



# Evaluation of the UNAIDS Joint Programme in Achieving the 2030 Target and Sustaining Gains

Final Inception Report

---

Prepared for // UNAIDS

By //Naomi Blight, Nick York, Tim Clary and Jordan Williams

Date //15/09/25

International Organisation Development Ltd

IOD PARC is the trading name of International Organisation Development Ltd

Registered in England and Wales, No. 3613839

Registered Office: Omega Court, 362 Cemetery Road, Sheffield, S11 8FT, United Kingdom

Omega Court  
362 Cemetery Road  
Sheffield  
S11 8FT  
United Kingdom

Tel: +44 (0) 114 267 3620  
[www.iodparc.com](http://www.iodparc.com)

# Table of Contents

|  |       |
|--|-------|
| Introduction.....  | 6     |
| Purpose, objectives, and scope .....   | 6     |
| Purpose.....   | 6     |
| Evaluation Objectives .....  | 7     |
| Scope.....   | 7     |
| Use and Users .....  | 7     |
| Context and evaluation object.....   | 7     |
| Modifications to the Terms of Reference.....   | 12    |
| Evaluation methodology .....   | 13    |
| Evaluation Design .....  | 13    |
| Methodological approach .....  | 13    |
| Evaluation matrix and questions .....  | 14    |
| Evaluation phases.....   | 15    |
| Analysis and validation.....   | 17    |
| Reporting and dissemination.....   | 18    |
| Stakeholder analysis .....   | 19    |
| Sampling .....   | 22    |
| Ethical considerations .....   | 25    |
| Evaluation management and governance .....   | 26    |
| Evaluation management .....  | 26    |
| Timelines and deliverables.....  | 26    |
| Limitations and risks .....  | 27    |
| Annexes.....   | I     |
| Annex 1: ToR .....   | I     |
| Annex 2a: Theory of Change: simplified, based on UBRAF results areas,<br>focused on Joint Programme’s role ..... | XVIII |
| Annex 2b: Theory of Change: broader version, situates JP within the<br>global response to HIV and AIDS .....     | XIX   |
| Annex 2c: Overarching Theory of Change taken directly from UBRAF .....   | XX    |
| Annex 3: Inception interview list.....   | XXIII |
| Annex 4: Bibliography .....  | XXV   |
| Annex 5: Modifications to Evaluation questions .....   | XXVI  |
| Annex 6: Evaluation matrix .....   | XXIX  |

|   |       |
|---|-------|
| Annex 7: Data collection tools .....      | XXXII |
| Annex 8: County case study longlist ..... | XXXVI |
| Annex 9: Workplan .....                   | XLV   |

## List of Figures

|   |    |
|---|----|
| Figure 1. Overview of the Joint Programme’s results areas and indicative high-level contributions to the SDGs ..... | 8  |
| Figure 2. The UN’s Joint Programme’s Division of Labour amongst Cosponsoring agencies                               | 9  |
| Figure 3 ODA for health .....   | 10 |
| Figure 4. New Cosponsors Model .....  | 10 |
| Figure 5. New country footprint .....   | 11 |
| <i>Figure 6. Primary and secondary users of the evaluation</i> .....  | 12 |
| Figure 7. Analysis steps .....  | 17 |
| Figure 8. Timelines and deliverables .....  | 26 |

## List of Tables

|   |    |
|---|----|
| Table 1. Stakeholder analysis .....         | 19 |
| Table 2. Global KII Sampling overview ..... | 22 |
| Table 3. Stakeholder respondents .....      | 23 |
| Table . Risk and mitigations .....          | 27 |

# Acronyms and Abbreviations

| <b>Acronym</b> | <b>Definition</b>                                      |
|----------------|--|
| AAP            | Accountability to Affected Populations                 |
| AIDS           | Acquired Immunodeficiency Syndrome                     |
| CCO            | Committee of Cosponsoring Organizations                |
| COVID          | Coronavirus disease (COVID-19)                         |
| CSO            | Civil Society Organisation                             |
| DAC            | Development Assistance Committee                       |
| EHG            | European Health Group                                  |
| ERG            | Evaluation Reference Group                             |
| FGD            | Focus Group Discussions                                |
| HIV            | Human Immunodeficiency Virus                           |
| IEO            | Independent Evaluation Office                          |
| ILO            | International Labour Organization                      |
| IPPF           | International Planned Parenthood Federation            |
| LLAVES         | Organizacion Llanto, Valor y Esfuerzo                  |
| MOPAN          | The Multilateral Performance Assessment Network        |
| NGO            | Non-Governmental Organisation                          |
| NNAPPC         | National Native American AIDS Prevention Center        |
| ODA            | Official Development Assistance                        |
| OECD           | Organisation for Economic Co-operation and Development |
| PCB            | Programme Coordinating Board                           |
| PEPFAR         | The U.S. President's Emergency Plan for AIDS Relief    |
| SDG            | Sustainable Development Goals                          |
| UBRAF          | Unified Budget, Results and Accountability Framework   |

| <b>Acronym</b> | <b>Definition</b>  |
|----------------|--|
| UNAIDS         | Joint United Nations Programme on HIV/AIDS                           |
| UNDP           | United Nations Development Programme                                 |
| UNEG           | United Nations Evaluation Group                                      |
| UNESCO         | The United Nations Educational, Scientific and Cultural Organization |
| UNFPA          | United Nations Population Fund                                       |
| UNHCR          | United Nations High Commissioner for Refugees                        |
| UNICEF         | The United Nations Children's Fund                                   |
| UNODC          | United Nations Office on Drugs and Crime                             |
| USAID          | United States Agency for International Development                   |
| WFP            | World Food Programme   |
| WHO            | World Health Organization  |

# Introduction

This inception report articulates the purpose, scope, and methodological approach to be used for the Evaluation of the UNAIDS Joint Programme in Achieving the 2030 Target and Sustaining Gains. It outlines the evaluation context, purpose and use, the evaluation questions, data collection methods and tools, and the management and communication arrangements.

The inception report has been developed based on meetings with UNAIDS Secretariat at a global and country level, Cosponsors of the UNAIDS Joint Programme and member state representatives, as well as a preliminary document review including the High Level Panel Report, the Report on the Recommendations for Revisions to the Joint Programme Operating Model, the Euro Health Group Review of the Joint Programme evaluations and assessments, the latest MOPAN report, and strategy documents.

The report includes the following sections:

- An outline of the evaluation context
- Purpose, objectives, and scope of the evaluation
- Review of the theory of change
- Methodological approach and data collection methods
- Evaluation matrix with key questions and sub-questions aligned to the evaluation criteria of effectiveness, coherence and sustainability
- Data analysis, validation, and triangulation
- Stakeholder analysis and sampling process
- Ethical considerations
- Outline of potential risks and limitations
- Timelines and deliverables
- Management and communication arrangements

## Purpose, objectives, and scope

### Purpose

UNAIDS evaluation unit has commissioned this evaluation, responding to the request from the Programme Coordinating Board (PCB) from its 53rd PCB meeting in December 2023 that an independent evaluation of the Joint Programme be conducted in 2025 to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose. The evaluation serves both learning and accountability purposes and will assess the role that the UNAIDS Joint Programme played in supporting countries from 2020 to 2024 to achieve the goal of ending AIDS by 2030 and to sustain the AIDS response beyond 2030.

This evaluation builds on the recent High Level Panel Report which has developed recommendations to ensure a resilient and fit-for-purpose operating model for the Joint Programme that builds on its successes and responds to the current context. More specifically, the operating model paper is a key reference point – as it draws on the HLP recommendations and has informed PCB deliberations and supported their endorsement of the model. The evaluation design is also informed by the findings of the recent Evaluation Synthesis report by Euro Health Group in 2024 which consolidates and analyses findings from evaluations, assessments, and reviews of the Joint Programme from 2020 to 2024.

## Evaluation Objectives

As set out in the terms of reference, the three main objectives of the evaluation are to:

1. Review progress against the results in the UBRAF (2022 – 2026) and the goals and targets in the global AIDS Strategy (2021 – 2026) at country, regional and global levels.
2. Assess the support provided by the Joint Programme to governments, national AIDS programmes, communities, civil society, and partnerships with other stakeholders such as the Global Fund to Fight AIDS, TB, and Malaria as well as PEPFAR (the US Government's AIDS programme).
3. Identify what the UNAIDS Joint Programme needs to and can do in the future, given the AIDS fund crisis and challenging geopolitical context, which includes shifting priorities by the donors, enormous funding gaps and reduced human resources. Providing recommendations about the sustainability of the Joint Programme, considering the proposals made by the advisory High-Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme and the restructuring process undergoing in the UNAIDS Secretariat.

## Scope

The **temporal scope** of the Joint Programme evaluation will include Joint Programme actions at the global, regional, and country levels for the 2020-2025 period. For 2025, the outcomes and decisions made based on the recommendations from the High-Level Panel on a resilient and fit-for purpose UNAIDS Joint Programme and the restructuring process undergoing in the UNAIDS Secretariat will be taken into consideration as relevant for this evaluation<sup>1</sup>.

The **geographic scope** includes the global, regional, and country level with three in-person and three remote cases studies, as well as KIs and a document review.

The **thematic scope** of the evaluation includes all the Joint Programme Results areas as well as the UNAIDS Secretariat functions.

The evaluation will cover the OECD-DAC evaluation criteria of relevance, coherence, effectiveness, efficiency and sustainability but will not assess impact.

## Use and Users

The Joint Programme Evaluation is designed both for organizational learning but also for accountability purposes. Figure 6 highlights the intended primary and secondary users for this evaluation.

## Context and evaluation object

### Background to the Joint programme

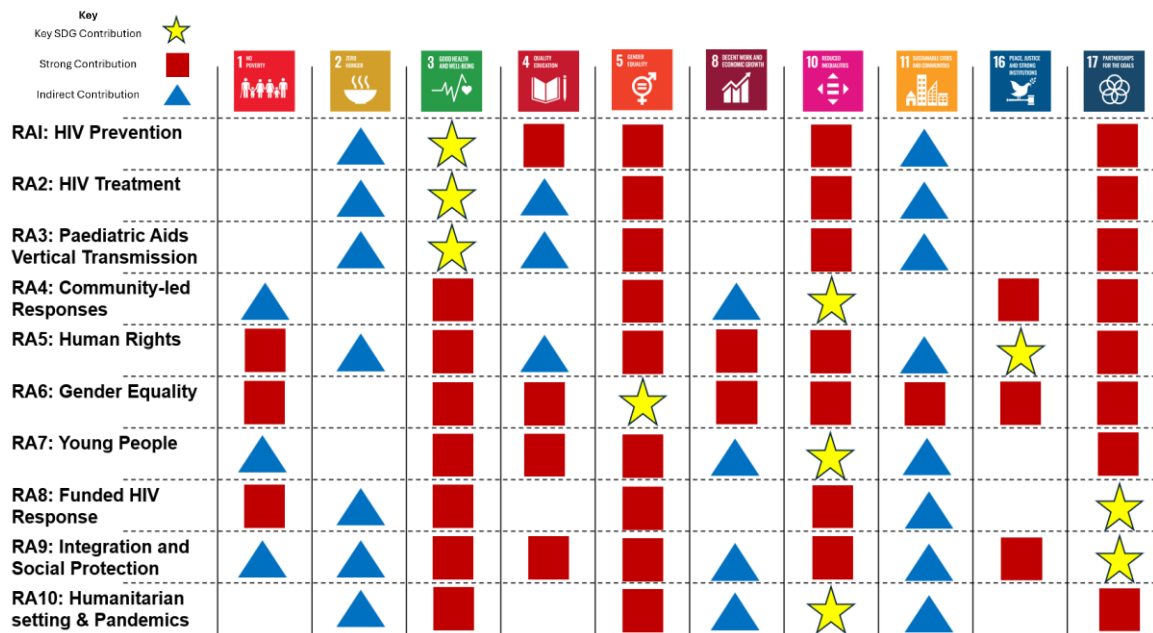
UNAIDS was established in 1994 through a resolution of the UN Economic and Social Council and made operational in January 1996 with the establishment of the UN Joint Programme as a distinctive, multi-stakeholder, and multisectoral initiative to coordinate the UN's global response to HIV. While its primary contributions are in supporting Sustainable Development Goal (SDG) 3 (Ensure healthy lives and promote well-being for all at all ages), as shown in

---

<sup>1</sup> Note the results of the Joint Programme work in 2025 will not be covered by this evaluation

Figure 1 below, it supports multiple SDGs. It has brought together Cosponsoring UN organisations<sup>2</sup> and the UNAIDS Secretariat to leverage their comparative strengths in addressing the epidemic (see Figure 2 for Joint Programme’s Division of Labour). The Joint Programme supports countries through evidence-based policy guidance, technical assistance, advocacy, and efforts to uphold the rights of people living with and affected by HIV. Its work is guided by the Global AIDS Strategy (2021-2026) and operationalised through the Unified Budget, Results and Accountability Framework (UBRAF 2022-2026) ensuring a coherent, inclusive, and results-driven approach to end HIV/AIDS as a public health threat by 2030.

Figure 1. Overview of the Joint Programme’s results areas and indicative high-level contributions to the SDGs

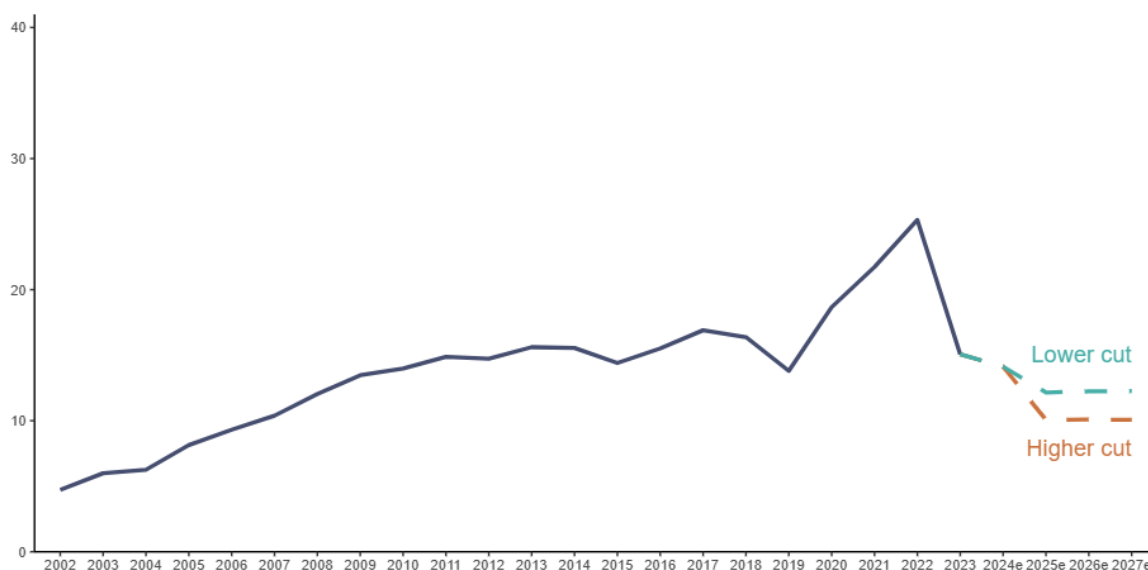


<sup>2</sup> The Joint Programme’s Cosponsors have included: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank.



Figure 3 ODA for health

Net bilateral ODA for health from DAC countries, 2010-23 (official data) and 2024-27 (projections), USD billion, constant (2023) prices



Source : [https://www.oecd.org/en/publications/2025/06/cuts-in-official-development-assistance\\_e161f0c5/full-report.html](https://www.oecd.org/en/publications/2025/06/cuts-in-official-development-assistance_e161f0c5/full-report.html)

### Current context

In 2025, the UNAIDS Joint Programme faces unprecedented challenges due to a more than 50% decrease in donor contributions, significantly impacting all areas of work. UNAIDS has noted this heightened funding challenge specifically highlighting the possible undermining of efforts to provide critical HIV prevention, treatment, and care services in countries. This unpredictable funding and geopolitical landscape provided the context for the deliberations of a High-Level Panel to provide recommendations to the Joint Programme on revising its operating model, including a rethink of the role of the Cosponsors (see figure 4 below), implementing a consolidated and more focused Secretariat, and reconfiguring the UNAIDS's country presence and support (see figure 6 on the next page).

Figure 4. New Cosponsors Model



Scheduled for a January 2026 start, the Joint Programme will operationalise a new operating model<sup>6</sup> which aims to transform its operations. Using a phased approach, Phase 1 will see an overall reduced footprint in countries, with the programme serving 54 countries going ahead instead of 81 as in 2024. These 54 countries represent 71% of all new HIV infections and 80% of people living with HIV. In addition to this, there will also be a greater shift to further integration of the UNAIDS Secretariat country level staff within the UN Resident Coordinator offices and consolidation into multi-country offices. The new operating model is also changing the relationship between the UNAIDS Secretariat and the Cosponsors. Moving away from the current single-tier eleven Cosponsor structure, six cosponsors will be identified as Lead Cosponsors, whilst others will be classed as Affiliate Cosponsors. These Lead Cosponsors will play a lead role in the CCO, development of the Joint Programme budget and work plan alongside other UNAIDS processes.

Figure 5. New country footprint



Inception interviews highlighted the difficult operating context the Joint Programme is operating in, and faces, including the lack of clarity regarding roles, the value-add of the different Cosponsors, responsibilities and resources going forward and the extent to which the UNAIDS Secretariat will be fit for purpose to support Joint Programme needs and going forward. There was also uncertainty regarding donors' prioritisation of HIV/AIDS going forward and the question of what a Joint Programme strategy 'exit strategy' should look like if it were to sunset in 2030.

The current evaluation scope and its methods will therefore adapt to this unprecedented context, generating evidence on these challenges, while providing robust, evidence-based findings and recommendations. It will also incorporate the feedback provided by key informants during the inception phase to ensure that the critical concerns expressed by stakeholders are addressed.

<sup>6</sup> [https://www.unaids.org/sites/default/files/2025-06/PCB56\\_Revised\\_Operating\\_Model\\_rev2.pdf](https://www.unaids.org/sites/default/files/2025-06/PCB56_Revised_Operating_Model_rev2.pdf), [https://www.unaids.org/sites/default/files/2025-06/PCB56\\_Decisions\\_1.pdf](https://www.unaids.org/sites/default/files/2025-06/PCB56_Decisions_1.pdf)

Figure 6. Primary and secondary users of the evaluation



The Joint Programme Evaluation will generate evidence-based findings and recommendations. These insights will serve as inputs to strategic discussions within UNAIDS and with the PCB including those related to the operationalization of the next global AIDS Strategy and the new operating model, as well as further transformation of the Joint Programme.

## Modifications to the Terms of Reference

Whilst the ToR is detailed and clear, we have proposed several modifications to the ToR and evaluation scope considering feedback received during the inception phase, the decreased resources available for the evaluation, and an intention to complement, rather than repeat, the ground covered by the recent High Level Panel report. Our proposed modifications include:

- Redrafting the evaluation questions. The potential areas of enquiry outlined in the ToR were extensive, with evaluation objectives, evaluation questions, further questions outlined by evaluation criteria and an additional section called Initial Areas of Inquiry to potentially explore and/or refine. As part of the inception phase, we have mapped these enquiry areas against each other, to see where there is repetition and what is 'additional' and have used these, and evidence gathered from the inception phase to develop a refined list of questions (see Annex 6, Evaluation Matrix). We have omitted questions that would largely be repetitions of the recent High-Level report as this was a detailed exercise, and its findings have been largely that of the endorsed by the PCB.
- The ToR proposed a range of Intermediate products as deliverables presenting draft findings, including short notes on case studies (by region or groups of countries), power point presentations with findings from document reviews or other and specific findings for global and for regions and for specific thematic areas. It will not be possible to deliver this within the available evaluation resources; instead, the team will deliver a debriefing presentation for each country that will be shared after country validation, a preliminary findings presentation and a draft and final report.
- The original ToR suggested an online survey; however, given the focus of the evaluation questions and the limited evaluation resources, as well as the likely engagement and availability of key stakeholders, we have reallocated resources to undertake additional KIIs instead.
- The ToR originally proposed 12 case studies, but the limited evaluation resources means that only three field-based and three remote country case studies will be possible. The ToR originally proposed a case study for each region; case study

countries will be confirmed once the Evaluation Management Group confirms a selection from the long list but countries from each region have been included in the long list.

- The evaluation ToR originally proposed that country case studies should look not only at national aggregate data but also consider specific outliers among key HIV outcome indicators and more disaggregated data at the sub-population and sub-national level. Whilst the evaluation can gather and analyse this data from a review of secondary sources, the limited evaluation resources do not enable travel beyond the capital of each country selected to gather subnational data.
- The ToR proposes an analytical summary of findings from existing HIV-related evaluations carried out by individual cosponsoring agencies covering 2020-2024 (partly or in full), as stand-alone evaluations or as part of broader programmatic evaluations, and other relevant external data sources outlined in the inception report related to HIV and AIDS. Whilst the evaluation will examine a limited number of evaluations as part of the documentary review, the limited evaluation resources will not permit a full analytical summary.

## Evaluation methodology

### Evaluation Design

#### Methodological approach

The evaluation will adopt a mixed methods approach, using qualitative and quantitative methods and triangulating data from a range of different sources. The conceptual basis for this includes an analytical framework/ evaluation matrix and a reconstructed theory of change (ToC).

Some initial work on reconstruction of the theory of change is shown in Annex 2, including three alternative ways of looking at the programme:

- A. The first ToC focuses on the Joint Programme's own results areas and performance indicators – it has been developed directly from the latest UBRAF results framework.
- B. The second ToC is more focused and has been developed by the evaluation team. It is an attempt to situate the Joint Programme's work within the broader context of the global response to HIV and AIDS.
- C. A third ToC is a diagrammatic summary of the overarching theory of change and nested ToCs in the UBRAF. In the UBRAF, these were couched in narrative form in a series of "if... and...then" statement.

The evaluation team has set out to critique these different options and would argue that each of these has its own advantages and disadvantages.

- Versions A and C are closely based on the UBRAF and would clearly have most ownership and should be relatively easily recognise for Joint Programme partners and PCB from earlier work.
- Version C is taken from the UBRAF narrative and therefore we can assume its language has ownership/recognition from key stakeholders. On the other hand, it is lengthy and not well suited to use as a ToC for evaluation purposes.
- Version B is more complex and would lend itself well to seeing the bigger picture, particularly in understanding how the JP is impacted by external forces and its

contribution. However, it lacks ownership as it represents the evaluation team's thinking rather than that of the JP cosponsors and UNAIDS Secretariat.

We therefore recommend using version A as the main starting point for the evaluation and developing and unpacking it further to show feedback loops, assumptions and context in more detail as needed. For contribution analysis, a clear but comprehensive ToC with all relevant feedback loops is essential. This is an approach which was recommended for future evaluations of the Joint Programme and therefore important for us to consider. In that respect, it may be necessary to use a combination of versions A and B.

A key methodological challenge for this evaluation is that the object of the evaluation is complex (the JP is a partnership of 12 different UN agencies funded by multiple donors) and contributes to a complex ecosystem (the evolving epidemic itself and the global Aids response to the epidemic). This occurs across multiple country contexts at a time when the response has been subject to enormous strain due to sharp reductions in funding both for the UN partners and bilateral agency responses including PEPFAR.

For this reason, the team will seek to strike a balance between a broad/comprehensive overview – allowing an understanding of the context and the many different perspectives of the key players – but then focusing in on what is most relevant for how the JP is evolving. The team have been carefully mapping the different elements of the system to situate the JP response within the overall context - and will use the data collection phase to understand the perspectives of the various players. The most important set of views to capture here is the perspective of countries (governments but also civil society) on what is bringing most value in the response to HIV. In addition, we will seek to understand the perspectives of the co-sponsors and Secretariat donors and other key partners and stakeholders (e.g. the Global Fund).

With the constraints and context in mind, we propose to:

- Adopt a deliberately **forward-looking approach** to make the evaluation as useful as possible for learning – the context has shifted dramatically, and the past will be only partly useful as a guide to what happens next. Nevertheless, some attention is required to hold the Secretariat and Co-sponsors accountable for what results were achieved with funding that was made available before the change in context.
- Seek to **add value**, adding to but not duplicating analysis already conducted or revisiting decisions already taken or at a very advanced stage of thinking by the High-Level Panel, the Co-Sponsors and Secretariat. Seek to generate findings to inform the operationalisation of the new operating model.
- **Be sensitive to the uncertainties** faced by the key informants, most of whom are undergoing huge changes in their work and personal lives due to the reductions in staffing budgets and ongoing restructuring of the UN agencies and other players including PEPFAR.
- Related to the above, we will follow the **UNEG Norms and Standards for Evaluations** (2016) and its Ethical Guidelines and related guidance (e.g. the UNEG Guidance on integrating Human Rights and Gender Equality in Evaluation).

## Evaluation matrix and questions

The evaluation matrix (see Annex 6) shows proposed evaluation questions by criteria, alongside data sources. While these are informed by the questions set out in the Terms of Reference, they have been refined given the constraints under which the evaluation is being conducted and to avoid duplication of other analytical exercises. In particular, the smaller budget than originally envisaged for the evaluation has necessitated carefully prioritising the questions/enquiry areas and reducing them in number. As per the terms of reference and

available data, impact is out of scope, so the criteria used are relevance, coherence, effectiveness, efficiency, and sustainability.

## Evaluation phases

### Inception phase

This evaluation has commenced with a detailed inception phase to ensure we have a shared and agreed understanding of needs and expectations to ensure the quality, relevance, and utility of our work. This included an initial kick-off meeting with UNAIDS Office of Evaluation, followed by interviews with UNAIDS Secretariat staff, Board members of the PCB and various Co-sponsor focal points. A total of 26 interviews took place, with the evaluation team also sitting in on the 56th PCB meeting in June 2025.

An initial document review has been conducted with eight documents, as part of familiarisation with the key issues and mapping the available data. This also assisted in refining the methodology and evaluation matrix and will help later with triangulation of evidence, developing robust findings and clear, meaningful, evidence-based conclusions and recommendations. Key documents such as the High-Level Panel Report, Performance Management reports, 2023 UNAIDS MOPAN report and the recent Evaluation Synthesis report by EHG in 2024 particularly helped to shape this evaluation to the current context.

The evaluation team has refined the evaluation questions in the ToR, based on inception interviews, document review and examination of the ToC and has then developed an evaluation matrix as the central framework. The evaluation questions were also heavily influenced by the recent change in the operating context of UNAIDS and aim to provide as much utility as possible going forwards. The evaluation matrix enables systematic data collection and analysis of the Joint Programme's performance and sets out the selected evaluation criteria, questions, data collection methods and stakeholder groups, allowing the evaluation team to ensure that each question is addressed through multiple evidence sources. A balanced approach that triangulates views with objective data and broader stakeholder engagement will help safeguard the credibility of the evaluation.

Through consultation with various UNAIDS stakeholders in the inception phase, we have completed a detailed stakeholder analysis. This maps the interests of different stakeholders, how they might use the evaluation, and how they might be engaged in the evaluation process. Among other things, this enables the evaluation team to use appropriate and ethical data collection methods, ensuring the participation of a broad range of stakeholders, tailoring our data collection methods to facilitate their participation (see Ethical considerations section below), check that evaluation findings are triangulated across stakeholder groups, and to develop a robust sampling frame.

### Data collection phase

We will use a mixed methods approach, i.e., multiple research methods to collect and triangulate qualitative and quantitative data from a range of sources to establish a robust evidence base to inform all aspects of the evaluation, informed by the evaluation matrix. In all data collection and analysis activities, we shall ensure that approaches and tools are adapted to context, and that we consult in a balanced and representative way (across gender; population groups and geographic areas). Data collection tools will be gender-sensitive and consider other cross cutting themes such as human rights, community led responses, multisectoral action and sustainability as per the UBRAF.

Primary data collection will include KIIs, Focus Group Discussions (FGDs), and country studies (3 field based and three remote). Given the drastic change in context of UNAIDS, the evaluation team decided to not proceed with a survey. Secondary data has already been

identified and reviewed in the preliminary document review, and this will continue as more documents are identified.

The main data sources for the evaluation will include:

- **Document review:** We have conducted an initial desk review of key strategic documents, particularly PCB 2025 papers including the UBRAF performance reports and recommendations of the High-Level Panel, the synthesis review of independent evaluations, the 2023 MOPAN assessment, and the last independent evaluation of the Joint Programme. During the main data collection this desk review will continue, using a snowballing approach to identify other reports including Performance Monitoring Reports (PMRs), Joint UN Team Plans on AIDS (2020 - 2024) and reports from UN Joint Team on AIDS (2020 – 2024), Joint work on thematic areas and its reports from countries, country level evaluations, evaluations commissioned by co-sponsors, HIV related evaluations carried out by Cosponsors in the period covered by the evaluation (2020-2024) and reports of any internal assessments carried out by the Cosponsors on the Joint Programme work and external data (for triangulation purposes) such as the Global AIDS Monitoring (GAM) data (<http://aidsinfo.unaids.org/>) and the Capacity overview of the Joint UN Team on AIDS. The document review will be undertaken using a structured analytical tool aligned to the evaluation questions.
- **Direct observation:** the evaluation team attended sessions of the PCB which provided a useful insight into current discussions between the Secretariat, co-sponsors and donors on the future of the Joint Programme, notably the difficult decisions around resources and proposals recently put forward for restructuring by the Secretariat based on the High-Level Panel recommendations. Direct observation at the country level will also be used where possible, during the case studies.
- **Key informant interviews:** 26 interviews have been conducted during the inception phase. During the main data collection, we will sample key informants in more detail at the country, regional and global level, and we expect to conduct around 50 interviews, sampling a representative range of stakeholders. In some cases, we expect some difficulties in getting interviews scheduled, due to staffing changes and the challenging context – we will follow up proactively to this risk but also be sensitive to respondents who are facing personal and professional challenges at this time. KIIs will be conducted using a semi-structured interview guide adapted to stakeholder type (please see annex 7), derived from the evaluation matrix.
- **Country case studies:** Given the evaluation resources, which impose limitations on travel and consultancy days, we propose to conduct 6 country case studies, of which 3 will be field based (up to 5 working days field work in country,) Field visits will take place primarily in the capital city to carry out interviews and focus group discussions with the country office staff, cosponsors, government, civil society and community groups, development partners and other stakeholders. . The country studies will serve as a powerful tool in this evaluation to explore questions of process, achievement of results, relationship and actors in context, including a better understanding of barriers and facilitators to activities as directly experienced. In preparation for each case study, we will conduct a thorough review of relevant country documents and follow up with face-to-face/ remote interviews and focus group discussions with partners in government, civil society, people living with HIV and community representative, staff in the UN.

Planning for each country visit will start with prior communications with an identified country office focal point. This will include supporting the team with any country entry requirements, logistical arrangements, security brief and associated support,

gathering country-level documentation, introducing the evaluation team to country stakeholders, identifying potential interviewees and arranging the debriefing.

Each country's study will culminate in a de-briefing meeting arranged by the country office with key stakeholders to present and validate emerging findings, check data accuracy and identify any data gaps. We would recommend that these debriefs include both cosponsor representatives and national partners to increase opportunities for ownership and engagement with evaluation findings. The evaluation team will seek feedback on the findings with the intention to maintain a participatory process and develop recommendations which are of utility.

Evidence sheets will be developed for all country studies mapped against the evaluation framework. Evidence sources will be noted (e.g., interviews, focus groups, documents). This will be used to support intra and inter-country level triangulation and to weigh evidence. Given available evaluation resources, we will not develop a country-specific report but will share a brief PowerPoint of key country findings for stakeholders use.

- **Remote country case studies:** Alongside the three country studies, we propose to undertake an additional three remote/ desk-based country studies. Each of these studies will be undertaken with 3 days data collection allocated to each study (approximately ten interviews per country). The same approach and data collection tools will be used for these remote studies as with the country studies, but the remote studies will be lighter touch exercises.

## Analysis and validation

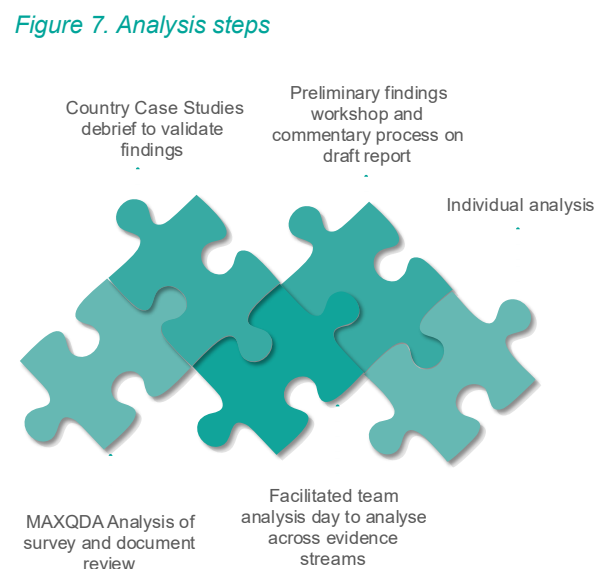
Data triangulation and objective sources of information and robust data are needed to ensure validity and reliability of findings and conclusions. Analysis, triangulation and validation will take place iteratively to enhance opportunities for the team to share learning, refine methodology and approach as needed and test and validate working hypotheses. The evaluation framework will be used to analyse data from the main data sources and to organise and tabulate it in relation to the evaluation questions, using MaxQDA.

As part of team verification and validation, we will hold a team analysis day to systematically review data and verify and identify main findings as a group, including identifying trends and outliers.

Data will be triangulated through the cross reference of findings across different data sources, triangulation within the team and by evaluation team and through validation of findings at country level and with the Evaluation Management Group.

Data from key informant interviews and focus group discussions and document analysis will be disaggregated where possible by gender, region and/or country context. We will ensure that the analysis and triangulation include gender, human rights and equity lens.

Since HIV/AIDS outcomes go beyond what the Joint Programme could achieve alone, the evaluation will draw on contribution analysis to provide a systematic way to capture plausible evidence regarding the difference the Joint Programme is making to observed outcomes through looking for contribution. Contribution analysis will serve to reduce uncertainty about the contribution the Joint Programme to the observed results through an increased



understanding of why the observed results have occurred (or not!) and the roles played by the intervention and other internal and external factors. It also provides a route – at least in a qualitative sense - to considering the counterfactual of what would have happened without the Joint Programme.

As part of the validation of evaluation findings, we will develop and present preliminary findings to the evaluation management group and use this as an opportunity to discuss potential recommendations arising from the evaluation. This serves to strengthen stakeholder ownership of evaluation findings and supports a 'no surprises' approach where stakeholders already have a sense of where the evaluation will 'land', ahead of receiving the written draft.

## Reporting and dissemination

Following the presentation of preliminary findings, the evaluation team will draft an evaluation report. The report will be a maximum of 40 pages (excluding annexes) and will adhere to UNEG guidelines and UNEG Guidance on integrating Human Rights and Gender Equality in Evaluation. The report will be written in clear, concise plain English, and use diagrams where this helps to communicate a point. The draft Evaluation Report will be quality assured following UN quality assurance processes.

The report will be submitted to the Evaluation Management Group for review and comment and then revised accordingly. The evaluation team will submit the revised draft with a comments matrix outlining how comments have been addressed. An executive summary will be produced with the second draft of the report and will include findings, conclusions, lessons learned and recommendations. This will also be submitted to the Evaluation Management Group for comment. The evaluation team will then revise the draft report, and it will undergo a second, final round of quality assurance, considering feedback, and copyediting and proofing. We will also submit a PowerPoint presentation of the evaluation findings and present the final report to the Evaluation Management Group and other selected audiences (e.g. PCB).

## Stakeholder analysis

Stakeholders have different interests and levels of engagement in an evaluation. As part of the inception period, we have reviewed and mapped major stakeholder groups and individuals to ensure that a cross-section of stakeholders are involved and consulted as appropriate throughout the evaluation process. This includes both involvement in data collection and in the management of the evaluation as appropriate. Stakeholder mapping also identifies the different interests of the stakeholder groups in the evaluation and their role.

Direct users of this evaluation include the UNAIDS Secretariat, Cosponsors, and the PCB. Those stakeholders may be closely associated with the evaluation process in terms of validation of findings and co-creation of conclusions and recommendations and, depending on their function, involved in implementing the evaluation’s recommendations. Other stakeholders that have an interest in the evaluation’s outcomes but would not be directly affected include external stakeholders at a global level such as donors who fund multilateral and civil society umbrella groups.

**Error! Reference source not found.** below outlines the different stakeholder groups and their interest in the evaluation:

*Table 1. Stakeholder analysis*

| Stakeholder group   | Stakeholder subgroup | Interest in Evaluation ‘Stake’  | Role in Evaluation  |
|---|----------------------|---|---|
| <b>Evaluation Management Group</b>  |                      | Evaluation design and ensuring evaluation quality. Informing evaluation dissemination.  | Approval and validation of evaluation design and proposed sampling, engage in preliminary findings presentation, review and quality assurance of evaluation report. |
| <b>UNAIDS Secretariat</b>   |                      | Responsible for day-to-day work and operations of the Joint Programme.<br><br>Closely associated with the evaluation process in terms of validation and co-creation of conclusions and recommendations and will be involved in implementing the evaluation’s recommendations. | Participation in inception interviews, KIIs and workshops for validation and co-creation of recommendations and conclusions.  |
| <b>Cosponsors:</b><br><b>UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, and World Bank</b> |                      | Responsible for day-to-day work and operations of the Joint Programme.<br><br>Closely associated with the evaluation process in terms of validation and co-creation of conclusions and recommendations  | Participation in inception interviews, KIIs and workshops for validation and co-creation of recommendations and conclusions.  |

|   |  |  |                             |
|---|--|--|-----------------------------|
|   |  | and will be involved in implementing the evaluation's recommendations.   |                             |
| <b>Programme Coordinating Board (PCB)</b> | <b>PCB Members</b>   | All PCB members have a direct interest in the evaluation and its findings having reaffirmed the need for it in its meeting in December 2024 and require evidence of the UNAIDS Joint Programme's contributions to results, importance of the evaluation to inform future priorities, plans and division of labour to accelerate progress and sustain the HIV response, to inform strategic decision-making regarding the Joint Programme operating model, structure, resourcing and focus going forward. | Participation in Interviews |
|   | <b>Cosponsors:</b> UNHCR UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, and World Bank   | Cosponsor PCB members have a significant stake in the evaluation in terms of how it might be used to inform their own organisation's strategic engagement with the Joint Programme and allocation of resources.  |                             |
|   | <b>Member States:</b> Belarus, Brazil (Chair), Burundi, Cambodia, Canada, China, Finland, France, Haiti, India, Iran (Islamic Republic), Kenya, Lesotho, Libya, Mexico, Netherlands (Vice Chair), Philippines, Poland, Portugal, Senegal, United Kingdom, United States of America | Each member state PCB member has a vested interest in the evaluation given its support to the Joint Programme as donors or users of the services offered by the Joint Programme.   |                             |
|   | <b>Africa:</b> SR HR Alliance Uganda/ Humanity First Cameroon<br><b>Asia/Pacific:</b> International Planned Parenthood Federation (IPPF) / Youth LEAD  | Have a direct interest as organizations representing the perspectives of civil society, including people living with HIV, within UNAIDS policies and programming. People living with and affected by HIV have the largest stake in the impact and effectiveness of the Joint Programme.  | Participation in Interviews |

|                              |   |   |                                   |
|------------------------------|---|---|-----------------------------------|
|                              | <p><b>Europe:</b> Frontline AIDS / Trans Europe and Central Asia</p> <p><b>Latin America/Caribbean:</b> Jamaica AIDS Support for Life / Organizacion Llanto, Valor y Esfuerzo (LLAVES)</p> <p><b>North America:</b> LetsStopAIDS / National Native American AIDS Prevention Center (NNAPPC)</p> |   |                                   |
| Partner Health organisations | Global fund, PEPFAR   | Partner health organisations have a vested interest in the evaluation findings in terms of their own planning and decision-making and supporting coherence between their work and that of the Joint Programme.  | Participation in Interviews       |
| National governments         | President/Prime Minister's Office, National Parliament, Ministries of Foreign Affairs and /or development, Ministries of Health, Ministries of Planning and of Finance, Ministries of Gender, Ministries of Youth, Ministries of Education National AIDS Council                                | National governments would have a vested interest in the evaluation findings in terms of understanding the coherence of the Joint Programme with national strategy and interventions and understanding how it is helping to meet the needs of the populations they serve.   | Participation in Interviews       |
| Affected populations         | Civil society, PLHIV, key populations, women groups, community representatives,   | Affected populations will be integral stakeholders of the evaluation as direct beneficiaries of Joint Programme interventions with significant insights into the country context. They have a vested interest as the Joint Programme is intended to respond to their needs. Civil society organisations have a vested interest given their role in UNAIDS Country Teams, as representative of PLWHIV etc. | Participation in Interviews, FGDs |

# Sampling

## Global level KIIs

Taking into account the resources available for this evaluation, we anticipate being able to conduct a maximum of 55 global level KIIs. The table below proposes how many we would seek to engage from each respondent group and suggestions of designations etc. where possible.

Table 2. Global KII Sampling overview

| Stakeholder group                  | Stakeholder subgroup  | Number of respondents |
|------------------------------------|---|-----------------------|
| UNAIDS Secretariat                 |   | 15                    |
| Programme Coordinating Board (PCB) | <b>Cosponsors:</b> UNHCR UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO, and World Bank  | 15                    |
|                                    | <b>Member States:</b> Belarus, Brazil (Chair), Burundi, Cambodia, Canada, China, Finland, France, Haiti, India, Iran (Islamic Republic), Kenya, Lesotho, Libya, Mexico, Netherlands (Vice Chair), Philippines, Poland, Portugal, Senegal, United Kingdom, United States of America  | 5                     |
|                                    | <b>Africa:</b> SR HR Alliance Uganda/ Humanity First Cameroon<br><b>Asia/Pacific:</b> International Planned Parenthood Federation (IPPF) / Youth LEAD<br><b>Europe:</b> Frontline AIDS / Trans Europe and Central Asia<br><b>Latin America/Caribbean:</b> Jamaica AIDS Support for Life / Organizacion Llanto, Valor y Esfuerzo (LLAVES)<br><b>North America:</b> LetsStopAIDS / National Native American AIDS Prevention Center (NNAPPC) | 5                     |
|                                    |   |                       |
| Other civil society                |   | 5                     |
| Partner Health organizations       | Global fund, PEPFAR   | 5                     |

## County case study sampling

The team developed a longlist of 22 countries from the new UNAIDS footprint of 54 countries to propose for country case studies based on a series of criteria articulated in the evaluation ToR and from our inception enquiry. The longlist was shared with the Evaluation Management group for discussion and refined further pending the inception discussion with the group, as well as feedback from UNAIDS secretariat leadership. Based on the application of these criteria, the following have been agreed for country case study:

Field case studies: Cambodia, DRC, Uganda

Remote case studies: Cameroon, Peru, Philippines

The criteria used include:

- Options for countries across each of the regions
- A mix of countries which will have either an in-person country presence, one person office in RCO, regional team support or multi-country offices.
- Taking into account the findings of the EHG evaluation synthesis, which highlighted that certain countries and regions have been oversampled in recent evaluations, we have tried to include countries in the longlist which have not been included in evaluations in the last five years (or at least a low number of evaluations).
- We have used the High-level Panel Typology inclusion criteria to ensure a spread of typologies (i.e., Incidence - Increasing by 10%+ and more than 1500 NI Treatment Gap, more than 50,000 not on treatment)
- A range of Joint Programme spends by country<sup>7</sup>

The longlist proposed is presented in Annex 8.

### Country stakeholder sampling

For each country, we will undertake a specific country sampling, recognizing that there will be different actors/key populations etc. in each context. Based on five days in each country, we expect to undertake around 25 interviews.

*Table 3. Stakeholder respondents*

| Stakeholder group  | Number of respondents |
|--|-----------------------|
| <b>UNAIDS/Cosponsor staff</b>  | <b>10</b>             |
| <b>National governments President/Prime Minister's Office, National Parliament, Ministries of Foreign Affairs and /or development, Ministries of Health, Ministries of Planning and of Finance, Ministries of Gender, Ministries of Youth, Ministries of Education</b> | <b>4</b>              |
| <b>NGOs and CSOs</b>   | <b>5</b>              |
| <b>Other in country partners</b>   | <b>2</b>              |

<sup>7</sup> Data provided by UNIDS on Country and regional expenses and encumbrance against all sources of funds for the financial year ended 31 December 2024 (in US dollars)



## Ethical considerations

The evaluation will adhere to the United Nations Evaluation Group (UNEG) Norms and Standards and will include consideration of relevant cross-cutting issues of gender, human rights, humanitarian principles, and accountability to affected populations (AAP) in design, data collection and analysis where appropriate. During the data collection phase, the evaluation team will incorporate culturally appropriate practices to ensure confidentiality and encourage both men and women to speak openly. Interviewees will be provided with a verbal introductory statement with information on the evaluation effort and the extent of confidentiality of the data. The data collection process will continue only if key informants consent verbally. Further, key informants will have the right to refuse to answer questions or participate in interviews/discussions and the right to stop the interview at any time. Data will be gender-disaggregated data and analysed, as such, when appropriate. Source data will not be shared outside of the evaluation team and destroyed within three months of the evaluation's completion.

The evaluation team recognises that data collection from HIV/AIDS key populations may present specific ethical consideration. Because of stigma and discrimination associated with HIV/AIDS, it is often difficult to find persons who will self-identify as being affected by the disease or as a key population. Ethical standards relating to persons affected by HIV/AIDS and key populations must be strictly upheld during the evaluation process and measures to protect confidentiality must be in place before the evaluation begins.

Based on our stakeholder analysis, the evaluation team will use appropriate and ethical data collection methods for key populations, ensuring the participation of a broad range of stakeholders, and tailoring our data collection methods to facilitate their participation. Further, the team will carefully weigh the usefulness of the information to be gained against the potential negative impacts of the data collection methodology.

Given the proposed methodologies of in-depth interviews, focus groups, and possibly community meetings, the team will conduct a pre-assessment of the potential stakeholders involved and based on stakeholder feedback, use that method which is most appropriate in mitigating any unintended consequences while providing the opportunity for participants to speak freely. For the in-person and remote country case studies, the team will consult with a number of key stakeholders, including networks/umbrella organisations of key populations, to understand their concerns and tailor the appropriate method for the specific context. In general, our approach will be to "Do no harm" approach to ensure that the evaluation does not collect or present data if immediate or long-term harms to the physical, social emotional or psychological wellbeing of respondents cannot be mitigated. Care will be taken in ensuring that the evaluation process does not compromise the safety of key populations. The team will also ensure no one is left out of the evaluation due to language barriers with team members being assigned based on language capabilities. Where necessary, translation will be sought to ensure equal and accessible participation for all stakeholders.

Regardless of the method used to collect information in the evaluation, all records will be kept strictly confidential. Confidentiality of records, especially those that might reveal HIV status, will be strongly protected with only the core team members being granted password access, and the data will only be reviewed and discussed by the team. All non-essential written records will be destroyed within six months of the evaluation being completed. If representative quotes are presented in the evaluation report, this will be done anonymously, and data will be pooled to ensure that no one individual can be identified.

# Evaluation management and governance

## Evaluation management

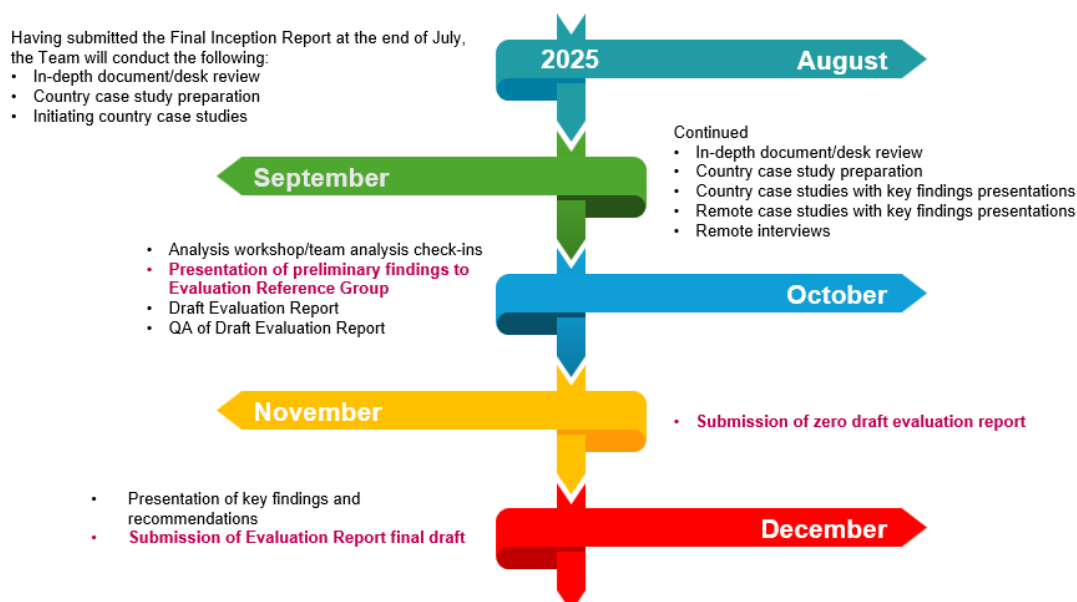
The evaluation is being conducted by an independent team from IOD PARC, a UK based M&E consultancy firm, who have extensive experience of evaluating global health architecture, multilateral partnerships, and HIV/AIDS. The evaluation team is responsible for the design, planning and implementation of the evaluation and the evaluation report in accordance with agreed specifications and timeline. The evaluation team will regularly update the evaluation management group throughout the evaluation process on key areas essential to ensuring evaluation’s quality, credibility, and ultimate utility and will engage staff within the UNAIDS Secretariat and Cosponsors and any other partners to ensure satisfactory delivery of all deliverables.

The evaluation has been commissioned by the UNAIDS evaluation office and is supported by an evaluation management group including representatives from WHO, ILO and UNFPA. The UNAIDS Senior Evaluation Advisor will serve as the coordinating manager for the Evaluation Management Group. The UNAIDS evaluation office has overall responsibility for managing and shepherding the Joint Programme evaluation to completion in a credible, transparent, and utilisation-focused manner with quality, in adherence with UNEG norms and standards – from preparing an initial draft of the terms of reference to the day-to-day management in accordance with the agreed terms of reference.

This Group will facilitate the access by the evaluation team to information sources during the inception and data collection phases, manage the process, review, and approve the inception report and the draft reports, manage the validation and stakeholder engagement process, and take measures to ensure the use of evaluation by different intended user groups. It will also ensure the overall quality assurance of the evaluation in adherence with United Nations Evaluation Group (UNEG) norms and standards, including maximum independence and impartiality of the evaluation. The UNAIDS evaluation office will facilitate linkages with UNAIDS country offices for in-country evaluation missions and liaise with global and regional staff of UNAIDS Secretariat and Cosponsors as needed. The UNAIDS country offices will facilitate engagement of Joint UN Teams on AIDS, country officials and other key stakeholders.

## Timelines and deliverables

Figure 8. Timelines and deliverables



## Limitations and risks

The evaluation team has noted the following potential limitations which may affect the evaluation process.

*Table 4. Risk and mitigations*

| Risk  | Impact | Probability | Mitigation Action  |
|---|--------|-------------|--|
| Current challenges facing UNAIDS (Secretariat and Cosponsors)   |        |             | With the sharp decline in financial and human resources for global health programming in general and the UNAIDS Joint Programme in particular, the evaluation team recognises both the biases this may have engendered, as well as the current distress under which participants may be operating. It might be that key informants we approach have been made redundant or that remaining staff are adjusting to new roles as part of the organisation restructure. As such, the team will ensure within the data collection tools that participating individuals will be given the opportunity to give expression to those reactions while also staying focused on the primary purpose of collecting data for the evaluation. |
| Number of stakeholders with different agendas, needs, and interests.  |        |             | We recognise that there are multiple agencies individuals/ stakeholders who are involved to varying extents in this evaluation, each with differing agendas, interests, and needs from the process.<br><br>It will therefore be important to manage communications, expectations and ensure proportionate participation and engagement in the evaluation from the other agencies.  |
| Evaluation timeframe/ delays on agreeing fieldwork dates and starting fieldwork.  |        |             | Prior to travelling to the country, we will source stakeholder lists and communicate closely with the country office to make sure the evaluation team is aware of any delays.  |
| Inconsistent data across countries.   |        |             | The evaluation team will utilise an evaluation matrix as a basis of examination. While interview guides will be tailored to the context of each country, they will all seek to obtain the same types of data. In addition, time will be taken to identify the correct stakeholders to help ensure the right type of data can be collected from the right people. We will also work closely with country office teams to obtain as many relevant documents as early as possible to any gaps can be identified in time.  |
| Country visits may present logistical difficulties (e.g., poor transport infrastructure, limited access to respondents), which could delay data collection or restrict access to certain population segments. |        |             | Country selection will be made with factors such as safety, ease of internal travel and access to stakeholders. Prior to visiting the country, we will engage local stakeholders early to support logistical planning, i.e., car hire, staying at recommended UNAIDS accommodations. We can also offer additional remote interviews to help build flexibility into the timeline to accommodate potential delays.   |
| Lack of engagement from busy stakeholders   |        |             | We anticipate that many critical individuals/stakeholders relevant to this evaluation will have limited availability. We will seek to organise meetings well in advance, to allow maximum opportunity to engage and be as flexible and accommodating as possible when arranging to interview stakeholders at times convenient to them and  |

|                                |  |  |   |
|--------------------------------|--|--|---|
|                                |  |  | <p>this can include remote interviews if they do not have time for a face-to-face meeting. We also are aware of the ongoing restructuring process and will aim to be as accommodating and conscious of how such a process has impacted on staff participation in the evaluation</p> |
| <p>Changes to Team Members</p> |  |  | <p>Whilst unlikely, we will work closely with the UNAIDS to ensure any unforeseen changes to the team were managed to ensure the work was carried out to agreed timescales and high standards.</p>  |

# Annexes

## Annex 1: ToR



EVALUATION OF THE ROLE OF UNAIDS  
JOINT PROGRAMME IN ACHIEVING THE  
2030 TARGET AND SUSTAINING GAINS

---

***Final Terms of Reference***  
Version II - 17/4/2025

---

UNAIDS INDEPENDENT EVALUATION OFFICE

## 1. INTRODUCTION

The UNAIDS Joint Programme was established in 1996 as a distinctive, multi-stakeholder, and multisectoral initiative to lead the United Nations system's response to the global AIDS epidemic.

The UNAIDS Joint Programme (UNAIDS) implements its mandate by contributing to achieve the Global AIDS Strategy 2021-2026 and executing the 2022-2026 Unified Budget Results and Accountability Framework (UBRAF). UNAIDS is focused on the goal of ending AIDS as a public health threat by 2030.

Responding to the request from the Programme Coordinating Board (PCB) from its 53rd PCB meeting in December 2023 to continue to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose, the Board approved a work plan of the Evaluation office for 2024 – 2025 with the independent evaluation of the Joint Programme to be conducted in 2025.

In the past, UNAIDS Evaluation Office conducted an Independent Evaluation of the UN System Response to AIDS in 2016 – 2019 and the recommendations from this evaluation served as an input to define UNAIDS path towards 2025.

The Joint Programme Evaluation will serve as a complement to the Multilateral Organisation Performance Assessment Network (MOPAN) assessment of UNAIDS Secretariat conducted in 2023. This evaluation is commissioned as a follow up to the August 2023 MOPAN assessment of UNAIDS and the management response to it. While the MOPAN assessment focused exclusively on the performance of the global functions of the UNAIDS Secretariat with limited attention to the functions and performance of the Joint Programme at the country level, the Joint Programme Evaluation will take a broader and more comprehensive approach.

More recently, as a preparatory step for the Joint Programme Evaluation the Independent Evaluation Office commissioned an evaluation synthesis report that reviews consolidated and analyzed findings from evaluations, assessments, and reviews of the Joint Programme from 2020 to 2024. This synthesis was guided by four questions addressing the program's success, challenges, and opportunities aligned with UNAIDS' six programmatic objectives established by the ECOSOC Resolution 1994/24. The review assessed the effectiveness of Joint Programme structures and their value in sustaining the HIV response. It included 21 reports covering multiple regions and countries, with a focus on three UBRAF periods (2012-2015, 2016-2021, and 2022-2026). This report also identified information gaps that will be filled in through the current evaluation.

In recent years, the fight against AIDS has encountered significant challenges due to declining resources and shifting priorities among international donors. UNAIDS has noted a troubling decrease in funding, which undermines efforts to provide critical HIV prevention, treatment, and care services in countries. As donors increasingly redirect their support toward other priorities, the financial backing for AIDS programs has diminished, risking the hard-won progress made over the years at countries.

In 2025, the UNAIDS Joint Programme faces unprecedented challenges due to a more than 50% decrease in donor contributions, significantly impacting all areas of work. This unpredictable funding and geopolitical landscape are shaping the efforts of a High-Level Panel to adapt the Joint Programme operating model as well as implementing an in-depth restructuring of the Secretariat.

The current evaluation scope and its methods will adapt to this unprecedented context while providing robust, evidence-based answers to the questions and recommendations, reaffirmed by the 55th PCB meeting in December 2024.

## 2. PURPOSE OF THE EVALUATION

The independent evaluation will assess the role the UNAIDS Joint Programme played in supporting countries from 2020 to 2024 to achieve the goal of ending AIDS by 2030 and to sustain the AIDS response beyond 2030.

### Specific Objectives

- A) Review progress against the results in the UBRAF (2022 – 2026) and the goals and targets in the global AIDS Strategy (2021 – 2026) at country, regional and global levels.
- B) Assess the support provided by the Joint Programme to the communities, civil society and partnerships with other stakeholders such as the Global Fund to Fight AIDS, TB and Malaria as well as PEPFAR (the US Government's AIDS programme), and the Universal Health Coverage agenda.
- C) Identify what the UNAIDS Joint Programme needs to and can do in the future, given the AIDS fund crisis and challenging geopolitical context, which includes shifting priorities by the donors, enormous funding gaps and limited/no human resources. Providing recommendations about the sustainability of the Joint Programme. Considering the outcomes and decisions made by the High-Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme and the restructuring process undergoing in the UNAIDS Secretariat.

The independent Joint Programme evaluation is designed both for organizational learning but also for accountability purposes.

The primary users of this evaluation are UNAIDS Secretariat and 11 Cosponsors of the UNAIDS Joint Programme, member state representatives, Members of Programme Coordinating Boards/Executive Boards, Principals, senior management, and staff involved in the UNAIDS Joint Programme at country, regional and global level, who are expected to respond to its findings and recommendations. The secondary users include other representatives of national governments' (including representatives of the President/Prime Minister's Office, National Parliament, Ministries of Foreign Affairs and /or development, Ministries of Health, Ministries of Planning and of Finance, Ministries of Gender, Ministries of Youth, Ministries of Education), other development partners including bilateral donors, community led and based organizations, civil society, other implementing partners and other stakeholders.

The Joint Programme Evaluation (2020-2024) is expected to provide recommendations about the future direction and sustainability of the Joint Programme and will run concurrently with thematic discussions by the UNAIDS PCB on the sustainability of the Joint Programme and the convened High Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response whose report will inform UNAIDS Executive Director's and Committee of Cosponsoring Organization's recommendations on revisiting of the operating model for consideration by the PCB in June 2025.

It is anticipated that the role of the Joint Programme evaluation will serve as an input to define UNAIDS path towards 2030 and beyond. As the work of the High-Level Panel, development of the next global AIDS Strategy has already been started, preliminary evaluation preliminary findings and recommendations will be ready by October 2025.

### 3. SCOPE OF THE EVALUATION

The Joint Programme evaluation (2020-2025) will cover Joint Programme actions at the global, regional and country levels for a period of six years.

| Geographical scope   |   |
|--|---|
| <b>Global</b>  | <ul style="list-style-type: none"> <li>Global level – UNAIDS Secretariat and its 11 Cosponsors (document review, focus groups and/or key informant interviews with relevant stakeholders)</li> <li>Selected members of the UNAIDS Programme Coordinating Board (PCB)</li> </ul>   |
| <b>Regions</b><br>(Asia and Pacific, Eastern Europe and Central Asia, Eastern and Southern Africa, West and Central Africa, Middle East and North Africa <sup>1</sup> and Latin America and Caribbean) | <ul style="list-style-type: none"> <li>All regions (survey and document review possibly complemented by key informant interviews with relevant stakeholders)</li> <li>Members of the Regional Joint Team on AIDS and other strategic regional partners</li> </ul>   |
| <b>Countries</b>   | <ul style="list-style-type: none"> <li>All countries where there is presence of UNAIDS Joint Programme (survey, light desk review/secondary data)</li> <li>At least 6 in country case studies in total<sup>2</sup> (selection of countries covering all regions: - (Asia and Pacific Southern and Eastern Africa, West and Central Africa, Middle East and North Africa, Eastern Europe and Central Asia, Latin America and Caribbean). The in- depth desk review and field missions will cover different HIV epidemics and operational contexts. Country case studies should not only look at national aggregate data but also consider more disaggregated data at the sub-population and sub-national level, and specific outliers among key HIV outcome indicators.</li> </ul> |

#### Time Scope:

The period of the evaluation will cover six years from 2020 to 2025. For 2025, the outcomes and decisions made based on the recommendations from the High-Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme and the restructuring process undergoing in the UNAIDS Secretariat will be taken into consideration as relevant for this evaluation.

#### Thematic scope

|                                      |   |
|--------------------------------------|---|
| <b>Joint Programme results areas</b> | <b>Result Area 1 – HIV Prevention</b>   |
|                                      | <b>Result Area 2 – HIV Treatment</b>  |
|                                      | <b>Result Area 3 – Pediatric AIDS and vertical transmission</b>   |
|                                      | <b>Result Area 4 – Community led responses</b>  |
|                                      | <b>Result Area 5 – Human Rights</b>   |
|                                      | <b>Result Area 6 – Gender Equality</b>  |
|                                      | <b>Result Area 7 – Young People</b>   |
|                                      | <b>Result Area 8 – Funded HIV Responses</b>   |
|                                      | <b>Result Area 9 – Integration and Social Protection</b>  |
|                                      | <b>Result Area 10 – Humanitarian settings and Pandemics</b>   |
| <b>UNAIDS Secretariat functions</b>  | <b>Leadership, Advocacy and Communication; partnerships, mobilization and innovation; strategic information; coordination, convening and country implementation support; governance and mutual accountability</b> |

Within the results areas (RAs) of the UBRAF, the Joint Programme evaluation should look at the most critical advances and barriers that have shaped the control of the HIV epidemic as it exists today and the role and contribution of the UNAIDS Joint Programme on AIDS in this regard. Primarily, focus will

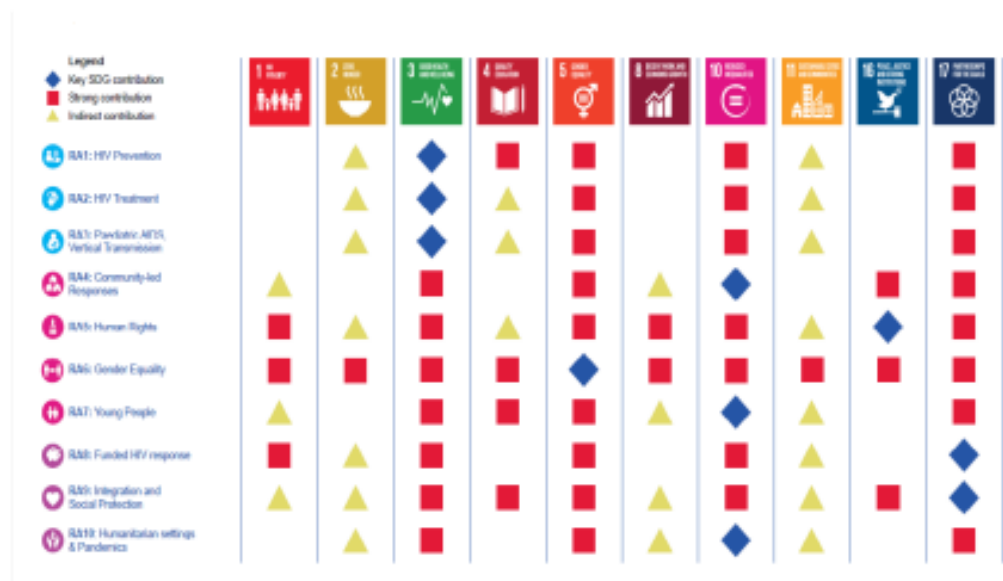
<sup>1</sup> Regional Support Team in the MENA region was closed in mid-2023 and UNAIDS Country Offices under this region were absorbed by ESA and WCA regions

<sup>2</sup> Numbers of countries for both in country case studies and for the virtual case studies will depend on the available funds and will be confirmed during the inception stage.

be on systemwide and joint aspects of the work of the Joint Programme, including elements that would not be captured by individual Cosponsor or UNAIDS Secretariat evaluations.

However, the evaluation cannot avoid considering what individual Cosponsors and the Secretariat bring to the Joint Programme and are or should be accountable for. Analysis of the current UNAIDS Division of Labour and the strengths and limitations of its implementation at all levels will add value for future planning of the Joint Programme.

**Overview of the Joint Programme’s results areas and indicative high-level contributions to the SDGs**



In addition to the specified scope the evaluation will cover the Identified gaps from the Review of UNAIDS Joint Programme evaluations and assessments (2020-2024) phase that focused on:

Scattered quantitative results reporting on UBRAF progress in the evaluations in scope. Because of scattered UBRAF results reporting across the reports in scope, the review found it challenging to answer some of the review questions related to progress comprehensively. It will be important for a future evaluation to explore UBRAF 2022-2026 results comprehensively.

The Western and Central Africa and Eastern and South Africa regions in previous evaluations, less attention to the Middle East and North African Region: The evaluation reports in scope had included evidence across 51 different countries and covering all Joint Programme Regions with a reasonable regional representation, however with a dominance of WCA and ESA regions, and limited inclusion of countries from the Middle East and North Africa region. Future Joint Programme evaluations would benefit from balancing even more the regional representation including adequate attention and focus to Eastern Europe Region, Latin America and Caribbean Regions.

Limited contribution analysis: none of the reviewed evaluations were impact evaluations or used true contribution analysis. It will be critical that any future evaluation of the Joint Programme employs a design that allows analysis of contribution.

Limited evaluative evidence on the utility and effectiveness of specific Joint Programme structures, such as Regional Joint UN Teams on AIDS, UNAIDS Regional Support Teams and UNAIDS Joint Programme governance structures (the Programme Coordinating Board (PCB), and the Committee of Cosponsoring Organizations (CCO). Of the reviewed reports in scope of the review, only the MOPAN and the comprehensive Joint Programme evaluation considered the functions of the PCB and the CCO and only through a light touch thus limiting the review to triangulate these findings. In a future

comprehensive Joint Programme evaluation, the utility and effectiveness of Regional Joint UN teams on AIDS, Regional Support Teams (RSTs), the PCB and the CCO may be considered for further exploration.

The reports in scope had sparse evidence on some Joint Programme's partnerships with key global health initiatives like Global Fund, PEPFAR, leaving gaps in understanding how collaborations and partnerships contribute to achieving HIV response goals.

#### 4. EVALUATION QUESTIONS AND CRITERIA

As the evaluation is carried out at the mid-point of global AIDS Strategy 2021–2026 and UBRAF, *impact* is not explicitly assessed through the evaluation.

The criteria in this section is considered together with key areas of enquiry and will be further refined through the formulation of evaluation questions at the inception phase. Each question will address one or more of the criteria with its intent. The evaluation questions are intended to give a more precise form to the evaluation and articulate the most critical issues to stakeholders, thereby optimizing the focus and utility of the evaluation. Below are the draft questions to be considered for the Joint Programme evaluation.

The Joint Programme Evaluation 2020-2024 will examine the following overarching evaluation questions addressing a combination of criteria indicated below:

Q1: How has the Joint Programme supported countries reaching the 95-95-95 and HIV prevention and other targets, while at the same time ensuring sustainability of achievements?

Q2: To what extent has the Joint Programme strengthened capacities, services, systems integration and coordination to sustain national, sub-national and community responses?

Q3: In which ways have the Joint Programme supported countries to move towards resilient and sustainable responses which are not dependent on external funding?

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

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

Q6: To what extent does the Joint Programme strengthen its partnerships with the Global Fund, PEPFAR and /or other US Government's AIDS programmes and other initiatives for joint country, regional and global support for the AIDS response?

The above presented draft evaluation questions will be reviewed and discussed with the management group for the evaluation, assessing the usefulness and feasibility of each question. To be as utilization oriented as possible, the management group discussion to define evaluation questions will also cover what key decisions, actions, processes, etc., might be meaningfully informed by the findings, conclusions and recommendations of the evaluation. The final version of the evaluation questions will be determined during the inception phase by the evaluation team in agreement with the management group after discussions with key stakeholders and the initial document review.

The Joint Programme evaluation will utilize the United Nations Evaluation Group (UNEG) **evaluation criteria** as well as some other criteria including the Organisation for Economic Co-operation and Development, Development Assistance Committee (OECD/DAC), as defined below:

- **Relevance** – The extent to which the UBRAF design and intended results are consistent with the needs of key stakeholders and population groups and how it can remain relevant in the future. Is the Joint Programme implementing a package of support that is fit for purpose and responsive to country, regional and global needs, in line with the UN comparative advantage, covering the "right mix" of actions, in a range of different contexts and considering other stakeholders' programmes?

- **Coherence:** The extent to which the UNAIDS Joint Programme through UBRAF, country envelopes and JPMS provided stronger coherence in terms of better alignment, coordination, joint planning, joint deliverables, in joint reporting and mutual accountability across the UNAIDS Joint Programme. How much is the UNAIDS Joint Programme fostering joined-up approaches at the country and regional level? Have they improved the coherence of their joint interventions at the country level? Are these joint approaches/deliverables being consistent? When did the UNAIDS Joint Programme haven't done so? Activities undertaken by other partners (governments, civil society, Global Fund and PEPFAR, the private sector) are to be analysed and assessed under the angle of coherence and partnerships with the Joint Programme.
- **Effectiveness** – The extent to which the Joint Programme through the UBRAF has achieved or expects to achieve intended results (UBRAF outputs and contributions to global AIDS Strategy results, national priorities and broader outcomes across the SDGs). What has been the type and scale of support over the past years, and which are the areas where more progress has been made compared to those that have made less progress? What can be said about the contribution from each lead cosponsor jointly with others in the Joint Programme as well as the gaps in support needed? What can be said about the partnerships established by the Joint Programme and their effectiveness in supporting the global response (e.g. keeping AIDS on the global agenda, leveraging political commitment, resources and action) and country needs.
- **Efficiency** – The extent to which the UBRAF investments (core and non-core resources) have achieved its return (financially value for money and impact), and whether the Joint Programme partnership model is fit for purpose. How has UBRAF served as a planning, monitoring and reporting tool and how could the Joint Programme plans (UBRAF results framework) and reports (results-based reporting and performance monitoring through indicators) be improved.
- **Sustainability** – The extent to which the interventions can be reasonably expected to contribute to positive change towards the SDGs and among population groups and the continuation/likely continuation of positive effects. What is the extent of the Joint Programme efforts and success in strengthening systems/institutions/capacities to sustain AIDS results? Where relevant, how is the Joint Programme supporting the countries for transition from external funding from major donors to have sustainable funding options?

## 5. PROPOSED METHODOLOGY FOR THE EVALUATION

The Joint Programme evaluation should use a mix of qualitative and quantitative methods and triangulate data collected from different sources.

The methodology is to be defined/elaborated by the evaluation team in the evaluation inception report and approved by the management group for the evaluation. This includes an analytical framework and a theory of change (based on the TOC by result areas in the UBRAF document and reassessed and revised as needed in the context of this evaluation); evaluation matrix with questions, assumptions and indicators; strategy for collecting and analysing data; evaluation tools; and a work plan.

As the evaluation object is complex, it is recommended that the team maps the different dimensions and the system in which it operates to understand the competing priorities of cosponsors and UNAIDS Secretariat and stakeholders they partner with, as well as causality and change as it unfolds. Once evaluators map these different dimensions, they could unpack and reassemble the evaluation approach selecting units of analysis and the best evaluation approach for each unit and reassemble the individual findings into a whole before going back to the big picture.

The evaluation must follow the UNEG Norms and Standards for Evaluations (2016) and its Ethical Guidelines. It should also respect the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation and the UN-SWAP Evaluation Performance Indicators.

Some indicative elements are listed below:

- **Desk review.** The review should include Performance Monitoring Reports (PMRs); Joint UN Team Plans on AIDS (2020 - 2024) and reports from UN Joint Team on AIDS (2020 – 2024) submitted through JPMS; any Joint work on thematic areas and its reports from countries and regions; Report of the High Level Panel on the future of the Joint Programme operating model

(June 2025); as well as any HIV related evaluations carried out by Cosponsors in the period covered by the evaluation (2020-2024) and reports of any internal assessments carried out by the Cosponsors on the Joint Programme work and external data (for triangulation purposes) such as the Global AIDS Monitoring (GAM) data (<http://aidsinfo.unaids.org/>). Capacity overview of the Joint UN Team on AIDS in countries as part of the country envelop submission also needs to be part of the desk review.

- As a preparatory step for the Joint Programme Evaluation, in 2024, a review of previous UNAIDS Joint Programme evaluations (as well as their management responses) and the reports of other key Joint Programme assessments published between 2020 and 2024 have been completed. This review report presents key findings as well as the gaps identified. This report is one of the key documents to be considered for the desk review.
- **Analytical summary** of findings from existing HIV-related evaluations carried out by individual cosponsoring agencies covering 2020-2024 (partly or in full), as stand-alone evaluations or as part of broader programmatic evaluations, and other relevant external data sources outlined in the inception report related to HIV and AIDS.
- **Direct observation.** Some form of direct observation of the working of the Joint Programme may be also included in the evaluation as feasible and relevant.
- **Web based/electronic surveys** with implementers and key stakeholders at the global, regional and country level (all countries): UN agencies, governments, community led and based organizations, civil society, donors and other stakeholders as relevant.
- **Focus group discussions** with implementers and key stakeholders at the global, regional and country level: UN agencies, governments, community led and based organizations, civil society, donors and other stakeholders.
- **Country case studies**<sup>3</sup> (on site country case studies up to 6 working days field work and virtual country case studies) with review of relevant country documents, face-to-face interviews and focus group discussions with national and local partners: UN staff and governments (National AIDS Councils, Ministries of Health, Ministries Gender, Ministers of Young People, Ministries of Education, Ministers of Planning, Ministries of Finance and other Ministries), civil society, PLHIV, key populations, women groups, community representatives, academic institutions, private sector, donors etc. Direct observation (of programmes/processes) where possible. Case studies will not only look at national aggregate data but also consider specific outliers among key HIV outcome indicators and more disaggregated data at the sub- population and sub-national level. A more focused review of past evaluations—complemented by a smaller number of country case studies involving selected onsite visits—might offer a more cost-effective and feasible approach. Possible criteria to be used for the selection of country visits are presented in Annex IV.

Data triangulation and objective sources of information and robust data are needed to ensure validity and reliability of findings and conclusions. A process to review the sources of information as well as the selection of respondents and the quality of the data should be part of the design of the evaluation, so to explain the level and quality of evidence used to draw conclusions. .

With the current context of 90 days' pause imposed on all US Government Programmes in countries and a sharp decline in financial and human resources for the UNAIDS Joint Programme and the current restructuring of UNAIDS Joint Programme, this may have an impact on this evaluation e.g. by partners responding emotionally, personal biases and ventilating. The evaluation team needs to consider all these factors and aim to reduce chances of this during the data collection time.

## 6. MANAGEMENT OF THE EVALUATION

The UNAIDS evaluation office has overall responsibility for managing and shepherding the Joint Programme evaluation to completion in a credible, transparent, and utilization-focused manner with quality, in adherence with UNEG norms and standards – from preparing an initial draft of the terms of reference to the day-to-day management in accordance with the agreed terms of reference.

To ensure the independence and credibility of the evaluation, this evaluation will be conducted by an

---

<sup>3</sup> Numbers of countries for both in country case studies and for the virtual case studies will depends on the available funds and will be confirmed during the inception stage.

external independent evaluation team. The evaluation team will have appropriate knowledge of the subject of the evaluation and skills mix, as well as relevant experience in performing similar joint evaluations either specifically on HIV/AIDS, health, SDGs or based on partnerships between multilateral agencies.

A management group will be formed for this evaluation:

This evaluation will be commissioned and managed jointly by UNAIDS Evaluation Office together with 3 to 4 nominated representatives from UNAIDS Secretariat, Cosponsors and one member from the Expert Advisory Committee on Evaluation, which will form a Management Group. There is already a management group that has been established in 2024 for the review of the joint Programme evaluations and reviews and the same group with its active members can be maintained.

UNAIDS Senior Evaluation Advisor will serve as the coordinating manager for the Evaluation Management Group. This Group will facilitate the access by the evaluation team to information sources during the inception and data collection phases, manage the process, review, and approve the inception report and the draft reports, manage the validation and stakeholder engagement process, and take measures to ensure the use of evaluation by different intended user groups. It will ensure the overall quality assurance of the evaluation in adherence with United Nations Evaluation Group (UNEG) norms and standards, including maximum independence and impartiality of the evaluation. It will provide the necessary support to the evaluation team during the evaluation exercise (finalization of methodology, facilitation of the evaluation process, identification of relevant documentation and data).

The UNAIDS evaluation office will facilitate linkages with UNAIDS country offices for in-country evaluation missions and liaise with global and regional staff of UNAIDS Secretariat and Cosponsors as needed. The UNAIDS country offices will facilitate engagement of Joint UN Teams on AIDS, country officials and other key stakeholders.

## 7. RESPONSIBILITIES AND KEY DELIVERABLES OF THE EVALUATION TEAM/ CONSULTANTS

The evaluation team will be responsible for:

- The design, planning and implementation of the evaluation and the evaluation report, using an approach to be presented in the inception report and agreed by the evaluation management group, and for delivering in accordance with agreed specifications and timeline.
- Regularly updating the evaluation management group both in writing and by virtual meetings on its progress at all phases of the evaluation, and seeking group members' guidance, decisions and actions in a timely fashion on key areas essential to ensuring evaluation's quality, credibility, and ultimate utility.
- Engaging staff within the UNAIDS Secretariat and Cosponsors and any other partners to ensure satisfactory delivery of all deliverables.

The selected evaluation team will be expected to carry out the evaluation with a high degree of operational autonomy (for example by scheduling relevant meetings with stakeholders) and manage their own travel and other administrative arrangements.

Key Deliverables

### **Deliverable 1: Inception report with methodology**

The inception report should detail the evaluators' understanding of what is being evaluated and why, including an agreed set of questions, and show how each evaluation question will be answered by way of: proposed methods; sources of data; and data collection procedures. The inception report should also include an evaluation matrix, drafts of the instruments and data analysis plan; schedule of tasks, activities and deliverables, final selection criteria of countries to include for in-depth analysis and country visits and an outline of the evaluation report. Furthermore, a detailed stakeholder analysis and clarity on how the right stakeholders will be engaged in the evaluation to be included as part of the report.

**Deliverable 2: Intermediate products presenting draft findings**

These products include a draft list of stakeholders to be included for the key informant interviews from global, regional and selected countries, short notes on case studies (by region or groups of countries), power point presentations with findings from document reviews or other. Intermediate products are meant to get early feedback from the management group and ensure the evaluation is proceeding on the right track. Specific findings for global and for regions and for specific thematic areas need to be presented.

**Deliverable 3: Draft evaluation report and PowerPoint presentation**

To be submitted to the UNAIDS evaluation office and presented to members of the management group for review and inputs. Final draft evaluation report to have specific recommendations for global and for the regions and for each of the thematic areas and cross cutting areas organized and presented in the report. General recommendations may include the structure of the next 'UBRAF' or equivalent and the future reporting by UNAIDS Joint Programme.

**Deliverable 4: Final evaluation report, executive summary and PowerPoint presentation**

To be submitted to the UNAIDS evaluation office. The report should be submitted in English. The quality of the report will be determined based on quality standards (ref. OECD/DAC's Quality Standards for Development Evaluation and UNEG standards for reports) and will be reviewed by the evaluation reference group and management group. Information by country may be covered by specific annexes to the report. The database with raw data that was collected should be destroyed three months after the completion of the evaluation by the contracted party. Ownership of the data will rest with UNAIDS.

## 8. TIMELINE FOR THE EVALUATION

| Month                    | Steps / Deliverables  | Responsible   |
|--------------------------|---|---|
| April – May 2025         | Finalizing the Terms of Reference, setting up the management group  | UNAIDS evaluation office  |
|                          | Contracting of evaluation team  | UNAIDS evaluation office  |
|                          | Structuring of the evaluation and initial desk review, establishment of contact with countries, analysis and (re) construction of the theory of change, formulation of evaluation questions   | Evaluation team   |
|                          | Draft inception report with evaluation framework, methodology and tools   | Evaluation team   |
|                          | Review and comments by management group (methodological approach) – Two times   | Coordinated by UNAIDS evaluation office   |
|                          | Finalization of inception report and evaluation plan<br><b>Deliverable 1: Inception report with methodology</b><br><i>Note: As the key evaluation questions have not been identified and areas for inquiry are broad, time has been factored in (during inception phase) to finalize them.</i>        |   |
| June - September 2025    | Data collection and analysis (6 case studies, document review, secondary data analysis, virtual interviews and an e-survey) Field missions<br><b>Deliverable 2: Submission of draft findings in the form of intermediate products (short case study notes (by region), power point presentations)</b> | Evaluation team (the final inception report to be reviewed by the reference and management group and agreed by the management group with) |
|                          | Virtual workshops for validation of evaluation findings (preliminary) and recommendations   | Evaluation team   |
| September – October 2025 | Writing of draft report<br><b>Deliverable 3: Submission of draft evaluation report</b>  | Facilitated by evaluation team  |
|                          | Review and comments by management group (quality assurance) (soundness of findings, recommendations) – Two Times  |   |
| November 2025            | Integration of comments and finalization of the report<br><b>Deliverable 4: Submission of final evaluation report and PP presentation</b>   | Coordinated by UNAIDS evaluation office   |

|               |  |                          |
|---------------|--|--------------------------|
|               | Final evaluation report presented to UNAIDS Programme Coordinating Board (PCB) | Evaluation team          |
| December 2025 |  | UNAIDS evaluation office |

As consultations on the High-Level Panel, the next global AIDS Strategy has already started, there is little room to adjust the timeline of the evaluation. Preliminary evaluation findings and recommendations therefore need to be available by October 2025.

## 9. REPORTING REQUIREMENTS

### Technical report

The final evaluation report should clearly, succinctly, and impartially describe findings, conclusions, and recommendations. The report should be kept to a maximum of 80 pages and a separate executive summary limited to 8-10 pages maximum. Where relevant, simple graphical elements to convey material very clearly and succinctly should be used. Main components are:

1. **Cover and title pages**
2. **Executive summary** (contains evaluation purpose, evaluation questions, brief description of programme being evaluated, data collection methods, analytical methods, evaluation findings, limitations, conclusions and recommendations);
3. **Programme background** (brief description of programme to be evaluated including dates of implementation, total cost, geographical location, and objectives).
4. **Evaluation purpose and questions**
5. **Evaluation design, methods, and limitations** (overall evaluation design, type of evaluation, summary of stakeholder engagement, data collection methods and rationale as aligned to evaluation questions, sources of data, analytical methods and rationale, ethical considerations, adjustments (if any) from the approved protocol, procedures used to ensure that data are of the highest achievable quality, limitations of the design and methods).
6. **Findings** –To be presented for global and for cross regions (key findings for programme improvement in relation to evaluation questions, unexpected findings, graphical representation of results where relevant).
7. **Conclusions**
8. **Recommendations** (actionable, feasible, and specific recommendations based on the conclusions: no more than 10. Recommendations should be divided into short term and longer term (contribution of the UNAIDS Joint Programme for the next Global AIDS Strategy and for next UBRAF) and specific recommendations for each of thematic areas, for global level and for cross regions. evaluators should also provide: the rationale for each recommendation; the level of priority; and the addressee(s) of each recommendation. Recommendations also need to take into considerations of other high-level processes such as outcomes from the High-Level Panel, restructuring of UNAIDS Secretariat, as relevant.
9. **References** (reports or publications cited in the body of the report).

### Financial report and accounting

The entity that will be contracted to conduct the Joint Programme evaluation will submit invoices which will include the specific deliverables produced and accepted by UNAIDS and the total amount due per invoice.

At the end of the contract, the contractor is expected to provide a detailed financial report including a list of all outputs produced during the life of the contract with the corresponding amount per output, as well as supporting documents for any expenses to be charged on cost such as travel expenses and other expenses.

## 10. STAFFING PROFILE AND OTHER REQUIREMENTS FOR THE EVALUATION TEAM

### Staffing

The evaluation will be carried out by a team of **independent external consultants**, offering a mix of evaluation expertise and HIV expertise and knowledge.

### Combination of expertise and experience

- Relevant professional and academic qualifications (public health, health economics, epidemiology).
- At least 15 years of experience in leading/conducting global programme evaluations, preferably on interventions in the areas of public health or development.
- Demonstrated knowledge of the HIV epidemic and response.
- Proven experiences with qualitative, quantitative data collection and analysis.
- Demonstrated experience with evaluations involving the case study approach.
- Expertise in secondary data analysis of HIV/AIDS and programme monitoring data.
- Proven experience and/or expertise on advocacy and policy development and country programming on women's and girls' empowerment and gender equality, and gender mainstreaming. Knowledge or expertise in SRHR and GBV-related issues will be an asset.
- Ability and proven experience of the application of the Human Rights Based Approach, and of other equity and human rights issues.
- Ability to synthesize information across multiple sources and craft key findings and conclusions that are well-evidenced.
- Knowledge of UNAIDS Joint Programme roles, mandate and programming.
- Knowledge of UN evaluation norms and standards.
- Excellent analytical skills and writing skills.
- Strong interpersonal communication skills and ability to work with different people from different backgrounds to deliver quality products within a shorter period.
- Experience with analysis of HIV/AIDS expenditure and costing data.
- No previous involvement/engagement in the design and/or delivery of the UBRAF.
- Language: Demonstrated excellent writing and oral skills in English. Ability to provide oversight of and quality assure local consultants working in French and Spanish or Portuguese.

### Previous experience

Previous work with UN agencies or other international institutions operating in the field of public health or development. Proven experience in conducting programme evaluations, including the use of mixed methodologies and techniques to verify subjective data.

### Logistic capacity

Ability to undertake most of the assignment from the contracted entity's own office with teleconferencing capacities and ability to organize virtual meetings. The contractor will be required to arrange own travel to the locations of the evaluation (6 country case studies in 6 regions).. Up to 6 days field work is expected to be required per country to complete the 6 in country case studies.

## 11. REQUIREMENTS FROM THE CONTRACTED ENTITY/ AGENCY

### Technical details for the inception report

- Brief overview of how and why the evaluation team's overall competencies, experience and profile are well suited to the specific evaluation at hand.
- Describe in as much detail as possible (considering the page limit for the Technical Proposal) the specific approach and methods in undertaking the expected work, based

Page 12 of 17

- o on (but not limited to) what is described in the above sections.
- o Indicate any anticipated limitations associated with the implementation of the methodology as described in the methodology section – and specifically how the evaluation team would address them.
- o Indicate key milestones and deliverables at various stages.

**Proposed Project Team Members**

The curriculum vitae of all team members including their specific responsibilities on this project, relevant experience and qualifications.

**Financial Proposal**

The entity must submit a detailed financial proposal in a single currency, either in US Dollars or in the currency of the entity's country of incorporation or registration. If the financial proposal is in another currency, it will be converted into US dollars using the United Nations rate of exchange in effect on the date of receipt of the mutually signed contract.

In addition, the Financial Proposal must cover all the goods or services to be provided and must itemize the following costs

- Design concepts, development, typesetting, amends and artwork costs
- Printing costs
- Delivery costs
- Travel and Per Diem costs
- Other costs, if any (indicating nature and breakdown).

The Financial Proposal must contain a summary of the total cost for the services proposed as well as a proposed schedule of payments, all of which must be expressed and will be made in the currency of the proposal.

As a rough estimate, about 30% of the evaluation resources should go towards the global level and about 70% towards the regional and country levels.

In preparing Financial Proposals, the entity should carefully note the following provisions regarding UNAIDS policies on limitations on advance payments, retention, performance bonds, etc.

UNAIDS' general policy is to pay for the performance of contractual services rendered or to effect payment upon the achievement of specific milestones described in the contract.

In special circumstances, UNAIDS policy allows for an advance payment up to a maximum of 25 per cent of the total value for individuals —or 50 per cent of the total value for companies and organizations—upon signature of a contract.

UNAIDS, on its discretion, may determine if such a payment is warranted or not, and the conditions under which it would be made. In any case where an advance payment for \$50,000 or more is requested and subsequently approved, UNAIDS will normally require a bank guarantee or other suitable security arrangement. Further information may be requested by UNAIDS at the time of finalizing contract negotiations with the selected entity.

UNAIDS Travel Policy is to cover and reimburse air tickets only in Economy Class using the most direct route available. UNAIDS does not cover Per Diem cost exceeding that defined by the United Nations at the time of the travel for the specific destination of the travel.

## ANNEXES

### ANNEX I

#### Key Documents

- Global AIDS Strategy 2021 -2026 (<https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>)
- UNAIDS Unified Budget, Results and Accountability Framework 2016–2021 ([https://www.unaids.org/sites/default/files/media\\_asset/20151103\\_UNAIDS\\_UBRAF\\_PCB37\\_15-19\\_EN.pdf](https://www.unaids.org/sites/default/files/media_asset/20151103_UNAIDS_UBRAF_PCB37_15-19_EN.pdf))
- 2022-2026 Results and Accountability Framework (UBRAF) ([https://www.unaids.org/sites/default/files/media\\_asset/PCB\\_SS\\_2022\\_2026\\_UBRAF\\_Framework\\_EN.pdf](https://www.unaids.org/sites/default/files/media_asset/PCB_SS_2022_2026_UBRAF_Framework_EN.pdf))
- UNAIDS Data, 2024 ([https://www.unaids.org/sites/default/files/media\\_asset/data-book-2024\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/data-book-2024_en.pdf))
- 2024 global AIDS report — The Urgency of Now: AIDS at a Crossroads ([https://www.unaids.org/sites/default/files/media\\_asset/2024-unaids-global-aids-update\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf))
- UNAIDS Results and Transparency Portal ([https://open.unaids.org/sites/default/files/styles/carousel\\_image\\_899\\_780/public/2024/ONUO27.jpg.webp?itok=zbmoSwwg](https://open.unaids.org/sites/default/files/styles/carousel_image_899_780/public/2024/ONUO27.jpg.webp?itok=zbmoSwwg))

### ANNEX II

#### Review report of the UNAIDS Joint Evaluations and assessments (2020 – 2024)

[http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_IP-Review\\_EvaluationsAssessments20-24\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_IP-Review_EvaluationsAssessments20-24_en.pdf)

### ANNEX III

#### Updated Joint Programme Division of Labour, 2021

[https://open.unaids.org/sites/default/files/2024/Updated\\_UNAIDS\\_Division.svg](https://open.unaids.org/sites/default/files/2024/Updated_UNAIDS_Division.svg)

### ANNEX IV

#### Selection of countries for in-country case studies and for virtual case studies

- Number of country case studies as part of the evaluation [proposal: 12 countries, covering all six geographical regions].

#### Possible criteria to be considered for selection of countries for case studies

1. **Countries representing different regions and different HIV epidemic contexts including the country typology developed for the work of the High-Level Panel**
2. **Joint Programme investment and physical presence:** Cosponsor and Secretariat presence (number of agencies and staff); expenditure levels; country recipient (Y/N) of country envelopes (a modality of core UBRAF funds allocation); positioning of AIDS in ; configuration of UN system in country; potential to serve the broader SDGs agenda.
3. **Countries' progress against the desired outcomes of the Joint Programme on AIDS:** the table shows possible criteria and cut-offs to be used (in combination) for selecting countries.

| Zero New Infections<br>– disaggregated by age and sex |   | Zero AIDS related Deaths (95-95-95)<br>– disaggregated by age and sex |   | Zero Discrimination  |   |
|---|---|---|---|--|---|
| Criteria  | Possible cut-offs to consider for selection | Criteria  | Possible cut-offs to consider for selection | Criteria   | Possible cut-offs to consider for selection |
| Number of new HIV infections                          | > 10,000                                    | Antiretroviral treatment (ART) coverage                               | < 50 %                                      | Parental consent to access HIV services  | > 16 years old                              |
| HIV prevalence  | > 10,000                                    | Prevention of vertical Transmission of HIV                            | < 50%                                       | Laws requiring spousal consent to access HIV services  | Existence                                   |
| Number of people living with HIV (PLHIV)              | > 100,000                                   | Universal Health Coverage and Integration                             | Yes/No                                      | Does the country have laws or programmes on GBV?   | Non-Existence                               |
| HIV prevalence in sex workers                         | > 15% HIV                                   |   |   | Criminalization of HIV transmission  | Existence                                   |
| HIV prevalence in MSM                                 | > 15% HIV                                   |   |   | Criminalisation of same-sex behaviours   | Existence                                   |
| HIV prevalence in injecting drug users                | > 10 % HIV                                  |   |   | HIV-related travel restrictions  | Existence                                   |
|   |   |   |   | Stigma data: i.e. % of people who would not buy vegetables from a shopkeeper who is HIV positive | Above average (average around 40%)          |
|   |   |   |   | Has any positive law reform occurred (if relevant)?  | No  |

4. **Other Contextual considerations:** socio-political context and fragility; humanitarian emergencies settings; country income level / human capital index; domestic capacity and funding, availability of Global Fund, PEPFAR and other funding; HIV integration into Universal Health Coverage; existence of a sustainability transition plan, excluding countries where evaluations were conducted in the past three years to avoid duplication and heavy lifting by UNAIDS country offices

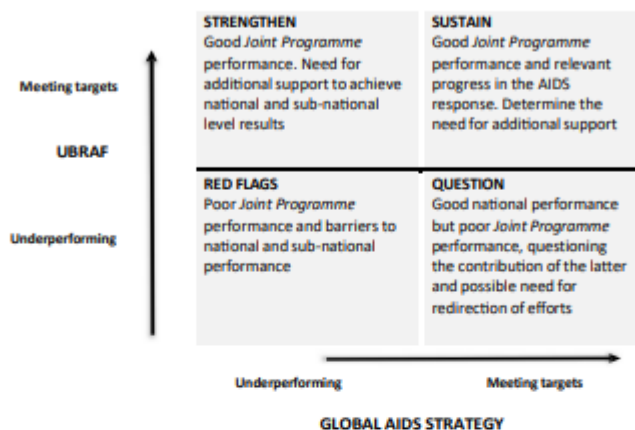
## ANNEX V

### Initial Areas of Inquiry to potentially explore and/or refine

1. **UBRAF Performance Monitoring** enables to monitor progress in UBRAF implementation, quantitative data – using indicators – are combined with narrative descriptions and analyses. UBRAF indicators capture progress at country level that are plausible results of the actions of the Joint Programme. A web-based tool, the **Joint Programme Monitoring System (JPMS)** facilitates collecting, collating information which is used for analysing performance information summarized in UNAIDS Performance Monitoring report to the PCB. It enables collection of indicator data as well as qualitative information on progress and challenges by country and at regional and global levels. The extent to which the UBRAF performance monitoring is bringing and strengthening the mutual accountability of the actors of the Joint Programme and whether through JPMS they are able to report on the achievements and challenges, gaps of the Joint Programme that can provide a trend and impact on the national AIDS response in a country/ region?

The success of the Joint Programme is linked to progress in the AIDS response against the targets  
Page 15 of 17

in Global AIDS Strategy. Progress against the indicators that monitor the global AIDS response provides the context against which to triangulate and analyse UBRAF data. Linking UBRAF and Strategy indicators allows consideration of the progress and results at the country and regional level and across outputs. The figure below presents a simple framework to interpret how the UBRAF contributes to the achievement of the results in the Strategy.



2. **The Joint Programme partnership model** and whether it is fit for purpose. The extent to which the UBRAF brings coherence and synergy to the efforts of UNAIDS Cosponsors and Secretariat and those of other actors. Issues to consider beyond coordination include the overall management of the partnership towards common goals, communication with and among the partners, structural and functional clarity, transparency, resource allocation, staff deployment etc. Has the evolution of the Joint Programme model (new operational/resource allocation model established in) matched epidemic and organizational needs and expectations? Assessment of Joint Programme capacity and adequacy of allocation of human resources and financial resources (core and non-core) against the needs of the AIDS response, and the role of the Joint Programme Division of Labour. How is the Joint Programme dealing with reduced resources? How has it prioritized in such an environment?
3. **Mobilization and leveraging resources and partnerships.** What has been the role of UBRAF through its joint results in leveraging Cosponsor resources, also looking at integration, linkages and synergies with other Cosponsor programmes which are not focused on HIV or AIDS? To what extent have the efforts of the Cosponsors and Secretariat supported the mobilisation of additional resources and political commitment for the AIDS response? To what extent the Joint Programme has been able to leverage and optimize the use of Global Fund, PEPFAR and other resources and leveraged the existing partnerships with Global Fund and PEPFAR.
4. **Gender mainstreaming and contribution to gender equality and Human Rights Based Approach.** It is key to note that Human Rights and Gender Equality issues will be integrated across each of the evaluation questions in addition to the stand-alone questions. Updated UNEG guidance, 2024<sup>4</sup> on integrating Human Rights and Gender in evaluation will be used as a reference document during this evaluation. Disability may also be considered as a cross-cutting theme.

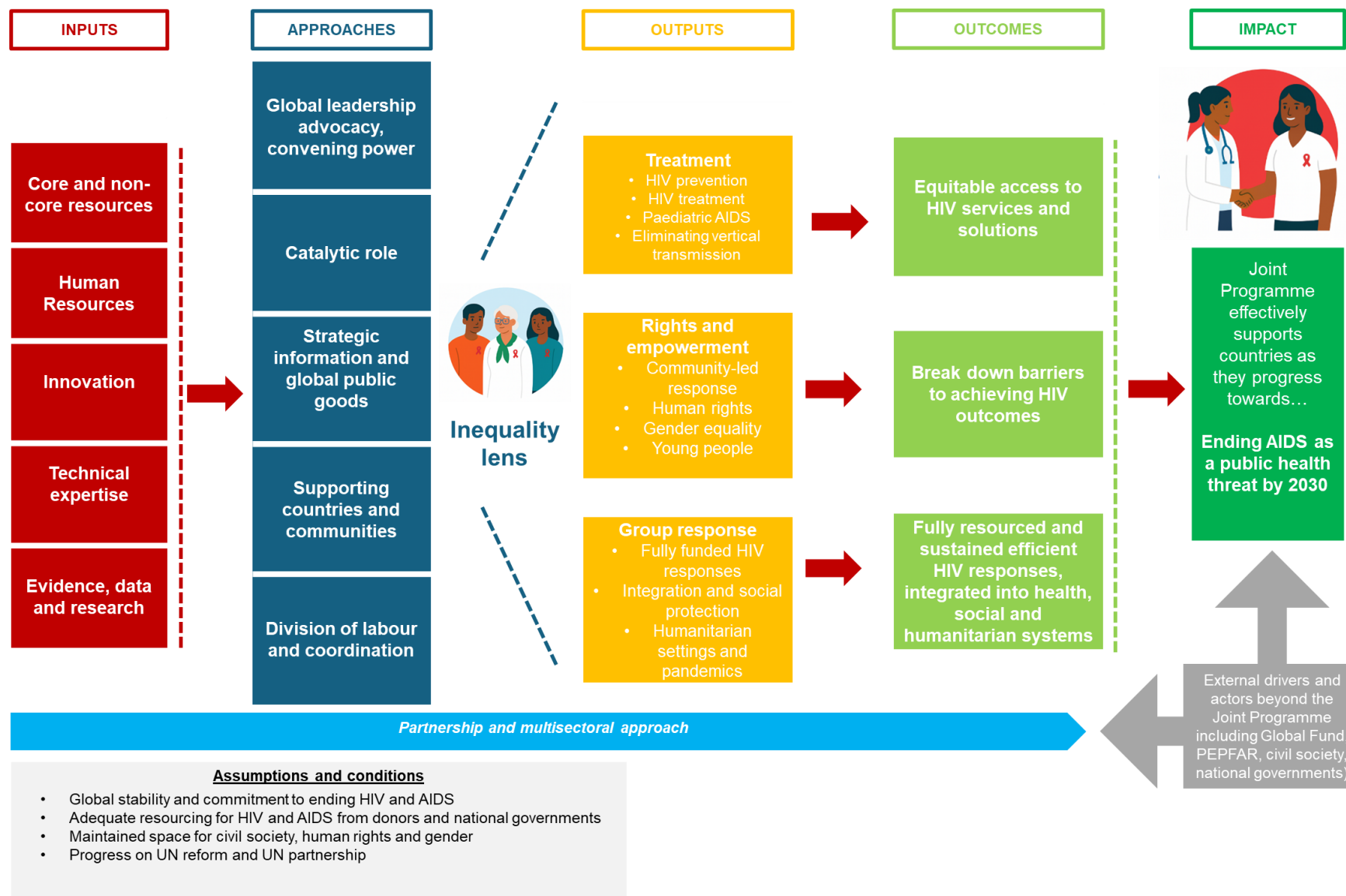
<sup>4</sup> <https://www.unevaluation.org/unevaluation/publications/unevaluation-guidance-integrating-human-rights-and-gender-equality-evaluations>

5. **Participation and inclusion in planning and implementation.** What is the extent of greater meaningful and measurable involvement of communities, civil society, people living with HIV, women and young people's groups, and key populations<sup>5</sup>? What is the extent to which the Joint Programme support corresponds to the needs of key populations and the most vulnerable and how does the Joint Programme promote and support their leadership and contribution to key national or local forums? Are the Joint Programme efforts reaching most left behind adolescent girls who are especially affected, at risk of or living with HIV, with adolescent-friendly and gender-responsive approaches?
6. **The Joint Programme in the context of UN reform and evolving AIDS landscape.** How is the Joint Programme contributing to progress across the SDGs, such as health and community systems strengthening? How does the Joint Programme set-up and functioning system respond to UN reform demands and processes and other key organizational changes around the SDGs? How is AIDS positioned in the United Nations Sustainable Development Cooperation Framework (UNSDCF) at country level? How relevant are Joint UN Teams on AIDS in countries and other structures of the Joint Programme for the evolving AIDS response and UN reform more broadly including one joint planning tool and one joint coordinating structure and joint resource mobilization at country level? What are the key findings and recommendations from the ongoing evaluation (2024 – 2025) of UNCT configuration and guidance on derivation.

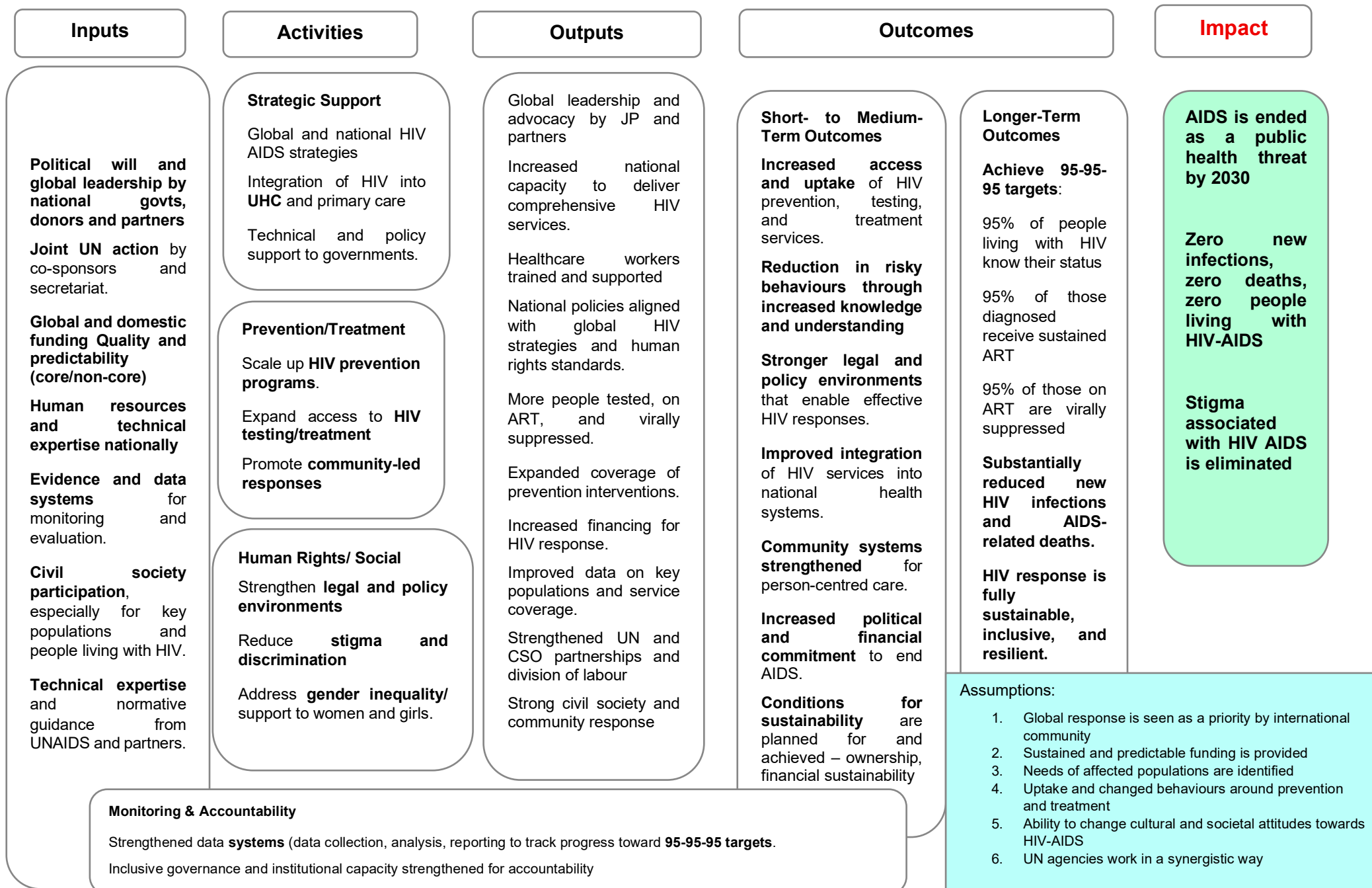
---

<sup>5</sup> key populations in the Global AIDS Strategy : (i) sex workers and their clients, (ii) gay men and other men who have sex with men, (iii) transgender people, (iv) people who inject drugs and (v) prison inmates and people in other closed settings.

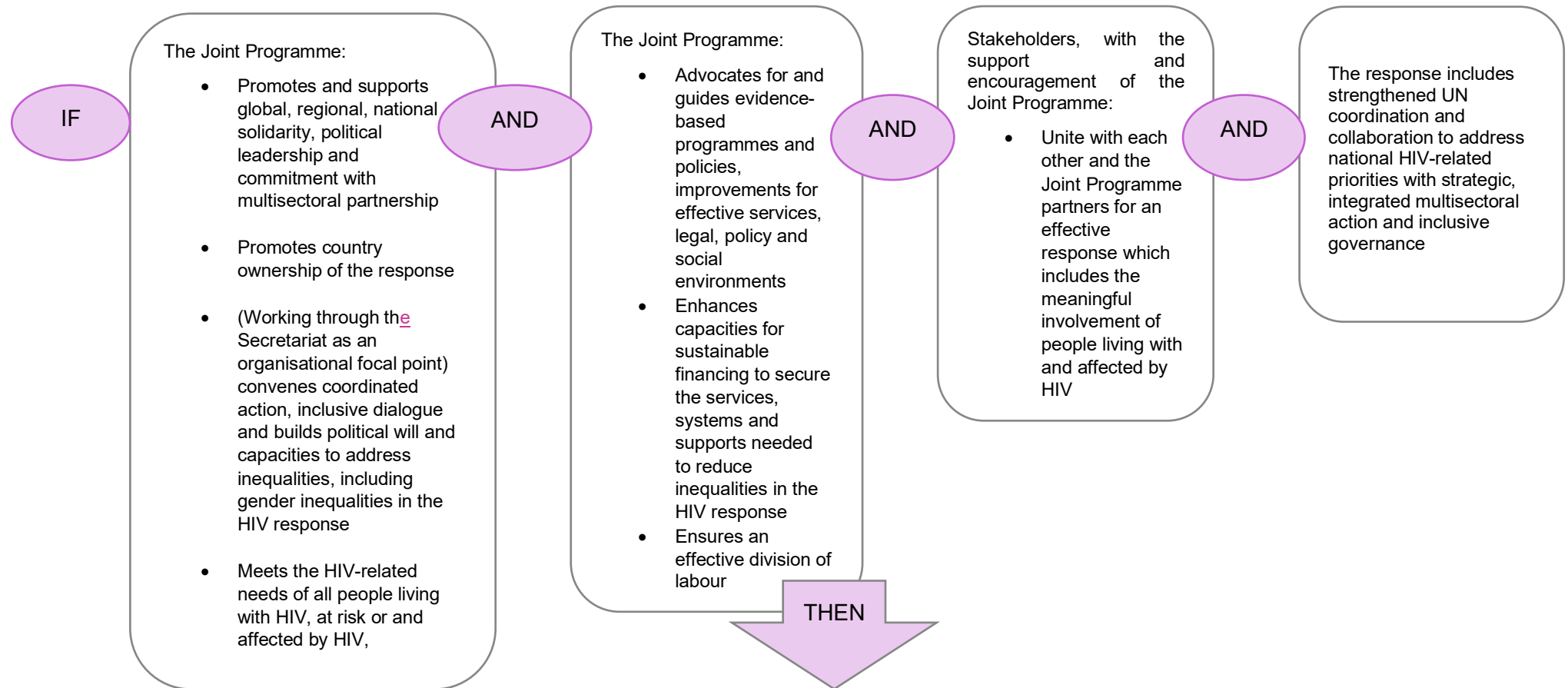
## Annex 2a: Theory of Change: simplified, based on UBRAF results areas, focused on Joint Programme's role



Annex 2b: Theory of Change: broader version, situates JP within the global response to HIV and AIDS

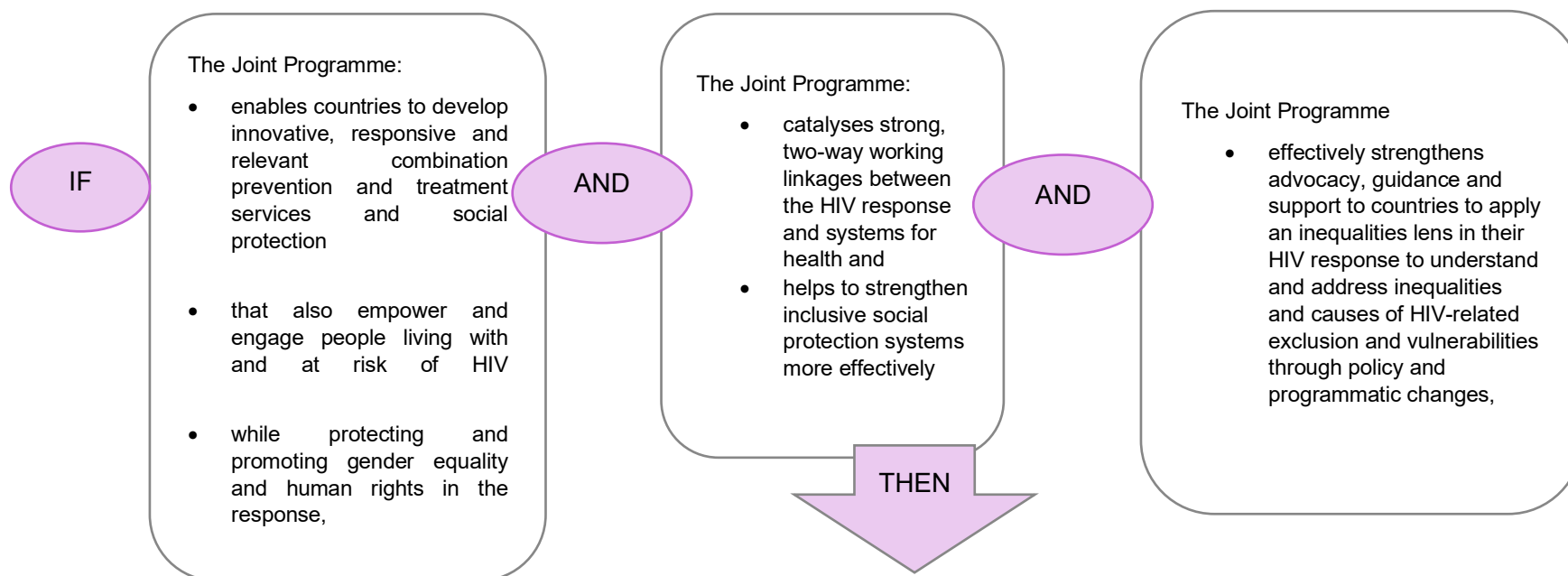


# Annex 2c: Overarching Theory of Change taken directly from UBRAF



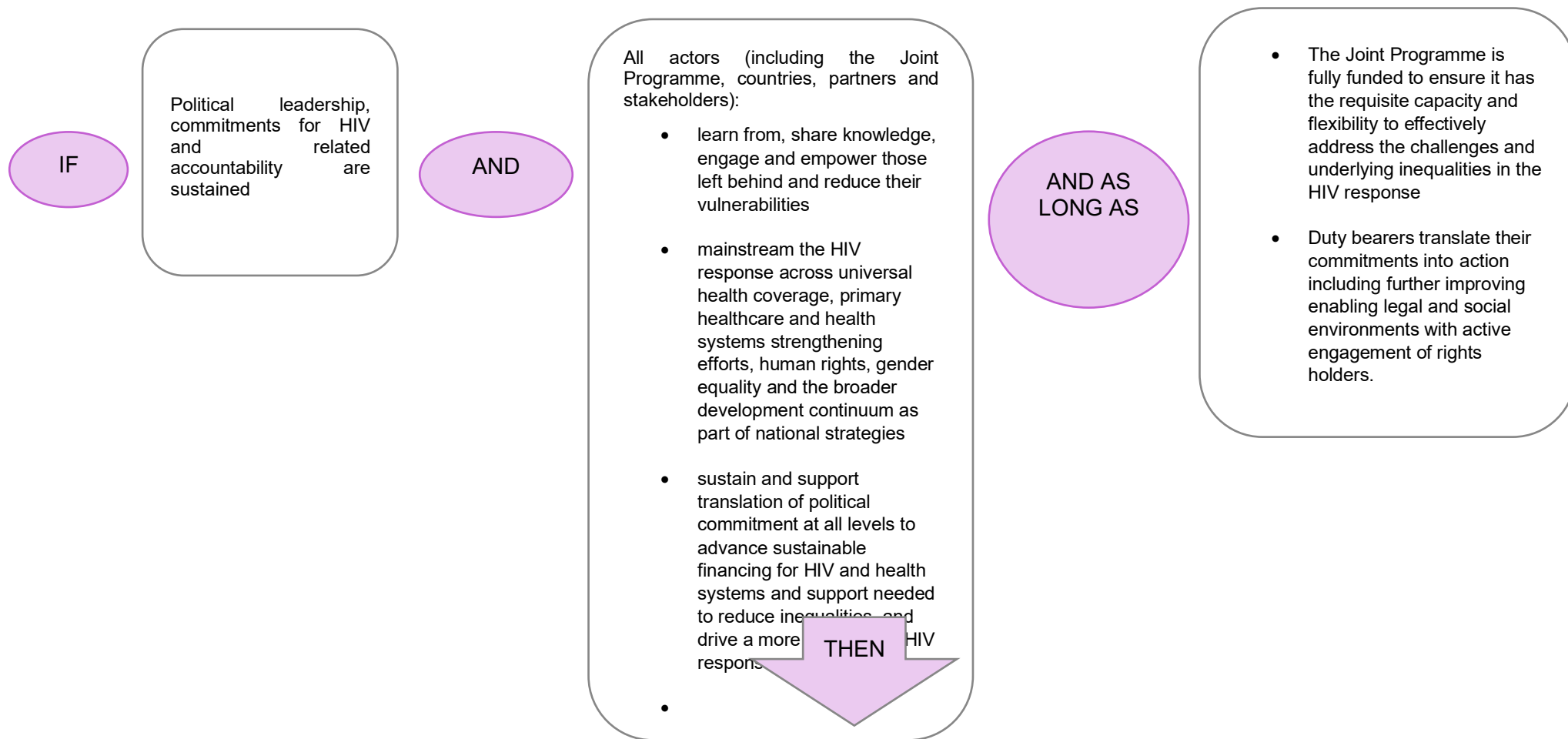
Countries and communities will be better equipped to ensure an enabling environment and strengthen tailored HIV responses to address context-specific HIV related inequalities, for the HIV response to be brought back on-track (relative to SDG3.3 and the Global Aids Strategy targets).

**Overarching Theory of Change taken directly from UBRAF (continued)**



HIV services, and health and social systems, and emergency responses will be more sustainable and capable of addressing the needs of people at risk of and living with HIV.

**Overarching Theory of Change from UBRAF taken directly from UBRAF (continued)**



The HIV investments and response will better focus on and effectively reduce inequalities driving the HIV epidemic, get the response back on-track and successfully contribute to progress towards achieving the SDGs.

## Annex 3: Inception interview list

| Name                 | Organisation /Department  | Role  |
|----------------------|---|---|
| Angeli Achrekar      | UNAIDS Secretariat (Global and Regional) including management group members | Deputy Executive Director, Programme  |
| Christine Stegling   | UNAIDS Secretariat (Global and Regional) including management group members | Deputy Executive Director, Policy, Advocacy and Knowledge                             |
| Marie-Odile Emond    | UNAIDS Secretariat (Global and Regional) including management group members | Senior Advisor for Programme Planning and field support                               |
| Helena Nygren Krug   | UNAIDS Secretariat (Global and Regional) including management group members | Senior Adviser - Joint Programme, Multilateral Systems                                |
| Morten Ussing        | UNAIDS Secretariat (Global and Regional) including management group members | Director Governance and Multilateral Affairs  |
| Eamonn Murphy        | UNAIDS Secretariat (Global and Regional) including management group members | Regional Director, Asia and Pacific region and Eastern Europe and Central Asia region |
| Mary Mahy            | UNAIDS Secretariat (Global and Regional) including management group members | Director, Data for Impact   |
| Suki Beavers         | UNAIDS Secretariat (Global and Regional) including management group members | Director, Equality and Rights for All   |
| Archana Patkar       | UNAIDS Secretariat (Global and Regional) including management group members | Senior Independent Adviser to the Equality and Rights                                 |
| Anne-Claire Guichard | UNAIDS Secretariat (Global and Regional) including management group members | Senior Adviser - Policy and Reporting   |

|                            |   |   |
|----------------------------|---|---|
| Andrew Seale               | WHO                                       | HIV Global coordinator and Evaluation Expert from the IEO & management group member |
| Anurita Bains, UNICEF      | UNICEF                                    | HIV Expert  |
| Carlos Andres Asenjo Ruiz  | UNODC                                     | HIV Expert and Evaluation Expert from the IEO & management group member             |
| Nazneen Damji              | UN Women                                  | Policy Advisor for Gender Equality, HIV and Health                                  |
| Deborah McWhinney          | UNFPA                                     | Evaluation Expert from the IEO & management group member                            |
| Camilla Buch von Schroeder | UNFPA                                     | Evaluation Expert from the IEO & management group member                            |
| Maina Allen G.K.           | UNHCR                                     | HIV Global coordinator  |
| Guy Thijs                  | ILO                                       | Representative of Cosponsors  |
| Carlotta de vivanco        | UN  | Technical Specialist for the UNSDG System-Wide Evaluation Office (SWEO)             |
| Julia Martin               | US  | Senior Health Advisor<br>U.S. Mission to the United Nations in Geneva               |
| Zina Olshanka              | UNAIDS Programme Coordinating Board (PCB) | First Secretary, Permanent Mission of the Kingdom of the Netherlands in Geneva.     |
| Pepukai Chikukwa           | Country Directors                         | Lesotho Country Director  |
| Walid Ibrahim              | Country Directors                         | Egypt Country Director  |
| Gabriela Ionascu           | Country Directors                         | Ukraine Country Director  |
| David Bridger              | Country Directors                         | India Country Director  |
| Masauso Nzima              | Country Director                          | Strategic Information Lead, Myanmar   |
| Lead,                      | Country Directors                         | Venezuela Country Director  |

## Annex 4: Bibliography

1. **European Health Group (2025)** *Review of UNAIDS Joint Programme Evaluations and Assessments (2020–2024)*. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS). Published 21 January 2025. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_JP-Review\\_EvaluationsAssessments20-24\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_JP-Review_EvaluationsAssessments20-24_en.pdf) (Accessed: 23 July 2025).
2. **Multilateral Organisation Performance Assessment Network (2023)** *Joint United Nations Programme on HIV and AIDS (UNAIDS) Secretariat: Performance Evidence*. MOPAN website. Available at: <https://www.mopan.org/en/our-work/performance-evidence/un aids.html> (Accessed: 23 July 2025).
3. **UNAIDS (2015)** *UNAIDS 2016–2021 Unified Budget, Results and Accountability Framework: Business Plan – Translating UNAIDS 2016–2021 Strategy into Action*. Geneva: UNAIDS.
4. **UNAIDS (2021)** *Global AIDS Strategy 2021–2026: End Inequalities. End AIDS*. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS). Available at: [https://www.unaids.org/sites/default/files/media\\_asset/global-AIDS-strategy-2021-2026\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf) (Accessed: 23 July 2025)
5. **UNAIDS (2021)** *PCB SS 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)*. Geneva: UNAIDS Programme Coordinating Board. Issue date: 22 September 2021. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/PCB\\_SS\\_2022\\_2026\\_UBRAF\\_Framework\\_EN.pdf](https://www.unaids.org/sites/default/files/media_asset/PCB_SS_2022_2026_UBRAF_Framework_EN.pdf) (Accessed: 23 July 2025)
6. **UNAIDS (2024)** *UNAIDS Data 2024*. Geneva: Joint United Nations Programme on HIV/AIDS. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/data-book-2024\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/data-book-2024_en.pdf) (Accessed: 23 July 2025).
7. **UNAIDS (2024)** *UNAIDS Global AIDS Update 2024: The Urgency of Now: AIDS at a Crossroads*. Geneva: UNAIDS. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/2024-unaids-global-aids-update\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf) (Accessed: 23 July 2025).
8. **UNAIDS (2025)** *High-Level Panel on a Resilient and Fit-for-Purpose UNAIDS Joint Programme in the Context of the Sustainability of the HIV Response: Supporting Countries to Reach Their 2030 HIV Targets as Part of the Sustainable Development Goals and Maintain the Gains*. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS). Available at: [https://www.unaids.org/sites/default/files/2025-05/high-level-panel-resilient-fit-for-purpose-unaids-report\\_en.pdf](https://www.unaids.org/sites/default/files/2025-05/high-level-panel-resilient-fit-for-purpose-unaids-report_en.pdf) (Accessed: 23 July 2025).

## Annex 5: Modifications to Evaluation questions

| Criteria      | Original Evaluation Questions  | Proposed Revised Questions   | Proposed sub questions  |
|---------------|--|--|---|
| Relevance     | n/a  | 1. To what extent has the UBRAF design and intended results been consistent with the needs of key stakeholders (government, civil society; people living with and affected by HIV, bilateral and multilateral partners)? | 1.1 To what extent has the Joint Programme implemented a package of support that is fit for purpose and responsive to country, regional and global needs?<br><br>1.2 Given the intended changes to the operating model and Joint Programme resources, how can the Joint Programme best respond to the needs of key populations and the most vulnerable as resources decline? Which population groups are at risk of being left behind?  |
| Coherence     | Q6: To what extent does the Joint Programme strengthen its partnerships with the Global Fund, PEPFAR and /or other US Government's AIDS programmes and other initiatives for joint country, regional and global support for the AIDS response? | 2. To what extent has the Joint Programme achieved intended synergies in its partnerships (both between co-sponsors and external partners)?  | 2.1 How well does the Joint Programme ensure synergies at country, regional and global level between the Secretariat and the Co-sponsors? What can be done to improve this further?<br><br>2.2 How well does the Joint Programme convene stakeholders to deliver the Global AIDS strategy and promote alignment of partners? (e.g. the Global Fund, US Government's funded support to AIDS programmes, other donors, and initiatives for joint response). What can be done to improve this further? |
| Effectiveness | Q1: How has the Joint Programme supported countries reaching the 95-95-95 and HIV prevention and other targets, while at the same time ensuring sustainability of achievements?  | 3. To what extent has the Joint Programme supported countries in achieving the intended results on HIV and AIDS?   | 3.1 How effectively has the Joint Programme supported countries (in collaboration with other partners) in reaching the 95-95-95, HIV prevention and other targets?<br><br>3.2 To what extent has the Joint Programme helped to galvanize political commitment to achieve ambitious HIV targets (in the  |

|                |  |  |   |
|----------------|--|--|---|
|                |  |  | <p>context of the 2030 goal of ending AIDS as a public health threat)?</p> <p>3.3 What has been the contribution of each co-sponsor vis-a-vis their respective mandate and expertise to the achievement of Joint Programme objectives and delivering an integrated programme of support for countries?</p> <p>3.4 To what extent are Joint Programme efforts shaping HIV programmes, strategies and investments (domestic, international) so that they are people-centred and effective in reaching people most affected by the epidemic?</p> <p>3.5 What have been the enablers and what have been the barriers to the effectiveness of the Joint Programme?</p> |
| Efficiency     | Q4: Has the Joint Programme deployed its human and financial resources optimally to support countries and communities to reach the last mile and sustain the gains made? | 4. To what extent has the Joint Programme achieved efficiencies by aligning mandates and activities in support of countries, as well as regionally and globally? | <p>4.1 To what extent has the Joint Programme achieved efficiencies by aligning mandates and activities in support of countries, as well as regionally and globally?</p> <p>4.2 What evidence is there of the cost effectiveness of different Joint Programme approaches/strategies?</p> <p>4.3 To what extent have the planning and monitoring systems of the Joint Programme supported efficient use of resources?</p>  |
| Sustainability | Q3: In which ways have the Joint Programme supported countries to move towards resilient and sustainable responses which are not dependent on external funding?          | 5. To what extent are Joint Programme achievements sustainable? (political, programmatic and financial sustainability)   | <p>5.1 To what extent has the JP strengthened political commitment, capacities, services, systems integration, and coordination to sustain national, sub-national and community responses?</p> <p>5.2 In what ways has the Joint Programme supported countries to transition towards</p>  |

|          |   |  | resilient and sustainable responses which are not dependent on external funding?   |
|----------|---|--|--|
| Learning | Q5: Are there ways in which the Joint Programme could be more relevant, coherent, effective, and efficient for greater impact and sustainability? | 6. Suggest key lessons and recommendations for how the Joint Programmes should work going forward, aligned with the recommendations from the High-Level Panel and supporting operationalization of the new operating model endorsed by the UNAIDS Programme Coordinating Board | <p>6.1 What lessons can the evaluation provide with regards to the operationalisation of recommendations from the HLP?</p> <p>6.2 What will help ensure the effectiveness, efficiency, coherence, sustainability and impact of the Joint Programme's future support to countries (governments and civil society), and engagement of other partners?</p> <p>6.3 How can this best align with/ take account of the likely direction of travel of UN reforms (e.g., UN80) and how UN agencies will work in partnership in future?</p> |

## Annex 6: Evaluation matrix

| Criteria      | Proposed Revised Questions   | Proposed sub questions   | Data collection methods                       | Stakeholders  |
|---------------|--|--|---|---|
| Relevance     | 1. To what extent is the UBRAF design and intended results consistent with the needs of key stakeholders (government, civil society; people living with and affected by HIV, bilateral and multilateral partners)? | 1.1 To what extent has the Joint Programme implemented a package of support that is fit for purpose and responsive to country, regional and global needs?  | Interviews, FGDs, Document review             | UNAIDS Secretariat, Cosponsors, UN RC, National government, Civil society, Key populations/other affected populations, Global health partners |
|               |  | 1.2 Given the intended changes to the operating model and Joint Programme resources, how can the Joint Programme best respond to the needs of key populations and the most vulnerable as resources decline? Which population groups are at risk of being left behind?                                  |   |   |
| Coherence     | 2. To what extent does the Joint Programme's achieve intended synergies in its internal and external partnerships?   | 2.1 How well does the Joint Programme ensure synergies internally and externally between the Secretariat and the Co-sponsors? What can be done to improve this further?  | Interviews, FGDs, Document review             | UNAIDS Secretariat, Cosponsors, PCB, UN RC, National government, Civil society, Global health partners  |
|               |  | 2.2 How well does it work in synergy externally with the other major players in the global HIV response (eg. National HIV programmes, the Global Fund, US Government's funded support to AIDS programmes, other donors, and initiatives for joint response)? What can be done to improve this further? |   | UNAIDS Secretariat, Cosponsors, PCB, Other civil society, Partner Health organizations  |
| Effectiveness | 3. To what extent has the Joint Programme supported countries in achieving intended results of HIV and AIDS?   | 3.1 How effectively has the Joint Programme supported countries in collaboration with other partners in reaching the 95-95-95 and HIV prevention and other targets?  | Interviews, quantitative data analysis, FGDs, | UNAIDS Secretariat, Cosponsors, UN RC, National government, Civil society, Key populations/other affected populations, Global health          |

|                |  |   |   |  |
|----------------|--|---|---|--|
|                |  | 3.2 What has been the contribution of each co-sponsor vis-a-vis their respective mandate and expertise to the achievement of Joint Programme objectives and delivering an integrated programme of support for countries?    | Document review   | partners, PCB, Other civil society, Partner Health organizations   |
|                |  | 3.3 To what extent has the Joint Programme helped to galvanize political commitment to achieve ambitious HIV targets (in the context of the 2030 goal of ending AIDS as a public health threat)?                            |   |  |
|                |  | 3.4 To what extent are Joint Programme efforts shaping HIV programmes, strategies and investments (domestic, international) so that they are people-centred and effective in reaching people most affected by the epidemic? |   |  |
|                |  | 3.4 What have been the enablers and what have been the barriers to the effectiveness of the Joint Programme?  |   |  |
| Efficiency     | 4. To what extent has the Joint Programme achieved efficiencies by aligning mandates and activities in support of countries, as well as regionally and globally? | 4.1 To what extent has the Joint Programme achieved efficiencies by aligning mandates and activities in support of countries, as well as regionally and globally?   | Interviews, quantitative data analysis, FGDs, Document review | UNAIDS Secretariat, Cosponsors, National government, Civil society, Key populations/other affected populations |
|                |  | 4.2 What evidence is there of the cost effectiveness of different Joint Programme approaches/strategies?  |   |  |
|                |  | 4.3 To what extent have the planning and monitoring systems of the Joint Programme supported efficient use of resources?  |   |  |
| Sustainability | 5. To what extent are Joint Programme achievements   | 5.1 To what extent has the JP strengthened political commitment, capacities, services,  | Interviews, FGDs,   | UNAIDS Secretariat, Cosponsors, UN RC, National  |

|         |  |   |                                   |   |
|---------|--|---|-----------------------------------|---|
|         | sustainable? (political, programmatic and financial sustainability)                                  | systems integration, and coordination to sustain national, sub-national and community responses?  | Document review                   | government, Civil society, Key populations/other affected populations, Global health partners, PCB, Other civil society, Partner Health organizations   |
|         |  | 5.2 In what ways has the Joint Programme supported countries to transition towards resilient and sustainable responses which are not dependent on external funding?   |                                   |   |
| Lessons | 6. 6. Suggest key lessons and recommendations for how the Joint Programmes should work going forward | 6.1 What lessons can the evaluation provide with regards to the operationalisation of recommendations from the HLP?   | Interviews, FGDs, Document review | UNAIDS Secretariat, Cosponsors, UN RC, National government, Civil society, Key populations/other affected populations, Global health partners, PCB, Other civil society, Partner Health organizations |
|         |  | 6.2 What will help ensure the effectiveness, efficiency, coherence, sustainability and impact of the Joint Programme's future support to countries (governments and civil society), and engagement of other partners? |                                   |   |
|         |  | 6.3 How can this best align with/ take account of the likely direction of travel of UN reforms (e.g., UN80) and how UN agencies will work in partnership in future?   |                                   |   |

## Annex 7: Data collection tools

KII tool NB. Use the subquestions as interview questions, except when an alternative wording is shown in the matrix below. Not all questions will be asked of all respondents but tailored according to role etc.

| Questions  | Sub questions   | UNAIDS Secretariat | Co-sponsors | UN RC  | National government  | Civil society  | Key populations/other affected populations   | Global health partners  |
|--|---|--------------------|-------------|--|--|--|--|---|
| 1. To what extent is the UBRAF design and intended results consistent with the needs of key stakeholders (government, civil society; people living with and affected by HIV, bilateral and multilateral partners)? | 1.1 To what extent has the Joint Programme implemented a package of support that is fit for purpose and responsive to country, regional and global needs?   |                    |             | Is the Joint Programme's work well designed to meet the needs of key stakeholders and populations?<br><br>Is it targeted at the right package of support at country level?<br><br>How well does it fit with UNDS reforms and UN80? | Is the JP's work well designed to meet the needs of key stakeholders and populations?<br><br>Is it able/ likely to deliver useful results for your country's populations affected by HIV and AIDS? | Is the Joint Programme's work well designed to meet the needs of key stakeholders and populations?<br><br>Is it able/ likely to deliver useful results for vulnerable populations? | Is JP's work well designed to meet your needs?<br><br>Is it able/likely to deliver useful results?   | Is the JP's work well designed to meet the needs of key stakeholders and populations? |
|  | 1.2 Given the intended changes to the operating model and Joint Programme resources, how can the Joint Programme best respond to the needs of key populations and the most vulnerable as resources decline? Which population groups are at risk of being left behind? |                    |             |  | How are the likely change to resources/operating model likely to affect its response to needs? Which population groups might most be affected?   | How are the likely change to resources/operating model likely to affect its response to needs? Which population groups might most be affected?                                     | How are the likely changes to resources/operating model likely to affect its response to your needs? Which population groups might most be affected? |   |

| Questions  | Sub questions   | UNAIDS Secretariat | Co-sponsors | UN RC  | National government  | Civil society  | Key populations/other affected populations   | Global health partners  |
|--|---|--------------------|-------------|--|--|--|--|---|
| 2. To what extent does the Joint Programme's achieve intended synergies in its internal and external partnerships? | 2.1 How well does the Joint Programme ensure synergies internally and externally between the Secretariat and the Co-sponsors? What can be done to improve this further?   |                    |             | How well does the JP work in synergy in terms of the UN agencies working together? How can it be improved? | How well do the partners involved in the JP work together with other partner organisations within your own country?<br><br>Is there a high level of coordination and coherence across co-sponsors? | How well do the partners involved in the JP work together with CSOs such as your own organisation?<br><br>Is there a high level of coordination and between co-sponsors? |  | How well do the partners involved in the JP work together with your own organisation?<br>Are synergies being achieved?<br><br>Is there a high level of coordination and coherence across co-sponsors? |
|  | 2.2 How well does it work in synergy externally with the other major players in the global HIV response (eg. the Global Fund, US Government's funded support to AIDS programmes, other donors, and initiatives for joint response)? What can be done to improve this further? |                    |             |  |  |  |  |   |
| 3. To what extent has the Joint Programme supported countries in achieving intended results of HIV and AIDS?       | 3.1 How effectively has the Joint Programme supported countries in collaboration with other partners in reaching the 95-95-95 and HIV prevention and other targets?   |                    |             |  | How effectively has the JP supported your own country in reaching targets on HIV diagnosis, prevention, treatment, and other targets?  | How effectively has the JP supported your own country in reaching targets on HIV diagnosis, prevention, treatment, and other targets?                                    | In your own country has the JP made a significant difference on HIV diagnosis, prevention, treatment - and achieving goals for people living AIDS? |   |
|  | 3.2 What has been the contribution of each co-sponsor vis-a-vis their respective mandate and  |                    |             |  |  |  |  |   |

| Questions  | Sub questions   | UNAIDS Secretariat | Co-sponsors | UN RC | National government  | Civil society   | Key populations/other affected populations  | Global health partners |
|--|---|--------------------|-------------|-------|--|---|---|------------------------|
|  | expertise to the achievement of Joint Programme objectives and delivering an integrated programme of support for countries?   |                    |             |       |  |   |   |                        |
|  | 3.3 To what extent has the Joint Programme helped to galvanize political commitment to achieve ambitious HIV targets (in the context of the 2030 goal of ending AIDS as a public health threat)?                            |                    |             |       |  |   |   |                        |
|  | 3.4 To what extent are Joint Programme efforts shaping HIV programmes, strategies and investments (domestic, international) so that they are people-centred and effective in reaching people most affected by the epidemic? |                    |             |       | Has the JP helped your country to reach those left behind, including those most affected by the epidemic, and women and adolescent girls at risk from HIV or living with AIDS? | Has the JP helped to reach those left behind, including those most affected by the epidemic, and women and adolescent girls at risk from HIV or living with AIDS? | Has the JP helped to reach those left behind, including those most affected by the epidemic, and women and adolescent girls at risk from HIV or living with AIDS? |                        |
|  | 3.5 What have been the enablers and what have been the barriers to the effectiveness of the Joint Programme?  |                    |             |       | What has worked well about the Joint Programme and what have been the challenges?  | What has worked well about the Joint Programme and what have been the challenges?   |   |                        |
| 4. To what extent has the Joint Programme achieved efficiencies by aligning mandates and activities in support of countries, as well as regionally and globally? | 4.1 To what extent has the Joint Programme achieved efficiencies by aligning mandates and activities in support of countries, as well as regionally and globally?   |                    |             |       | Has the Joint Programme used its resources efficiently in your country?  |   |   |                        |
|  | 4.2 What evidence is there of the cost  |                    |             |       |  |   |   |                        |

| Questions  | Sub questions   | UNAIDS Secretariat | Co-sponsors | UN RC  | National government  | Civil society  | Key populations/other affected populations   | Global health partners   |
|--|---|--------------------|-------------|--|--|--|--|--|
|  | effectiveness of different Joint Programme approaches/strategies?   |                    |             |  |  |  |  |  |
|  | 4.3 To what extent have the planning and monitoring systems of the Joint Programme supported efficient use of resources?  |                    |             |  |  |  |  |  |
| 5. To what extent are Joint Programme achievements sustainable? (political, programmatic and financial sustainability) | 5.1 To what extent has the JP strengthened political commitment, capacities, services, systems integration, and coordination to sustain national, sub-national and community responses? |                    |             |  | How far has the JP helped to build capacity for the HIV and AIDS response within your country?<br><br>Has it helped to improve coordination? Leadership? | How far has the JP helped to build capacity for the HIV and AIDS response within your country?<br><br>Has it helped to improve coordination? Leadership? | How far has the JP helped to build capacity for the HIV and AIDS response within your country?<br><br>Has it helped to improve coordination? Leadership?   |  |
|  | 5.2 In what ways has the Joint Programme supported countries to transition towards resilient and sustainable responses which are not dependent on external funding?                     |                    |             |  | To what extent and how has the JP helped you to plan for a sustainable response that is not dependent on external funding?                               | To what extent and how has the JP helped you to plan for a sustainable response that is not dependent on external funding?                               | How far has there been progress in finding ways to tackle HIV and AIDS using your own country's resources, instead of external aid from the JP and others? |  |
| 6. Suggest key lessons and recommendations for how the Joint Programmes should work going forward                      | 6.1 What lessons can the evaluation provide with regards to the operationalisation of recommendations from the HLP?   |                    |             | As the JP adapts and evolves, it will need to align with the likely direction of travel on UN reforms including UN80. What should it keep in mind to | What would you most like to see change in how the Joint Programme partners work in supporting you on HIV and AIDS?                                       | What would you most like to see change in how the Joint Programme partners work in supporting you on HIV and AIDS?                                       | What would you most like to see change in how the Joint Programme partners work in supporting you on HIV and AIDS?   | What might improve the JP's work with partners such as your own organisations?<br><br>What would you like to see |

| Questions | Sub questions   | UNAIDS Secretariat | Co-sponsors | UN RC              | National government | Civil society | Key populations/other affected populations | Global health partners |
|-----------|---|--------------------|-------------|--------------------|---------------------|---------------|--|------------------------|
|           |   |                    |             | achieve this goal? |                     |               |  | change and why?        |
|           | 6.2 What will help ensure the effectiveness, efficiency, coherence, sustainability and impact of the Joint Programme's future support to countries (governments and civil society), and engagement of other partners? |                    |             |                    |                     |               |  |                        |
|           | 6.3 How can this best align with/ take account of the likely direction of travel of UN reforms (e.g., UN80) and how UN agencies will work in partnership in future?   |                    |             |                    |                     |               |  |                        |

## Annex 8: Country case study longlist

| Region/Country | Office | Region | Involved in evaluation in the past 5 years | Country and regional expenses and encumbrance against all sources of funds for the financial year ended 31 December 2024 (in US dollars) | High level panel Typology by reason for inclusion | 2023 HIV incidence per 1000 population | Long list | Rationale for inclusion/exclusion |
|----------------|--------|--------|--|--|---|--|-----------|-----------------------------------|
|                |        |        |  |  |   |  |           |                                   |

|          |                                |                            |  |               |                       | (adults 15-49) |     |   |
|----------|--------------------------------|----------------------------|--|---------------|-----------------------|----------------|-----|---|
| Eswatini | Multi Country Office Cluster 7 | Africa - East and Southern |  | \$ 442,959.00 | Adult Prevalence > 5% | 7.69           | Yes | High prevalence, medium spend, no other evals |
| Ethiopia | In Country Presence            | Africa - East and Southern | UNAIDS contribution to resilient and sustainable systems for health (RSSH) . Geneva : Joint United Nations Programme on HIV/AIDS; 2021 | \$ 530,184.00 | PLHIV >500,000        | 0.2            | Yes | Country presence                              |
| Lesotho  | Multi Country Office Cluster 7 | Africa - East and Southern | Health Situation Room Evaluation. Geneva : Joint United  | \$ 576,667.00 | Adult Prevalence > 5% | 5.02           | Yes | High prevalence, medium spend                 |

|             |                                |                            |   |                 |   |      |              |   |
|-------------|--------------------------------|----------------------------|---|-----------------|---|------|--------------|---|
|             |                                |                            | Nations Programme on HIV/AIDS; 2020                             |                 |   |      |              |   |
| Rwanda      | Multi Country Office Cluster 4 | Africa - East and Southern |   | \$ 877,198.00   | \$ - <20% domestic funding for the HIV, the tag is identified if <50% | 0.38 | Yes          | No recent evals, could be with S Sudan as Cluster 4     |
| South Sudan | Multi Country Office Cluster 4 | Africa - East and Southern |   | \$ 1,188,586.00 | Treatment Gap - More than 50,000 not on treatment                     | 0.94 | Yes (remote) | No recent evals, could be with Rwanda as cluster 4      |
| Uganda      | Multi Country Office Cluster 9 | Africa - East and Southern | Health Situation Room Evaluation. Geneva : Joint United Nations | \$ 2,477,524.00 | PLHIV >500,000  | 0.9  | Yes          | Last eval was quite a while ago, challenging KP context |

|                          |                                |                           |  |                 |   |     |              |   |
|--------------------------|--------------------------------|---------------------------|--|-----------------|---|-----|--------------|---|
|                          |                                |                           | Programme on HIV/AIDS; 2020  |                 |   |     |              |   |
| Cameroon                 | Multi Country Office Cluster 3 | Africa - West and Central | Joint evaluation of the UN Joint Programme on AIDS' work with key populations (2018-2021). Geneva : Joint United Nations Programme on HIV/AIDS; 2022 | \$ 945,836.00   | Treatment Gap - More than 50,000 not on treatment | 0.7 | Yes (remote) | Could look at the cluster as a remote case study, with Chad and AR    |
| Central African Republic | Multi Country Office Cluster 3 | Africa - West and Central |  | \$ 1,056,850.00 | \$ - <20% domestic funding for the                | na  | Yes (remote) | Highest in the region, large spend for region, with Chad and Cameroon |

|         |                                |                           |  |                 |   |      |              |  |
|---------|--------------------------------|---------------------------|--|-----------------|---|------|--------------|--|
|         |                                |                           |  |                 | HIV, the tag is identified if <50%                                    |      |              |  |
| Chad    | Multi Country Office Cluster 3 | Africa - West and Central |  | \$ 675,859.00   | \$ - <20% domestic funding for the HIV, the tag is identified if <50% | 0.36 | Yes (remote) | with CAR and Camreron as cluster   |
| Nigeria | In Country Presence            | Africa - West and Central |  | \$ 1,951,620.00 | PLHIV >500,000  | 0.47 | Yes          | Not in recent evals, high spend, moderate prevalence, will retain country presence |
| Senegal | Regional Team Support          | Africa - West and Central |  | \$ 221,264.00   | Incidence - Increasing by 10%+ and more than 1500 NI                  | 0.28 | Yes          | Regional team support, low spend compared to others in region and prevalence       |

|                  |                          |                                 |                                  |                 |   |      |              |   |
|------------------|--------------------------|---------------------------------|----------------------------------|-----------------|---|------|--------------|---|
| Sierra Leone     | One person office in RCO | Africa - West and Central       |                                  | \$ 500,822.00   | \$ - <20% domestic funding for the HIV, the tag is identified if <50% | 0.55 | Yes          | Not sampled in previous evals, relatively high prevalence for region but low spend. |
| Papua New Guinea | One person office in RCO | Asia and Pacific                |                                  | \$ 997,263.00   | Incidence - Increasing by 10%+ and more than 1500 NI                  | 1    | Yes          | Highest prev in region, no recent evals, low spend                                  |
| Philippines      | One person office in RCO | Asia and Pacific                |                                  | \$ 392,655.00   | Incidence - Increasing by 10%+ and more than 1500 NI                  | 0.45 | Yes          | low spend, moderate prev, No recent evals   |
| Ukraine          | In Country Presence      | Eastern Europe and Central Asia | Joint evaluation of the UN Joint | \$ 2,582,892.00 | Treatment Gap - More  | 0.6  | Yes (remote) | Could be a remote case study, high prev and spend. Has                              |

|       |                     |                                 |   |               |   |      |              |   |
|-------|---------------------|---------------------------------|---|---------------|---|------|--------------|---|
|       |                     |                                 | Programme on AIDS' work with key populations (2018-2021). Geneva : Joint United Nations Programme on HIV/AIDS; 2022 |               | than 50,000 not on treatment  |      |              | been in other recent evals.                                 |
| Haiti | In Country Presence | Latin America and the Caribbean | Joint evaluation of the UN Joint Programme on AIDS on preventing and responding to violence against                 | \$ 885,432.00 | \$ - <20% domestic funding for the HIV, the tag is identified if <50% | 0.68 | Yes (remote) | Not possible to travel, largest spend, challenging context. |

|           |                          |                                 |  |               |  |      |              |   |
|-----------|--------------------------|---------------------------------|--|---------------|--|------|--------------|---|
|           |                          |                                 | women and girls. Geneva : Joint United Nations Programme on HIV/AIDS; 2021 |               |  |      |              |   |
| Jamaica   | Regional Team Support    | Latin America and the Caribbean |  | \$ 986,086.00 | Incidence - Increasing by 10%+ and more than 1500 NI | 0.63 | Yes          | Highest prevalence, no recent evals, regional support |
| Venezuela | Regional Team Support    | Latin America and the Caribbean |  | \$ 154,281.00 | Incidence - Increasing by 10%+ and more than 1500 NI | 0.48 | Yes          | no recent evals, regional support                     |
| Sudan     | One person office in RCO | North Africa and Middle East    |  | \$ 130,592.00 | Treatment Gap -                                      | 0.18 | Yes (remote) | No recent evals                                       |

|              |                                |                                 |  |                                   |  |      |     |   |
|--------------|--------------------------------|---------------------------------|--|-----------------------------------|--|------|-----|---|
|              |                                |                                 |  | More than 50,000 not on treatment |  |      |     |   |
| South Africa | Multi Country Office Cluster 7 | Africa - East and Southern      |  | \$ 4,205,956.00                   |  | 5.3  | Yes | High spend, high prevalence, no other recent evals. |
| Kazakhstan   | Regional Team Support          | Eastern Europe and Central Asia |  | \$ 498,110.00                     |  | 0.21 | Yes | No recent evals, low spend, regional structure.     |
| Fiji         | One person office in RCO       | Asia and Pacific                |  |                                   |  | 2.5  | Yes | Highest prevalence in region, no other evals        |

