UNAIDS Independent Evaluation Office

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

Executive summary

Background

The Joint United Nations Programme on HIV/AIDS (Joint Programme) brings together 11 Cosponsors and the UNAIDS Secretariat. This evaluation was commissioned by the UNAIDS evaluation unit in response to a request from the Programme Coordinating Board (PCB) at its 53rd meeting in December 2023 for an independent evaluation to confirm that the Joint Programme remains sustainable, resilient, and fit for purpose. It serves both learning and accountability purposes. The evaluand is the Joint Programme as a collective mechanism rather than the performance of individual agencies.

The evaluation was conducted at a moment of profound disruption for global health and Joint Programme Cosponsors. In 2025, the Joint Programme faced a more than 50% reduction in donor contributions: the decision to end United States funding affected approximately 40% of its budget and required a 54% reduction in Secretariat staff, while Cosponsor budgets also contracted sharply. A High-Level Panel was commissioned that provided recommendations to the Joint Programme on revising its operating model and on a transition plan between 2025–2030. This resulted in a Revised Operating Model, approved by the PCB in June 2025, which reduces the Joint Programme's country footprint from 81 to 54 countries, introduces lead and affiliate Cosponsor categories, and relocates core functions from Geneva to regional hubs. Moreover, in September 2025 the United Nations Secretary-General's UN80 report proposed that UNAIDS be sunset by the end of 2026 and its functions mainstreamed into the wider United Nations system from 2027. Since then, the UNAIDS PCB has established and developed a term of reference for a PCB Working Group to develop a plan and timeline for UNAIDS' transition and integration into the UN system.

Evaluation purpose

Three objectives frame the evaluation: to review progress against the UBRAF and the Global AIDS Strategy at the country, regional and global levels; to assess the support provided to governments, communities, civil society, and external partners such as the Global Fund and PEPFAR; and to identify what the Joint Programme can and should do in future given the funding crisis and challenging geopolitical context. Five overarching questions, mapped to the OECD-DAC criteria of relevance, coherence, effectiveness, efficiency and sustainability, guided the inquiry, alongside a forward-looking question on recommendations.

Methodology

The evaluation used a mixed-methods design, triangulating qualitative and quantitative data from multiple sources. An inception phase, comprising a document review and 26 inception interviews, produced an evaluation matrix that refined the questions in the terms of reference and mapped them to data collection methods. Data collection included a review of 88 documents and interviews with 41 global and regional key informants, complemented by interviews and focus group discussions across three in-person case studies in Cambodia, the Democratic Republic of the Congo and Uganda, and two remote case studies in Peru and the Philippines. In total, 179 stakeholders were engaged across Cosponsors, governments, civil society, key populations, donors, and partners. Data was coded against the evaluation questions in MAXQDA and analyzed through structured team sessions, with findings

triangulated across sources and validated with the UNAIDS Cabinet and the Evaluation Management Group through a gender, equity, human-rights, and disability-inclusion lens. Each criterion carries an evaluator-judgment rating of the strength of evidence.

A key limitation to the evaluation was resourcing. The evaluation was contracted with slightly more than a third of the resources originally anticipated, reducing the case studies from a planned twelve to five and precluding a robust contribution analysis. The contextual challenges and changes facing UNAIDS and other Joint Programmes, including the implementation of the revised operating mode, the 2025 funding shocks, and the UN80 sunset proposal, have also affected stakeholder availability and engagement of key stakeholders. Findings are qualitative, with the report signaling where a view represents a majority, minority, or outlier position. Lastly, while the agreed evaluation questions predate many of these contextual shifts the evaluation team has sought to generate useful findings, framing recommendations with the intention of informing UNAIDS' transition to ensure the evaluation's relevance.

Key findings

Relevance *(high strength of evidence).* The relevance of the Joint Programme at global, regional and country levels is underscored by the ongoing need for a global HIV response that is coordinated and leverages the comparative advantages, strengths, and mandates of organizations involved in the response. The UBRAF provided a sound strategic foundation, multisectoral, people-centered, rights-based, and anchored in country ownership and the meaningful participation of people living with HIV. The advocacy, convening, and coordination, its role in collecting and compiling global HIV data, setting indicators and measurement standards, and analyzing data role were all deemed highly relevant. Perhaps most significantly valued were its support to key populations, the inclusion of people living with HIV in its governance, and its engagement on sensitive human-rights issues that individual agencies cannot. At the regional level, the Joint Programme has played an important role in linking global and country efforts, supporting evidence generation, policy advocacy, and addressing cross-border issues, although there is some uncertainty about its interaction with countries under the evolving operating model. Globally, its relevance remains high due to its convening power, coordination of multisectoral stakeholders, leadership in data and standard-setting, and advocacy on human rights and inclusive approaches. However, persistent funding shortfalls have made the UBRAF's original ambitions unrealistic, and the breadth of its results areas have contributed to a perceived lack of focus. Stakeholders from both the PCB, donors, and Cosponsors perceived that the UNAIDS Secretariat needed to be more effective and responsive at driving a long-term vision that accounts for the evolution of the HIV epidemic and its changing epidemiology, social and political contexts, and resourcing. Stakeholders feared the current restructuring and future transition will likely impact hardest on community-level responses, key populations, particularly LGBTQI+ and criminalized groups not covered by other United Nations mandates, adolescent girls and young women, and HIV work in humanitarian settings.

Coherence *(high strength of evidence).* Coherence is strongest at the country level, where the Secretariat acts as a trusted convener aligning partners behind national priorities, with the Secretariat effectively convening partners, aligning with national priorities, and supporting data-driven planning, technical assistance, and advocacy. However, persistent challenges remain, including duplication of efforts, overlapping mandates, and a tendency for Cosponsors to prioritize their own institutional agendas over joint programming. While regional coordination appears relatively effective, global-level coherence is significantly hindered by resource constraints, distrust between Cosponsors and the Secretariat, and unclear roles and communication. Reductions in funding have further weakened incentives for collaboration and diminished the influence of HIV within Cosponsor agencies. Externally, the Joint Programme

remains a critical partner to the Global Fund and PEPFAR, with its data function a consistent value-add. Engagement with host-country governments continues to be a strong value-add of the Joint Programme, especially when that engagement is coordinated and done in unison and serves as a bridge to engaged communities. Engaging with and convening communities at the country level continues to be, perhaps, the most important function of the Joint Programme's efforts. However, the "jointness" of the Programme is sometimes weakened by bilateral actions of Cosponsors, donor preferences, and uneven capacities, with the effectiveness of collaboration often depending on leadership at country level.

Effectiveness *(high strength of evidence).* By 2024, new HIV infections and AIDS-related deaths had reached their lowest levels in decades, and nearly 32 million people were receiving antiretroviral therapy, yet only a limited number of countries have met the 95–95–95 targets, and new infections are rising in three regions. Persistent inequalities continue to hinder achievement. Limited advances in prevention have slowed the decline in new infections, with increases observed in the Middle East and North Africa, Latin America, and Eastern Europe and Central Asia. The Joint Programme has made catalytic contributions to the Global AIDS Strategy, to rights-based and people-centered programming, to strategic information and key population data, to multisectoral convening, and to the mobilization of political commitment, including national prevention roadmaps and legal reform. The Joint Programme has played a strong role in promoting a people-centred, rights-based HIV response, with its Global AIDS Strategy and UBRAF embedding participation of people living with HIV (PLHIV) and civil society in decision-making, governance, and advocacy. Stakeholders praised UNAIDS' governance model, which includes PLHIV representation on its Programme Coordinating Board, seen as a crucial strength that other UN bodies lack. However, effectiveness varies by context and is constrained by reduced funding, staffing limitations, political resistance to rights-based approaches, stigma and legal barriers affecting key populations, and challenges in coordination and resource mobilization among Cosponsors. While strong leadership, strategic planning, and civil society engagement act as key enablers, growing competition for resources, declining prioritization of HIV, and structural changes, such as reduced country presence, poses significant risks to sustaining progress and impact. The proposed sunset of UNAIDS was widely viewed as unexpected and destabilizing, sitting in sharp contrast with the July 2025 ECOSOC resolution reaffirming the Joint Programme's pivotal role.

Efficiency *(low-medium strength of evidence).* The evaluation found that efficiency gains from aligning mandates and activities within the Joint Programme have been mixed. At the country level, some progress has been made through more focused joint planning and prioritization, which has improved coordination in certain contexts, though stronger alignment to country-specific needs remains necessary. Regional coordination is generally stronger due to established relationships, but changes to operating models create uncertainty about future alignment. Globally, inefficiencies are driven largely by funding constraints, competition, and distrust among Cosponsors, which undermine shared accountability. Despite ongoing decreasing levels of Joint Programme funding, as well as a severe reduction in 2025, there has been, to date, limited focus on measuring the cost-effectiveness of approaches or strategies either at the global or country level. Monitoring systems like UBRAF and the Joint Programme Monitoring System have improved in structure and standardization but still face challenges related to reporting quality, data gaps, flexibility, and demonstrating collective impact.

Sustainability *(high strength of evidence).* The financial sustainability of the Joint Programme's efforts is under significant pressure due to declining global health funding, particularly the loss and uncertainty of major donor contributions, raising concerns about long-term financial viability and the ability to maintain services and advocacy. Sustainability

roadmaps and the Rapid Financing Tool have helped countries begin prioritizing domestic resource mobilization, but the transition remains fragile and uneven. UNAIDS estimates the domestic share of HIV financing could rise from 52% in 2024 to two-thirds by 2030; even so, a gap of at least US$6 billion a year would persist. Integration of HIV services into primary health care is advancing under financial pressure but is hindered by stigma and entrenched vertical programming, and the sustainability of community-led responses is increasingly at risk. Although the Joint Programme has supported capacity building, system strengthening, and innovative financing strategies, gaps remain, especially in sustaining civil society engagement and ensuring adequate funding for prevention and key populations. Efforts to transition countries toward greater domestic financing show mixed results, with treatment often prioritized over prevention and many countries still reliant on external funding in the near to medium term.

Recommendations

The recommendations are predicated on the United Nations' continued commitment to delivering on the HIV mandate in a changing global and institutional context, while recognizing the uncertainty surrounding the timing, scale, and direction of UNAIDS' future and any potential transition. They are intended to support the ongoing deliberations of the PCB Working Group, the PCB, and other stakeholders, and focus on what must be preserved, what must change, and how risks should be managed. All recommendations assume a reduced resource envelope, a more selective country presence, and increasing reliance on the broader United Nations system, with much of the United Nations' added value concentrated in leadership, data and accountability, convening, and community leadership and engagement.

1. Protect community-led and PLHIV engagement as essential to the HIV response. Ring-fence financial, technical and staffing resources for community networks, people living with HIV (PLHIV) engagement and rights-based advocacy; require country and multi-country offices to demonstrate how community voices shape planning and policy; set minimum standards for community engagement across all country typologies under the new operating model; scale community-led monitoring with meaningful key population participation; support governments to integrate community-led actors into national plans and budgets, including through social contracting and rapid, simplified grants for people living with HIV networks and key population organizations most at risk of collapse; and maintain people living with HIV representation in governance.

2. Prioritize key population and gender programming, particularly in criminalized and hostile contexts. Ring-fence allocations for key populations to safeguard support where Cosponsors might otherwise avoid the work for legal, funding or political reasons; enable the flexible deployment of human-rights and gender expertise, including surge capacity and regional support; ensure at least one United Nations entity is explicitly mandated to champion key population issues in every country where the Joint Programme operates; operationalize explicit guidance that distinguishes the needs of key populations from those of broader vulnerable groups such as adolescents and children; and introduce gender "red flags" that trigger enhanced support where new infections among adolescent girls and young women are rising or where Cosponsor gender staffing has been significantly reduced.

3. Strengthen country-level impact by deepening alignment with national priorities through flexible, government-led planning. Support governments in strategic planning,

monitoring, and efficient implementation, including navigating bilateral funding arrangements, GC8 Global Fund grants, donor transitions, and domestic resource mobilization while retaining the agility to respond to local shifts in context; provide targeted technical support for medium-term financing reform and the integration of HIV services into universal health coverage benefit packages, and help countries build public financial management capacity; reposition sustainability roadmaps as realistic, fully costed and regularly updated tools focused on near- to medium-term resilience; embed cost-effectiveness into design, planning and resourcing through simple guidance and decision-support tools; and explicitly protect HIV prevention in prioritization decisions to avoid backsliding and future cost escalation.

4. Sustain and strengthen the Joint Programme's leadership in strategic information. Continue investing in high-quality, timely, and policy-relevant data that is consistent and comparable across countries; strengthen country-level data systems and capacity, particularly in complex and data-scarce settings; enhance the granularity and usability of data through greater sub-national disaggregation and improved analysis of transmission dynamics, including the intersections between key and general populations; and broaden strategic information beyond epidemiology to encompass socioeconomic, policy, and legal dimensions, demonstrating the wider development impact of HIV to mobilize sustained political and financial commitment.

5. Establish a transparent, inclusive, and evidence-driven transition planning process. Clarify roles, responsibilities, and governance arrangements while safeguarding core functions and maintaining coherence; include the agencies most likely to assume UNAIDS'' core functions and key partners such as the Global Fund, with the continued representation of PLHIV and civil society; define a future governance model that preserves the United Nations' multisectoral leadership and its role as a neutral platform on sensitive issues, incorporating a system-wide protection and prioritization approach to sustain critical services for the most vulnerable populations; and ground all transition assessments in rigorous, independent, and transparent evidence, rooted in analysis of epidemiology, changing political environments, and the social dynamics affecting key populations and marginalized groups.

6. While transition decisions are pending, continue to refine the Revised Operating Model to deliver greater impact under constrained resources. Refocus on the core mandate and the functions where the Joint Programme adds most value, adopting a focused set of objectives that are achievable in the near term; continue tracking progress toward the 95–95–95 targets beyond 2027; adopt a simpler, outcome-focused results framework that maps clearly to the Joint Programme's mandates and the Global AIDS Strategy, alongside a tiered prioritization model that separates essential, high-impact activities from desirable but nonessential ones; improve global coordination of fundraising to prevent uncoordinated bilateral funding that undermines joint action; allow context-specific selection of lead Cosponsors at country level; publish a light, transparent "who does what" dashboard, and ask Cosponsors to map and maintain their priority countries; and differentiate levels of country support, country-driven and owned, potentially through a two-level model offering programming funds to a few countries and technical assistance to others.

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Acronyms and Abbreviations

Acronym	Definition
AAP	Accountability to Affected Populations
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ASEAN	The Association of Southeast Asian Nations
CARICOM	The Caribbean Community

Acronym	Definition
CCO	Committee of Cosponsoring Organizations
COVID	Coronavirus disease (COVID-19)
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DAC	Development Assistance Committee
ECOSOC	The United Nations Economic and Social Council
EHG	Euro Health Group
ERG	Evaluation Reference Group
FGD	Focus Group Discussions
GAM	Global AIDS Monitoring
HIV	Human Immunodeficiency Virus
HLP	High-Level Panel
IDA	International Development Assistance
IEO	Independent Evaluation Office
ILO	International Labour Organization
IPPF	International Planned Parenthood Federation
JPMS	The Joint Programme Monitoring System
KII	Key Informant Interview
KP	Key population
LLAVES	Organizacion Llanto, Valor y Esfuerzo
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Plus (all other sexual orientations and gender identities not explicitly named)
MAXQDA	Software for Coding
MENA	Middle East and North Africa
MOPAN	The Multilateral Organisation Performance Assessment Network
MSM	Men who have sex with men

Acronym	Definition
NGO	Non-Governmental Organization
NNAPPC	National Native American AIDS Prevention Center
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
PCB	Programme Coordinating Board
PEPFAR	The US President's Emergency Plan for AIDS Relief
PFM	Public Financial Management
PLHIV	People Living with HIV/AIDS
PrEP	Pre-exposure prophylaxis
PMR	Performance Monitoring Report
RAFT	Rapid Financing Tool
RATESA	Regional HIV/AIDS Team for East and Southern Africa
RCO	Resident Coordinator's Office
SADC	Southern African Development Community
SDG	Sustainable Development Goals
SIDA	Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health and Rights
UBRAF	Unified Budget, Results and Accountability Framework
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	UN Country Team
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

Acronym	Definition
UNICEF	The United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSDCF	United Nations Sustainable Development Cooperation Framework
USAID	United States Agency for International Development
USG	United States of America Government
WFP	World Food Programme
WHO	World Health Organization

Introduction

This report articulates the findings, conclusions, and recommendations from this independent evaluation of the Joint United Nations Programme on HIV/AIDS, comprising the UNAIDS Secretariat and Cosponsors. The evaluation is timely given the shifting context the Joint Programme is operating in and the discussions underway for the Joint Programme to be transitioned and integrated into the UN system and beyond.

The report outlines the background and context of the evaluation, the evaluation's purpose and objectives, evaluation stakeholders and primary audience, data collection methods and analytical tools, limitations and key findings organized by evaluation criteria, as well as conclusions and recommendations.

The evaluation was conducted by an independent team from IOD PARC, a UK-based consultancy firm, specializing in monitoring and evaluation, comprising Team Leader Naomi Blight, alongside Nick York, Tim Clary, and Jordan Williams.

Background and Context

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. It has brought together Cosponsoring UN organizations[1] and the UNAIDS Secretariat to leverage their comparative strengths in addressing the epidemic. The Joint Programme has supported 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 has been guided by the Global AIDS Strategy (2021–2026) and operationalized through the Unified Budget, Results and Accountability Framework (UBRAF 2022–2026), aiming to ensure a coherent, inclusive, and results-driven approach to end HIV/AIDS as a public health threat by 2030.

The changing funding landscape

In recent years, official development assistance (ODA) for global health has seen a significant downward trend. Likewise, funding for HIV/AIDS programming and corresponding organizations has been affected. When excluding COVID-19 funding, health ODA by 2023 fell below pre-pandemic levels in the US, UK, Germany, Canada, EU Institutions, France, Italy, and the Netherlands.[2] Further, the EU, France, Germany, and the US made cuts to overall ODA totalling nearly US$9 billion in 2024. US global health funding cuts initiated in early 2025 have had a significant impact, with substantial reductions in USAID, PEPFAR, and humanitarian assistance budgets.

These cuts have had an unparalleled impact on the Joint Programme and its Cosponsors. In 2025, the UNAIDS Joint Programme faced unprecedented challenges due to a more than 50% decrease in donor contributions, significantly impacting all areas of its work. The current administration's March 2025 decision to end the US Agency for International Development

[1] The Joint Programme's Cosponsors have included: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank.

[2] https://data.one.org/analysis/the-troubling-hidden-trend-in-health-aid

(USAID) funds to UNAIDS[3], affected approximately 40% of its budget and saw a 54% reduction in UNAIDS Secretariat staff.[4] Similarly, the budgets of Cosponsors have been much reduced; the WHO is navigating a major budget crisis, necessitating a 21% reduction in its 2026–2027 budget to $4.2 billion with the agency losing a quarter of its workforce.[5]

High-Level Panel report and UN80

This unpredictable funding and geopolitical landscape provided the context for the deliberations of a High-Level Panel that provided recommendations to the Joint Programme on revising its operating model and on a transition plan between 2025–2030. This sets out a two-phase plan including reconfiguring the role of the Cosponsors to a model of Lead and Affiliate Cosponsors, implementing a consolidated and more focused Secretariat, and reconfiguring the UNAIDS' country presence and support, as well as a reduction in country footprint, with the programme serving 54 countries moving forward instead of 81 as in 2024. In addition to this, it set out 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 High-level Panel report was finalized in March 2025, with the new operating model approved by the UNAIDS Board in June 2025.

Figure 1. New country footprint set out in the High-Level Panel report

Concurrently to this process, in March 2025, the UN Secretary-General launched the UN80 Initiative, a system-wide reform effort to modernize and streamline the United Nations for its 80th anniversary.[6] In a report published in September 2025, "Shifting Paradigms: United to Deliver," the UN Secretary-General proposed that UNAIDS be sunset by the end of 2026, and mainstream capacity and expertise into relevant entities of the UN development system in 2027.

Since then, the UNAIDS PCB has established and developed a term of reference for a PCB Working Group to develop a plan and timeline for UNAIDS' transition and integration into the UN system. The Working Group, with a diverse membership spanning governments (programme countries and donors), civil society and communities, UN system experts, and other partners, is currently undertaking its work and will present an interim report at the PCB meeting in June 2026, and a final report at a special session of the PCB by end October 2026.[7] The outcome would then be transmitted to ECOSOC for decision in November. Separately, specialized agencies that are UNAIDS cosponsoring organizations would be invited to take corresponding decisions regarding their participation.[8]

[3] https://www.devex.com/news/unaids-faces-dicey-future-as-us-slashes-40-of-its-budget-109707
[4] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/may/20250510_unaids
[5] https://www.bmj.com/content/389/bmj.r651
[6] https://www.un.org/un80-initiative/en
[7] https://www.unaids.org/sites/default/files/2026-02/PCB58_Terms_Of_Reference_PCB_Working_Group_EN.pdf
[8] UN80 Initiative Progress and Next Steps, April 2026

Purpose, Objectives, and Scope

Evaluation purpose and objectives

This evaluation has been commissioned by the UNAIDS evaluation unit to respond 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. The evaluation object of this evaluation is the UNAIDS Joint Programme as a collective mechanism, comprising the UNAIDS Secretariat and Cosponsors, and its contribution to achieving the 2030 AIDS targets and sustaining gains, rather than the performance of individual agencies.

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, Tuberculosis and Malaria, as well as PEPFAR (the US Government's HIV/AIDS program).
3. Identify what the Joint Programme needs to and can do in the future, given the HIV/AIDS funding crisis and challenging geopolitical context, which includes shifting priorities by the donors, significant funding gaps, and reduced human resources. Provide recommendations for the Joint Programme, considering the proposals made by the advisory High-Level Panel on a resilient and fit-for-purpose Joint Programme and the restructuring process undergoing in the UNAIDS Secretariat.

Recognizing the shifting context the Joint Programme is operating in (see context section) since the evaluation was commissioned and its objectives defined, and the discussions underway for the Joint Programme to be transitioned and integrated into the UN system and beyond, the evaluation also seeks, where possible, to inform this potential process and decision-making.[9]

The evaluation will be used by the PCB, UNAIDS Secretariat, Lead and Affiliate Cosponsors, donors, and the recently established Working Group on UNAIDS' transition and integration into the UN system.

Scope

The temporal scope of the evaluation includes Joint Programme actions at the global, regional, and country levels for the 2020–2025 period. The evaluation takes into account the outcomes and decisions made based on the recommendations from the 2025 High-Level Panel on a resilient and fit-for-purpose Joint Programme and the restructuring process underway in the UNAIDS Secretariat, as well as proposals arising from the more recent UN80 reform process.[10]

[9] UNAIDS, 57th Meeting of the UNAIDS Programme Coordinating Board, Brasilia, Brazil, 16–18 December 2025
[10] Note the results of the Joint Programme work in 2025 will not be covered by this evaluation, as these are not yet available.

The geographic scope includes the global, regional, and country level with three in-person and two remote case studies, as well as key informant interviews (KIIs) 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.

Given that the evaluation covers the period 2020–25, we use the terminology of Cosponsors throughout rather than the newer terminology of Affiliate and Lead Cosponsors set out in the Revised Operating Model. Of further note is that as per the terms of reference, the evaluand is the UNAIDS Joint Programme, rather than the UNAIDS Secretariat, and as such, our findings refer to the Joint Programme as a collective, unless clearly signaled otherwise.

Evaluation Approach and Methodology

Evaluation design

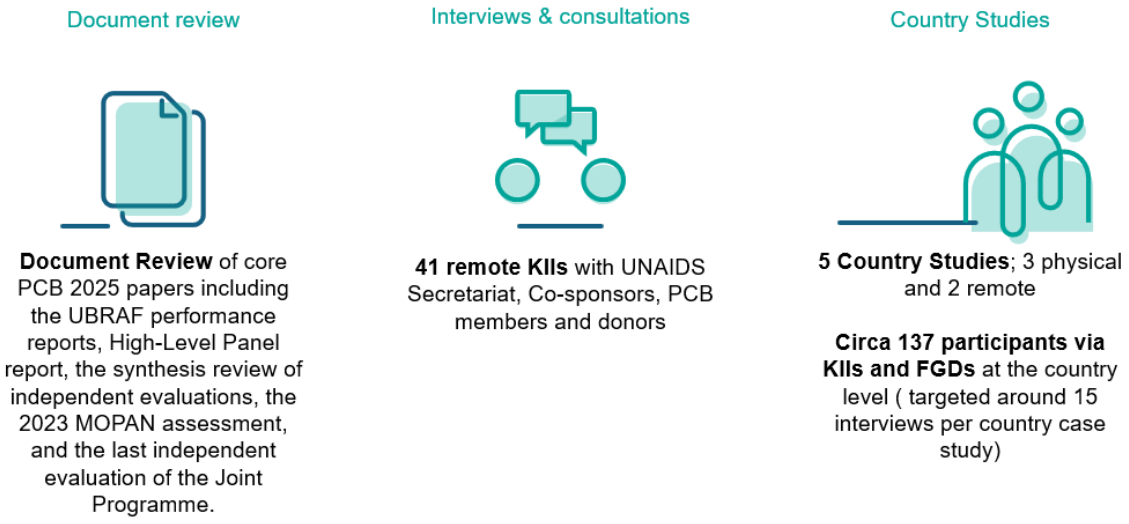
The evaluation was conducted using a mixed-methods approach, using qualitative and quantitative methods and triangulating data from a range of different sources. Given the complex and dynamic context in which the evaluation has taken place, the evaluation team has adopted a deliberately forward-looking and responsive approach to make the evaluation's findings as useful as possible, keeping abreast of simultaneous processes and discussions underway regarding the Joint Programme and UNAIDS' future, reviewing documents published as late as December 2025.

The overarching questions the evaluation addresses are:

1. To what extent are 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)?
2. To what extent does the Joint Programme achieve intended synergies in its internal and external partnerships?
3. To what extent has the Joint Programme supported countries in achieving the intended results of HIV and AIDS?
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?
5. To what extent are Joint Programme achievements sustainable (political, programmatic, and financial sustainability)?
6. Suggest key recommendations for how the Joint Programmes should work going forward.

The evaluation commenced with a detailed inception phase to ensure a shared and agreed understanding of needs and expectations to ensure the quality, relevance, and utility of our work, including a document review and 26 inception interviews. As part of the inception phase, the evaluation team developed an evaluation matrix, refining the evaluation questions from the original terms of reference (ToRs) taking into account the constraints under which the evaluation is being conducted and to avoid duplication of other analytical exercises. These were then mapped to the evaluation criteria of relevance, coherence, effectiveness, efficiency, and sustainability, as well as the intended data collection methods to ensure the triangulation and robustness of findings.

Figure 2 Methods and Approach



Recognizing the uncertainties and competing priorities that respondents across stakeholder groups have faced during the evaluation process, the evaluation team have sought to engage sensitively and flexibly, for example, moving the evaluation timeframe to accommodate stakeholder availabilities and in the selection of country case studies.

Gender and human rights and relevant ethical considerations were considered in the design of the evaluation and data collection tools and in the analysis of findings in line with UNEG guidance on integrating human rights and gender equality in evaluations.[11] Data collection tools were gender-sensitive and considered other cross-cutting themes such as human rights, community-led responses, multisectoral action, and sustainability. The evaluation team recognized that data collection from HIV/AIDS key populations presents specific ethical considerations. 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. As such, UNAIDS country teams facilitated access to key population groups. Ethical standards relating to persons affected by HIV/AIDS and key populations were applied in the data collection process with informed consent and confidentiality ensured.

Data collection and analysis

Data collection for this evaluation included a document review of 88 documents (e.g., PCB papers, UBRAF performance reports, High-Level Panel report, the synthesis review of independent evaluations, the 2023 MOPAN assessment, and the last independent evaluation of the Joint Programme), and interviews with 41 global- and regional-level key informants. Stakeholders and documents were sampled on a purposive basis, focusing on depth and information-rich cases rather than generalizability of findings. The evaluation team also completed interviews and focus groups with 137 stakeholders across remote regional interviews, three in-person case studies (Cambodia, Democratic Republic of the Congo, Uganda) and two remote case studies (Peru, Philippines) with Cosponsor staff, national governments, partners, civil society, and key population members.

Data was analyzed through a structured coding of all data against evaluation questions using MAXQDA and several team analysis sessions to systematically review data and verify and identify main findings as a group, including identifying trends and outliers. Data was

[11] https://www.un.org/un80-initiative/sites/default/files/2025-09/UN80_WS3-1_250921_1238.pdf

triangulated through the cross-reference of findings across different data sources, triangulation within the team in analysis workshops and regular meetings, and through the validation of findings with the UNAIDS Cabinet and the Evaluation Management Group. The analysis and triangulation used the lenses of gender, health equity, human rights, and disability inclusion, where applicable.

The report has been drafted, internally quality assured, following UN quality assurance processes, and will be refined based on a maximum of two rounds of feedback. Consolidated feedback will be shared by the Evaluation Manager. The evaluation team will revise accordingly, sharing a comments matrix outlining how comments have been responded to.

Evaluation limitations

The complexity of undertaking this evaluation in the context of current challenges facing the UNAIDS Secretariat and Cosponsors cannot be underestimated, and these have impacted the evaluation in myriad ways. The initial design of the evaluation and its scope had to be significantly scaled down with only slightly more than a third of the originally anticipated resources available for the evaluation when it was contracted. This meant a reduction from an anticipated twelve country case studies to five and that a robust contribution analysis exercise was not possible within the available resource envelope. The evaluation instead employed thematic and qualitative analysis.

It is important to note that the 2025 suspension of the US President's Emergency Plan for AIDS Relief (PEPFAR) funding, driven by an Executive Order freezing foreign aid, has taken place while this evaluation was underway, compounded by a reduction in funding for global health by many donors. While the evaluation team have focused our inquiry on the Joint Programme, it is likely that country-level respondents, particularly when discussing context, including the funding landscape, are reflecting on these changes as well.

Most significantly perhaps, the proposal of the UN Secretary-General in his UN80 report, that UNAIDS be sunset by the end of 2026, has impacted the evaluation in that there was some disengagement by stakeholders in the evaluation process and there was a perception of its lack of utility, as well as affecting stakeholders' availability to engage in the evaluation process.[12] While the agreed evaluation questions (revised from the original ToR in the inception phase) remain useful from an accountability perspective, and the evaluation team has sought to generate useful findings, they are not framed with the intention of informing UNAIDS' transition and, as such, may be less relevant than anticipated.

The evaluation team, despite concerted efforts and follow-up, struggled to engage some key stakeholders in the evaluation process, resulting in key gaps. For example, some key senior staff members in the UNAIDS Secretariat and Cosponsors did not respond to repeated interview requests in light of the challenges mentioned above. Nonetheless, with the limited resources available, the evaluation completed interviews and FGD with 179 stakeholders and was able to identify consistent trends and themes emerging across countries and stakeholder groups. While it is not feasible to quantify qualitative data with significant precision, we identify where a view presented might be in the minority/majority or an outlier.

Finally, it should be noted that, though the evaluation team queried country-level stakeholders about cost-effectiveness and requested examples of analyses, very few could be provided. A limited number of examples were provided of the Joint Programme's conducting cost-effectiveness studies about specific

> "It would be helpful to give country teams more flexibility to be responsive to country priorities."
> -- Country-level key informant

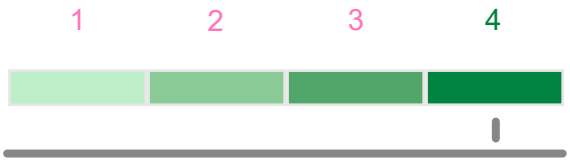
[12] UN80 Initiative, Shifting Paradigms: United to Deliver, Report of the Secretary-General, September 2025

interventions, but none were given of the overall strategies and approaches.

The evaluation team presented the report in preliminary findings to both the Evaluation Management Group and the UNAIDS Cabinet. Where it was noted that findings were not sufficiently triangulated, we have undertaken additional data collection to further substantiate these areas. We provide in the report a “strength of evidence” assessment for each criterion, using evaluator judgment based on the following scale:

Strength of Evidence rating scale: 4 – Multiple lines and levels of evidence with very strong triangulation; 3 – Multiple lines and levels of evidence, most of which triangulate; 2 – Limited lines and levels of evidence with strong triangulation; or 1 A single line of evidence, or weak triangulation.

Evaluation Findings



EVIDENCE STRENTH

High Strength

Relevance[13]

The evaluation examines the extent to which the 2022–2026 UBRAF design and the Joint Programme support have been relevant at the country, regional, and global level to the needs of key stakeholders. It also considers, in light of the intended changes to the Joint Programme operating model, how the Joint Programme can remain relevant and who the key groups at risk of being left behind by these changes are.

The Joint Programme's relevance

Key findings: The UBRAF outlines the Joint Programme's strategic priorities, expected results, theory of change, and division of labor aligned with the Global AIDS Strategy. When established in 2021, it was generally viewed by global and country-level stakeholders as relevant, multisectoral, people-centred, and rights-based, with strong inclusion of people living with HIV. Its emphasis on country ownership and alignment with national priorities further supported its relevance. However, persistent funding shortfalls have made the UBRAF's initial ambitions unrealistic. Some perceived UNAIDS has been slow to adjust to evolving epidemiological, social, political, and financial contexts.

The Joint Programme was generally seen as responsive and relevant to country needs across all five case studies, with strong alignment to government priorities, support for key populations, and contributions to coordination, data, and service delivery. Its role was particularly valued in advocacy, prevention, social protection integration, and operating in complex contexts such as conflict or conservative environments. However, its responsiveness to the specific needs of key populations was sometimes limited by legal, social, and funding constraints, as well as a tendency in some contexts to prioritize other vulnerable groups.

At the regional level, the Joint Programme plays an important role in linking global and country efforts, supporting evidence generation, policy advocacy, and addressing cross-border issues, although there is some uncertainty about its interaction with countries under the evolving operating model. Globally, its relevance remains high due to its convening power, coordination of multisectoral stakeholders, leadership in data and standard-setting, and advocacy on human rights and inclusive approaches. Nonetheless, concerns were raised about insufficient prioritization, with some stakeholders perceiving that the UNAIDS Secretariat has at times moved beyond its core mandate.

UNAIDS as a whole, and individual entities within the Joint Programme, are undergoing major restructuring. This includes staff reductions, fewer country offices, decentralization, and a reduction in lead Cosponsors. Stakeholders fear these changes will weaken community-level engagement, reduce advocacy, and diminish the visibility and inclusion of people living with HIV in policy and programme design. Key populations, particularly LGBTQI+ and criminalized groups, are seen as especially at risk due to limited coverage by other UN actors and shrinking civic space, which may further exacerbate stigma and exclusion. Concerns were also raised about gender impacts, including reduced support for women and girls and declining funding for gender equality and sexual and reproductive health rights. Additional issues include the loss of regional capacity (e.g., in MENA), reduced technical expertise in areas such as humanitarian HIV response due to changes in cosponsor roles, and uncertainty around country selection and engagement approaches. Overall, stakeholders highlighted risks that the changes could undermine relevance, equity, and effectiveness, particularly in reaching the most vulnerable populations.

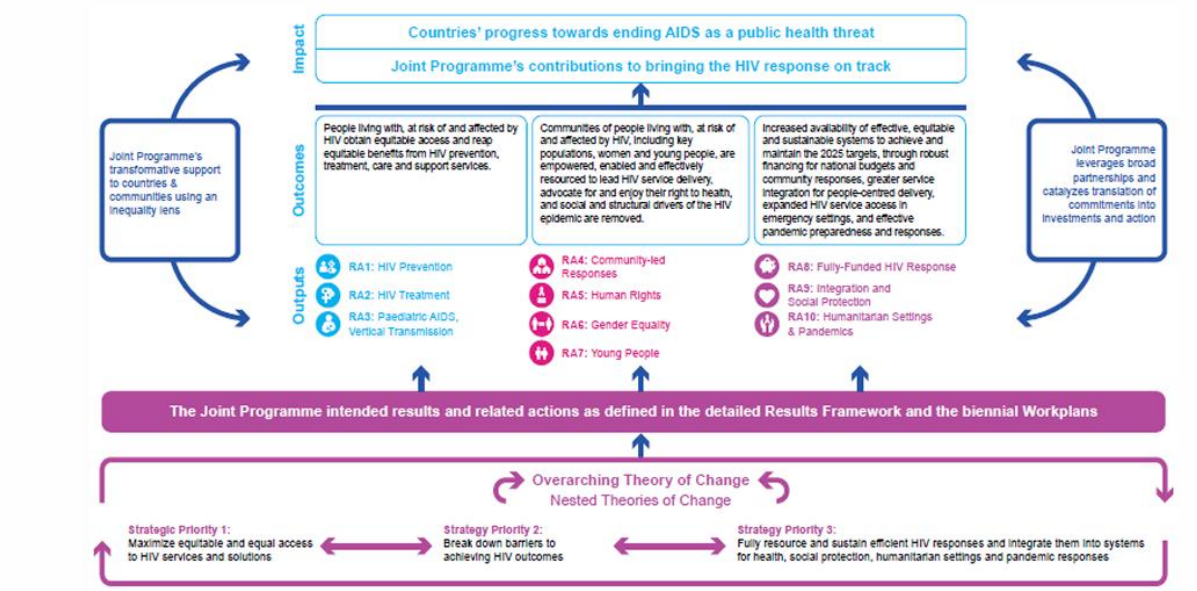
[13] Taken from the OECD Evaluation Criteria: Is the intervention doing the right things? The extent to which the intervention's objectives and design respond to beneficiaries global, country and partner/institution needs, policies and priorities, and continue to do so if circumstances change. https://www.oecd.org/en/topics/sub-issues/development-co-operation-evaluation-and-effectiveness/evaluation-criteria.html

UBRAF design

The UBRAF sets out the strategic priorities and results which the Joint Programme seeks to achieve, related to, specific actions and resources that are required, with respective responsibilities and a division of labor that is aligned with the Global AIDS Strategy.[14] It also presents (as illustrated in figure 3 below) the UBRAF's theory of change, which depicts a causal pathway to inform, guide, and prioritize the Joint Programme's actions and contributions so that the intended outputs and outcomes are achieved.

The UBRAF distinguishes between global and regional priorities, to support its contextualization. Interviewees at both country and global level perceived the UBRAF design as it was conceived in 2021 to have been consistent with the needs and expectations of many of the stakeholder groups involved in the global HIV response: primarily governments, civil society, people living with and affected by HIV. Previous evaluations highlighted the emphasis on its being multisectoral, people-centered and rights-based and on the inclusion of people living with HIV as a central pillar in strategy development and in UNAIDS governance.[15]

Figure 3. UBRAF Theory of Change and the overall results framework



At a country level, the UBRAF's relevance was further ensured by the emphasis on the principle of country ownership and alignment to national stakeholder priorities, and through support to governments to strengthen national strategies, epidemiological monitoring, and efficient implementation of HIV programs.[16] Conversely, interviews and document review also signal the relevance of the UBRAF/Joint Programme design as it has been able to leverage its neutrality to engage in challenging dialogues and sensitive issues pertaining to human rights and addressing access barriers for key populations and marginalized groups, compared to what individual agencies would have been able to do, and to leverage relationships between the state and civil society.[17]

However, informants across stakeholder groups highlighted in interviews that given the ongoing and growing funding shortfalls, the original breadth and depth of aspirations of the

[14] UNAIDS, 2022–2026 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)
[15] Joint evaluation of the UN Joint Programme on AIDS' work with key populations (2018–2021). Geneva: Joint United Nations Programme on HIV/ AIDS; 2022
[16] UNAIDS, 2022–2026 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)
[17] Joint evaluation of the UN Joint Programme on AIDS' work with key populations (2018–2021). Geneva: Joint United Nations Programme on HIV/ AIDS; 2022

UBRAF were no longer realistic in the resource environment and welcomed the Joint Programme's move to a more focused approach. Stakeholders from the PCB, donors and Cosponsors perceived that the UNAIDS Secretariat needed to be more effective and responsive at driving long-term vision that took into account the evolution of the HIV epidemic and its changing epidemiology, social and political contexts, and resourcing.

Joint Programme responsiveness to needs at country, regional, and global level

At a country level, across the five case study countries, the Joint Programme's responsiveness to country need was generally considered positively:

1. In Peru, the Joint Programme's support was perceived by stakeholders as relevant given its focus on government advocacy to keep HIV on the agenda in an environment where there is growing conservatism and many competing priorities. Its support to the development of CSO and key population (KP) networks to represent the needs of key populations and deliver services was also emphasised as relevant.
2. For Cambodia, the coordination role played by the UNAIDS Joint Country Team is considered highly relevant, as well as its focus on prevention and the integration of HIV and social protection, and the provision of strategic and programmatic data.
3. Stakeholders in Uganda highlighted positive engagement between Cosponsors and the government in terms of alignment with country priorities and in addressing inequality as a driver of the epidemic. However, the challenging enabling environment for men who have sex with men (MSM) due to the Anti-Homosexuality Act was thought to limit the Joint Programme's responsiveness to the needs of this highly vulnerable group, with most Cosponsors reluctant to challenge the Government of Uganda in this regard, and the UNAIDS Country Office considered one of the few partners willing to tackle this challenging issue.
4. In the Philippines, the relevance of the Joint Programme is ensured through close planning and coordination with the government and alignment with government plans, as well as its support to key populations.
5. In the DRC, evidence suggest that the Joint Programme has been highly relevant to needs, with Cosponsors playing key roles in HIV testing, treatment referrals, community-led programs, and capacity building. The relevance of a coordinated approach was especially valued in the DRC, where humanitarian displacement and conflict-related pressures undermine access to health services. It also played a key advocacy role in supporting campaigns to advocate to traditional and religious leaders to reduce harmful practices and promote human rights.
6. The WFP and UNHCR had also played an important role in mainstreaming HIV into humanitarian assistance crises, thereby strengthening humanitarian-development coordination. For example, the WFP with UNHCR supported a cross-sectional study on HIV prevalence and associated factors among refugees in Tanzania, emphasizing the need for a more integrated and holistic approach to HIV services among key populations.[18]

However, there is evidence from a number of the case study countries, and more broadly, that there may not have been sufficient prioritization of distinguishing of the needs of key populations from other vulnerable populations.[19] This weakness was attributed by interviewees to a number of factors, including: (1) that the UBRAF and Global AIDS Strategy 2021–26 were

[18] https://damaxsolutions.co.tz/hiv-prevalence-and-associated-factors-among-refugees-camps-tanzania-1?utm_source=chatgpt.com
[19] ibid.

too diffuse in scope and lacked sufficient focus; (2) the constrained resource environment influencing decisions around the targeting of interventions; and, (3) that there was a preference for Cosponsors in contexts like the DRC and Uganda to engage more with other vulnerable population (like adolescents, children) groups rather than targeting key populations who may be criminalized. This was due to the challenging legal and social context around working with these groups and the difficulties in raising funds to work with them, as funding cuts have accelerated the repositioning of HIV and key population programming in agency strategies.[20]

At a regional level, the Joint Programme is considered to play a crucial role in bridging global and country-level work and supporting countries with issues they are identifying, such as gaps in evidence, research needs, and bottlenecks that require collective regional action. This was recognized by stakeholders as having been particularly effective in terms of identifying and prioritizing areas for policy advocacy at a global level and for transnational issues such as migration and engaging with regional bodies for advocacy (e.g. African Union). Interviewees also highlighted the importance of the Joint Programme's data function at a regional level, in identifying regional trends, as well as tailoring approaches to regional epidemiological patterns (e.g., high prevalence in Southern Africa vs. concentrated epidemics in Eastern Europe).

Similarly, having a global strategy with associated targets was considered by interviewees as an important lever for "standard setting" to inspire regional coordination and collaboration. Furthermore, a number of stakeholders and the High-Level Panel report outlined the increasingly important role the Joint Programme is playing at a regional level as country offices change and restructure under the new operating model, in terms of the provision of technical assistance, backstopping country-level capacity gaps and supporting resource-mobilisation.[21] However, stakeholders in countries highlighted a lack of clarity as to how the Joint Programme at a regional level would interact with countries now that there is an increased number of multi-country offices under the Revised Operating Model.

The relevance of the Joint Programme at a global level is underscored by the ongoing need for a global HIV response that is coordinated and leverages the comparative advantages, strengths and mandates of organizations involved in the response. While significant progress has been made in the global HIV response, and the number of new infections has declined by 40% since 2010, from 2.2 million to 1.3 million, the number of people acquiring HIV is increasing in three regions, and more than 9.2 million people living with HIV globally were not accessing life-saving antiretroviral therapy at the end of 2024.[22]

Evidence from interviews and document review demonstrates that the Joint Programme's ability to convene and coordinate diverse, multisectoral stakeholders from across constituent groups at a global level remains highly relevant.[2324] In addition, and as outlined further in the coherence section, evidence confirms the Joint Programme's role in collecting and compiling global HIV data, setting indicators and measurement standards and analyzing data is highly relevant and valued by countries, donors, and partners such as PEPFAR and the Global Fund.[2526]

Furthermore, the relevance of the advocacy work undertaken by the UNAIDS Secretariat, and the Joint Programme collectively, was repeatedly highlighted. Evidence demonstrates that the

[20] UNAIDS, Independent Evaluation of the Joint Programme's Work with and for Key Populations, 2022
[21] High-level Panel on a Resilient and Fit-for-purpose UNAIDS Joint Programme in the Context of the Sustainability of the HIV response, 2025
[22] http://unaids.org/en/resources/fact-sheet
[23] UNAIDS, Independent Evaluation of the Joint Programme's Work with and for Key Populations, 2022
[24] Independent evaluation of the UN system response to AIDS in 2016–2019. Geneva: Joint United Nations Programme on HIV/AIDS; 2020
[25] UNAIDS, Independent Evaluation of the Joint Programme's Work with and for Key Populations, 2022
[26] Evaluation of the contribution of the UNAIDS Joint Programme to strengthening HIV and Primary Health Care outcomes. Geneva: Joint United Nations Programme on HIV/AIDS; 2023.

Joint Programme has leveraged its neutrality to lead challenging dialogues on human rights, as well as the critical expansion of rights for PLHIV, and has been pivotal in advocating for multisectoral approaches.[2728] In the COVID-19 pandemic, UNAIDS played a pivotal role in advocating for a human rights approach to the outbreak, pushing for the inclusion of key groups (such as sex workers and the transgender community) in national social protection schemes and advocating against the use of compulsory detention or harsh, coercive policing during lockdowns, as well as contributing to knowledge and learning, developing a new guidance document that draws on key lessons from the response to the HIV epidemic.[29303132]

Whilst the core functions of both the Joint Programme and the UNAIDS Secretariat are considered to be relevant, a number of stakeholders; donors, cosponsors, and UNAIDS Secretariat staff, perceived that the UNAIDS Secretariat had, at times, lost its focus and engaged in areas which were not its core mandate. This was supported by findings of the 2023 MOPAN assessment of the UNAIDS Secretariat, which highlighted that the Joint Programme's focus and relevance had been negatively impacted by "mission drift."

The Joint Programme's relevance in the face of change

As noted, the Joint Programme and the UNAIDS Secretariat are undergoing significant changes, outlined in a Revised Operating Model approved by the PCB, which include a 54% reduction in Secretariat staff (from 661 to 294), a differentiated approach to Cosponsorship with six leads and five affiliates, a reduced in-country footprint from 81 to 54 countries, and increased decentralization with core Secretariat functions moved from Geneva to regional hubs.[33]

These changes have had a significant impact on the Joint Programme's ability to respond to the needs at country, regional, and global level. Stakeholders at a country level consistently raised concerns these changes would impact negatively on the most vulnerable groups, citing the following:

- Interviewees highlighted the risk of a reduction in community-level response that would weaken HIV networks, with the voices of PLHIV being lost from the dialogue in the design of interventions and policies, as well as the need for recognition that human rights and equity issues require consistent attention, without which they will not be sustainable.
- Key populations, particularly LGBTQI+ communities and criminalized populations, were thought to be at particular risk by respondents across all stakeholder groups given that they were not always covered by the mandate of any other UN agency or program. This was highlighted, for example, in key population interviews with MSM in the DRC who are criminalized and not a priority in terms of government financing.
- The loss of the Joint Programme's advocacy in the countries it has withdrawn from was highlighted as a significant concern given increasingly shrinking civic space. As of early 2026, approximately 31% (nearly one-third) of the world's population lives in countries with completely "closed" civic space, where freedoms of speech and assembly are severely repressed.[34] Stakeholders highlighted the growing conservatism in a number of countries and the reduction in civic space, which is likely

[27] ibid.
[28] Joint evaluation of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls. Geneva: Joint United Nations Programme on HIV/AIDS; 2021.
[29] https://www.unaids.org/en/resources/documents/2020/human-rights-and-covid-19
[30] https://www.unodc.org/documents/Advocacy-Section/20200513_PS_covid-prisons_en.pdf
[31] UNAIDS, Independent Evaluation of the Joint Programme's Work with and for Key Populations, 2022
[32] UNAIDS Joint Programme Capacity Assessment. Oxford Policy Management; 2022.
[33]https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/may/20250510_unais
[34]https://monitor.civicus.org/globalfindings_2025/innumbers/#:~:text=Only%2039%20out%20of%20198,AFRICA%20PRESS%20CENTRE%20PREVIOUS%20REPORTS

to lead to increased stigmatization and discrimination against key populations. Where external pressure has helped to keep an emphasis on key populations, respondents feared that without this advocacy, these groups may be deprioritized or even excluded going forward.

- The gender implications of the changes underway were highlighted by stakeholders. For example, with the Joint Programme in Southern Africa, respondents highlighted the vulnerability of adolescent girls and young women, who have the highest number of new infections in the region and that staffing reductions to UNWOMEN and UNFPA could exacerbate this further.[35] Access to sexual education, prevention, treatment, and services for young women and girls was also thought likely to be impacted, and more than 60% of women-led HIV organizations have lost funding or been forced to suspend essential programs, leaving entire communities without access to vital services.[36] Further, Cosponsors have seen a decrease in funding for gender and a rollback on Sexual Reproductive Health Rights and women's rights in UN normative language, as well as a push from key donors to dilute gender language.[37]
- While predating the most recent changes agreed, the closure of the UNAIDS Regional Support Team in the MENA region in 2023 was considered by stakeholders to have had significant strategic, operational, and public health consequences, creating a leadership vacuum in a region already struggling with rising HIV infections and weak surveillance systems.[38]
- Stakeholders raised concerns about the fact that the WFP will not be engaged as a Lead Cosponsor going forward and the potential impact this could have on the Joint Programme's technical expertise and ability to address HIV in emergencies. Of particular further concern was the closure of the WFP Southern Africa Regional Office given the HIV prevalence in the region. Furthermore, a number of stakeholders questioned the global model of Lead Cosponsors, arguing that it might be more appropriate for the country team to be selected on a case-by-case basis dependent on context.
- Last, stakeholders raised concerns about how the selection of both countries and engagement models, as set out in the Revised Operating Model, could influence the Joint Programme's relevance and ability to respond to the most vulnerable. A number of stakeholders considered the logic for retaining some of the country offices (e.g., Ethiopia and DRC) to be unclear, and that while decisions had been made based on epidemiology, they did not always take into account country capacity. Similarly, the Multi-Country Office Evaluation, published in December 2025, found that there is not yet a systematic approach guiding how UNAIDS should adapt its presence and engagement across different contexts.[39]

[35] https://www.unicef.org/esa/press-releases/adolescent-girls-are-six-times-likely-acquire-hiv-boys-eastern-and-southern-africa

[36] No More Business as Usual, International Community of Women Living with HIV, February 2025

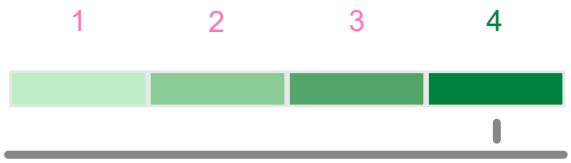
[37] https://usun.usmission.gov/explanation-of-vote-on-the-resolution-titled-safety-and-security-of-humanitarian-personnel-and-protection-of-united-nations-personnel/, https://www.theguardian.com/world/2018/oct/24/trump-administration-gender-transgender-united-nations#:~:text=7%20years%20old-,Trump%20administration%20wants%20to%20remove%20'gender'%20from%20UN%20human%20rights,than%20an%20unchangeable%20biological%20fact.

[38] The LANCET HIV, UNAIDS departure leaves vacuum in leadership in MENA, Talha Burki, October 2023

[39] UNAIDS, Multi-country Offices and HIV Advisors as Alternatives to UNAIDS Country Offices, December 2025

Coherence[40]

The evaluation focused on both the Joint Programme's internal (i.e., among Cosponsors, and between Cosponsors and the Secretariat) and external synergies and alignment (between the Joint Programme and external partners) at the global, regional, and country level to assess its coherence.



EVIDENCE STRENGTH

High Strength

The Joint Programme's synergies between internal and external partners

Key findings: In general, the Joint Programme was well coordinated amongst Cosponsors, especially for high-level discussions and decisions, with the UNAIDS Secretariat as the main convener. This finding was echoed at the regional level. At the country level, coordination is generally strong, with the Secretariat effectively convening partners, aligning with national priorities, and supporting data-driven planning, technical assistance, and advocacy, though outcomes often depend heavily on UNAIDS Ccountry team leadership. However, persistent challenges remain, including duplication of efforts, overlapping mandates, and a tendency for Cosponsors to prioritize their own institutional agendas over joint programming. These issues are exacerbated by donor preferences, weak enforcement of the division of labor, and competition for limited resources. The country envelopes have provided and continue to provide some incentive for increased collaboration; though, the small amounts disbursed are, in many cases, dwarfed by the core funds of the participating agencies. Nevertheless, Cosponsors receiving funds are more likely to participate in joint planning meetings and other collaborative efforts. While regional coordination appears relatively effective, global-level coherence is significantly hindered by resource constraints, distrust between Cosponsors and the Secretariat, and unclear roles and communication. Reductions in funding have further weakened incentives for collaboration and diminished the influence of HIV within Cosponsor agencies. Overall coherence is undermined by high coordination costs, limited resources, and ongoing structural and relational tensions within the Joint Programme.

With external partners at the global and country level, the Joint Programme has been a key contributor. This includes partnering with the Global Fund and PEPFAR, as well as other external development partners. A cornerstone function of the Joint Programme, especially the UNAIDS Secretariat, for external partners has been the provision of data for planning, programming, and resource allocation. Engagement with host-country governments continues to be a strong value-add of the Joint Programme, especially when that engagement is coordinated and done in unison and serves as a bridge to engaged communities. Engaging with and convening communities at the country level continues to be, perhaps, the most important function of the Joint Programme's efforts. However, the "jointness" of the Programme is sometimes weakened by bilateral actions of Cosponsors, donor preferences, and uneven capacities, with the effectiveness of collaboration often depending on leadership at country level.

[40] Taken from the OECD Evaluation Criteria: How well does the intervention fit? The compatibility of the intervention with other interventions in a country, sector or institution. https://www.oecd.org/en/topics/sub-issues/development-co-operation-evaluation-and-effectiveness/evaluation-criteria.html

Alignment and synergies between the Secretariat and Cosponsors and among Cosponsors[41]

As part of the evaluation of the Joint Programme's coherence, the evaluation team examined the extent to which the Joint Programme has ensured alignment among the Cosponsors and between the Secretariat and Cosponsors.

Many changes within the organizational structure of the Joint Programme and the Secretariat were either completed or underway during this evaluation. Most notably, this included the restructuring of the Cosponsors into two categories, which are: (1) Lead Cosponsors (UNICEF, UNFPA, UNODC, UNDP, the WHO, and UNHCR) and affiliate Cosponsors (ILO, UNESCO, UN Women, the WFP, and the World Bank). Regardless of this restructuring, UBRAF remains the primary budgeting and accountability tool for the Joint Programme by aligning the efforts of the UNAIDS Secretariat and the Cosponsors to maximize the effectiveness of the UN's HIV-related resources.

Based on both stakeholder feedback during this evaluation and other previous reviews, the restructuring was generally well accepted, as many believe that the coordination efforts within the Joint Programme had become overly burdensome, the focus of some previous Cosponsors within the Division of Labor was no longer particularly relevant to the HIV epidemic, and several Cosponsors had neither the staffing nor the funding to fully engage in the Joint Programme. Some of these issues were also mentioned within the High-Level Panel report but, perhaps, were not anticipated to be as severe as they have become subsequent to its finalization.

Similarly, with substantially less funding, the UNAIDS Secretariat has reduced staff, shifted more positions to the country level and will focus on four core functions: Leadership and Advocacy (including global resource mobilization), Convening & Coordination (focused on sustainability), Accountability[42], and Community Engagement. This concentration of the Secretariat's functions was generally well received by evaluation stakeholders and in previous reviews, as the the UNAIDS Secretariat was widely perceived by many of the key informants, both internal to the Secretariat and external, as having previously expanded its scope beyond its core functions (and comparative advantage).

In general, country-level stakeholders noted that the Joint Programme was well coordinated among Cosponsors with the UNAIDS Secretariat as the main convener, putting government counterparts in the lead and aligning partners behind national priorities and epidemic realities. This was particularly notable for data-driven planning, tracking of results, evidence-informed policy change, supporting funding applications, providing technical assistance, and collaborative advocacy. Additional feedback noted that the Joint Programme has managed to maintain good working relationships in challenging operating environments where some key populations have been criminalized (e.g., Uganda and its Anti-Homosexuality Act) and civil society has become more constrained because government is shifting toward a greater socially and politically conservative alignment (e.g., Peru). Of particular

Uganda Country Case Study

Joint Programme Cosponsors in Uganda were described as "vibrant members" of the AIDS Partners Development group with each Cosponsor having a well-defined focus. This engagement has assisted the country in defining, planning, and moving forward with integrated HIV services and ensuring that all gaps are addressed. When the Anti-Homosexuality Act was passed in 2023, the Ugandan Ministry of Health, with the Joint Programme and other partners, developed a national adaptation strategy to mitigate the Act's severest consequences and delineated what each partner could do in response.

[41] EQ 2.1: How well does the Joint Programme ensures synergies internally and externally between the Secretariat and Cosponsors?
[42] Accountability here primarily references data functions, target setting, and strategy support

concern is the potential loss of in-country presence of UNAIDS and Joint Programme partners as they are often the main bridge between government and difficult-to-reach communities (e.g., UNESCO and indigenous populations, the UNAIDS Secretariat and HIV-affected populations, UNFPA and adolescent girls and young women). Many of these same findings were similar to those noted in previous and contemporaneous reviews.[43] Stakeholder feedback noted that many of these positive actions and results are still largely dependent on the commitment by in-country leadership (e.g., the UN Resident Coordinator) and the competence of the UNAIDS Country Director. This was very much thought to be the case in the DRC, where the Country Director was thought to have been highly effective in convening stakeholders from across stakeholder groups in a challenging context, leading to some positive results in terms of the integration of HIV within humanitarian settings, including the 2025 M-POX outbreak.

At the implementation/activity level, across all of the participating countries in the evaluation, there are still issues noted of duplication of efforts and overlapping mandates. Stakeholder feedback noted that Cosponsors presented their HIV efforts primarily as part of their individual organizational mandates rather than as part of a holistic approach. This issue continues to be problematic and undermines the concept of a joint program, with some agencies prioritizing bilateral relationships with government and civil-society partners, rather than these being "joint" relationships. Even with the agreed-upon Division of Labour in place, the issues of partners/donors having preferences for working with certain UN agencies, a lack of enforcement of decided mandates, unclear communications between headquarters and country offices, and competition for scarce resources often override the Joint Programme's intent.

However, of the several regional level stakeholders interviewed, none mentioned any significant issues around ensuring alignment and coordination at that level. It appears that there are well-established systems for ensuring internal information sharing, harmonization of activities, and external facing communications. Most key informants cited their long-standing relationships with Cosponsor counterparts and regional coordination mechanisms (e.g., SADC, ASEAN, CARICOM) and subordinate technical working groups as foundational for ensuring well-functioning collaboration.

Internal synergies at the global level remain significantly problematic due to competition for resources and distrust between the Cosponsors and the Secretariat. Previous reviews have highlighted the issues around Joint Programme resource mobilization and distribution, and this evaluation confirms that those issues persist. With fewer resources available, stakeholders anticipate that this issue will only worsen for the foreseeable future, and HIV may be deprioritized within Cosponsor agencies (both Leads and Affiliates). The 2022 Joint Programme Capacity Statement found, for example, that the reduced UBRAF funding had reduced the influence of Cosponsors within their agencies, including their ability at all levels to ensure that HIV is prioritized and integrated within agency programs and initiatives, a situation which will have inevitably worsened given the further cuts experienced since then.[44]

Feedback at the global level points to continued substantial distrust between Cosponsors and the Secretariat. Themes which emerged in discussions with the Secretariat, Joint Programme staff, and external partners at all geographic levels include: (1) the ongoing perceived notion that the development of the High-Level Panel report and its recommendations were not fully independent nor open to feedback; (2) the capacity, funding, and expected efforts of the Cosponsors being disconnected and discounted from the current reality; (3) the continued inability of the Secretariat to fulfil some of its core functions (e.g., not consistently convening at the global and country level) even prior to staff reductions; (4) a lack of clarity in the differences of roles and responsibilities for Lead and Affiliated Cosponsors moving forward;

[43] Multi-Country Offices and HIV advisors as alternatives to UNAIDS Country Offices, November 2025
[44] UNAIDS, UNAIDS Joint Programme Capacity Assessment, 2022

(5) issues of perceived inappropriate mandate expansion by the Secretariat; and, (6) a lack of clear and consistent communication and guidance between Cosponsors and Secretariat headquarters and country-level staff resulting in flawed country-level coordination.

Both global- and country-level stakeholders noted that historically, the transaction costs of coordination within the Joint Programme were high and funding was insufficient to conduct it adequately. This sometimes resulted in Cosponsors defaulting to implementing activities which were "easy" based on pre-existing related work. With diminishing funding for both coordination and activities, whether Cosponsors will continue to contribute to joint efforts is uncertain; though, per key informant feedback, country envelopes remain a catalyst for collaborative efforts.

The country envelopes have provided and continue to provide some incentive for increased collaboration through their catalytic nature, though the small amounts disbursed are, in many cases, dwarfed by the core funds of the participating agencies. Nevertheless, stakeholders noted that those Cosponsors receiving funds are more likely to participate in joint planning meetings and other collaborative efforts, and this has reinforced the concept of joint programming, creating accountability for information sharing and delivery of joint results.

The Joint Programme's added value in working with external partners[45]

As part of the evaluation of Joint Programme coherence, the evaluation team examined the extent to which the Joint Programme has worked synergistically with external partners, including the Global Fund, PEPFAR, host-country governments, and civil society.

At the global level, stakeholder interviews emphasized that the Joint Programme has been a critical partner to the Global Fund, leveraging and optimizing its strategic focus and investments for HIV and HIV/TB as well as efforts to reduce or mitigate the impact of COVID-19 on HIV programs. However, some stakeholders noted that prior to 2025, coordination, communications, and expectations were clearer and stronger between the Global Fund and UNAIDS, and more recently that the strong linkages between the two organizations had somewhat diminished.

At the country level, the partnership between the Joint Programme and the Global Fund primarily involves either the UNAIDS Secretariat or Cosponsors actively engaging with and contributing to the functions of the Country Coordinating Mechanisms. This support includes governance and oversight support, sharing evidence to inform national policies, strategic planning and target setting processes, providing technical assistance, including for developing funding requests, and addressing implementation gaps and bottlenecks. There were notable examples of this cooperation within the country case studies for this evaluation. For example, in Peru, the Joint Programme provided technical support in finalizing a $25 million Global Fund funding request to expand HIV and TB services, including PrEP scale-up, HIV treatment decentralization, and care for advanced HIV at the provincial level.

Prior to 2025, there were clear synergies between the Joint Programme and PEPFAR and, per interviewees, the partnership had worked well for the past 20 years. Despite the current United States of America Government (USG) administration's positions and policies, PEPFAR has retained a close and strong working relationship with UNAIDS, including, for example, serving on the recent HLP and ongoing PCB, and continues to be very clear about what it needs and wants from UNAIDS. For example, in Uganda, PEPFAR continues to work with the Ministry of Health and UNAIDS to develop coverage estimates and set targets, monitor progress against indicators, and receive feedback via community-led monitoring efforts. At the global level, PEPFAR continues to see a strong value-add in the data which the Joint

[45] EQ 2.2: How well does the Joint Programme work in synergy with other major players in the global HIV response?

Programme collects and analyzes, as well as in the technical assistance which UNAIDS Secretariat and Cosponsors can provide to country-level stakeholders.

Beyond the Global Fund and PEPFAR, the Joint Programme continues to collaborate with a diverse range of partners, including Unitaid, Gavi, the Stop TB Partnership, as well as with other bilateral agencies and donors, international financial institutions, multilateral organizations, and philanthropic foundations. This level of collaboration is also reflected in UNAIDS Programme Coordinating Board, the main body for overseeing the Joint Programme, which has broad stakeholder representation, including civil society. With the recent significant decreases in funding for global health, there is an urgent need to clarify how funding discussions will be coordinated and managed among Cosponsors and other technical agencies to avoid detrimental competition based on unilateral relationships. The review of the funding model is and will be part of the mandate of the PCB Working Group.

Engagement with host-country governments continues to be a strong value-add of the Joint Programme, especially when that engagement is coordinated and done in unison (i.e., not relying solely on the UNAIDS Secretariat to deliver positioning messages). Of particular importance has been the UNAIDS Secretariat's (and, to lesser extent, Cosponsors') long-standing in-country presence, which has resulted in a high level of trust with government counterparts to influence policies, planning, and serve as a bridge with civil society and communities. Indeed, UNAIDS is the only UN agency with civil society represented on its board. Additionally, that trust extends to serving as a neutral custodian and provider of data and other information and the sharing of regional and global best practices.

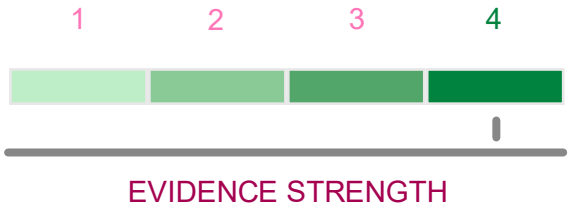
Numerous positive examples were cited in this evaluation of Cosponsors and the Secretariat working together and advocating for specific issues and actions with government counterparts. For example, in Cambodia, at the request of the government, Cosponsors strengthened their cooperative efforts, provided support across numerous technical working groups, and jointly assisted in the development of the health sector strategic plan. Similarly, in the Latin America and Caribbean region, stakeholders cited cooperative efforts among Cosponsors in countries such as Argentina, the Dominican Republic, and Guatemala to respectively create a network of municipalities working on HIV, to reinvigorate efforts to eliminate mother-to-child transmission, and to move forward with sustainability planning.

Engaging with and convening communities at the country level continues to be a cornerstone of the Joint Programme's efforts, especially for UNAIDS Secretariat. Specific examples of the Joint Programme's work in this area includes producing guidance and policy documents, supplying data to support advocacy and better targeted responses, providing technical advice and legal guidance (e.g., anti-discrimination activities), supporting community-led responses and monitoring, as well as advocating for resources from the major funders (e.g., the Global Fund and PEPFAR) and national governments. In brief, the Joint Programme ensures that community voices are heard and that no one is left behind. This has been particularly evident in the Philippines, based on feedback from civil-society interviewees. Some of the country-level activities have included UNAIDS' Country Office convening various civil-society stakeholders for discussions, allowing communities to fully participate in decision-making even with limited funding supporting these efforts. Key informants in the Philippines and in the other country case studies emphasized that sustaining civil-society support by the Joint Programme is mission critical.

Feedback at both the global and country level notes that, the jointness of the Joint Programme can at times be undermined by Cosponsors acting bilaterally in the interests of their own organization. This is further complicated by some donors having preferences (along with stand-alone reporting requirements) in terms of which agencies they want to interact with and fund, as well as the varying capacities and related commitments to working in the HIV space. Even when there is a commitment to coordination and cooperation, the strength of that

interaction can be largely dependent on the competency of the UNAIDS Country Office Director and their peers within the Cosponsors.

Effectiveness[46]



High STRENGTH

This section provides an assessment of how effectively the Joint Programme supported countries in achieving the intended results of HIV/AIDS including reaching the 95–95–95 targets, galvanizing political commitment to achieve those targets and supporting the

Progress toward intended results

Key findings: By 2024, new HIV infections and AIDS-related deaths had fallen to their lowest levels in decades, and nearly 32 million people were receiving treatment. Only a small number of countries, however, have fully met the 95-95-95 targets. While the HIV response is seen as comparatively successful and likely to be one of the few SDG3 targets achieved, progress remains uneven. Persistent inequalities continue to hinder achievement. Limited advances in prevention have slowed the decline in new infections, with increases observed in the Middle East and North Africa, Latin America, and Eastern Europe and Central Asia. Countries reporting treatment coverage without addressing access barriers for key populations show weaker progress. The Joint Programme has contributed meaningfully through prevention, treatment guidance, community engagement, and policy support, including scaling up prevention programmes, strengthening national guidelines, supporting data systems, and mobilizing partners. However, progress remains fragile and dependent on sustained investment, stronger focus on key populations, and continued health system support.

The Joint Programme has played a strong role in promoting a people-centred, rights-based HIV response, with its Global AIDS Strategy and UBRAF embedding participation of people living with HIV (PLHIV) and civil society in decision-making, governance, and advocacy. Stakeholders praised UNAIDS' governance model, which includes PLHIV representation on its Programme Coordinating Board, seen as a crucial strength that other UN bodies lack.

It has contributed to advancing human rights, gender equality, and access to services for key populations through policy influence, community engagement, and multisectoral approaches, while also supporting integration of HIV services into broader health systems. A key strength is its provision of high-quality strategic data, covering epidemiological, social, and legal dimensions, which informs national planning, global coordination, and partner investments such as the Global Fund and PEPFAR. Its convening power has enabled collaboration across governments, civil society, and UN agencies, strengthening coordinated responses and political commitment, including the development of national roadmaps and global targets. UNAIDS country teams help coordinate multisectoral HIV responses, acting as neutral brokers in politically sensitive contexts (e.g., Uganda, Peru). At the regional level, strong coordination structures such as RATESA were seen as effective in unifying efforts and ensuring needs-based programming across agencies.

However, effectiveness varies by context and is constrained by reduced funding, staffing limitations, political resistance to rights-based approaches, stigma and legal barriers affecting key populations, and challenges in coordination and resource mobilization among Cosponsors. While strong leadership, strategic planning, and civil society engagement act as key enablers, growing competition for resources, declining prioritization of HIV, and structural changes, such as reduced country presence, poses significant risks to sustaining progress and impact.

[46] Taken from the OECD Evaluation Criteria: Is the intervention achieving its objectives? The extent to which the intervention achieved, or is expected to achieve, its objectives and its results, including any differential results across groups. https://www.oecd.org/en/topics/sub-issues/development-co-operation-evaluation-and-effectiveness/evaluation-criteria.html

development of people-centered approaches.[47] Last, it identifies enablers and barriers to the effectiveness of the Joint Programme.

Progress toward the 95–95–95 targets

The 95-95-95 targets define a pathway to ending AIDS by ensuring that nearly everyone living with HIV is diagnosed, treated, and virally suppressed. They were developed through global political commitment, evidence-based inputs, and multi-stakeholder collaboration, evolving from earlier targets to set a more ambitious and inclusive standard for the HIV response.[48]

In 2024, the number of new HIV infections declined to its lowest level since the late 1980s, nearly 32 million people were receiving antiretroviral treatment, and AIDS-related mortality fell to its lowest level since the early 2000s.[49] A limited number of countries have met or exceeded the targets so far.[50]

However, while much progress has been made, the world is not on track to succeed in hitting targets with the persistent inequalities that continue to drive the HIV epidemic not being adequately addressed. According to the latest analysis in 2025, despite steady progress, none of the targets are on track:

7. 86% of people living with HIV knew their HIV status.
8. 89% of those who knew their status were on treatment.
9. 93% of those on treatment were virally suppressed.[51]

Large countries such as India, Indonesia and South Africa remain off-track and inequalities, such as gender, location and criminalization of key populations, continue to undermine progress.[52] In addition, limited progress in HIV prevention has resulted in a pace of decline in new infections that remains insufficient, with increases in HIV incidence observed in three regions.[53] Stakeholders highlighted that progress has also been less evident in countries that report on treatment coverage but do not adequately facilitate access to services for key populations.

Significant regional disparities remain with increases in new infections in three regions: Middle East and North Africa, Latin America and Eastern Europe and Central Asia. The table below highlights some of the key indicators of progress observed across different regions.

Table 1. HIV Regional overview adapted from United Toward Ending Aids 2026-2031

Region	*Decrease in new infections 2010–24*	*AIDS-related deaths since 2010*	*People knowing their status*	*People on treatment*	*Percentage of people with suppressed viral loads*
Asia-Pacific	*17%*	*53%*	*79%*	*69%*	*66%*
The Caribbean	*21%*	*62%*	*85%*	*74%*	*66%*
Eastern and Southern Africa	*56%*	*52%*	*93%*	*91%*	*95%*

[47] 95% of people living with HIV know their status, 95% of people who know they are living with HIV, and 95% of people receiving ART have viral suppression
[48] https://www.unaids.org/sites/default/files/media_asset/progress-towards-95-95-95_en.pdf
[49] https://www.unaids.org/sites/default/files/2025-12/PCB57_Global_AIDS_Strategy_2026-2031.pdf
[50] Botswana, Eswatini, Rwanda Tanzania
[51] https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/strategic-information/hiv-data-and-statistics
[52] ibid.
[53] https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf

Middle East and North Africa	*94% increase*	*na*	*na*	*48%*	*Na*
Western and Central Africa		*60%*	*81%*	*94%*	*92%*
Latin America	*9% Increase*	*31%*	*86%*	*71%*	*66%*
Eastern Europe and Central Asia	*48% increase*	*7% increase*	*na*	*.na*	*na*

Table 2. Country sample of 95–95–95 progress

Country	% of people with HIV knowing their status		% of people with HIV who are on ART		% of people with HIV who are on ART and reach viral suppression	
Year	2020	2024	2020	2024	2020	2024
Cambodia	81	92	98	98	95	98
DRC	63	77	83	93	95	95
Philippines	63	62	61	65	Not available	Not available
Peru	78	87	88	92	81	83
Uganda	89	94	85	90	91	96

As shown in Table 2, none of the countries included in the evaluation sample fully achieved the 95–95–95 targets. Nonetheless, substantial progress has been made overall, with Cambodia, the Democratic Republic of Congo, and Uganda demonstrating particularly encouraging performance. In contrast, the Philippines recorded the weakest results, characterized by rising HIV incidence, driven in part by persistent stigma, increasing costs of seeking services, and limited access to accurate information and services. Despite the progress made, it is important to recognize that these gains remain fragile; without continued support and adequate resources for health systems, the progress achieved could quickly be reversed.

In Uganda, UN intensified HIV response efforts amid the impacts of the Anti-Homosexuality Act (2023), helping reduce new HIV infections by 23%, falling from 50,000 in 2020 to 36,000 in 2024. The UN's advocacy efforts also led to increased uptake of HIV prevention interventions, including Prevention of Mother-To-Child Transmission (PMTCT), Voluntary Medical Male Circumcision (VMMC), and Education Plus programmes, further reducing transmission risks and improving health outcomes. Table 2 illustrates the steady increase in ART coverage, resulting in further declines in AIDS-related deaths and new HIV infections.

Joint Programme contribution to targets

It is important to recognize that progress toward the 95–95–95 framework cannot be attributed to the Joint Programme alone but rather to the multitude of actors involved in HIV response. Nonetheless, the evaluation identifies below (non-exhaustively) some of the contributions the Joint Programme has made in supporting countries to reach the 95–95–95 and to support the broader HIV response.

HIV Prevention

- On the prevention front, the Joint Programme helped 84 countries to scale up combination HIV prevention for key populations[54] with 162 countries also incorporating WHO recommendations on PrEP into their national guidelines. Examples of how the

[54] https://www.unaids.org/sites/default/files/2025-06/Agenda%20item%204.1_PMR.pdf

Joint Programme helped advance prevention and treatment are found in Cambodia, where the Joint Programme helped develop national HIV prevention policies targeting key populations, revised treatment guidelines and operating procedures and scaled up same-day initiation and multi-month dispensing of ART.[55] Similarly, across all the case study countries, the Joint Programme helped to bring CSO and community networks into the national HIV response and coordination mechanisms. Regionally, the Joint Programme has helped orchestrate several working groups to help meet the various HIV targets and ensure effectiveness from Cosponsors at the regional level. Within an African context, UNAIDS Regional Support Team for Eastern and Southern Africa (RST ESA) has been instrumental in bringing a cohesive and organized HIV response.

- In the DRC, the Joint Programme worked with VODACOM to send several million SMS messages as part of the national HIV prevention campaign. This innovative approach made it possible to raise awareness on a large scale, at low cost, quickly reaching thousands of people in remote or hard-to-reach areas. With the "Hello Ados" app, 4,100 young people were educated about SRHR and HIV.[56]
- UNFPA's contribution has primarily helped to lead on various prevention efforts for HIV within the Joint Programme. Notable contributions have been the Co-convening of the Global HIV Prevention Coalition with the UNAIDS Secretariat and the launching of the HIV Prevention 2025 Roadmap in July 2022 (PMR 2022). UNFPA have also led in young people and SRHR education. Within the Philippines, UNFPA led the development and implementation of a youth health learning package in urban poor communities in the National Capital Region. In Uganda, five million adolescent and young people were reached with condom awareness and education messages, and 100 million condoms were distributed to community distribution points. A total of 55,000 people from the key population community also accessed specialized services through peer educators and drop-in centers. While UNFPA has made valuable contributions across multiple countries and regions, key informant interviews suggest that its impact has not been felt uniformly. For example, in Latin America, it was perceived that HIV has not been consistently prioritized by the agency, in part due to competing regional priorities.
- UNESCO's contribution has primarily focused on HIV education and awareness. For example, in the Asia-Pacific region, UNESCO co-published new research on training needs for disability-inclusive comprehensive sexuality education, drawing on data from Mongolia, Nepal, and the Philippines. Similarly, UNESCO also had an integral role in bringing HIV education to marginalized Indigenous peoples. For example, in Peru, UNESCO supported intercultural HIV prevention campaigns in Ucayali, reaching more than 7,500 people including adolescents and pregnant women from five Indigenous communities. KIIs noted that UNESCO was one of only a few organizations with sufficient access to these groups.
- In parallel, the ILO has concentrated its efforts on HIV within the context of labour rights, strengthening workplace HIV prevention in 35 countries and developing a learning guide on engaging LGBTQI+ people in the world of work, which was widely disseminated in Latin America and the Caribbean. However, the ILO's contribution is expected to decline as a result of financial constraints, which have led to the closure of its HIV portfolio in some countries, including Uganda.

[55] https://open.unaids.org/sites/default/files/2025/Cambodia-country-report_2022-2023.pdf?utm
[56] DRC Annual Report, 2023

HIV Treatment

- The WHO has been one of the larger contributing Cosponsors leading on setting and updating global and national guidance on testing and treatment and promoted uptake. Nearly all (99%) countries have adopted the WHO's recommended "treat all" approach, while globally, 94% of reporting countries (162) have incorporated WHO recommendations on pre-exposure prophylaxis (PrEP) into their national guidelines.[57]
- The World Bank has leveraged innovative financing mechanisms to raise private sector investment for the health of women and children, including for efforts to combat HIV, making available US$30 billion through International Development Assistance (IDA) financing for selected countries for health care, for example for services that improve HIV outcomes. Potential areas which could be strengthened by the World Bank include greater technical connection at the political level and its ability to leverage institutionally.
- In the Democratic Republic of Congo, the WFP developed, field tested and validated a comprehensive guide to nutritious recipes for people living with HIV. In parallel, nutritional support reached over 15,000 malnourished people receiving ART and almost 10,000 malnourished TB patients.[58]

People-centered response

The Joint Programme's advocacy and leadership to align global HIV priorities around the Global AIDS Strategy 2021–26, which has an explicit inequalities lens, was highlighted in interviews as one of the key ways in which the Joint Programme has supported a people-centered response. Furthermore, as noted, the UBRAF was intentionally people-centered, rights-based, and multi-sectoral, with the inclusion of PLHIV as a central principle in strategy development and governance. The fact that this and other strategic processes included the participation of PLHIV was outlined as a great strength in interviews, perceived as making the Joint Programme's work both more relevant and more impactful. At a governance level as well, UNAIDS' commitment to ensuring the representation of PLHIV on its PCB was lauded by many stakeholders as a best practice, ensuring lived experience informed strategic decision-making, and was mentioned as being one of the most pivotal potential losses if UNAIDS were to be sunset, as there is no provision for this on the board of other Cosponsors.

The evaluation notes a number of examples cited by respondents where the Joint Programme has worked, often in partnership with civil society, to advocate for the rights of PLHIV and key populations, including access to health, addressing legal barriers, and social protection. This was notable in the case in Uganda where UNAIDS issued a strong public press statement on April 3, 2024, condemning the discriminatory impact of the Anti-Homosexuality Act and warning that criminalization undermines access to health and HIV services, with Joint Programme agencies setting up a human rights watch group to support key population members in accessing services and using this to lobby the government on the discriminatory law.[59] Furthermore, in Uganda, the Joint Programme has supported the engagement of civil society with Global Fund grant preparation to define country priorities and is seen as a key interlocutor between government and civil society.

As other evaluations have highlighted, the Joint Programme has a strong organizational commitment to foster gender equality and support gender-focused interventions at the country level. In the DRC, significant advances were made toward creating an enabling environment for the HIV response. A newly adopted five-year national human rights plan and related

[57] https://www.unaids.org/sites/default/files/2025-05/PCB56%20PMR%20Results%20Report_final.pdf
[58] ibid.
[59] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/april/20240403_uganda-anti-homosexuality-act

provincial plans will contribute to addressing HIV-related stigma and discrimination in the country (UNDP, UNAIDS Secretariat). A total of 97 people, including young people, women living with HIV, sex workers, and transgender persons, increased their understanding of human rights laws in the country, especially laws relating to HIV and stigma and discrimination, gender-based violence, and disability (UN Women, UNAIDS Secretariat). About 1320 community and political leaders and legal experts also improved their knowledge of stigma, discrimination, and human rights violations against people living with HIV and key populations through the Education Saves Lives campaign (UNESCO). In December 2022, the government endorsed a law on the protection of and reparation for survivors of conflict-related sexual violence and crimes against peace and the security of humanity, following intensive advocacy by the Joint Programme, civil society and development partners (UNAIDS Secretariat).[60]

At a country level, a number of Cosponsors have worked using rights-based approaches. UN Women's work has focused on addressing gender-related barriers to access to services and opportunities. While maintaining a strong emphasis on rights-based approaches, it has also supported the economic empowerment of women living with and affected by HIV in 18 countries, including Uganda, thereby strengthening their resilience, autonomy, and leadership, with positive implications for health and broader development outcomes.

UNODC's HIV team has stepped up well to represent marginalized children and adolescents who use drugs while also providing support in prisons and wider civil society. For example, UNODC led the Joint Programme's production of guidelines on transgender people and HIV in prisons and the development of a monitoring tool for prevention of vertical transmission in prisons. UNODC also supported prevention strategies and activities relating to drug use and HIV in 24 countries, and it supported strategies focused on prisons in 30 countries. It also supported Cambodia's participation in the ASEAN Drug Treatment Symposium, discussing potential reforms and improving access to services for people who use drugs in prison.

A 2023 evaluation found that UNAIDS Secretariat and Cosponsors have significantly advanced the integration of HIV services into primary health care, thereby increasing access for marginalized populations. This included strengthening primary care and essential public health functions, promoting multisectoral action on determinants of HIV risk, and empowering communities in program design and delivery.[61] In Uganda, through joint advocacy, the Joint Programme was able to achieve several breakthroughs over time: first, the government signed off on documentation relating to sex work; this was followed by the development of a national framework on key population programming, which in turn required the Ministry of Health to think through how to structure the public health system to provide more rights-based services. As other evaluations have noted though, the success of this at a country level has varied. In the DRC for example, key populations argued that the engagement they had with UNAIDS Country Office and other Cosponsors was inconsistent and that there was a preference for agencies to work with "easier" population groups who were seen as less controversial by government and the broader community (such as adolescents).

A few civil-society representatives at a global level displayed some frustration that the Joint Programme's focus on human rights had somewhat diminished in the face of the current contextual challenges, with somewhat of a rollback on human rights and key populations in language used, and that it was not as prevalent in the High Level Panel report as expected, also with very little mention of gender . Similarly, a few respondents commented that at times, discussion between Cosponsors could get focused on the mechanics of the Joint Programme and lose sight of the people living with HIV it was trying to support.

[60] DRC Country Summary Report, 2022
[61] The UNAIDS Joint Programme contribution to strengthening HIV and Primary Health Care interlinkages and integration, Final Evaluation Report, December 2023

Strategic information and data

The Joint Programme's role (and particularly the UNAIDS Secretariat's role) in providing strategic information and data to inform the global HIV response was highlighted as key in informing national and global HIV response and generating information and analysis to increase the understanding of the state of the AIDS epidemic and progress made, shape policy, planning and resource allocation, and Global Fund and PEPFAR Country Operational Plans. As the Review of UNAIDS Joint Programme Evaluations and Assessments previously noted, this is noted as a strength of the Joint Programme across almost all recent evaluations.[62] This was considered particularly important in contexts like Uganda , in terms of key population data, and interviewees recognized recent efforts that had been made by the Joint Programme to improve and expand a key population database, after findings of a previous evaluation found that gaps remained against prevention targets agreed by United Nations member states, with prevention interventions often including untargeted, non-differentiated (by key population group) and low impact non-specific interventions.[63] The quality and quantity of data available is also considered to be key to supporting countries in estimating costs needed for HIV response (i.e., what is needed to treat xx number of people).

The importance of this was noted by stakeholders in the DRC for example, who highlighted numerous challenges and weaknesses regarding the country's availability of robust health information, as well as the significant challenges of gathering data in such a large country with a dispersed population, facing both development and humanitarian challenges, and that the Joint Programme played a key role in helping to fill this gap, supporting an evidence-based response.

At both the global and country level, stakeholders consistently noted the key role that both the Cosponsors and UNAIDS Secretariat play in the provision of data to key partners, especially the Global Fund and PEPFAR, for planning, programming, and resource allocation. Stakeholders in a number of countries, for example, described how countries use UNAIDS data to formulate Global Fund funding requests, and the Global Fund relies on UNAIDS data to estimate the impact of its programs and develop cost-efficient strategies. This collaboration allows the Global Fund to identify gaps in HIV responses and opportunities for reprogramming resources, ultimately enhancing the effectiveness of its funding efforts. Interviewees also highlighted the role the regional Joint Programme team played in ensuring a data-driven response; in the West and Central Africa region, the team conducts regional workshops with annual estimations of the HIV epidemic that are used to help partners generate investment cases.

In a number of countries, one of the positive attributes of the Joint Programme's approach to data was the use of community-led monitoring, including key populations in data gathering and analysis, as well as their participation as informants, which key population stakeholders appreciated, as they were more meaningfully engaged; it built their capacity and supported interventions to be relevant to their needs. This was supported by findings of previous evaluations as well.[64] At the country level, for example, the WHO has played a supporting role in data collection and use while also engaging with community networks. For example, in the Philippines, the WHO consolidated an operational manual for community-based organizations, and a social contracting feasibility study was completed to facilitate implementation of corresponding mechanisms in the Philippines. However, interviewees noted

[62] (1) MOPAN, MOPAN Assessment Report of the UNAIDS Secretariat, 2021–22, 2023, (2) UNAIDS, Joint Evaluation of the UN Joint Programme on AIDS; Work with Kep Populations (2018–2021), (3) UNAIDS, UNAIDS CDC Collaboration on Strengthening Public Health Capacity and Strategic Information Systems, 2020.
[63] UNAIDS, Independent Evaluation of the Joint Programme's Work with and for Key Populations, 2022
[64] UNAIDS, Independent Evaluation of the Joint Programme's Work with and for Key Populations, 2022

political and cultural barriers that impeded this, especially in regions where homosexuality or sex work or drug use are criminalized or socially stigmatized.

A further strength of the Joint Programme's data function was considered by stakeholders to be the fact that it went beyond epidemiology, beyond solely health data, encompassing policy and legal data. It was argued, however, by a limited number of stakeholders that the Joint Programme could go even further in this and demonstrate how HIV affects countries' socioeconomic development, which might help galvanize countries further to invest in response. Similarly, a number of stakeholders highlighted a need for further granularity of data to include sub-national levels (districts, sub-districts, hotspots), which go beyond standard breakdowns (geography, gender, age), enabling a better understanding of drivers of transmission, how key populations intersect with the general population, how those intersections shape transmission dynamics.

> In Cambodia, the Joint UN Team on AIDS have worked to collate and disseminate HIV data that is relevant to the needs of different users; for example, for resource mobilization and advocacy. This is used to update both the national government and the UNCT with HIV estimates, but also country surveys, population-based surveys, DHS (mainly supported by UNFPA) and MICS (mainly by UNICEF), as well as key populations integrated biological and behaviour surveys (IBBS)

A positive example cited was with regard to UNICEF's contribution around data, which has centered around pediatric HIV services, being responsible for HIV data for children, and supporting and building capacity for the mainstreaming of health services for children and adolescents. UNICEF generated, validated, and disseminated the first global consolidated dataset with age disaggregation for adolescent girls and young key populations. Additionally, UNICEF led the development of the Global Advocacy Strategy on Diagnostics, aimed at increasing access to diagnostics in low- and middle-income countries. However, it was noted in KIIs that within Latin America, UNICEF could be doing more to prioritize HIV, with the elimination of mother-to-child transmission being a key issue.

Convening and coordination

Within the Joint Programme, UNAIDS Country Offices have a key role in strengthening national mechanisms for effective coordination and coherence in the HIV response, to support whole of government and whole of society HIV responses. Independent evaluations outline that the Joint Programme's convening power and political advocacy helped countries mobilize and coordinate funding (e.g., Global Fund, PEPFAR), bring stakeholders together, and foster inclusive participation of civil society and key populations.[65] This was highlighted as particularly important in contexts such as Uganda and Peru, politically sensitive contexts where the UN Joint Country Teams on HIV could serve as a neutral broker.

Stakeholders repeatedly highlighted the significance of the multisectoral nature of the Joint Programme in bringing stakeholders together in this regard; this was highlighted in the DRC example where the Joint Programme had worked closely with the Programme National Multisectoriel de Lutte contre le Sida to support engagement across government departments and different Cosponsors had leveraged their government connection to strengthen this (e.g., UNESCO bringing in education, UNDP bringing in justice). However, interviewees appraised that the effectiveness of the Joint Programme's convening and coordination at the country level had been hampered by reduced human resources across Cosponsors and a deprioritization of HIV at the global level for some Cosponsors affecting country-level engagement, with varying time, interest, and engagement in the Joint Programme, depending on resources and the commitment of particular individuals in engaging.

[65] UNAIDS, Joint evaluation of the UN Joint Programme on AIDS' work on efficient and sustainable financing, 2022

Fewer Cosponsors were able to allocate dedicated resources to HIV response, meaning they were less able to meet the requests of the Secretariat and the exigencies of the UBRAF reporting.

In some contexts, interviewees perceived that Joint UN Teams on AIDS were seen to consist more of individual agencies presenting their individual activities and more information-sharing mechanisms rather than truly encouraging joint working and being guided by an overarching joint strategy for the Joint Programme with joint deliverables. Cosponsors also outlined examples where the UNAIDS Secretariat was perceived to have overstepped its understood role, ending up implementing rather than convening and supporting.

In the short-term, the COVID-19 pandemic with a shift to remote working and reduced frequency of meetings, as well as a diversion of human resources to pandemic response, was thought to have hindered coordination in the early period addressed by this evaluation.

At a global level, interviewees highlighted the importance of aligning UN agencies behind a single results framework, such as the UBRAF, harmonizing resources and action plans, and ensuring collective accountability for delivering outcomes. However, as a number of other evaluations have noted, the coordination and collaboration between the Cosponsors was frequently cited in interviews as challenging .[66] Several informants reported challenges in CCO functioning, with a lack of trust, transparency, and accountability between Cosponsors, and repeated concerns raised regarding, for example, resource mobilization and resource allocation, the focus and delivery of labor of the different Cosponsors vis-à-vis their different mandates, and competition between agencies. Interviewees cited a lack of a coordinated approach to mobilizing extrabudgetary HIV funding across Cosponsors, at times with multiple agencies asking donors for funds for the same things.

From a regional perspective, strong coordination was thought to add value in the face of diminished resources and in issues such as migration, climate change, and humanitarian disaster. This was noted to be particularly the case in East and Southern Africa, where robust coordination by the Regional Joint UN Team on HIV for East and Southern Africa (RATESA) with other regional bodies, such as the Southern African Development Community and Regional Inter-agency Task Team on Children and AIDS in Eastern and Southern Africa, has been key to the Joint Programme's success in terms of identifying HIV prevention priorities for the region, to identify strategies for the implementation and scale-up of the core set of highest-proven interventions. RATESA conducts annual joint work-planning to identify shared priorities. Cosponsors have a rule that every activity must involve at least two agencies, to avoid siloed, agency-driven work. The team follows a needs-based programming approach: rather than pushing each agency's own agenda (e.g., UNESCO prioritizing CSE by default), they look at country needs and epidemic patterns (such as rising infections in settings like Madagascar) and then agree on the collective actions required and which agencies are best placed to contribute, forming the basis of the joint plan/joint program. It was recognised by a number of interviewees, though, that the role of regional teams varies across regions, in the case of Asia and the Pacific, Eastern Europe and Central Asia, and the Middle East and North Africa, for example, where capacity is strained, as these regions are currently covered by one regional team and director.

[66] UNAIDS, Evaluation of the contribution of the UNAIDS Joint Programme to strengthening HIV and Primary Health Care outcomes, 2023, UNAIDS, Joint evaluation of the UN Joint Programme on AIDS' work with key populations (2018–2021), 2022, UNAIDS Joint Programme Capacity Assessment. Oxford Policy Management; 2022

Galvanizing political commitment to end AIDS

The evaluation finds that the Joint Programme has been instrumental in institutionalizing ambitious HIV targets within global political processes. The 95–95–95 framework is perceived by interviewees as highly effective in highlighting gaps in performance and helping to clarify the underlying reasons for limited progress at the country level, as well as providing credible legitimacy in certain countries to support engagement and implementation efforts aimed at achieving these targets. Similarly, interviewees across stakeholder groups highlighted the importance of the work the Joint Programme, and particularly the UNAIDS Secretariat, had done with regard to the development of the Global AIDS Strategy in shaping the global political mandate for ending AIDS by 2030, a process which engaged over 10,000 stakeholders in 160 countries.[67]

In the DRC, the Joint Programme, recognizing the low number of children receiving treatment, lobbied the government effectively with civil society partners for it to create the Presidential Initiative for the Elimination of AIDS in Children, whose launch marked an important political turning point. With Joint Programme support, ten out of twenty-six provinces have already developed their provincial plans for the elimination of paediatric AIDS, although their implementation remains limited due to a lack of resources. In addition, nine provinces have received support in the form of screening and biological monitoring inputs for mother-child pairs.

At the country level, UNAIDS has worked with governments to develop national roadmaps that have helped reinvigorate political commitment and renew attention to the long-term sustainability of the HIV response. The development of roadmaps was evidenced in the DRC, Peru, and the Philippines.[68] Overall, 25 countries developed HIV Prevention Road Maps or strategies; 22 countries set granular targets and developed costed prevention plans; 26 countries addressed legal, policy, and structural barriers; and 14 countries integrated milestones for new prevention technologies into their HIV-prevention strategies.[69]

The Joint Programme's ability to generate resources from some national governments is a clear indication of its ability to galvanize political commitment; in Cambodia, the Joint Programme has been able to advocate and engage the government at a high level, securing a national agreement on ending HIV and supporting amendments to national policy (for female entertainment workers, social protection), as well as a $100k contribution to support UNAIDS' Joint Programme work in the country. Interviewees highlighted how the UNAIDS Secretariat's convening role had been key in this context, bringing together the Cosponsors to work in concert, as well as ensuring that communities were part of these processes.

In Cambodia, the Joint Programme has supported the government in developing the National Policy for Ending AIDS and the Sustainability of HIV Program for 2023-2028, as well as a multisectoral roadmap involving all government ministries.

Enablers and barriers to the effectiveness of the Joint Programme

The evaluation has identified several positive and negative factors through interviews, country studies, and the document review that have supported the Joint Programme in achieving its intended objectives and that have affected the achievement of results:

[67] https://sdgs.un.org/un-system-sdg-implementation/joint-united-nations-programme-hivaids-45799
[68] https://www.facebook.com/pnacph/posts/the-philippine-national-aids-council-pnac-with-unaids-and-partners-has-launched-/1107642518207758/
[69] PCB PMR Results Report 2024

Enablers

Country office leadership: Strong leadership within a UNAIDS Country Office was noted as a key enabler to effectiveness in terms of the Joint Programme's ability to convene and coordinate key stakeholders. For example, this was highlighted as a particular strength in the DRC where, despite capacity constraints, the UNAIDS Country Office was able to convene both national and provincial actors. Similarly, the personal commitment of Cosponsors was considered to be key, even in contexts where there was not a strong, institutionalized commitment at a global level.

Strategic planning: Evidence indicates that at the country level a key enabler for the effectiveness of the Joint Programme relates to the level of strategic planning with both Cosponsors and other UN agencies as part of the UNSDCF process, which helps to ensure greater alignment, levels of visibility, and accountability between organizations. This is particularly crucial given the requirement to align at least 75% of funds for Joint UN plans to country UNSDCF frameworks. In Peru, for example, the Joint Country Team made significant contributions to the development of the 2022–2026 UNSDCF and was successfully able to integrate it into three strategic priorities.[70]

Convening: The UNAIDS Secretariat's ability to bring key stakeholders together to utilize technical experts from a variety of organizations and create a more genuine multisectoral approach to dealing with HIV was viewed as a key enabler. For example, in Uganda, the UNAIDS Joint Country Team was able to bring organizations together in a way that streamlined interactions with the Government of Uganda and provided joint advocacy that in turn helped develop a multisectoral response.

Collaboration in emergencies: Emergencies and crises were considered to galvanize collective action and strengthen Cosponsor collaboration in a more coordinated and synergistic manner. For example, in the COVID-19 pandemic, the Joint Programme worked to support the coordination of efforts by donors and governments, networks of people living with HIV, key populations, and communities to ensure that no one was left behind in the responses to COVID-19 and HIV. UNAIDS collaborated with UNICEF to build the capacity of UN Joint Team members in Western and Central Africa and to partner with government authorities in providing social protection services for people living with HIV and key populations.

Civil-society voices: Feedback from interviews also highlighted the ability of the Joint Programme to really bring the voices of civil society to the forefront of discussions by giving them a seat at the table when it came to influencing the HIV response. This, along with efforts by the Global Fund in the Country Coordinating Mechanisms, has not only raised the profile of civil society within the HIV response but within the wider public as well. In the DRC, for example, Joint Programme Cosponsors (primarily UNAIDS and UNDP), alongside PEPFAR, were instrumental in creating Alliance Nationale des Organisations de la Société Civile Engagée dans la Riposte au VIH/SIDA (ANORS) (National Alliance of Civil Society Organizations engaged in the response to HIV/AIDS) which was formed to resolve the structural and operational challenges that historically fragmented local NGOs working in the health sector. ANORS has now expanded, working in provinces across the DRC, as well as nationally, to promote the rights of PLHIV and advocate for greater domestic funding for HIV programs.

Communication: Communication between Cosponsors is highlighted as both an enabler and barrier; at a country and regional level, this was generally considered to have been more positive and a key enabler to results but was considered as a barrier at a global level, where

[70] UNAIDS PERU Country Report, 2020–2021

communication between the UNAIDS Secretariat and Cosponsors had been much less smooth and at times fractious.

Barriers

Country-level barriers

Financial resources: The biggest and most frequently cited barrier was the lack of predictable funding for the Joint Programme and individual Cosponsors with the withdrawal of key donors from the HIV response creating funding gaps that impacted operational budgets for the Joint Programme.

Shifting politics: Many of the countries in which the Joint Programme operates have also seen a shift in their own politics as key donors and global politics shift toward reducing spending on services surrounding gender and increased stigmatization among key populations (especially affecting the transgender community), which have made access to treatment more difficult. Interviewees also perceive that there has been a rollback in rights-based language and approaches as an appeasement to these political shifts.

Reduction of prevention funding: While moves to increase government funding for HIV response are positive, interviewees highlighted that this was likely to have a negative impact on prevention work. Since prevention work is more likely to be undertaken by NGOs, the opportunities for them to resource domestic funding for these efforts, most likely will diminish. In contexts such as the Philippines, it was noted that HIV prevention was still very much thought of as something solely for the Department of Health, which ignored the multifaceted elements of HIV.

Reductions in staffing: While the new operating model is yet to be fully in place, there is concern among key stakeholders that this may lead to an overall reduction in effectiveness given the lack of country presence and reduced staffing levels. Countries such the Philippines have already seen key performance management officers, such as monitoring and evaluation, leave without being replaced, while civil-society organizations fear they will lose the valuable contact with Joint Programme counterparts. The 2022 Capacity Assessment found that for some Cosponsors, staffing had already decreased to below "mission-critical" level or would do so if there were further reductions in staffing, a situation which has obviously worsened even further now and highlighted the importance of staff with sufficient seniority, experience, and technical expertise to be able to ensure the integration of the HIV response in UNSDCF processes.[71] The recent UNAIDS multi-country office evaluation highlighted as well the challenges Multi-Country Office Directors faced in engaging meaningfully in multiple UNSDCF processes. The lack of corporate guidance on the involvement in UNSDCF processes in different countries was also cited as a gap.

Key population barriers to services: Furthermore, socio-cultural, political, and legal barriers (as seen, for example, in contexts like Uganda) continue to limit access to HIV services among key populations. Concerns about stigma and discrimination discourage individuals from seeking care, particularly among cisgender and transgender women. In addition, populations subject to criminalization, such as sex workers and people who use drugs, may avoid HIV-related services due to fears of identification and potential arrest.

Government coordination: Internal coordination within government was cited as a key challenge to the ability for the Joint Programme to deliver a coherent response. This was highlighted as a key challenge in the DRC where the Ministry of Health was strongly engaged but the Ministry of Education was much less so. The Programme National Multisectoriel de Lutte contre le Sida was considered to have been underfunded and deprioritized over recent

[71] UNAIDS, UNAIDS Joint Programme Capacity Assessment, 2022

years by interviewees, lacking the capacity to fully coordinate a national multisectoral response.

Geographical barriers: Geographical barriers were also common when it came to impacting the effectiveness of the Joint Programme. Some communities were unable to travel large distances, with the distance being compounded by the indirect, auxiliary, and competing costs of health-seeking (for example, in DRC). Transportation costs and lost income from leaving work were commonly identified as indirect costs to accessing HIV services.

Other common barriers experienced across case study countries also revolved around disruptions in supply chains that affected the availability of condoms, diagnostic kits, and medicines, undermining interventions.

Regional and Global-Level Barriers

Resource mobilization: Mobilizing funds at a regional level was highlighted as a frequent challenge, where, for example in the Southern Africa region, despite extensive technical collaboration with UNICEF, UN WOMEN, UNESCO, and UNFPA on a proposed regional initiative for adolescent girls and young women, Cosponsors have been unable to secure sufficient regional resources. There is limited evidence that the Joint Programme has committed sufficiently to joint resource mobilization, despite there being a joint resource mobilization strategy. The overall reduction in funding was perceived to increase levels of territoriality and competition for HIV funds among Cosponsors, reducing collaboration. UNAIDS Secretariat interviews felt that there was an assumption from Cosponsors that it was solely responsible for Joint Programme resource mobilization, whereas this was intended to be a joint effort.

Competition: The effectiveness of Cosponsor contributions to delivering an integrated program of support has at times been constrained by issues of competition over resources, particularly at the global level. A number of evaluation reports noted that the implementation of the division of labor can lead to competition and potential blurring or overlapping responsibilities, reducing the overall efficiency and coherence of the Joint Programme.[72]

Cosponsor leadership: At the global level, there is a perception that senior leadership within some Cosponsoring agencies is insufficiently engaged on HIV. In some cases, HIV is viewed as an issue that should not command dedicated resources or capacity but instead be addressed primarily through broader integrative approaches. Both within the UNAIDS Secretariat and Cosponsors, actions are perceived to be heavily dependent on the engagement of individuals rather than an overarching agreement to pursue a unified framework.

Capacity constraints: Capacity constraints of regional teams were also highlighted as a key barrier, particularly given the increase in multi-country offices for the UNAIDS Secretariat and significant reductions in country-level presence across Cosponsors. The challenge of engaging effectively in UNCTs and building country relationships for Multi-Country Office Representatives who were covering multiple countries was noted in interviews, as well as difficulties in managing partner expectations, with the depth of engagement depending on capacity. Furthermore, the fact Asia-Pacific and Eastern Europe & Central Asia are led by one director based in Bangkok who is responsible for leading both regional support teams was highlighted as a challenge given the lack of proximity to countries and the impact this had on relationships and UNAIDS' Regional Joint Team's ability to convene relevant stakeholders effectively. The lack of a Regional UNAIDS presence in the Middle East and North Africa was also highlighted as a concern, particularly given the increase in new infections there.

Rapid reduction in country presence: A number of interviewees highlighted concern regarding the speed at which UNAIDS had withdrawn from countries under the Revised Operating

[72] Joint Evaluation of the UN Joint Programme on AIDS' work on efficient and sustainable financing, 2021

Model; and that there had been insufficient handover and transition planning and this was likely to affect the effectiveness of the response in those countries. Furthermore, while the reconfigured country presence took into account epidemiology, a number of stakeholders felt that it had not taken country capacity sufficiently into account.

Revised Operating Model: While it is too early to assess the effectiveness of the Revised Operating Model, stakeholders highlighted areas to address as implementation moves forward, a number of which were also highlighted in the recent *Multi-country Offices and HIV Advisors as Alternatives to UNAIDS Country Offices Evaluation*.[73] These included the lack of concrete role differentiation between Country Directors, Multi-Country Office Directors and HIV advisors and the fact that expectations remained unchanged as offices transitioned to multi-country coverage, increasing workload without corresponding guidance on prioritization. Logistic constraints such as lack of travel budgets, languages, and induction processes were also observed as areas to address.[74] Cosponsors who had moved to affiliate status discussed concerns as to how they would mobilize resources and manage and engage in the work of the Joint Programme going forward without the legitimacy of being a "full" Cosponsor and accessing UBRAF resources.

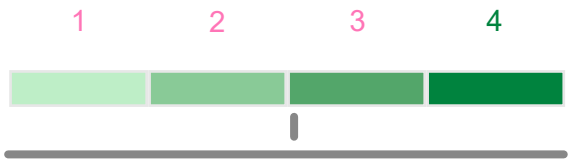
UN80 Process: The Secretary-General's proposal for UNAIDS to sunset by the end of 2026, mainstreaming capacity and expertise into relevant entities of the UN development system in 2027 is perceived as destabilizing and challenging for both the UNAIDS Secretariat, Cosponsors, and countries, coming at a time when organizations were already experiencing significant upheaval. Interviews with stakeholders indicated that this proposal was unexpected given the widespread recognition of an ongoing HIV epidemic. It was also considered to undermine the extensive work already underway to revise the Joint Programme operating model and reduce the staffing of the UNAIDS Secretariat that had already been agreed by the UNAIDS PCB in June 2025. It was also viewed as being in sharp contrast with feedback on the success of the global response to HIV/AIDS, which was hailed by the United Nations Deputy Secretary-General Amina J. Mohammed as the "most outstanding public health achievement of recent times" in late 2024, and the July 2025 ECOSOC resolution on the UNAIDS Joint Programme, which called for a "Unified Budget, Results and Accountability Framework, which is to be updated in accordance with the revised operating model, to be fully resourced, and for renewed efforts to protect the ability of the Joint Programme to continue to maintain the level of ambition of the Unified Budget, Results and Accountability Framework."[75][76]

A number of stakeholders questioned the rationale for the Secretary-General's proposal, outlining that there was a limited evidence base for the proposal; a number indeed believed that UNAIDS had been somewhat scapegoated by the Secretary-General to appease donors as part of broader donor reform proposals. Subsequent to the proposal being made in September 2025, a number of donors have spoken out against the proposed timeline for transition, as well as strong opposition from civil society.

[73] UNAIDS, Multi-country Offices and HIV Advisors as Alternatives to UNAIDS Country Offices, 2035
[74] ibid.
[75] https://press.un.org/en/2024/ga12608.doc.htm
[76] UN ECOSOC Resolution, July 2025 https://docs.un.org/en/E/RES/2025/20

Efficiency[77]

Under the criterion of efficiency, the evaluation focused on how well the Joint Programme had aligned mandates and activities, if the different approaches/strategies within the Joint Programme had achieved cost-effectiveness, and how these efforts had been supported by the Joint Programme's planning and monitoring systems. At the country level, the Joint Programme manages, despite several obstacles, to align itself as well as possible for efficiency with several areas for improvement. Challenges at the global level persist particularly around issues of adequate reporting, attribution and contribution by Cosponsors to the Joint Programme. The evidence base for this criterion was rated as "low-medium" and is primarily perception based as there was limited secondary data available.



EVIDENCE STRENGTH

Low-medium strength

The Joint Programme's modalities for efficiency

Key findings: The evaluation found that efficiency gains from aligning mandates and activities within the Joint Programme have been mixed. While frameworks such as the Division of Labour and the Global AIDS Strategy have clarified roles and aimed to reduce duplication, challenges persist, including competition among Cosponsors, unclear responsibilities, and limited awareness of each other's work, issues exacerbated by funding cuts and staffing reductions. At the country level, some progress has been made through more focused joint planning and prioritization, which has improved coordination in certain contexts, though stronger alignment to country-specific needs remains necessary. Regional coordination is generally stronger due to established relationships, but changes to operating models create uncertainty about future alignment. Globally, inefficiencies are driven largely by funding constraints, competition, and distrust among Cosponsors, which undermine shared accountability.

Despite ongoing decreasing levels of Joint Programme funding, as well as a severe reduction in 2025, there has been, to date, limited focus on measuring the cost-effectiveness of approaches or strategies either at the global or country level. This is in contrast to the principles as given in the UBRAF and other documentation which provide guidance on maximizing cost-effectiveness and, the increased need to ensure cost-effectiveness given the funding context.

Finally, reporting remains problematic within the Joint Programme. Monitoring systems like UBRAF and the Joint Programme Monitoring System have improved in structure and standardization but still face challenges related to reporting quality, data gaps, flexibility, and demonstrating collective impact. Regardless, ensuring that results for the Joint Programme are attributable or can be shown as contributing to the greater HIV/AIDS response remains challenging.

Strengthening efficiencies at the country, regional, and global level through aligned mandates and activities[78]

As part of the evaluation of the Joint Programme's efficiencies, the evaluation team examined the extent to which the Joint Programme has been able to leverage alignment of mandates and activities to better support programming at the country, regional, and global level.

[77] Taken from the OECD Evaluation Criteria: How well are resources being used? The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. https://www.oecd.org/en/topics/sub-issues/development-co-operation-evaluation-and-effectiveness/evaluation-criteria.html

[78] EQ 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?

The UNAIDS Joint Programme Division of Labour (DoL) [79] is the starting point for understanding how responsibilities are shared among the Joint Programme's Cosponsors as well as the Secretariat; though previous reviews[80] have noted its implementation often leads to competition, a lack of clarity about those responsibilities, and the Joint UN Team on AIDS members being unaware of other agencies' activities. This would, obviously, reduce the efficiency of the Joint Programme. These ongoing issues may now be compounded by the staff reductions among Cosponsors leading to even fewer opportunities to ensure alignment of mandates and coordination of activities.

In response to these issues, the Global AIDS Strategy 2021–2026[81] clarified the leadership for the ten result areas of the 2022–2026 UBRAF Framework[82] and the Secretariat's functions to ensure coordinated strategic focus, effective functioning, and accountability with the intent to reduce duplication in implementation of the Joint Programme's activities. Further, the High-Level Panel review on the future of the Joint Programme's Operating Model [83], recommended and encouraged flexibilities when needed to respond to country contexts while taking account of Cosponsors' capacities.

Cambodia Country Case Study

Per key informants, the Joint Programme in Cambodia has achieved efficiency through catalytic funding, digital tools, and targeted interventions. Planning and monitoring systems are aligned, but grassroots organizations still face challenges accessing resources and participating due to language and education barriers.

At the country level, feedback from participants in this evaluation noted that competition among Cosponsors continues to be a challenge, as well as some exceeding their core mandates; though there are some countries which have been more successful in mitigating these issues. Stakeholders particularly emphasized the need to strengthen joint planning and joint deliverables at the country level and ensure that the Joint Programme's activities are aligned with the unique needs of each country, including determining limited prioritized outcomes, to leverage the strengths of the Cosponsors more effectively. In the Philippines, for example, per key informants, the Joint Programme typically focuses its efforts on one goal (e.g., for 2024–25 the main goal was to focus on those youth leaders who are also officials at the sub-national agencies or organizations), which made it more of a concerted effort and led to better complementarity among activities. The need to ensure alignment is especially urgent given both the reduced funding available and the push for the integration of HIV/AIDS within the broader health-care system. For example, some interviewees were greatly concerned that without the Joint Programme's united leverage marginalized and criminalized communities could become even more excluded and lose access to services.

Feedback from regional key informants noted that, in general, there is strong cooperation and alignment among Cosponsors, with many noting that this is primarily due to a long history of relationship building and a need to ensure that limited resources are aligned for maximum effectiveness. The one issue which was raised was that with the closure of country offices among the Cosponsors and a shift to multi-country offices supported by regional hubs, there is a need to clarify how this new model will ensure linkages are developed and programming will be aligned.

Most of the dissatisfaction with the Joint Programme's inability to align its mandates and activities was expressed by global-level interviewees. A large measure of the disappointment shared was centered on the issue of funding, its allocation and distribution, and how it shifted the focus of the Joint Programme away from shared goals, mandates, and responsibilities

[79] UNAIDS Joint Programme Division of Labour: Guidance Note 2018
[80] Review of UNAIDS Joint Programme evaluations and assessments (2020–2024)
[81] https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy
[82] 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF), October 2021
[83] High-Level Panel on a Resilient and Fit-for-Purpose UNAIDS Joint Programme in the Context of the Sustainability of the HIV Response, May 2025

toward the perception that Cosponsors' HIV/AIDS work is dependent on the provision of UNAIDS funding. This is, however, contrary to their inherent responsibilities as Cosponsors to address HIV/AIDS within their core mandates, including with their own funding.

Most solutions provided by stakeholders focused on staffing, with suggestions such as Cosponsors co-fund HIV focal points positions, ensuring that job descriptions and performance assessments include HIV/AIDS and Joint Programme responsibilities, and that UBRAF-funded staff are accountable to the Joint Programme. However, as noted by many interviewees, these suggestions do not address the more fundamental issue of ongoing disconnect and distrust between Cosponsors at the global level.

The cost-effectiveness of the Joint Programme's approaches and strategies[84]

As part of the evaluation of the Joint Programme's efficiency, the evaluation team examined the extent to which the Joint Programme has been able to take advantage of cost-effective approaches and strategies.

Even prior to 2025, funding for the Joint Programme (distributed between the Secretariat and Cosponsors) had been steadily declining with the core funding declining from $242 million in 2016 to $160 million for 2024–2025. The funds for 2024–25 would have been even less had the PCB not approved the use of $40 million of reserves to fill the gap.[85] And, on February 27, 2025, UNAIDS received a letter from the US Government stating it would be terminating its agreement with UNAIDS with immediate effect, further compounded by reductions in support from other donors.

While the Secretariat had in previous years already begun to reduce staff to find cost savings, including reducing the proportion of higher-paid international staff in favor of national postings, by May 2025, the UNAIDS Secretariat announced that it would need to reduce its staffing by more than 50% in the face of the substantial loss of funding. Most Cosponsors also had funding reductions and corresponding staffing cuts.

The Joint Programme, to ensure the cost-effective allocation of resources, had established principles for decision-making, such as: (a) prioritizing evidence-informed interventions; (b) leveraging funding from different sources; (c) tying activities to agreed and measurable results, and quality reporting; (d) reducing transaction costs and ensuring more effective synergies with other stakeholders; (e) aligning at least 75% of funds to a country's UNSDCF; and, (f) maximizing delegated decision-making.[86] Further, the PCB both in the Revised Operating Model and its meeting in December 2025 supported countries to utilize data for decision-making to guide limited resources and investment in the most cost-efficient, high-impact programs, locations, and ways of working, relocating the majority of global functions out of Geneva and closer to key regions, urging the remaining lead Cosponsors to focus on maximizing value for money through coordinated and coherent activities. While documentation demonstrates evidence of the application of these general principles, the measurement, tracking, and analysis of cost-effectiveness data at various geographic levels would benefit from greater consistency and detail to inform design and implementation choices. While there appears to have been a general benefit in using country envelopes to leverage additional funds from Cosponsors based on a review of the data from the five country case studies for 2020–2024, this benefit varied widely, with some countries, such as the DRC and Uganda, being able to leverage up to 15 times the funds provided by the country envelopes, Peru and Cambodia with a leverage of 1.43 and 2.29 respectively, and the Philippines only receiving 80% in Cosponsor funding in relation to its country envelope.

[84] EQ 4.2: What evidence is there of the cost effectiveness of different Joint Programme approaches/strategies?
[85] Report of the UNAIDS Structured Funding Dialogue, Financial Reporting, March 2024
[86] 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF), October 2021

Key informant feedback provided some additional suggestions focused on implementation at the country level. For example, stakeholders noted that effectiveness could be improved by ensuring that country envelope resources were used to fund catalytic interventions, as was the initial design intention, to address bottlenecks and to address policy gaps and weaknesses with a focus on strategic issues and creating an enabling environment rather than small-scale projects. Stakeholders also suggested that it would be more cost-effective if the Secretariat shifted from funding external technical assistance based within its own offices to funding Cosponsors to fulfill technical mandates (i.e., providing Cosponsors greater funding and flexibility on how to address technical issues and programming).

A previously identified issue and confirmed by this evaluation is the inability of Cosponsors to provide timely, accurate, and attributable[87] reporting to the Secretariat regarding the expenditure of provided funds, as well as concerns about how Cosponsors are classifying their own core funds in attributing them to HIV efforts. Further, some key informants noted that Cosponsors had historically underspent funds due to slow implementation (e.g., issues of absorptive capacity, fund allocation exceeding actual needs, changing country context) resulting in unspent funds having to be returned to donors.

Indeed, some stakeholders believe that the new operating model could negatively impact cost-effectiveness going forward, with increased costs to respond to country-specific needs because of a lack of presence, as well as the additional logistic challenges in sustaining the depth of engagement, trusted relationships and influence required to advance complex and sensitive aspects of the HIV response under a Multi-Country Office approach.

The Joint Programme's use of monitoring systems to support efficient use of resources

As part of the evaluation of the Joint Programme's efficiency, the evaluation team examined the extent to which the Joint Programme has used its monitoring systems to better support the efficiency of the program's resources.

Previous reviews noted a number of issues with reporting which included (a) a lack of standardization of reporting; (b) a frequent lack of attribution to specific agencies of planned/executed activities; and (c) a lack of differentiation by key population for each activity.[88] To address this, new Performance Monitoring Reporting guidance and templates were developed in 2024. The Results Report structured based on the Joint Programme outcomes and their underlying result areas, shows the joint and individual results of Cosponsors and the Secretariat. Stakeholders perceive that the standardization of reporting has evolved and improved. However, there remain concerns about the level of effort and detail needed for current reporting requirements in the current context of diminished capacity and resources.

Foundational to the Joint Programme's planning and monitoring framework (UBRAF) is its having identifiable priorities and results areas that can be monitored and measured. Currently, there are three core outcomes/priorities and ten results areas which are based on a costed and measurable plan for ending AIDS by 2030. The guidance for reporting on results and outcomes is agreed upon and shared jointly. Reports contain quantifiable indicators linked to proposed results, narrative, and financial information. Core funding from the Joint Programme is allocated and reported against results defined in the United Budget, Results and Accountability Framework (UBRAF), which serves as the primary instrument for joint planning, prioritization, resource allocation, and accountability across the Joint Programme.

Evidence from key informants, however, points to some challenges in the practical application of the UBRAF, particularly in a context where Joint Programme funding at country level is

[87] Attributable in this usage refers to the ability to link funds to results.
[88] Joint Evaluation of the UN Joint Programme on AIDS' work with key populations (2018–2021), 2022

relatively limited compared to Cosponsor core resources. Stakeholders noted that this can affect the level of prioritization, programming, and reporting attention given to UBRAF-linked activities. In addition, some stakeholders highlighted concerns regarding the flexibility of UBRAF-linked funding and processes, including the time and effort required to adjust activities in response to changing contexts. While these views are not uniformly held, they point to perceived constraints in adapting programming to evolving country needs. Feedback on UBRAF-linked reporting also suggests a need to strengthen the usability and relevance of information provided, including clearer articulation of results and their contribution to outcomes, in ways that are meaningful for a broader range of stakeholders, including civil society. At the same time, it is important to note that the UBRAF is intended to complement, rather than replace, the planning, monitoring and reporting systems of Cosponsors and other partners, and to provide a framework for collective accountability across the Joint Programme.

Earlier reviews of previous UBRAFs had mixed results as well, with some noting a general alignment with global indicators, SDG principles, and UN development frameworks, and progress being made in moving to more results-based reporting.[89] Other reports noted several limitations of the UBRAF, data quality, and data gaps within the Joint Programme reporting process, and the UBRAF's output-focused nature. Similarly, the monitoring of civil-society involvement in the Joint Programme was also noted as insufficient, as well as a lack of ambition in terms of higher-level targets.[90] This evaluation confirms that there has been some progress in improving the UBRAF, though limited, with specific feedback noting that the current UBRAF has an improved theory of change, upgraded indicators, better utilization of the Performance Monitoring Reports to measure the Joint Programme's performance against the UBRAF, and a better and more realistic division of labor. However, the ongoing issue of demonstrating the Joint Programme's contribution toward the Global AIDS Strategy and Cosponsors and the Secretariat's individual efforts remains a work in progress, as well as the need to strengthen the linkages within the results chain.

The Joint Programme Monitoring System (JPMS)[91,] which is a web-based tool designed to collect, collate, and analyze performance information across the Joint Programme, has also undergone previous evaluations. Those reviews noted several areas for improvement, including a greater focus on quantitative data, better linkages with the UBRAF at the output and outcome level, a need to strengthen the ability to monitor and report on investments and results of key population programming.[92]

Regardless of these challenges, there are country-level examples within the evaluation that demonstrate the usefulness of the generated data and its usefulness for planning and reporting. For example, in Cambodia, stakeholders noted that the Joint Programme data had influenced the approach of Cosponsors regardless of the funding source (i.e., Cosponsor core funding versus UBRAF funding) and allowed for the efficient use of targeted funds for specific populations, as well as investment cases and advocacy tools. Similarly, in the Philippines, though the monitoring and evaluation focal person position was eliminated and there is limited funding for measuring outcomes, there are continued efforts and a strong desire to continue to build the evidence base for examining the effectiveness of implemented activities, especially at the community level.

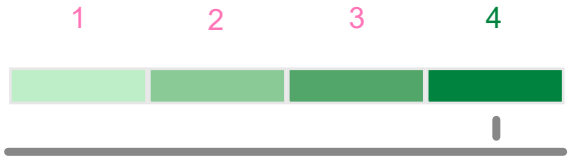
Stakeholders at all levels provided recommendations as to how the planning and monitoring systems could be improved for better efficiency. Some of those recommendations are covered in more detail in the recommendations section and are listed in brief here. These suggestions include: (a) having senior management of Cosponsors at headquarters level more clearly

[89] Independent Evaluation of the U.N. System Response to AIDS in 2016–2019, June 2020
[90] Review of the Joint Programme's Evaluations and Assessments (2020–2024), November 2024
[91] The JPMS is a web-based tool for collecting, analyzing, and reporting on data related to the global AIDS response, helping track progress through its 11 Cosponsors and other partners. It's how UNAIDS monitors performance, identifies gaps, and ensures alignment with national priorities.
[92] Joint Evaluation of the UN Joint Programme on AIDS' work with key populations (2018–2021), 2022

articulate to their regional and country staff that HIV remains a priority and monitoring of efforts for the Joint Programme remains important; (b) improving and prioritizing indicators and targets to focus on higher-level outcomes and disaggregation; (c) ensuring continuity and concentrated focus between strategies and corresponding results areas and indicators; (d) improving learning within the Secretariat, between Cosponsors, and between participating countries; (e) verifying that there is common understanding of the UBRAF components, including indicators and their definitions; and (f) establishing a system and incorporating results from countries with no or limited field presence (which will become more the norm in the future).

Sustainability[93]

Under the criterion of sustainability, the evaluation team examined multiple factors in terms of how well the Joint Programme supported countries in ensuring that their HIV responses would remain viable in the near- to mid-terms. Components examined as part of sustainability included political commitment, strengthened capacities, integrated services, and increased domestic financing. Though some progress has been made, many efforts were undertaken prior to the drastic funding decreases in 2025 and, thus, expectations for sustainability have to be reconsidered, as well as the urgent need to rapidly increase support in this area. Even if some of the cut funding is restored, it is anticipated that there will be a continued overall drive to transition countries away from external funding.



EVIDENCE STENGTH

High strength

The Joint Programme's modalities for sustainability

Key findings: Discussions about the Joint Programme's efforts in increasing the sustainability of the HIV response must be embedded with many caveats. The evaluation finds that the sustainability of the Joint Programme's efforts is under significant pressure due to declining global health funding, particularly the loss and uncertainty of major donor contributions, raising concerns about long-term financial viability and the ability to maintain services and advocacy. While tools such as sustainability roadmaps have helped countries strengthen political commitment, plan transitions, and increase domestic financing, these gains remain fragile and uneven, often constrained by limited fiscal space, competing national priorities, and weak government ownership. Progress toward integrating HIV services into broader health systems is underway but faces structural, social, and operational barriers, including persistent stigma and uncertainty over implementation approaches. Many of the activities undertaken by the Joint Programme were initiated prior to the significant funding cuts in 2025 for global health and HIV. Even prior to those decreases in financing, previous reviews demonstrated that the gains made as part of HIV programming were fragile and many targets were unlikely to be met without increased funding.

Although the Joint Programme has supported capacity building, system strengthening, and innovative financing strategies, gaps remain, especially in sustaining civil society engagement and ensuring adequate funding for prevention and key populations. Efforts to transition countries toward greater domestic financing show mixed results, with treatment often prioritized over prevention and many countries still reliant on external funding in the near to medium term. Key informants for this evaluation expressed dire concerns about all of the sustainability components that were examined, including political commitment, strengthened capacities, continued and integrated healthcare provision, and the ability to increase domestic financing. Of particular importance is that the forced prioritization of HIV programming will, most likely, exclude civil society and community-based efforts, as well as many critically needed interventions such as prevention activities. In brief, countries are vastly unprepared for transition and urgently need technical support in a moment when resources have been greatly diminished.

[93] Taken from the OECD Evaluation Criteria: Will the benefits last? The extent to which the net benefits of the intervention continue or are likely to continue. https://www.oecd.org/en/topics/sub-issues/development-co-operation-evaluation-and-effectiveness/evaluation-criteria.html

Sustaining political commitment, capacities, services, and systems integration[94]

The evaluation team examined the extent to which the Joint Programme's programming may be sustainable across several parameters, including political commitment, programmatic uptake, and financial viability for the near- and mid-term.

With many major traditional donors reducing foreign assistance, particularly for global health, the financial viability of UNAIDS as a Secretariat and the Joint Programme in general is uncertain. A review of the PCB-approved UBRAF budgets and workplans between 2020 and 2026 show a flatlined overall budget (core and non-core funds for the Secretariat and Cosponsors) with a steep decline between 2025 and 2026. For the five country case studies, the declines in budgets occurred earlier in 2024–2025; though, those earlier declines were not quite as significant.

Of particular concern was the loss of all US government funding for UNAIDS in February 2025 given that historically the United States had provided approximately 40% of the budgetary support. Some of this support, though, was restored with the new Fiscal Year 2026 legislation; however, whether those funds will be forthcoming quickly or consistently is uncertain.

Feedback provided by US government representatives at both the country and global level points to a solid working relationship with the main expectations of UNAIDS and the Joint Programme to be able to provide and analyze HIV datasets at national, regional, and global level, as well as strategically use technical assistance funds to support governments in finding cases, increasing testing and treatment, and improving treatment policies. While the impact of the previous funding cuts is, per key informants, too early to assess, there is concern whether the Joint Programme will be able to maintain prior levels of work and engage effectively with country counterparts, including in areas of leadership and advocacy. This is of particular concern for many external stakeholders since there is a broader consensus among donors that UNAIDS has, at times, expanded its scope past its core mandate.

While the Joint Programme has emphasized the sustainability of its efforts since early in its inception, its primary tool for organizing and catalyzing those efforts for the last few years has been the HIV response sustainability roadmap. The roadmap provides countries with a framework for prioritizing needed activities and, as such, serves as the foundation for building political commitment, mobilizing resources, implementing mitigation measures, and monitoring progress toward sustainability. Sustainability roadmaps focus not just on short-term emergency funding but long-term political commitments for their HIV response in a move toward self-reliance. This has been essential for many countries to ensure that HIV services remain operational, as external funding has been significantly reduced. For example, in Uganda, developing a sustainability roadmap assisted in securing an increased government allocation for the health sector in general and antiretroviral therapy (ART) specifically to mitigate the impact of funding disruptions in 2025–2026.

More than 30 countries have developed or are finalizing Part A of their sustainability roadmaps. Part A focuses on the high-level outcomes that will put countries on the pathway to achieve the 2025 and 2030 targets and secure the long-term sustainability of that impact.[95] Most of the countries working on roadmaps are in sub-Saharan Africa, but a few are in Asia/Central Asia as well. Additionally, several more countries have initiated the development of Part B, which translates commitments into costed operational steps, benchmarks, and actionable steps for increasing domestic financing. Technical and financial support to develop these roadmaps has been provided by the UNAIDS Secretariat, several members of the Joint Programme, as well as other external development partners. Roadmaps are grounded in an evidence-based approach, allowing them to be adapted to changing country contexts,

[94] 5.1 To what extent has the Joint Programme strengthened political commitment, capacities, services, systems integration, and coordination to sustain national, sub-national and community responses?
[95] AIDS, crisis and the power to transform: UNAIDS Global AIDS Update 2025

including the transition to integrated services and handover of supported personnel and systems to national ownership and management.

While the roadmaps and the Joint Programme's efforts have helped to initially galvanize political support, per key informants both at the country and global level, it is unclear whether those commitments will be sustained. The Joint Programme's efforts have included capacity building/training, public visibility events, strengthening data systems and the evidence base, resource tracking, ensuring the continued inclusion of key populations, annual forums, and general progress to handing over coordination and greater leadership to national counterparts. In the DRC, for example, significant advances have been made toward creating an enabling environment for the HIV response through a newly adopted five-year national human rights plan and with training provided to more than 1300 community and political leaders and legal experts on issues such as human rights, stigma, and discrimination. Similarly, in the Philippines, the Joint Programme focused on strengthening organizational and institutional capacities at both the local and national levels, including sensitization related to HIV and key populations, promoting the importance of HIV programming, and a review of legal frameworks. But, per feedback, these political commitments remain very fragile with some citing the new global political climate and a shrinking of civic space as threats to sustainability. Underlying this fragility at both the country and global level is the financial outlook for HIV funding, with stakeholders noting that there are limits to how much political commitment can be relied upon without sufficient funding for continued momentum.

To better ensure sustainability of HIV services, there has been a marked shift toward the integration of HIV and other health-care services into primary health care in recent years, with the Joint Programme supporting those efforts and the sustainability roadmaps being adapted to provide an organizing framework. However, there are several challenges which will need to be addressed, per stakeholders, including that the long history of verticalizing HIV programming has isolated those services, as well as the reluctance of affected and at-risk populations to access integrated services. For example, in Cambodia, continued stigma and discrimination have hindered integration efforts, and stakeholders noted that it will take "a long time." Thus, only a relatively small percentage of countries have integrated their HIV responses within broader health strategies and the sector.

Further, the Joint Programme has faced challenges in achieving internal consensus in regard to the integration of HIV into broader health policies and universal health coverage (UHC) and with other sectors for an integrated multisectoral response. A number of country examples of persisting uncertainty within the Joint UN Teams on AIDS at country level on how to integrate HIV services within the primary care system and what are the appropriate have also been reported.[96] Regardless, financial pressures are compelling countries to move forward with integration. For example, Uganda's roadmap prioritizes the integration of HIV services into primary health care and in February 2025 the Government of Uganda issued new guidance that stand-alone HIV/tuberculosis clinics will be phased out and integrated into general outpatient health-care settings.

Additionally, the sustainability roadmaps provide guidance on prioritizing technical interventions, including capacity building, which need to be undertaken. This has included many of the health systems' building blocks, such as strengthening laboratories, supply chains, procurement management, health information systems, and human resources for health. However, stakeholder feedback points to a gap in capacity building for communities and civil-society organizations, with significant concerns expressed about the long-term implications of rapidly diminishing civil-society engagement and its possible near extinction in some countries. Some Joint Programme programs in countries such as Peru have attempted to mitigate this issue by providing training to community-based organizations to improve their capacity to mobilize resources, implement projects, advocate with the government, and obtain legal status; though, even in this case, stakeholders expressed concerns about whether these

[96] Review of UNAIDS Joint Programme evaluations and assessments (2020–2024)

efforts would be sustained by the Government of Peru. While the sustainability roadmaps emphasize the essential roles communities play in the HIV response, many developed roadmaps, per feedback, have a near singular focus on the public financing of community-led responses via social contracting, which may not be viable for many countries in the immediate future. For example, in Cambodia the social contracting model is widely supported but has yet to receive government buy-in and is progressing slowly, while in the Philippines, social contracting with civil-society organizations is only in its initial planning phase.

The Joint Programme's support to countries to transition from external funding[97]

As part of the evaluation of the Joint Programme's sustainability, the evaluation team examined the extent to which the Joint Programme has been able to support countries to become more reliant on domestic resources and transition from external funding.

Both the High-Level Panel report and the Revised Operating Model[98] noted concerns (e.g., the abruptness of handover, the need for civil-society strengthening, and the risk of cuts to prevention funding) about the transition to greater domestic financing, as well as providing guidance for activities to assist with the transition (e.g., a more differentiated approach, mobilizing domestic resources through innovative means, integration within national health and social systems, social contracting communities for service delivery). It is anticipated that as national responses become self-sustaining, countries will be able to assume full ownership and leadership of HIV service delivery, using both national health and community systems.

UNAIDS has estimated that it is possible for the domestic share of HIV financing to rise from 52% in 2024 to two-thirds by 2030; however, even if countries are able to reach this benchmark, an additional $6 billion annually will need to be mobilized from non-domestic resources.[99] Increasing domestic financing for the HIV response faces several challenges, including large debt burdens, limitations of national tax bases and collection systems, multiple national priorities competing for limited domestic resources, and slower post-pandemic economic growth. Further, some funding cuts are driven by the incorrect perception that AIDS is no longer a major problem.

Funding disruptions in 2025 have greatly reduced progress in the HIV response, further undermining the ability of countries to reach the 2025 and 2030 targets, with especially pronounced effects in sub-Saharan Africa. These cuts have placed additional stress on national health systems already struggling to advance toward universal health coverage. The High-Level Panel report recommended that the Secretariat, along with the Cosponsors, should ensure provision of ongoing support to countries to progressively increase the domestic financing allocated to their respective national HIV responses.[100] This recommendation has had mixed success in many countries, with treatment often being prioritized over prevention. For example, in Cambodia it is anticipated that the government will eventually fund all of the treatment, but prevention will not be one of its priorities, especially given that currently the Ministry of Health does not have a clear resource mobilization strategy for the country's graduation from lower income country status.

This recommendation reinforced the principles given in Joint Programme Result Area 8 of the 2022–2026 UBRAF[101] which provide specific actions that the Secretariat and Cosponsors can undertake to increase the probability of financial sustainability. Some of these actions are, for

[97] 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?
[98] UNAIDS Revised Operating Model and UN80, October 2025.
[99] Overcoming Disruption: Transforming the AIDS Response, World AIDS Day Report, 2025
[100] High-Level Panel on a Resilient and Fit-for-Purpose UNAIDS Joint Programme in the Context of the Sustainability of the HIV Response, May 2025
[101] 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)

example, enhancing the capacity to generate and effectively use HIV-related spending and financing strategic information for decision-making, strengthening evidence-informed policymaking to enhance the efficient use of available resources, and supporting countries to develop and implement context-specific transition preparedness as well as sustainable and equitable financing strategies. As a few key informants noted, the focus should be on nurturing the investments made to date and rationalizing where any additional resources should be programmed.

The Joint Programme has recognized that there is an urgent need for diversified and durable financing mechanisms for HIV and other public health priorities and that there are opportunities to make HIV responses and entire health systems more resilient against future shocks. Some of the financing options include tax reforms and debt reduction instruments and strategies, the inclusion of HIV into health insurance packages, and the use of blended financing instruments combining resources from donors, development banks, and the private sector. In the Philippines, for example, the Joint Programme provided technical support to local governments to develop investment plans for HIV, including using evidence-based forecasting for HIV and capacity building of community organizations. In other words, the Joint Programme's efforts were not solely to advocate for increased HIV services but to provide actionable tools.

Similar to the efforts that the Joint Programme undertook to strengthen political, service provision, and community sustainability, the Joint Programme relied on specific tools to help countries focus on planning for the financial sustainability of national HIV responses through prioritizing short-term resource mobilization to preserve essential services, as well as increasing long-term domestic financing. These tools include sustainability roadmaps and the UNAIDS Rapid Financing Tool (RAFT). National sustainability roadmaps aimed to improve the efficient use of available resources by pooling resources to achieve economies of scale, joint procurements, improving logistics and stock tracking, reducing wastage, and optimizing the distribution of health-care workers. For example, Uganda has been using a variety of Joint Programme tools for approximately ten years to determine funding needs, prioritize interventions, plan for transition, and advocate for and mobilize and institutionalize additional domestic resources. Some of these tools have included the aforementioned sustainability roadmap, but also transition assessments, innovative financing reviews, budget scenarios, National AIDS Spending Assessments, financing dialogues, and resource mobilization methods.

Countries can also examine various avenues to mobilize new domestic resources for HIV (e.g., taxes, partnerships, blended financing, insurance schemes). The RAFT was used by countries, regional programs, and partners to guide emergency resource mobilization, and reprogramming and budget integration via analyzing the impact of the funding freeze on HIV programs, prioritizing and costing interventions, and estimating the funding gap.

Previous reviews showed that there was mixed evidence on the added value of the Joint Programme regarding sustainable financing and that many transition strategies have not worked due to limited government ownership and are, therefore, aspirational in nature and unlikely to result in sustainability[102]. Within this review, while there are some signs of country leadership in implementing HIV and health-financing reform and mobilizing domestic resources, these efforts appear to need considerable strengthening, including an urgent need to expand and diversify financing instruments, and addressing potential significant funding gaps for key populations and civil-society organizations. For example, in the Philippines, UNAIDS has been advocating with the government to ensure that there is a clear financial sustainability plan for the HIV program, outside of donor funding; however, the result of the transition readiness assessment was that the country would still need to rely on Global Fund grants for at least the near to medium term.

[102] Review of UNAIDS Joint Programme evaluations and assessments (2020–2024), November 2024

Conclusions

The below conclusions draw on evaluation findings, organized by evaluation criteria, as well as reflection on the context the Joint Programme finds itself in.

Relevance

Overall, the evaluation finds that the Joint Programme remains highly relevant and strategically well designed, with the UBRAF providing a strong, people-centred and rights-based framework that aligns global, regional, and country-level efforts under the Global AIDS Strategy. The UBRAF's design has provided a solid strategic foundation for guiding the Joint Programme's work, grounded in multisectoral action, human rights principles, and the meaningful engagement of people living with and affected by HIV. Its alignment with the Global AIDS Strategy and emphasis on country ownership has supported its relevance, driving a people-centered, rights-based global HIV response in an era of constrained resources. However, the breadth of its results areas and the shifts in emphasis during and after the COVID-19 pandemic have contributed to strategic dilution. Furthermore, the need for the Joint Programme to adapt more rapidly to the changing epidemiological, political, and financing landscape, including articulating a clearer long-term vision for an evolving epidemic, has been highlighted repeatedly.

At country level, the Joint Programme is generally valued for its responsiveness and alignment with national priorities, providing a unified, multisectoral HIV response and contributions to strengthening systems, data, and advocacy. At a regional and global level, it plays a critical role in standard-setting, advocacy, knowledge generation, and fostering collaboration across stakeholders. Its contributions to evidence generation, policy advocacy, and coordination on transnational issues are recognized as uniquely valuable, particularly as operating models evolve and country offices become increasingly multi-country in structure. The Joint Programme's convening power, technical expertise, and ability to bridge government and civil-society relationships remain central to its comparative advantage. Importantly, it has been able to address sensitive human rights challenges and strengthen dialogue between governments and civil society in ways that individual agencies could not. Its collaboration with major global health actors, such as the Global Fund and PEPFAR, remains a core strength, improving the quality of funding requests, strengthening national oversight mechanisms, and enhancing data-driven planning and target setting.

Preserving the core functions of the Joint Programme in the transition process will be essential to ensuring that efficiencies do not come at the expense of those who rely most on a strong, principled, and presence-based HIV response. A deliberate, inclusive, and context-driven transition will be critical if the Joint Programme is to emerge from these reforms not only leaner but also more strategically positioned to confront an epidemic that continues to evolve.

Coherence

The evaluation highlights that while the Joint Programme has made meaningful progress in strengthening alignment and collaboration between the UNAIDS Secretariat and Cosponsors, as well as with external partners, its overall coherence remains uneven. Strong partnerships with key external actors, including the Global Fund, PEPFAR, governments, and civil society, further reinforce its added value, particularly through its convening role, trusted relationships, and commitment to inclusive, people-centred approaches.

Coherence is found to be strongest at a country level, with UNAIDS continuing to serve as a trusted convener that helps align national priorities, data-driven planning, technical assistance, and advocacy across Cosponsors. Effective collaboration is particularly evident in contexts where the Joint Programme has played a bridging role between governments and communities facing substantial legal, political, or social barriers. However, persistent challenges continue to limit the full realization of a truly "joint" program. At the country level,

duplication of efforts, overlapping mandates, and a tendency for Cosponsors to operate through bilateral rather than collective approaches undermine coherence. These issues are compounded at the global level by resource constraints, competition for funding, and ongoing distrust between the Secretariat and Cosponsors, alongside unclear roles and inconsistent communication. While regional coordination appears comparatively strong, the overall effectiveness of collaboration often depends heavily on individual leadership and capacity, raising concerns about sustainability.

Finally, at the global level, long-standing tensions between the Secretariat and Cosponsors in terms of trust, resource mobilization, mandate clarity, and communication continue to undermine internal coherence. With further resource reductions anticipated, these tensions are likely to intensify unless clearer systems, stronger incentives, and shared accountability mechanisms are established.

Effectiveness

Overall, progress toward the 95–95–95 targets reflect both significant global achievements. Substantial gains in diagnosis, treatment, and viral suppression, alongside reductions in new infections and AIDS-related deaths, demonstrate the effectiveness of sustained global commitment and coordinated action. The Joint Programme has played an important enabling role in this progress by supporting prevention scale-up, strengthening treatment policies, advancing data systems, and fostering inclusive, people-centred approaches that ensure the engagement of communities and key populations. Its contributions to generating strategic information and galvanizing political commitment have been instrumental in shaping national and global HIV responses. Its convening power at the country and regional levels has been equally important, enabling multisectoral coordination, fostering civil-society participation, and supporting politically sensitive dialogues in challenging environments. The Joint Programme's support is considered indispensable for ensuring community voices shape policy and program decisions, especially in environments where civic space is shrinking. The Joint Programme's sustained advocacy has helped institutionalize ambitious global targets, mobilize political commitment, and support countries to develop prevention roadmaps, adopt legal reforms, and secure national investments.

Yet these successes mask uneven progress toward the 95–95–95 targets, which only a limited number of countries have met. Persistent inequalities, gaps in prevention, and rising infections in several regions underscore that the world remains off-track, particularly where key population needs are not adequately addressed. While some countries have made strong advances, others lag due to structural barriers such as stigma, legal constraints, limited access to services, and weak prevention efforts. These disparities underscore the need for more targeted, equity-focused interventions and a renewed emphasis on prevention alongside treatment.

The Joint Programme's effectiveness continues to be shaped by key enablers; strong country leadership, strategic planning, and meaningful engagement with civil society, as well as significant barriers, including financial constraints, staffing reductions, shifting global priorities, and entrenched sociopolitical and legal challenges.

The changes underway to the operating model risk disproportionately harming communities already facing entrenched barriers, including people living with HIV, key populations, and groups affected by shrinking civic space. Reduced community-level engagement risks weakening civil-society networks and diminishing the essential role of PLHIV in shaping policies and accountability mechanisms. For key populations, particularly LGBTQI+ communities and criminalized groups, the potential loss of the Joint Programme's advocacy is especially troubling, given that no other UN entity carries a comparable mandate to champion their rights or fill service gaps where governments will not. The gender impacts of these shifts are similarly profound for adolescent girls and young women.

The proposed closure of UNAIDS by the end of 2026 and integration of its functions into other UN entities has been widely viewed by stakeholders as unexpected and disruptive, creating significant uncertainty about the future of the global HIV response and seems imprudent given the importance of the functions it serves to the global HIV response. The need to safeguard core functions, particularly leadership, community engagement, advocacy and data is paramount, with a risk that that these may be weakened if absorbed into broader UN structures without an evidence-based, thought-through transition.

Efficiency[103]

The evaluation finds that while the Joint Programme has established structures and frameworks to improve efficiency, particularly through the Division of Labour, the Global AIDS Strategy, and the UBRAF, its ability to fully realize efficiencies through aligned mandates and activities remains constrained. Efforts to clarify roles, prioritize results, and strengthen joint planning have yielded some positive outcomes, especially at the country and regional levels where collaboration, long-standing relationships, and focused approaches have enabled more coordinated and context-specific programming.

However, persistent challenges, including competition among Cosponsors, unclear responsibilities, and insufficient joint planning, continue to limit coherence and reduce overall efficiency. These challenges are compounded by significant funding reductions, staffing cuts, and high transaction costs for coordination, which weaken incentives for joint action and shift attention toward individual agency mandates. At the global level in particular, issues of resource allocation, mistrust, and fragmented accountability undermine alignment and efficiency, while the transition to new operating models risks further complicating coordination and increasing delivery costs. Although principles for cost-effectiveness are well defined and some mechanisms, such as country envelopes, have demonstrated catalytic value, their impact is uneven and not systematically measured. Monitoring and reporting systems have improved in structure and standardization, but still face limitations in data quality, attribution, flexibility, and demonstrating collective impact.

Moving forward, enhancing efficiency will require stronger joint accountability, clearer role delineation, better alignment of resources with strategic priorities, more consistent measurement of value for money, and continued investment in data and learning systems. Ensuring that limited resources are deployed in a coordinated, targeted, and high-impact manner will be critical to sustaining results and maximizing the effectiveness of the global HIV response.

Sustainability

The evidence underscores that the financial sustainability of the Joint Programme, and particularly the UNAIDS Secretariat, is at a critical point. With traditional donor support declining, budgets flattening or contracting, and the abrupt loss, then potential partial restoration of US government funding, the UNAIDS Secretariat and other Cosponsors now face unprecedented uncertainty regarding its ability to sustain core functions, maintain country engagement, and uphold its leadership and advocacy roles. While donors continue to value UNAIDS' technical expertise, data analysis, and support to national HIV programs, there is widespread concern about whether these contributions can be maintained at previous levels under current funding constraints.

The evaluation highlights that while the Joint Programme has made important contributions to sustaining political commitment, strengthening systems, and supporting countries in transitioning toward greater self-reliance, the overall sustainability of the HIV response remains highly fragile. Tools such as sustainability roadmaps and financing instruments have helped countries plan for long-term resilience, mobilize domestic resources, and begin

[103] As noted, the evidence base for this criterion was rated" as "low-medium" and is primarily perception based as there was limited secondary data available.

integrating HIV services into broader health systems. These efforts, alongside capacity building and policy support, have contributed to increased national ownership and some progress toward more sustainable models of service delivery.

However, these gains are undermined by significant and growing financial constraints, including declining donor funding, uncertainty in major contributions, and persistent gaps in domestic financing capacity. Political commitment, while strengthened in some contexts, remains uneven and vulnerable to shifting global and national priorities, as well as shrinking civic space. Efforts to integrate HIV services into primary health care, though necessary, continue to face structural, social, and operational barriers, and progress has been slower than anticipated. At the same time, the sustainability of community-led responses, long recognized as indispensable to epidemic control, is increasingly at risk. Rapid reductions in funding, weak government uptake of social contracting, and limited investment in community capacity building risk severely weakening civil society's role.

Transitioning toward greater domestic financing represents both an essential and a deeply challenging shift for the long-term sustainability of national HIV responses. While high-level commitments and tools such as sustainability roadmaps and the Rapid Financing Tool have helped countries begin prioritizing domestic resource mobilization, the realities on the ground show that this transition remains fragile and uneven. Economic constraints, including debt burdens, limited fiscal space, competing national priorities, and slower post-pandemic recovery, continue to restrict governments' ability to increase HIV funding at the scale required

Sustaining progress will require a more comprehensive and coordinated approach that balances financial sustainability with equity and access. This includes strengthening domestic resource mobilization while maintaining targeted external support, particularly for key populations and civil society; accelerating integration in ways that address stigma and service accessibility; and ensuring that sustainability strategies are grounded in realistic, context-specific plans with strong government ownership. Ultimately, the Joint Programme's ability to drive and support sustainable HIV responses hinges on securing stable and diversified funding, rebuilding trust with donors, including through meaningful engagement with the private sector, and reinforcing national ownership while safeguarding the centrality of communities and key populations. Without decisive action, the gains achieved through sustainability roadmaps, integrated service models, and strengthened country systems risk being undermined.

Recommendations

This evaluation's recommendations are predicated on the fact that the United Nations remains committed to delivering on the HIV mandate in a changing global and institutional context, while recognizing the uncertainty surrounding the timing, scale and direction of specific structural features associated with UNAIDS' future and corresponding timelines for any potential transition.

As such, the recommendations below are intended to support the ongoing deliberations of the PCB Working Group, the PCB, and other stakeholders by highlighting key considerations, risks and areas requiring attention as the transition and integration of UNAIDS, and the future delivery of the UN's HIV mandate, are considered.

The recommendations focus on what aspects of the Joint Programme must be preserved, what must change, and how risks should be managed, under conditions of constrained resources and evolving institutional arrangements. All recommendations assume a reduced resource envelope, more selective country presence, and increasing reliance on the broader UN system for implementation, with much of the UN's added value concentrated in leadership, data and accountability, convening, and community leadership and engagement

functions. The recommendations below are framed as possible decision criteria, safeguards and priority actions that could be considered across transition scenarios.

1. Protection of Community-Led and PLHIV Engagement as essential tenets of the HIV response:
    - Ring-fence resources (financial, technical, and staffing) dedicated to community networks, PLHIV engagement, and rights-based advocacy.
    - Require country and multi-country offices to demonstrate how community voices are integrated into planning and policy processes.
    - Establish minimum standards for community engagement regardless of country typology under the new operating model.
    - Deepen and scale community-led monitoring approaches, ensuring meaningful participation of key populations in data generation and interpretation, while proactively addressing political, legal, and cultural barriers that limit their engagement.
    - Support governments to integrate community-led actors into national plans and budgets, including possible social contracting. Provide simplified, rapid disbursement grants for PLHIV networks and key population organizations most vulnerable to collapse.
    - Maintain representation of PLHIV in governance mechanisms.
2. Prioritize Key Population and Gender Programming, especially in criminalized and hostile contexts
    - Ensure a dedicated mechanism to track allocations to key populations within funding allocations to safeguard support in contexts where Cosponsors may otherwise avoid work due to legal, funding, or political constraints.
    - Support the flexible deployment of HIV-related human rights and gender expertise including surge capacity and regional support mechanisms, aligned with a reduced and more variable funding base (e.g., for countries where criminalization threatens service access and where PLHIV and LGBTQI+ groups rely heavily on the Joint Programme's protection and advocacy role).
    - Ensure at least one UN entity is explicitly mandated to champion KP issues in every country where the Joint Programme operates.
    - Develop and operationalize explicit guidance that differentiates the needs of key populations from broader vulnerable groups such as adolescents and children. Ensure this guidance is directly reflected in country planning tools, funding allocation decisions, and accountability frameworks. Provide a protected minimum of resources (financial and technical) dedicated to key population programming, even in challenging contexts.
    - Introduce gender "red flags" that trigger enhanced support in countries with rising new infections among adolescent girls and young women, or where Cosponsor gender staffing (e.g., UNFPA, UN Women) has been significantly reduced. Monitor gender language and normative commitments to guard against further rollback.
3. Strengthen the Joint Programme's country-level impact by deepening alignment with national priorities through flexible, government-led planning and implementation, while adapting to a more constrained and uncertain funding environment.
    - Continue efforts to strengthen alignment with national priorities by supporting governments in strategic planning, monitoring, and efficient program implementation, including navigating bilateral funding arrangements, GC8 Global Fund grants, donor transitions, and domestic resource mobilization, while ensuring agility to respond to local shifts in context.

- Provide targeted technical support for medium-term domestic financing reforms, including integration of HIV services into universal health coverage (UHC) benefit packages. Help countries build public financial management (PFM) capacity to absorb, track, and effectively allocate HIV resources. Promote realistic, context-sensitive expectations for domestic resource mobilization rather than aspirational targets that countries cannot meet
- Strengthen and reposition the HIV sustainability roadmap approach as a resilient, actionable, and context-adaptive tool by shifting from aspirational long-term planning to realistic, near- to medium-term sustainability strategies grounded in fiscal and political realities. This should include reinforcing mechanisms to sustain political commitment beyond initial roadmap development, accelerating and clarifying guidance on service integration within primary health care and UHC. Ensuring that roadmaps are fully costed, operationalized, and regularly updated to reflect evolving risks (e.g., shrinking civic space, funding constraints) will be critical to maintaining continuity of services and safeguarding long-term sustainability of the HIV response.

4. Strengthen the consideration of cost-effectiveness into design, planning, and resourcing. Develop simple cost-effectiveness guidance and decision-support tools (e.g., cost per output benchmarks, value-for-money criteria) for use in program design at global and country levels. Provide capacity building for Cosponsors and country offices on applying cost effectiveness principles. Integrate cost effectiveness metrics into reporting templates and resource allocation processes.
    - Leadership on HIV prevention should be explicitly protected in prioritization decisions. Safeguard prevention by prioritizing prevention interventions (condoms, PrEP, community outreach) in all sustainability planning to avoid backsliding and future cost escalation. Provide technical guidance to help governments maintain essential prevention packages even when scaling back other activities.
5. Sustain and strengthen the Joint Programme's leadership in strategic information by:
    - Continuing to invest in high-quality, timely, and policy-relevant data that informs national planning, global reporting, and partner processes while ensuring consistency and comparability across countries.
    - Strengthen country-level data systems and capacity, particularly in complex and data-scarce settings, by supporting governments to strengthen health information systems, improve data collection in hard-to-reach contexts, and enhance national capacity for data analysis, costing, and evidence-based decision-making.
    - Enhance granularity and usability of data by increasing subnational disaggregation (e.g., district, hotspot level) and improving analysis of transmission dynamics, including intersections between key and general populations, to better target interventions and improve program efficiency.
    - Broaden the scope of strategic information beyond epidemiological data to more systematically include socioeconomic, policy, and legal dimensions, strengthening the evidence base to demonstrate the wider development impacts of HIV and mobilize sustained political and financial commitment.

6. Establish a transparent, clear, inclusive, and evidence-driven transition planning process that clarifies roles, responsibilities, and governance arrangements, while safeguarding core and essential functions and maintaining coherence.
    - Noting the agreed membership of the Transition Working Group, representation from the agencies most likely to take on UNAIDS' core functions, as well as key partners like the Global Fund should also be considered. The continued representation of PLHIV/CS in transition planning is key.
    - It should also define a future governance model that preserves the UN's ability to provide multisectoral leadership and a neutral platform on sensitive issues, while incorporating a system-wide protection and prioritization approach to ensure continuity of critical services and sustained support to the most vulnerable populations throughout the transition.
    - Any assessments undertaken as part of transition planning should be grounded in rigorous evidence, independent, and transparent, and be rooted in robust analysis of epidemiology, changing political environments, and new social dynamics affecting key populations and marginalized groups.
7. While decisions around a transition are pending, the Joint Programme should continue to refine the Revised Operating Model to deliver greater impact under constrained resources by adopting a streamlined, priority-driven and clearly coordinated approach.
    - The Joint Programme should be laser-focused on its core mandate and functions, identifying where it adds the most value and adopting a strategically focused set of objectives and activities moving forward to only those which are achievable in near-term and resource-limited situations.
    - Continue tracking of progress/regression toward the 95–95–95 targets beyond 2027.
    - Introduce a more selective, simpler outcome-focused results framework that ensures result areas clearly maps to the Joint Programme's mandates and the Global AIDS Strategy, avoiding overly broad or diffuse objectives.
    - The adoption of a tiered prioritization model that distinguishes essential, high-impact activities from desirable but non-essential actions could be implemented.
    - Improving global-level coordination in fundraising to prevent Cosponsors from pursuing uncoordinated bilateral funding that undermines joint action should be considered.
    - Introduce flexibility allowing context-specific selection of lead Cosponsors, at country level dependent on contextual need.
    - Cosponsors, in the context of their mandates and HIV capacity, could come up with a mapping (and maintain it over time) of their priority countries. They could also make clear what expertise is available to countries on demand. Publish a light, transparent "who does what" dashboard to improve accountability internally and externally.
    - Differentiate and prioritize levels of support to countries based on need, ensuring it is country-driven and owned. Consider a two-level model of funding; a few countries may get a "significant" level of funding for actual activity programming; others would only get TA.

Annexes

Annex 1: ToR

UNAIDS

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

Global	• Global level – UNAIDS Secretariat and its 11 Cosponsors (document review, focus groups and/or key informant interviews with relevant stakeholders) • Selected members of the UNAIDS Programme Coordinating Board (PCB)
Regions (Asia and Pacific, Eastern Europe and Central Asia, Eastern and Southern Africa, West and Central Africa, Middle East and North Africa[1] and Latin America and Caribbean)	• All regions (survey and document review possibly complemented by key informant interviews with relevant stakeholders) • Members of the Regional Joint Team on AIDS and other strategic regional partners
Countries	• All countries where there is presence of UNAIDS Joint Programme (survey, light desk review/secondary data) • At least 6 in country case studies in total[2] (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.

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

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

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

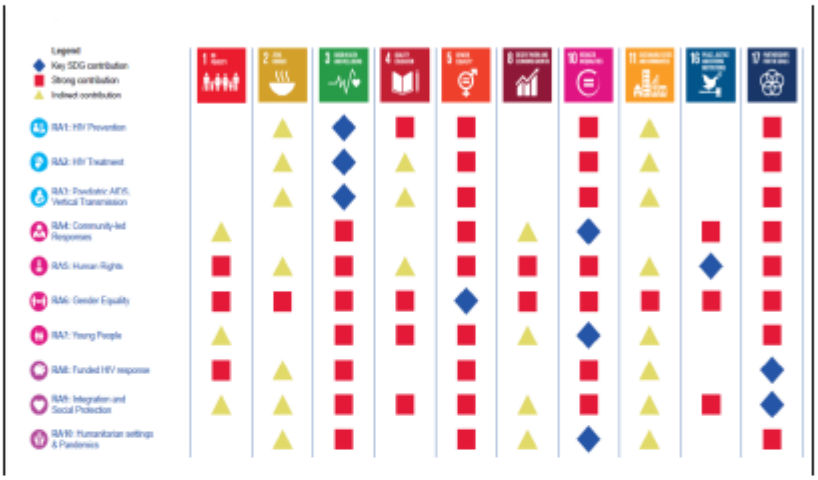
[1] Regional Support Team in the MENA region was closed in mid-2023 and UNAIDS Country Offices under this region were absorbed by ESA and WCA regions

[2] 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.

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**[3] (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. .

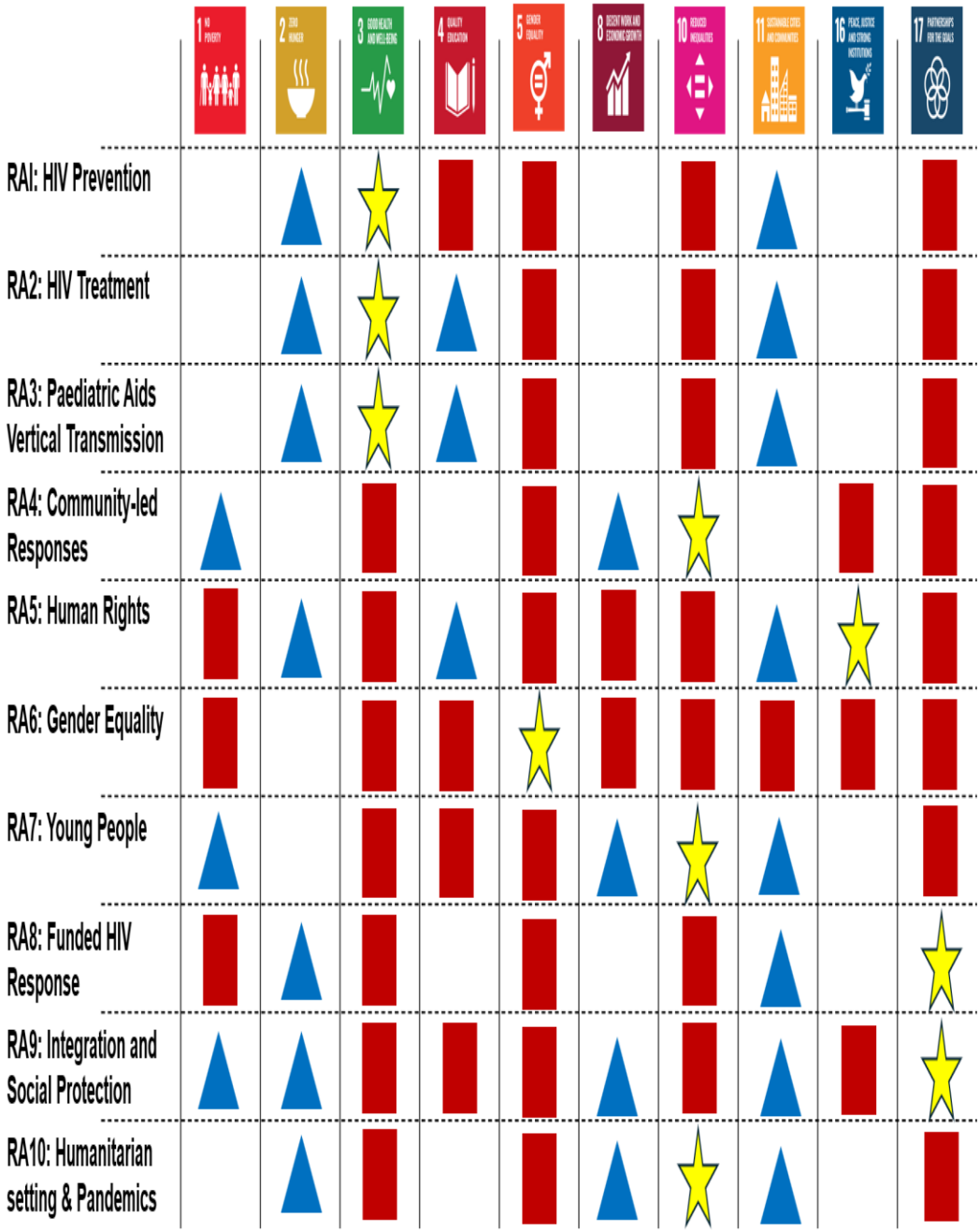
With the current context of 90 days' pause imposed on all US Government Programmes in countries and a sharp decline in financial and human resources for the UNAIDS Joint Programme and the current restructuring of UNAIDS Joint Programme, this may have an impact on this evaluation e.g. by partners responding 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

[3] 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.


RAI: HIV Prevention
RA2: HIV Treatment
RA3: Paediatric Aids Vertical Transmission
RA4: Community-led Responses
RA5: Human Rights
RA6: Gender Equality
RA7: Young People
RA8: Funded HIV Response
RA9: Integration and Social Protection
RA10: Humanitarian setting & Pandemics

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 **Deliverable 1: Inception report with methodology** *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.*	
June - September 2025	Data collection and analysis (6 case studies, document review, secondary data analysis, virtual interviews and an e-survey) Field missions **Deliverable 2: Submission of draft findings in the form of intermediate products (short case study notes (by region), power point presentations)**	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 **Deliverable 3: Submission of draft evaluation report**	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 **Deliverable 4: Submission of final evaluation report and PP presentation**	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 Pannel, 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 rational 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 Pannel, 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

on (but not limited to) what is described in the above sections.

- 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.
- 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
- 2022-2026 Results and Accountability Framework (UBRAF) (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
- 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
- UNAIDS Results and Transparency Portal https://open.unaids.org/sites/default/files/styles/carousel_image_899_780/public/2024/ONU027.jpg.webp?itok=zbmoSwvq

ANNEX II

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

http://www.unaids.org/sites/default/files/media_asset/UNAIDS_JP-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

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 Pannel**
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 – disaggregated by age and sex		Zero AIDS related Deaths (95-95-95) – 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

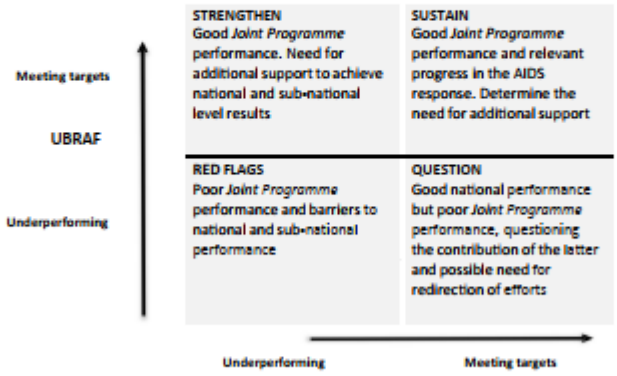
ANNEX V

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

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 Gerder Equality issues will be integrated across each of the evaluation questions in addition to the stand-alone questions. Updated UNEG guidance, 2024[4] 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.

[4] https://www.unevaluation.org/uneg_publications/uneg-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[5]? 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.

[5] 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.

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Annex 3: 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;	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		

	people living with and affected by HIV, bilateral and multilateral partners)?	Joint Programme resources, how can the Joint Programme best respond to the needs of key populations and the most vulnerable as resources declined Which population groups are at risk of being left behind?		
Coherence	2. To what extent does the Joint Programme 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 Cosponsors? 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 (e.g., National HIV programs, the Global Fund, US Government's funded support to AIDS programs, 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, 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
		3.2 What has been the contribution of each co-sponsor vis-à-vis their respective mandate and expertise to the achievement of Joint Programme objectives and delivering an integrated program 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 programs, strategies and investments (domestic, international) so that they are people-centered 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 sustainable? (political, programmatic and financial sustainability)	5.1 To what extent has the Joint Programme strengthened political commitment, capacities, services, systems integration, and coordination to sustain national,	Interviews, FGDs, Document review	UNAIDS Secretariat, Cosponsors, UN RC, National government, Civil society, Key populations/Other affected

		subnational and community responses?		populations, Global health partners, PCB, Other civil society, Partner health organizations
		5.2 In what ways has the Joint Programme supported countries to transition toward resilient and sustainable responses which are not dependent on external funding?		
Lessons	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 operationalization 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 4: Breakdown of Evaluation Respondents

Stakeholder type	**Total number of stakeholders**	Global	Regional	DRC	Cambodia	Uganda	Peru	Philippines
UNAIDS Secretariat	39	10	3	7	6	10	2	1
Cosponsors	43	6	10	9	4	10	1	3

PCB members	3	3						
Government	13			6	1	3	2	1
Donors	6	4				2		
Civil Society	20	2		3	5	4	4	2
Key Populations	28			5 FGDs (24 participants)	1 FGDs (4 participants)			
Other UN	5			2		2	1	
Other Partners	22	4		5	4	5	2	2
Total	179	29	13	56	24	36	12	9