statement Nov 3, 2022.

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/november/20221103_operating-budget.

Secretariat to support its work in about 100 countries; the allocation of US\$ 2 million per Cosponsor per annum to support engagement in the Joint Programme; and a further US\$ 22 million to Cosponsors per annum at the country level in the form of CEs.

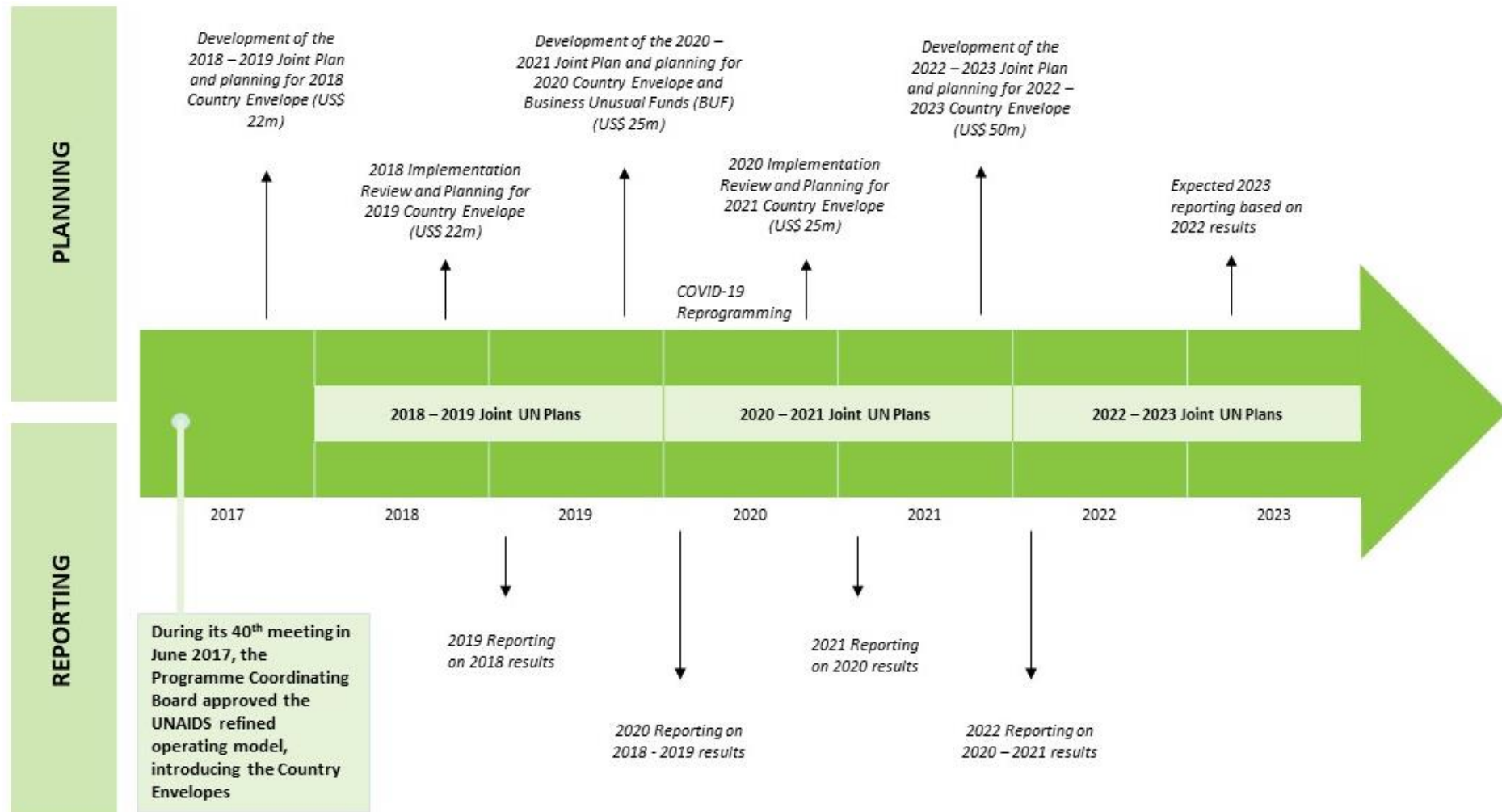
The CE is one component of an integrated approach at the country level, comprising country capacity assessments and standardized Joint Plans. Joint Plans are intended to include all core and non-core resources of the Secretariat and Cosponsors and are not limited to CE funding. The intention of the CE was to strengthen the Joint Programme's effectiveness at the country level by allocating resources where they are needed most and to catalyse and leverage additional resources. The CE had three overarching objectives:

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

The CEs are an integral part of the UBRAF planning, allocation, monitoring and reporting cycle and the design of the CE has evolved over the three biennia of implementation based on UNAIDS guidance.²⁵ A summary of the design and evolution of the CE is illustrated in Figure 1.

²⁵ Review of 2018 implementation of Joint UN Plans on AIDS and 2019 Country Envelopes; Joint UN Plans on AIDS 2018-2019; 2020-2021 Joint UN Plan on AIDS and Country Envelope finalization and quality assurance review; Joint UN Plans on AIDS 2022-2023 and Country Envelope allocations; Guidance paper implementation review of the 2022-2023 Joint UN Plans on AIDS.

Figure 1: Design and evaluation of the Country Envelope



2018-2019—Establishing a global quantitative allocation formula and operating guidance for CE.

A global quantitative allocation formula was introduced to establish the allocation of CEs for Fast-Track and other priority countries, based on epidemic, economic, social, structural and other parameters.²⁶ The CE allocations had a minimum floor imposed of US\$ 300 000 and maximum ceiling of US\$ 1.1 million. The global allocation provided a CE budget for each region, which could be adjusted to account for the role/importance of the Joint Team, the burden of disease and the progress in managing the HIV epidemic. Based on the agreed allocations for each country, priority activities for funding are expected to be identified and Joint Teams to develop a proposal and budget for the use of CE funds that is part of the Joint Plan on HIV/AIDS. These proposals are reviewed and approved at the country, regional and global levels. For the 2018–2019 biennium, **US\$ 22 million was allocated annually to 71 countries**—33 Fast-Track countries (US\$ 15 million per annum; two thirds of total resources) and 38 other priority countries (US\$ 7 million per annum; one third of total resources).

2020-2021—Increased funds for CEs and the introduction of the BUF allocations from 2019 were largely retained, but the total CE funding increased to US\$ 25 million per year with the integration of an additional US\$ 3 million per year, referred to as the Business Unusual Fund (BUF). The BUF was differentiated from the so-called regular CE and was intended to finance, on a competitive basis, Cosponsor initiatives aimed at accelerating the achievement of the Fast-Track targets. BUF funds of US\$ 500 000 were allocated to each region and were designed to be time limited (for one year), innovative, potentially high-risk and for high-impact country initiatives. For the 2020-2021 biennium, **US\$ 25 million per annum was allocated (including BUF) to 83 and then 84 countries respectively.**

2022-2023—CEs adopt BUF principles, a two-year planning cycle, all countries eligible for funding The CE evolved further with US\$ 25 million and a first tranche of 70% or US\$ 17.5 million allocated in 2022 and 2023²⁷ respectively to 91 countries. Disbursed on an annual basis, the allocation and planning cycle of the CE is now biennial, and the allocation of the entire CE in 2022 is based on the BUF criteria outlined above. This means that CEs will be earmarked for merit-based proposals. In addition, and with the end of the Fast-Track strategy, countries where the Joint Programme operates with a functional Joint Team are eligible for CEs, as well as countries where regional Joint Teams have decided on allocation across the countries in their region.

Evaluation findings

This section is structured according to the evaluation questions. Due to the interconnected nature of the evaluation questions, some findings have been integrated as appropriate, and this is flagged in each case. Findings for Evaluation Question 9 (evidence for factors helping and hindering achievement of results) are included at the end of each section. The key points presented at the beginning of each evaluation question do not reflect all the findings for that section.

Strategy and design of the Country Envelopes

Evaluation question 1: How well is the Country Envelope allocation mechanism working?

The findings related to this question address how well the CE allocation is working in terms of getting money to where it is needed most through the CE allocation formula and allocation-related decision-making processes. Some strategic design issues are identified and discussed at the start of this section.

²⁶ UNAIDS 2019 guidance paper 2020-2021 Joint UN Plan on AIDS and country envelope finalization and quality assurance review.

²⁷ As mentioned previously, it is hoped that additional resources can be mobilized to enable the remaining 30% of funds to be allocated.

Key findings

- There are multiple objectives for the CE and high expectations for what can be achieved in relation to the size of funds available.
- Differentiated allocations are not accompanied by differentiated monitoring and reporting processes, with potential implications for transaction costs.
- The allocation model is primarily designed for equality, that is, to ensure that all eligible countries receive at least some resources. Some equity considerations must be balanced against this, in that human and financial resources need to be directed toward those countries with the highest burden of disease. Decisions on the in-country allocation of CE funds to Cosponsors are largely driven by fairness and a desire to be inclusive of all country Cosponsor partners.
- The allocation model has resulted in a small pot of money being spread across a wide set of countries, many of which have received small allocations. This has encouraged so-called activity funding but is not conducive to incentivizing results. In addition, the potential to achieve results or optimize UNAIDS' "return on investment" (ROI) does not inform the allocation of resources.
- There is no clear ownership of the CE across the Joint Programme and this is limiting opportunities for broader strategic discussion, oversight and learning.

Strategic design of the Country Envelopes

There are multiple objectives for the CE, and high expectations for what can be achieved in relation to the resources available. The evaluation finds that multiple objectives exist in the design/guidance of the CE, and that the CEs are trying to achieve too much with the limited pot of funds available.²⁸ Different objectives found in the CE-related documentation and cited in interviews include:

- 1 Enhanced country focus through reinvigorating country-level joint work and deploying human and financial resources where they are needed most.
- 2 Supporting United Nations reform through optimized United Nations country presence and funding for flexible, context specific, result-oriented support.
- 3 Building capacity of United Nations agencies by filling gaps identified through capacity assessments.
- 4 Aiming to respond to identified gaps and close persistent gaps.
- 5 To pursue Fast-Track results.
- 6 To reduce inequalities.
- 7 To achieve impact at the country level.
- 8 To catalyze, accelerate, amplify, multiply and facilitate synergies and leverage efforts and results.
- 9 To include technical and scientific innovations.
- 10 Serving a political purpose to keep the global Joint Programme alive.

There is broad agreement that the CE should support Joint Programme actions at the country level but there are significant divergent views within the Joint Programme on how this should happen. There is a global/country division of opinion within the Joint Programme regarding the earmarking of CE funds to countries and the decentralization of decision-making for the use of those funds.²⁹ On the one hand, it is argued that CEs are enabling funds and processes to be concentrated at the country level and this in turn is

²⁸ Evidence from UNAIDS Joint Planning and CE guidance documents since 2018 including current guidance and UBRAF.

²⁹ Most global Cosponsors shared very similar perspectives on the introduction of CEs and the loss of strategic vision, and these were very different to those of the UNAIDS Secretariat in Geneva.

supporting greater Joint Team working and bottom-up joint planning based on needs. On the other hand, it is argued that core UBRAF funds were always channelled to countries and that reduced global Cosponsor influence on the use of funds since the introduction of the CE is resulting in less strategic oversight and vision for the use of funds. This situation leads to greater fragmentation of funding, capacity and strategy.

There is some differentiation of resources through the allocation methodology, but CE processes are “one size fits all” and this has implications for transaction costs. The refined operating model called for a differentiated and dynamic process for allocating resources. While there is some differentiation of CE allocations (for example, between some regions, in countries within regions, and within countries) the processes supporting the implementation of CEs are not differentiated—in other words, all countries and Cosponsors go through the same management and reporting processes irrespective of the size of the CE funds and have similar transaction costs.³⁰ This means that the transaction costs incurred by countries with small allocations (e.g. Eritrea with a CE of just US\$ 35 000) are the same as those with large allocations (e.g. Nigeria with a CE of US\$ 1.1m). While an in-depth study of transaction costs was not commissioned as part of this assignment, cursory calculations suggest that these costs could be greater than the value of the CEs for those countries with allocations below US\$ 40 000 per annum (see [Annex 4](#) for more details).³¹

Although the design of the BUF was different to regular CE funds, there was no significant difference in the implementation and reporting of the BUF from regular CE funds. The global CE allocation was increased by US\$ 3 million to US\$ 25 million in biennium 2020-2021 with the introduction of the BUF, which allocated the additional funds equally to six regions.³² The funds were differentiated from regular CEs in part through *competitively* awarding proposals that demonstrated so-called accelerator elements to achieve the country targets to which they were linked.³³

There were examples of Cosponsors receiving BUF funds following a competitive process involving proposal submissions to Regional Joint Teams.³⁴ There was mixed evidence for the BUF approach with some respondents reporting positively on the process of developing BUF proposals e.g., the competitive element of BUF, and that BUF provided the space to think outside the box, and this differed to regular CE³⁵ and others highlighting more complexity given the sums involved. From the case study evidence, BUF proposals were developed differently, sometimes involving multiple Cosponsors, and/or one Cosponsor only. Where multiple Cosponsors were involved, the BUF process provided an opportunity to focus on a common approach. For example, in Cote D'Ivoire, four agencies developed a proposal for use of BUF funding. The agencies reported on a good planning process led by the UCO, with focused on actions of convergent interest. There was co-creation, with several online and face-to-face participatory sessions between the agencies involved, around HIV prevention among adolescent girls. In Kyrgyzstan, BUF funding was introduced in biennium 2020-2021 and, with the agreement of all Cosponsors, one agency was awarded the funds following a successful proposal i.e., UNODC in 2020 and UNFPA in 2021.

There is no clear ownership of CEs across the Joint Programme and this is impacting on strategic, oversight and learning discussions on their performance. Currently the

³⁰ The definition of transaction costs in this context is the total costs of making a transaction including the cost of planning, developing proposals, managing, monitoring and reporting on CE funds. In the case of monitoring and reporting these involve individual Cosponsor reporting from country up to global levels, annual completion of JPMS, and financial monitoring on expenditures.

³¹ A brief quantitative analysis has been undertaken by the evaluation team based on some assumptions that may or may not be correct and thus the findings should be treated with caution.

³² In 2020-2021, the BUF was allocated to 35 countries, with allocations ranging from US\$ 30 000 to US\$ 170 000 (source: UNAIDS 2021 guidance paper Joint UN plans on AIDS 2022-2023 and Country Envelope allocation).

³³ 2020-2021 Joint UN Plan on AIDS and country envelope finalization and quality assurance review.

³⁴ For example, in case studies such as Zambia, Cote D'Ivoire, and Kyrgyzstan.

³⁵ A limited number of regional respondents and global survey responses.

Secretariat's finance department appears to manage the allocation, guidance and disbursements of CE funds. However, there is no clear governance structure for overseeing CEs and respondents have indicated that opportunities are being missed to bring together senior finance, programme and management staff for strategic discussion and analysis of the performance, results and learning from the CE.³⁶

Global allocation model

Developing a data-driven resource allocation formula provides some consistency in allocating CE funds to countries but has proven less dynamic and responsive to changing needs. When introduced, the use of data to determine CE allocations was perceived as a positive move that enabled a consistent approach to allocating resources to many countries. However, the complexity of the allocation formula has limited its ability to be responsive to changing epidemic data and is less dynamic than intended, with allocations to regions and countries having remained largely the same since the start of the CE in 2018. The model is reported to be more flexible since shifting away from Fast-Track countries, with more countries now eligible for funding. The net effect of this shift has been an increased number of countries accessing CE funds despite overall CE allocations reducing for 2023.

In addition, there is no evidence to date of significant course correction in the allocation formula to reflect the needs, priorities and targets of the Global AIDS Strategy 2021-2026. The evaluation evidence points to a desire for better targeting, with the following considerations identified:³⁷

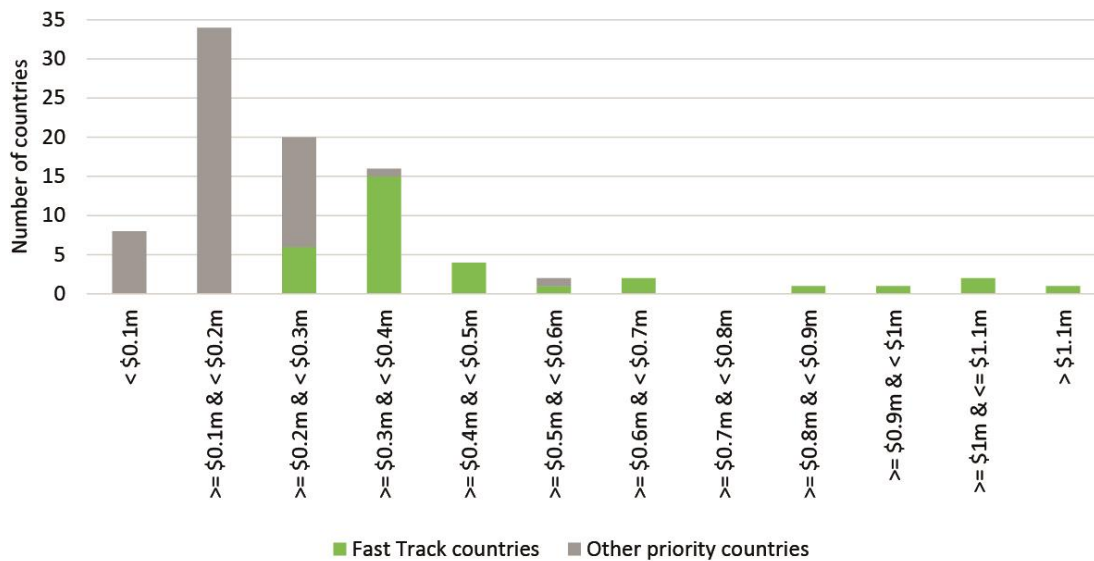
- Addressing high and low burden countries with rising HIV incidence.
- Considering countries with few HIV donors.
- Identifying countries with serious challenges in their enabling environment including gender inequalities.
- Focusing more on countries with key population groups that are severely underserved, such as people who inject drugs (PWID).
- Allocating for a thematic area, including thematic areas not covered by major donors.

The largest CE allocations are concentrated in a few countries. The total CE budget in 2022 was US\$ 25 million. US\$ 15.4 million was allocated among 33 Fast-Track countries (61% of total resources) and US\$ 9.6 million allocated among 58 other priority countries, a total of 91 countries.³⁸ As shown in Figure 2, most CE allocations to Fast-Track countries (in red) were between US\$ 0.2 and US\$ 0.5 million. Six CEs were below the minimum floor of US\$ 0.3 million, and one CE was above the maximum ceiling of US\$ 1.1 million. For other priority countries (in grey), most CE allocations were between US\$ 0.1 and US\$ 0.2 million.

³⁶ Respondents from global and regional levels have cited the lack of higher-level analysis of use and results of CE funds.

³⁷ Evidence from case study reports and key informants at global and regional levels.

³⁸ The evaluation team is aware that the prioritization of Fast-Track countries is no longer part of the formula but for financial analysis purposes, the team has retained them.

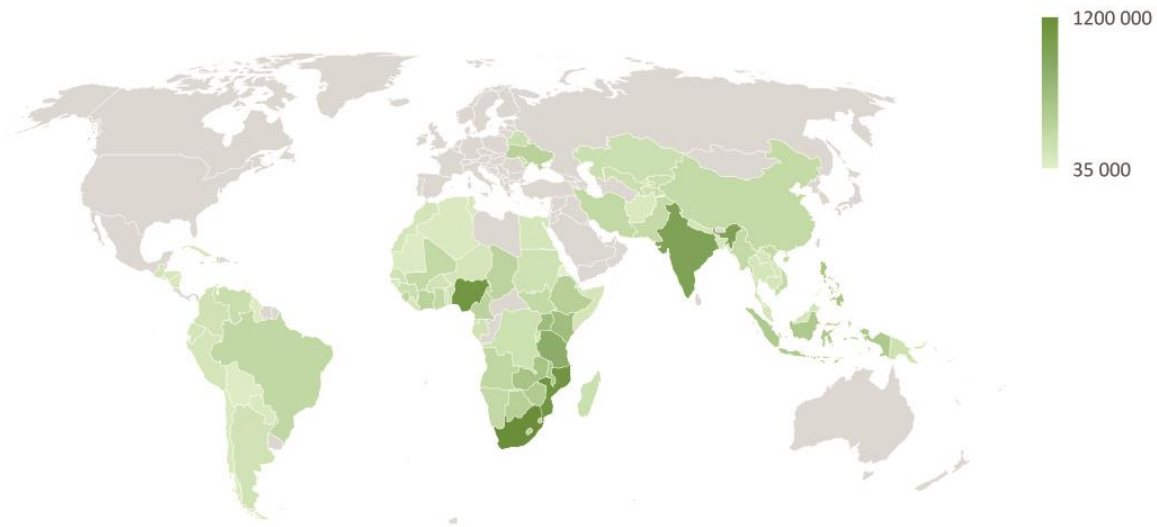
Figure 2: Number of countries by Country Envelope size (2022)

Source: Data shared by UNAIDS Secretariat.

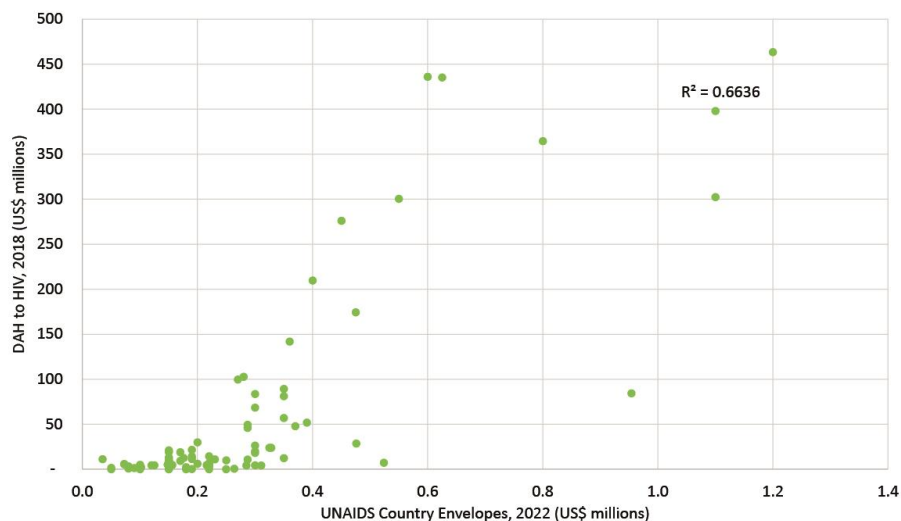
The global allocation of CE funds (2022) is depicted in Figure 3. This includes a concentration of Fast-Track countries where the maximum ceiling of US\$ 1.1 million was met/exceeded: South Africa, Nigeria, Mozambique, India (US\$ 0.95 million), as well as other countries with sizeable allocations—Tanzania (US\$ 0.8 million), Kenya and Uganda (US\$ 0.6 million, each).

Countries in receipt of the largest CEs were also receiving the most funding from other donors for HIV (see Figure 4 on the relationship between size of CE in 2022 and HIV development assistance, where each point represents a country). Some respondents have questioned the added value of CE funds in these contexts.³⁹ On the one hand, there may be only marginal utility of a modest CE contribution to an otherwise well-resourced national response. On the other hand, a modest contribution may be part of a wider and successful investment. For example, the India case study describes the CE as “a drop in the bucket”, but use of CE funds has enabled the Joint Programme to influence policy as a grouping of multilateral agencies.

³⁹ Principally key informants at global and regional levels.

Figure 3: Global allocation of Country Envelopes (2022), US\$

Source: Data shared by UNAIDS Secretariat

Figure 4: Relationship between size of Country Envelopes (2022) and development assistance for HIV (2018)

Source: CE data shared by UNAIDS Secretariat. Data on development assistance for HIV sourced from the Institute for Health Metrics and Evaluation (IHME).

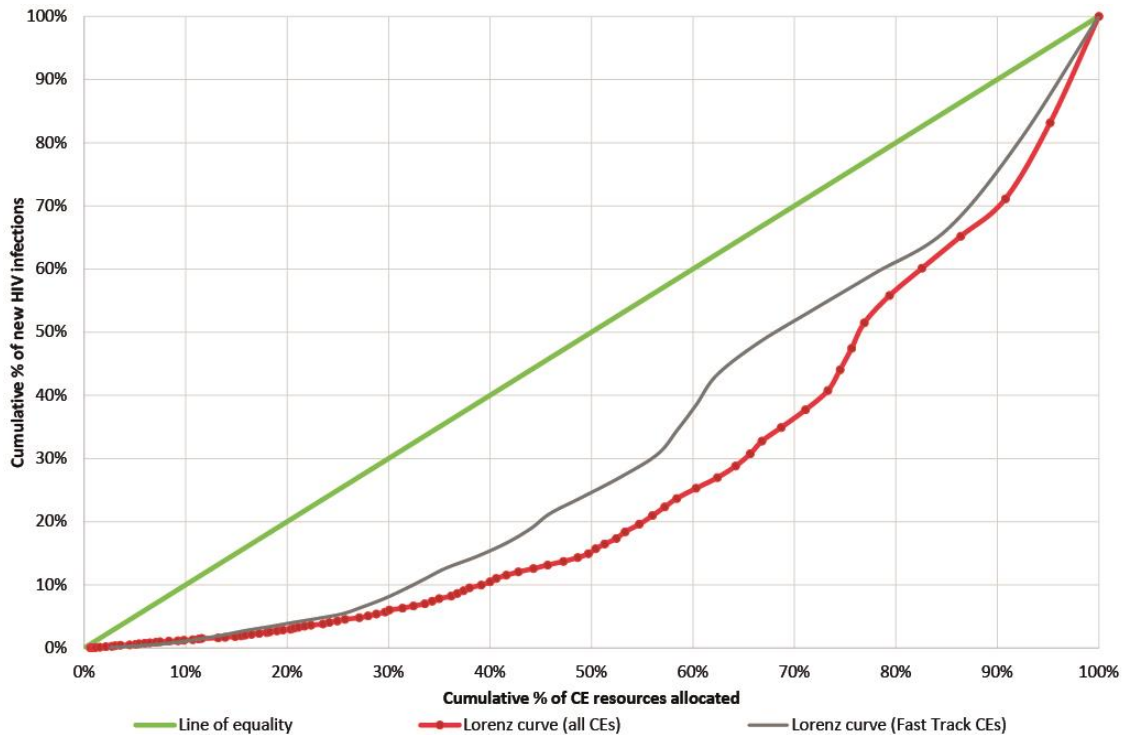
The allocation model is primarily designed for equality, that is, to ensure that all eligible countries receive at least some resources. Some equity considerations must be balanced against this such as human and financial resources must be directed to those countries with the highest burden of disease. It does not necessarily prioritize countries where the greatest results could be achieved. However, it does define a set of eligible countries and then weight the allocation based on numbers of new infections and people living with HIV not on antiretroviral treatment. Since 2018 most resources have been allocated to Fast-Track countries and other prioritized countries (defined as those with more than 1 500 new infections in 2016). In effect, this has spread a small pot of money across a wide set of countries, many of which are low burden and have received very small allocations.

Figure 5 below shows that CEs (depicted by the red dots that form the Lorenz curve) in 2022 are heavily weighted towards countries with low numbers of new HIV infections. Specifically, the analysis shows that 40% of CE resources allocated in 2022 were to the 57 countries with the lowest numbers of new HIV infections that comprise 10% of all new HIV infections in

2021 among countries to receive a CE. This trend is also observed for the allocation of CE resources among Fast-Track countries, although it is less pronounced.

Consequently, the number of new HIV infections is not a perfect proxy for need and the analysis suggests that resources are not allocated primarily based on the principle of equity (see Question 10 and [Annex 4](#) for more information how other global health organizations allocate scarce resources).

Figure 5: Lorenz curve plotting the cumulative percentage of new HIV infections among all countries receiving a Country Envelope versus the cumulative percentage of Country Envelope resources allocated



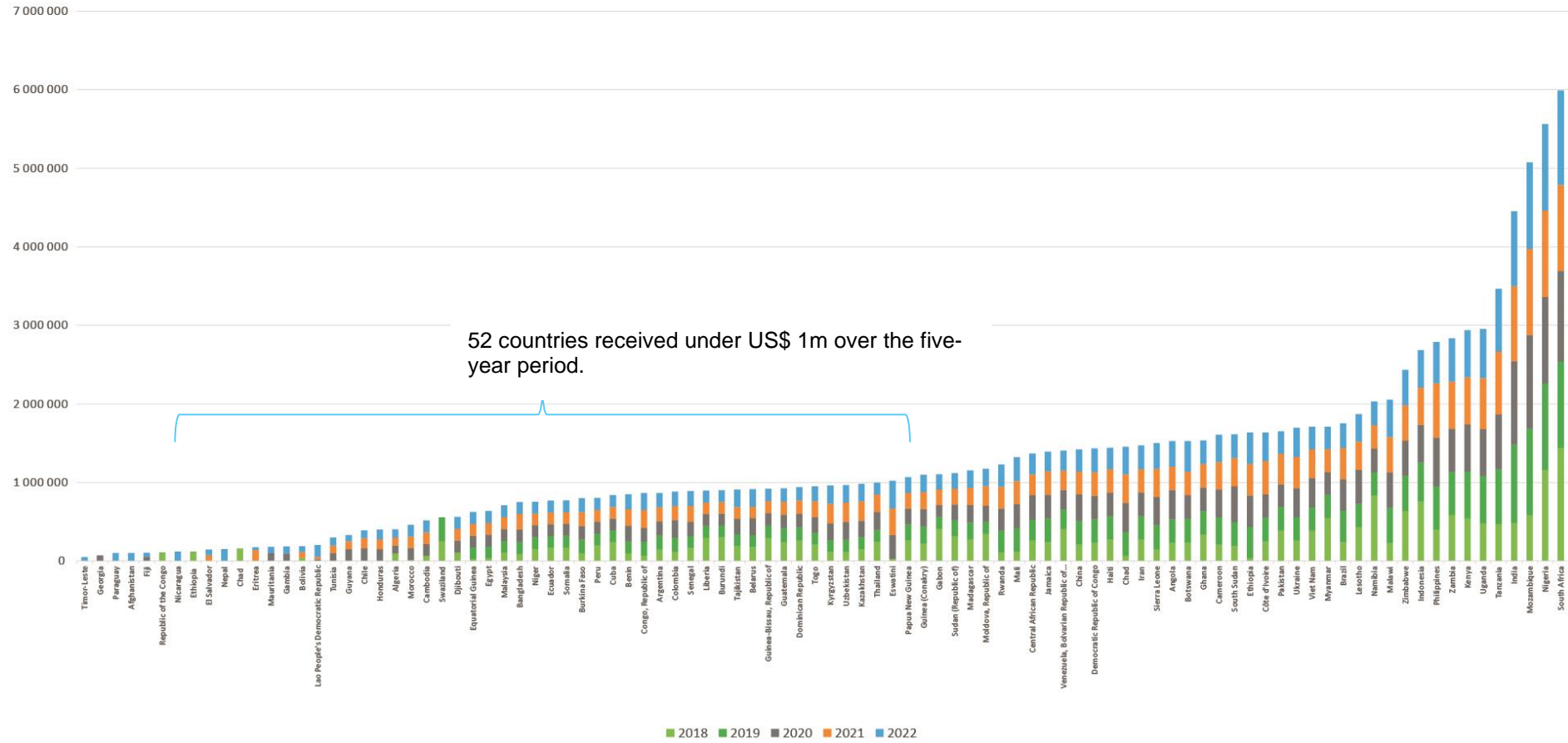
Source: CE data shared by UNAIDS Secretariat. Data on new HIV infections sourced from AIDSinfo⁴⁰, accessed on 5 September 2022 (data supplemented for missing values).

Figure 6 below demonstrates the extent of fragmentation of CE funds over 96 countries. Fifty-two of the 96 countries received accumulated funds of less than US\$ 1 million over the five-year period (2018-2022).

⁴⁰ AIDSinfo developed by UNAIDS houses the most extensive data collection on HIV epidemiology, programme coverage and finance and represents the most authoritative and up-to-date information on the HIV epidemic.

Figure 6: Spread of Country Envelope funds

Spread of CE funds across 96 countries over 2018-2022 (total \$119m)



Regional qualitative adjustment approach

There is limited evidence of regional Joint Teams adjusting the CE allocation. The allocation model provides a preliminary budget envelope for each region. Regional Joint Teams are then able to adjust the CE within their region to account for the role/importance of the Joint Team, the burden of disease and the progress in managing the HIV epidemic, as well as the presence and relative importance of social and structural barriers. These adjustments were expected to respect the regional envelopes for Fast-Track and other priority countries—that is, any increase for one country had to be accompanied by a commensurate decrease for others. Except for one or two examples (for example, of Cambodia being added into the regional CE allocation), there was very little evidence of regional Joint Teams making such adjustments and regional allocations have largely remained the same since 2018.

Country allocation of the Country Envelopes

In case-study countries, decisions on the in-country allocation of CE funds to Cosponsors are frequently driven by a desire to be inclusive of Joint Programme partners. While CE guidance is clear on the allocation of resources to countries, the guidance is perceived to be unclear on the criteria to be used for allocating resources among Cosponsors at the country level, except for the advice to reduce the number of Cosponsors receiving CE funds to “avoid excessive fragmentation of funding”. In-country allocation decisions to Cosponsors in the case-study countries appear to be driven by the desire for consensus and inclusiveness across the Joint Programme, rather than by epidemiological and programmatic priorities that might determine which Cosponsors receive funds (and may reduce fragmentation of funds). In Cote D’Ivoire and Zambia, the number of Cosponsors receiving CE funds was increased based on inclusiveness considerations. In all case-study countries, allocations are based on equality and fairness, ensuring that most or all Cosponsors receive similar allocations.⁴¹

“Côte d’Ivoire allocated CE funds to two Cosponsors (UNFPA and WHO) in 2019, to avoid the dispersion of funds among many Cosponsors; this was reversed the following year due to issues of exclusion of some Cosponsors and eight Cosponsors received funding. Interviews show a preference for the latter model—for equality between organizations and for broadening participation. “It is important in these types of exercises we do not categorize agencies so to feel that there are agencies that are more empowered to implement HIV activities than others.” – United Nations respondent, Cote D’Ivoire

“Limiting the number of agencies who received funding in the first two rounds of the Country Envelopes created tension and led to difficult discussions about who should administer the funds, with some agencies feeling left out and side-lined.” – United Nations respondent, Zambia

In some cases, such as Iran and Kyrgyzstan, allocations to Cosponsors are reportedly made in a transparent manner, based on clear and understandable criteria, but this is not the case across the board, and lack of transparency regarding in-country allocations is an issue.⁴²

⁴¹ This was also found to be the case for CE funding examined in the 2022 UNAIDS Independent Evaluation of the Joint Programme’s work on Key Populations.

⁴² The global online survey identified “CE being based on clear and transparent criteria” as the lowest scoring design statement in the survey (47% fully agreed, 32% somewhat agreed and 16% disagreed).

Allocations to countries do not appear to prioritize performance.⁴³ The guidance suggests that CE allocations to countries should be prioritized based on performance and countries with low implementation rates need careful assessment before new allocations are granted. However, there is little evidence of country allocations being withheld or changed due to poor spending or reporting, and no clear guidance on what would constitute poor performance (for example, absorption rate threshold for a country or Cosponsor). Table 2 shows case-study country allocations have largely remained the same irrespective of absorption rates.⁴⁴ Reasons cited for slow implementation rates include late government approvals for activities, late arrival of CE funds, and COVID-19-related delays.

Table 2: Allocation, expenditure and absorption data for case-study countries 2018-2022

	Allocation 2018-2019	Expenditure 2018-2019	Absorption 2018-2019	Allocation 2020-2021	Expenditure 2020-2021	Absorption	Allocation 2022
Bolivia	n/a	n/a	n/a	72 500	71 652	97.4%	145 000
Cote D'Ivoire	600 000	560 383	93%	725 000	711 116	98%	720 000
Ecuador	300 000	279 745	93%	300 000	210 392	70%	300 000
India	2 000 000	1 660 252	83%	2 163 000	1 795 037	83%	1 908 000
Iran	599 322	438 034	73%	599 793	645 694	108%	600 000
Kyrgyzstan	300 000	286 306	88%	462 000	391 833	84%	450 000
Peru	300 000	257 321	85%	300 000	239 454	79%	300 000
Zambia	1 100 000	933 411	85%	1 150 000	1 246 790	109%	1 100 000

Source: case-study reports supported by allocation and expenditure data provided by the UNAIDS finance department.

The allocation model is not conducive to incentivizing results. The guidance emphasizes the results-oriented intention of the CE approach. However, prioritizing equality in the way funds are allocated globally, and the hierarchy of allocating resources from the global to the country level to Cosponsors in countries, means funds are increasingly atomized, and fragmented into smaller and smaller sums. This is widely reported as a significant factor hindering the use of CE funds and the results and impact that can be achieved.⁴⁵

In addition, the potential to achieve results or optimize UNAIDS' "return on investment"⁴⁶ does not inform the allocation of resources (see Evaluation Question 10 for more information on allocation approaches and [Annex 4](#)). For example:

- Allocations are made across all eligible countries and are not weighted according to anticipated results, or prior years' performance (about which little is known).

⁴³ Performance criteria being high implementation rates/absorption and high-quality reporting.

⁴⁴ Of note, individual Cosponsor absorption rates are not included but can vary significantly.

⁴⁵ This limitation was strongly triangulated from a wide range of respondents interviewed at global, regional, and country levels, and was evidenced in case-study reports and the global survey where 73% of respondents fully (43%) or somewhat (30%) agreed CE allocations were too small to achieve results.

⁴⁶ ROI is defined as the value of the results achieved divided by the costs incurred in achieving them. [DFID's approach to value for money in programme and portfolio management - ICAI \(independent.gov.uk\)](#).

- While there is some limited shift in resources among countries through regional allocation processes, this is geared toward facilitating an increase in the number of countries receiving an allocation rather than reducing funding to those countries achieving limited results. Consequently, country allocations have largely been retained year-on-year.
- There is weak evidence that allocation processes among Cosponsors within countries are based on prior performance.⁴⁷
- As well as the CE, the equal allocation of US\$ 0.5 million in BUF across regions is an example of funds being allocated based on equality rather than focused on where results could be maximized.

EQ 9: Summary of helping and hindering factors influencing the allocation of CE funds identified through evidence.

Helping:

The balance of equality and equity considerations in allocating funds is helping maintain global presence for the Joint Programme. Within countries, the allocation of CE funds, primarily based on equality, is helping keep HIV on the agenda (especially in countries with no other HIV funds).

Hindering:

The shift in power from the global to the country level has increased dependence on the skills and capacity of the Joint Team, but principally the leadership of the UNAIDS Country Director (UCD), to provide the strategic vision for the use of the funds and for determining allocations to Cosponsors (helping/hindering).

There is a lack of clear guidance and criteria for the allocation of funds to Cosponsors. This is needed to ensure allocations are not dependent on the leadership (hindering).

Implementation of the Country Envelopes (efficiency, effectiveness)

The findings in this section focus on the use of funds and how well the structures, systems and processes related to the CE are working to support the implementation of the CE as intended. As with the previous section, the key findings do not represent all the findings related to implementation of CEs.

Evaluation Question 2: How well are the structures, systems and processes to support the implementation of the Country Envelopes working in practice?

In addition, findings from Evaluation Questions 3,6 and 8 are integrated into this section as appropriate.

Key findings

- CE funds have helped to maintain or re-energize Joint Team working and keep HIV on the agenda at the country level including within the United Nations.
- CEs have brought Cosponsors together through the Joint Team to develop Joint Plans, but there is room for greater strategic orientation and prioritization of Joint Plans based on national response priorities, as well as stronger oversight by regional and global teams during the planning and proposal phases when decisions on the use of funds are being made.

⁴⁷ One case has been cited in Cote D'Ivoire where the Cosponsor was unable to use 90% of funding due to delays with national authorities. It is unclear what the outcome of this has been.

- There is limited evidence that CEs are helping to deploy human resources to where they are needed most.
- The planning timeframe and often late disbursement of funds impacts on the coherence and strategic use of funds and the ability to do joint programming.
- Roles and responsibilities regarding accountability for use and performance of CE funds are ambiguous, and levels of monitoring and oversight are variable.

Joint Team working

CE funds have helped to maintain or re-energize Joint Team working. CE funding has allowed teams to meet and plan together and the framework of the CE has helped provide a route for mobilizing and revitalizing Joint Team working. It was evident in all the case-study countries that CEs have helped maintain or re-energize the Joint Team and this is reportedly helping to keep a focus on HIV both with national authorities and with wider United Nations teams. For example, in India, the CE is allowing Cosponsors to return to their core mandate and strengths and it enabled a greater willingness to work together.⁴⁸ In Zambia, Joint Team advocacy enabled HIV to remain an important strategy in the Eighth National Development Plan (2022-2026) and to keep HIV as a component of the United Nations Cooperation Framework. In Cote D'Ivoire, CE funds are reported to contribute annually to keeping the fight against HIV/AIDS on the agenda and have encouraged the functioning of the joint team and improved collaboration between team members. In the Andean region, CE have been helpful in keeping HIV on the agenda of the UN in the region not only as a health issue, but also as a transversal one related to Gender and Human Rights as reported by key stakeholders. The remaining case studies for this evaluation tell a similar story.

Further, the use of funds to catalyse support for Joint Team working is endorsed in findings from other recent studies and evaluation^{49 50}. As well, this finding resonates with respondents at country and regional level, as well as smaller agencies at a global level, and global survey respondents where 212 respondents⁵¹ suggested CE encouraging Joint Teams and strengthening joint planning and reporting was a strength.

Some global respondents suggest that CEs have not served Joint Team working but this is not a majority view. The evaluation has been unable to determine if Joint Team working would have been as active in the absence of CE funding.

Case-study evidence at a country level points to the positive role played by UNAIDS country offices (UCOs) in mobilizing Joint Teams. UNAIDS country offices are largely respected and bring leadership to the CE mechanism and process. There is strong evidence from the case studies that the country office functions as a driver of the Joint Team and joint planning process,⁵² seeking collaboration and coordination among Cosponsors and with wider stakeholders and partners in some contexts. Zambia refers to the UNAIDS Secretariat as highly respected and notes that the strong commitment and leadership by the UNAIDS Country Team is critical to realizing overall results. A main supporting factor of the CE in Iran is the reliable working relationships that have been created and maintained among the country office, Cosponsors, and wider stakeholders. Evidence from Kyrgyzstan and India refers to the strong commitment, leadership and engagement of the country office staff and how the country office has played a leadership and mentoring role to the Joint Team. This

⁴⁸ India, Case Study. P 12.

⁴⁹ Evaluation of the UN Joint Programme on HIV in the DRC, 2022

⁵⁰ <https://mptf.undp.org/fund/ips00>: <https://www.sdqfund.org/>: UN System wide evaluation of the Joint SDG Fund 2019-2020, Sept 2022

⁵¹ Out of 346 that answered this survey question 8: In your view, what are the 3 greatest strengths of the country envelopes?

⁵² 64% of respondents fully agree that the UNAIDS Secretariat plays an effective role in coordinating joint planning processes. This is the highest area of full agreement for any of the survey questions.

was also true of the findings from a recent evaluation in the Democratic Republic of the Congo (DRC), where the role of the country office was reported to have contributed greatly to the cohesion of the Joint Programme.⁵³

Joint planning

The CEs have brought Cosponsors together through the Joint Team to develop Joint Plans, but there is scope to improve the strategic orientation of these plans. As per the guidance, the objectives of CEs are inextricably linked to the development of Joint Plans, which “recognize that the CEs fund only a portion of the priorities within the joint work”. However, the reality of linking CE funds to Joint Teams and Joint Plans can result in the “tail wagging the dog”, whereby Joint Plans become an aggregate of Cosponsor CE proposals and projects, rather than a Joint Plan firmly linked to the priority needs of the national response, of which the CEs fund only a portion.

The evaluation points to varying degrees of coherence and relevance of Joint Plans in relation to country epidemics and national responses. While there are reported high levels of alignment of Joint Plans in relation to national strategic plans, global AIDS strategic priorities and UBRAP outcomes and the broader United Nations frameworks at the country level, this does not necessarily translate into Joint Plans that use CE funds to address priority needs. There is some evidence that Joint Plans are enabling CE funds to support the priorities of the national response in certain contexts and for some purposes⁵⁴ but this is not across the board. Overall, there is room for greater strategic orientation and prioritization of Joint Plans and the use of CE funds,⁵⁵ as well as a need for stronger oversight by regional and global teams during the planning and proposal phases where decisions on the use of CE funds are taking place. Oversight of CE is reported to be variable and not systematically addressed⁵⁶ (See findings on quality assurance in section 2.2.4).

“While planned activities are clearly linked to national priorities and UNAIDS guidance, the Joint Team believe that more could be done to identify and respond to strategic priorities.” – Respondent, Cote D’Ivoire.

“A criticism of CE might be the lack of a vision for how the funds should be used. While catalytic activities were encouraged, in the absence of a gap analysis this could not be systematically done. Only some of the work was intentionally catalytic.” – Respondent, India.

“We are witnessing a scattering of activities without a direct link to the priority areas of the HIV response.” – Respondent, Democratic Republic of the Congo evaluation.

“Strategic planning is not happening and money is not being used strategically.” – Respondent, regional Joint Team.

To use CE funds more effectively there is a need for, “prioritizing key interventions and combining efforts” where, “the current approach seems to be a distribution of funds to Cosponsors we need prioritized areas of interventions”. – Respondent, Zambia.

“There is no clear framework/shared vision that links all the CE activities funded” – Case study, Andean region.

⁵³ 2022 Evaluation of the UN Joint Programme on HIV in the DRC.

⁵⁴ The global survey found that the areas perceived to be the strongest with CE funds are those with the ability to help target resources where needed most and to address gaps and weaknesses in the HIV response. There is reported evidence of this from Iran and Kyrgyzstan.

⁵⁵ Evidence from case studies (Cote D’Ivoire, India, Zambia), global survey, respondents at global and regional levels, and the other evaluations such as in DRC, and the UNAIDS Independent Review of the Joint Programme’s Work on Key Populations.

⁵⁶ Triangulated evidence from key informants at global and regional levels; and case-study evidence.

There is a strong appetite for better strategic planning and prioritization at the country level, and a different way of using CE funds to achieve more impact. There is a desire for a clear, shared framework and vision for the CE, as this would improve the effective use of funding. This is borne out through case studies and survey responses with findings linked closely to the allocation of funds to Cosponsors at the country level. Respondents at all levels suggested that future plans and allocations should be limited to fewer priorities with more robust shared thinking and strategies.

“There is a need for ‘real’ joint planning including joint identification of critical gaps, over a longer planning horizon, with good notice of (a) planning timeline, and technical support to help teams identify priorities.” – Survey respondent.

“In fact, many UN agencies suggested that future CE allocations should consider spreading the funds less and concentrating in fewer, more robust joined activities. There is also a call reported by some stakeholders of allocating funds to smaller UN agencies”. – Case study, Andean region.

“We need to engage in proper planning and funds should be allocated based on competencies.” – Respondent, Zambia.

There is variable involvement of different country stakeholders in Joint Team proposal development and planning processes (Evaluation Question 3).

The guidance states that Joint Plans, the CE and the BUF should be developed “through inclusive dialogue and consultations with country stakeholders”.⁵⁷ To strengthen the engagement of civil society in particular, the civil society marker was added to the Joint Plan templates in 2018. Evidence from country case studies and survey data suggests that the participation of governments, civil society, people living with HIV (PLHIV) and key population groups in CE planning processes is patchy.⁵⁸

In Zambia, for example, although the Joint Team engages in internal coordinated and collaborative planning processes, HIV stakeholders—including the Government, civil society organizations (CSOs), people living with HIV and their partners—are not systematically consulted during Joint Team planning processes, and this is reported to lessen accountability and the ability to form synergies or develop sustainable UN-funded activities. Only one Cosponsor reported that civil society helped conceive and design some activities, while feedback from a civil society organization workshop for this evaluation indicated a lack of involvement in shaping the proposals for CE funding as a critical weakness.

This is in contrast with Kyrgyzstan, where civil society is reported to be driving and initiating processes including how CE funds could be used. In India, civil society consultation in Gujarat does take place but it is described as quick and short and this can be inadequate. The short time for engaging stakeholders in Joint Team planning processes is also identified as a hindering factor in the Andean countries where “timing does not allow for wider consultations” and this hampers the ability to have quality debate with stakeholders and also among different Cosponsors.⁵⁹

⁵⁷ 2020-2021 Guidance.

⁵⁸ At the macro level, only 169/551 global survey respondents (31%) fully agreed that national governments are engaged in Country Envelope planning and implementation processes. Case study evidence also indicates very variable engagement of stakeholders in joint planning processes, although engagement at implementation stage is better.

⁵⁹ Many respondents at country and global levels shared this view.

“It would be ideal to have CSO involvement in workplan development because they are the ones who roll-out the activities on the ground, (e.g., the penal code is a policy we (UNICEF) are working on, which could take 50 years to do while there are a lot more immediate issues that they (civil society) would like to address with more immediate results).” – Respondent, Zambia.

“Planning needs to start earlier, way before the allocation amounts are known.” – Respondent, regional Joint Team.

The engagement of government partners in proposal development and planning processes is more positive. For example, in Cote D'Ivoire, the Ministry of Health noted the collaboration with the Cosponsors and how this allowed coherent messages to be delivered and significant results to be achieved, such as the integration of U-Test (a programme to prevent HIV among adolescents and youth) into the community health package.⁶⁰ Iran also reports a positive level of participation by the Government and other stakeholders, which enabled proposals to be developed that targeted the needs of different population groups (see figures 13-17).

Despite these examples, many at the country and global levels pointed to the compressed timeline for planning as a key constraint in engaging meaningfully with a wider range of stakeholders. (See findings that follow on planning timelines).

There is limited evidence that CEs are helping to deploy human resources to where they are needed most. (Evaluation Question 8). Although CEs are enabling Joint Teams to come together to discuss Joint Plans and the use of the CE, there is weak evidence that CEs are supporting the deployment of human resources to where they are needed, which is an overarching objective of the CE.⁶¹ The current situation is that the expertise of many Joint Teams has suffered since the funding cuts in 2016. These cuts reduced human resource capacity including designated focal points for HIV in Cosponsor agencies; staff regularly have to deal with multiple portfolios, beyond HIV, and do not have participation in the Joint Team on HIV/AIDS in their job descriptions.⁶² Combined with staff turnover,⁶³ the budget cuts have affected staff numbers, time and technical knowledge in HIV/AIDS with many less experienced staff now working on HIV. This wider issue of having fewer staff with the right skills and seniority to engage with country stakeholders was flagged as a key issue—especially given the changing nature of epidemics and Global AIDS Strategy targets and priorities, which require more complex technical assistance in a wider range of areas.⁶⁴

As part of the joint planning process, Joint Teams are requested to complete capacity assessments. The intention of these assessments is to provide an overview of the Joint Team members, the level at which they work, and the percentage of their time allocated to HIV work. This is understood to be an indication to confirm who will be delivering on the Joint Plan and ensure coordination within the team. Despite data being available to all Cosponsors in the JPMS, the value of the capacity assessment exercise was questioned as it is often unclear to Cosponsors how the results are used.⁶⁵ As far as the CEs are concerned, it is not clear how CEs are expected to support the deployment of human resources to where they are needed most.

⁶⁰ CIV Case study.

⁶¹ Refined Operating Model 2017 - pg. 3 "put human and financial resources where they are needed most" 2021 Guidance, Joint UN Plan and CE finalization and QA review, p 3 the new approach, serves 3 overarching objectives to deploy human and financial resources where they are needed most.

⁶² UNAIDS Capacity Assessments 2022.

⁶³ India and Zambia case studies.

⁶⁴ Global informants and case-study evidence.

⁶⁵ Zambia case study. The team have found very limited evidence through other sources for the use of capacity assessments to tailor capacity at the country level.

For example, the Cote D'Ivoire report notes the lack of staff with time to devote to HIV as one of the reasons for the non-participation of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) in the CE since 2018. In Kyrgyzstan it is a similar picture, where the HIV focal point role within UNICEF was abolished, and positions remained vacant when former staff members with HIV roles left (WHO, with no staff working on HIV, is cited as an example). That said, there are instances of Cosponsors using CEs to hire staff for HIV work, for example, the United Nations Educational, Scientific and Cultural Organization (UNESCO) in India, WHO in Zambia and International Labour Organization (ILO) in Cote D'Ivoire,⁶⁶ although this is not observed in all case-study countries.

The desire for greater flexibility in how CE funds can be used, particularly to support the costs of human resources, was widely expressed at global, regional, and country levels and is relevant to Cosponsor agencies, large and small. Although the Joint Planning guidance advises on what can be included regarding staff costs, the language could be clearer. This has led to misunderstandings of what can be funded or cannot, and inconsistencies in the application of the guidance. This is addressed in Section 2.2.3.

Our capacity has not changed because of CE funding or capacity assessments. No staff hired. No notable catalyst for resource mobilization. Our priority is to sustain staffing levels to ensure advocacy and technical assistance for our priority populations continues." – Cosponsor respondent.

"Each agency is supposed to have the expertise (HIV/AIDS) according to its mandate, but this is not always the case." – Cosponsor respondent.

"These are the same focal points that do other things like agriculture, climate change, the agenda is vast, and the capacity is variable." – Cosponsor respondent.

"Lack of staff with time to devote to HIV has been the main reason for the non-participation of some UN agencies in the CE share." – Cosponsor respondent.

"This weakness (in the capacity of the Joint Team) gets more visible when there is a need to negotiate with the counterparts in SIP (National Aids Council) meetings." – UCO respondent.

The evaluators acknowledge that if the CE were to be used more transparently for staff, considerations such as the type of contract, stability of resources and hiring processes would need to be considered. These considerations need to be part of the wider conversation about the purpose of the CE and the types of results desired.

CE planning and funding cycle

The planning timeframe for the CE is universally considered too short and this impacts on the coherence and strategic use of funds. While the relatively regular availability of CE funds, year-on-year has provided a degree of reassurance to Cosponsors and enabled continuation of the Joint Teams and plans, the timeframe for the planning and use of CE funds is widely considered too short. This limits the quality of debate, possible collaboration and the coherence and strategic use of funds.⁶⁷

Annual guidance for CE allocations and planning is usually released in October, and CE proposals are expected by late November. This gives Joint Teams at the country level (and

⁶⁶ Cote D'Ivoire, India and Zambia case studies.

⁶⁷ Survey evidence identified the limited timeframe to implement funds (annual allocation limits long-term planning and strategic use of funds) as one of the top three weaknesses of the CE.

the regional level in their support and review function) a matter of weeks to coordinate, plan and generate strategic and catalytic proposals. The one-year implementation period and the relatively small amount of funding has meant that CE funds are often used for activities that are referred to as “easy”, rather than strategic, catalytic or innovative.⁶⁸ This finding is echoed at country, regional and global levels.

The recent changes (for 2022-2023) to a two-year planning timeframe (but with annual disbursement) is welcomed and should reduce pressure on the system and enable a longer timeframe for planning the use of CE funds. It is too early to determine whether this is changing the visioning and use of CE funds and recent reductions in the CE allocation for 2023 may help or hinder the reprioritization of planned activities that are underway.

The late disbursement of funds impacts heavily on implementation and is not conducive to joint programming. The guidance intends that disbursements of CE funds from UNAIDS Secretariat to the Cosponsor headquarters should occur by the end of January each year. This is providing that all the planning is completed and the letters of agreement (LoA) have been signed to enable the onward disbursement of funds to countries by each Cosponsor headquarters. In practice however, country teams receive funds from Cosponsor headquarters as late as March/April⁶⁹ and in one case (Andean), September.⁷⁰ This impacts on the time available for implementation, often necessitating frequent reprogramming, and is widely reported as a key factor hindering the use and effectiveness of CE funds.⁷¹ In addition, delayed disbursements can lead to pressure to spend funds towards the end of the funding cycle, resulting in the suboptimal use of funds.⁷² Further, the different timings of disbursements due to the various Cosponsor systems and requirements can disturb the implementation of joint actions because funds arrive in country at different times.⁷³

There are mixed perceptions regarding the transaction costs associated with the CE. There is a significant divergence of opinion regarding CE-related transaction costs between global and some regional respondents, who considered the costs to be high in relation to the size of the funds available, and country respondents who perceived the costs (e.g. staff time) to be more acceptable.⁷⁴ The high opportunity cost of working on the CE vis-à-vis using that time to work on programming or proposal development targeting other sources of funds, and using staff funded through other sources to work on the CE, was a recurring issue for global respondents but did not appear as significant for Joint Teams in the evaluation country case studies. An initial quantitative analysis of transaction costs as they relate to undifferentiated processes is referred to at the start of this section and presented in [Annex 4](#).

“Transaction costs are substantial. It’s a fight to get funding, proposal writing, defending, reporting, extensions, lobbying for exceptions. It’s small amounts but it needs to be there. It causes aggravation and is stressful” (Global level KII).

“Transaction costs are a major issue, the volume of funds are not commensurate to the effort to access and report on funds” (Global level KII).

⁶⁸ Global and regional KIIs (specifically UN Women, UNDP, LAC team).

⁶⁹ All case studies.

⁷⁰ It is unclear if the delays in the transfer of funds are due to the internal processes of each Cosponsor i.e., this happens with other funds or if this is something that is unique to CE.

⁷¹ Global KIIs, regional KIIs, case study findings.

⁷² Iran case study.

⁷³ Survey data indicated that late disbursement of funds was in the top three weakness of the CE.

⁷⁴ Global and some regional Cosponsor KII, case study reports. Global survey data reported around two thirds of respondents feel the amount of time they spend on CE in aggregate is about right considering the value of funds, compared to around a quarter who do not feel it appropriate. For more details see Annex 5.

Transaction costs are considerable, and staff are nervous to reach out to headquarters; considerable tension and stress associated with the CE funding and taking advantage of it but reputational risk of not spending the funds too. (Global level KII).

Guidance for joint planning and Country Envelopes

Guidance on joint planning processes and the allocation of CE funds is updated regularly but could be strengthened to provide clearer instructions and definitions on how to allocate and use CE funds. Considerable efforts have been made by the Secretariat to update joint planning and CE guidance regularly. There is a mixed picture on the reception and utility of guidance with some evidence indicating Secretariat-produced webinars and guidance have been helpful and clear, and other evidence suggesting frustration with the constant changes presented in the guidance.^{75, 76}

The language used in the guidance across the years is often advisory⁷⁷ and at times vague. Although the guidance is not intended to be prescriptive and is designed to allow for flexibility given the diversity of epidemics and United Nations capacities across countries, it is nevertheless open to interpretation, particularly around terms that are central to CEs, such as catalytic or innovative or so called risk-taking. The lack of clarity is reported to generate hesitancy over how the CE funds can be used and may mean the guidance is not applied consistently or as intended, particularly around what constitutes a catalytic activity.⁷⁸ This finding is also evidenced through unclear criteria guiding the allocation of CE funds to Cosponsors, and the use of CE funds for staff in some contexts, despite not being recommended. The evaluation team has reviewed definitions of “catalytic” as used by other organizations and these are explained in [Annex 4](#).

More prescriptive language definitions and instructions would provide clarity on what can and cannot be supported with CE funds and, if supported by robust review and accountability processes, could also contribute to supporting more strategic action and reducing fragmentation of CE funds at the country level (for more information see Evaluation Question 10).

Review, quality assurance and accountability

Regional Joint Teams on HIV/AIDS play a role in reviewing proposals as per the guidance but the extent to which feedback is influential at the country level is unclear.

There is evidence of quality assurance (QA) processes of CE and BUF proposals taking place at regional levels, but engagement is variable. This is reportedly due to workload and multiple priorities, but also the timeline for CE planning and approval processes, which is compressed and affects inputs. A key consideration for regional and global levels is the influence of the quality assurance process and what happens after feedback has been provided to countries. Regional Joint Teams are not informed if feedback is considered and if proposals are reorientated accordingly.⁷⁹ To date, guidance does not elaborate on follow-up processes⁸⁰ and country reports and regional respondents indicate that there is rarely a second phase of discussion following initial feedback.

⁷⁵ CE guidance, templates and processes being user-friendly was the second most positive implementation feature of CE out of three.

⁷⁶ Global KIIs.

⁷⁷ Phrases such as ‘not recommended’ ‘requested’ and ‘it is advisable’ allow for wide interpretation. Found in 2020-2021 guidance.

⁷⁸ Cote D’Ivoire, Kyrgyzstan case study

⁷⁹ However, information is available in the JPMS for all users so regional team members can access and follow up the proposal and Joint Plan.

⁸⁰ 2020-21 Guidance Paper p6.

There are instances, cited by respondents, where proposals received funding even though the quality assurance process suggested the use of funds were inappropriate, not strategic, or not related to country needs.⁸¹ Regional Joint Teams reported struggling to push back against country proposals. There is a perception by some regional respondents that the regions lack “teeth” and as a result, quality assurance at regional and headquarter levels appears to be restricted to financial approval and technical review of proposals already agreed at the country level.⁸²

“We usually review proposals together; the process can be difficult. We don’t close the loop. We give feedback and then we don’t know what happens next—if something gets funded, we only find out later, and we are not sure if they have amended the proposal or made the changes we suggested. Last time we fed back to six countries and have no idea what happened.” – Respondent regional Joint Team.

“We are following up closely with national UNAIDS colleagues and regional advisers are liaising with national advisers in the NAP (National AIDS Programme) to assess implementation and address any bottlenecks (to inform proposals). This should be done in a more systematic way.” – Respondent, regional Joint Team.

The current guidance (2022-2023) calls for regional teams to be “empowered to take more responsibility for proactive dialogue and support to Joint Teams from the start of the prioritization.... and inform capacity needs and related support and the approval of the final allocation”.⁸³ At the time of writing it is unclear how a more empowered regional team will work differently during the current biennium, but the principle of strengthening their role in supporting the prioritization of resources makes sense.

Roles and responsibilities for accountability of use and performance of CE funds are ambiguous, and levels of monitoring and oversight are variable. The above finding speaks to a wider issue of accountability within the Joint Programme, the ambiguity of which can impact the monitoring and oversight of implementation of CE funds. For example, the country office is responsible for mobilizing the development of the Joint Plan and CE proposals. During implementation, monitoring and accountability takes place through Joint Team meetings and other processes, for example: discussions on progress and challenges; discussions with regional teams at the proposal stage; sign-off of agreed proposals by Resident Coordinators; and through JPMS reporting. **However, essentially, each Cosponsor agency has to report to their counterparts at regional and global levels, rather than the country office level, on their monitoring function, quality of reporting and accountability of funds.** This can pose challenges as the country office is expected to steer the CE but does not have the authority to hold Cosponsors to account for implementation and results at the country level.⁸⁴ While United Nations guidance on the New Generation of Joint Programmes has recently been put in place, and may help define roles and responsibilities through the Management and Accountability Framework,⁸⁵ the current ambiguity regarding accountability for the performance of CE funds at the country level impacts on the management, monitoring and oversight of CE funds.⁸⁶

⁸¹ KIIs Global and Regional Teams.

⁸² *ibid*

⁸³ Joint UN Plans on AIDS 2022-23 and CE Allocation, UNAIDS 2021 Guidance Paper, p8.

⁸⁴ India case study; Iran case study.

⁸⁵ [Final - UNSDG Guidance Note on a New Generation of Joint Programmes.pdf](#).

⁸⁶ Global survey data reports that one of three weakest areas of CE is ability to improve accountability of UBRAF resources.

EQ9: Summary of helping and hindering factors influencing the implementation of CE funds identified through case studies, key informant interviews at the global level and the survey.

Helping:

- The regularity of CE funds is perceived to be helping countries in planning.
- CE funds strengthen the spirit of Joint Teams.
- There is good collaboration among agencies in some countries and with some regions.

Hindering:

- Varied Joint Team country capacity impacts on technical expertise, the ability to participate in Joint Teams, and on the use of CE funds.
- There is ambiguity in guidance leading to interpretation about what is or is not allowed regarding CE funding of human resources.
- Small volumes of funding detract from engaging stakeholders in the planning processes.
- The short planning timeframe limits inclusion and quality of strategic planning.
- The short implementation timeframe combined with delayed disbursement limits absorption.
- The nature of reporting, in that Cosponsors are required to report separately to their global counterparts, contributes to the sense of fragmentation of results.

Evaluation question 4: How have Country Envelope and Business Unusual Fund funding contributed to addressing gender equality, human rights and community responses?

Key findings

- CE funds support mainstreamed and gender equality-specific approaches but it is unclear to what extent these activities are tackling the structural causes of gender inequality.
- CE investment in gender equality appears very low, although according to some data⁸⁷ this increased in 2022. Human rights and community responses investments fare slightly better.⁸⁸
- The extent to which CE-funded activities represent a joint strategic focus linked to country priorities is unclear.
- Markers—that are self-defined—are helpful only as an indication of the extent to which the design of an activity considers gender equality, human rights and community responses. They cannot be relied on as a monitoring tool and are not an accurate indicator of the extent to which the activity has contributed to these areas.⁸⁹

Gender equality, human rights and community response considerations are reported to be core principles for Cosponsors work in case-study countries. There is some evidence of CE funding being used to support initiatives and programmes at the country level. The following points can be observed from the six case studies:

⁸⁷ 2022-23 GEM Analysis, Final Draft.

⁸⁸ JPMS data and supporting case-study evidence was used to inform this finding and refers to the funding allocated against the appropriate SRA /RA. Given the complexities of reporting and that the SRA /RA changed during the evaluation period, SRAs were mapped as closely as possible to RAs. The resulting finding is that investment in GE is low. However, it is recognized that this may be largely due to the narrow classification of activities.

⁸⁹ Zambia, CIV case-study KIIs.

Gender equality:

- CE funds are being used to address gender equality through:
 - Support to integrated/mainstreamed approaches in Cosponsor core programmes (e.g., UNICEF’s prevention of mother-to-child transmission of HIV (PMTCT) programme targeting adolescent girls and young women in Zambia; UNESCO’s Awareness Raising Manual for Out-of-School Youth focuses on gender issues in Cote D’Ivoire).
 - Gender equality-specific activities (e.g., development of a Gender Equality Strategy in Kyrgyzstan).⁹⁰
- From the evidence gathered in the six country case studies and data from the JPMS, the evaluation has been unable to determine the extent to which gender equality interventions are tackling the root causes of gender inequality. Approaches and contexts differ and explicit links to addressing structural causes of gender inequality are not always mentioned. For example, CE funds are frequently used to address gender inequality through a biomedical approach, which focuses on women’s health and HIV status, but the social and gender dimensions may have been left out. In other cases, such as ILO in Zambia, the needs of adolescent girls and young women are linked to HIV interventions to reduce their vulnerability and gender transformative approaches that ensure norms, culture and traditions that place adolescent girls and young women at risk are reported to be addressed.⁹¹
- Whilst many Cosponsors are engaged in activities that contribute to gender equality (as indicated through the use of gender markers), there is very low CE investment dedicated to SRA 5/RA 6 gender equality and gender-based violence/gender equality. For example, during the evaluation period, Kyrgyzstan was the only country out of the six that indicated using CE funds specifically for SRA 5/RA 6. This is reflected across countries, with CE investments being overall the lowest for this SRA/RA, bar Results Area 10 (humanitarian settings and pandemics).
- Evidence for the above finding has been generated from case studies and JPMS data, as well as by noting the recent draft Gender Equality Marker analysis. However, the way in which data is reported may explain the low levels of investment in gender equality. The JPMS requires Joint Teams to choose only one SRA/RA per activity, where in fact the activity may support several results areas. This may result in a reporting bias. For example, UNESCO and UNICEF education programmes, which have a strong gender component, may be reported as prevention or another strategic results area. This is discussed further in the next section on results.
- Factors hindering gender equality work include: the short time frame of the CE funding cycle, which can preclude gender transformative work that needs longer timelines; a shortage of staff with knowledge and skills to articulate and develop transformative gender equality work and the lack of a strategic roadmap for gender equality work more generally.^{92, 93} In addition, the evaluation observes the small-scale and short-term nature of many gender equality activities.

Human rights:

- CE funds are supporting human rights activities in most of the case study countries (the exception being Iran). The Andean countries place strong attention on human rights—almost 30% of their CE funds for 2018-2023 are being dedicated to this area, with some results. For example, in Peru, the CE contributed to the human rights campaign “Peru with

⁹⁰ One or other, or both approaches are evident in all the case-study countries.

⁹¹ Evident in the Zambia case study.

⁹² Findings also borne out in the Evaluation of the UN Joint Programme on AIDS and preventing and responding to VAWG

⁹³ Key informants at global and country level.

no discrimination”,⁹⁴ which promotes HIV treatment through advocacy for legislative change. This is in line with the strategic priorities of Peru where the national response is focused on the promotion of human rights and key populations as well as on prevention and treatment⁹⁵ (see Figure 13 for more details).

- Further examples include India, where ILO began a study to reduce stigma and discrimination in the workplace and where the United Nations Development Programme (UNDP) supported the establishment of a Transgender Welfare Board in the Gujarat, as well as a governance mechanism to track progress on human rights. In Zambia, the United Nations Office on Drugs and Crime (UNODC) is addressing the legal environment for key populations and UNDP has trained law enforcement officers to be aware of the legal and policy barriers that increase the risk to HIV.

Community responses and the involvement of civil society organizations are evidenced in case study countries but contribution is variable. With the exception of Kyrgyzstan, where the civil society organizations were involved in the design of activities, most civil society organizations reported being involved in implementation. This is well documented under EQ3. In terms of building and developing community responses, India reports how the CE is being used to build the capacity of outreach workers through positive people’s networks and notes UNDP’s work with the peer-based organization the Humsafar Trust to develop welfare measures for transgender persons. The CE is also contributing to community responses in Kyrgyzstan by building capacity and developing leadership among girls, women and men from representatives of key population groups and people living with HIV. Specifically, UN Women is promoting the Positive Deviance Approach, which provides technical and financial assistance to empower women to lead various initiatives and participate in decision-making processes.

There is scope to improve the strategic focus of gender equality and human rights in Joint Plans and the use of CE funds.

In both the gender equality and human rights work, there is plethora of activities in any one country, with each Cosponsor working on gender equality or human rights-related issues according to the organization’s mandate. This can lead to piecemeal activities that are difficult to articulate as a focused joint response.⁹⁶

Markers are helpful only as an indication of the extent to which the design of an activity considers gender equality, community responses and human rights (since 2022). When reporting in the JPMS, each activity requires Cosponsors to assign a score for markers on gender equality, human rights and community responses. From 2018–2021 data exists on gender equality and civil society markers, whereas the human rights marker was introduced in 2022. The intention is to give a better indication of the extent to which gender equality, human rights and community responses are addressed in each activity. In some cases, this may encourage teams to consider these dimensions more systematically. There was a suggestion that the markers are at times viewed as a tick box exercise. But there is limited evidence to support this view. Monitoring is not in place to indicate the extent to which the activity has contributed to these areas.⁹⁷

⁹⁴ See Deep dive.

⁹⁵ Andean case study.

⁹⁶ This is echoed the 2021 Joint Evaluation on preventing and responding to violence against women and girls.

⁹⁷ Zambia, CIV, Iran case-study KILs.

EQ9: Summary of helping and hindering factors influencing the way CE funds are used to address gender equality, human rights and community responses

Helping:

- Availability of CE and the use of funds in different ways (integrated and more targeted) is helpful in keeping HIV, in relation to human rights and gender equality, on the agenda.

Hindering:

- Gender, human rights, and community response markers need interpreting with caution, which limits their utility.
- Limited inclusion of community in the planning of CE work at country levels is likely inhibiting more community-led response work.
- Due to geopolitical and social contexts, some Joint Teams⁹⁸ can experience political pressure to step away from sensitive and often strategic programming, which could hinder investments in this area—yet this is important for the Global AIDS Strategy outcomes and goals.
- Gender transformative work is a long-term commitment that is challenged by short term, sometimes fluctuating funding. The nature of the United Nations systems planning cycle and funding flows makes this type of engagement challenging.
- Lack of tools or guidance is reported as a factor hindering more investment in gender equality initiatives and interventions.

Evaluation Question 5: To what extent have Country Envelope and Business Unusual Funds supported the adaption of HIV programming during the COVID-19 pandemic in a flexible and timely way? How has COVID-19 impacted on the implementation of Country Envelope activities?

Key findings

- Strong evidence is available to suggest that reprogramming was timely, supported by the Secretariat and flexible.
- Between 30%-50% of CE funds were reprogrammed towards COVID-19.

Activities were reassessed quickly, and reprogramming was timely across most activities.⁹⁹ Country teams expressed appreciation for the flexibility of the Secretariat to support national planning and decision-making bodies¹⁰⁰ particularly in light of the COVID-19 pandemic, which affected the implementation of CE activities in different ways. Across the country case studies, between 30-50% of CE funds were reprogrammed towards the COVID-19 response. The evaluators note that the CEs are not large sums of funding and 30% of, for example, US\$ 8 000 may have only allowed funds to be reassigned to buy masks and disinfectants etc.

Case-study evidence points to examples of support to maintain essential health services.

The COVID-19 pandemic pushed the Joint Team to establish approaches that minimized direct contact for recipients of care with health facilities to ensure their safety. In Zambia, WHO, along with UNICEF, worked closely with the Ministry of Health and implementing partners to fast-track activities to those patients on antiretroviral therapy (ART) by enacting the already approved, but not regularly administered, six multi-months dispensing of ART.

⁹⁸ Iran Case Study.

⁹⁹ All case studies.

¹⁰⁰ All case studies.

They also mobilized those in HIV care to collect their next ART refill early. In Iran, plans were adjusted to use CE funds to provide required personal protective equipment (PPE) for prisoners and homeless people who inject drugs.

In India, despite the shift to online Joint Team working coupled with staffing changes at the United Nations, work continued through the Cosponsors. Funds were reprogrammed for online training, to support travel passes for ART beneficiaries and to support the distribution of commodities including multi-month dispensation of antiretrovirals (ARV). Cote D'Ivoire and Kyrgyzstan shared similar stories of supporting national partners to strengthen surveillance systems, to bridge procurement gaps and generally maintain essential health services for people living with HIV. Whereas in the Andean countries essential HIV services were supported and activities did not change in nature but rather the timeline shifted, and activities were adapted to facilitate online services such as remote consultations and training.¹⁰¹

In some countries, where the national response was lagging already, significant delays caused by the pandemic along with disruption to care and services made the 90-90-90 targets more unreachable. However, important lessons have been learned around procurement and building even stronger partnerships. The Iran case study showed that the pandemic impacted the national HIV response by disrupting the uptake and delivery of HIV services. Logistic delays due to sanctions and the COVID-19 pandemic exacerbated this impact, despite flexible and timely reprogramming. Other case studies had similar stories of affected impact—but importantly also reflected on the lessons learned around the need to focus on guaranteed timely and streamlined procurement of essential HIV medicines and commodities. In Iran, the case study described how the COVID-19 Preparedness Plan could serve as a model for other health emergencies that may affect people living with HIV. A key lesson was also learned around how to build and maintain strong partnerships with the community of people living with HIV and how essential civil society organizations are in reaching key population groups and ensuring access to services and adherence to treatment.

Findings on use of funds, results and sustainability

Evaluation Question 7: What results have been generated from Country Envelopes and how are they contributing to UBRAF outputs and Global AIDS Strategy Outcomes 1-3?

Findings related to questions 8 and 9 are integrated where appropriate.

Use of Country Envelope funds across regions, countries, Cosponsors and UBRAF Joint Programme strategic result areas/result areas (SRA/RA)¹⁰²

The data in this section draws on the budgets agreed at country levels over the evaluation period of 2018-2022 based on data from the UNAIDS Secretariat.¹⁰³ Data on the use of funds (expenditure) across the portfolio were not available to the evaluation team, other than for case-study countries.

Key findings:

- US\$ 119 million of CE funds were budgeted for use between 2018 and 2022 across 96 countries, including US\$ 2.2 million BUF funding in 2020-2021.
- Most of the CE funds have been budgeted primarily to UBRAF outputs SRA 1 testing and treatment /RA 1 HIV prevention and RA 2 HIV treatment (US\$ 44 million), followed by SRA 3 HIV prevention among young people /RA 7 young people (US\$ 19 million), then SRA 4 HIV prevention among key populations / RA 4 community-led responses. (US\$ 17

¹⁰¹ Andean Case Study.

¹⁰² In this section the respective strategic result areas (SRAs) have been mapped onto the current UBRAF theory of change and Results Framework result areas (RAs).

¹⁰³ Spreadsheets were received from UNAIDS Secretariat for 2019,2020,2021 and 2022/2023. Only funds budgeted up to 2022 have been used as 2023 figures are not yet finalized.

million). However, as explained below, analysis of funds spread across SRAs/RAs needs to be considered with caution.

- Across all regions, limited funds have been budgeted for activities that support progress towards Global AIDS Strategy 2021-2026 Priorities 2¹⁰⁴ and 3.^{105, 106}
- All regions have the highest budgets allocated to SRA 1 testing and treatment/RA 1 HIV prevention and RA 2 HIV treatment. Most have the second highest budgets allocated to SRAs 2/3 HIV prevention among young people or key populations. Most of the case-study countries (except the Andean countries) follow a similar trend.
- Of the CE funds across 2018-2022, 67% were budgeted among four Cosponsors: WHO and the Regional Office for the Americas of the World Health Organization (WHO-PAHO) combined (US\$ 25 million), UNICEF (US\$ 22.6 million), the United Nations Population Fund (UNFPA) (US\$ 19 million) and UNDP (US\$ 13.2 million). The spread of funds across Cosponsors will vary according to country presence, participation in the Joint Team and capacities on HIV. Not all Cosponsors are present in all countries.

There are two important caveats for the data presented in this section:

Analysis of JPMS data on the spread of CEs across strategic result areas/results areas needs reading with caution as it does not present an entirely accurate picture of how the CE is being used. JPMS allows teams to link (tag) Joint Plans (at the joint deliverables/outcome level) and report to multiple SRA/RAs. However, only one SRA/RA can be selected per outcome. This is problematic where an outcome involves working on several issues that cover more than one SRA/RA and therefore may not capture the entirety of the achievements across all relevant SRA/RAs. This limits the subsequent analysis of the resources and reporting as tagging is not nuanced and can be randomly assigned. For example, if an outcome is focusing on HIV prevention among adolescent girls and young women and key populations, it can be linked to either SRA 3/ RA 7 on prevention among young people, SRA 1 /RA 1 and 2 on HIV testing and treatment, SRA 2/ RA3 on the elimination of mother-to-child transmission (EMTCT), SRA 5/RA 6 gender equality, or SRA 4/RA 4 on prevention among key populations, but not to all of these.

It is difficult to differentiate upstream from downstream work in JPMS reports. Different types of CE activities are planned and reported on within each SRA/RA, which makes analysis of the strategic results (higher up the results chain) compared to more operational results (lower down the results chain related to process/outputs) challenging. So-called upstream work on advocacy and policy change sits alongside so-called downstream work filling service delivery gaps, for example. The evaluation team understands that CEs are one of several sources of information feeding into the performance and management reports, where reporting on UBRAF result areas and indicators takes place. Performance and management reports consider the whole Joint Programme activity and achievements, including but not limited to the contribution of the CE. Currently, therefore, JPMS is the only data repository that contains granular information about CE-specific activity.

¹⁰⁴ Breaking down barriers to achieving HIV outcomes – including result areas on community-led responses, human rights, gender equality and young people. These map loosely onto UBRAF 2016-2021 SRAs 3 (HIV prevention and young people), 4 ((HIV prevention and key populations), 5 (gender and gender-based violence (GBV)) and 6 (human rights).

¹⁰⁵ Fully fund and sustain efficient HIV responses and integrate into systems for health, social protection, humanitarian settings and pandemic responses – including result areas on fully funded and efficient HIV response, integration of HIV into health systems and humanitarian settings and pandemics. These map loosely onto UBRAF 2016-2021 SRAs 7 (investment and efficiency) and 8 (social protection - integration of HIV and health services).

¹⁰⁶ The evaluation spans two strategic periods and the evaluation team has, as far as possible, aligned strategic results areas of the UBRAF related to the Fast-Track strategy with the results areas of the current UBRAF related to the Global AIDS Strategy. This is explained in the evaluation's inception report, pages 15-16.

Box 1 below provides insight into the types of activities being captured through JPMS within one SRA/RA. This highlights the way that CE have been used to fill gaps in national responses.

Box 1: SRA 1 Testing and treatment (equivalent to RA 1 HIV prevention and RA2 HIV treatment) activity combines upstream and downstream work (scale and coverage is often difficult to assess)

A wide range of national level advocacy/policy development activities along with activities to strengthen services delivery were budgeted for during the evaluation period, including for instance:

- Strengthening country capacity, including policies and systems for access to HIV treatment cascade enhanced to reach 90-90-90.
- Developing national guidelines on the provision of psychosocial support to children living with HIV, including status disclosure.
- Simplifying testing algorithms and HIV testing service provision by lay providers and outside health services.
- Adapting health services to meet access needs for young people.
- Integrating HIV services within mainstream healthcare services.
- Working with public health services to reduce stigma and discrimination.
- Enhancing care for people living with HIV through their active engagement in adherence and retention, etc.

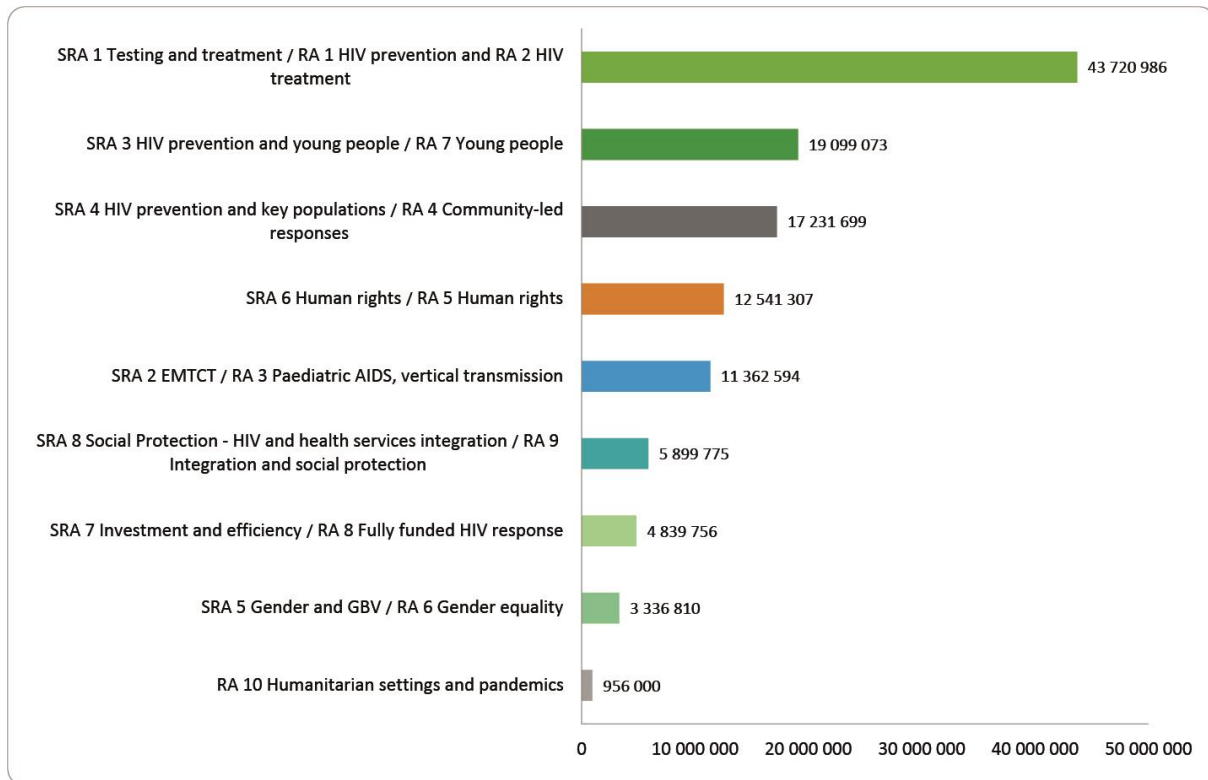
(Source: JPMS)

In addition, when analysing activities in different SRA/RAs, there is considerable flexibility and range in terms of what is included; some activities seem directly relevant to the SRA/RA and others less so. As a result, it is quite complex to understand how CE-funded activities are specifically contributing to UBRAF SRA/RA and the wider goals of the Global AIDS Strategy. These issues, and the importance of strengthening Joint Programme capacity to enable a clearer line of sight along a results chain have been raised in previous evaluations, including the need to do this in relation to securing future resources.

Use of CE funds

As noted in Figure 6 in the opening section, between 2018-2022, US\$ 119 million CE funds were budgeted across 96 countries. This presents a picture of fragmented use of CE funds across many countries (and Cosponsors), often of modest value: 52 of the 96 countries had accumulated budgets of less than US\$ 1 million over the five-year period. Four countries had CE budgets for a combined total of 14% of CE funds: South Africa (US\$ 6 million), Nigeria (US\$ 5.6 million), Mozambique (US\$ 5.1 million) and India (US\$ 4.5 million). Timor-Leste (US\$ 50 000) and Georgia (US\$ 70 000) received the smallest amount of CE funds.

Figure 7: Spread of Country Envelope funds across strategic results areas/result areas 2018-2022



Source: JPMS data

Most of CE funds have been budgeted to SRA 1 Testing and treatment/RA 1 HIV prevention and RA 2 HIV treatment (US\$ 44 million), followed by SRA 3 HIV prevention among young people/RA 7 Young people (US\$ 19 million), then SRA4 HIV prevention among key populations/RA4 Community-led responses (US\$ 17 million). The Global AIDS Strategy 2021-2026 Strategic Priorities 2¹⁰⁷ and 3¹⁰⁸ have had limited budgets allocated towards them, across all regions (around 9% of budgets to SRA 7/RA 8¹⁰⁹ and SRA 8/RA 9,¹¹⁰ and 13% to strategic results areas and results areas on human rights and gender and gender-based violence).¹¹¹

¹⁰⁷ Breaking down barriers to achieving HIV outcomes – including result areas on community-led responses, human rights, gender equality and young people. These map loosely onto UBRAF 2016-2021 SRAs 3 ((HIV prevention and young people), 4 ((HIV prevention and key populations), 5 (gender and GBV) and 6 (human rights).

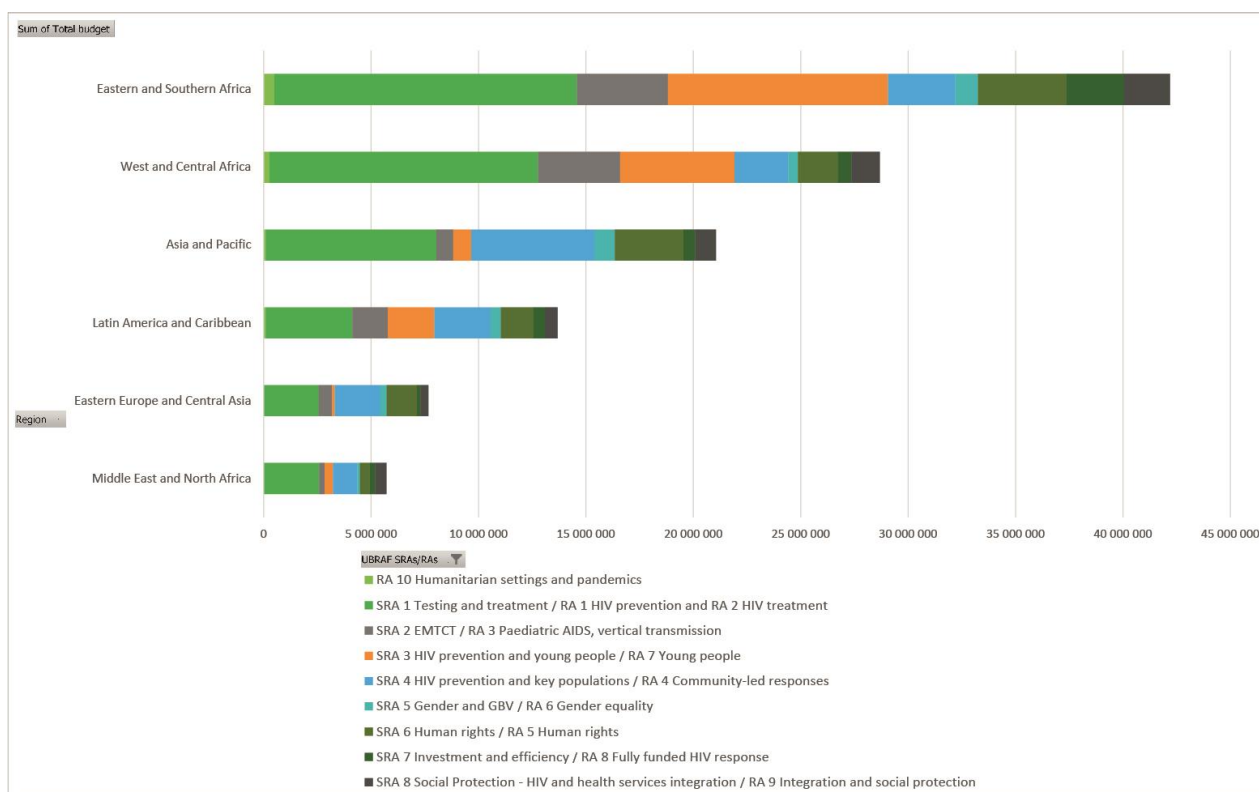
¹⁰⁸ Fully fund and sustain efficient HIV responses and integrate into systems for health, social protection, humanitarian settings and pandemic responses – including result areas on fully funded and efficient HIV response, Integration of HIV into health systems and humanitarian settings and pandemics. These map loosely onto UBRAF 2016-2021 SRAs 7 (investment and efficiency) and 8 (social protection - integration of HIV and health services).

¹⁰⁹ Investment and efficiency.

¹¹⁰ Social protection – integration of HIV within health services.

¹¹¹ The evaluation spans two strategic periods and the evaluation team has, as far as possible, aligned strategic results areas of the UBRAF related to the Fast-Track strategy with the results areas of the current UBRAF related to the Global AIDS Strategy. This is explained in the evaluation's inception report, pages 15-16.

Figure 8: Spread of Country Envelope budgets across regions and strategic results areas/result areas 2018-2022



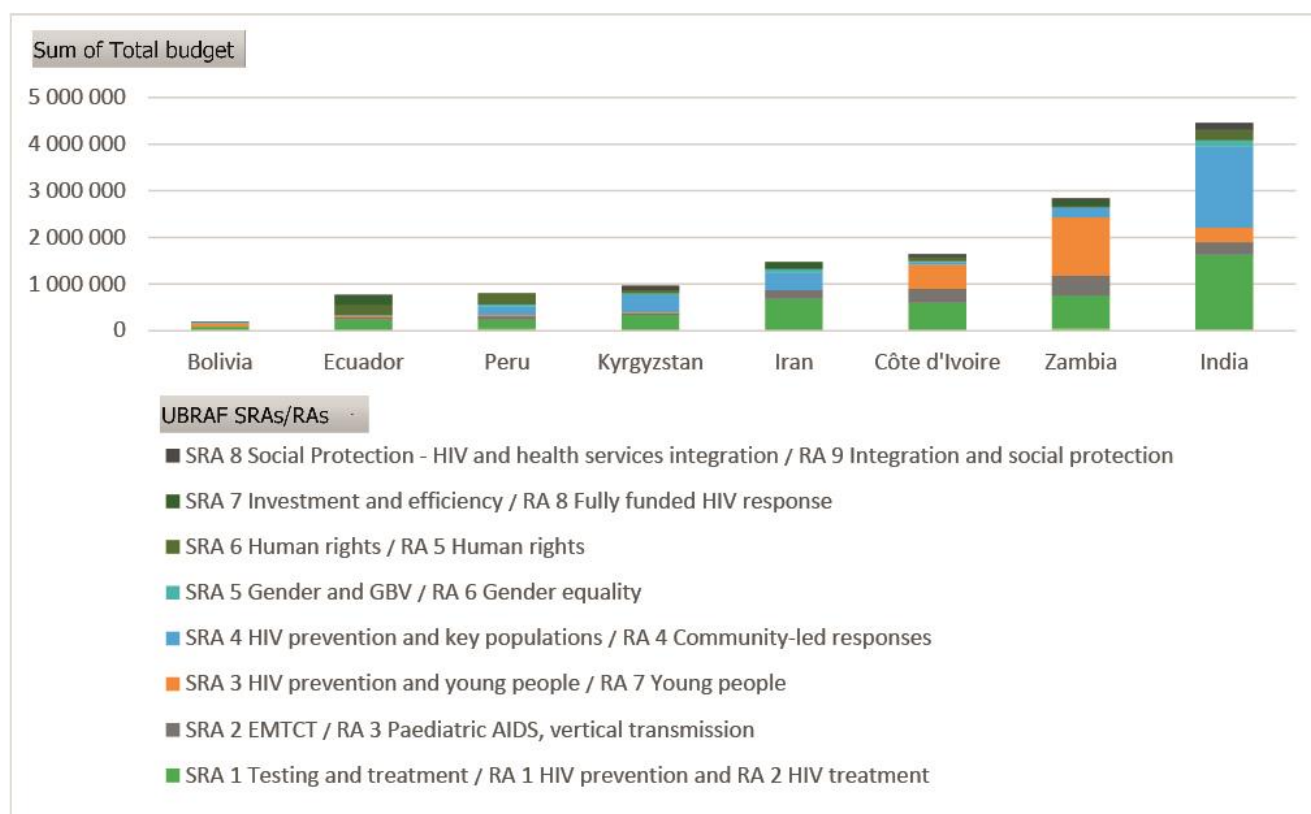
Source: JPMS data

As shown in Figure 8 above, 77% of CE funds between 2018-2022 were budgeted for use across:

- Eastern and southern Africa (ESA) (US\$ 42 million), western and central Africa (WCA) (US\$ 29 million), Asia Pacific (AP) (US\$ 21 million), Latin America and the Caribbean (LAC) (US\$ 13.7 million), eastern Europe and central Asia (EECA) (US\$ 7.7 million), Middle East and North Africa (MENA) (US\$ 5.7 million)
- SRA 1 Testing and treatment/RA 1 HIV prevention and RA 2 HIV treatment budgets were the highest funded SRA and RAs across all regions and especially in ESA (US\$ 14 million), WCA (US\$ 12.5 million) and AP (US\$ 8 million).
- SRA 3 HIV prevention among young people /RA 7 Young people budget was the second most funded area in ESA (US\$ 10.25 million), and WCA (US\$ 5.3 million).
- SRA4 HIV prevention among key populations/RA 4 Community-led responses was the second most funded area in AP (US\$ 5.7 million), LAC, (US\$ 2.6 million), EECA (US\$ 2.1 million) and MENA (US\$ 1.1 million). Smaller amounts have been budgeted to LAC EECA, MENA. This may change in coming years considering increasing new infections in these regions.

The analysis above suggests that funds have been used in a differentiated way to respond to regional needs.

Figure 9: Spread of Country Envelope budgets across strategic results areas/result areas in case-study countries between 2018-2022



Source: JPMS data

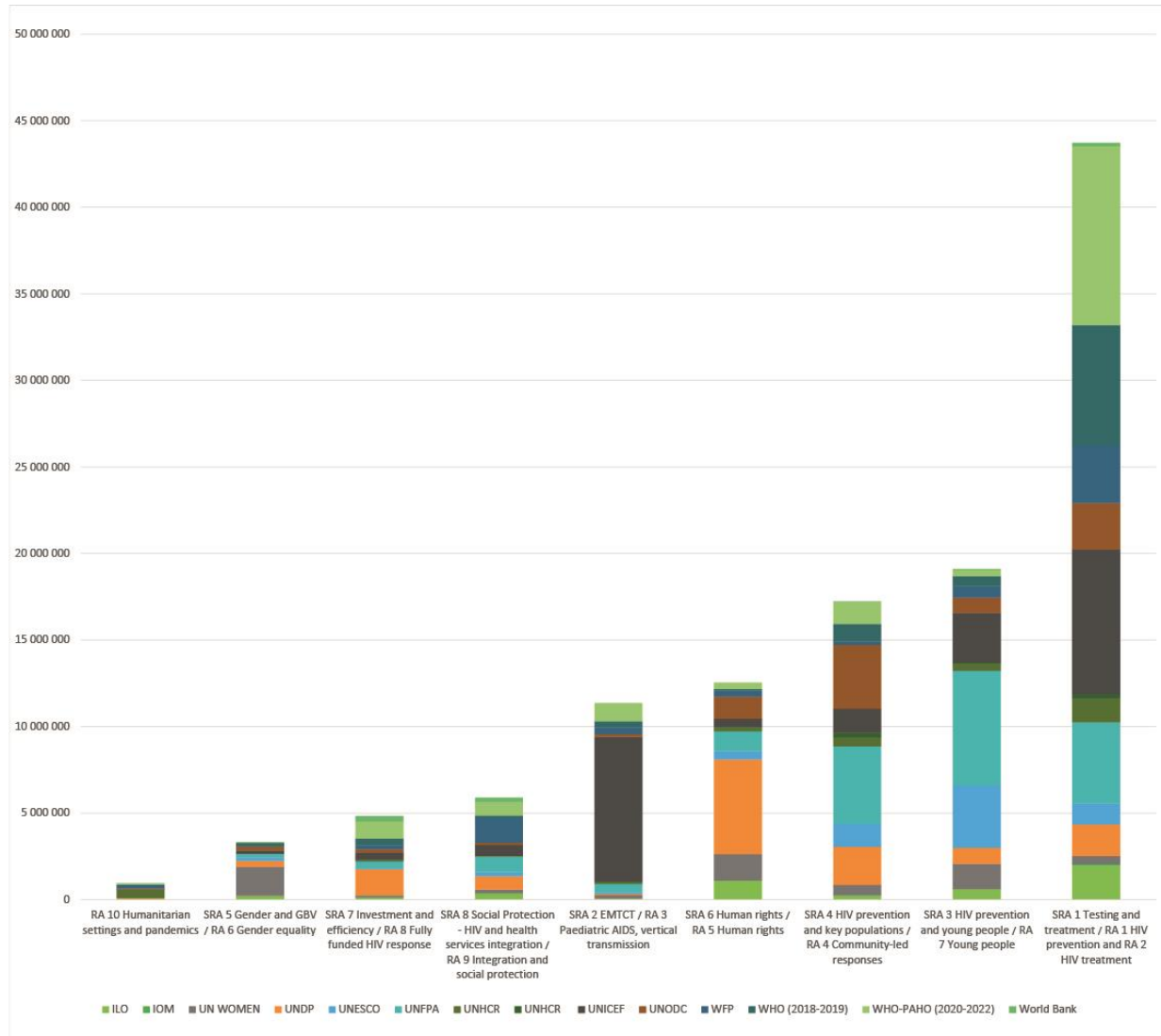
- Most of the case-study countries follow a similar trend as the regions, with the highest proportion of budget allocated to SRA 1 Testing and treatment / RA 1 HIV prevention and RA 2 HIV treatment.
- India, Iran and Kyrgyzstan have a noticeably high proportion of budget for HIV prevention and key populations, broadly aligned with epidemic concentration in these groups.¹¹²
- Zambia has a large proportion of its budget allocated to prevention among young people, again broadly aligned with the increasing incidence of HIV among young people.¹¹³
- The Andean region countries have a higher proportion of their budgets focused on strengthening attention to the 95-95-95 cascade (SRA 1 Testing and treatment / RA 1 HIV prevention and RA 2 HIV treatment) and support to human rights (SRA 6 Human rights / RA 5 Human rights).
- Despite the increasing incidence of HIV among women in most case-study countries, the lack of budget visibly allocated to SRA 5 on gender and gender-based violence / RA 6 gender equality is notable.¹¹⁴ However, this may also relate to the nature of reporting, and activities targeting women may be captured under different strategic results areas.

¹¹² Of note is India where use of CE funds were allocated to SRA 1, however, the state in which CE activities were concentrated was Gujarat, which is not a high burden state.

¹¹³ Source: Zambia country case-study report.

¹¹⁴ However, this may also relate to the nature of reporting, and activities targeting women may be being captured under SRAs 1, 3 and 4, for example.

Figure 10: Spread of Country Envelope funds across strategic results areas/result areas by Cosponsor agencies between 2018-2022



Source: JPMS data

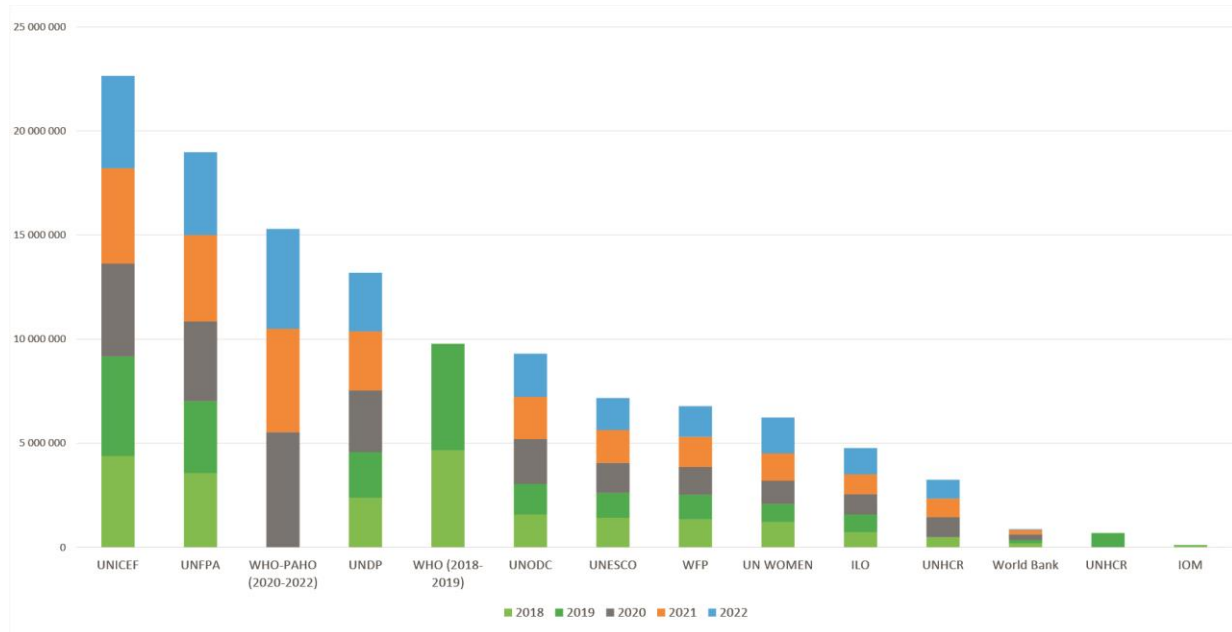
From 2018-2022, 67% of CE funds were budgeted among four Cosponsors: WHO and WHO-PAHO combined (US\$ 25 million), UNICEF (US\$ 22.6 million), UNFPA (US\$ 19 million) and UNDP (US\$ 13.2 million). This broadly aligns with the spread of funds across SRAs/RAs (as shown in Figure 10 above), with HIV testing and treatment¹¹⁵ and HIV prevention for young people¹¹⁶ and key populations¹¹⁷ being the most funded SRAs/RAs. Figure 10 demonstrates the extent to which different Cosponsors are working on the same SRA/RAs and the breadth of Cosponsors work across the SRAs/RAs.

¹¹⁵ With the largest amounts of funds for testing and treatment spread accordingly: US\$ 10.3m to WHO-PAHO, US\$ 7m to WHO, US\$ 8.4m to UNICEF and US\$ 4.7m to UNFPA.

¹¹⁶ With the largest amounts of funds for prevention among young people spread accordingly: US\$ 6.6m to UNFPA and US\$ 3.6m to UNESCO, US\$ 2.9m to UNICEF and US\$ 1m UN Women.

¹¹⁷ With the largest amounts of funds for prevention among key populations spread accordingly: US\$ 4.5m to UNFPA, US\$ 3.7m to UNODC, US\$ 2.2m to UNDP, US\$ 1.4m to UNICEF and US\$ 1.4m to UNESCO.

Figure 11: Spread of Country Envelope funds across Cosponsor agencies, and the International Organization for Migration (IOM), between 2018-2022



Source: JPMS data

UNICEF, UNFPA and WHO & WHO-PAHO combined have been the major Cosponsor recipients, as noted above.

UN Women, however, has had a modest total budget of US\$ 6.25 million over the five years, of which US\$ 1.7 million was allocated to gender and the elimination of gender-based violence (SRA 5/RA 6). This compares to US\$ 1.4 million of its budget being allocated to HIV prevention among young people, which attracted a much higher level of CE funds overall than gender and gender-based violence. However, it may be that these allocations were also covering gender-related activities and not tagged as such, given JPMS limitations. Given the 10-10-10 targets in the Global AIDS Strategy 2021-2026, one might expect to see the amounts budgeted for UN Women and UNDP increase in the coming years.

In the case of UNODC, 40% (US\$ 3.7 million) of its total US\$ 9.3 million funds were budgeted for HIV prevention among key populations followed by 30% for testing and treatment, including among prisoner communities and people who inject drugs, (US\$ 2.7 million), which attracted the most funds overall.

The two agencies with the smallest budgets since 2018 include the IOM¹¹⁸ (US\$ 125 000)—not a Cosponsor—and the World Bank (US\$ 863 233). Budgets have been intended for use in the following areas:

- **IOM** CE funds covering HIV testing and treatment:
 - In Guatemala funds were allocated to developing a protocol for the early diagnosis of HIV and sexually transmitted infections in returned migrant populations and to support the national strategic plan.
 - In South Sudan funds covered testing services for the protection of civilians/internally displaced persons and refugee settlements, and armed/uniformed forces as well as HIV testing for women and girl sex workers (FSW) and their clients. (Testing was also made available for the Sudan People's Liberation Army (SPLA)/ Ministry of Interior (MOI) members, including police, prisons, fire brigade and wildlife).

¹¹⁸ The allocation to IOM as a non-Cosponsor was a one-time exception only.

- **World Bank** CE funds have mainly been allocated to investment and efficiency working on domestic financing and allocation of HIV response funds to key populations, as well as monitoring in priority districts. The World Bank is not a member of the majority of Joint Teams contributing to the Joint Programme. The breakdown by region includes 83% of World Bank funds that were budgeted for ESA, followed by 10% in AP and 4% in LAC. Again, given RA 8 (fully fund and sustain an efficient HIV response) in the Global AIDS Strategy, we might expect to see more activity in this area in the coming years.

Results and systems learning, reporting results

Key findings

- Evidence for what has been funded is widely available but evidence for what change has occurred with CE funds is more limited.
- There are examples from the case studies that illustrate the diverse use of CE funds, including with some catalytic results. Such cases have often focused on research/data generation, piloting and potential scale-up with better prospects for sustainability.
- Some Cosponsors have mainstreamed HIV into core business and have used CE funds to support core programmes and implementation. In these cases, CE funds are blended with other programme funds making it difficult to follow the money and differentiate CE contribution/results.
- There are missed opportunities for strategic and cross-country learning from the use of CEs.
- Despite efforts to report UBRAF results, the JPMS does not include any functionality to allow for monitoring or assessing jointness (during planning and/or implementation), which is a central assumption to the achievement of CE results.

Results at the country level

Evidence for what has been funded is widely available but evidence for what change has occurred with CE funds is more limited. While there is evidence of reporting on the activities, progress and challenges of implementing CE activities, evidence for the change that has resulted from CE funds is more limited. Furthermore, as CE funds often represent one funding stream only, the ability to trace these funds and understand their contribution to outcomes in relation to other sources of funds available to the United Nations for HIV at the country level, was challenging.¹¹⁹ The difficulty in determining the results and impact of different Joint Programme funding streams or investments in areas of strategic importance is a finding that has been identified in other recent evaluations including the 2022 Independent Evaluation of the Joint Programme's work on Key Populations, the 2021 Joint Evaluation of the UN Joint Programme on AIDS on Preventing and Responding to Violence Against Women and Girls, and the 2020 Independent Evaluation of the UN System Response to AIDS 2016-2019.

For this evaluation, Joint Team country reports and the UNAIDS annual performance monitoring reports,¹²⁰—the primary tool used to comprehensively report to the Programme Coordinating Board on results against indicators and UBRAF strategic result areas/result areas—were reviewed. While these reports are useful in describing how Joint Teams and the Joint Programme is contributing to national and global HIV responses respectively, they do not consistently or sufficiently explain how the activities implemented by the Joint Programme (including CE funds) lead to change. Evidence from the case-study reports

¹¹⁹ Note that data at the country level on other sources of Cosponsor funding for HIV were not forthcoming, therefore being able to assess the size of CE relative to the overall level of Joint Team resources available for HIV was not possible.

¹²⁰ UNAIDS performance and management reports UNAIDS reviewed for this evaluation include the performance and management report 2020 and 2020-2021.

support the need for better recording and documentation of results and achievements, including for the CE.¹²¹

There are examples from the case studies that demonstrate how CE funds are being used, with some positive reported results. The evaluation found that CE funds have been used to support a diverse range of activities, initiatives and projects. CE funds support activities such as the development and testing of normative guidance, data generation (formative assessments and research, supporting surveys), pilot approaches and social behaviour change media campaigns. There is evidence of funds being used for catalytic initiatives that have been piloted and show potential for scale up and sustainability as the initiative or programme is integrated into national systems. In such cases, coordination, provision of technical assistance, partnering between one or more Cosponsors, and particularly with national authorities, has supported a multiplier effect. There is also evidence for example, from Iran, of how CE funds can be used strategically, over consecutive biennia, to build on and progress previous CE-funded activities/investments that focus on key populations. CE funds are also being used to test innovative approaches, such as the use of social media and digital projects. Examples of these are UNFPA's digital training approach and UNESCO's Hello Ado, which allows adolescents to access information about sexuality discreetly. "(Young people) realize that we empower them, and we exchange with them and that makes them feel considered, and we think that this too is innovative" (UNESCO key informant).

Country Envelope funds are frequently used to support existing projects under implementation making it more difficult to identify and pinpoint any catalytic component or results related to the CE funding. CE funds are regularly used for small scale activities that support project activities that are implemented through national non-governmental organizations (NGOs) or other existing contracted partners to fill project gaps or expand existing projects. The evaluation raises questions as to whether this is the best use of CE funds. By adding CE funds to an existing project there is reportedly less reflection on catalytic or innovative elements. In addition, CE funds are blended with other sources of funding, presenting a challenge in terms of tracking the use of CE funds, and pinpointing the catalytic contribution and result.¹²² The evaluation was unable to determine whether CE-funded activities would have taken place anyway, and thus the evaluation team could not independently determine how vital the CE funds were to the projects under implementation.

There is some limited evidence for CE funds being catalytic in terms of leveraging additional resources for national and Joint Programme responses (Evaluation Question 8). The evaluation has found examples of wider partner resources being leveraged in relation to work that was funded through the CE. For example, the leveraging of Global Fund resources for the implementation of Zambia's Comprehensive Condom Policy (US\$ 5 million), and there are some examples of CE funds leveraging modest levels of other Cosponsor resources for the same or related/continuation of activities in Cote D'Ivoire, Kyrgyzstan and Peru.

The evaluation was less able to determine the sustainability of the CE activities. There is an assumption that actions enabling national or state authorities to adopt new laws, policies or service delivery models are more likely to be sustained. As mentioned above, there were some instances where CE funds are being used in ways that offer potential for sustainability, however, sustainability was raised as a significant issue with respondents, flagging the need for greater engagement with key stakeholders in CE business and/or key initiatives to ensure more sustainable CE design and implementation of funds.

The following pages present snapshots of some of the deep dives undertaken in the case-study countries. Each deep dive has been mapped to the UBRAF 2022-2026 theory of

¹²¹ Noted in case studies e.g. India, Kyrgyzstan and Zambia.

¹²² Source of evidence for this finding is principally documents and KIIs in case study countries.

change and in each case, the deep dive indicates the results areas and strategic priority it is supporting. The deep dives themselves are somewhat limited in detail due to time taken to identify the deep dive, the short time in-country to undertake the overall case study, including the deep dives, and the challenge of available documentation and respondents to discuss the outcomes of the use of funds.

Figure 12: The UBRAF theory of change and the overall results framework

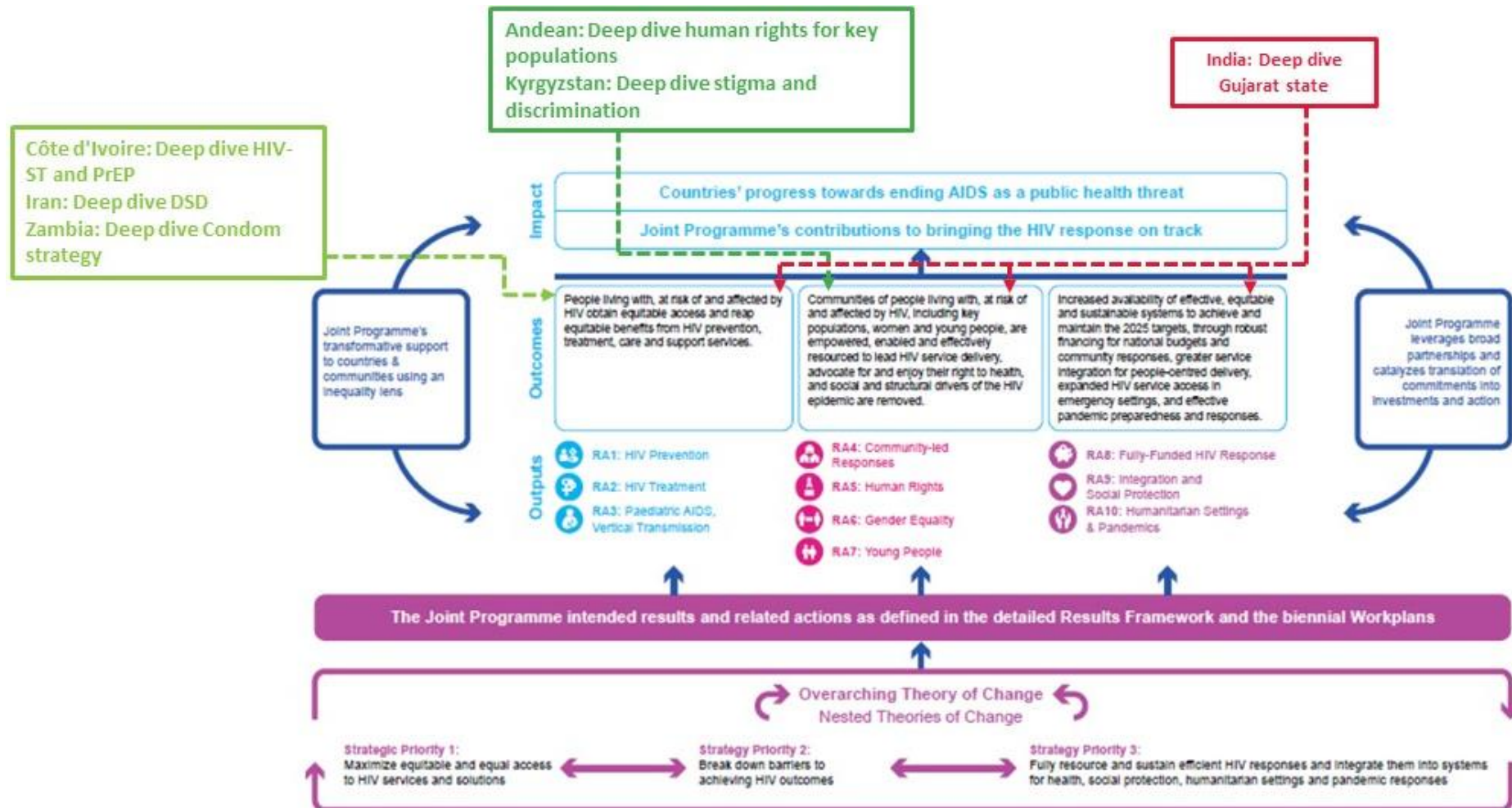


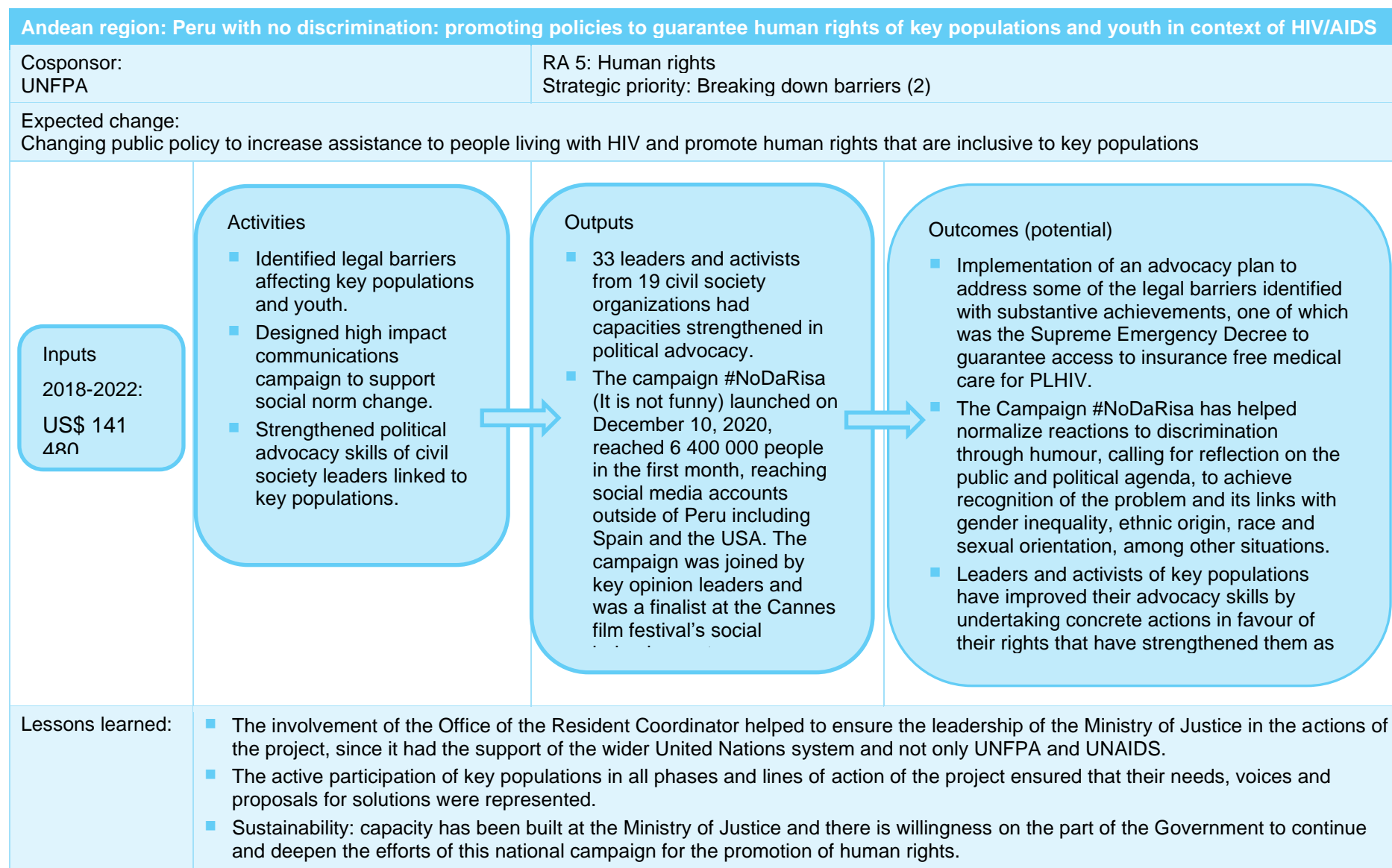
Figure 13: Examples of use of Country Envelope funds and reported results as identified in the Andean region case study

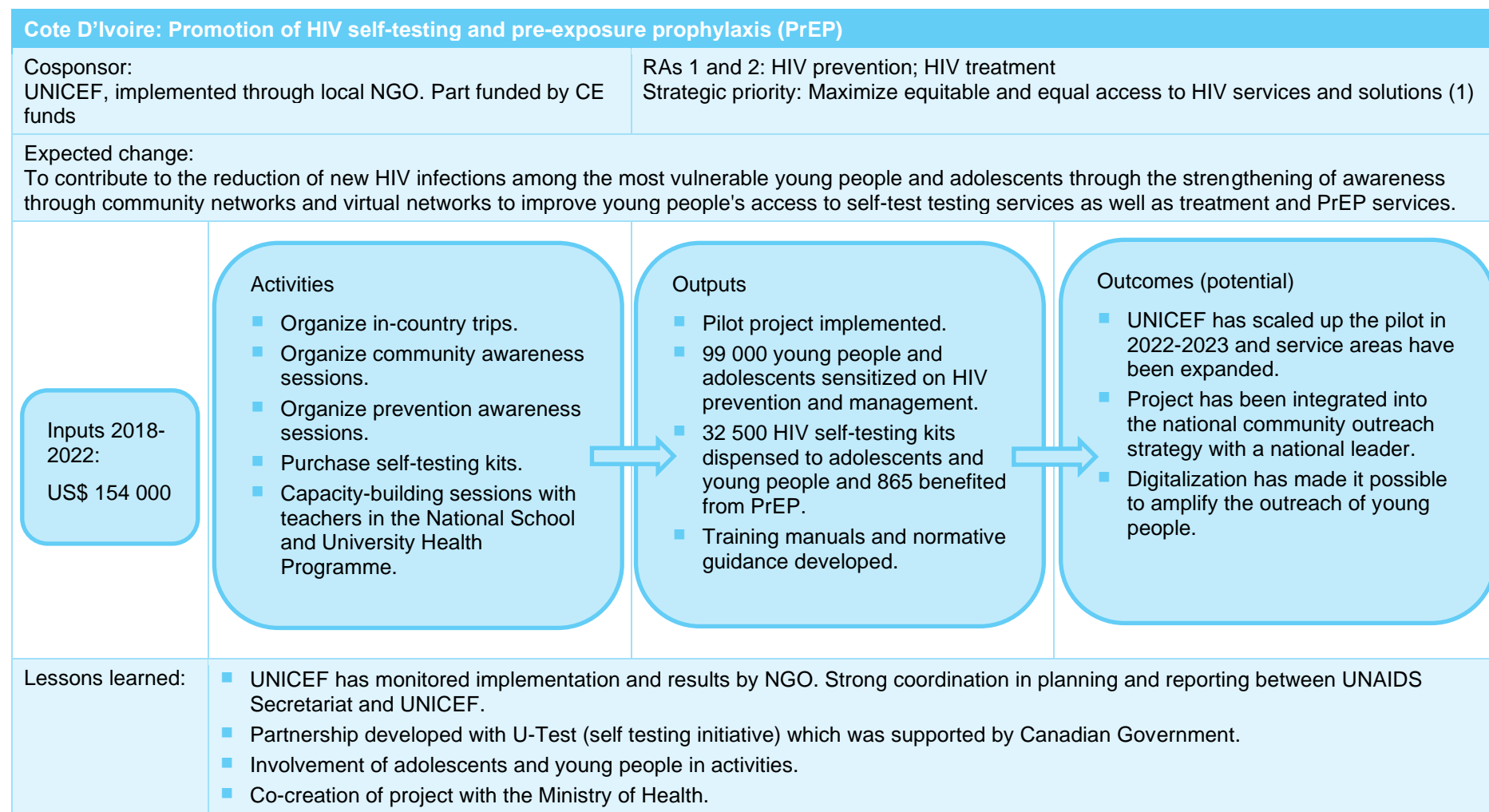
Figure 14: Examples of use of Country Envelope funds and reported results as identified in the Cote D'Ivoire case study

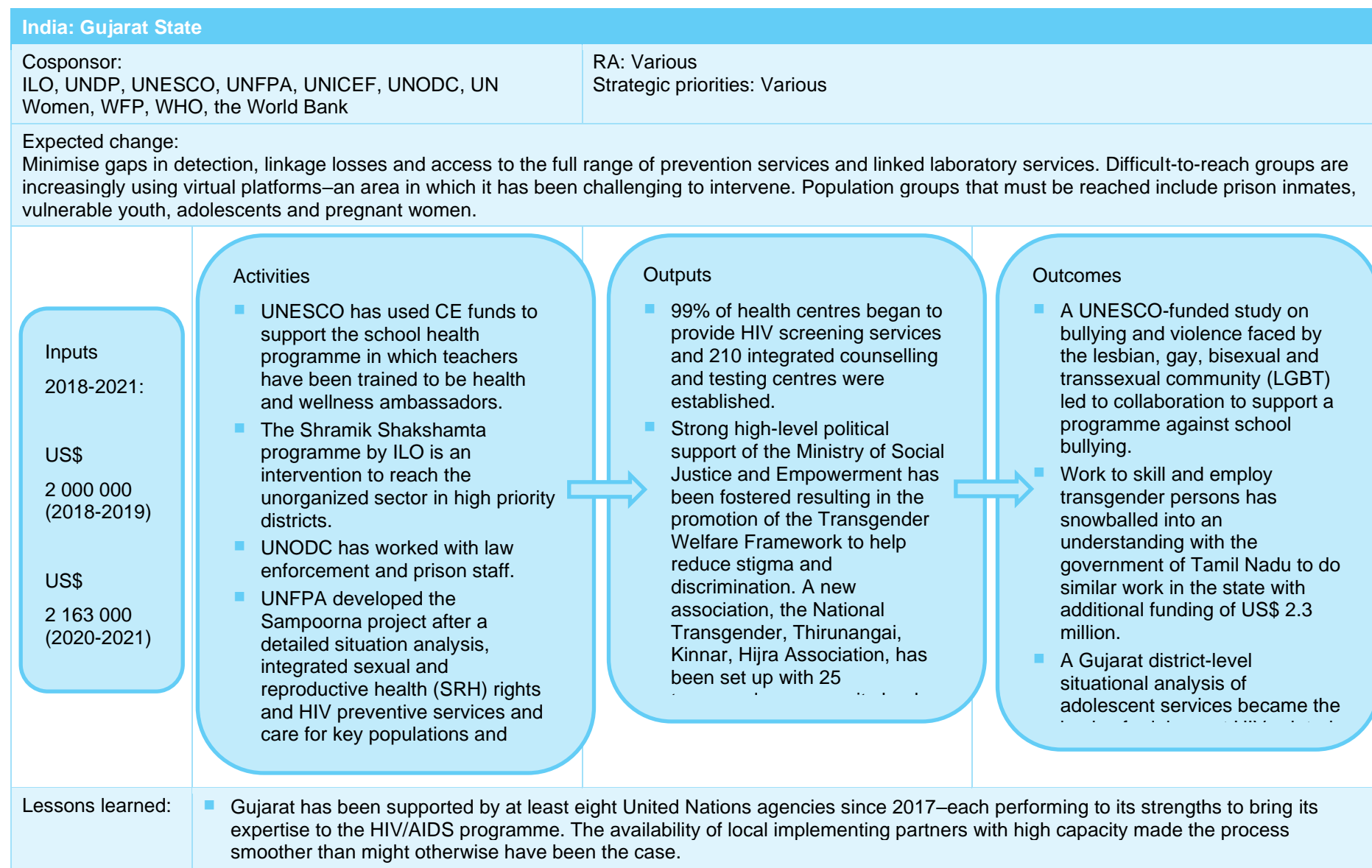
Figure 15: Examples of use of Country Envelope funds and reported results as identified in the India case study

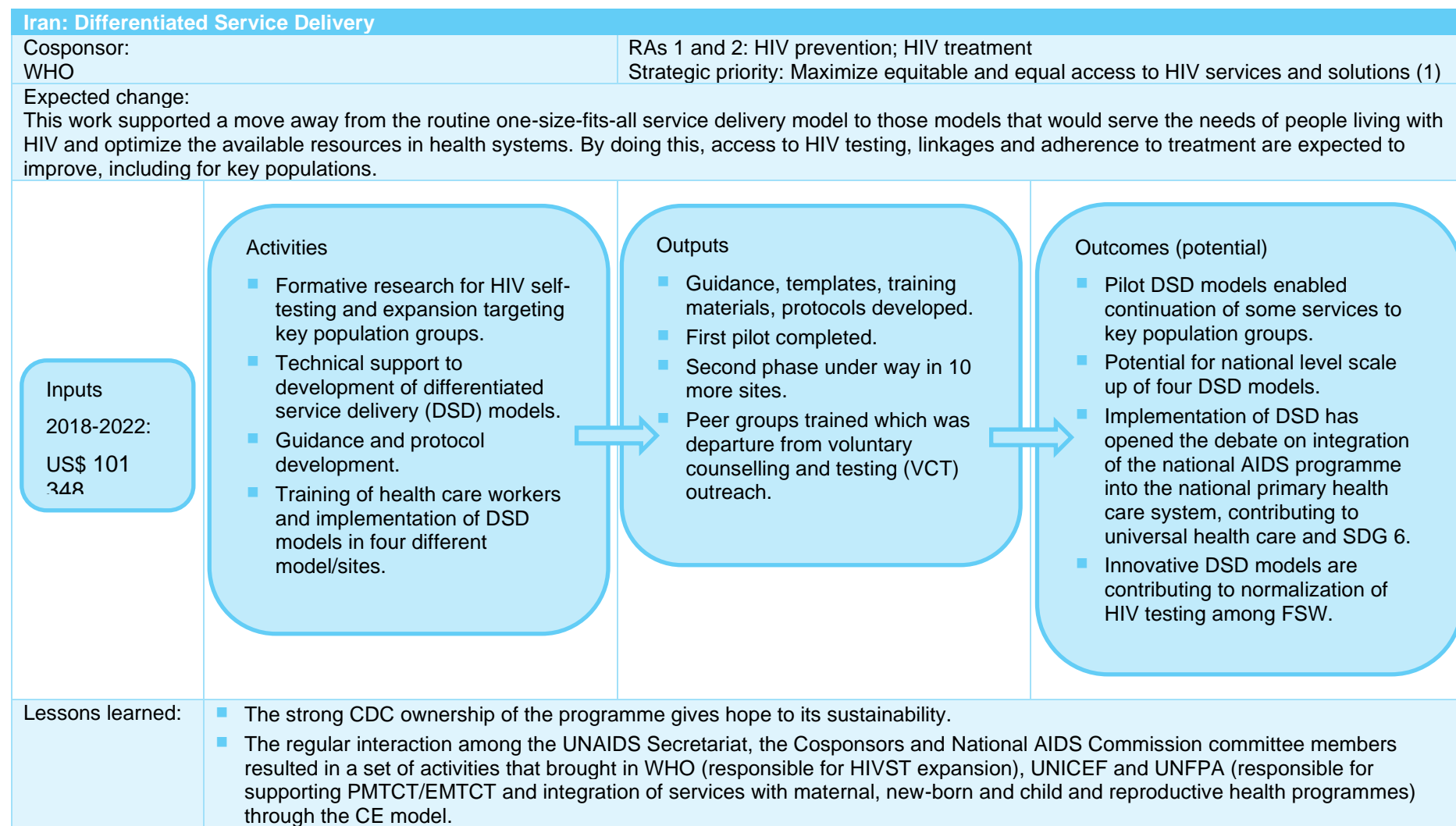
Figure 16: Examples of use of Country Envelope funds and reported results as identified in the Iran case study

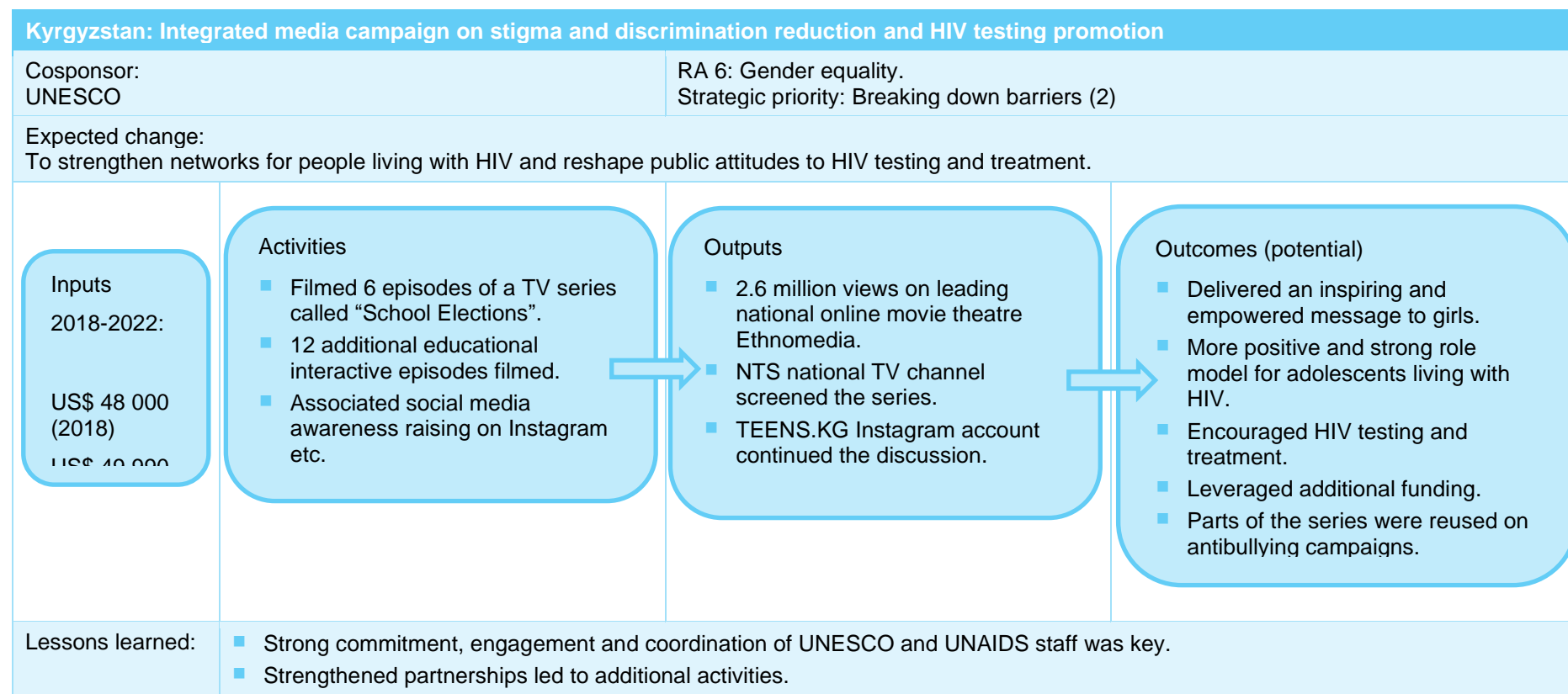
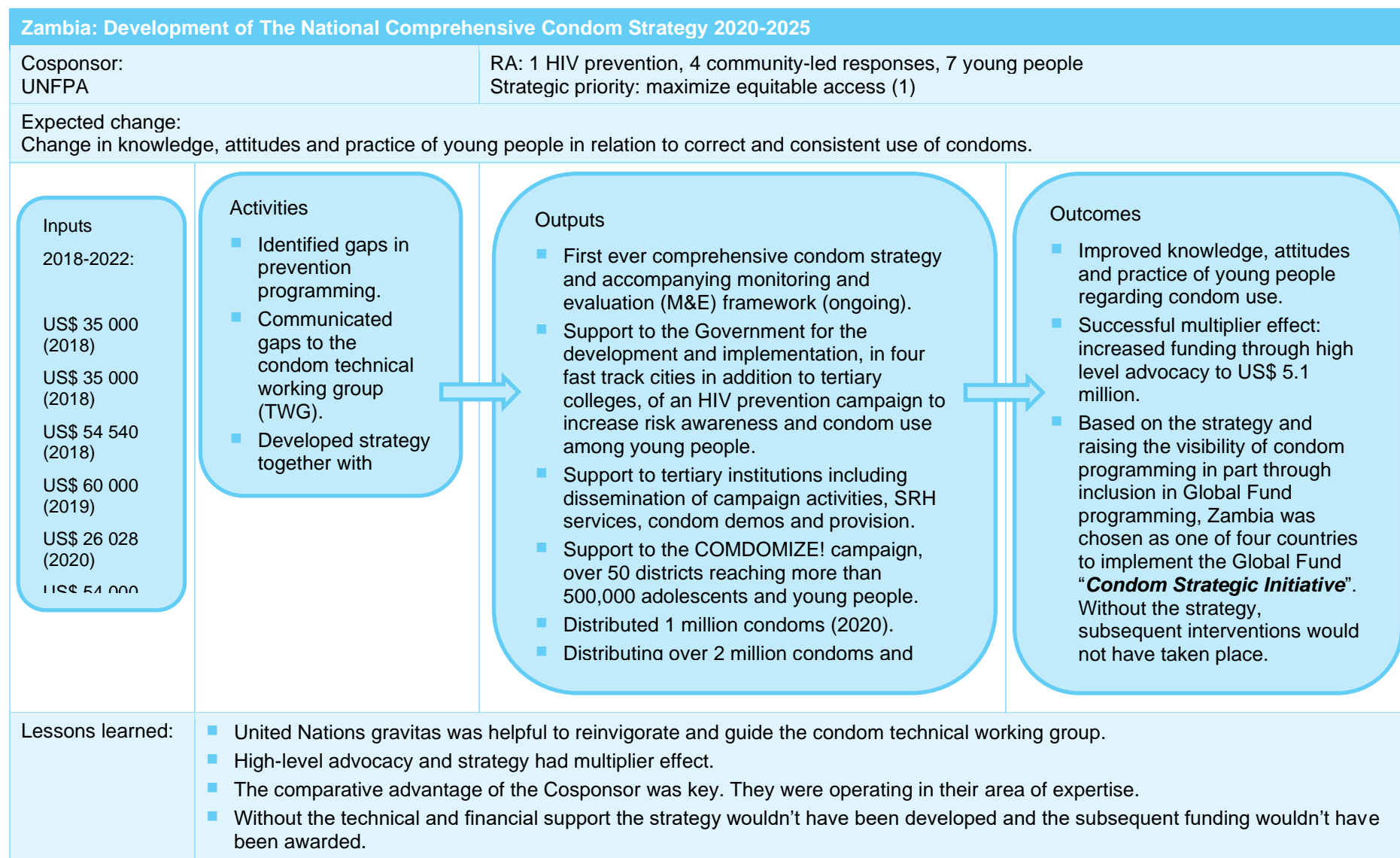
Figure 17: Examples of use of Country Envelope funds and reported results as identified in the Kyrgyzstan case study

Figure 18: Examples of use of Country Envelope funds and reported results as identified in the Zambia case study

Systems reporting, learning and results

There are missed opportunities for strategic and cross-country learning from the use of CEs. As per the guidance, Joint Teams are required to submit country-level reports¹²³ but it is unclear how these (and regional and global reports that synthesize across country reports) are used for reflection, learning and adaptation. Ultimately learning should be focused on understanding “what works” to advance progress towards the global AIDS targets.¹²⁴ Without broader synthesis and analysis, there is limited strategic discussion of the value of the CE and whether the funds are having an impact on progress towards to the UBRAF outcomes and themes and priorities of global strategies¹²⁵ (this also relates to strategic design findings and the institutional “home” for the CE). Feedback on the report has identified some regional learning practices in LAC including South-South cooperation, joint training sessions, and addressing common challenges in an integrated manner. However, the evaluation was unable to determine how commonplace this is and whether learning is taking place in other regions and at the global level.

Despite efforts to report UBRAF results, the JPMS does not include any functionality to allow for monitoring or assessing jointness during planning and/or implementation of the CE as a pathway to catalytic results. For example, despite the focus on jointness in guidance on Joint Teams and plans, it is not mainstreamed through monitoring and reporting systems. There is no requirement for reporting on jointness—how the Joint Team has come together, which stakeholder groups have been engaged in the planning, implementation and reporting processes, etc. The evaluation team understand that monitoring CE processes is contrary to the principles of results reporting required by the Programme Coordinating Board and donors. However, given that the notion of joint working is a central assumption to the achievement of CE (and Joint Programme) results, monitoring the extent to which this assumption holds would help to establish the value of CE contribution in this area.

Data requirements across biennia are not consistent and this changes the way in which the system requires people to enter and categorize data, making it difficult to track contribution and results. Reports taken from JPMS for different CE years demonstrate that every biennium reporting field differs slightly. This makes aggregating data to be able to tell a story over time challenging. In addition, there appears to be no standardized approach to data input and data quality control. For example, different users can input what should be standardized data (for example country names, strategic results area, and activity titles etc) differently, which then requires a significant amount of data cleaning that could be avoided with stronger software controls and guidance.

EQ 9: Summary of helping and hindering factors influencing the achievement and sustainability of results.

Helping:

- JPMS is appreciated by some, especially the light touch nature of reporting. It allows for some understanding of CE funds use.
- Focusing on the core functions and comparative advantages of the Joint Programme can produce catalytic results—the generation of data and related analysis, involvement of stakeholders and partners from outset, and convergence of Cosponsor expertise and advocacy.

¹²³ These include sections asking to summarize achievements (results), contributions to the COVID-19 response, contribution to the integrated SDG agenda and challenges and lessons learned.

¹²⁴ Performance monitoring reports are produced but a rapid review of these suggest they do not discuss the use and performance of CE funds, as a catalytic source of funding.

¹²⁵ Triangulated evidence from case studies, global and regional KILs.

Hindering:

- Short planning timeframes, which impact on what can be done in the time available, including sustainable design.
- JPMS system limitations mean it is difficult to confidently identify results: a) at the strategic results area level; and b) of a strategic nature (i.e., results higher up the results chain).
- Lack of a dedicated role and process for identifying strategic learning (desired to inform innovation, cross-pollination and course correction/adaptions to advance progress towards global AIDS targets).

Evaluation Question 10: What other approaches exist as potential alternatives for incentivizing joint planning and funding the work on United Nations agencies at the country level?

The evaluation team reviewed two different approaches to allocating funds and incentivizing the work of United Nations agencies at the country level. These included a review of aspects of the United Nations Joint Sustainable Development Goal (SDG) Fund, and alternative resource allocation approaches adopted by global health agencies such as the Global Fund and Gavi. The findings and lessons learned in this section have helped inform the recommendations proposed by the evaluation team. Please see [Annex 4](#) for a more detailed analysis.

Key findings

- There are mixed lessons from pooled funds but ingredients of success include:¹²⁶
 - Having a clear objective for a pooled fund, which is shared and understood.
 - Having a separate panel or entity for reviewing proposals.
 - Having unearmarked funds to drive joint planning and programming.
- There is no perfect way to allocate scarce resources across countries, therefore trade-offs between equality, equity and return on investment (ROI) considerations exist. As such, a pragmatic and balanced approach is required and this has implications for UNAIDS and the way it considers allocating scarce resources.

Review 1: Key features and recent learning from the Joint SDG Fund¹²⁷**Joint SDG Fund**

Purpose: This seeks to enhance the United Nations system's coherence and effectiveness at the country level in order to break down silos across the United Nations areas of work and promote systemic change and innovation to accelerate the achievement of the SDGs.

Features:

- **Funding is awarded on a competitive basis** with defined calls for proposals based on specific themes and/or regional focus, aligned to outcome areas of the Fund (or to outcome areas of a relevant strategy).
- Proposals go through a technical review by United Nations partners.
- The average grant is approximately US\$ 2 million.
- **There is a two-year timeline for implementation.** It takes an average of six months from calls for proposals to operations.
- **United Nations agencies, large and small are recipients of funds.**

¹²⁶ <https://unsdg.un.org/resources/system-wide-evaluation-joint-sdg-fund-2019-2022>.

¹²⁷ Ibid.

- Since 2017, a range of donors have contributed to the pooled funds of US\$ 236 million (US\$ 79 million in 2021), with US\$ 176 million transferred to participating agencies.¹²⁸
- Total administrative and direct costs currently account for around 10% of transferred funds.

Lessons learned from a recent evaluation of the Joint SDG Fund

Hindering factors:

- **Rushed design processes** (joint programmes, and proposals); insufficient time for a profound reflection or adequate stakeholder participation; or for the development of the theory of change—all affect quality of programming.
- **Mismatch when the strategic direction is set globally**, and global priorities do not necessarily align with national priorities.
- Structural challenges of joint working due to each agency having its own operational and funding mechanisms, which encourages parallel working; lack of capacity of smaller agencies to be involved.
- **Unclear or conflicting lines of accountability and reporting during implementation.**
- Identifying and developing synergies with other pooled funds at the country level.

Helping factors:

- **The Fund has drawn on each agency's expertise** and improved the quality of joint programmes.
- Having Fund resources on the table has been instrumental in bringing United Nations agencies together.
- **Having a clear joint programme objective from the start**, shared, and understood by all participating stakeholders, has contributed significantly to strong collaboration.
- **Joint work is strengthened when there is a proper governance and institutional structure** for the programme; for example, a task team or steering committee (or the Joint Team on HIV/AIDS) that meets regularly. These structures reinforced collaboration and agreements among all participating stakeholders.

The Joint SDG Fund is administered by the United Nations Multi-Partner Trust Fund (MPTF) Office, which manages more than 200 pooled trust funds that address a range of humanitarian, development, climate and peace needs.¹²⁹ These funds are in receipt of over US\$ 15 billion, invested in programmes overseen by 46 participating United Nations agencies.

Review 2: Analysis of the Global Fund, Gavi and SDG Fund allocation approaches

There are trade-offs between equality, equity and return on investment considerations when allocating scarce global health resources across countries. The allocation of scarce resources in global health is essentially guided by a desire to maximize one or more of the following criteria: equality (equal access to resources); equity (prioritization of those countries most in need); or return on investment (prioritization of those countries offering the greatest returns). While many organizations desire all three criteria to be met simultaneously, there are trade-offs among them that are important to consider. As such, a pragmatic and balanced approach is usually required.

¹²⁸ <https://mptf.undp.org/fund/ips00>.

¹²⁹ <https://mptf.undp.org>.

Organizations allocate resources differently. However, three broad allocation categories can be identified (see [Annex 4](#) for more details):

- **Balancing equality, equity, and return on investment**—For example, the Global Fund and Gavi balance equality, equity and return on investment criteria through their allocation methodologies and application processes. Eligibility criteria dictate that for their areas of support all eligible countries should receive an allocation (equality). Country allocations have a financial ceiling and are therefore weighted based on equity/needs considerations. Application processes and having to justify the use of funds up to the allocation ceiling, help ensure a minimum level of return on investment. Funds are reallocated where sufficient justification is not provided, which in effect introduces an element of competition to the allocation process, which in turn sharpens the incentive to design a highly impactful application.
- **Prioritization of equity-based allocations**—for example, Global Fund strategic initiatives (SIs) provide substantial top-ups to their core allocations for a subset of the most in need countries for issues of strategic importance. These are not based on competitive application and allocation processes but are well suited to delivering so-called catalytic results in specific areas. With the strategic initiatives, return on investment and equality are secondary criteria for the allocation of funds.
- **Prioritization of return on investment**—for example, the SDG Fund and Stop Tuberculosis Partnership (TB Reach¹³⁰) allocate resources on a competitive basis. In these cases, the return on investment is the sole criterion for allocation, with applications selected on a competitive basis, at the expense of equity or equality considerations.

These observations have implications for UNAIDS and the way it considers allocating scarce CE resources. Firstly, given the broad-based eligibility for other UNAIDS Joint Plan support (e.g., UBRAF and non-core), there is the possibility of restricting the eligibility for CEs and focusing the use of funds around specific areas of strategic importance. This would be aligned to the desired catalytic intent for the CE. This would, however, require difficult and political decisions on how to focus the available resource envelope on a subset of strategic issues, countries and Cosponsors. It would also have opportunity costs, for instance with many of the broad-based set of often gap-filling activities currently funded through CEs being ineligible for further support. However, in line with the MPTF's intent (see Review 1 above), the tighter and more strategic focus may enable stronger governance and management of CEs, improved lines of accountability, and an easier pathway to demonstrate and achieve desired results.

If it is decided that a broad set of countries should continue to be eligible for UNAIDS CEs, the use of country/Cosponsor ceilings should be considered, so that funds can be removed from initial allocations where equity and return on investment criteria are not sufficiently met and/or where evidence suggests that alternate approaches from other countries/Cosponsors may offer greater results.

¹³⁰ Stop TB Partnership most recently (July 2021) provided funding to countries to focus their efforts on innovative approaches to address drug resistance. <https://stopTB.org/global/awards/tbreach>

Conclusions

- 1. Funding to countries to support the priorities of national responses continues to make sense.** Overall, the evaluation is supportive of Joint Programme funds continuing to be targeted to countries, albeit with improvements needed. This requires evidence-based decision-making for the allocation and use of funds and stronger monitoring and follow-up across the board to improve the performance of funds (this point relates to findings from Evaluation Questions 1 and 2).
- CE have provided a relatively regular source of funding which has supported for Joint Team working and has helped HIV remain a relevant area of work for the United Nations and kept HIV on the agenda for some smaller agencies and countries. Evidence indicates that using funds to re-energize or maintain Joint Teams and planning processes is a model that can bring United Nations agencies together and support collaboration. There are some positive implementation experiences and examples where CE funds have been used in ways that have proved catalytic and are more aligned to the Joint Team's comparative advantages, for example, strategic information, laws, policies and advocacy, and have used United Nations convening power and Cosponsor expertise and technical assistance to positive effect (this point relates to findings from Evaluation Questions 2, 5 and 7).
- CE have been designed with multiple intentions and expectations, many of which are too big to address with the funds available and need to be scaled back—catalysing change, improving United Nations capacity, empowering countries, strengthening accountability, boosting joint programmes and coordination—such is the multitude of intentions and expectations for the CE model that it is unclear what CE funds are trying to accomplish. This makes it difficult to understand whether funds are being used for their so-called correct purpose and what their contribution and impact are. CEs are also expected to address the diverse and complex needs and capacities of different agencies, regions and populations, as well as structural challenges inherent to the Joint Programme. Trying to solve these issues through the small amounts of CE funds available is unrealistic. Scaling back the intentions and expectations of the CE and having very clear objectives for what UNAIDS wants to achieve with the CE is necessary (this point relates to findings from Evaluation Questions 1, 2 and 8).
- The allocation model balances technical priorities (trying to match the epidemic) with political priorities (providing funds to maintain a global Joint Programme) and this has spread and fragmented funds to an extent that countries are challenged to use the funds in the most strategic way. Within countries, the starting point for the allocation of funds to Cosponsors appears to be equality considerations and this fragments funds further and undermines the impact of what can be achieved. The CE funds are not designed or used as strategically as they could be across and within countries, and to achieve more impact, the priorities for allocating funds need to be revisited. This requires making difficult decisions about the allocation of future funding, including the trade-offs. Ultimately this depends on what purpose the CE funds are intended to serve (this point relates to findings from Evaluation Question 1).
- 5. The use and quality programming of CE funds is not predictable and depends significantly on many factors,** such as: the leadership capacity of the UNAIDS country office/UNAIDS Country Director in setting the strategic direction of the Joint Plans and in determining the split of funds at the country level; the roles, responsibilities and voice of global and regional teams and Cosponsors vis-à-vis countries; Cosponsor presence and capacities to engage in Joint Teams; and the extent to which close consultations with

wider stakeholders is happening at planning stages (this point relates to findings from Evaluation Questions 8 and 9).

6. **There is scope to increase the strategic orientation, relevance and results of the CE** through ensuring country needs and inclusive planning processes drive the prioritization of CE resources and Cosponsor involvement. This is likely to require bolder decision-making and more rigour regarding the allocation of funds and the development of stronger Joint Plans including for resource mobilization at the country level. This would in turn enable a shift away from activity funding to more strategic, policy-focused work, where the Joint Programme can make a difference, based on its comparative advantage (this point relates to findings from Evaluation Questions 2 and 3).
7. **There is wide recognition across the Joint Programme that changes to the CE are desired** and that more impact could be achieved through rethinking the current model of the CE. Given the set of findings and wider context of increased new HIV infections in some regions,¹³¹ commitments to progress the achievement of the Global AIDS Strategy targets, and less available funding for HIV, there is a strong case for course correction to strengthen the prioritization and focus of CEs and to rethink the principles, objectives, and operations of the CE (this point relates to findings from Evaluation Questions 1, 2, 3, 4, 7 and 9).
8. The following options for how UNAIDS may wish to reallocate the CE to address the findings of the evaluation were considered by the evaluation team and are outlined below. The options consider and take account of the evaluation's evidence and findings. The options table is followed by a set of recommendations that are relevant to whichever option is decided upon and has specific recommendations relevant to the evaluation's preferred option 4: the Country Results Fund.
9. Four options were considered as alternative models for the CE. The following tables demonstrate some of the pros, cons and trade-offs for changing the way CE resources are allocated and implemented. The evaluation's preferred and recommended option is 4: the Country Results Fund, as this was felt to be the option that would address most of the findings from the evaluation.
 - Option 1: keep the CE as it is currently, accepting its limitations.
 - Option 2: refine the current CE model, strengthening governance, accountability and learning.
 - Option 3: adopt a regional approach to the CE, aligned with the recent Joint Programme guidance and providing a stronger role for the regions.
 - Option 4: the Country Results Fund (CRF), leveraging the existing CE structures and guidance and strengthening focus, results orientation, transparency, accountability and country, regional and global learning.

¹³¹ In Danger: UNAIDS Global AIDS Update 2022

Figure 19: Alternative models for the Country Envelope - pros and cons

Option 1	Allocation	Application	Governance and accountability	M & E	Use of funds
Status quo—retain current CE model	Same as current.	Same as the current CE process.	Governance remains the same.	No change.	No change.
Pros: <ul style="list-style-type: none"> Allocation: Maintains global programme through current allocation model of spreading a small amount of funds to a large number of countries; supports decentralised decision making of in-country allocation to Cosponsors. Responds to the concern about the bandwidth constraints within UNAIDS currently. Allows preservation of the global Joint Programme with CE supporting countries with no other sources of funding for HIV to keep it on the agenda. 		Cons: <ul style="list-style-type: none"> Does not address many of the challenges found in the evaluation, for example: <ul style="list-style-type: none"> Need for strengthened strategic orientation of plans and use of funds and ability for meaningful joint analysis and planning to ensure CE funds address priority needs of countries. Continued fragmentation of funds through country allocation processes. Inability to understand CE results being achieved higher up the results chain beyond outputs and lack of ability to meaningfully aggregate and understand results at results area levels. Lack of clear institutional home, ownership and learning function. 			
Which findings are relevant to this option: <ul style="list-style-type: none"> CE funds have helped maintain or re-energize Joint Team working. CE funds are helping keep HIV on the agenda including within the United Nations. There are examples of CE funds being used for activities that have proved to be catalytic. 					

Option 2	Allocation	Application	Governance and accountability	M & E	Use of funds
Refined CE model	Changed allocation methodology re-orientes CE towards equity rather than equality. Number of eligible countries decreases	Same as the current CE process.	Governance remains the same.	Improve reporting to allow for better understanding of results. Establish learning loops/feedback processes within	Funds are disbursed annually based on two-year planning cycle, as is the case now. Guidance on use of funds—merit based,

	and funds increase to eligible countries. Global level decides on size of allocations for each country, as is the case now.			reporting system and process—that is, global and regional syntheses and learning products shared with Joint Teams to support learning.	high impact etc remains the same.
Pros: <ul style="list-style-type: none"> Allocation: maintains decentralized decision-making on in-country allocations and there is potentially more money for some regions and countries. Addresses the concern regarding size of CE funds given current fragmented distribution of funds and increases potential for results/return on investment to inform allocations. Likely reduced transaction costs as fewer countries would receive funds. 		Cons: <p>Does not address many of the challenges found in the evaluation, for example:</p> <ul style="list-style-type: none"> Reduces importance and visibility of Joint Programme in countries not receiving funds—risk to global HIV agenda and preservation of the global Joint Programme. The need for strengthened strategic orientation of plans and use of funds and ability for meaningful joint analysis and planning to ensure CE funds address priority needs of countries. Continued fragmentation of funds through country allocation processes. Inability to understand CE results being achieved higher up the results chain beyond outputs and lack of ability to meaningfully aggregate and understand results at results area levels. <p>Lack of clear institutional home, ownership and learning function.</p>			
Which findings are relevant to this option: <ul style="list-style-type: none"> The allocation model is primarily designed for equality, that is, to ensure that all eligible countries receive at least some resources. Some equity considerations must be balanced against this such as human and financial resources must be directed to those countries with the highest burden of disease The potential to achieve results or optimize UNAIDS' return on investment does not inform the allocation of resources. Evidence for what has been funded is widely available but evidence for what has been achieved beyond outputs, is much more limited. There are missed opportunities for strategic and cross-country learning from the use of CEs. 					

Option 3	Allocation	Application	Governance and accountability	M & E	Use of funds
Regional model	Changed allocation methodology re-orientes CE towards equity rather than equality.	Same as the current CE process.	Governance remains the same but stronger accountability function for regional	Improve reporting to allow for better understanding of results.	Funds are disbursed annually based on two-year planning cycle, as is the case now.

	<p>Number of eligible countries decreases and funds increase to eligible countries.</p> <p>Regions decide on which countries will receive funds and the amounts of funding to be allocated, based on strategic assessment at regional level.</p> <p>Decentralised decision making on in-country allocation of funds is maintained. Proposals for use of funds are more rigorously screened by regions.</p>		<p>Joint Team coordinators.</p>	<p>Encourage Joint Team reporting as one report to promote joint working, reflection on learning.</p> <p>Regions play a stronger role in monitoring and oversight of use of funds and possibly technical assistance and learning function.</p>	<p>Guidance on use of funds—merit based, high impact etc. remains the same.</p>
<p>Pros:</p> <ul style="list-style-type: none"> ■ Allocation: maintains decentralized decision-making on in-country allocations and there is potentially more money for some regions and countries. ■ Allocation: allocations made by regions could be informed by return on investment/results and country context ■ There may be scope to adapt this model further, for example, with regions deciding on thematic areas in need of action and this determining country allocations and use of funds in-country. ■ Governance: strengthened accountability as regions play a stronger role in Country Envelope processes through decisions on allocations, monitoring and oversight of use of country funds. ■ M&E: possibly better through strengthened regional input ■ Potential regional capacity to fulfil the role. Builds on strengthened regional role in latest CE guidance. 		<p>Cons:</p> <p>Does not address many of the challenges found in the evaluation, for example:</p> <ul style="list-style-type: none"> ■ Reduces importance and visibility of Joint Programme in countries not receiving funds—risk to global HIV agenda and preservation of the Joint Programme. ■ Need for strengthened strategic orientation of plans and use of funds and ability for meaningful joint analysis and planning to ensure CE funds address priority needs of countries. ■ Without clear criteria on allocation, potential tensions over allocations to countries within the region and in-country allocation if decisions are pushed to regional level. ■ Inability to understand results being achieved higher up the results chain than outputs and lack of ability to meaningfully aggregate and understand results at the results area levels. ■ Lack of institutional home, ownership and learning function. 			
<p>Which findings are relevant to this option:</p> <ul style="list-style-type: none"> ■ Regional Joint Teams play a role in reviewing proposals but the extent to which feedback is influential at the country level is unclear. ■ Roles and responsibilities for the accountability of CE funds and performance are ambiguous, and levels of monitoring and oversight of CE are variable. 					

- The allocation model has resulted in a small pot of money being spread across a wide set of countries, many of which have received small allocations. This has encouraged so-called activity funding but is not conducive to incentivizing results.
 - The allocation model is primarily designed for equality, that is, to ensure that all eligible countries receive at least some resources. Some equity considerations must be balanced against this such as human and financial resources must be directed to those countries with the highest burden of disease. The potential to achieve results or optimize UNAIDS' return on investment does not inform the allocation of resources.
 - Evidence for what has been funded is widely available but evidence for what has been achieved beyond outputs, is much more limited.
- There are missed opportunities for strategic and cross-country learning from the use of CEs.

Option 4 (preferred option)	Allocation	Application	Governance and accountability	M & E	Use of funds
Country Results Fund	<p>Pillar 1: Predictable fixed allocation per country.</p> <p>Maintain current disbursement and in-country allocation processes (notionally divided equally among Cosponsors on shared understanding of what funds are for).</p> <p>Pillar 2: Competitive funding US\$ 1m-US\$ 3m over two years.</p> <p>Allocation based on evidence-informed global priorities/themes determined by UNAIDS global Cosponsor and thematic leads.</p>	<p>For Pillar 2: Call for proposals.</p> <p>Regional inputs and support to proposal development.</p> <p>Independent panel reviews and approves proposals.</p> <p>Embedded in strong Joint Plan with clear theory of change.</p>	<p>Strengthened role of regions to support proposal development and review country reports for strategic learning.</p> <p>Select number of experts to provide independent review and approval of proposals.</p> <p>Housed in Executive Director UNAIDS Secretariat for high-level ownership.</p>	<p>No-regrets funding for Pillar 1 funds (no reporting, minimal transaction cost).</p> <p>Joint Team reporting (that is, 1 joint report from Joint Team) for Pillar 2 funds (as per current CE).</p> <p>Global thematic leads and regional coordinators review reports for strategic learning purposes.</p> <p>Global coordinators and focal points provide quality assurance/ performance and accountability role on reports.</p>	<p>Funds are disbursed annually based on two-year planning cycle, as is the case now.</p> <p>Related to priority global themes and theme selection informed by country priorities.</p> <p>Can be used across multiple areas (to be determined) that provide a clear roadmap to achieving the proposal's results, for example:</p> <ol style="list-style-type: none"> 1. Upstream policy and advocacy. 2. Pilot initiatives. 3. Filling strategic gaps etc.
<p>Pros:</p> <ul style="list-style-type: none"> ■ Global programme is preserved, and HIV agenda kept alive and strong (Pillar 1). 					<p>Cons:</p>

- | | |
|---|--|
| <ul style="list-style-type: none"> ■ Funds allocated to Pillar 1 are significant enough to support strategic planning and high-level advocacy work without having to apply for Country Results Fund. It would be up to the Joint Programme to decide if Pillar 1 funds are divided equally a) across countries and b) across Cosponsors within countries. ■ Pillar 2 funds allocate resources to address a priority theme, are less fragmented and more likely to support results. ■ Application processes inc. use of independent panel encourages Joint Teams to come together and submit one strong proposal which meets pre-determined criteria. Pillar 2 funding enables collaborative working and leverage of UN expertise/niche areas. ■ Strengthens role of regions in pre-screening and monitoring. ■ Stronger M&E enables thematic focus and learning, which is currently lacking. ■ Reduction in transaction costs under Pillar 2 as around 9-35% of countries will receive funds (proposal development and reporting, management time savings). ■ Could serve as a model for resource mobilization (specific results-based instrument with strong learning and reporting). ■ Retains and builds on country ownership (more funds, credibility, leverage) and strengthens regional role. Aligns with realignment focus on strengthening regional capacity. Builds on strengthened regional role in latest CE guidance. | <ul style="list-style-type: none"> ■ Challenging to make substantive changes to the CE in the context of realignment as roles/ structures are still settling in. ■ Requires some initial effort to set up (e.g., technical working group, independent panel, guidance, deciding on themes, proposal format). |
|---|--|

Which findings are relevant to this option:

- There are multiple objectives in the design of the CE, and high expectations for what can be achieved in relation to size of funds available.
- CE funds have helped maintain or re-energize Joint Team working and are helping keep HIV on the agenda including within the United Nations.
- There is no perfect way to allocate scarce resources across countries, therefore trade-offs between equality, equity, and return of investment considerations exist. As such, a pragmatic and balanced approach is required.
- The allocation model is primarily designed for equality, that is, to ensure that all eligible countries receive at least some resources. Some equity considerations must be balanced against this such as human and financial resources must be directed to those countries with the highest burden of disease. The potential to achieve results or optimize UNAIDS' return on investment does not inform the allocation of resources.
- Decisions on the in-country allocation of CE funds to Cosponsors are largely driven by a desire to be inclusive of Joint Programme partners than epidemiological and programmatic priorities, which might determine which Cosponsors receive funds.
- There is no clear governance structure for overseeing the CE across the Joint Programme and this is limiting opportunities for broader strategic discussion, oversight and learning.
- Although CEs have brought Cosponsors together through the Joint Team, this has not necessarily resulted in a strategic Joint Plan and there is room for greater strategic orientation and prioritization of Joint Plans as well as stronger oversight during the planning and proposal phases, where decisions on the use of funds are taking place. Evidence for what has been funded is widely available but evidence for what has been achieved beyond outputs, is much more limited.
- There is variable involvement of different country stakeholders in Joint Team CE proposal development and planning processes.
- CE funds seem to be most catalytic when focused on upstream activities, where the comparative strengths of the Joint Programme are harnessed.
- CE funds are being used to support existing projects and, in these cases, CE funds are blended with others, making it difficult to follow the money and differentiate CE contribution/results.

- Regional Joint Teams play a role in reviewing proposals but the extent to which feedback is influential at the country level is unclear.
- Roles and responsibilities for the accountability of CE funds and performance are ambiguous, and levels of monitoring and oversight of CE are variable.
- CE funds support mainstreamed and gender equality-specific approaches, but it is unclear to what extent these activities are tackling the structural causes of gender inequality.
- Evidence for what has been funded is widely available but evidence for what has been achieved beyond outputs, is much more limited.

Recommendations

Following the consideration of the options available to the Joint Programme, the recommendations are as follows:

Recommendations 1-8 are relevant for all options presented in the table.

Recommendation 1: Have a strategic discussion between Secretariat and Cosponsor staff regarding the positioning of and support to the CE in the wider context of changing UBRAF budgets, funding, and resource mobilization efforts.

Discussions should focus on:

- Scenario planning and assessing support for the continuation of the CE.
- Determining a clear purpose for CEs—essentially, what does UNAIDS want to achieve with these funds?
- Assess the options presented to remodel CE in conjunction with the agreed purpose.
- Determine next steps.

Recommendation 2: Retain CE funding.

On balance, the evaluation team recommends keeping the CE in some form as findings suggest that: a) it is helping to reinvigorate Joint Team planning and working to some extent; b) having funding available for use at country levels is helping keep HIV on the political agenda in countries where other sources of funding are not available; and c) there is some evidence that CE-funded activities have been catalytic.¹³²

Recommendation 3: Determine a clear institutional home for the CE.¹³³

The evaluation found no clear ownership or institutional home for the CE. Placing the CE within a clear institutional home (for example, under the direction of the Deputy Director of Programmes in the UNAIDS Secretariat) will help increase responsibility, transparency and accountability for the performance of such funds.

Recommendation 4:¹³⁴ **Ensure Joint Plans on HIV/AIDS are anchored in a theory of change (aligned with national strategic plans and local United Nations SDGCF) and the UBRAF theory of change.**¹³⁵

In keeping with the 2022 guidance note on a New Generation of Joint Programmes, the evaluation recommends that Joint Plans develop a theory of change which is anchored in wider UBRAF and national frameworks. Within this context, the assumptions for how use of CE funds will bring about change should be made explicit. This responds to the need to increase the strategic intent of Joint Plans and use of CEs. It would also help Joint Teams coalesce around a joint vision for the longer term, use the assumptions for change as a monitoring tool and enable Joint Teams to identify specific areas/opportunities where they can work together to leverage their comparative advantage.

¹³² Relevant finding: CE funds seem to be most catalytic when focused on upstream activities, where the comparative strengths of the Joint Programme are harnessed.

¹³³ Relevant finding: There is no clear governance structure for overseeing the CE across the Joint Programme and this is limiting opportunities for broader strategic discussion, oversight and learning.

¹³⁴ Relevant finding: Although CEs have brought Cosponsors together through the Joint Team, this has not necessarily resulted in a strategic Joint Plan and there is room for greater strategic orientation and prioritization of Joint Plans as well as stronger oversight during the planning and proposal phases where decisions on the use of funds are taking place.

¹³⁵ <https://unsdg.un.org/sites/default/files/2022-11/Final%20-%20UNSDG%20Guidance%20Note%20on%20a%20New%20Generation%20of%20Joint%20Programmes.pdf>.

Recommendation 5: Lengthen the planning timeframe, continue to promote two-year planning, and accompany this with two-year disbursements.¹³⁶

Lengthening the planning timeframe will promote more meaningful analysis and more meaningful engagement with national partners on gaps and needs to be addressed. Aligning the disbursement period to the planning period (two years) will support longer-term, more strategic planning and implementation. The evaluation recognizes this recommendation will need to be discussed in the context of wider UNAIDS resource mobilization and funding strategies, for example, generating support for multi-year commitments.

Recommendation 6: Ensure guidance for the CE provides clear instructions and transparent information on how funds can be used.¹³⁷

Definitions and examples of key principles and terms such as strategic, catalytic and tangible examples of the types of results expected from these funds should be included. Be clear how gender, human rights and community responses are expected to be addressed through these funds, including expectations for funds to address related structural causes.

Recommendation 7: Assign clear roles to support the allocation, oversight and learning resulting from CE.¹³⁸

The following roles could be envisaged for Joint Teams, regional Joint Teams, global coordinators and UNAIDS global thematic leads:

- a. **Joint Team role:** strategic oversight on the development of plans to use the funds.
- b. **Joint Programme regional team role:** technical advisory support to country Joint Teams, quality assurance of reports, and identification of strategic learning, proactive dissemination of learning as needed.
- c. **Global coordinator's role:** work with the regions to determine which countries would be best placed to receive CE funds. Perform quality assurance of Joint Team reports for performance and accountability purposes.¹³⁹
- d. **UNAIDS Secretariat global thematic lead role:** lead discussion around how CE funds should be used in which thematic areas based on knowledge of key gaps in global targets and areas of Joint Programme comparative advantage; review implementation reports to identify learning themes and innovative examples that can be shared across countries and regions to promote learning and adaptation; and commission evaluations of CE funds, as appropriate.

¹³⁶ Relevant finding: the planning timeframe and often late disbursement of funds impacts on the coherence and strategic use of funds and the ability to do joint programming.

¹³⁷ Relevant findings: there is limited evidence that CEs are deploying human resources to where they are needed most, and CE funds are widely seen as inflexible in being able to support human resource capacity; COVID-19 reprogramming was timely, supported by the Secretariat, and flexible; CE funds support mainstreamed and GE-specific approaches, but it is unclear to what extent these activities are tackling the structural causes.

¹³⁸ Relevant findings: regional Joint Teams play a role in reviewing proposals but the extent to which feedback is influential at the country level is unclear; roles and responsibilities for the accountability of CE funds and performance are ambiguous, and levels of monitoring and oversight of CE are variable; there are missed opportunities for strategic and cross-country learning from use of the CE; although CEs have brought Cosponsors together through the Joint Team, this has not necessarily resulted in a strategic Joint Plan and there is room for greater strategic orientation and prioritization of Joint Plans as well as stronger oversight during the planning and proposal phases, where decisions on the use of funds are taking place.

¹³⁹ Reporting upwards to the institutional home/owner.

Recommendation 8: Update the JPMS to improve results reporting and strengthen accountability and learning.^{140, 141}

Being able to identify how CE funds are contributing to the wider Joint Programme and UBRAF results chains is important if these funds are to be results oriented. In addition to the current country joint reports, there is an opportunity for the reporting format to capture specific results achieved (as opposed to activities/deliverables) that can be tagged to the UBRAF Results Framework 2022-2026 for the Joint Programme, at output and outcome levels.¹⁴² Planning and reporting should also allow Joint Teams to tag each entry (whether activity or deliverable) to several strategic results areas if relevant. A proportional allocation would be required to avoid double-counting of budget amounts.

Recommendations 9 and 10 are specific to the preferred Option 4, the Country Results Fund.

Recommendation 9: Establish a Country Results Fund (CRF)¹⁴³

There is no perfect way to allocate scarce resources to improve impact. Demonstrating results is increasingly needed to mobilize funds and to make visible UNAIDS value proposition. Building on the findings, the evaluation team recommends recalibrating the CE through the development of a Country Results Fund. This model builds on the existing structures, processes and guidance to minimize the burden associated with adapting the CE. It assumes the same level of CE funding available in 2022-2023.

The purpose of the CRF is to demonstrate results to support the achievement of country and Global AIDS Strategy priorities, through the comparative advantage of the Joint Programme.

Figure 19 at the end of the recommendations outlines the key design features of the CRF and Table 3 outlines its underpinning principles. More details about Pillar 1 and Pillar 2 are provided below:

Pillar 1: Provide a fixed amount to all Joint Programme countries on a ‘no regrets’ basis¹⁴⁴ to strengthen Joint Team working, and the strategic intention of Joint Plans and enable HIV to remain on the agenda of Cosponsor agencies and countries (up to an indicative aggregate amount of US\$ 10 million¹⁴⁵). These funds would be used to encourage Joint Team working, to support the development of robust Joint Plans including any necessary situational assessments and participatory planning meetings. Funds may also be used to support high level policy and advocacy work¹⁴⁶. An indicative amount per country could be US\$ 100 000 over two years, which would total approximately US\$ 9.1 million over

¹⁴⁰ Relevant findings: despite efforts to report UBRAF results, the JPMS does not include any functionality to allow for monitoring or assessing jointness as a pathway to catalytic results; evidence for what has been funded is widely available but evidence for what has been achieved beyond outputs, is much more limited.

¹⁴¹ Learning could be shared through existing networks such as the South-South Learning Network.

¹⁴² Noting that these outputs and outcomes correspond directly to the 10 results areas in the Global AIDS Strategy that feed into the three Global AIDS Strategy strategic priorities.

¹⁴³ Relevant findings: there is no perfect way to allocate scarce resources across countries, therefore trade-offs between equality, equity, and return of investment considerations exist. As such, a pragmatic and balanced approach is required;

evidence for what has been funded is widely available but evidence for what has been achieved beyond outputs, is much more limited.; lessons from pooled funds identify ingredients of success including: having a clear objective for a pooled fund which is shared and understood, having a separate panel or entity for reviewing proposals, and having unearmarked funds to drive joint planning and programming.

¹⁴⁴ ‘No regrets’ refers to the notion of providing these funds with no financial or narrative reporting attached. The funds are to be used at the discretion of the Joint Team – either for planning, preparing a proposal for Pillar 2, and/ or high level policy and advocacy work.

¹⁴⁵ Noting that the split of funds between pillars 1 and 2 should be calibrated by the Joint Programme

¹⁴⁶ Relevant finding: There is variable involvement of different country stakeholders in Joint Team CE proposal development and planning processes.

91 countries.¹⁴⁷ The current disbursement mechanism could be retained or UNAIDS could identify a more efficient way that would allow all Cosponsors to receive an equal amount.

This advantage of this Pillar is that all countries in the Joint Programme will receive something, thus enabling the preservation of the global Joint Programme whilst also enabling country Cosponsors to receive some funding to support their presence and role in ensuring HIV remains on the agenda. In addition, these funds will support 'real' joint planning through enabling more time and resources available for participatory engagement within Joint Teams and with wider stakeholders. Ensuring Joint Plans include as a minimum, a 2-year horizon, will help Joint Teams to develop consider activities requiring longer-term inputs. Please see the indicative 'joint planning and Country Results Fund integration' timeline at the end of this section.

Pillar 2: Provide funds that will accelerate results.¹⁴⁸ Key features of the Pillar 2 grants would include:

- a) Support results-based proposals developed by country Joint Teams with a floor of US\$ 1 million and ceiling of US\$ 3 million over two years. Using an estimated pot of US\$ 32.5 million envisaged for CE funds this would allow between 11-32 country grants over two years. It is advised that only one proposal is accepted from a country Joint Team in each round to ensure the team is working jointly and cohesively on one agreed area.
- b) **Focus proposals on one theme every two years to focus the achievement of results in specific/target areas.**¹⁴⁹ The purpose of defining a select theme is to provide a framework to help make difficult decisions in a resource-constrained context and to maximize funding and results. The need to enhance results in a thematic area would be based on evidence and learning—illustrative examples include addressing structural barriers for gender and human rights, intensifying prevention, sustainable financing for key population services, supporting integration of HIV services into primary health care. The thematic area for a biennium would be identified and criteria defined by UNAIDS Secretariat global thematic leads, global coordinators and regional Joint Teams and would tap into existing experts and networks as appropriate. As themes are being deliberated, the potential country demand that "X" or "Y" theme is likely to attract should be carefully considered. The implementation of proposals would begin with the arrival of funds at the country level to maximize opportunity for full use.
- c) **Enable flexibility in how funding can be used in proposals.**¹⁵⁰ This would allow countries to propose to use funds on additional human resources if there is a strong rationale for doing so. Proposals would also be able to reprogramme funds easily, for maximum flexibility. Funds would be disbursed for a two-year period to align with two-year plans.
- d) **Establish a small independent panel to review and endorse proposals** based on clear and transparent criteria and guidance.¹⁵¹ The independent panel would comprise a select number of independent experts and draw on the technical expertise of the UNAIDS global thematic leads, regional teams and global coordinators, for example, to determine

¹⁴⁷ 91 countries are currently funded in 2022.

¹⁴⁸ Relevant finding: evidence for what has been funded is widely available but evidence for what has been achieved beyond outputs, is much more limited; although CE have brought Cosponsors together through the Joint Team, this has not necessarily resulted in a strategic Joint Plan and there is room for greater strategic orientation and prioritization of Joint Plans as well as stronger oversight during the planning and proposal phases where decisions on the use of funds are taking place.

¹⁴⁹ This will allow the Joint Programme to demonstrate results in targeted areas to support additional resource mobilization efforts.

¹⁵⁰ Flexibility was welcomed specifically in the context of using CE funds for human resources. Eleven online survey respondents called for greater flexibility in use of funds and 12 suggested the lack of human resources at the country level as being a key limitation of the current CE.

¹⁵¹ Including definitions, example results and template for proposal development, for example.

the focus of the call for proposals and review advice. Proposals would be selected using criteria¹⁵² to determine those that promise the greatest return on investment.¹⁵³

e) **Define roles to support the independent panel and the operationalization of Pillar 2.**¹⁵⁴ The following roles could be envisaged for Joint Teams, regional Joint Teams, global coordinators and UNAIDS global thematic leads and very closely aligned to existing roles and expertise:

- **Joint team role:** develop strategic, two-year Joint Plans and proposals for submission to Pillar 2, as appropriate, underpinned by a theory of change. UNAIDS country offices to mobilize and coordinate the development of plans, as they do now.
- **Joint Programme regional team role:** technical advisory support to Joint Teams (during proposal development and project implementation), quality assurance of final draft proposals and identification of strategic learning in time and proactive dissemination of learning as needed.
- **Global coordinator's role:** contribute to the selection of the biennium theme, work with the regions to determine which countries would be best placed to bid for funds. Perform quality assurance of final Country Results Fund joint reports for performance and accountability purposes.
- **UNAIDS Secretariat global thematic lead role:** lead the selection of the biennium theme based on knowledge of key gaps in global targets and areas of Joint Programme comparative advantage. Provide technical advisory support to the independent panel, review implementation reports to identify learning themes and examples of catalytic initiatives that can be shared across countries and regions to promote learning and adaptation and support evaluations of Country Results Fund and thematic areas, as appropriate.

f) **Update the JPMS to improve results reporting and strengthen accountability and learning. In addition to Recommendation 8, this would include:**

- **Providing clear guidance on process steps required to ensure the annual joint reporting and reporting process is meaningful.** The JPMS could include questions that probe, for example, how the reports have been developed, how learning around successes and challenges has been compiled and shared, and the extent to which the gender equality/human rights/community response intention was achieved, in addition to output and outcomes reporting. This would incentivize joint analysis of implementation and encourage reflection and learning within Joint Teams.

Recommendation 10: Establish a temporary technical working group to fully scope the design of the Country Results Fund.

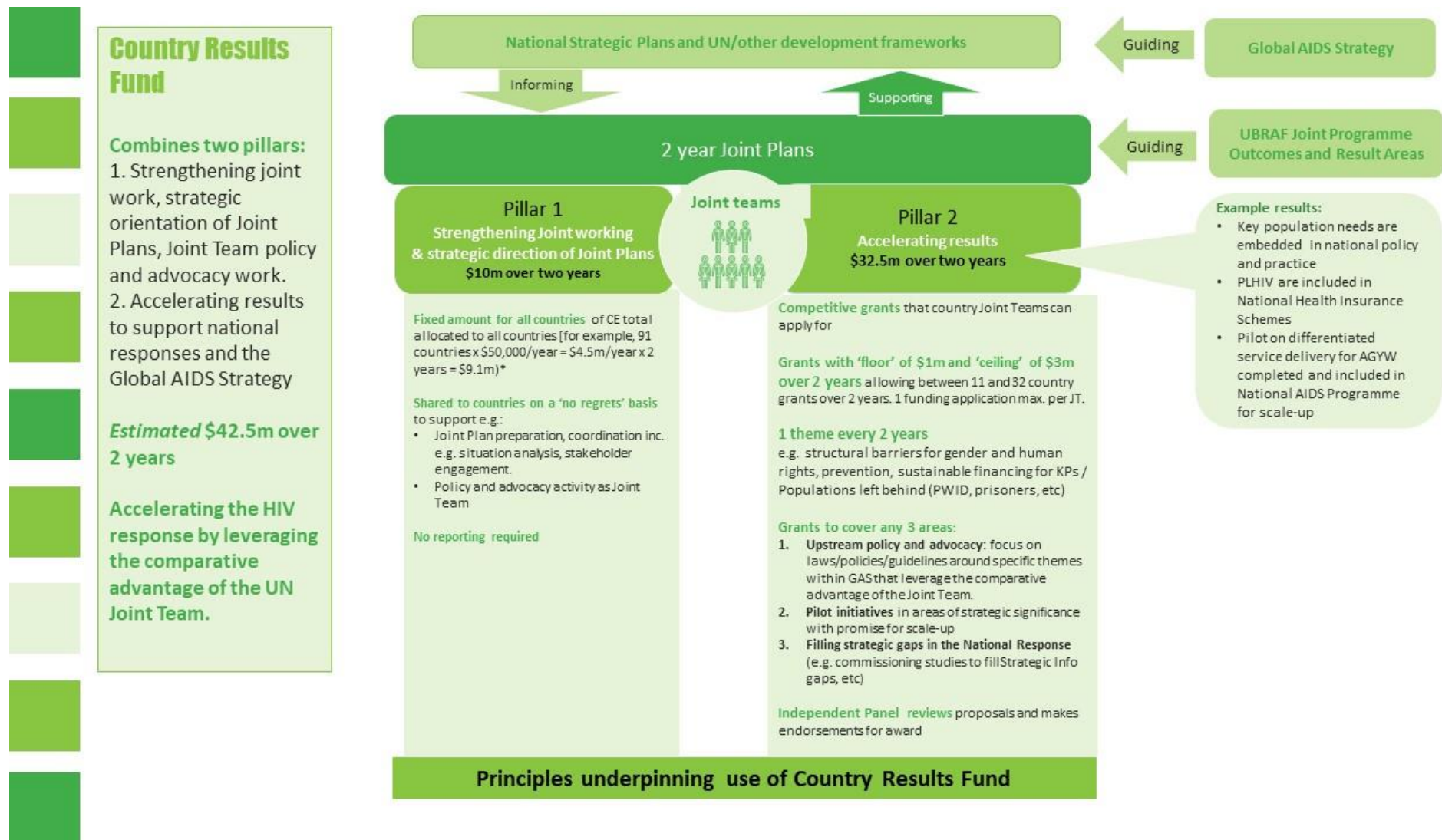
Draw on and align with UNAIDS Joint Programme thinking to ensure complementarity.

¹⁵² Including, for example, how gender and human rights principles should be addressed in proposals.

¹⁵³ Return on investment includes and captures results against human rights and gender equality objectives.

¹⁵⁴ Relevant finding: roles and responsibilities for the accountability of CE funds and performance are ambiguous, and levels of monitoring and oversight of CE are variable.

Figure 20: Country Results Fund outline



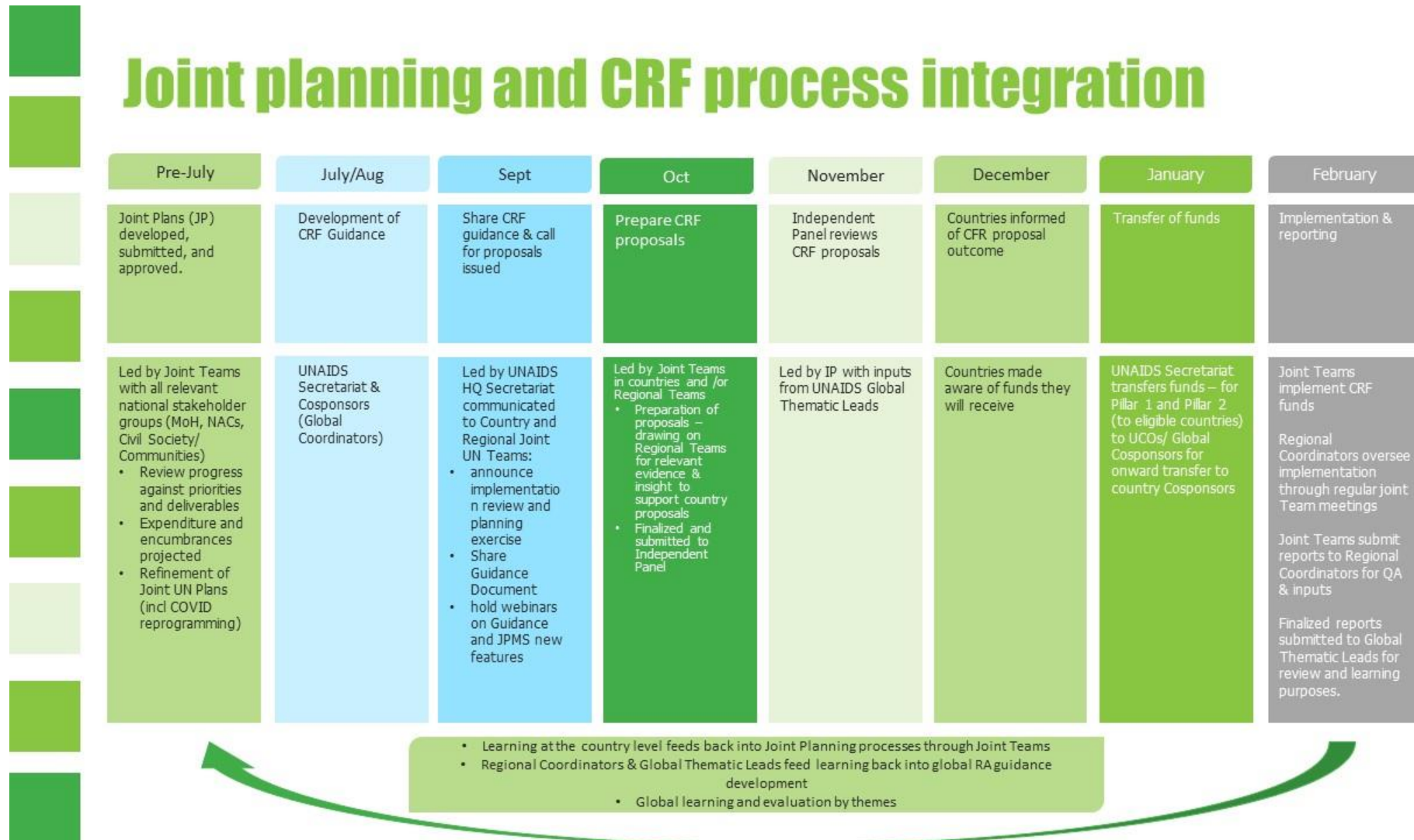
Country Results Fund principles

The design and management of the Results Accelerator goes beyond the disbursement of funds. Country Results Fund principles build on the Business Unusual Fund principles and adhere to many of the management features shared by other United Nations pooled funds as identified by the multi-donor pooled trust fund office.

Table 3: Country Results Fund principles

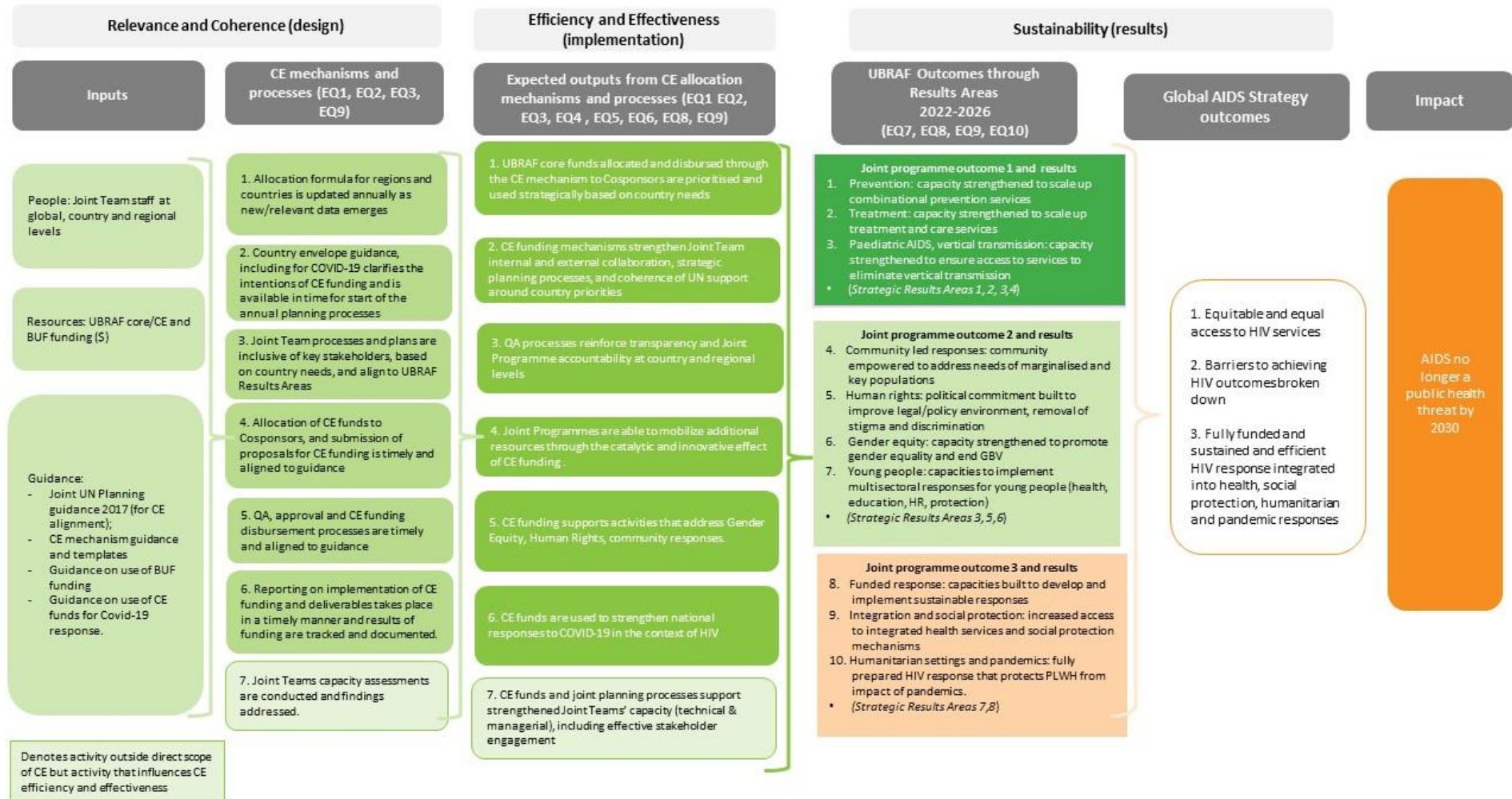
Country Results Fund principles
Strategic: focuses on the priorities and needs of national responses.
Catalytic: aims to have a multiplier effect and supports leveraging of wider resources.
Results oriented: time-bound proposals, processes and tools support robust reporting of outputs and outcomes, grounded in a theory of change.
Leverages comparative advantage of United Nations Joint Teams: joint analysis, joint planning, joint reporting.
Complementary: leveraging what others are doing in-country and complementing other Joint Programme strategic initiatives.
Accountability: robust scrutiny and accountability processes embedded.
Transparency: clear guidance and consistent messaging in guidance, application and reporting tools.
Evidence informed: aligns with common management features across pooled funds and draws on evidence and learning from other Joint Programme strategic initiatives.
Efficiency: agile and nimble governance and management processes.
Strategic learning: learning and knowledge management processes and tools across country, regional and global levels to inform innovation and adaptation.

Figure 21: Joint planning and CRF process integration



Annex 1: Country Envelopes Funding Model: Theory of Change

Theory of Change: Country Envelope (CE) Funding Model



Annex 2: ToC assessment

Relevant EQ	Theory of Change Assumptions	Assessment of evidence against Theory of Change assumptions
<p>Strategy and design (relevance and coherence)</p> <p>Q1: How well is the country envelope allocation working? Global allocation model as a mechanism to ensure funds are going where they are needed most i.e. allocations are targeting highest priority countries via regional allocations; and effectively decentralising allocations and decision making to country level.</p> <p>Country allocation model as a mechanism for ensuring performance based and differentiated funding allocations to Cosponsors, based on country needs.</p>	<p>Global CE allocation model is dynamic and annual allocation reflect changing dynamics of HIV epidemics.</p> <p>CE funding is allocated to Cosponsors at country level in a transparent and timely manner, based on clear and understandable criteria.</p>	<p>The TOC assumes that the global allocation model, based on epidemic data is dynamic and country allocations change to reflect new HIV epidemic data and changing needs. The evaluation finds this assumption does not hold as the allocation model has provided less dynamic than expected and the prioritisation of equality in driving allocation decisions means it cannot be fully aligned with needs. In addition, there is no evidence of the allocation model being recalibrated to reflect changing needs and priorities as per the Global AIDS Strategy.</p> <p>The TOC also assumes that CE allocation at country level is based on transparent and clear criteria. The evidence suggests this is not always the case and that equality is a key factor in driving allocation decisions. Without clear and transparent criteria, country allocations can be largely dependent on the UCO/UCD. There is little evidence for country performance or results focus influencing and differentiating CE allocations in the model with many allocations remaining static over biennia.</p>
<p>Implementation (Efficiency and effectiveness)</p>		
<p>Q2: How well are the structures and processes to support the implementation of the country envelope model working in practice?</p> <p>Consider timeliness, transaction costs, efficiency and learning of:</p> <ul style="list-style-type: none"> ■ prioritization and use of funding ■ transaction costs associated with managing and reporting on country envelope and BUF funds vis-à-vis 	<p>Joint Team members are informed about each other's work. They engage and collaborate effectively to ensure country envelope support is relevant to country needs and represents a coherent set of UN actions (including in relation to UN Division of Labour).</p> <p>QA structures and processes improve relevance and</p>	<p>The TOC assumes that Joint Team members are informed about each other's work. They collaborate effectively to ensure country envelope support is relevant to country needs and represents a coherent set of UN actions (including in relation to UN Div of Labour). This evaluation finds mixed evidence for this; with increased knowledge of each other's work (through Joint Team meetings, reports on JPMS) but increased collaboration through joint planning processes is not necessarily delivering plans that are as strategic, relevant or grounded in the priorities of the national response as they could be.</p>

<p>volume of country envelope funds</p> <ul style="list-style-type: none"> ■ ease of use of guidance and templates for country envelope and BUF funding ■ timeliness of funding disbursement processes ■ timeliness and effectiveness of quality assurance processes 	<p>accountability of country envelope funds.</p> <p>Country envelope processes (allocation, proposal, disbursement and reporting) are timely, and not burdensome or transaction heavy.</p> <p>The implementation period is sufficiently long to ensure country envelope activities are strategic and implemented as intended. Joint Teams understand guidance and implement as intended.</p>	<p>The assumption that CE processes are timely, not transaction heavy and sufficient time was available for implementation, was not borne out through the evidence: CE timelines were widely seen as too short and this impacted negatively on use and impact of funds; there were mixed views on transaction costs although overall these do seem significant for the value of funds available. There is also an assumption that Joint Teams understand the guidance and implement it as intended but the evidence suggests this is inconsistent; guidance is open to interpretation and there is little global monitoring to ensure CE are working as planned.</p> <p>There is limited evidence for the assumption that QA processes are improving the relevance and accountability of funds. Regional Joint Teams have played a role in reviewing proposals but there is less evidence for how influential their role has been in ensuring the most strategic use of funds. It is noted that the 2022-23 Guidance addresses this and appears to offer more QA weight to the Regions. But lines of accountability during implementation remain weak.</p>
<p>Q3: To what extent have government, civil society, people living with HIV, key populations and other stakeholders been engaged in UN joint planning and implementation at country level?</p>	<p>Joint Teams engage with (external) country partners including CSOs and key population groups in UN Joint Planning processes to ensure country priorities are reflected and supported.</p>	<p>The TOC assumes, Joint Teams engage with (external) country partners including CSOs and key population groups in Joint Planning processes to ensure country priorities are reflected and supported. This evaluation finds this assumption does not hold as engagement of country partners and stakeholders is not an approach adopted consistently – and when they are it is not in the context of the CE but other planning processes (Joint Plans, other specific Cosponsor programmes).</p>
<p>Q4: To what extent have the country envelopes contributed to addressing i/ gender equality ii/ human rights and iii/ community responses?</p>	<p>Joint Teams engage with (external) country partners including CSOs and key population groups in UN Joint Planning processes to ensure country priorities are reflected and supported.</p> <p>There is sufficient balance of country envelope investments to ensure UBRAF outputs contribute to the three</p>	<p>Findings as above for participation although where CSOs have been involved in the planning and design of CE activities, these are reported to have been more successful.</p> <p>The TOC assumes there is sufficient balance of CE investments to ensure UBRAF outputs support the strategic priorities of the Global AIDS Strategy. The evidence suggests there has yet to be a shift in resources towards strategic priorities 2 and 3 (breaking down barriers; enabling a fully financed response). Much of this depends on the country context and</p>

	strategic priorities of the Global AIDS Strategy.	priorities determined at country level by the UCO and Joint Team.
Q5: To what extent have the country envelopes supported HIV programming to adapt during the COVID-19 pandemic in a flexible and timely way? How has COVID-19 impacted country envelope activities	<p>Country envelope and COVID-19 guidance are updated regularly to address emerging needs; Joint Teams understand guidance and implement as intended.</p> <p>Joint Teams have capacity to work on COVID-19 reprogramming of country envelope funds.</p>	These assumptions largely hold. There is good evidence for Joint Teams understanding the COVID-19 reprogramming guidance and acting in accordance, and with a flexible approach.
Results (and sustainability)		
Q6: To what extent have the country envelope funds achieved country envelope outputs/results? <ul style="list-style-type: none"> ■ Strategic use of funds based on country needs ■ Improved accountability of UN funding and action ■ Improved collaboration and leverage with partners (internally, between Joint Team members, and with external partners) ■ Catalysed action and innovation 	Assumptions as per Q2.	Findings for these assumptions are reported on above for Q2.
Q7: What results have been generated through country envelopes and how are they contributing to the achievement UBRAF outputs 1-10 and Global AIDS Strategy outcomes 1-3.	<p>Country envelope funding is catalytic and supports the achievement of UBRAF outputs and outcomes.</p> <p>There is sufficient balance of country envelope investments to ensure UBRAF outputs contribute to the three strategic priorities of the Global AIDS Strategy.</p> <p>UNAIDS capacity (human, financial, technical resources) is sufficient to implement Joint Plans and country envelope activities.</p>	<p>The TOC assume that funds are used for catalytic purposes. The evidence indicates this assumption does not hold true systematically. There are many reasons for this including multiple objectives of the CE – it is not clear what the intention of the CE funds is and what they are trying to achieve in any country; there are different interpretations to what catalytic means and this leads to different use of funds. Overall, there are some instances of catalytic use of CE funds producing good results but funds are also used often for gap filling existing projects and the catalytic intention in these cases is not clear.</p> <p>Findings for the other assumptions have already been reported on.</p>

<p>Q8: To what extent have the country envelopes enhanced and changed the capacity of Joint Teams and supported mobilisation of resources (for the Joint Programme, and for the national programme) at country level?</p>	<p>UNAIDS capacity (human, financial and technical resources) is sufficient to implement Joint Plans and country envelope activities.</p> <p>Joint Teams capacity assessments are conducted, and capacity is strengthened as identified in capacity assessments</p>	<p>The TOC assumes that UNAIDS capacity is sufficient to implement CE-funded components of Joint Plans and CE activities and that capacity assessments are undertaken and strengthen Joint Programme capacity as a result. The evidence suggests these assumptions do not hold. Capacity remains a significant issue – human capacity, expertise and financial resources – and this undermines what is able to be achieved with the CE. Capacity assessments are completed but evidence suggests they are not used meaningfully to change capacity at country level. CE funds are also not allowed to be used for staff purposes and this is seen as an inflexible rule that also potentially affects the impact that can be achieved with CE.</p>
<p>Q9: What are the main factors helping or hindering the achievement and sustainability of results? Consider</p> <ul style="list-style-type: none"> ■ Country capacity ■ Internal guidance, processes, requirements ■ Other 	<p>N/A – to be discovered</p>	
<p>Q10: What other models exist as potential alternatives for incentivising joint planning and funding the work of UN agencies at country level</p>	<p>N/A – to be discovered</p>	

Annex 3: Evaluation framework

Questions	Areas to consider	Evaluation Indicators/tools	Data Sources (all countries)
Strategy and Design: Relevance and coherence			
<p>Q1: How well is the country envelope allocation mechanism working?</p> <ul style="list-style-type: none"> Consider relevance and coherence of Global allocation model as a mechanism to ensure funds are targeting highest priority countries including via regional allocations, and effectively decentralising allocations and decision making to country level. Country allocation model as a mechanism for ensuring performance based and differentiated funding allocations to Cosponsors, based on country needs. 	<ul style="list-style-type: none"> Evidence of global allocation formula using data to drive changes in Nos of eligible countries and regional allocations. Evidence of clear and transparent criteria in use for country allocation decision making between Cosponsors. Evidence of performance of country envelope implementation including absorption of funds and reporting, supporting allocation decisions. Potential features missing in the design of the country envelope allocation model to achieve the set objectives. 	<p>Indicators</p> <p>Global allocation: changes in No of eligible countries, global country envelope funding levels, regional and country allocations.</p> <p>Evidence of alignment of resource allocation to:</p> <ul style="list-style-type: none"> global guidance country needs (epidemic and response data). <p>Use and quality of completed templates based on the guidance.</p> <p>Tools</p> <ul style="list-style-type: none"> KIIs, small group discussions Doc review Online survey assessing perceptions of key respondents Country visits. 	<ul style="list-style-type: none"> UNAIDS strategic documents (such as Strategy, UBRAF results reports, presentations and guidance on joint planning and country envelopes, former evaluations). UNAIDS allocation data and country envelope expenditure data. UNDAF Funding Frameworks of countries visited. Country capacity assessments. Country Joint Plans on HIV/AIDS and country envelope reports; completed country envelope templates and JPMS reports. Minutes from Joint Team meetings. Cosponsor wider resources/funds. UNAIDS and Cosponsors staff at global, regional and country level.
Efficiency and effectiveness			
<p>Q2: How well are the structures and processes to support the implementation of the country envelope model working in practice? Consider timeliness, transaction costs, efficiency and learning of:</p> <ul style="list-style-type: none"> prioritization and use of funding 	<ul style="list-style-type: none"> Evidence of Cosponsors receiving funds relevant to Division of Labour. Evidence of use of country envelopes to target/map to strategic gaps. Evidence of Secretariat coordinating Joint Teams, Joint Plans and country envelopes in timely 	<p>Indicators</p> <ul style="list-style-type: none"> Documentary evidence of timely Sec coordination of joint planning and working including for country envelopes. Date of receipt of country envelope funds. No of requests and reasons for 	<ul style="list-style-type: none"> Cosponsor country envelope proposals and budgets. Joint Plans and progress reports Country envelope guidance documents, and documents from regional processes/reviews. Secretariat minutes from Joint Planning sessions and discussions of CE.

<ul style="list-style-type: none"> ■ transaction costs associated with management and reporting of country envelopes vis-à-vis volume of funds ■ use of guidance and templates for country envelope and BUF funding ■ funding disbursement processes ■ reporting requirements attached to country envelope and BUF funding ■ quality assurance processes 	<p>and effective manner.</p> <ul style="list-style-type: none"> ■ Evidence that country envelope funds are disbursed on time in annual cycle, as per timelines in the guidance. ■ Evidence of QA processes being implemented as intended. Clear roles and responsibilities of UNAIDS Secretariat, Cosponsors and Regional Joint Teams for development/ implementation and QA of country envelope activities. ■ Reasonableness of level of effort/workload burden associated with using country envelope structures and processes or are there better alternatives. ■ Evidence of absorption of funds. ■ Quality of reporting on country envelope funding and results. ■ Good practices that may be replicated. ■ What is working well. Challenges. Unintended consequences. 	<p>extension of funds and activities.</p> <ul style="list-style-type: none"> ■ % of funds spent per six months. ■ Spread of funding across Cosponsors in countries (i.e. it aims not to be too fragmented) ■ % of countries meeting performance requirements for subsequent funding. ■ % of time spent on country envelope related management, implementation of activities and reporting. ■ % of funds disbursed on time e.g. HQ to Cosponsors, Cosponsors to their country offices for implementation. <p>Tools</p> <ul style="list-style-type: none"> ■ KIIs, small group discussions ■ Doc review ■ Online survey assessing perceptions of key respondents ■ Country visits. 	<ul style="list-style-type: none"> ■ Templates for country Joint Plans and country envelopes. ■ UNAIDS and Cosponsors staff at global, regional and country level ■ In-country stakeholders/beneficiaries familiar with country envelope activities and results. ■ Documents outlining the elements of the allocation model, roles and responsibilities (analysis of evidence) ■ Perception of stakeholders (country interviews and online survey) ■ Analysis of Notes for the Record and other documents related to global and regional processes.
<p>Q3 To what extent have country stakeholders (govt, civil society, PLHIV, key population groups, and other partners) been engaged in UN joint planning and</p>	<ul style="list-style-type: none"> ■ Guidance in place outlining expectations of engagement with civil society, people living with HIV, key populations and other stakeholders in UN Joint 	<ul style="list-style-type: none"> ■ Perception of stakeholders on participation and influence (interviews and online survey) ■ Evidence of meaningful/influential engagement 	<ul style="list-style-type: none"> ■ KIIs and survey results with Joint Team and external stakeholders/beneficiaries. ■ Civil Society Marker in country envelope activities. ■ Analysis of guidance and tools; Joint Plans

<p>implementation at country level?</p>	<p>Planning processes.</p> <ul style="list-style-type: none"> ■ Extent to which country partners have participated in annual Joint Planning process and influenced positioning, content and accountability of UNAIDS Joint Plans including country envelope funding. ■ Extent to which country partner have participated in implementation of country envelope funded activities and helped generate results. 	<p>of external stakeholders.</p> <ul style="list-style-type: none"> ■ Clarity of purpose of engagement efforts. ■ Tools ■ KIIs, small group discussions ■ Doc review ■ Online survey assessing perceptions of key respondents ■ Country visits. 	<p>and envelopes templates; M&E framework (document analysis)</p> <ul style="list-style-type: none"> ■ Analysis of Notes for the Record and other documents related to global and regional processes
<p>Q4: To what extent have country envelope and BUF funding contributed to addressing i/gender equality, ii/human rights, and iii/community responses?</p>	<ul style="list-style-type: none"> ■ Evidence of country envelope-funded interventions are designed specifically to address gender equality and women empowerment, human rights, community responses. ■ Use of Gender Equality Marker. ■ Use of Human Rights Marker. ■ Use of civil society marker. ■ Data disaggregation where feasible: sex, age, key population group etc. 	<ul style="list-style-type: none"> ■ Qualitative assessment from country case studies. ■ Proportion of country envelope funding directed at these areas, and absorption rate of funds. ■ Extent to which reprogramming of country envelope funds has supported or detracted from activities for these areas. <p>Tools</p> <ul style="list-style-type: none"> ■ KIIs, small group discussions ■ Doc review ■ Online survey assessing perceptions of key respondents ■ Country visits 	<ul style="list-style-type: none"> ■ Previous evaluation findings e.g. VAWG). ■ Perceptions of Joint Team and external stakeholders/beneficiaries. ■ Joint Plans and country envelope proposals. ■ Joint Plan reports. ■ UNAIDS Secretariat and Cosponsors staff. ■ Gender Equality Marker and Civil Society Marker (financial tracking tool). ■ For the 2022-2023 Plans, there is also a Human Rights Marker.
<p>Q5: To what extent have country envelope and BUF funds supported the adaption of HIV programming during</p>	<ul style="list-style-type: none"> ■ Timelines taken to reprogramme country envelope funding from Cosponsors. 	<ul style="list-style-type: none"> ■ Numbers/ % of country envelope funding applications that chose to reprogramme 	<ul style="list-style-type: none"> ■ Guidance on use of country envelope funds for HIV response in COVID-19 context

<p>the COVID-19 pandemic in a flexible and timely way? How has COVID-19 impacted on the implementation of country envelope activities?</p>	<ul style="list-style-type: none"> ■ Proportion of country envelope funding reprogrammed for COVID-19 purposes and from which Cosponsor. ■ Impact of COVID-19 on country envelope and Joint Team implementation (stalled or change of planned activities; impact on absorption rates). ■ Strategic use of country envelope funds – addressing acute crisis or more sustainable actions. ■ Results achieved from country envelope funds supporting COVID-related HIV programming. 	<p>funds for COVID-19 efforts</p> <ul style="list-style-type: none"> ■ Numbers/% of countries that experienced delays in country envelope activity implementation due to COVID-19 disruption. ■ Evidence of lesson learning documentation around how flexibility of country envelope funding helped countries adapt HIV programmes during COVID-19. <p>Tools</p> <ul style="list-style-type: none"> ■ KIs, small group discussions ■ Doc review ■ Online survey assessing perceptions of key respondents ■ Country visits 	<ul style="list-style-type: none"> ■ Reprogramming requests. ■ Any reports on how reprogrammed country envelope funds were used and results achieved. ■ Perceptions of stakeholders including UNAIDS Secretariat and Cosponsors staff, and country Joint Teams on flexibility of use of country envelope funds.
<p>Sustainability and results</p>			
<p>Q6: To what extent have the country envelope and BUF funds achieved country envelope outputs and results, as intended (see Theory of Change).</p> <p>Consider:</p> <ul style="list-style-type: none"> ■ strategic use of funds based on country needs ■ improved accountability of UN funding and actions ■ improved collaboration and leverage with partners through country envelopes (internally between Joint Team 	<ul style="list-style-type: none"> ■ Evidence of whether the Joint Plan is strategic and clearly supports country priority gaps/needs; in that context, evidence of strategic use of country envelope funded interventions. ■ Evidence of Secretariat supporting timely joint planning processes including for country envelopes ■ Consider how country envelope funds have supported better collaboration within Joint Teams, 	<ul style="list-style-type: none"> ■ Perception of stakeholders (interviews and online survey) ■ Evidence of engagement of external stakeholders ■ Clarity of purpose of engagement efforts <p>Tools</p> <ul style="list-style-type: none"> ■ KIs, small group discussions ■ Doc review ■ Online survey assessing perceptions of key respondents ■ Country visits 	<ul style="list-style-type: none"> ■ Joint Plans meetings and progress reports. ■ Minutes and meeting notes from Secretariat regarding joint planning and use of country envelopes. ■ Country guidance documents, and documents from regional processes/reviews. ■ Country envelope proposals and reports. ■ UNAIDS Secretariat and Cosponsors staff at global, regional and country level ■ In-country stakeholders and beneficiaries.

<p>members and with external partners)</p> <ul style="list-style-type: none"> ■ catalysing action and innovation 	<p>reduced fragmentation of activities (reduced No of Cosponsors compared to previous years).</p> <ul style="list-style-type: none"> ■ Evidence of Joint Planning processes supporting greater participation of external stakeholders and more transparency and accountability of Joint Plans and actions. ■ Evidence of greater dialogue and direction from regions and/or evidence of activities changing to be more strategic because of dialogue. ■ Degree of clarity on achievement of different country envelope outputs (intentions) – any systems in place to monitor these achievements. 		
<p>Q7: What results have been generated through country envelope funding and how have the country envelopes and BUF contributed to the achievement of UBRAF outputs 1-10 and higher-level Global AIDS Strategy Outcomes?</p>	<ul style="list-style-type: none"> ■ Consideration of results that have been achieved by the country envelope funding. ■ Evidence of country envelopes catalysing action beyond the initial activity and funding, as related to UBRAF outputs and higher-level results. ■ Evidence of how country envelope funding is generating results that address strategic gap/country need. 	<ul style="list-style-type: none"> ■ No of activities and related results reported, linked to UBRAF outputs. 	<ul style="list-style-type: none"> ■ Joint Plans and progress reports on country envelope activities. ■ Results reporting from UNAIDS and Cosponsors staff at global, regional and country level. ■ Results reporting from external stakeholders/beneficiaries of country envelope funding/activities.

	<ul style="list-style-type: none"> Consider what gaps remain and why. 		
<p>Q8: To what extent have the country envelopes enhanced and changed the capacity of Joint Teams and supported mobilisation of resources at country level?</p>	<ul style="list-style-type: none"> Country envelope-funded interventions which support or have leveraged wider resources (human, financial, technical) in support of national HIV responses. Evidence for how country envelope funding has supported capacity of Joint Teams e.g. catalysed technical assistance; more cohesive and coordinated Joint Team planning and operations. Analysis of cost categories in country envelope expenditures. Influence on mobilisation of resources and capacities of Joint Programme and for the national response. What may need to be done differently going forward. 	<ul style="list-style-type: none"> Joint Team, UCO and Cosponsor staffing and capacity data. Resources mobilised linked to country envelope catalytic funding. Evidence of budget spent on capacity strengthening efforts. <p>Tools</p> <ul style="list-style-type: none"> KIIs, small group discussions Doc review Online survey assessing perceptions of key respondents Country visits 	<ul style="list-style-type: none"> UNAIDS Secretariat and Cosponsors staff. In-country stakeholders and beneficiaries of country envelope funding. UNAIDS capacity assessment reports. Joint Team and country envelope reported results.
<p>Q9: What are the main factors helping or hindering the achievement and sustainability of results: funding model?</p> <p>Consider</p> <ul style="list-style-type: none"> Country capacity Internal guidance, processes, and requirements 	<ul style="list-style-type: none"> Evidence from roles and responsibilities of UNAIDS Secretariat at global, regional, and country levels vis-à-vis Cosponsor roles. Consider capacity issues—human and financial—helping and hindering operations of Joint Teams and Joint Plans and country envelope activities as integral to Joint Plans. 	<p>Indicators</p> <ul style="list-style-type: none"> Qualitative assessment from country case studies and survey results. <p>Tools</p> <ul style="list-style-type: none"> KIIs, small group discussions Doc review Online survey assessing perceptions of key respondents Country visits 	<ul style="list-style-type: none"> Joint Plans, envelope proposals and absorption data. UNAIDS Secretariat and Cosponsors staff KIIs. External partners and beneficiaries of country envelope funding or support. JPMS reports including on challenges.

	<ul style="list-style-type: none"> ■ Evidence of annual planning and disbursement/implementation cycles working as planned – on time, on budget. ■ Fragmented or cohesive Joint Plan and utilization of country envelopes. ■ Level of communication at all levels (if sufficient, appropriate, and timely, tools including planning tool). ■ Participation, decision making and accountability processes of Joint Team planning, implementation, and reporting processes. ■ Quality of JPSM monitoring and reporting framework. ■ Good practices that may be replicated 		
<p>Q10 What other models exist as potential alternatives for incentivizing joint planning and funding the work of UN agencies at country level?</p>	<ul style="list-style-type: none"> ■ Consider alternative funding allocation and disbursement models to incentivising joint planning and strategic and timely use of funds. (ex: MPTF COVID-19 fund) with similar intent (incentivizing joint planning and strategic use of funds, catalytic etc.) ■ Evidence of how alternative models defined and fostered catalytic and innovative funding and activities. 	<p>Tools</p> <ul style="list-style-type: none"> ■ KIIs, small group discussions ■ Doc review of alternative models ■ Online survey assessing perceptions of key respondents ■ Country visits 	<ul style="list-style-type: none"> ■ Documentation related to alternative models ■ UNAIDS guidance and evaluations related to funding allocation model and operations. ■ KIIs with relevant body/entity to discuss alternative models. ■ KIIs with relevant UN staff (e.g., Heads of UN Country Team; Heads of Agency; global and regional stakeholders).

	<ul style="list-style-type: none">■ Evidence of good practices that may be replicated.■ Evidence of challenges with alternative approaches and unintended consequences.		
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Annex 4: Alternative approaches—global allocation formula, definitions of catalytic funding

Discussing alternative approaches to allocation of scarce resources, transaction costs, definitions of catalytic funding

Overall allocation model and alternative options

The CE allocation process is similar to the Global Fund approach, where a set of eligible countries are defined and equality and equity objectives are balanced to make sure everyone gets something, but more funds are put where needs are greatest. The application, TRP and grant making processes then make sure that applications are technically sound to meet a minimum level of return on investment.

Long standing critiques of the Global Fund model are that it is risk averse and countries often stay in their comfort zones and don't prioritise risky and rewarding activities. This is partly due to the incentives provided by this allocation model, as well as other parts of the business model. These are summarised in the Global Fund Strategic Review 2020.¹⁵⁵

These factors are inconsistent with the objective to strategically allocate a small pot of money and/or incentivize catalytic results.

All other models of allocation and application studied where there is catalytic intent with a relatively small pot of money (i.e. akin to the CE) do things differently and there is a strong case for changing the approach for CE, subject to what the principal objectives of the funds are.

The table below sets out some non-mutually exclusive ideas with the more catalytic approach at the bottom.

Alternative approach	Pros	Cons
Reduce number of eligible countries	Enables a more pro-equity approach	Politically challenging Reduces equality
Increase earmarking and conditionality for strategic priority areas	Ensures alignment to strategic objectives	Reduces autonomy and no guarantee of ROI Opp. cost of not funding broad set of activities
Put in place a country allocation ceiling that each can apply up to on a competitive basis (i.e. where funds are reallocated where sufficient justification is not provided)	Provides stronger incentive to design highly impactful or catalytic applications Well suited to achieving results	May reduce equal and/or equitable cross-country allocation
Focus CEs on narrow strategic issues	Distinguishes CEs from other funding sources and ensures alignment to strategic objectives Easier governance, management and monitoring of specific results	Opp. cost of not funding broad set of activities
Remove formula driven approach to allocation based on epi data and define 'needs' differently	Allocation could more closely match Cosponsor needs rather than epi needs (which are	May not align to wider definitions/perceptions of needs or equity

¹⁵⁵ <https://www.theglobalfund.org/en/technical-evaluation-reference-group/evaluations/strategic-reviews/>

	covered by much larger funders)	
Introduce a fully competitive application process with no 'allocation', possibly in defined areas to meet strategic needs	Provides very strong incentive to design impactful or catalytic applications in defined areas	Greatly reduces equal and/or equitable cross-country allocation

Comparative analysis of allocation approaches

The cross-country allocation of scarce resources in global health, and international development more generally, is essentially guided by a desire to maximise one or more of the following criteria: equality (equal access to resources); equity (prioritization of those countries most in need); or return on investment (ROI; prioritization of those countries offering the greatest returns). While many organizations desire all three criteria to be met simultaneously, there are trade-offs between them which are important to consider. As such, a pragmatic and balanced approach is usually required.

Annex table 1 sets out an approach to consistently ranking the extent to which each of the three criteria have been prioritized in the allocation of resources across selected comparators.¹⁵⁶

Annex table 1: Relative pros and cons of approaches to allocate scarce resources across a large number of countries

	EQUALITY	EQUITY	Return on Investment (ROI)
1	Only a subset of countries is eligible, or some countries would certainly be excluded	Allocations are not weighted according to need	Allocations are not weighted according to anticipated ROI
2	Some countries may be excluded ¹⁵⁷	Equity is a secondary consideration in determining allocation	ROI is a secondary consideration in determining allocation
3	All countries are eligible for support, subject to application approvals	Equity is a primary consideration in determining allocation	ROI is a primary consideration in determining allocation
4	All countries are automatically eligible for support	Allocations are weighted solely according to need	Allocations are weighted solely according to anticipated ROI

The figure overleaf presents an overview of the findings from this analysis. This is supported by a more detailed description of findings in Annex table 2, as well as reflections against other considerations of relevance. Key points to note are as follows:

- There are trade-offs between the three criteria and no perfect ways to allocate scarce resources across countries.
- Organisations such as the Global Fund and Gavi have defined eligibility criteria, which dictate that, for their core areas of support, all eligible countries should receive an allocation. These allocations are, however, weighted based on equity considerations, and application processes are used to ensure a minimum level of ROI. While being driven

¹⁵⁶ Comparators have been selected purposively based on the author's knowledge and to present a range of approaches. Comparator approaches have not been evaluated in detail as part of this evaluation process, and findings should be interpreted with caution.

¹⁵⁷ E.g. through a competition process where ceilings do not ensure at least some allocation to all other eligible countries.

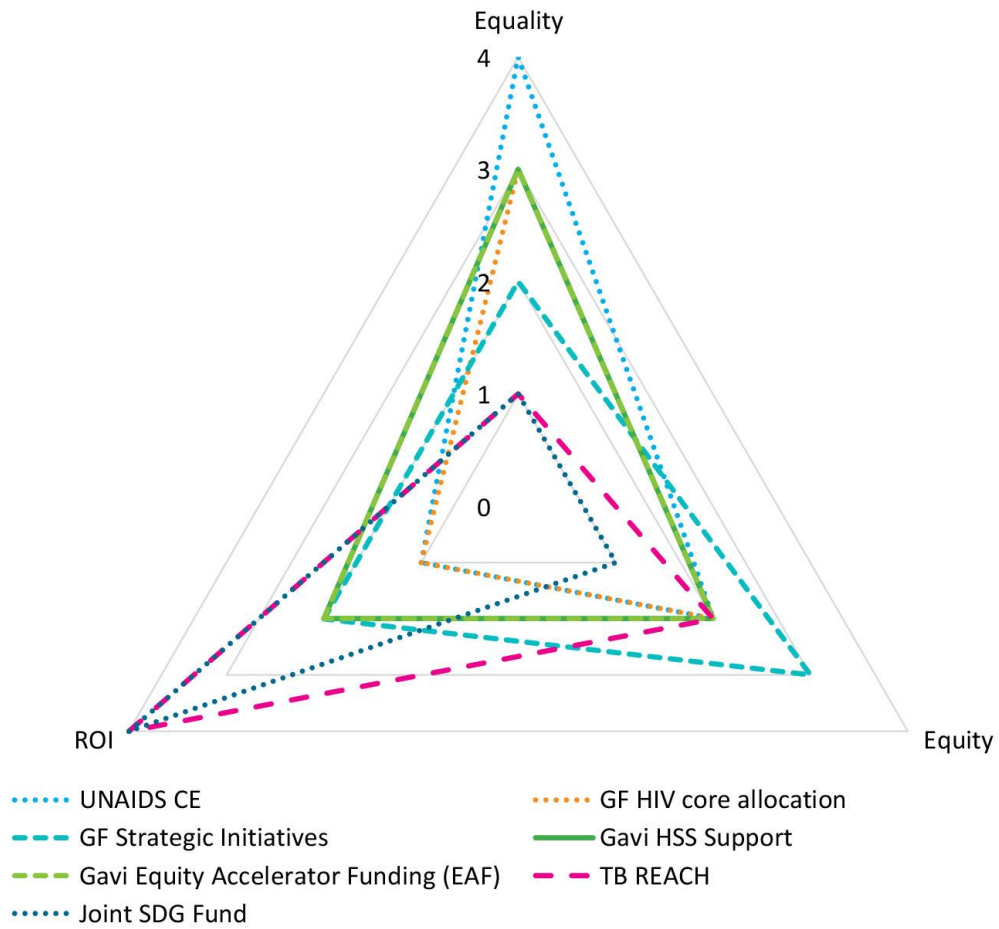
primarily by the principle of equality, these allocation methodologies best balance equality with equity and ROI considerations when a ceiling for each country is instituted, and applications are required to justify the use of funds up to this ceiling and where funds are reallocated where sufficient justification is not provided. This in effect introduces an element of competition to the allocation process which sharpens the incentive to design a highly impactful application.

- Some organisations provide a substantial top-up to their core allocations for a subset of the most in need countries for issues of strategic importance (e.g., Global Fund Strategic Initiatives and Gavi Equity Accelerator Funding, EAF). These are not based on competitive application and allocation processes but are well suited to delivering 'catalytic' results in specific areas.

These observations have implications for UNAIDS and the way it considers allocating scarce CE resources. Firstly, given the broad-based eligibility for other UNAIDS Joint Plan support (e.g. UBRAF and non-core), it would appear that there is the possibility of restricting the eligibility for CEs and focusing the use of funds around specific areas of strategic importance. This would be aligned to the desired catalytic intent for CE. This would, however, require difficult and political decisions on how to focus the available resource envelope on a subset of strategic issues, countries, and Cosponsors. It would also have opportunity costs, for instance with many of the broad-based set of often gap filling activities currently funded through CE being ineligible for further support. However, in line with the MDTF's intent (see case study), the tighter and more strategic focus may enable stronger governance and management of CE, improved lines of accountability, and an easier pathway to demonstrate and achieve desired results.

If it is decided that a broad set of countries should continue to be eligible for UNAIDS CE, the use of country/Cosponsor ceilings should be considered, so that funds can be removed from initial allocations where equity and ROI criteria are not sufficiently met and/or where evidence suggests that alternate approaches from other countries/co-sponsors may offer greater results.

Annex Figure 1: Comparison of relative pros and cons of alternative ways to allocate scarce resources across a large number of countries



Annex table 2: Relative pros and cons of alternative ways to allocate scarce resources across a large number of countries

Feature	UNAIDS CE	Global Fund HIV country allocations	Global Fund Strategic Initiatives ¹⁵⁸
Primary allocation criteria			
Equality	4: This is the main criteria for allocation, with all countries automatically eligible for support, albeit at different levels based on Fast Track status or otherwise.	3: This is the main criteria for allocation, with all eligible countries requiring application approval.	2: This is a secondary criterion for allocation. Once a subset of most in need countries selected, all countries are automatically eligible for support with resources often split equally between them.
Equity	2: This is a secondary criterion for allocation. After equality criteria applied, regional allocations are based broadly (but not precisely, given floors and ceilings) on burden of disease and progress in managing the HIV epidemic, with qualitative adjustment to factor in wider equity considerations.	2: This is a secondary criterion for allocation. After equality criteria applied, allocations based broadly on burden of disease and progress in managing the epidemic, with qualitative adjustment to factor in wider considerations.	3: This is the main criteria for allocation, with only a subset of the most in need countries selected for support. However, allocation between selected countries is not based on equity considerations.
ROI	1: Allocations are not weighted according to anticipated ROI. While country proposals are designed to ensure an acceptable level of ROI, it is unclear if/how this influences allocation.	1: While country applications are designed to ensure an acceptable level of ROI, this does not influence core cross-country allocation.	2: Selection of countries based on need and anticipated ROI from investing in specific areas of focus. Allocation between eligible countries is not weighted according to anticipated ROI.
Other considerations			
Complexity	Highly complex, with multiple quantitative and qualitative stages.	Highly complex, with multiple quantitative and qualitative stages.	Countries selected based on greatest need for specific areas of focus. TA providers are engaged to cover all or multiple selected countries, with split of services agreed between Sec and TA provider.

¹⁵⁸ Applies to the HIV 2020-2022 Strategic Initiatives for Differentiated HIV Service Delivery; TB Preventive Treatment for People Living with HIV; and Condom Programming.

https://www.theglobalfund.org/media/8537/bm41_03-catalytic-investments_report_en.pdf.

Engagement	Modest. Approach is inclusive of Joint Teams but not of wider stakeholder groups.	Limited. Approach is conducted centrally without engagement of regional or country stakeholders.	Approach is conducted centrally but split of services across countries is agreed with country stakeholders.
Transparency	Poor. Highly unlikely that individual allocations could be explained post hoc due to the qualitative adjustment process which takes into account multiple factors and considerations.	The Global Fund states that qualitative adjustments are transparent and accountable, although it is unclear how so.	High transparency in selection of countries, but unclear how/why actual split of services is determined.
Incentives	The global quantitative allocation offers a disincentive to countries to improve performance against metrics. The qualitative adjustment process factors in a wider set of considerations, but not any need to offer incentives to Joint Teams or national programmes.	The allocation offers a disincentive to countries to improve performance against metrics.	The allocation offers a disincentive to countries to improve performance against metrics.

Feature	Gavi HSS Support ¹⁵⁹	Gavi EAF ¹⁶⁰	TB REACH ¹⁶¹	Joint SDG Fund ¹⁶²
Primary allocation criteria				
Equality	3: This is the main criteria for allocation, with all eligible countries requiring application approval.	3: This is the main criteria for allocation, with all eligible countries requiring application approval.	1: Through a competitive, wave-based application process, only a subset of applications and countries are selected for support and allocated resources.	1: Through a competitive, wave-based application process, only a subset of applications and countries are selected for support and allocated resources.
Equity	2: This is a secondary criterion for allocation. After equality criteria applied, allocations based on epidemiological and economic data as proxies for equity.	2: This is a secondary criterion. After equality criteria applied, allocation ceilings are based on epidemiological data as a proxy for equity.	2: This is a secondary criterion, with eligibility restricted to a subset of LICs and LMICs and countries with high burdens of disease (depending on funding wave), but applications selected on ROI alone.	1: The relevance of the proposed project to country needs is considered in the review of applications, but equitable allocation across countries is not, with applications selected on ROI alone.

¹⁵⁹ https://www.gavi.org/sites/default/files/support/ApplicationProcess_Guidelines.pdf.

¹⁶⁰ https://www.gavi.org/sites/default/files/support/ApplicationProcess_Guidelines.pdf.

¹⁶¹ <https://stoptb.org/global/awards/tbreach/about.asp>.

¹⁶² <https://jointsdqfund.org>.

ROI	2: Allocations not weighted according to ROI but communicated as 'ceilings' (maximum amounts countries can apply for). This enables negotiation of funding amount based on anticipated ROI.	2: Allocations not weighted according to ROI but communicated as 'ceilings' (maximum amounts countries can apply for). This enables negotiation of funding amount based on anticipated ROI.	4: This is the main criteria for allocation, with applications selected on a competitive basis.	4: This is the sole criteria for allocation, with applications selected on a competitive basis.
Other considerations				
Complexity	Moderate. Multiple quantitative stages alongside ceilings.	Fairly simple with ceiling set on quantitative data.	Fairly simple with no floor but a grant size ceiling for all applications.	Complex. Multiple application and review processes.
Engagement	Limited. Approach is conducted centrally without engagement of regional or country stakeholders.	Limited. Approach conducted centrally without stakeholder engagement.	Limited. Approach conducted centrally without stakeholder engagement.	Good. The intensive application process requires broad based stakeholder engagement.
Transparency	High transparency in selection of countries and how quantitative allocation stages implemented.	High transparency in selection of countries and how quantitative allocation stages implemented.	An independent committee is in place to ensure an open and transparent application review process, although limited information available online.	Decision making highly centralized by Secretariat and Board. Successful proposals are published but the basis on which decisions are made is not.
Incentives	The global quant allocation offers a disincentive to improve performance against metrics. The ceiling does, however, counteract that to ensure that there is an incentive to put forward a well justified use of funds.	Quant allocation disincentives performance against metrics. The ceiling does, however, counteract that to ensure that there is an incentive to put forward a well justified use of funds.	There are strong incentives to improve performance against metrics.	There are strong incentives to improve performance against metrics.

Transaction costs

It is noted that an in-depth study of transaction costs was not commissioned as part of this evaluation, but at the request of the UNAIDS Secretariat, a light touch 'back of the envelope' analysis has been undertaken. The approach has been to estimate these costs conservatively, so as not to make an over-estimation. As such, the analysis should be interpreted with caution.

As set out in the table below, CEs incur transaction costs in a range of ways for a range of different stakeholders at the global, regional and country levels.

While the transaction costs (TC) are all assumed, they are presented as a significant underestimate of actual transaction costs incurred. This provides a reasonable degree of confidence in the assessment that CEs incur, at a minimum, 1500 days of staff input per year. At an assumed average salary of US\$ 50 000 p.a. and with 220 working days per year, the estimated cost of this staff time is more than US\$ 4.2 million. This is equivalent to 17% of the total CE budget. This is broadly in line with the acceptable parameters of transaction and administration costs associated with comparable projects.¹⁶³

However, since the processes are not differentiated – i.e., all countries go through the same processes and incur similar transaction costs – the costs are particularly high for those countries with small CEs. For example, the average estimated transaction cost equates to US\$ 46 765 per country. As shown in Figure 1, with eight countries in receipt of CEs of less than US\$ 100 000, the smallest of which being Eritrea with a CE of just US\$ 35 000, transaction costs appear to be unacceptably high for some countries, possibly even greater than the value of the CE.

Annex table 3: Transaction costs incurred through allocation, administration and reporting of CEs

Process	TCs incurred by	Extent of TCs (<i>all assumed</i>)
Allocation		
Global quantitative allocation	UNAIDS allocation focal points	10 days' work to collate data, run analysis, make adjustments and prepare outputs for Regional Joint Teams
Regional qualitative adjustment approach	Regional Joint Teams	0.5 days' work per country (1 hour for 4 people) to review the initial proposal and make adjustments. 0.5 days * 91 countries = 45.5 days (roughly equivalent to an 8 day process per region, with 2 days per member)

¹⁶³ A review of the project management costs associated with administering grants for some other organizations suggests that costs vary between 7% (usually for government grantees) and 30% (usually for international NGOs and UN agencies). For instance:

- Program management accounts for 7% of Gavi's total HSS support over the strategic period 2016-20, of which the vast majority is provided to governments. Accessed [here](#).
- TB REACH application guidelines state that human resource, M&E and administrative overhead costs should account for no more than 32% for grants up to US\$1m, provided mainly to NGOs. Accessed [here](#).
- For USAID, overheads charged by contractors/grantees vary between 7-30% of grant value, depending on whether the contracted agency is profit or not for profit. Accessed [here](#).
- For DFID grants made through the Global Partnership for Education overall program management and administrative costs can go as high as 30% in rare cases where there are lower value grants in fragile and conflict-affected states. Accessed [here](#).
- The Bill and Melinda Gates Foundation place a cap on indirect (i.e. general overhead and administration) costs of 15%, although direct program management costs (which could include staff salaries, travel expenses, materials) could be charged in addition to this. Accessed [here](#).
- Analysis of grants provided through PEPFAR between 2007 and 2016 found that indirect costs accounted for between 8-20% of total grant value, although again this does not include direct program management costs. Accessed [here](#).

Country proposal development, including coordination	Joint Team agencies/ co-sponsors	2 days per co-sponsor to prepare each country proposal. ¹⁶⁴ Across all 91 countries in receipt of a CE in 2022, co-sponsors were engaged 491 times. 2 days * 491 proposals = 982 days.
Administration/implementation¹⁶⁵		
Letters of Agreement and fund disbursement	UNAIDS focal points Co-sponsor at global level	1 day to gain agreement and sign letter per co-sponsor. 1 day * 11 co-sponsors = 11 days.
Procurement and recruitment	Joint Team agencies/ co-sponsors	10 days per co-sponsor. Across all 91 countries in receipt of a CE in 2022, co-sponsors were engaged 491 times. 10 days * 491 proposals = 4,910 days.
Programme management and oversight/ monitoring	Joint Team agencies/ co-sponsors	10 days per co-sponsor. Across all 91 countries in receipt of a CE in 2022, co-sponsors were engaged 491 times. 10 days * 491 proposals = 4,910 days.
Financial management, including dealing with unspent funds	Joint Team agencies/ co-sponsors	10 days per co-sponsor. Across all 91 countries in receipt of a CE in 2022, co-sponsors were engaged 491 times. 10 days * 491 proposals = 4,910 days.
Reporting		
Annual reporting of programmatic progress against defined deliverables and annual milestones	Joint Team agencies/ co-sponsors	2 days per co-sponsor to prepare each country proposal. Across all 91 countries in receipt of a CE in 2022, co-sponsors were engaged 491 times. 2 days * 491 proposals = 982 days.
Annual financial reporting of expenditure against budget	Joint Team agencies/ co-sponsors	2 days per co-sponsor to prepare each country proposal. Across all 91 countries in receipt of a CE in 2022, co-sponsors were engaged 491 times. 2 days * 491 proposals = 982 days.

Catalytic Funding: definitions

Defining and assessing catalytic intent

A range of development and other agencies have sought to design interventions that have some sort of ‘catalytic’ effect. While the general intent is usually fairly consistent – i.e. where the implementation of an activity will have some sort of knock-on and multiplier effect – agencies struggle to clearly define what these effects are and how they will be achieved. This is a clear instance of opaque development jargon, which virtually all style guides suggest

¹⁶⁴ This is considered a significant under estimate, given the preparatory meetings involved in agreeing which projects to opt for in each country

¹⁶⁵ This does not take into account the transaction costs associated with reprogramming/extensions, for instance due to late disbursements from global HQ, although evidence suggests that these costs are often incurred.

should be avoided.¹⁶⁶ Nonetheless, several studies have sought to identify the broad range of effects that may be considered as catalytic.

The Overseas Development Institute (ODI) described a two-track framework for catalytic change, with the two aspects being 'transformative' (growth-enhancing change) and 'crowding-in' (complementary to other development finance).¹⁶⁷

In drawing lessons from evaluative evidence on where and how the World Bank works to catalyse 'transformational' change – i.e. where interventions support deep, systemic and sustainable change – the World Bank Independent Evaluation Group identified the consistent presence of support for interventions targeting the following areas:¹⁶⁸

- **Binding constraints:** Identifying and addressing the binding constraints to progress toward a development objective.
- **Cross-sectoral approaches:** Adopting systemic approaches that address multiple constraints in interrelated parts, including through cross sectoral approaches.
- **Scaling up innovations:** Scaling up and replicating effective approaches and innovations and of novel financing instruments.
- **Behavioural change:** Changing behaviours by modifying incentives of beneficiaries, introducing market forces, or increasing the flow of information.

This is broadly in line with the approach used in the System-Wide Evaluation of the Joint SDG Fund, which sought to understand whether the supported programmes promote catalytical action that incentivise transformative policy shifts.¹⁶⁹ Catalytic is defined as 'producing chain reactions in development and financial terms' and considered in a range of ways, including in relation to relevance, stakeholder knowledge and behaviours, additionality, innovation and new types of programmes and partnerships, speed, scalability and sustainability.¹⁷⁰

The Global Fund Strategic Review 2020¹⁷¹ and subsequent thematic reviews of the Global Fund Strategic Initiatives¹⁷² and Multi Country Catalytic Grants¹⁷³ used the following framework as a practical way to reconcile these (and other) disparate definitions and approaches, where for something to be considered as catalytic it should lead to one or more of the following criteria being met:

- **More:** Additional funding is leveraged from other sources and/or additional activities are now implemented.
- **Improved:** Activities that were being conducted previously are now appreciably more efficient, effective and/or strategic.
- **Unique, new or innovative:** Activities/contributions that are exclusive or exceptional to catalytic funding and/or those that are entirely new, original or innovative.
- **Faster:** Activities that were being conducted previously but now at an accelerated pace.

¹⁶⁶ <https://blogs.adb.org/blog/development-jargon-and-language-development>.

¹⁶⁷ Rogerson S, 2011. What if development aid were truly 'catalytic'? ODI background note. Nov 2011.

¹⁶⁸ IEG World Bank Group 2016. Supporting Transformational Change for Poverty Reduction and Shared Prosperity. Lessons from World Bank Group Experience.

¹⁶⁹ <https://unsdg.un.org/sites/default/files/2022-10/System%20Wide%20Evaluation%20of%20the%20Joint%20SDG%20Fund%20FINAL.pdf>.

¹⁷⁰ <https://unsdg.un.org/sites/default/files/2022-10/System%20Wide%20Evaluation%20of%20the%20Joint%20SDG%20Fund%20FINAL.pdf>.

¹⁷¹ https://www.theglobalfund.org/media/10496/terg_strategicreview2020position_annexes_en.pdf.

¹⁷² https://www.theglobalfund.org/media/11669/terg_strategic-initiatives-thematic-evaluation_report_en.pdf.

¹⁷³ https://www.theglobalfund.org/media/11668/terg_multi-country-catalytic-investment-grants-thematic-evaluation_report_en.pdf.

This was then combined with an assessment of whether activities were strongly, moderately or not catalytic. While this framework was not considered perfect by the Global Fund Secretariat, there was an absence of alternative definitions/frameworks and the above was considered satisfactory by the evaluators (some of which are on the team for this evaluation).

For this evaluation, the approach used for successive Global Fund evaluations has been adapted somewhat, while retaining its core intent, as follows, where for UNAIDS CE funding to be considered as catalytic it should lead to one or more of the following criteria being met:

- **Multiplier effect:** Additional funding is leveraged from other sources and/or additional activities are now implemented.
- **Improved:** Activities that were being conducted previously are now appreciably more efficient, effective and/or strategic.
- **Accelerated effect:** Activities that were being conducted previously but are implemented at an accelerated pace.
- **Innovative:** Activities that introduce an approach that has not been tried before and therefore involves risk and experimentation, and triggers a wider effect (multiplier, accelerated).

This will be used with a RAG rating as follows to determine: (a) the extent to which the intended use of funds can be considered as 'catalytic'; and (b) whether the criteria for assessing the catalytic nature of investments has been achieved as intended, taking into account both financial and programmatic performance. The two ratings will be considered together for each investment.

RAG rating	Design	Implementation	Potential examples
Green	Strongly catalytic (e.g., catalytic funding has leveraged significant additional resources)	Meets/exceeds expectations	UNAIDS country envelope activities have leveraged additional significant resources and coordinated actions from partners for piloting tailored prevention services for transgender populations in four districts.
Amber	Moderately catalytic (e.g., catalytic funding has leveraged modest additional resources)	Below expectations	UNAIDS country envelope activities support training of health workers in one stop shops in two new city locations, to support comprehensive health services for sex workers in two city locations. Results indicate that activities have helped improve quality of existing services offered in two sites.
Red	Not catalytic (e.g., catalytic funding has leveraged only very limited/no additional resources)	Significantly below expectations	UNAIDS country envelope activities have supported a community consultation on CLM however, there has been less success in mobilising resources to support follow up and implementation.

In considering how and whether UNAIDS CEs support catalytic interventions it is also relevant to consider whether the way the CEs are governed and managed is conducive to putting in place the conditions necessary for this to take place. For instance, this would require acknowledgement and agreement of these intentions in relevant governance and management arrangements, a higher risk tolerance, application and review processes that

prioritise catalytic investments, and M&E systems that report performance against well-defined criteria for what is meant by the term catalytic.

Annex 5: Joint Programme Country envelope evaluation: Global Survey Analysis

Introduction to the survey

A global survey was distributed in English, French and Spanish to 183 staff from UNAIDS and 1455 Cosponsors, by email. The survey was live between 23 September and 7 October 2022. Four reminder emails were sent during that period. The distribution list targeted UNAIDS and Cosponsor colleagues that have worked on CE in some capacity since it began in 2018. The survey was also shared by some recipients of the survey keen to ensure their colleagues with perspectives to share had the opportunity to do so. In total, 578 responses were received, giving an approximate response rate of 35%. The profile of respondents is provided on page 99.

The survey included 17 questions. Questions asked respondents to share their level of agreement with 26 different statements related to the design, implementation, and results and sustainability of CE; enquired about their perspectives of transaction costs related to working on CE; and explored respondents' profiles. The survey also included some open-ended questions asking for views on CE strengths, limitations and potentially more efficient and effective ways of using the total amount of funding available for country envelopes to make progress against the Global AIDS Strategy goals.

Section 1: Overview analysis

Overview of quantitative survey responses (questions 1 – 7)

■ Perspectives on the design, implementation and results and sustainability of CE

Overall, respondents feel more positively than negatively about all areas of questioning—across design, implementation and results and sustainability. Questions posed around results and sustainability received the highest number of positive responses overall (4422), followed by design (3410), and implementation last (3148). Among the three areas of questioning, design received the least number of negative responses and implementation the most.¹⁷⁴

Design:¹⁷⁵ The three areas perceived to be strongest with country envelope funds are their ability: 1) to help to target resources where needed most, 2) to address gaps and weaknesses in the HIV response, 3) to fill gaps in existing programmes. The three areas perceived to be weakest in terms of country envelope design include: 1) CE allocations being too small to achieve results,¹⁷⁶ 2) CE ability to improve accountability of UBRAF resources,¹⁷⁷ and 3) CE being based on clear and transparent criteria.¹⁷⁸ See Annex Figure 2 for full breakdown of responses and ratings.

Implementation:¹⁷⁹ 64% of respondents *fully agree* that the UNAIDS Secretariat plays an effective role in coordinating joint planning processes. This is the highest area of *full agreement* for any of the survey questions. Following this, the two other areas respondents

¹⁷⁴ 620 responses in design that *fully or somewhat disagree* with positive statements in this area, compared to 742 responses in results and sustainability and 1027 in implementation.

¹⁷⁵ There are no major outlier responses across the area of design: 9-23% of responses *disagree to some extent* with positive statements, between 30-37% of responses *agree to some extent*, and 43-54% *fully agree*.

¹⁷⁶ 73% of responses agreeing fully (43%) or somewhat (30%) that CE funds are too small to achieve results

¹⁷⁷ 18% of respondents *disagree* or *do not know* whether CE is improving accountability

¹⁷⁸ 16% disagree (11% fully, 5% somewhat) that CE allocations are based on clear and transparent criteria.

¹⁷⁹ Aside from the outlier response related to UNAIDS Secretariat role, there are no other major outlier responses across the area of implementation: 2-22% of responses *disagree to some extent* with positive statements, between 24-44% of responses *agree to some extent*, and 23-38% *fully agree*.

agree most highly with are that 1) CE guidance, templates and processes are friendly¹⁸⁰ and 2) that CE can be used flexibly and reallocated if more pressing needs arose.¹⁸¹ The three areas perceived to be weakest in terms of country envelop implementation include: 1) the level of community engagement in planning and implementation processes,¹⁸² 2) timely disbursement of CE funds,¹⁸³ and 3) CE planning and reporting processes being commensurate to the amount of funds available.¹⁸⁴ See Annex Figure 3 for full breakdown of responses and ratings.

Results and sustainability:¹⁸⁵ The three result areas perceived to be the strongest include: 1) scaling up HIV prevention services; 2) scaling up HIV services for key populations; and 3) addressing HIV-related human rights issues. The three result areas perceived to be weakest include: 1) CE contributions to integrating HIV into other sectors; 2) CE contributions to leveraging additional financial resource for national HIV responses; and 3) CE contributions to integrating HIV into the wider health sector. See Annex Figure 4 for full breakdown of responses and ratings

■ Perspectives on transaction costs

Respondents were asked to share their views on transaction costs related to four different areas—accessing, managing, reprogramming and reporting on CE funds. Overall, around two thirds of respondents feel the amount of time they spend on CE in aggregate is about right considering the value of funds, compared to around a quarter who do not feel it appropriate. The two main areas that respondents feel the amount of time they spend is too much considering the value of funds are in accessing funds (requesting, discussing, agreeing) and managing / overseeing CE funds.

Overview of qualitative survey responses (questions 8-11)

There are four qualitative, open-ended questions in the survey. These received between 195 and 452 analysable responses. Responses were provided anonymously without any identifiers. This means we cannot explore the answers by e.g., type of Cosponsor, country/regional/global level, for example. However, we do have information on the breakdown of responses by type of respondent for each question and we provide this information in Annex table 4 below with a summary analysis for each question.

Annex table 4: Summary analysis of survey responses

Survey questions	Summary analysis (top 3 -5 responses for each question)	Respondent profile
Q8: How can these processes (planning, implementing, reporting) be made more efficient? ¹⁸⁶	<ol style="list-style-type: none"> 1. Better planning: more time, starting earlier, better communications inc. notification of timelines (35 respondents (R)) 2. Simplify monitoring & reporting: less 'layers' /reporting proportionate to amount/ focus 	Country: 185 Cosponsors: 172 Secretariat: 44 Regional: 19

¹⁸⁰ 38% fully agree, 43% somewhat agree

¹⁸¹ 35% fully agree, 37% somewhat agree

¹⁸² 33% somewhat or fully disagree that communities are engaged

¹⁸³ 28% somewhat or fully disagree there is timely disbursement

¹⁸⁴ 26-28% somewhat or fully disagree that planning and reporting processes are appropriate for the level of funds available

¹⁸⁵ There are no major outlier responses – 10-18% of responses disagreed to some extent with positive statements, and between 37-47% of responses agreed to some extent, and 38-47% fully agreed.

¹⁸⁶ Of 220 responses, 195 were analysable¹⁸⁶

Survey questions	Summary analysis (top 3 -5 responses for each question)	Respondent profile
	<ul style="list-style-type: none"> on results rather than activities (23 R) 3. Increase amount of \$, including proportionate to country needs (17 R) 4. Streamline & simplify processes, tools, and templates (16 R) 5. Strengthen joint collaboration, coordination, dialogue (14 R) 	Global: 9
Q9: In your view, what are the 3 greatest strengths of the country envelopes? ¹⁸⁷	<ul style="list-style-type: none"> 1. Encourages/ strengthens joint planning and programming and reporting (inc complementarity of tech expertise, joint analysis of gaps, priorities) 2. Covers funding & policy gaps for non-prioritised areas (including KPs, IDPs, those left behind, geographic areas not covered by PEPFAR, Global Fund etc) 3. Possibility to achieve targeted results with focused funding based on clear needs 	Secretariat: 101 Country: 398 Cosponsors: 360 Regional: 39 Global: 19
Q10: In your view, what are the 3 greatest limitations of the country envelopes? ¹⁸⁸	<ul style="list-style-type: none"> 1. Limited funds available–too small to have impact and address extent of needs (324 R) 2. Limited timeframe to implement funds -annual allocation limits long-term planning and strategic use of funds (67 R) 3. Delay in receipt of funds ("sometimes") (40 R) 	Secretariat: 100 Country:387 Cosponsors: 360 Regional:42 Global: 19
Q11: In your view are there potentially more efficient and effective ways of using the total amount of funding available for country envelopes to make progress against the Global AIDS Strategy goals? ¹⁸⁹	<ul style="list-style-type: none"> 1. Make more funds available to CE (46 R) 2. Make joint implementation 'real' e.g. fund and support one joint action across Cosponsors (45 R) 3. Ensure 'real' joint planning including joint identification of critical gaps (over a longer planning horizon, with good notice of planning timeline, and technical support to help teams identify priorities) (36 R) 	Country: 332 Cosponsor: 306 Secretariat: 83 Regional: 35 Global: 17

¹⁸⁷ Of 462 responses shared, 452 were analysable

¹⁸⁸ Of 454 responses shared, 439 were analysable

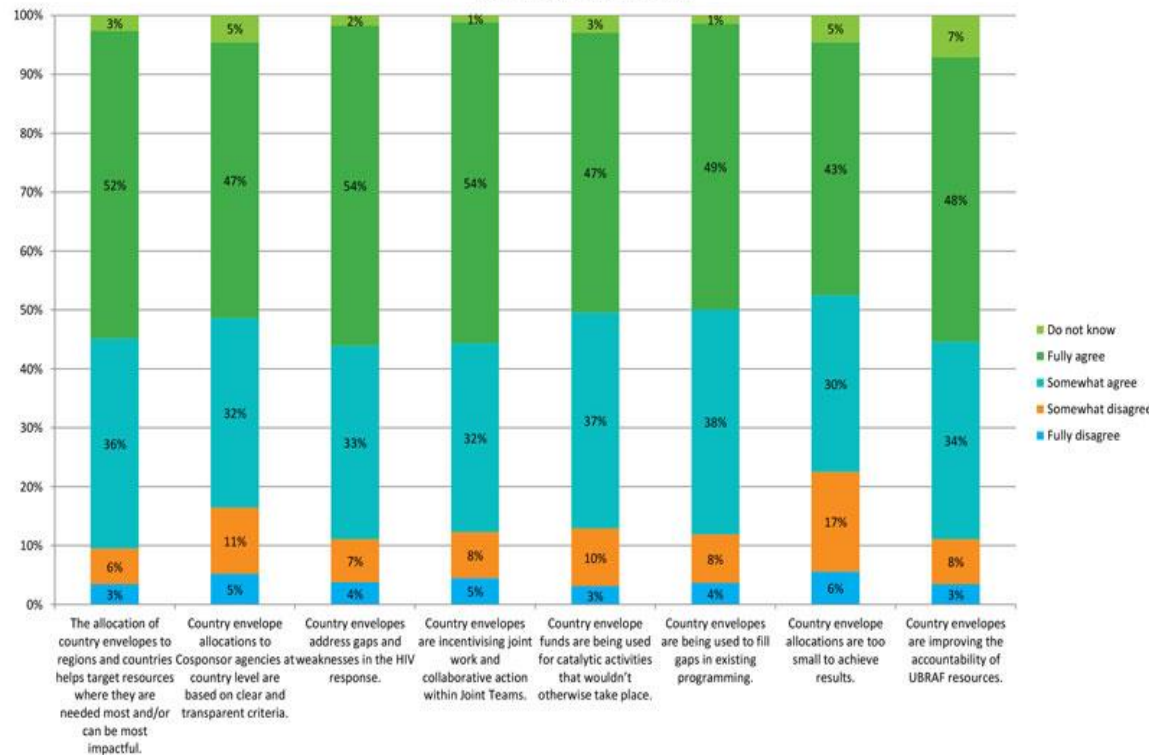
¹⁸⁹ Of 389 responses shared 322 answers were analysable

Section 2: Detailed responses

Quantitative overview of responses related to the design of country envelopes

Annex figure 2: Levels of agreement with 8 statements related to the design of CE

Q1: Please comment on the extent to which you agree or do not agree with the following statements:



Overall, the highest number of responses **fully agree**¹⁹⁰ to positive statements about CE design, followed by **somewhat agree**¹⁹¹ responses.

The three design features that received most positive responses include:

- CE funds helping to target resources where needed most
- CE addressing gaps and weaknesses in the HIV response
- CE being used to fill gaps in existing programmes

The three features with higher levels of disagreement include:

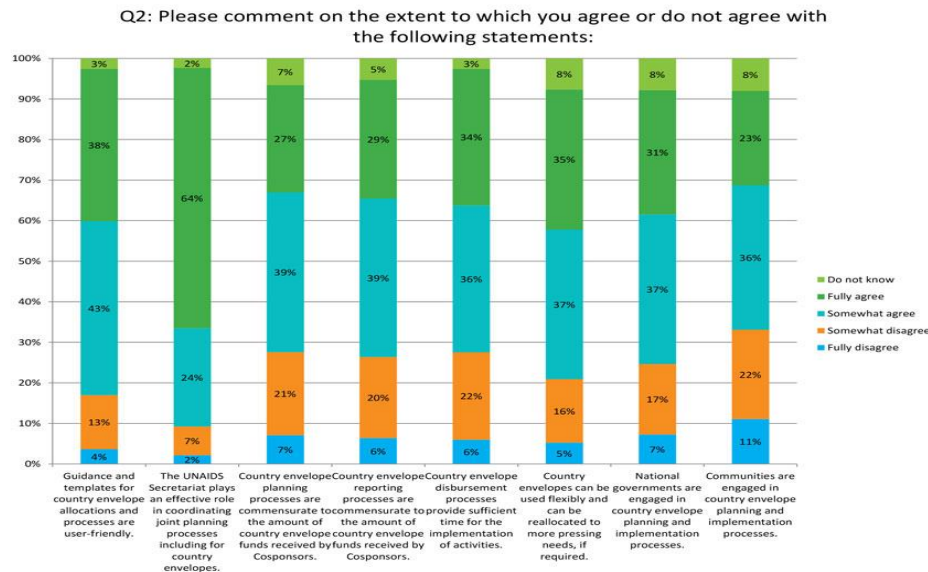
- CE allocations being too small to achieve results (73% of respondents agree they are too small)
- country envelopes improving accountability of UBRAF resources
- CE being based on clear and transparent criteria

¹⁹⁰ 2025 responses

¹⁹¹ 1385 responses

Responses related to the implementation of country envelopes

Annex figure 3: Levels of agreement with 8 statements related to the implementation of CE



Overall, most responses¹⁹² **somewhat agree** to positive statements about CE implementation, closely followed by **fully agree**¹⁹³ responses. More responses¹⁹⁴ were critical (**somewhat** and **fully disagree**) of CE implementation compared to responses on CE design.

The three implementation features that received most positive responses include:

- The UNAIDS Secretariat plays an effective role in coordinating joint planning processes. This is the highest area of *full agreement* for any of the survey questions (64% of respondents *fully agree*).
- CE guidance, templates and processes being user friendly¹⁹⁵
- CE being able to be used flexibly and reallocated if more pressing needs arose¹⁹⁶.

The three areas of implementation that received the highest levels of disagreement (suggesting these are CE challenges or gaps) include:

- The level of community engagement in planning and implementation processes¹⁹⁷
- Timely disbursement of CE funds¹⁹⁸ to provide sufficient time for implementation of activities
- CE planning and reporting processes being commensurate to the amount of funds available¹⁹⁹

¹⁹² 1605 responses

¹⁹³ 1543 responses

¹⁹⁴ 1027 fully or somewhat disagree to statements in this question compared to 620 fully or somewhat disagreeing for design

¹⁹⁵ 38% fully agree, 43% somewhat agree

¹⁹⁶ 35% fully agree, 37% somewhat agree

¹⁹⁷ 33% somewhat or fully disagree that communities are engaged

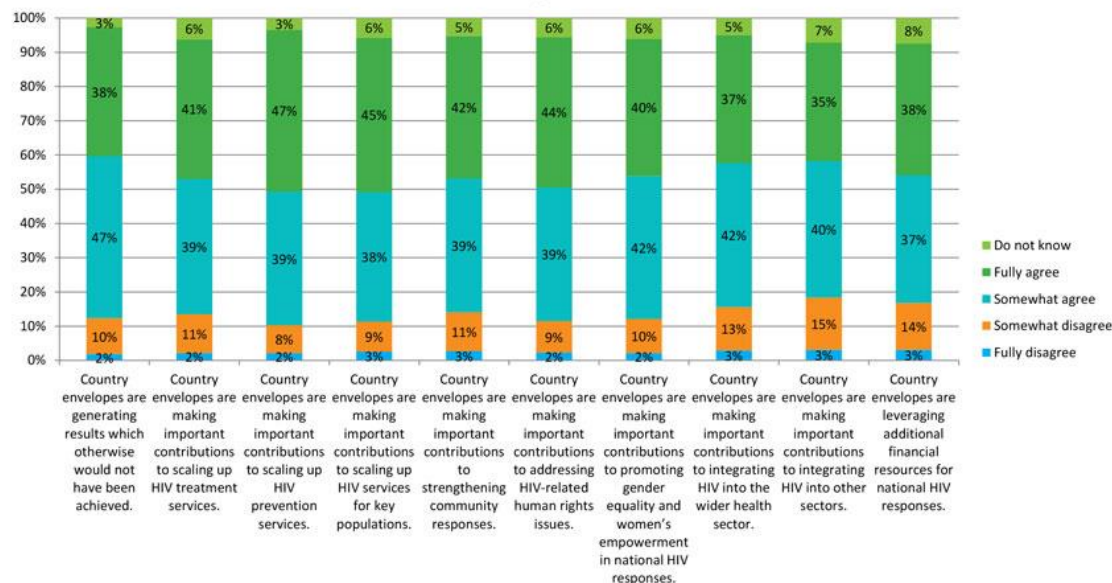
¹⁹⁸ 28% somewhat or fully disagree there is timely disbursement

¹⁹⁹ 26-28% somewhat or fully disagree that planning and reporting processes are appropriate for the level of funds available

Responses related to the results and sustainability of country envelopes

Annex figure 4: Levels of agreement with 10 statements related to the results and sustainability of CE

Q3: Please comment on the extent to which you agree or do not agree with the following statements:



- leveraging additional financial resource for national HIV responses
- integrating HIV into the wider health sector

The highest number of responses in this area **fully agree**²⁰⁰ to positive statements about CE results, closely followed by **somewhat agree** responses.²⁰¹

The three result areas with the highest number of responses that **fully agree** include:

- Contributions to scaling up HIV prevention services
- Contributions to scaling up HIV services for key populations
- Contributions to addressing HIV-related human rights issues

The three result areas with the highest number of responses that **somewhat or fully disagree** include CE contributions to:

- integrating HIV into other sectors

²⁰⁰ 2222 responses

²⁰¹ 2220 responses

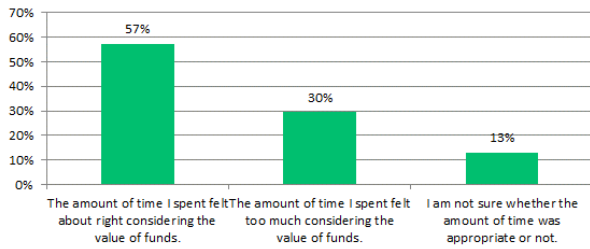
Responses relating to transaction costs

Respondents were asked how appropriate the amount of time they spend on preparing for, supporting implementation of, reprogramming and reporting on CE funds.

Overall, around two thirds of respondents feel the amount of time they spend on CE in aggregate is about right considering the value of funds, compared to around a quarter who do not feel it appropriate. The two main areas that respondents feel the amount of time they spend is too much considering the value of funds are in accessing funds (requesting, discussing, agreeing) and managing/overseeing CE funds.

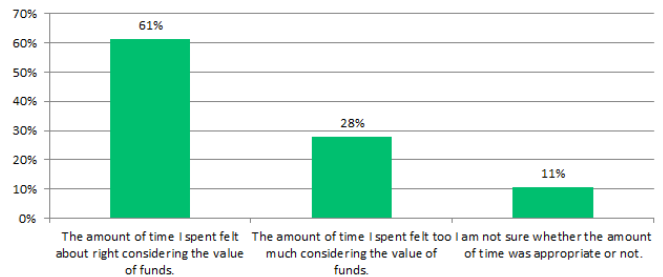
Annex figure 5: Appropriateness of time spent on accessing CE funds

Q4: How appropriate is the amount of time you spent on requesting, discussing and agreeing on country envelope funds?



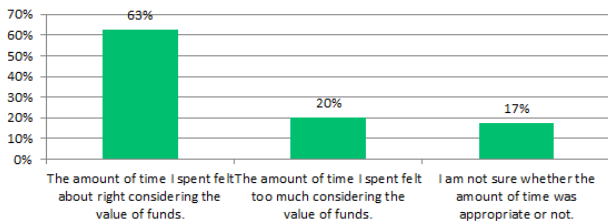
Annex figure 6: Appropriateness of time spent on managing/overseeing use of CE

Q5: How appropriate is the amount of time you spend managing or overseeing country envelope funds you received?



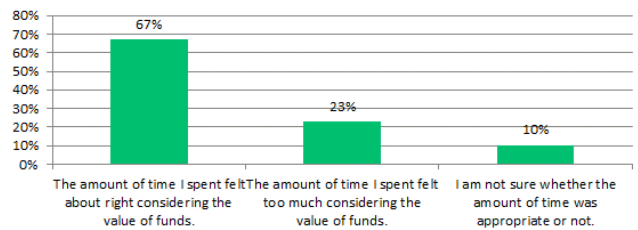
Annex figure 7: Appropriateness of time spent on reprogramming or extending CE funds

Q6: How appropriate is the amount of time you spend on reprogramming or extensions in your most recent country envelope funding round?



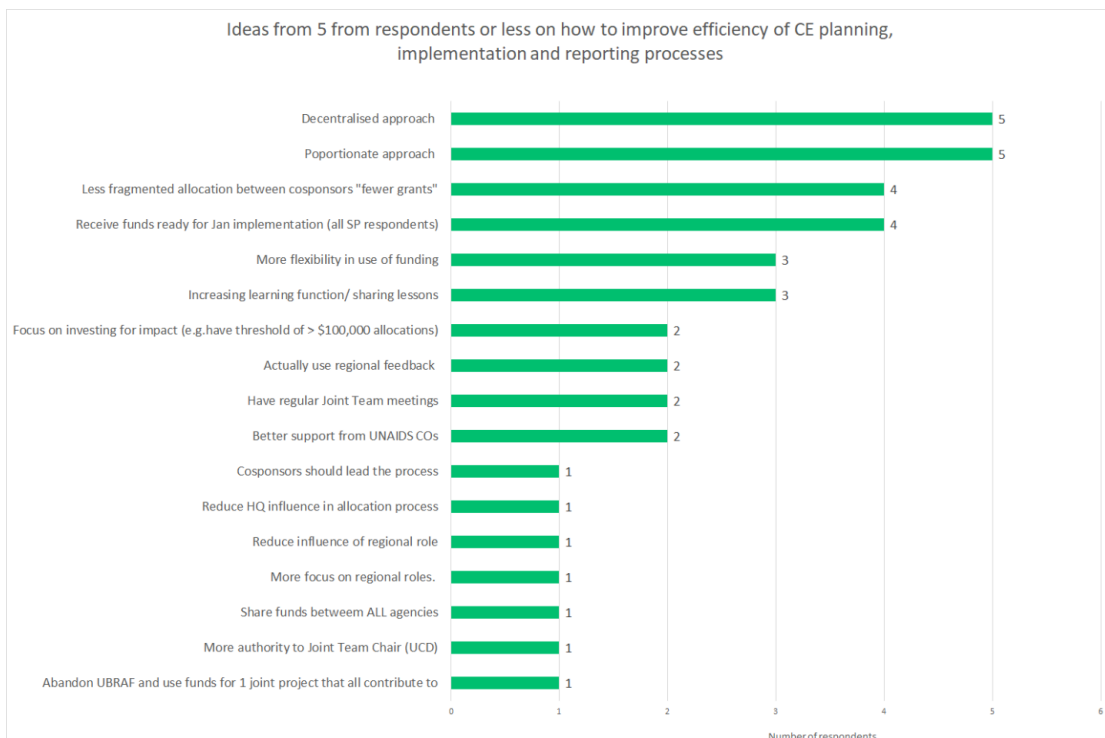
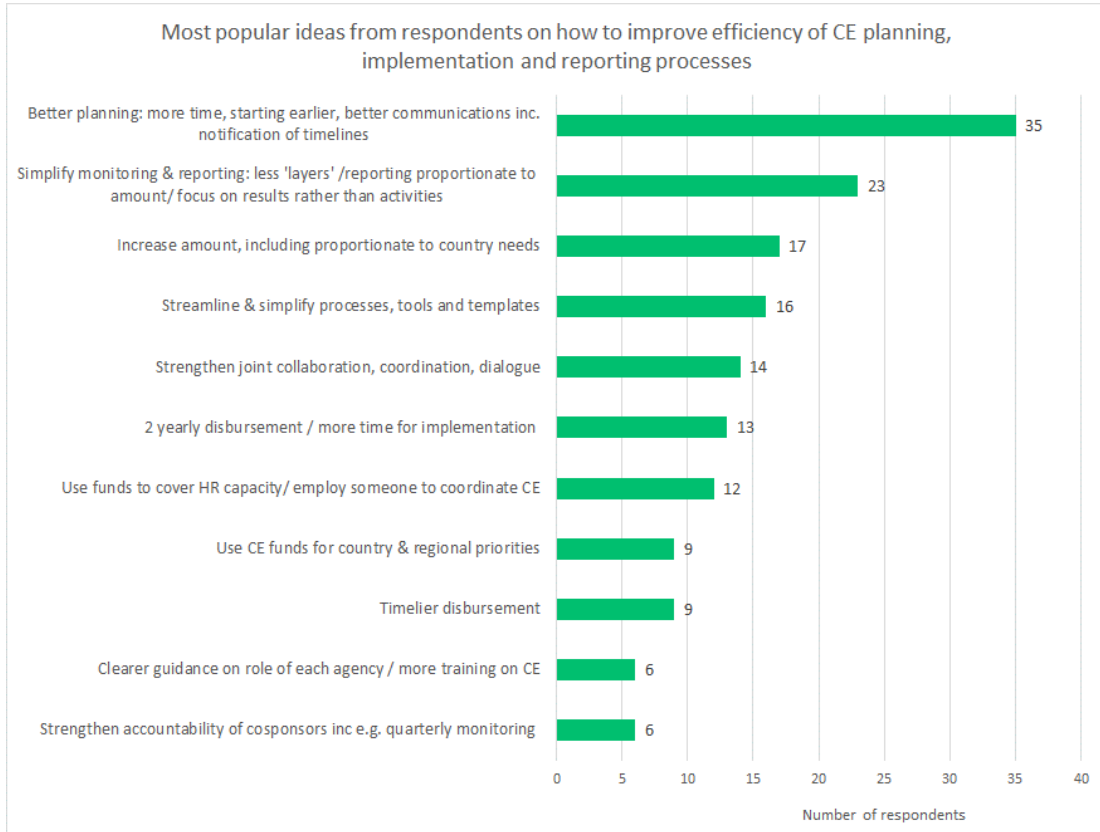
Annex figure 8: Appropriateness of time spent on reporting on CE funds

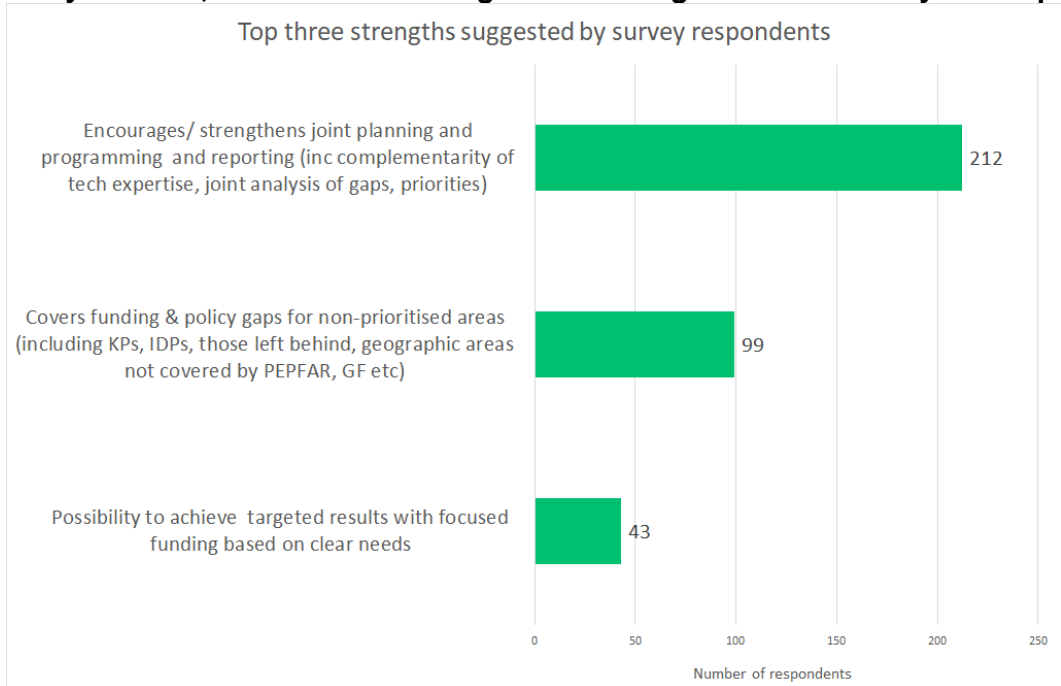
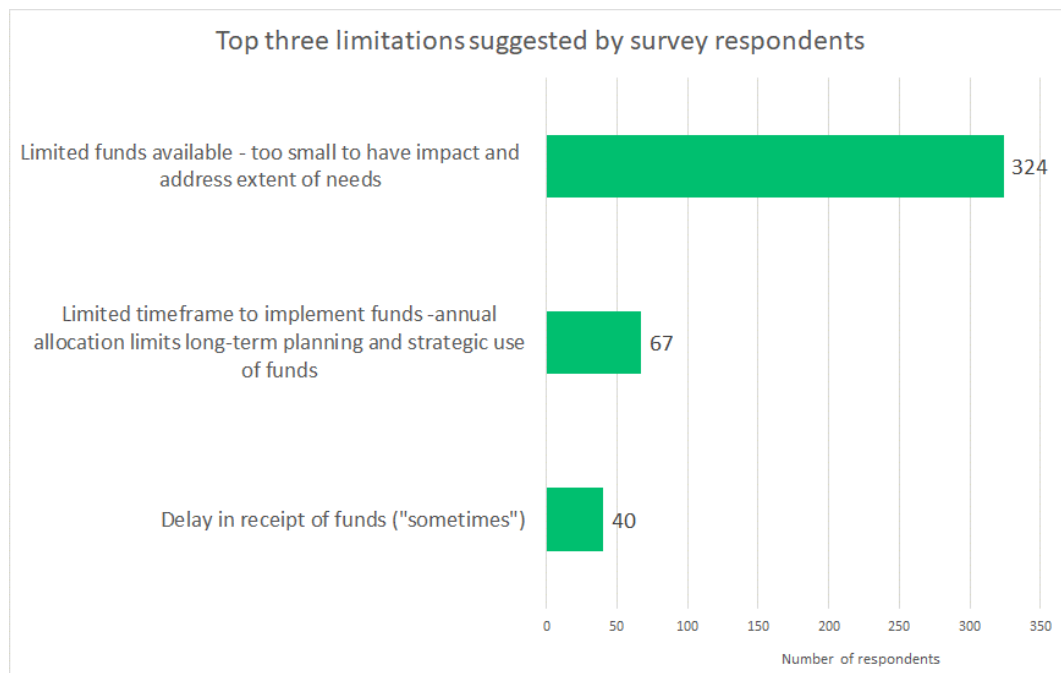
Q7: How appropriate was the amount of time you spent on reporting country envelope funds in your most recent country envelope funding round?



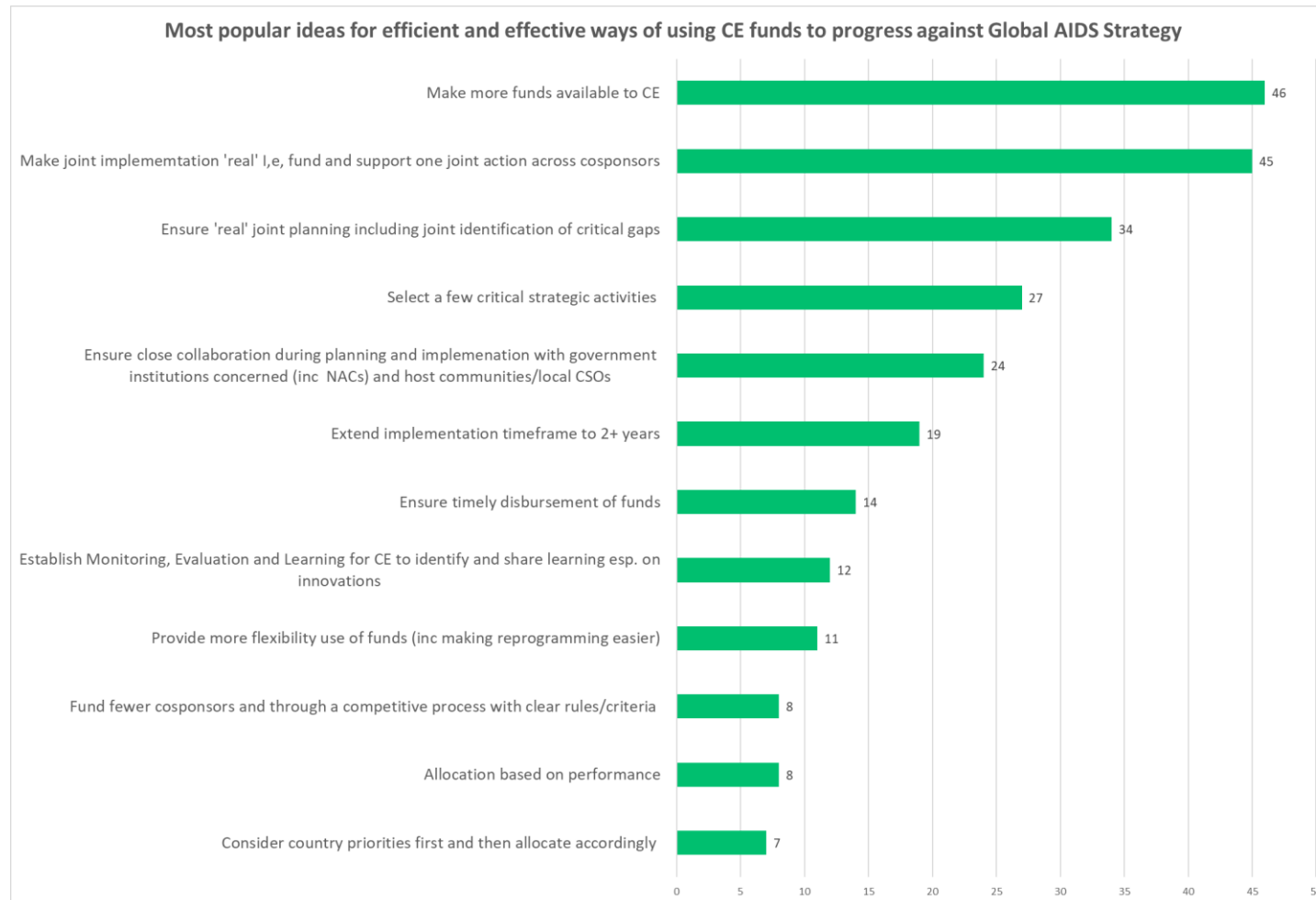
Qualitative responses Qs 8-11. Questions 8 to 11 asked respondents to share ideas on how to make planning, implementation and reporting more efficient; to share the top three strengths and top three limitations of CE, and to share ideas about potentially more efficient and effective ways of using the total amount of funding available for country envelopes to make progress against the Global AIDS Strategy goals.

Q8: How can the processes be made more efficient?



Q9: In your view, what are the three greatest strengths of the country envelopes?**Q10: In your view, what are the three greatest limitations of the country envelope**

Q11: In your view are there potentially more efficient and effective ways of using the total amount of funding available for country envelopes to make progress against the Global AIDS Strategy goals?



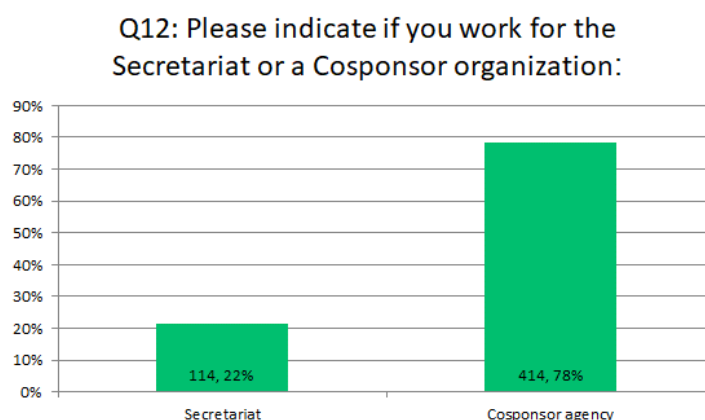
Profile of survey respondents

Figures 9-14 provide information on the profile of responses received. The survey was sent to 183 UNAIDS staff and 1455 Cosponsor staff, totalling 1638. In total, 578 responses were received, giving an approx. response rate of 35%. We know that some of those on the distribution list shared the survey with other colleagues, therefore the response rate is a rough indication or responsiveness only.

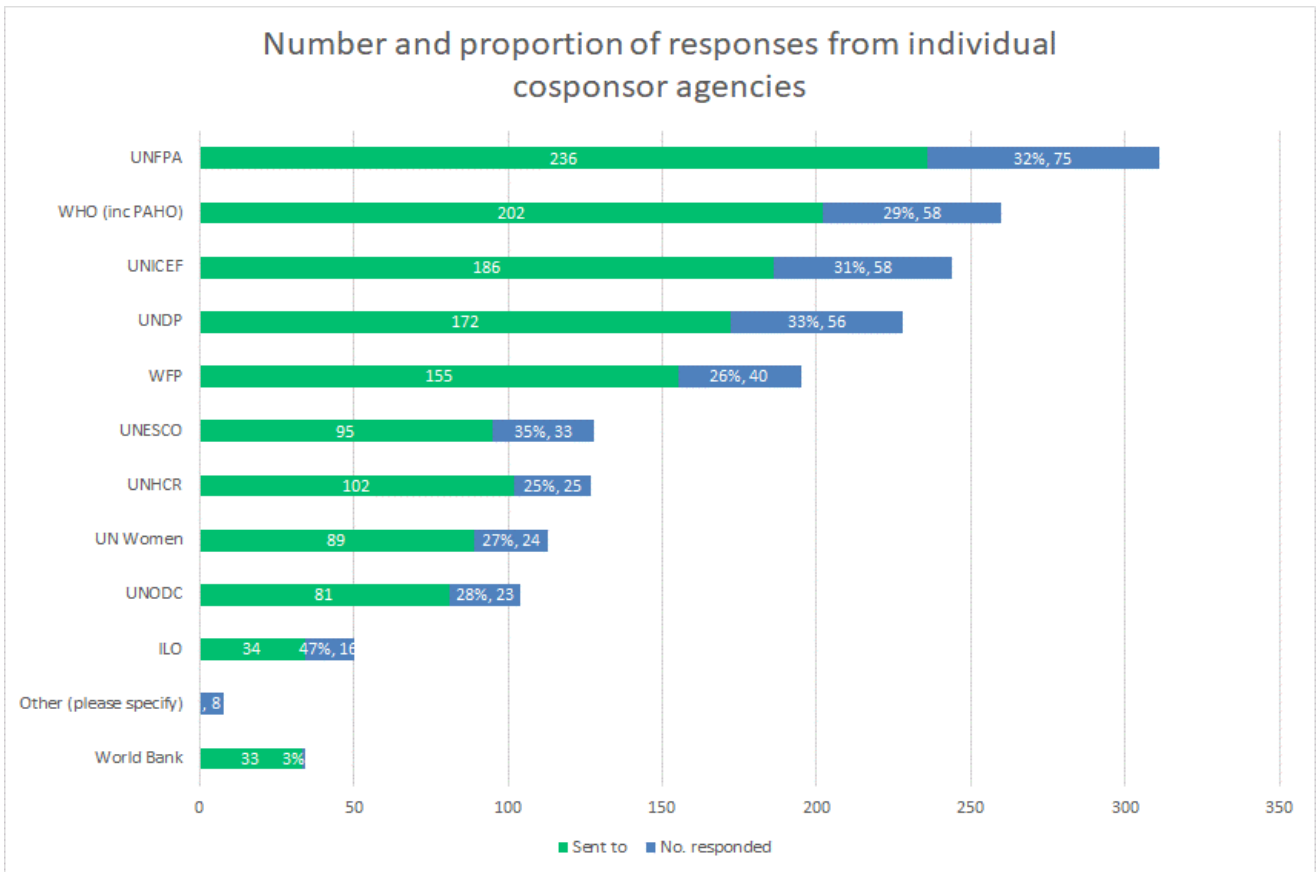
In summary:

- **Representation of UNAIDS Secretariat and Cosponsor staff:** 62% of UNAIDS Secretariat staff invited to complete the survey, responded, compared to 28% of Cosponsors invited to complete the survey. In absolute number terms there are 114 UNAIDS Secretariat respondents, 414 Cosponsor respondents.
- **Representation of Cosponsors:** UNFPA, WHO, UNICEF and UNDP account for 60% of Cosponsor responses.
- **Numbers of respondents from Global/Regional/Country respondents:** Most responses are from country level respondents (87%, versus 9% regional and 5% global). It is not possible to trace how many responded from each category responded as the survey was shared among colleagues, beyond those in the distribution list.
- **Geographic representation:** More than half of respondents skipped the question on which region they work in. Among the 253 responses received:
 - most responses are from ESA and WCA (combined, these account for 50% of responses), followed by 17% from AP region.
 - 94 countries provided responses which demonstrates good geographic representation. 40 countries provided between 1-3 responses. A further 40 provided between 4 and 7 responses. Countries that contributed between 8 and 10 responses include Philippines, South Sudan, Angola, Tanzania. Countries that contributed more than 10 responses include Malawi, Zimbabwe, Cote d'Ivoire and India, and Zambia.
- **Level of involvement with CE:** Just over two thirds of respondents said they have strong involvement with CE. This increases the potential strength and fidelity of findings.

Annex figure 5: Cosponsor and Secretariat representation among respondents

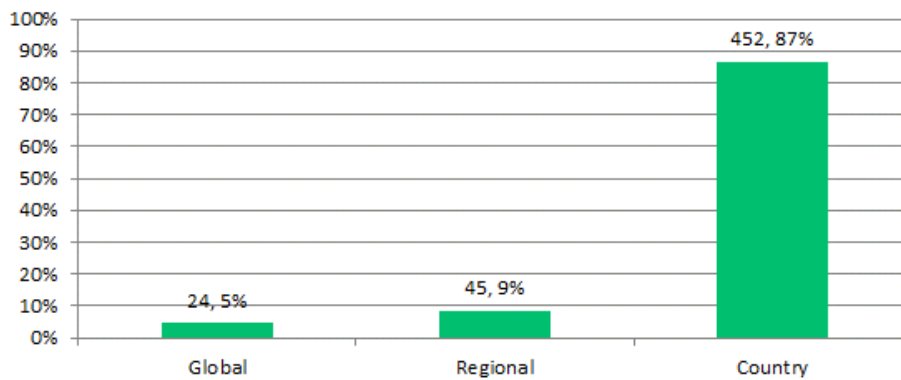


Annex figure 6: Respondents' profile by Cosponsor type



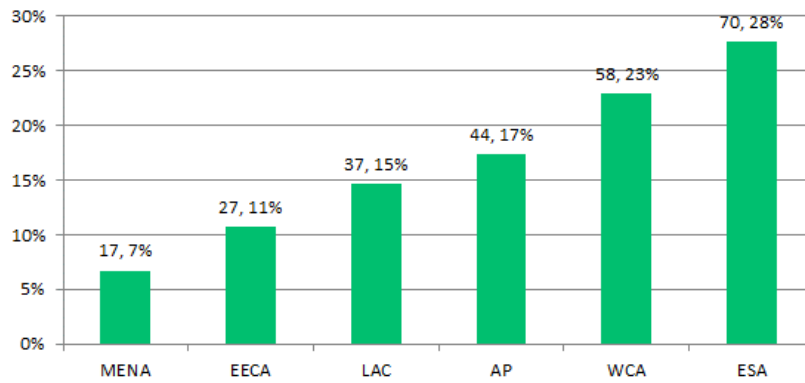
Annex figure 7: Respondent profile by global/ regional/country

Q14: Please choose your current level of work and then indicate the specific region if relevant:

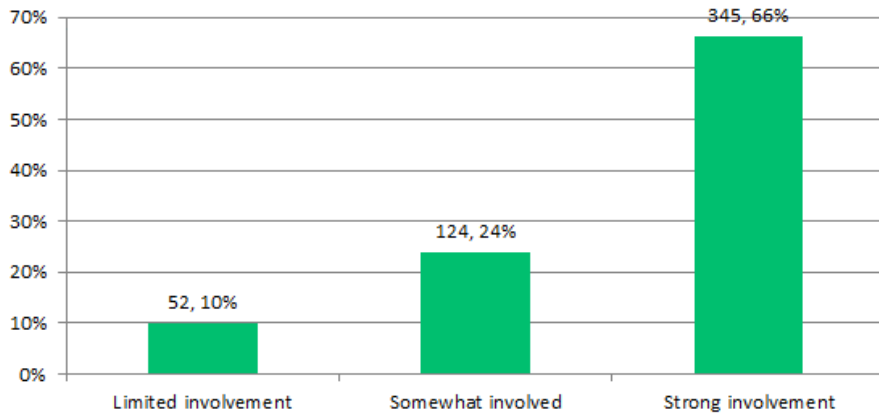


Annex figure 8: Respondent profile by region

Q15: If your level of work is regional, please tick which region you are working in:

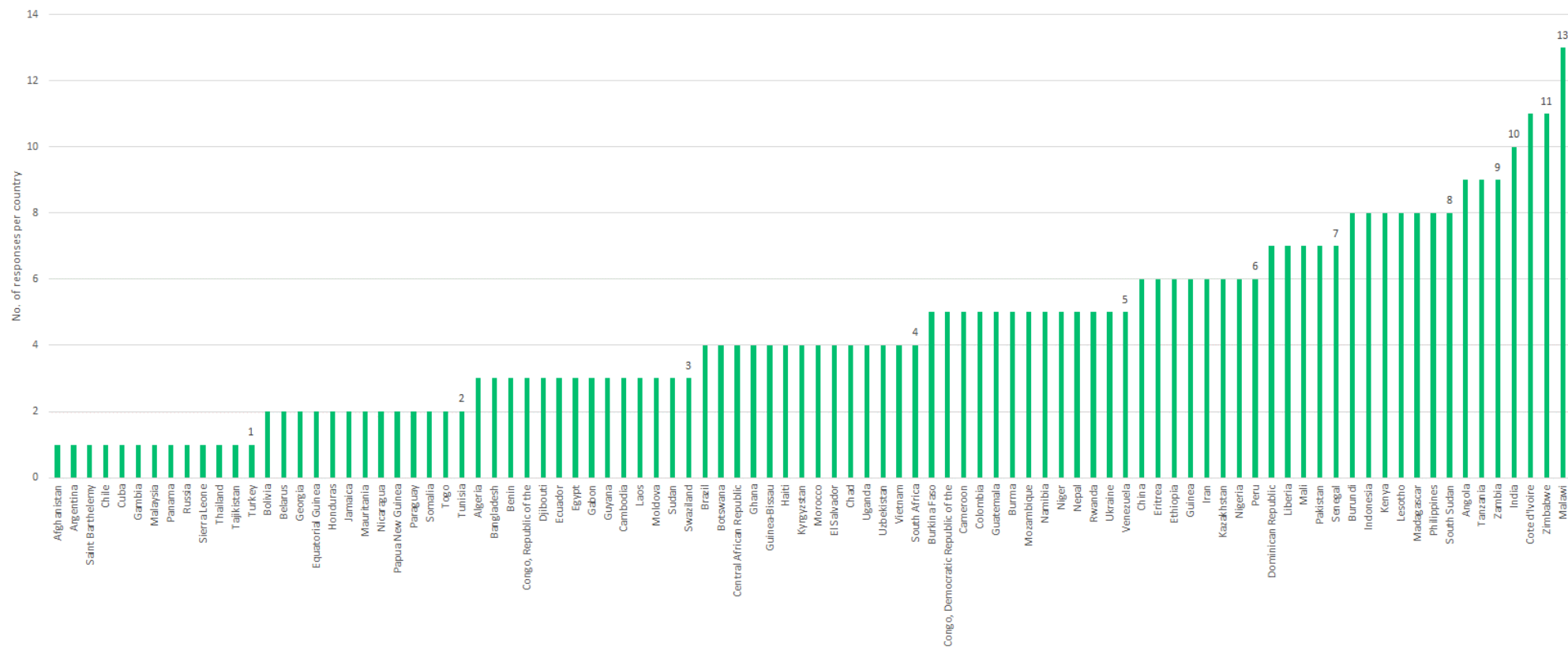
**Annex figure 9: Respondents' level of involvement with country envelope processes**

Q17: Please define your involvement with the country envelope process:



Annex figure 10: Profile of countries that responded to the survey

Q16: If you work on country level, please tick the country you are working in



Annex 6: SRAs and RAs

Broad alignment of SRAs of the Fast-Track Strategy 2016-2021 and UBRAF with the RAs of the Global AIDS Strategy 2021-2026 UBRAF (2022-2026).

Strategic Results Areas of the Fast Track Strategy 2016-2021 and UBRAF	Results Areas of the Global AIDS Strategy 2021-2026 and UBRAF 2022-2026
<ul style="list-style-type: none"> ■ SRA1 Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment ■ SRA3 Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV ■ SRA4 - Tailored HIV combination prevention services are accessible to key populations including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrant 	<ul style="list-style-type: none"> ■ RA1 Country and community capacities are strengthened to define, prioritize, implement gender responsive HIV combination prevention programmes for and with key populations and other groups at high risk of HIV, at a scale to drive impact and achieve national HIV prevention targets. ■ RA2 Country and community capacities are strengthened so that HIV testing, treatment, care, support, and integrated services are scaled up ■ RA7: Countries are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with life-saving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.
<ul style="list-style-type: none"> ■ SRA2 New HIV infections among children eliminated and their mother's health and well-being are sustained 	<ul style="list-style-type: none"> ■ RA3 Capacities at national and subnational levels are strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.
<ul style="list-style-type: none"> ■ 	<ul style="list-style-type: none"> ■ RA4 Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.
<ul style="list-style-type: none"> ■ SRA5 Women and men practice and promote healthy gender norms and work together to end gender based, sexual and intimate partner violence to mitigate risk and impact of HIV 	<ul style="list-style-type: none"> ■ RA6 Strengthened capacities of governments, communities, and The Joint Programme's high-level actions to achieve results include: promote the use of sex- and age-disaggregated data and related analysis in the HIV response; other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender equitable social norms and gender equality and work together to end gender-based violence and to mitigate the risk and impact of HIV
<ul style="list-style-type: none"> ■ SRA6 Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed 	<ul style="list-style-type: none"> ■ RA5 Political commitment, community leadership, funding and evidence informed action are built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and

Strategic Results Areas of the Fast Track Strategy 2016-2021 and UBRAF	Results Areas of the Global AIDS Strategy 2021-2026 and UBRAF 2022-2026
	vulnerable to HIV, including key populations, women and girls.
<ul style="list-style-type: none"> ■ SRA7 AIDS response is fully funded and efficiently implemented based on reliable strategic information 	<ul style="list-style-type: none"> ■ RA8: Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively and efficiently implemented.
<ul style="list-style-type: none"> ■ SRA8 People-centred HIV and health services are integrated in the context of stronger systems for health 	<ul style="list-style-type: none"> ■ RA9: Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection.
<ul style="list-style-type: none"> ■ 	<ul style="list-style-type: none"> ■ RA10: A fully-prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.

Annex 7: People met

Name	Organization
Global Coordinators and Focal Points, Cosponsors, Global level	
Christopher Castle	UNESCO
Ariana Stahmer	UNESCO
Kofi Amekudzi	ILO
Marelize Gorgens	WB
Nejma Cheikh	WB
Nazneen Damji	UN Women
Elena Kudravtseva	UN Women
Elizabeth Claire Davison Benomar	UNFPA
David Sunderland	UNFPA
Fariba Soltani	UNODC
Ehab Salah	UNODC
Allison Oman Lawi	WFP
Michael Smith	WFP
Mandeep Dhaliwal	UNDP
Ludo Bok	UNDP
Andrea Nannipieri	UNDP
Meg Doherty	WHO
Andy Seale	WHO
Hywel Jones	WHO
Carlos Cisneros	WHO
Chewe Luo	UNICEF
Myungsoo Cho	UNICEF
Shaffiq Essajee	UNICEF
Bettina Schunter	UNICEF
Ann Burton	UNHCR
UNAIDS Secretariat staff, Global level	
Tim Martineau	Director, MGT-OOD
Eamonn Murphy	Deputy Executive Director, PGR-OOD
Ljiljana Todorovic	Finance
Elena Markova	Finance
Marie-Odile Emond	PGR-PPF
Elmer Pagdilao	PGR-PPF
Marion Thurn	PGR-PPF
Tatiana Shoumilina	Programme
UNAIDS Regional support teams (RSTs)	

Narmada Dhakal and team	East and Southern Africa
Marie Ann Seday and team	LAC
Taoufik Bakkali and team	AP
Berthilde Gahongayire and team	WCA
Eltayeb Elamin	MENA
Eleanora Hvazdziova	EECA

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