

ANNUAL REPORT ON EVALUATION AND 2024–2025 EVALUATION PLAN

Independent Evaluation Office

Additional documents for this item:

Evaluation Policy (UNAIDS/PCB (44)/19.17), Annual Report on Evaluation and 2022–2023 Evaluation Plan (UNAIDS/PCB (49)/21.28), Annual Report on Evaluation (UNAIDS/PCB (51)/22.34), Evaluation of UNAIDS Joint Programme Country Envelopes 2018-2022 (UNAIDS/PCB (53)/CRP1).

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

See draft decision points below.

80. *Recall* decision 7.4 of the 49th session of the Programme Coordinating Board approving the UNAIDS 2022–2023 Evaluation Plan, as well as decision points 9.1, 9.2 and 9.5 of the 51st session of the Programme Coordinating Board welcoming progress in the implementation of the Evaluation Policy and Evaluation Plan, and requesting the next annual report to be presented to the Programme Coordinating Board in 2023;
81. *Recall* the intersessional decision of the PCB in June 2022, approving the nomination of the candidate from Eastern Europe to serve on the Expert Advisory Committee;
82. *Welcome* continued progress in the implementation of the 2022–2023 Evaluation Plan and the role of the Evaluation Office in generating evidence of the Joint Programme’s contributions to results;
83. *Take note* of the management response to the annual report on evaluation and the evaluation plan 2024-2025 (UNAIDS/PCB (53)/23.30);
84. *Approve* the 2024–2025 Evaluation Plan (UNAIDS/PCB (53)/23.29) endorsed by the Expert Advisory Committee on evaluation;
85. *Agree* to the full composition of the Expert Advisory Committee on evaluation proposed by the PCB Bureau for 2024, including the one-year reappointment of the candidate from Eastern Europe, as detailed in Annex 1 of the annual report on evaluation and evaluation plan 2024–2025 (UNAIDS/PCB (53)/23.29);
86. *Approve* the exceptional reappointment of the candidate nominated by the PCB NGO delegation for one year;
87. *Request* the Expert Advisory Committee to appoint a Chair from within its membership for 2024 and amend the Terms of Reference of the Committee accordingly; and
88. *Look forward* to the next annual report on evaluation to be presented to the Programme Coordinating Board in 2024.

Cost implications for the implementation of the decisions: Included in UNAIDS Budget and Workplan for 2024–2025 approved by the Programme Coordinating Board at its 52nd session in June 2023 (decision point 6.7).

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Executive summary

1. This document presents an overview of the implementation of the UNAIDS Evaluation Plan for 2022–2023 (UNAIDS/PCB (51)/22.34). It also presents the UNAIDS Evaluation Plan for 2024–2025 and the proposed membership and chair of the Expert Advisory Committee on evaluation for the period 2024–2025 for approval of the Programme Coordinating Board. It has been prepared in accordance with decision point 9.5 of the 51st session of the Programme Coordinating Board in December 2022.
2. The Board is invited to review the annual report and take note of progress made and constraints faced in implementing the 2022–2023 Evaluation Plan. In light of UNAIDS's financial situation, the budget for the Evaluation Office in 2023 was reduced by more than one third at the beginning of the year, and the number and scope of evaluations and activities to be conducted were adjusted accordingly.
3. Three Joint Programme evaluations were completed in 2023: on Primary Health Care and HIV integration, HIV-sensitive social protection, and the UNAIDS Joint Programme country envelopes. Details of the evaluations are shared with the Board as a conference room paper (Evaluation of UNAIDS Joint Programme Country Envelopes 2018–2022 (UNAIDS/PCB (53)/CRP1). In addition, the design of an evaluation of the cooperative agreement between UNAIDS and the US Centers for Disease Control was completed.
4. Efforts to strengthen evaluation culture and capacity continued by promoting and supporting assessments, reviews and self-evaluations by UNAIDS Secretariat units and offices. Country case studies, which are part of global evaluations and reviews of UNAIDS work at country level, provided opportunities to stimulate reflection and discussion on the roles and contributions of the UNAIDS Joint Programme at country level.
5. To ensure follow-up to evaluations, the Evaluation Office supported the development of management responses to evaluations and tracked the implementation of recommendations. The UNAIDS website was regularly updated with the latest evaluation reports and management responses. As part of efforts to ensure the quality of evaluations and continuously improve the utility of evaluations, all completed evaluations were assessed externally.
6. Interagency collaboration included active engagement in the United Nations Evaluation Group, which brings together the evaluation offices of more than 40 United Nations entities, to learn from the experience of others and share lessons learned. It also included participating in the COVID-19 Global Evaluation Coalition, led by the OECD Development Co-operation Directorate, and supporting data collection for a joint evaluation on the response to COVID-19.
7. One face-to-face meeting and two virtual meetings of the UNAIDS Expert Advisory Committee on evaluation were held. They focused on strengthening the utility, credibility and independence of evaluations, with committee members highlighting the importance of adequately resourcing the evaluation function in UNAIDS.
8. Overall implementation of the Evaluation Plan is satisfactory. Non-core funds were mobilized to complement core resources and the financial implementation rate at the end of the year is projected to be 92% of the revised budget for evaluation. The main constraint has been on the staffing side. The Evaluation Office has functioned as a unit with two professional staff without administrative support; that, however, is in the process of being addressed.

9. The Evaluation Plan for 2024–2025 is included in this document and is being presented to the Programme Coordinating Board for approval. In 2024–2025, evaluations to be conducted jointly with the Cosponsors include HIV as an element of the Sustainable Development Goal 3 Global Action Plan, Sustaining Impact on HIV through Community Systems, UNAIDS Partnership with the Global Fund and PEPFAR, and the Role of the Joint Programme in Sustaining the Response to HIV beyond 2030.
10. The Evaluation Plan also addresses funding for evaluations of the contribution of the Joint Programme to United Nations Sustainable Development Cooperation Frameworks, as well as for evaluations of the global, regional and country-level work of the UNAIDS Secretariat. This includes evaluations of multicountry offices and placement of HIV advisors in Resident Coordinator Offices as alternatives to UNAIDS Country Offices, and the UNAIDS-Centres for Disease Control Cooperative Agreement referred to earlier.
11. Evaluations are conducted in a participatory way and are principally carried out by external consultants to strengthen their independence. Evaluation reports and the corresponding management responses are published on the UNAIDS website, and the the Evaluation Office tracks implementation of evaluation recommendations.
12. Activities to strengthen the evaluation capacity and culture in UNAIDS will be intensified in 2024–2025. The capacity of country partners will be enhanced through training and the increased use of local consultants and representatives of community groups as evaluators. The UNAIDS Evaluation Office will continue to work closely with the evaluation offices of Cosponsors and will remain an active member of the United Nations Evaluation Group in order to tap into the expertise and resources of other United Nations organizations and to share experiences.
13. US\$ 1.4 million per year is proposed to be allocated for evaluations in 2024–2025. This amount represents a base case scenario and has been arrived at by considering the current resource environment of UNAIDS. It corresponds to approximately 0.7% of UNAIDS total expenditures.
14. The target level of the budget for evaluation remains 1% of organizational expenditures, called for in the UNAIDS Evaluation Policy, which the Programme Coordinating Board approved in June 2019. To ensure its continued relevance and utility, the Evaluation Office needs to be adequately resourced, staffed and supported. This is essential for it to contribute to organizational learning, decision-making and governance of the Joint Programme.
15. An annual report on implementation of the 2024–2025 Evaluation Plan will be presented to the Programme Coordinating Board and a semi-annual update will be presented to the Programme Coordinating Board Bureau, in accordance with the Evaluation Policy. UNAIDS Cosponsors and Secretariat leadership and staff will be engaged actively and briefed regularly.
16. The Programme Coordinating Board is invited to discuss progress and constraints faced in the implementation of the Evaluation Plan; to agree to the composition of the Expert Advisory Committee on evaluation proposed by the Programme Coordinating Board Bureau for the period 2024–2025; and to approve the 2024–2025 Evaluation Plan.

Introduction

17. At its 44th session in June 2019, the Programme Coordinating Board (PCB) approved the UNAIDS Evaluation Policy (decision 6.6). This formalized the establishment of the UNAIDS Evaluation Office as a structurally and functionally independent unit of the UNAIDS Secretariat, positioned independently from management functions and reporting directly to the PCB. The Evaluation Policy (UNAIDS/PCB (44)/19.7) directs the UNAIDS Evaluation Office to prepare a biennial Evaluation Plan through a consultative process and to present it to the PCB for approval. An annual report is to be presented to the PCB and a semi-annual update is to be presented to the PCB Bureau.¹
18. At its 49th session in December 2021, the PCB approved the UNAIDS Evaluation Plan for 2022–2023 and requested annual reporting on the Plan (decision 7.4).² At its 51st session in December 2022, the PCB considered an annual report on evaluation (UNAIDS/PCB (51)/22.34) and commended the Evaluation Office on excellent work, even in the context of resource limitations. The Executive Director was asked to safeguard the evaluation function, not least because of its importance in supporting resource mobilization. It was requested that personnel and financial resource constraints be removed and that the full funding for evaluation be allocated, as per the Evaluation Policy (UNAIDS/PCB (51)/22.40).³
19. In July 2023, a semi-annual update on the implementation of the 2020–2023 Evaluation Plan was presented to the PCB Bureau. This annual report on evaluation, presented to the 53rd session of the PCB in December 2023, is accompanied by an Evaluation Plan for 2024–2025, which is presented to the Board for approval, together with the composition and chair of the Expert Advisory Committee on evaluation proposed by the PCB Bureau. The Evaluation of the UNAIDS Joint Programme Country Envelopes 2018–2022 (UNAIDS/PCB (53)/CRP1) is presented to the PCB as a conference room paper.

The 2022–2023 Evaluation Plan

20. Evaluations and other activities conducted in 2023, and their budgets, are presented in Table 1 and short descriptions of the evaluations are presented in the narrative section after Table 1.

Table 1: Evaluations and other activities

| Evaluations planned and conducted in 2023 | Original budget | Revised budget |
|---|-----------------|----------------|
| UNAIDS Joint Programme evaluations | | |
| UNAIDS country envelopes* | 41 000 | 41 000 |
| HIV and social protection* | 65 000 | 65 000 |
| HIV and Primary Health Care | 210 000 | 230 000 |
| HIV and human rights** | 210 000 | |
| Country-level Work | 100 000 | 60 000 |
| <i>Sub-total</i> | <i>626 000</i> | <i>396 000</i> |
| UNAIDS Secretariat evaluations | | |
| Cooperative agreement with CDC | | 60 000 |
| Partnership with the Global Fund*** | 120 000 | |
| Programme Review Committee**** | 60 000 | |
| UNAIDS Secretariat policy influence** | 120 000 | 60 000 |
| Regional and country-level work | 40 000 | 20 000 |
| <i>Sub-total</i> | <i>340 000</i> | <i>140 000</i> |

| Activities planned and conducted in 2023 | Original budget | Revised budget |
|---|-----------------|----------------|
| <i>Design, capacity development and management</i> | | |
| Design, management and follow-up | 10 000 | 20 000 |
| Evaluation culture and professionalization | 10 000 | 20 000 |
| Quality assessment of evaluation reports | 11 000 | 20 000 |
| <i>Estimated total for activities</i> | 31 000 | 60 000 |
| Grand total | 997 000 | 596 000 |

* Initiated in 2022; budget refers to funding in 2023.

** Postponed due to resource and capacity constraints.

*** Awaiting confirmation from the Global Fund of possibility of conducting as a joint evaluation.

**** Pending review of terms of reference with internal audit possibly replacing evaluation.

Evaluations

21. **The UNAIDS Joint Programme country envelopes.** This evaluation assessed the design, implementation and results of the country envelopes with the aim of informing the continued implementation of the 2022–2026 Unified Budget Results and Accountability Framework (UBRAF). The evaluation noted that the country envelopes had been designed with multiple intentions and expectations, many of which were too big to address with the funds available and needed to be scaled back. However, the funding to support national responses continues to be valuable and the country envelopes have provided a regular source of funding for Joint United Nations (UN) Teams on AIDS. This has helped galvanize the work of the Joint UN Teams on AIDS, enabled HIV to remain a relevant area of work for the UN, and kept HIV on the agenda of UNAIDS Cosponsors.
22. The allocation model for the country envelopes balances technical priorities with political priorities, thus trying to address the HIV epidemic while maintaining a global Joint Programme. This has spread the country envelope funds thinly across many countries to an extent that Joint UN Teams on AIDS are challenged to use the small amounts of funds strategically. Inclusive planning processes that drive the prioritization of resources and determine Cosponsor involvement could increase the strategic orientation, relevance and results of the country envelopes.
23. There is evidence from across the Joint Programme that changes to the country envelope model are desired and that more impact could be achieved by rethinking the current model. A strategic discussion among the Cosponsors and the Secretariat is needed on the positioning and support to country envelopes in the wider context of the overall UBRAF funding and resource mobilization efforts. The evaluation recommended recalibrating the country envelopes by building on existing structures, processes and guidance, determining a clear institutional home for the country envelopes, and clear roles to support the allocation, oversight and learning resulting from the envelopes.
24. **The UNAIDS Joint Programme’s work on HIV-sensitive social protection.** An evaluation of the work of the UNAIDS Joint Programme on HIV-sensitive social protection was conducted as part of the 2022–2023 Evaluation Plan. It covered the work of the UNAIDS Joint Programme to promote HIV-sensitive social protection at the global level and across regions and countries during 2018–2021. It was jointly managed by the evaluation offices of UNAIDS, ILO, WFP and UNICEF. Other Cosponsors and external partners were part of a reference group for the evaluation. The evaluation included a review of documents; in-country data collection in Benin, China, Dominican Republic, Fiji, Ghana, Malawi, Morocco, Peru and Uzbekistan; and key informant interviews with partners and UN staff at the global level.

25. Findings point to several challenges that hinder the efficient and effective delivery, monitoring, and scale-up of HIV-sensitive social protection programmes in countries globally. Recommendations highlight the need to:
 80. strengthen the collaboration between the UNAIDS Secretariat and the Cosponsors regionally and nationally on HIV-sensitive social protection training, advocacy, data generation and knowledge translation;
 81. enhance the Joint Programme's efforts on activities to increase access of key populations— especially sexual and gender minority populations and people who use or inject drugs— to available social protection services;
 82. refine the Joint Programme Monitoring System and UNAIDS assessment tool on HIV-sensitive social protection, associated training, and to invest more in the use of resulting data.
26. **HIV and Primary Health Care integration and interlinkages.** The overall purpose was to conduct a forward-looking evaluation that identifies opportunities for the Joint Programme to strengthen HIV and Primary Health Care (PHC) integration and linkages, while also assessing Joint Programme achievements. The evaluation covered the period from January 2020 to the end of July 2023. The geographical scope spanned the global, regional and country levels, with four countries (Angola, Botswana, Indonesia and Pakistan) selected as in-depth case studies. The evaluation was focused on, but not limited to, the activities and contributions of the UNAIDS Secretariat and five Cosponsors: WHO, UNICEF, UNFPA, UNDP and the World Bank.
27. PHC, broadly defined, is a whole-of-government and whole-of-society approach with three main components: (a) primary care and essential public health functions as a core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities. The evaluation considered all three components, with multisectorality considered mainly in the four country case studies. Since the Joint Programme does not have a strategy or workplan with targets or milestones for its work on HIV and PHC intersections and lacks a fully developed set of indicators, it was difficult for the evaluation to assess measurable results that can be attributed to the Joint Programme.
28. The evaluation concluded that, while individual Cosponsors have supported integration of HIV with other services, there is limited evidence of an intentional or collective Joint Programme approach at country level. Going forward, more discussion and guidance are needed on the role the Joint Programme can play in strengthening and sustaining the HIV response in relation to and beyond PHC. Careful consideration will be required in each country to determine whether, where, when and the extent to which HIV should be integrated into PHC and broader health systems. It will be essential to ensure that achievements and gains in the response to HIV are not lost and that multisectoral responses with communities at the centre remain key elements of efforts to end AIDS.
29. **Other evaluations.** Promoting and supporting assessments, reviews and self-evaluations by different UNAIDS Secretariat units and offices have proved to be effective way for strengthening evaluation culture, capacity and learning. Reviews and evaluations at country level, including case studies included in global evaluations, have been useful ways to stimulate discussion and reflection on the roles and contributions of the UNAIDS Joint Programme at country level. An example is a review conducted in China in October 2023 to inform discussions on the future direction of UNAIDS work there leading up to 2030 and beyond.

Other activities

Follow-up to evaluations

30. The development of a management response to the country envelope evaluation was facilitated by the Evaluation Office and the evaluation was used as a starting point for updating the country envelope allocation model for 2024–2025. The development of a management response to the HIV-sensitive social protection and HIV and PHC evaluations is ongoing. The implementation of the management responses to the evaluations completed in 2022 on key populations, efficient and sustainable financing, and data hubs was tracked.

Interagency collaboration

31. The UNAIDS Evaluation Office is an active member of the UN Evaluation Group (UNEG) and participates in system-wide and joint evaluations, working groups and meetings of UNEG. Collaboration and sharing of knowledge, expertise and experience with the Cosponsor evaluation offices has been particularly close and has enabled tapping into the resources of the Cosponsors and promoting joint evaluations related to HIV. In December 2022, Board members encouraged the UNAIDS Evaluation Office to continue collaborating closely with the evaluation offices of the Cosponsors and to remain an active member of UNEG.
32. From time to time, HIV is the focus of Cosponsor evaluations. A recent [Strategic Evaluation of WFP's work on Nutrition and HIV/AIDS](#) concluded that HIV is a highly relevant issue for WFP in delivering on its mandate of reaching those who are most vulnerable and leaving no one behind. However, very little attention has been dedicated to advocating HIV-sensitive programming as an essential part of the “leave-no-one-behind” agenda. The evaluation recommended that WFP should increase its internal resources to strengthen programming in social protection, optimize HIV-sensitive approaches across divisions and support the transition from an implementation role to an enabling role.
33. The UNAIDS Evaluation Office also participated in the COVID-19 Global Evaluation Coalition, led by the OECD Development Co-operation Directorate, and it supported data collection in Bangladesh and Cambodia for a strategic joint evaluation on the response to COVID-19, which is ongoing. In Bangladesh, the evaluation highlighted UNAIDS's role in supporting efforts to contain the COVID-19 pandemic; maintaining access to critical HIV services by generating data for planning; mobilizing resources; facilitating access to vaccines for key populations; and successfully advocating for the extension of take-home doses of methadone for drug users to 15 days and of antiretroviral medicines to 30 days.

Enhancing quality and utility

34. To enhance communication about findings, conclusions and recommendations, as well as follow up to evaluations, the UNAIDS website includes a dedicated page on evaluation which is regularly updated. Webinars are organized to share findings, conclusions and recommendations of evaluations. Additional resources are needed to identify, synthesize and disseminate recurring, systemic or cross-cutting issues and lessons learned that are relevant to the UNAIDS Secretariat and the Joint Programme.
35. To ensure that evaluations are used and evaluation recommendations are acted upon, the Evaluation Office ensures that concerned managers and staff have a chance to shape evaluation recommendations. Following the completion of an evaluation, the Evaluation Office supports the development of a management response which indicates

activities that are to be implemented, along with responsible parties and timelines. For joint evaluations, a management response is developed jointly by the UNAIDS Secretariat and Cosponsors.

36. The management responses are posted on the UNAIDS website along with the evaluation reports. The Evaluation Office tracks implementation of management responses using a dashboard which captures evaluation recommendations that were accepted or partially accepted and progress in implementing these.
37. In addition to ensuring the quality of evaluations throughout an evaluation, the UNAIDS Evaluation Office assesses all evaluations once they have been completed with the aim of improving the overall quality of evaluations over time. The assessments are conducted by an independent academic institution—Mannheimer Zentrum für Evaluation und Entwicklungsforschung (C4ED)—using a tool developed based on the UNEG quality of evaluation checklist and the OECD/DAC quality standards for evaluations.
38. The most recent quality assessment of six evaluation reports concluded that they were well-structured, well-written, engaging and easily readable. They provide a clear outline of the purpose of the evaluations and present relevant findings and action-oriented recommendations. Four of the reports received an overall rating of "Good" and two received an overall rating of "Fair".
39. To realize the full potential of the evaluations and improve the quality and usefulness of the evaluation reports, the external assessment provides recommendations to enhance the quality of the evaluations. This includes improving the description and justification of the methodology, enhancing the disaggregation of data sources and perspectives, and conducting more in-depth analyses of outcomes.

Assessment of the evaluation function

40. The UNAIDS Evaluation Policy calls for an independent review of the policy every four years "to assess its continued relevance, adequacy, applicability and effect on the functioning and performance of the UNAIDS Evaluation Office". As the Evaluation Policy was approved in 2019, a review should be conducted in 2023. Given the move and re-establishment of the UNAIDS Evaluation Office to Bonn, Germany, an assessment of the UNAIDS evaluation function was considered more appropriate, to be followed by a review of the policy once a new team is in place in the UNAIDS Evaluation Office.
41. The assessment of the UNAIDS evaluation function considered its *independence*, follow-up to evaluations to ensure their *utility*, and the *resourcing* and *architecture* of the evaluation function. Performance in three of those four areas (independence, architecture and resources) was rated as "very good" or "good", while in the utility area, a couple of criteria were rated as needing improvement
42. The challenges in the utility area are not surprising. The assessment concluded that, as a new entity, the UNAIDS Evaluation Office—with two staff members—has focused appropriately during its first years on making the Office operational, with an emphasis on commissioning evaluations, ensuring their quality, strengthening relationships with Cosponsors and consolidating networks. There is overall appreciation for the accomplishments of the Evaluation Office.
43. The assessment noted the need for UNAIDS to create the necessary conditions for the new team in the Evaluation Office in its new location. Challenges include a funding shortfall and the lack of support to take on some functions of the Evaluation Office that are not being fulfilled. Enabling factors include the Evaluation Office's reputation for

producing quality work and the opportunities for collaboration with the newly established knowledge management function and internal communications.

44. As UNAIDS evolves, there is also a need for its evaluation and learning culture to evolve, so that evaluations and learning from evaluations are not seen as the responsibility of a dedicated Evaluation Office, but are integrated throughout the organization. In such a culture, every manager would recognize their role includes constantly obtaining feedback on how things work, in order to bring about improvements.
45. The overall conclusions of the internal assessment of the UNAIDS evaluation function are consistent with the recent MOPAN assessment of UNAIDS, which concluded that UNAIDS had successfully established “an independent, fully functional and quality-assured evaluation function, which allows it to generate more analytical data for programmatic decision-making, as well as evidence of the Joint Programme’s contributions to results”.⁴

Expert Advisory Committee

46. In approving the UNAIDS Evaluation Policy in June 2019, the PCB approved the establishment of an expert committee as an independent, external body to provide advice and guidance on evaluation. The role of the Expert Advisory Committee within the architecture of the UNAIDS evaluation function and both the current and proposed composition of the Committee are described in Annex 1.
47. Since its establishment, the Expert Advisory Committee has focused on strengthening the utility, credibility and independence of evaluations in UNAIDS. The Committee has repeatedly expressed concern regarding the resourcing of the evaluation function and called for the Evaluation Office to be funded in accordance with the Evaluation Policy. The importance of the Committee was affirmed by the PCB in December 2021.
48. In April 2023, the Expert Advisory Committee met face-to-face for the first time since its establishment. At that meeting, the Committee discussed the findings, conclusions and recommendations of the assessment of UNAIDS's evaluation function and considered ways to ensure it remains relevant and adequately resourced following the move of the Evaluation Office to Bonn, Germany.
49. In reviewing the evaluation plan for 2024–2025, Committee members reiterated that the Evaluation Office should strive for 1% of organizational expenditures to be allocated to evaluation. While agreeing with the MOPAN assessment regarding the independence, coverage and quality of UNAIDS evaluations, Committee members noted that the underfunding of the evaluation function—at 0.6% instead of the 1% of organizational expenditures called for in the UNAIDS Evaluation Policy—undermines the evaluation function.
50. The current members of the Committee will be completing their terms at the end of 2023. Accordingly, the PCB Bureau issued a call for nominations for members of the Committee in August 2023. The PCB Bureau then reviewed the nominations to ensure that the Committee has the required technical expertise and is geographically representative and gender-balanced, before proposing the membership of the Committee for agreement by the PCB (Annex 1).

Budget implementation

51. Approximately US\$ 2 million per year was budgeted for implementation of the UNAIDS Evaluation Plan in 2022–2023. This was based on the UNAIDS Evaluation Policy,

approved by the PCB in June 2019, which established that 1% of resources mobilized should be allocated to evaluation.

52. As described above, taking into account UNAIDS's tight funding situation, the Evaluation Office reduced the number and scope of evaluations and activities to be conducted in 2023. Accordingly, the effective budget operated by the Evaluation Office was reduced to US\$ 1 177 000. That amounts to 60% of the target budget of US\$ 1 966 000, as shown in Table 2 below.
53. The budget for evaluations and activities was reduced from US\$ 967 000 to US\$ 596 000, of which US\$ 500 000 was mobilized (Table 2). Meanwhile, the effective budget for staff costs of the Evaluation Office was reduced from US\$ 909 000 to US\$ 677 000 as filling a third position in the Evaluation Office did not materialize. No funding for emerging needs was allocated or utilized during the year.

Table 2: Evaluation budget (US\$)

| Main categories | Budget (2023)* | Resources secured** | % |
|----------------------------|------------------|---------------------|------------|
| Evaluations and activities | 967 000 | 500 000 | 52% |
| Staff costs | 909 000 | 677 000 | 74% |
| Emerging needs | 90 000 | 0 | 0% |
| Total | 1 966 000 | 1 177 000 | 60% |

* Amount representing 1% of operational expenditures as per the UNAIDS Evaluation Policy.

** Actual amount made available against revised planning budget of US\$ 596 000, which includes US\$ 50 000 from UNFPA as cost-sharing for PHC evaluation.

54. Table 3 shows the actual expenditures as well as firm commitments up to 31 December 2023.

Table 3: Budget implementation (US\$)

| Main categories | Resources secured * | Expenditures*** | % |
|----------------------------|---------------------|------------------|------------|
| Evaluations and activities | 500 000 | 416 521 | 83% |
| Staff costs | 677 000 | 665 610 | 98% |
| Emerging needs | 0 | 0 | 0% |
| Total | 1 177 000 | 1 082 121 | 92% |

* Total funding allocated from the UNAIDS core budget and other funds mobilized.

** Actual expenditures and firm commitments up to 31 December 2023.

55. As shown in Table 3, expenditures for evaluations and other activities amount to 83% of the resources secured. Meanwhile, expenditures for staff costs stand at 98% cent of the total funding available. The overall implementation rate at 92% is in line with expectations of an Evaluation Office with two staff undergoing a transition, as noted in the annual report to the PCB in December 2022 (UNAIDS/PCB (51)/22.34).

The 2024–2025 Evaluation Plan

Overview of the plan

56. The UNAIDS 2024–2025 Evaluation Plan includes evaluations of the work of the Joint Programme, which are conducted jointly with the Cosponsors and UNAIDS Secretariat evaluations. The evaluations focus on generating evidence in areas where UNAIDS Cosponsors and the Secretariat can support and sustain the achievement of the targets in the UNAIDS 2021–2026 Strategy and in the 2021 Political Declaration on HIV and

AIDS. The evaluations cover the work of Cosponsors and the Secretariat at global, regional and country levels.

57. The strategic priorities in the UNAIDS 2021–2026 Strategy and the outputs and core functions of the UNAIDS Secretariat in the 2022–2026 UBRAF provide the overall framework for the Evaluation Plan. All evaluations to be conducted in 2024–2025 are mapped against and contribute towards them. The inequalities that fuel the HIV epidemic are a cross-cutting theme in all evaluations, along with the roles of Cosponsors and the Secretariat in tackling inequalities to ensure equitable access to HIV services and support.
58. The Evaluation Plan includes activities to follow up on evaluations to translate findings and conclusions into organizational learning and strengthen evaluation culture and capacity. This includes monitoring the implementation of recommendations of recent evaluations, such as those on social protection, PHC and the data hubs. The status of evaluations conducted in 2021, 2022 and 2023 is presented in Annex 2.
59. The responsibility for the development and implementation of the Evaluation Plan rests with the UNAIDS Evaluation Office. Approximately US\$ 1.4 million per year is budgeted for implementation of the plan in 2024–2025, as shown in Table 4. This represents a base case scenario, considers the current resource environment and corresponds to approximately 0.7% of UNAIDS total annual expenditures. It also represents the resources needed to safeguard the evaluation function, which speakers at the 51st meeting of the PCB in December 2022 noted was essential, not least because of its importance in supporting resource mobilization.
60. The target level of the budget for evaluation remains 1% of organizational expenditures called for in the UNAIDS Evaluation Policy, approved by the PCB in June 2019. This was highlighted at the 51st meeting of the PCB in December 2022 where it was requested that personnel and financial resource constraints be removed and the full funding for evaluation be allocated as per the policy.

Table 4: Evaluation budget (US\$)

| Main categories | 2024 | 2025 | Total | % |
|-----------------|------------------|------------------|------------------|-------------|
| Staff costs | 662 000 | 688 000 | 1 350 000 | 47% |
| Evaluations | 620 000 | 620 000 | 1 240 000 | 43% |
| Activities | 150 000 | 124 000 | 274 000 | 10% |
| Total | 1 432 000 | 1 432 000 | 2 864 000 | 100% |

61. As shown in Table 4, staff costs of the Evaluation Office—envisaged as a unit of three staff, with two positions currently filled— represent 47% of the budget for evaluation. These costs cover the design, management and follow-up to evaluations. Evaluations and activities taken together represent 53% of the budget in 2024–2025. Activities include dissemination and translation of findings into organizational learning, strengthening of evaluation culture and capacity, professionalization of the evaluation function, stakeholder engagement, interagency collaboration and operating costs, as well as support to the Expert Advisory Committee on evaluation.
62. Evaluations will be designed and carried out in accordance with the UNAIDS Evaluation Policy (paragraph 22), which requires the highest standards of professional integrity, ethics and respect for beliefs, customs and social norms, human rights, gender equality and the "do no harm" principle. Evaluations will also, as appropriate, need to explore ways to consider the potential effects and implications of climate change on the support

provided by the UNAIDS Joint Programme, including the impact on food insecurity, displacement, migration and other issues, such as disability inclusion.

Development of the plan

63. The UNAIDS Evaluation Office facilitated a consultative process to identify topics for evaluations and to define the scope and key questions of the evaluations to be included in the 2024–2025 Evaluation Plan. Topics for joint evaluations were prioritized in accordance with the Secretary-General's call (in the 2020 Quadrennial Comprehensive Policy Review report (A/75/79)) for independent and system-wide evaluations.
64. As is the case across UN system evaluation offices, there was a need to strike a balance between the independence of the evaluation function and its utility. This required engaging staff working in different programmatic and operational areas to identify knowledge gaps and evaluation topics that are relevant and strategic for findings to be used and knowledge-based decisions and practices to be implemented.
65. The Evaluation Plan was developed based on the guiding principles in the UNAIDS Evaluation Policy (paragraph 13), which includes the greater meaningful engagement of communities, civil society and people living with HIV, women and youth and key populations in evaluations, and assessing the extent to which the Joint Programme responds to the needs of key and vulnerable populations.
66. In accordance with the Evaluation Policy, the following elements were considered while identifying possible evaluation topics:
 - strategic significance of the topic, levels of investment, potential risks and need for evidence for decision-making;
 - importance of knowledge gaps to be filled, potential for staff or institutional learning, innovation, replication or scaling-up; and
 - possible organizational requirements, as well as feasibility of conducting the evaluation.
67. The conclusions and recommendations of the assessment of the UNAIDS evaluation function described above were also considered in the development of the Evaluation Plan, along with the recent MOPAN assessment of UNAIDS. Accordingly, fewer evaluations are included in the Evaluation Plan compared to previous biennia and additional emphasis has been given to knowledge translation and learning from evaluations to ensure that programmes and plans draw on evidence from evaluations.
68. A draft of the Evaluation Plan was shared with UNAIDS Cosponsors and the senior leadership of the UNAIDS Secretariat, and feedback was incorporated. Evaluation topics identified were discussed with the Cosponsor Evaluation Offices, as well as with the Evaluation and Learning Office of the Global Fund, to identify possible joint evaluations and opportunities for collaboration. The draft Evaluation Plan was presented to the Expert Advisory Committee and adjustments were made before the document was finalized and presented for approval at the 53rd session of the PCB.

Contents of the plan

69. The evaluations included in the Evaluation Plan are presented in Table 5. Summaries of the topics in the 2024–2025 Evaluation Plan appear in Annex 3.

Table 5: Evaluation topics and budgets (US\$)

| Topic | Year | Budget (US\$) |
|--|-------------|----------------|
| UNAIDS Joint Programme evaluations | | |
| HIV as an element of the SDG-3 Global Action Plan* | 2024 | 50 000 |
| Sustaining impact on HIV through community systems | 2024 | 240 000 |
| UNAIDS partnership with the Global Fund and PEPFAR** | 2025 | 100 000 |
| The role of the Joint Programme in sustaining the response to HIV | 2025 | 240 000 |
| The contribution of the Joint Programme to UN Sustainable Development Cooperation Frameworks | 2024 | 100 000 |
| | 2025 | 50 000 |
| <i>Total for joint evaluations</i> | 2024 | 390 000 |
| | 2025 | 390 000 |
| UNAIDS Secretariat evaluations | | |
| The UNAIDS-CDC cooperative agreement | 2024 | 150 000 |
| Multicountry offices and HIV advisors as alternatives to UNAIDS Country Offices*** | 2025 | 150 000 |
| Global, regional and country-level work | 2024 | 80 000 |
| | 2025 | 80 000 |
| <i>Total for Secretariat evaluations</i> | 2024 | 230 000 |
| | 2025 | 230 000 |
| Total | 2024 | 620 000 |
| | 2025 | 620 000 |

* UNAIDS contribution towards a total budget of US\$ 295 000.

** Expected to be cost-shared by the Global Fund and PEPFAR.

*** Expected to be conducted in the second half of 2025

70. In addition to the evaluations that are commissioned, managed and funded by the UNAIDS Evaluation Office, the Evaluation Plan also includes funding for global, regional and country evaluations which the Evaluation Office expects to support in 2024–2025. The Evaluation Office will also continue to provide support to internal reviews and assessments initiated by offices or units of the Secretariat.
71. With the aim of enhancing UN system coherence and alignment with government planning cycles and mechanisms to review progress towards the Sustainable Development Goals, (SDGs) the UNAIDS Evaluation Office also contributes to evaluations of UN Sustainable Development Cooperation Frameworks in function of requests from Country Offices.

Implementation of the plan

72. The UNAIDS Evaluation Office is responsible for implementation of the Evaluation Plan. Evaluations are conducted in a participatory and consultative manner and are primarily carried out by external consultants to enhance the independence of the evaluations. The Evaluation Office ensures quality through all phases of the evaluations; effective utilization of resources; and presentation and dissemination of evaluation findings, recommendations and lessons learned from evaluations. Evaluations undertaken jointly with Cosponsors are cost-shared and include joint management of the evaluations and joint management responses to evaluations.
73. The UNAIDS Evaluation Office publishes evaluation reports and management responses on the UNAIDS website and facilitates the development and tracking of management responses and the implementation of evaluation recommendations. In 2024–2025, additional resources will be invested in identifying, synthesizing and

disseminating recurring, systemic or cross-cutting issues and lessons learned from evaluations and developing innovative products that contribute to knowledge management in UNAIDS, which draws on, but goes beyond evaluative evidence.

74. Efforts will also be devoted to strengthening the capacity of country partners, for example by adding training components to country evaluations and by investing in local evaluators, including representatives of community groups. With time, increased demand is anticipated for evaluations that are not limited to assessing the contributions of the Secretariat or Joint Programme and which consider national responses more broadly, as well as UNAIDS's role in sustaining those responses.
75. The 2024–2025 Evaluation Plan includes evaluations and other activities over a two-year period. It is designed so that adjustments can be made, if necessary, to include, prioritize or deprioritize issues or topics which emerge in the course of implementation, in order to ensure the continued relevance of the Evaluation Plan. Any changes to the Evaluation Plan will be discussed with the Cosponsor Evaluation Group and the Expert Advisory Committee on evaluation before being presented to the PCB Bureau and the PCB.
76. The UNAIDS Evaluation Office will continue to engage actively with Cosponsor evaluation offices to ensure their active participation in HIV-related evaluations and in sharing lessons learned from other evaluations. UNAIDS will remain an active member of the UN Evaluation Group. It will participate regularly in meetings, working groups and task forces.
77. An annual report on the implementation of the Evaluation Plan is presented to the PCB and a semi-annual update will be presented to the PCB Bureau. The Cosponsors and the Secretariat Senior Leadership Team are engaged in evaluations related to their areas of work and are regularly informed of progress in implementing the Evaluation Plan.

Conclusion

78. Until 2019, an effective and independent evaluation function was a missing piece in UNAIDS's efforts to strengthen accountability, transparency and organizational learning. In June 2019, the PCB approved the UNAIDS Evaluation Policy and formalized the establishment of the Evaluation Office as a structurally and functionally independent unit, positioned independently from management functions and reporting directly to the PCB (see Annex 1).
79. Recent internal and external assessments acknowledge the establishment of an independent, fully functional and quality-assured evaluation function, which allows it to generate more analytical data for programmatic decision-making, as well as generating evidence of the Joint Programme's contributions to results. To ensure its continued relevance and utility, the Evaluation Office needs to be adequately resourced, staffed and supported. This is essential for it to contribute to organizational learning, knowledge management, decision-making and governance of the Joint Programme.

Proposed decision points

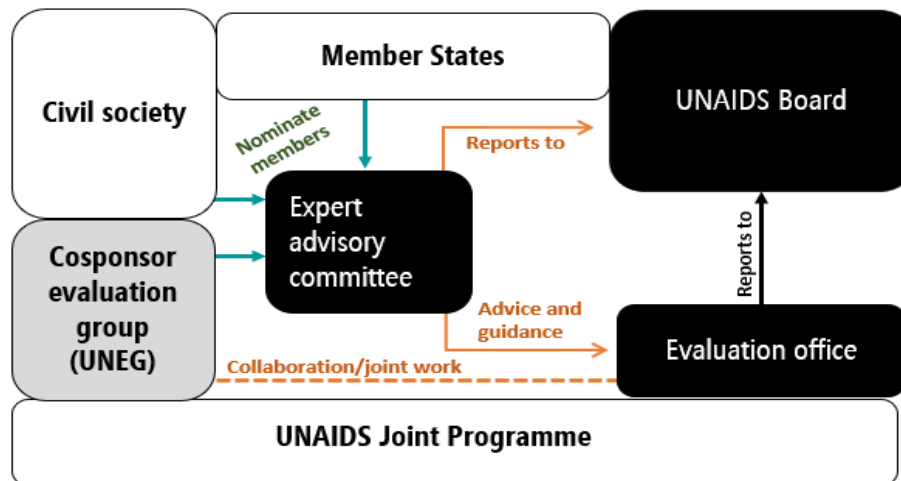
The Programme Coordinating Board is invited to:

80. *recall* decision 7.4 of the 49th session of the Programme Coordinating Board approving UNAIDS 2022–2023 Evaluation Plan, as well as decisions 9.1, 9.2 and 9.5 of the 51st session of the Programme Coordinating Board welcoming progress in the

- implementation of the Evaluation Policy and Evaluation Plan, and requesting the next annual report to be presented to the Programme Coordinating Board in 2023;
81. *recall* the intersessional decision of the PCB in June 2022, approving the nomination of the candidate from Eastern Europe to serve on the Expert Advisory Committee;
 82. *welcome* continued progress in the implementation of the 2022–2023 Evaluation Plan and the role of the Evaluation Office in generating evidence of the UNAIDS Joint Programme’s contributions to results;
 83. *take note* of the management response to the annual report on evaluation and the evaluation plan 2024–2025 (UNAIDS /PCB (53)/23.30);
 84. *approve* the 2024–2025 Evaluation Plan (UNAIDS/PCB (53)/23.29) endorsed by the Expert Advisory Committee;
 85. *agree* to the full composition of the Expert Advisory Committee on evaluation proposed by the PCB Bureau for 2024-2025, including the one-year reappointment of the candidate from Eastern Europe, as detailed in Annex 1 of the annual report on evaluation and evaluation plan 2024–2025 (UNAIDS/PCB (53)/23.29);
 86. *approve* the exceptional reappointment of the candidate nominated by the PCB NGO delegation for one year;
 87. *request* the Expert Advisory Committee to appoint a Chair from within its membership for 2024 and amend the Terms of Reference of the Committee accordingly; and
 88. *look forward to* the next annual report on evaluation to be presented to the Programme Coordinating Board in 2024.

[Annexes follow]

Annex 1: Evaluation function and advisory committee



Programme Coordinating Board

Approves the Evaluation Policy, evaluation plan and budget, considers annual reports on implementation and draws on evaluations for decisions.

Cosponsor Evaluation Group

Brings together and leverages the resources of the Cosponsor evaluation offices for HIV-related evaluations and promotes system-wide and joint evaluations related to HIV.

Expert Advisory Committee

External body which provides advice on evaluation consisting of 7 members, nominated by Member States (5), PCB NGO delegation (1) and Cosponsor evaluation offices (1).

Current Committee members

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

Proposed Committee members

1. **Dr Muhammad Bakari**, Professor of Internal Medicine, Muhimbili University of Health and Applied Sciences, Tanzania (Africa);
2. **Dr Sarah Faisal Alawi**, Head of AIDS Office, Public Health Administration, Ministry of Health, Kuwait (Asia-Pacific);
3. **Dr Nikkiah Forbes**, Director of the National HIV/AIDS and Infectious Disease Programme, Ministry of Health, The Bahamas (Latin America and Caribbean);
4. **Mr Theo van de Sande** Expert, Open data and OECD/DAC reporting, The Netherlands (Western European and Other Countries);
5. **Ms Sigrid Vorobjov**, Senior Researcher, National Institute for Health Development, Estonia (Eastern Europe), reappointed for one year;
6. **Ms San Patten**, Independent research and evaluation consultant (NGO Delegation), exceptionally reappointed for one year;
7. **Mr Guy Thijs**, Director of Evaluation, International Labour Organization (Cosponsor Evaluation Group).

Annex 2: Status of evaluations conducted in 2022–2023

Extract from UNAIDS evaluation dashboard

| Evaluation title | Status of evaluation | Management response |
|---|-----------------------------|-----------------------------|
| Evaluations conducted in 2023 | | |
| Evaluation of HIV and Primary Health Care integration and interlinkages | <i>completed</i> | <i>under development</i> |
| Evaluation of the Joint Programme’s work on HIV and social protection | <i>completed</i> | <i>under development</i> |
| Evaluation of the UNAIDS country envelopes | <i>published</i> | <i>under implementation</i> |
| Evaluations conducted in 2022 | | |
| Evaluation of the UNAIDS Secretariat data hubs | <i>published</i> | <i>tracking completed</i> |
| Evaluation of the work of the Joint Programme at country level in Lesotho and Mali | <i>published</i> | <i>tracking completed</i> |
| Evaluation of the Joint Programme’s role on efficiency and sustainability | <i>published</i> | <i>tracking completed</i> |
| Evaluation of the Joint Programme’s work with and for key populations | <i>published</i> | <i>tracking completed</i> |
| Evaluations conducted in 2021 | | |
| Evaluations of the work of the Joint Programme at country level in Brazil, Gabon and the Democratic Republic of the Congo | <i>published</i> | <i>tracking completed</i> |
| Evaluation of the UNAIDS Secretariat Gender Action Plan 2018–2023 | <i>published</i> | <i>tracking completed</i> |
| Evidence review of UNAIDS contribution to resilient and sustainable systems for health | <i>published</i> | <i>not applicable</i> |
| Evaluation of the Joint Programme’s work to prevent and respond to violence against women and girls | <i>published</i> | <i>tracking completed</i> |

Annex 3: Overview of evaluation topics in 2024–2025

The UNAIDS – CDC Cooperative Agreement

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

UNAIDS Strategy Priority 2: Break down barriers to achieving HIV outcomes

UNAIDS Secretariat and US Centers for Disease Control and Prevention (CDC)

Coverage: Global Regional Countries

Time period: 2021–2023

Content and key questions

This is a mid-term evaluation of the implementation of the 2021–2026 Cooperative Agreement between the US Centers for Disease Control and Prevention (CDC) and UNAIDS. The evaluation is being conducted at the mid-point to generate findings and recommendations to strengthen activities during the remainder of the project period in 21 participating countries.

The evaluation will assess the effectiveness, efficiency, and sustainability of UNAIDS support in the five areas of the Cooperative Agreement and has two primary objectives:

- i. To determine the extent to which the component areas in the Cooperative Agreement have been addressed and the activities in the workplans have been implemented.
- ii. To identify operational barriers to addressing the component areas in the Cooperative Agreement in order to implement the activities in the workplans.

The evaluation will be exploring three overarching questions:

Q1: What was achieved? Assessing effectiveness, i.e., achievements against the workplan

Q2: How was it achieved? Distilling lessons on efficiency and coverage of implementation

Q3: Will achievements last? Exploring sustainability

Strategic significance

The CDC–UNAIDS Cooperative Agreement focuses on areas where UNAIDS strategic information leadership and strong ties to community-led organizations can leverage the goals of both UNAIDS and CDC. The purpose of this Cooperative Agreement is to build capacity within countries to reach HIV epidemic transition (also referred to as “epidemic control”) in a sustainable manner. This five-year (2021–2026) Cooperative Agreement builds systems to: (1) provide the information that can be collected, analysed and used to close gaps in the response; (2) target unmet needs through community-led monitoring (CLM); and (3) address stigma and discrimination.

Risks associated with the subject of the evaluation

1. Inadequate evidence that this project has achieved sustainable results related to community led monitoring as well as reduction in stigma and discrimination, which are new elements in the Cooperative Agreement. 2. Limited government ownership of the Cooperative Agreement in some of the participating countries. 3. Challenges related to human resources in some countries following UNAIDS recent organisational realignment.

Level of investment in the area being evaluated

A total annual contribution of more than US\$ 10 million from CDC to UNAIDS.

Knowledge gap

In 2020, a mid-term evaluation of the five-year Cooperative Agreement for the period (2016–2021) was conducted and recommendations were made which were considered in the design of the current Cooperative Agreement.

This mid-term evaluation will determine the extent to which results in the component areas in the current five-year Cooperative Agreement (2021–2026) have been achieved, activities implemented as planned and challenges faced addressed. The implementation of activities related to the two new areas in the Cooperative Agreement – community led monitoring and stigma and discrimination – are of particular interest.

Feasibility of the evaluation

High. Building on the experiences from 2020 evaluation and in consultation with countries, a clear evaluation plan and implementable mitigation plan to address risks identified should make the evaluation feasible.

HIV as an element of the SDG 3 Global Action Plan (SDG3 GAP)

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

Global Action Plan signatory agencies: WHO, UNAIDS, UNICEF, UNFPA, UNDP, UN Women, ILO, World Bank, World Food Programme, Gavi, Global Financing Facility, Global Fund and Unitaid

Coverage: Global Regional Countries

Time period: 2020–2023

Content and key questions

The evaluation will assess whether the signatory agencies have strengthened their collaboration by engaging with countries to identify priorities, plan and implement together; harmonizing operational and financial strategies, policies and approaches; reviewing progress and learning together to enhance shared accountability; and, accelerating progress in countries through joint actions under seven programmatic themes, and on gender equality and delivery of global public goods, with the aim contributing towards accelerated progress on the health-related SDG targets in countries.

The theory of change of this evaluation will be used as a framework to understand how the SDG3 GAP signatory agencies work together and have contributed to accelerate progress towards the health-related SDG, leaving no one behind, including in the context of countries' efforts to recover and rebuild from COVID-19 by strengthening their collaboration.

The evaluation will be looking at the following overarching questions along with specific questions on effectiveness, coherence and sustainability:

Q1: To what extent did the SDG3 GAP contribute to better health for people?

Q2: To what extent has the SDG3 GAP accelerated progress and supported countries towards achieving the 12 targets of SDG 3 and the 28 targets of other SDGs related to health?

Q3: To what extent are signatory agencies' operational and financial strategies, policies and approaches coherent, effective and sustainable? Are these sufficiently aligned, effectively avoiding duplication and driving efficiencies to strengthen country health systems?

Q4: To what extent are the signatory agencies currently jointly collaborating and mutually accounting towards strengthening the countries' health systems?

Q5: To what extent have SDG3 GAP signatory agencies collectively helped health systems and countries recover from the negative impacts of the COVID-19 pandemic?

Strategic significance

Halfway to 2030, progress to achieve the SDGs is off track. Even before COVID-19, the world was off track on major health-related indicators. Now, it is even further behind, and many countries face a range of overlapping health crises stemming from the impact of the pandemic, war, food insecurity and climate change. Economic conditions are also placing significant pressure on domestic and external financing for development. While other approaches, such as data and delivery for impact and innovation in products, services, and financing, are also needed, enhanced collaboration within the multilateral system is more important than ever to help accelerate progress towards the SDGs and make the most efficient and effective use of available resources.

In this context, it is critical for decision-makers at the global, regional and national level to understand whether SDG3 GAP is contributing to national SDG acceleration efforts by improving collaboration and coordination among its signatory agencies in alignment with country led national health plans and strategies, areas of improvement, lessons that can be scaled or expanded, where and how to better streamline development partners support and how the effectiveness could be further enhanced through reinforcing and complementary steps by other actors such as Member States. The 13 signatory agencies of SDG3 GAP have agreed to conduct a joint evaluation in 2023 which intends to assess collaboration, enhance shared accountability and identify lessons learned.

Risks associated with the subject of the evaluation

1. Number of stakeholders with different interests and needs 2. Evaluability of the SDG 3 GAP and quality of M&E data at all levels, 3. Sampling of countries, given the number of countries proposed, may result in insufficient comparability to draw meaningful and generalizable findings.

Knowledge gap

While there have been significant efforts to measure progress towards the achievement of the health-related SDG targets and indicators, limited efforts have been made to understand how the collective contributions of multilateral agencies can support countries accelerate progress on the health-related SDG targets and how progress in strengthening collaboration and alignment can be measured.

Feasibility of the evaluation

Medium. A clear mitigation plan to address each risk identified can improve the feasibility of the evaluation.

Sustaining impact on HIV through community systems

UNAIDS Strategy Priority 2: Break down barriers to achieving HIV outcomes

UNAIDS Strategy Priority 3: Sustain and integrate HIV responses

UNAIDS Secretariat and Cosponsors

Coverage: Global Regional Countries

Time period: 2020–2023

Content and key questions

The evaluation will assess the extent to which the Joint Programme has supported community systems to be fully recognized, empowered, capacitated and resourced for a transformative and sustainable HIV response in countries.

A theory of change will be developed to serve as a framework to understand how community organisations work together with other partners and use community led monitoring as a tool to accelerate progress towards achieving the 2030 targets and sustain the HIV response in countries. The evaluation will examine communities in countries with different HIV epidemic contexts, the role of social contracting and highlight the different aspects of community systems for health in countries.

The evaluation will explore the following questions:

Q1: How has the Joint Programme supported communities to accelerate progresses towards the targets to end AIDS by 2030?

Q2: To what extent have communities supported by the Joint Programme influenced policies, programmes and improvements in interventions, services and systems?

Q3: What have been the main challenges and success factors in strengthening community-led responses, community-led monitoring, the role of community health workers and social contracting?

Q4: What is the current scale of service delivery through community systems and what role can the Joint Programme play in strengthening and expanding community systems for health?

Strategic significance

Since the beginning of the HIV epidemic, communities have played critical role in the response. More than ever, it is time to sustain the gains of the AIDS response in countries and community systems strengthening is an integral part of efforts to achieve the vision and ambition of ending AIDS by 2030. In this context, it is critical to understand the role of the Joint Programme in supporting the involvement of communities in decision making related to a multi-sector response to HIV in countries, challenges and success factors in strengthening community systems in countries, the scale of community responses in different epidemic contexts and whether the necessary investments for resourcing and capacity building of community systems are made to empower them.

Risks associated with the subject of the evaluation

1. Evaluability of community systems in countries, 2. Quality of M&E data available of various aspects of community systems 3. Insufficient comparability to draw meaningful and generalizable findings from countries.

Level of investment in the area being evaluated

The amount of direct financial support provided by the Joint Programme to civil society is modest and it is important to consider other ways in which the Joint Programme is working to strengthen the role of communities in the AIDS response.

Knowledge gap

While there have been significant efforts by many partners to strengthen community systems in countries, insufficient analyses exist on the role of the Joint Programme in strengthening community systems which are recognized, capacitated and resourced to sustain the HIV response. Limited information also exists on efforts by the Joint Programme to introduce, support scale up social contracting to sustain the HIV response and how the community led monitoring is implemented in countries.

Feasibility of the evaluation

Medium. A clear and implementable mitigation plan to address the risks identified may further improve the feasibility of this evaluation.

UNAIDS partnership with the Global Fund and PEPFAR

UNAIDS 2021–2026 Strategy: Across all three strategic priorities

UNAIDS Secretariat and Cosponsors

Coverage: Global Regional Countries

Time period: 2020–2023

Content and key questions

The evaluation will assess how the work of UNAIDS as Joint Programme complements and enhances the efforts of the Global Fund to Fight AIDS, TB and Malaria and the US President's Emergency Plan for AIDS Relief (PEPFAR) to end AIDS as a public health threat. The evaluation will examine areas of collaboration at the global, regional and country level. Its primary focus will be on UNAIDS role in supporting the achievement of results through Global Fund and PEPFAR funding to countries. The evaluation will consider implementation of the 2019 memorandum of understanding (MoU) between UNAIDS and the Global Fund, UNAIDS engagement in Global Fund governance and other mechanisms, funding arrangements between the Global Fund and UNAIDS as well as PEPFAR and UNAIDS for specific purposes. It will not consider the role of the US Government as a donor to UNAIDS core budget. Indicative evaluation questions include:

Q1: In which areas has UNAIDS support to the Global Fund and PEPFAR been most useful, e.g., data and evidence, advocacy, coordination, community engagement, technical support, etc?

Q2: What has been UNAIDS role in supporting the development and implementation Global Fund grants and PEPFAR country/regional operational plans?

Q3: To what extent has support from UNAIDS improved the allocation, utilization and results achieved through Global Fund and PEPFAR resources?

Q4: How effectively has UNAIDS (i.e., Secretariat, Cosponsors) engaged in the Global Fund governance and other mechanisms?

Strategic significance

The UNAIDS 2021–2026 Strategy highlights the need for partnerships and alignment of efforts in the response to AIDS. PEPFAR and the Global Fund are the two main funders of the AIDS response, and it would be almost impossible to reach the global target of ending AIDS without the strategic investment and utilization of Global Fund and PEPFAR resources. UNAIDS plays a key role in trying to ensure the optimal allocation and effective utilization Global Fund and PEPFAR resources and achievement of results at country level. The evaluation is key to inform the ongoing and future collaboration between UNAIDS and the Global Fund and PEPFAR in order to mobilize political commitment and resources to intensify efforts to achieve the goal of ending AIDS as a public health threat by 2030.

Risks associated with the subject of the evaluation

A significant amount of the data collection for the evaluation will take place at the country level. However, PEPFAR does not have a presence in every country where UNAIDS works, and the Global Fund does not have a presence in any country. Particular attention needs to be paid to ensure a balanced evaluation and avoid any bias, e.g., with UNAIDS voice coming out stronger in the evaluation than that of PEPFAR or the Global Fund.

Level of investment in the area being evaluated

Investments in and by the partnership are substantial at all levels. The Global Fund and PEPFAR rely on UNAIDS for political advocacy, coordination, community engagement as well as technical support to countries on policy, programme design, implementation, monitoring and reporting. The evaluation covers the work of the Joint Programme at levels with a particular focus on countries.

Knowledge gap

The evaluation will inform UNAIDS and the Global Fund and PEPFAR, donors, programme countries, civil society and other stakeholders of opportunities to strengthen cooperation and collaboration in the context of the 2021–2026 Global AIDS Strategy and the post 2030 agenda.

Feasibility of the evaluation

High. The evaluation is expected to be cost-shared between the Global Fund, PEPFAR and UNAIDS. The memorandum of understanding between UNAIDS and the Global Fund can be used as a reference to assess the collaboration between UNAIDS and the Global Fund.

Notes

An evaluation of the collaboration between UNAIDS and the Global Fund was carried out in 2017 (https://www.unaids.org/en/resources/documents/2017/PCB40_CRP3). An evaluation of the partnership between UNAIDS and the Global Fund and PEPFAR should be joint to ensure a balanced evaluation and the engagement and ownership of all parties.

The role of the Joint Programme in sustaining the response to HIV

UNAIDS Strategy Priority 3: Sustain and integrate HIV responses

UNAIDS Secretariat and Cosponsors

Coverage: Global Regional Countries

Time period: 2020–2024

Content and key questions

The evaluation will assess the role the Joint Programme has played in supporting countries achieve the goal of ending AIDS by 2030 and sustain the response beyond 2030. The evaluation will examine different country and epidemiological contexts and the role of the Joint Programme in promoting multi-sectoral responses with communities at the centre. The evaluation will consider the multisectoral approach and role of UNAIDS Secretariat, together with the Cosponsors, working in a constrained resource environment to advance HIV prevention and treatment outcomes as well as social and societal enablers. The evaluation is commissioned as direct follow up to the August 2023 MOPAN assessment of UNAIDS and the management response to it.

The evaluation will examine the following overarching questions:

Q1: How has the Joint Programme supported countries achieve the 95–95–95 and other targets while at the same time ensuring the sustainability of achievements?

Q3: To what extent has the Joint Programme strengthened capacities, services, systems, integration and coordination to sustain national, sub-national and community responses?

Q2: In which ways has the UNAIDS Joint Programme supported countries move towards resilient and sustainable responses which are not dependent external funding?

Q4: Has the Joint Programme deployed its human and financial resources optimally to support countries reach the last mile and sustain gains made?

Q5: Are there ways in which the Joint Programme could be more relevant, coherent, effective or efficient for greater impact and sustainability?

Strategic significance

Supporting countries transition from external to domestic funding, and country leadership and ownership of the AIDS response more broadly, have been priorities for UNAIDS for a long time. Ensuring the sustainability of the response to AIDS has become even more important as several countries have reached or are reaching the 95–95–95 targets (people tested – treated – virally suppressed) and the longer-term outlook for international funding for has become more uncertain. It is therefore critical to conduct a critical assessment of the work of the Joint Programme to inform future priorities, plans and division of labour to accelerate progress and sustain the HIV response.

Risks associated with the subject of the evaluation

1. Quality and comparability of M&E data available on the contributions of the UNAIDS Joint Programme 2. Difficulties to attribute progress in the AIDS response to support provided by the Joint Programme.

Level of investment in the area being evaluated

The evaluation is expected to cover work of the Joint Programme under the 2020–2025 Unified Budget, Results and Accountability Framework (UBRAF) funded from core and non-core resources. In 2022, the total annual expenditures for UNAIDS Secretariat and Cosponsors amounted to approximately US\$ 500 million.

Knowledge gap

Since the [independent evaluation of the UN System response to AIDS in 2016–2019](#), a comprehensive evaluation has not been conducted to understand the role and collective contribution of the UNAIDS Joint Programme in supporting countries achieve the 2021 Political Declaration on HIV/AIDS and Sustainable Development Goal 3.3 target of ending AIDS by 2030 and the sustaining the gains achieved beyond 2030.

Feasibility of the evaluation

Medium. A clear mitigation plan to address risks identified will be required to ensure the feasibility of the evaluation.

Multicountry offices and HIV advisors as alternatives to UNAIDS Country Offices

UNAIDS Strategy: [Across all three strategic priorities](#)

UNAIDS Secretariat with support from the United Nations Development Coordination Office

Coverage: Global Regional Countries

Time period: 2022–2024

Content and key questions

This formative evaluation will assess UNAIDS Secretariat multicountry offices and the placement of HIV advisors in Resident Coordinator Offices as alternatives to UNAIDS Secretariat offices at country level. The evaluation will examine whether or the extent to which UNAIDS Secretariat has been able to perform its core functions and any impact of this on the work of the Joint Programme in countries and UN system support to the national response to HIV. The evaluation will also consider possible secondary effects of the alternatives to UNAIDS country offices on the work of the UN Country Teams more broadly and leaving no one behind. The evaluation will review the administrative and operational arrangements which have been put in place as well as any challenges and gaps in these. The findings of the evaluation will enable UNAIDS Secretariat to address bottlenecks, gaps and unanticipated consequences and provide the evidence base for consideration of alternatives to UNAIDS offices in countries in the future.

The evaluation will examine the following specific questions:

Q1: To what extent and at what level of intensity has UNAIDS Secretariat been able to perform its core functions through multicountry offices and HIV advisors in Resident Coordinator offices?

Q2: How effectively have non-resident UNAIDS staff, HIV advisors Cosponsors come together as a UN Joint Team on AIDS to support to the HIV response in countries?

Q3: How effectively have staff in UNAIDS multicountry offices and HIV advisors engaged national and international partners in efforts to support the HIV response in countries?

Q4: What role have the Resident Coordinator offices played and which other factors have influenced the operations and support provided by UNAIDS multicountry offices and HIV advisors?

Q5: Are there benefits from the multicountry office model in terms of more sub-regional or cross-country collaboration, synergies, or lessons learned from other UN organizations of the model?

Strategic significance

Halfway to 2030, progress to achieve the SDGs is off track. Enhanced collaboration within the multilateral system is more important than ever to help accelerate progress towards the SDGs and make the most efficient and effective use of available human, technical and financial resources and leveraging the capacities and full comparative advantage of the UN System.

In this context, it is critical to understand whether the alternatives to UNAIDS country offices are effective in supporting the implementation of Global AIDS Strategy (2021-2026) and the goal of ending AIDS as a public health threat. Accordingly, evidence from the evaluation is expected to inform discussions and decisions on UNAIDS future footprint at country level.

Risks associated with the subject of the evaluation

1. Difficulties in establishing a counterfactual in countries where UNAIDS does not have a presence, i.e., what UNAIDS support would have looked like and resulted in if it had a country office. 2. Little or no evaluative evidence of the role and contribution of UNAIDS Secretariat in countries where it no longer has a presence and little institutional memory among the Cosponsors, national and international partners of the work of UNAIDS Secretariat when it still had a country office.

Knowledge gap

The optimal deployment of resources at country level has been a key priority for UNAIDS for several years, but no systematic review has been carried out to understand the impact of reduced funding on UNAIDS work at country level and whether alternatives to country offices can deliver desired results at a lower cost while promoting a sustainable response to HIV. As the first HIV advisors in Resident Coordinator offices have only taken up their positions in the fall of 2023, an evaluation is only envisaged towards the end of 2025, which can also consider the experience of deployment of gender and human rights advisors by other UN entities in Resident Coordinator offices as an alternative to country or multicountry offices.

Feasibility of the evaluation

Medium. A mitigation plan to address risks identified developed with UNAIDS Department of Management can improve the feasibility of the evaluation. The UN Development Coordination Office has expressed interest in the evaluation, which should facilitate access to information about the experience of other UN agencies supporting countries where they do not have a presence.

Endnotes

- ¹ [UNAIDS Evaluation Policy](#)
- ² [Report of the 49th PCB meeting](#)
- ³ [Report of the 51st PCB meeting](#)
- ⁴ [MOPAN assessment of UNAIDS](#)

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