Management Response to the Independent Evaluation of the Work of the Joint UN Programme on HIV/AIDS with and for Key Populations (2018-2021)

1	**Recommendation: Urgently increase the prioritization and strategic focus of the work for and with Key Populations**				
No	**Suggested actions**	**Management response**	**Actions planned** * denotes action subject to availability of funding	**Responsible**	**End of tracking period (December 2023)**
1.1	*Prioritize a set of countries for accelerated action for KP programming based on where HIV infections are happening and align resources and capacity. Devise and test a relevant set of outputs and indicators for measuring progress with the Joint Programme's work in these countries.*	Partially accepted. KPs are critical in all countries, and there is need for mix of actions for all countries and intensified support and scale up to some. At the same time, needs differ between countries and by population. It is therefore not necessarily useful for all agencies to prioritize the same countries for all populations. Operationally and considering limited resources, however, prioritization on where the need is greatest, in consultation with key population networks, linked to specific issues and initiatives.	1. Work closely with the Interagency Working Group on KPs (IAWG), the Global HIV Prevention Coalition (GPC) (Working Group and Key Populations Community of Practice, CoP), the Global Partnership against Stigma and Discrimination, Human Rights Reference Group, and other global structures to explore strategies that are truly global in nature. In addition to ongoing work with a global scope, UNAIDS Joint Programme will prioritize specific countries for specific thematic priorities including the following: *2. Within the GPC and the associated South-to-South Learning Network (SSLN) prioritize 15 countries for support to HIV prevention programming with key populations. Advocate for all countries to follow the GPC roadmap, utilize scorecards and participate in the KP CoP to increase HIV prevention within key populations in all countries. 3. Focus on 24 high priority countries for people who inject drugs and HIV and 30 high priority countries for prison inmates in prisons, expansion only with additional resources. 4. Increase collaboration where countries for different priority areas overlap (for example invited UNODC to collaborate with the GPC/SSLN)	1. All relevant Cosponsors, as per the UNAIDS Division of Labour (DoL), in close coordination with communities and their organizations, governments, other Cosponsors and the UNAIDS Secretariat *2. UNFPA and UNAIDS Secretariat 3. UNODC 4. UNODC	UNDP • Supported the work of the GPC, particularly three virtual and one in person sessions on harmful laws, to accelerate law reforms and the adoption of enabling laws with co-sponsors, communities and governments. • Supported the Human Rights reference group (HRRG) by recommending and recruiting expert members (e.g. trans rights, access to treatment), as well as the work of the Executive Committee. • Contributed to the statement of the HRRG on the anti-homosexuality law in Uganda and the advocacy work against the adoption of a similar bill in Ghana. UNFPA • Supported the work of GPC KP WG in responding to priorities including statement prepared on stigmatising laws. • Reviewed and revised the KP Community of Practise approaches and developed a full programme for 2024-2025. UNODC • Organized a learning visit to Kenya for decision makers from South Africa to share best practices and lessons learned on HIV prevention, treatment and care among people who use/inject drugs; the visit to Kenya, where Opioid Agonist Treatment (OAT) has strong support and coordination among government entities is good, aimed at enhancing scale up of OAT in South Africa and collaboration between the two countries.

1.2	*Systematically engage all KP groups equally in Joint Programme work, including representatives from more neglected communities – transgender people, people who inject drugs, and young key populations – and develop different strategies to engage prisoners.*	Accepted. It is important to engage all key populations in line with country context, while also considering intersectionality and young key populations. At the same time, a focus will be on streamlining coordination.	1. Continue to work and plan activities on a yearly basis with the UNODC Civil Society Group on Drug Use and HIV, engaging and empowering community-based organizations with representatives of released prisoners in developing and implementing prison strategies and programmes for prison populations. 2. At global, regional, and country levels, continue to provide support and advocate for the engagement of KP-led organizations and networks in the AIDS response, including in Joint Programme work. 3. Engage the four key population networks in GPC working group, KP Community of Practice sessions, and other activities. 4. Provide dedicated support to the global Adolescent and Young Key Populations Partnership to support knowledge management of and technical support to adolescent and young key population-led HIV services 5. Specifically scale up work with networks of young people who use drugs to engage in HIV-related spaces and support a rights-based approach to drug policy.	1. UNODC 2. UNAIDS Secretariat 3. UNAIDS Secretariat and UNFPA	UNFPA, UNODC • Partnered to address stimulant drug use (chemsex) related risk to reduce sexual transmission of HIV UNFPA • Contributed to the GPC WG and KP CoP as part of engagement with the global networks. • Contributed to the current review of female/insertive condom use during anal sex has included enquiry with KP networks. UNAIDS Secretariat • Strengthened engagement of global KP networks in the Working Group on Sustainability of the HIV response; Advisory Group on Monitoring 30/80/60 targets; Advisory Group on Social Contracting; Technical Advisory Group on Costing of the Community-led responses. • Supported the International Network of People Who Use Drugs and Harm Reduction International on decriminalisation, capacity for women who use drugs, development and piloting of CSO tools for advocacy on domestication of resources. • Implemented knowledge management for adolescent and young key populations from AYKP-led networks through collation and hosting of resources. • Engaged with global networks of young people who use drugs e.g., in the Global Forum for Adolescents where a keynote session on youth-led interventions for young people who use drugs was highlighted as the defining moment on substance use in the forum which had over 9000 registrants. Also worked with Youth RISE on side events for CND, highlighting the needs of young sex workers who use drugs and showcased youth-generated data on intersections between KP groups.

1.3	*Develop and agree a clear definition across the Joint Programme, and with funding partners, for the differentiation of KPs from 'other vulnerable populations. Additionally, systematically differentiate between KP groups. Act on this differentiation - strategies, plans, programming, and reporting at all levels of the Joint Programme - and work with partners to ensure consistency*.	Partially accepted. There is already an agreed definition, which should not be reopened. The term 'KP' should be used for the agreed five populations and not be conflated with 'other vulnerable populations' and other 'priority populations'. The second part of the recommendation is accepted. Support to national strategies, plans and programmes should differentiate between the five KPs while considering intersectionality.	*Continue to engage with KPs, as defined in the 2021 Political Declaration on HIV and AIDS - sex workers, men who have sex with men, transgender people, people who use drugs, people in prison and other closed settings addressing limitations as far as possible and making sure intersectionalities are considered.	Cosponsors, as per UNAIDS Division of Labour	UNFPA Maintained partnerships at the regional and national level with different KP networks for HIV prevention, COVID–19 responses, community empowerment, integrated health strategies and support for young KPs. • Supported integrated services for KPs in East and Southern Africa through 2Gether 4 SRHR. • Supported the 7 Alliance KP consortium in the Asia-Pacifica and ILGA-Asia to support transgender women and young Key Populations. • Supported KP civil society organisations in India, Bangladesh, Indonesia, Timor Leste, Lao PDR Eastern Europe and Central Asia region. • Addressd integrated trans health issues in Jamaica. UNODC • Rolled out of training on implementation of OAT services and on HIV prevention, treatment, care and support for people who use stimulant drugs. • Addressed needs of transgender people in prison settings through advocacy and capacity building, using the Technical Brief. Transgender People and HIV in Prisons and other Closed Settings • Rolled out monitoring of prevention of mother-to-child transmission of HIV in prisons in selected countries. UNAIDS Secretariat • Supported the global network of gay, bisexual and other MSM (MPact) on sustainability and resilience of community networks in the context of anti-rights movements. • Supported PLHIV, KPs, women, and young people's engagement in more than 20 activities at the International AIDS Conference in Montreal. • Supported EECA regional sex worker network to document the barriers to HIV services and other health and human rights issues of sex worker refugees from Ukraine to border countries.

1.4	*Increase the prioritization of KP funding in UBRAF guidance and strengthen oversight mechanisms for coherence of country plans. Ensure the allocation of funds are based on data-informed strategic assessments of country needs. Prioritize KP-led organizations as partners in the planning, monitoring and implementation of the Joint Programme activities, including for Country Envelope funds.*	Accepted, noting that recommendations from the evaluation of country envelopes may refine the actions.	*1. Advocacy across existing KP structures (e.g., CoP, IAWG, etc.) and in different areas and KP groups, e.g., for access prevention and other services, rights, law and gender, stigma, discrimination and violence, access to justice, social protection, scaling up community-led responses, etc. *2. Further advocacy with UN country teams for i) greater engagement in KP work and ii) greater reliance on KPs' leaders and community organizations in program design and implementation (always following the "do no harm" principle), which will be monitored through the JPMS. *3. Partner to develop and roll-out a new In-Reach training on working with and for KPs, informed by the new WHO Guidelines and KP implementation tools (SWIT, MSMIT, TRANSIT and IDUIT), taking account the wide variation of representation and capacity of KPs across countries. The training shall aim to catalyse country engagements in KP programming and adequate resource allocation and to broker partnerships between country decision makers, implementers, and community organizations. *4. Based on success of In-Reach (IR), fundraise for an Out-Reach (OR) training package for country policy makers and service providers (end of 2023). 5. Coordinate responses from country offices and decision-makers and strive to ensure data analysis to inform key populations work and sufficient allocation of UBRAF resources.	*1-3. Cosponsors as per the DoL with UNAIDS Secretariat coordinating role *4. UNDP, UNFPA and UNAIDS Secretariat 5. UNAIDS Secretariat	UNDP, UNFPA and UNODC • Provided technical input, reviewed and finalized the in-reach training which will be rolled out as a tool supported by UNFPA and UNAIDS with outreach training based on it to be implemented with the GPC. UNFPA • Held initial discussions with SSLN on outreach toolkit development. UNODC • Coordinated a project to strengthen the capacity of CSOs to address HIV prevention, treatment, care and support among PWUD in Ukraine, in partnership with the 13 local civil society organizations, the Ministry of Health and local administrations, with the support of UNAIDS-German funds. • Provided training on Amphetamine-Type Stimulant Drugs (ATS) to civil society organizations, peer workers, and community outreach workers who work with PWUD in Thailand. • Supported a Global Training of Trainers “Our Rights, Every Body’s Rights”, organized by INPUD in Cape Town, South Africa, in June 2023. UNAIDS Secretariat • Provided support to INPUD as the Secretariat of the Strategic Coordination Group (SCG) on Drug Use, HIV, Health and Human Rights (former SAG) for information sharing, strategic discussion and coordination among key stakeholders that work on the global HIV, health and human rights response to drug use to amplify efforts to achieve the targets agreed in the 2021 Political Declaration on HIV and the Global AIDS Strategy. • Supported the engagement of PWUD-led networks in advocacy for the availability of HIV services based on communities' values, preferences and needs of people who use drugs in Indonesia, Nigeria, and South Africa; in-depth landscape

					analysis on domestic financing (social contracting) for harm reduction in Indonesia, Kenya, Nepal, Nigeria, South Africa, and Uganda. • Continued to improve the availability of data and service delivery tools for harm reduction. This included the development of a feasibility study of the opioid agonist therapy in Pakistan; a rapid situation assessment (RSA) among PWID in 12 districts of Bangladesh; an operational protocol and evaluation framework for Preexposure Prophylaxis (PrEP) implementation among PWID in Myanmar; a formative study of PWUD's behaviours, networks, dynamics, risks and vulnerabilities, and access to HIV service in the Philippines; the development of training curriculum for community-led/based interventions for people practicing chemsex and conducting training of national trainers in Vietnam; and a situational analysis of drug use and injection in five provinces of Zimbabwe to inform HIV/TB programming for PWID. • Provided support to 36 Global Fund Grant Cycle 7 funding requests through the Technical Support Mechanism which helped prioritize interventions for and by Key Populations in country dialogues and plan harm reduction and other KP. programmes according to international standards. • Worked closely with community partners to ensure the continuity of HIV services and protection for key populations and people living with HIV affected by the conflict in Ukraine. Helped regional networks to: organize a regional consultation in Vilnius on a coordinated community-led response to the EECA challenges caused by the Russian war against Ukraine; developed a CLM platform to monitor barriers to HIV and TB treatment and other services for Ukrainian KP refugees; organized a mid- and long-term needs assessment of trans people in Ukraine

					in war/humanitarian setting; raised capacity on digital communication and networking for MSM activists and service providers in the war/humanitarian context (100 participants in total); and developed leaflets for LGBTI (and other KPs) seeking temporary protection outside the EU and in need of HIV services. • Identified specific priorities for and with communities of key populations for each of the result areas and regions in the UNAIDS 2024-2025 Workplan and Budget, approved by the June 2023 PCB, which reaffirmed UNAIDS Joint Programme planning for results should be informed by the latest evidence to close the gaps for countries to reach the global AIDS targets and reduce HIV-related inequalities across all Joint Programme's work. This also informed the Joint Programme's more granular activity planning including the UBRAF joint country envelope funding.
1.5	*Scale up advocacy for KPs and be a proactive and outspoken defender of the rights of KPs in all settings, strongly advocating for decriminalizatio n, gender identity and diversity, funding for prevention services, community-led responses and use of data to*	Accepted.	Partner with existing structures, such as the Global Partnership against Stigma and Discrimination, to address decriminalization and advancing the human rights of KP as priority issues. Note: Other aspects of advocacy suggested in recommendation 1.5 are already covered in responses to other recommendations.	All co-sponsors, as per the DoL.	UNFPA • Participated in a global consultation on feminist perspectives on trafficking versus sex work and in the regional dialogue on decriminalisation of sex work in Thailand. UNAIDS Secretariat • Provided support to the GNP+ led Global Partnership against Stigma and Discrimination to accelerate the removal of HIV-related human rights barriers and inequalities by eliminating the underlying stigmatizing and discriminatory practices, policies and laws across six settings: community, health, justice, education, workplace, and emergency/humanitarian. As of November 2023, 36 countries have formally joined the Global Partnership, committing to act on HIV-related stigma and discrimination across six settings in the next five years. • Civil society and community-led organizations - including women's rights organizations, networks

	drive programming. Work as equal partners with key population groups to devise and implement advocacy strategies.				of people living with HIV, young people-led, and key population-led organizations - are at the core of the governance structure of the Global Partnership. Their involvement and leadership in the Global Partnership co-convening space is facilitated by GNP+ who ensure that communities and civil society play an active role in decision-making processes. • Under the leadership of GNP+, the Global Partnership has strengthened the capacities of communities to effectively and meaningfully participate in multistakeholder mechanisms towards the planning and implementation of GFATM and PEPFAR country funding. As a result of this work, 19 countries have accelerated stigma and discrimination reduction in priority settings, 18 have advanced law reform and/or increased access to justice for key populations and 7 priority countries are developing targeted legal and political advocacy campaigns (#NotACriminal campaign) to further the decriminalisation agenda.

2	Recommendation: Strengthen support to community-led programming				
No	**Suggested actions**	**Management response**	**Actions planned** * denotes action subject to availability of funding	**Responsible**	**End of tracking period (December 2023)**
2.1	*Develop clear guidance, internal policies, and oversight mechanisms to ensure responsibilities for community-led programming across the Joint Programme, including at the regional and country levels, are understood and programming is aligned to the Global AIDS Strategy 2021-2026 and related targets.*	Accepted. Work towards developing guidance on community-led programming has been initiated.	1. Continue to ensure community-led programming at all geographical levels. Partner in advocacy efforts to include KP representatives in CCMs, always following the "do no harm" principles. 2. Ensure community-led programming is in UNFPA's HIV/STI/sexual health strategy. *3. Complete and roll out an in-reach training for KP programming. *4. Continue to partner on social contracting initiatives and use "social return on investment" tools to advocate for expansion and increase of community led responses. Advocate for inclusion of key populations programming in Global Fund grants, including social contracting. *5. Expand a small grants programme for community-led and grass root organizations working with PWUD and prisoners. 6. Develop technical guidance on supporting and scaling up community led responses.	1. All relevant Cosponsors and UNAIDS Secretariat, as per the DoL. 2. UNFPA *3. UNDP *4. UNDP, UNFPA *5. UNODC 6. UNAIDS Secretariat	UNFPA • Conducted advocacy for engaging KP networks in CCMs and funding requests for the Global Fund in multiple countries. • Included KP community partnerships and community-led programming as one of four “strategic engagements” within UNFPA’s draft HIV/STI & SH&W Strategy. • Supported the work of GPC KP WG in responding to priorities including statement prepared on stigmatising laws. • Supported the finalization of the in-reach toolkit. UNAIDS Secretariat • Developed “Guidance for Partnering with Youth Communities to Strengthen Sustainable Youth-Led HIV Responses”, a technical tool aimed at supporting the full implementation of youth-led responses as per the Global AIDS Strategy. • Developed guidance on the implementation of the definitions of community-led responses and community-led organizations adopted by the PCB in December 2022. • Conducted a regional consultation in ESA on "Sustainable Financing of the Community AIDS Response". Focused on advancing public financing, particularly "social contracting," crucial for institutionalizing community-led AIDS responses.
2.2	*Formulate guidance that better addresses the diversity of KP groups and the intersectional needs within*	Accepted.	*1. Further develop a global toolkit for adolescent and YKPs. 2. Partner on LGBTI+ and SOGIESC work in 72 countries worldwide, considering the needs of gay and bisexual men and transgender people. *3. Operationalize newly developed internal (i) SOGIE Concept Note, and (ii) LNOB Operational Plan. 4. Develop internal guidance for staff and publications	*1. UNDP, UNFPA, WHO, UNICEF and UNAIDS Secretariat 2. UNDP *3. UNFPA 4. UNODC	UNICEF, UNDP, UNFPA, and UNAIDS Secretariat • Updated and expanded the AYKP Toolkit, in close collaboration with the Network of Youth Champions (as per response 1.2 on knowledge management). UNFPA • Co-lead out-of-school comprehensive sexuality education, especially for Young Key Populations.

	and between these groups and support staff understanding on gender and sexuality.		addressing inequalities: (a) addressing GBV among women who use drugs; (b) technical brief on transgender people and HIV in prison settings, developed in collaboration with CSOs of transgender people including those formerly incarcerated.		• Supported the regional Youth LEAD CSO in the Asia-Pacific region to update their comprehensive sexuality education training resources. • Developed a Young KP implementation toolkit in the EECA region. • UNFPA's People Strategy includes a strong focus on diversity, equity and inclusion (DEI) and LNOB. • Conducted a second EDGE Plus workplace diversity survey. • Included a focus on LGBTIQ mental health in mental health month. • Continued as a core contributor to development of the UN LGBTIQ Strategy UNODC • Supported the development of a briefing paper on "Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs". • Supported the development of a Technical Brief. Transgender People and HIV in Prisons and other Closed Settings
2.3	*Broaden engagement with, and scale up technical support, for community-led implementors to strengthen capacity to deliver services, and for community-led research, monitoring and data generation/use in national systems.*	Partially accepted. The first part of the recommendation is accepted, and the principle of the full recommendation is accepted. At the same time, the full scope of the recommendation will not be implementable within 12 months as a direct follow up action to this evaluation considering the large gaps in	*1. Continue to provide technical support to community-led implementers to strengthen capacity for service delivery. 2. Continue to support Stigma Index 2.0 3. Continue to support CSOs for improved data collection and monitoring of HIV services for PWUD and in prison settings. Technical support would be provided through a small grants programme (2.1.5) (UNODC: This activity is the joint data collection for the World Drug Report) 4. Continue to provide support to youth-led networks, focusing on Young Key Population-Led and YPLHIV-led networks for the implementation of the #UPROOT scorecard	*1. Cosponsors according to the DoL 2. UNAIDS Secretariat 3. UNODC	UNFPA • Continued to provide support to KP CSOs through multiple country offices. UNODC • Implemented a small grants' initiative with 15 funded projects in total/ 5 projects per each area of HAS work. UNAIDS Secretariat • Supported PLHIV Stigma Index implementation in 17 countries: Angola, Benin, Burkina Faso, Cote d'Ivoire, Ghana, Iran, Kazakhstan, Kyrgyzstan, Kenya, Lesotho, Nigeria, Tajikistan, Togo, Ukraine, Vietnam, Zanzibar, Zimbabwe. In eight countries, PLHIV led on advocacy campaigns and/or negotiations with governmental stakeholders using the Stigma Index results as basis for their key messages and recommendations.

		capacity in many countries.			• Supported 6 youth networks, including those led by key populations, to implement the #UPROOT scorecard or conduct follow-up advocacy from 2022 roll-out, leading to youth-generated data that was used to influence Global Fund proposals, with Indonesia using the scorecard results for inputs into the key populations prevention module focusing on the needs of young key populations.
2.4	*Increase accountability to KPs through monitoring community engagement and influence in national strategic planning and Global Fund funding request prioritization processes, from funding request through to grant making, to ensure limited HIV resources, target high impact KP programming and planned allocations are translated into budgets.*	Accepted.	**1.** Advocate for greater inclusion of KP programming and resource allocations in Global Fund grants (acknowledging limitations and variations of influence due to the CCMs' independent grant making prioritization processes, and the fact that decisions are often driven by national government leads). **2.** Work with the Global Fund Community Rights and Gender Team, and other teams to sensitize CCMs on KP work and to advocate for inclusion of KP networks in CCMs and as further Sub-Recipients. If necessary, representation could be ensured through virtual tools that protect KP representatives, while allowing meaningful participation in discussions and voting.	Joint Programme according to the DoL, in partnership with the Global Fund, civil society and supportive governments.	UNAIDS Secretariat • Supported GATE to implement initiative that helped trans activists in 4 countries (Kenya, Tanzania, Uganda, and Zambia) strengthen community engagement of trans communities in NFM4. Supported the development of a work plan for each country, including country dialogues, funding request development, and grant making activities relevant to each country within NFM4. • Reviewed and provide inputs on community-led responses, key populations and human rights to 18 draft funding requests to the GF GC7 Windows 1 - 3: Cambodia, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Namibia, Nigeria, Pakistan, Rwanda, Senegal, Somalia, Uganda, Zambia, and Zimbabwe. • Provided support in Namibia and Zimbabwe to strengthen organizational capacity and sustainability of community-led monitoring and completed community-led monitoring data collection with engagement of communities representing Key Populations, young people and men and women. In Zimbabwe a National Steering Committee for community-led monitoring was established co-chaired by NAC and a key population representative. • Provided support to youth-led networks to engage in GC7, particularly those led by YPLHIV and YKPs, as per 2.3

3	Recommendation: Intensify support to ensure financial and programmatic sustainability of key population responses				
No	**Suggested actions**	**Management response**	**Actions planned** * denotes action subject to availability of funding	**Responsible**	**End of tracking period (December 2023)**
3.1	*Increase involvement and dialogue with universal health coverage (UHC) stakeholders, platforms, and forums. Support consultations with KP groups and the meaningful engagement of different KP groups and networks in such forums.*	Accepted.	*1. Support activities that foster UHC for KP. *2. Guide joint teams in-country to organize country bringing together decision makers, law enforcement agencies/ representatives, and community leaders for a better integrated HIV response for PWUD and for people upon release from prison. *3. Advocate to increase social protection for KPs and promote sustainable responses to HIV and co-infections, including through furthering UHC.	*1. WHO and UNAIDS Secretariat, with ILO and WFP and other relevant cosponsors *2. UNODC *3. UNDP and ILO	UNDP, ILO • Piloted and launched a checklist on social protection in four African countries and included in the resource materials for the Programme Coordinating Board. UNFPA • Provided support to sex worker and other KP CSOs during the COVID–19 pandemic to increase their inclusion within social protection responses. Provided support for sex worker-led mutual support and cash/voucher assistance where social protection systems were inadequate. UNODC • Organized law enforcement and CSO global informal consultations. • Provided technical support to CSOs to deliver sensitization trainings to law enforcement representatives. • Organized high-level advocacy events focused on prison health, including for women in prison settings, targeting policy makers and prison administration.

3.2	*Strengthen guidance to, and support for, ways in which universal coverage mechanisms and social contracting models can address access to community-led services tailored to different KP groups in a range of different settings.*	Accepted.	*1. Lead and partner in responses that promote community-led provision of services, including social contracting, public private partnerships, trilateral cooperation, etc. 2. Continue partnering in "social contracting" and social return on investment initiatives at the global level and in Eastern Europe and Central Asia and Latin America and the Caribbean. 3. Advocate for greater engagement in the GPC KP CoP to support and coordinate community-led responses work. 4. Support 24 high priority countries for drug use and HIV and 30 high priority countries for prisons.	*1. Cosponsors according to DoL, with Global Fund and KP organizations 2. UNDP 3. UNFPA and UNAIDS Secretariat 4. UNODC	UNDP • Supported Algeria, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Tajikistan, Tunisia and Ukraine to develop social contracting guidelines and analysed the social contracting system in Panama. *Red flag in implementation (UNODC)* Continued focus on 24 HPC for Drug use and 30 for Prisons, however the recent funding cut had impacted a major part of the total funding for the HIV/AIDS programme. This will significantly impact the continuity of the operations, including retaining the staff in some high-priority countries.
3.3	*Increase technical support directed to assisting countries to plan for sustainable financing that addresses reliance on external funding for KP services.*	Accepted.	See actions 3.2 above.		

3.4	*Embed and sustain effective systems and services developed and implemented during the COVID-19 epidemic and explore opportunities to improve the sustainability of programmes.*	Accepted, noting the scope of the recommendation goes far beyond the UN's role, which will be more in terms of providing technical support to embedding and sustaining systems and services rather than embedding and sustaining systems, which is the countries' responsibility.	1. Update the 2014 guidance on responding to HIV-related human rights crises in terms of responding to future, post-covid humanitarian and public health emergencies. 2. Build on support to country healthcare systems on COVID-19 in 131 countries and KPs. Regional support to vaccination of KPs in Southeast Asia (e.g., India), rights-related work on COVID-19 and KPs in LAC. Disseminate these good practices in other countries and regions. 3. Update the HIV and human rights related crises response document, 'Social protection and COVID-19'. 4. Integrate vaccination in harm reduction and capacity building. Deliver regional workshop to disseminate technical guidance developed on harm reduction services during pandemic restrictions and how these services can support vaccination campaigns. *5. Roll-out guidance on addressing the health and protection needs of people selling sex in humanitarian settings	1. UNDP/OHCHR/ UNFPA/UNAIDS Secretariat 2. UNDP 3. UNDP with ILO 4. UNODC *5. UNFPA and UNHCR	UNDP, UNAIDS Secretariat • Updated the guidance document, which is to be published following final clearance, editing and formatting. UNFPA • Conducted a training on responding to sex worker needs in humanitarian settings in Turkey. • Mainstreamed the use of the guide in delivery of MISPs within the organization. UNODC • Conducted a series of virtual trainings in partnership with the Harm Reduction International in South Asia and Southeast Asia on the theme “Tailoring Vaccination Campaigns and COVID-19 Services for People Who Use Drugs”, based on UNODC technical guide (https://www.unodc.org/documents/hiv-aids/2022/22-10822_eBook_2.pdf).

4	**Recommendation: Accelerate data generation for key population programming including through the JPMS**				
No	**Suggested actions**	**Management response**	**Actions planned** * denotes action subject to availability of funding	**Responsible**	**End of tracking period (December 2023)**
4.1	*Urgently expand programme data by identifying and filling KP data gaps, including size estimates for people who inject drugs, transgender people, diverse groups of YKPs, and prisoners, all differentiated by gender and age*.	Accepted. GAM currently collects prevention and treatment services offered to people in closed settings, although survey access to prisoners/ detainees is difficult. UNAIDS and other partners/ stakeholders have recently summarized the availability of size estimates, HIV prevalence and ART coverage among all KPs. UCOs play a critical role in convening implementers and communities as well as promoting and otherwise supporting implementation and reporting of different data collection efforts. UNODC collects data on PWID, HIV, HCV through its mandated data	1. Publish client-centred guidelines, focused on collecting individual data from all people in all services, where viable, with recommended disaggregation, (whilst ensuring client confidentiality and an integrated MIS that avoids multiple, separate data collection systems on the same individuals). 2. Focus on providing technical support to fill data gaps: (i) working with the Estimates and Modelling Reference Group to better incorporate KP data in Spectrum-based models; (ii) considering new approaches to access existing but unshared/non-public data sources, while examining innovative approaches to use existing data to extrapolate or estimate possible values for areas without survey or programme data for direct estimates. 3. Continue piloting "BBS-lite", a new surveillance method, which will address PWID, TG, MSM and SW of all ages and SO-GI. The size, speed and cost of this approach can allow annual data collection efforts to provide closer monitoring and evaluation of programmes and community needs. 4. Publish size estimates of AYKP in 2022 to aid country offices to increase exposure and enhance programme planning and service delivery targets. 5. Provide technical support and guidance, along with other international stakeholders, in country level initiatives for size estimation of PWID, implementation of IBBS, and assessments in the prisons.	1. WHO 2. UNAIDS Secretariat 3. WHO and UNAIDS Secretariat 4. UNICEF and UNAIDS Secretariat 5. UNODC	UNAIDS Secretariat • Incorporated KP data collection as part of the estimates workshops in collaboration with the Department of Infectious Disease Epidemiology of the Imperial College (London). • Contacted country representatives requesting unshared/non-public sources. • Promoted, piloting, and disseminating results of the IBBS-lite conducted. • Developed AYKP size estimates in collaboration with UNICEF published in the Key Population Atlas.

		collection of the Annual Reports Questionnaire (ARQ). This also includes data on responses for prevention of HIV and other infections among PWID and in prison settings. UNODC also publishes the joint estimates on PWID, HIV, HCV among PWID for the Annual World drug Report.			
4.2	*Overhaul the JPMS monitoring system for KP programming and strengthen assurance of data quality and reporting.* *Implement a system for tagging KP investments across funding streams.*	Partially accepted. UBRAF 2022-2026 indicators approved at 50th PCB (June 2022) - efforts to reflect and measure key aspects of the Joint Programme work related to key populations. Challenges noted for 4.2 apply, but possibilities to explore measurement (which may be limited, particularly without extra	1. Convene a meeting of a task team during which the current questions relative to key populations will be reviewed and specific changes proposed if improvements are possible for clear added value without increasing reporting burden and with avoiding any duplications with GAM, NCPI and other data collection.	1. UNAIDS Secretariat	Since end 2022, the adaptation of the JPMS has been focused on aligning it with the 2022-2026 UBRAF and its related set of performance indicators endorsed by the PCB. The internal UBRAF indicator guidelines which were developed, finalized and agreed upon by all Cosponsors and the Secretariat provide clear guidance for quality data collection, the related methodology and definition of inclusion of KP related ones. As much as possible, efforts were also made to strengthen synergies with the GAM, NCPI and other data collection to ensure consistency as well as reduce reporting burden at all levels. UNAIDS Performance Monitoring report - see Results Portal (unaids.org) - includes multiple references to UNAIDS work for and with KP communities across results areas, regions and by Cosponsors and the Secretariat. During planning, a 'civil society marker' is meant to serve as a resource tracking mechanism to measure

		resources) will be considered.			the extent to which and how UNAIDS engages with civil society. For the 2024-2025 planning cycle, it has been sharpened to focus more specifically on 'community led response marker'. A specific overhaul of the JPMS for KP programming is not feasible as it involves many other aspects, does not allow for more granular tracking, which would require additional staff and funding. Given UNAIDS overall funding situation, the benefits of the additional data collection and analysis are small while the implications in terms of opportunity costs are high with precious staff time taken away from other programmatic work for KP.
4.3	*Promote the use and adaptation of the reconstructed (evaluation) theory of change as a model to operationalize and monitor the implementation and results of KP programming by country teams, KP groups and other partners.*	Accepted.	Build on the Evaluation Theory of Change, and its links to the Global AIDS Structure as well as with reference to the UBRAF, in planning and monitoring processes as far as possible.	Joint Programme according to the DoL	The work of the Joint Programme has been informed and guided by the UBRAF Theory of Change which was reaffirmed as part of UNAIDS Workplan and Budget 2024-2025 approved by the PCB in June 2023. The subsequent Joint Programme and Secretariat internal work planning guidance includes specific references to the Theories of Change in the 2022-2026 Unified Budget, Results and Accountability Framework (page 16-18 and 55-58) as well as the Theory of Change in UN Sustainable Development Cooperation Frameworks (UNSDCFs) at country level. The guidance recommends using the theories of change for results-based planning stating that 'the changes the Joint Plans aim to bring to advance evidence-informed national AIDS priorities, through a set of strategic and coherent activities, should be explicitly linked to the broader transformational and more sustainable changes expected in the national AIDS response the Joint Team will contribute to (e.g., specific policy or social norms change, scale up of evidence-informed impactful interventions, leveraging of resources…)'.

5	Recommendation: Enhance the operational effectiveness of the work of the Joint Programme for and with Key Populations				
No	**Suggested actions**	**Management response**	**Actions planned** * denotes action subject to availability of funding	**Responsible**	**End of tracking period (December 2023)**
5.1	*Lengthen the UBRAF planning and disbursement cycle from one year to two years, with the intention of enabling more strategic planning and programming of funding.*	Partially accepted. The UBRAF planning cycle is already two years, but disbursements of core funds are annual, based on the level of core funds mobilized by UNAIDS Secretariat. Planning is a Joint Programme planning exercise.	Two-year disbursement is desired but depends on funding availability.	UNAIDS Secretariat	The 2022-2026 timeframe for the UBRAF was aligned with the Global AIDS Strategy and approved by the PCB. The Workplan and Budget is two years in line with the WHO planning cycle. While the Joint Programme acknowledges the need for a longer planning timeframe to enable more strategic planning and programming for funding and meaningful engagement with other stakeholders, given financial constraints, it decided to continue with two-year planning with annual disbursement. Since the Joint UN Programme on HIV/AIDS is 100% voluntary funded, while strategic planning is done for two years, a two-year disbursement would only be possible if there is sufficient UBRAF funding secured at the time of disbursement, with more funding predictability including multi-year donor agreements. In addition, while disbursements for two years would allow for continuity of activities by the Joint UN Team on AIDS, this would also limit flexibility of the funding to adapt and accommodate to new needs and priorities (e.g., conflicts and crises, rising/declining HIV epidemics, emerging pandemics, etc.).
5.2	*Track the use and uptake of guidance produced by the Joint Programme for KP programming to ensure relevance and added value of Joint Programme*	Partially accepted. The principle of tracking use of guidance is accepted but should not lead to an additional stream of reporting. The use of existing tools such as NCPI and JPMS can be explored, but there	1. Annual NCPI reporting tracks which elements of guidance have been included in national policies and strategies. 2. GPC scorecards will synthesize on an annual basis the information on whether national prevention packages include key elements included in the guidance. 3. Explore opportunities and modalities to use virtual tools to track use and uptake.	1. UNAIDS Secretariat 2. UNFPA and UNAIDS Secretariat 3. Cosponsors according to DoL	

	products and outputs.	is currently limited capacity to undertake tracking at scale.			
5.3	*Enhance and increase the monitoring and learning function of the Joint Programme including through:* *- Increasing evidence for Joint Programme results on work with different KP groups, and how these have catalysed change.* *- Supporting partners such as the Global Fund with more in-depth joint learning.*	Partially accepted. See 4.2 and 4.3.	1. Organize a global webinar and invite regional and country teams working on key populations and communicate the messages and priority recommendations/ suggested actions of the Evaluation and Management Response. 2. Convene four additional GPC KP Community of Practice sessions on key populations involving country government partners, Global Fund staff and key population communities	UNAIDS Joint Programme, Global Fund, and other partners	