

MANAGEMENT RESPONSE AND TRACKING	
Evaluation title	Health Situation Room Evaluation
Office/Region	UNAIDS HQ / RST-ESA
Year of the report	2020 (published Jan 2021)
Overall response to the evaluation	<p>Please include here Senior Management impression on the process and outcomes of the evaluation, adequacy of evidence and concurrence with findings. Were there limitations in the process and/outcomes? Are there any additional insights not articulated in the recommendations?</p> <p>The evaluation has been conducted under extremely difficult circumstances, during the time of the COVID-19 epidemic, which has made its implementation challenging. However, the evaluation team has done well in adjusting its work to online consultations and surveying the country staff to gather the necessary information. We find the process and outcomes valid, evidence adequate, and the findings concurrent. COVID-19 situation caused a limitation which is that the evaluation team was unable to meet with the country teams in person, and may have missed some of the more nuanced information on the country use cases, eventually making some of the findings and recommendations of country case studies more generic. UNAIDS will dedicate time to consult on the details of the action planning with the countries, and adjust them to match the needs and context of each country.</p>
Planned use of evaluation	<p>Please include here what's the process to facilitate the intended use, focusing on how evaluation findings will affect the programme and contribute to evidence-based decision making</p> <p>The evaluation will be informing action in several ways; 1) reviewing SID, regional and country SI-adviser priorities on use of programme data, as part of the realignment/reprofiling; 2) revising and adjusting the project plan for the Health Situation Room initiative; 3) consulting with and reviewing the actions of each country team implementing the health situation rooms.</p>

Recommendations and responses						Tracking	
No	Recommendation	Management response	Actions planned	Responsible	Timeframe	Mid year (June 2021)	End of year (December 2021)
		<p>Please indicated if:</p> <ul style="list-style-type: none"> - Accepted - Partially accepted (please report reasons) - Not accepted (please report reasons) 	<p>Please indicate the concrete actions planned by UNAIDS and partners to implement the recommendations</p>	<p>Please be specific and indicate who (Staff or Unit/office) in UNAIDS is responsible for the actions. If it is a joint response it should list who these are specifically</p>	<p>Please be specific and indicate a completion date (the overall timeframe is usually one year)</p>	<p>Please indicate status of implementation and actions taken. If an action is no longer relevant due to a changed context, please provide a justification and indicate if it should be cancelled or reformulated.</p>	<p>Please indicate status of implementation and actions taken</p>
<p>Link the HSR to UNAIDS strategic role with a new theory of change</p>							
1	Redefine the scope of the Health Situation Room within the new UNAIDS Global Strategy	Accepted	Programme (PGR)/Strategic Information Department (SID) and MER/Information Communication Technology (ICT) senior managers to redefine a HSR project plan, with clear Theory of Change, and plan actions to address the other evaluation recommendations, in line with the Global AIDS strategy.	PRG/SID and MER/ICT senior managers; project coordinator	Start in February; complete the revision to match the UNAIDS strategy (May).	In progress, the next HSR steering group meeting is scheduled for the 2nd week of June after the HLM meeting. Nomination for new steering group members is currently underway since most of the existing members have either moved or retired from service.	This has been completed, the HSR project document has been developed and it aligned to the the evaluation recommendations " linking it to the Global AIDS Strategy and inclusive of Theory of change that will help guide monitoring of project implementation. However the selection of steering committee has been outstanding and needs to take priority going forward
2	Decide on the resources and partnerships necessary to deliver expected results	Accepted	Health Situation Room remains a priority as per the new UNAIDS strategy (country data analytics capacity building); UNAIDS realignment by August 2021 will detail the human resources allocated for the long term, and the resourcing will be divided between PRG/SID, MER/ICT and RST/ESA. Additional resources will be planned with resource mobilization and partnerships department by August 2021.	PRG and MER senior managers; RST/ESA senior manager	Aug-21	N/A	UNAIDS has relocated a capacity and dissemination team to Nairobi, where 1 position (P3) is aimed at supporting country systems and analysis. This function will support situation room type activities across the regions, and will be aligned in working closely with the regional and country SI advisers.
3	Recreate a theory of change that links the Health Situation Room with the UNAIDS strategic information role	Accepted	SID to draft the TOC, consult with ITC Department and countries, and bring to discussion at the HSR steering group.	PRG/SID	May-21	In progress, this will be incorporated in the new project document that will cover the HSR vision for the duration of the new Global AIDS Strategy 2021- 2026	This has been completed, the revised HSR project document has theory of change(TOC) that clearly outlines describes how data analytics and visualization platforms can be used to influence the data use agenda at regional and country level.

Recommendations and responses				TRACKING			
No.	Recommendation	Management response	Actions planned	Responsible	Timeframe	Mid year (2021)	End of year (2021)
<i>Define the Health Situation Room programme design elements</i>							
1	Separate the strategic goal (increasing data analytics capacity) from implementation (providing a data analytics platform).	Accepted	Building on the TOC, and in consultation with countries, prepare different country strategies (based on HIS status and capacity), and different SI and ITC support plans. Two approaches applied based on the needs: with the HSR platform support, without platform (focus on analytics capacity only).	RST project coordinator identify capacity needs and advise the plan (inform SID and ICT for planning).	Mar-21	Partly completed, consultations have already been done with 6 out of 9 countries (Mozambique, Kenya, Zambia, Uganda, Tanzania, Zimbabwe) and specific country strategies were discussed and agreed on with the country HSR main stakeholders (NAC, MOH) and countries are yet to share the country plans.	Completed, 8 out of 9 countries were consulted and specific country strategies were discussed based on the evaluation recommendations with the country HSR main stakeholders (NAC, MOH). 4 out of the 8 countries (Kenya, Mozambique, Malawi and Uganda) shared their plans. Zimbabwe opting to pursue an alternative Electronic Health Reporting(EHR) system that was being developed in the country and wanted to incorporate the HSR indicators in the EHR.
2	Align the programme in each country with the unique national digital health ecosystem.	Accepted	Country office SI-adviser [implementing HSR] to consult country counterparts, support development of the country plan, and liaise with RST/ESA project coordinator, and SID/ICT. Align country support plans accordingly.	RST/ESA project coordinator, in liaison UCOs, and with PRG/SID and MER/ICT	May-21	In progress, the UCOs SI advisers plays a key role in organizing and providing technical support to the country counterparts. Even though they are not directly responsible for the development of the plan but they partake in the process and also avail TA and resources where needed. They have also played a role in facilitating communication between RST and HQ to provide the necessary support to the countries.	This has been completed as most of the SIA advisers have continued to provide support to development of country HSR workplans and also support the implementation of the same (particularly Malawi, Kenya, Mozambique). As UNAIDS is realigning its country presence, some of the SI positions are transitioned to national officers, who will be coached to continue aligning the work with the national health ecosystems.
3	Expand and strengthen the skill areas needed at global, regional and national levels.	Accepted	As part of the UNAIDS realignment, revise and adjust as needed SI- and IT-profiles, and prepare a capacity building plan on ICT4D including recruitments/consultants where needed and in line with the revised scope of the HSR. The actual staffing will depend on the number of Health Situation Rooms, capacity of the host government partners, and availability of local partners. UNAIDS to collaborate with WHO and UNICEF, and build close linkages to strengthening the use of programme data and analytics from HIS, such as DHIS2.	RST/ESA project coordinator, in liaison UCOs, and with PRG/SID and MER/ICT	Dec-21	UNAIDS Alignment process is ongoing and the plan is to incorporate the Evaluation recommendation as is.	UNAIDS organigramme is complete, and the positions for the new country SI advisers will be filled by September 2022. The newly established Capacity and Dissemination team based in Nairobi will support the planning, onboarding and follow-up in the capacity strengthening at all level
4	Build demand, usage, collaboration and transparency.	Accepted	Country SI active engagement with national and civil society partners. UNAIDS will facilitate/host a stakeholder workshop in countries that are on hold (where the situation is unclear) in order to: - Review lessons from UNAIDS HSR experience; - Confirm commitment to a central data analytics platform; - Identify/confirm leadership/governance structure of the HSR; - Identify/confirm objectives, metrics of success, priorities for the HSR; and - Outline roadmap/strategy to define the future state of the HSR. These discussions must include key country stakeholders (including other donors) and be framed by existing national digital strategies (if they exist) as well as WHO's health strategy; and result into a revised country action plan.	HSR team, country offices	Aug-21	The plan is to first reactivate the demand for usage of HSR outputs. The team updated country specific dashboards using the ADR and Naomi data. These outputs will serve as a tool to advocate the use of the Situation room and create demand for further dash boards. The next step is to facilitate the stakeholder workshops especially with the countries that had the situation on hold e.g. Mozambique, Tanzania etc	Continuous progress, dashboards were developed for all 8 countries using the ADR and Naomi datasets. Additional dashboards were developed for the countries depending on the available data on DHIS 2 and program needs to showcase the capability of the HSR. We also worked in collaboration with the SIAs in the UCOs to advocate for the use of the HSR data outputs. The stakeholder workshops has been mainly with the MOH and NAC and have been so far conducted in Kenya, Malawi,Uganda, Zimbabwe. With Mozambique(due to language barrier) discussions were held with the SIA who reported back to the M&E TWG and other stakeholders.
5	Design collaborations and partnerships for ownership and sustainability.	Accepted	SID and RSTs to build alliances at Health Data Collaborative (HDC), UNICEF and WHO, and regional bodies. For new Health Situation Rooms, UNAIDS will support the selection of a data analytics platform in alignment with host government investments. <i>The Health Situation Room design and configuration approach should use Agile development, use Principles for Digital Development and other best ICT4D practices for data governance and user metrics.</i> UNAIDS will support the effectiveness of data analytics by building local capacity in data analytics/data science to create context appropriate dashboards. <i>Countries also will need to be able to create outreach strategies to promote awareness and usage of the Health Situation Room and systems for monitoring, tracking and improving (across usage, capacity, outreach, and impact).</i> UNAIDS can facilitate the support for local skills (to create awareness and usage of HSR and systems for monitoring) to be built within government ministries.	SID, RSTs, Relevant country offices	Dec-21	In progress, for example in Mozambique and Zimbabwe there are internal in country discussions to use alternative data visualization platforms (Power BI for Mozambique) that would be applicable to their context such that UNAIDS will only provide the capacity in data analytics.	Continous progress, a memorandum of understanding was developed between UNAIDS and UNICEF to support the implementation of HSR and strengthen the use of data visualizations in the region. Other countries due to concerns with sustainability are thinking of other alternative platforms eg Zimbabwe opted the testing a newplatform Electronic health Management Report. Whilst Mozambique ended up selecting the HSR than Power Bi. Other countries continue their digital health ecosystem development, and UNAIDS SI advisers keep on supporting this process of ensuring cohesive data use within HSR and other tools.

6	Create a standard set of metrics to measure the performance of the programme that can also be adopted by host governments to improve their capacity to monitor and improve their data systems.	Accepted	For each country, the SID/RST/UCO to jointly set specific HSR targets (until end 2022) and operational metrics (standard set of metrics used to monitor usage, data quality, capacity, outreach, and impact, including gender and equity elements) using the TOC. These metrics should be used in partnership with the host governments to improve their own ability to monitor and improve their data systems	SID, RSTs, Relevant country offices	Sep-21	Not started yet, however once all updated country plans/concept note are in place and key activities have been identified based on the TOC. The Metrics will be discussed and agreed on by the SID, UCOs collaboration with the RSTs	A standard set of metrics were developed and included in the HSR project document. This was done so that countries may adapt those metrics applicable to their context. The country adoption and adaptation of the measurement metrics continues.
7	Define UNAIDS' role as facilitator and convenor for strengthening health data analytics capacity, and allocate organizational resources accordingly.	Accepted	In the Toc and project plan, UNAIDS defines the roles of support for different country cases. This includes a criteria for Option 1 (no platform) or Option 2 (provide platform). For Option 1, a more detailed actions are described in the project plan.	(could do this with HDC, as that allows to bring in other health areas)	Sep-21	Ongoing, countries are set to submit their completed action plans by end of June 2021	This was completed and incorporated in the HSR project document with roles and responsibilities clearly defined for UNAIDS/ ICT/RST and Country counterparts. Furthermore activities for each option outlined in the project document that serves as a guide to the countries when developing their own plans. The realignment has highlighted the need to invest in country capacity, and establishing the Nairobi office, and dedicating a P3 position for supporting such work.
8	Define criteria for when UNAIDS should assume the role as provider of a data analytics platform.	Accepted	When using option 2 (with the platform); UNAIDS ICT / SID, RST/ESA and UCOs coordinate the preparation of country action plan, and a 'Step-by-Step' roadmap for country transition overtime (for full country ownership and sustainability).		Dec-21	Not yet started, however to be incorporated into the updated HSR project plan.	This has been completed and was incorporated into the project plan. This has been completed and was incorporated into the project plan as a decision tree.