

UNAIDS

An Evaluation of the contribution of the UNAIDS Joint Programme to strengthening HIV and Primary Health Care outcomes

Briefing



INTRODUCTION

Purpose and scope

The evaluation was primarily designed for learning and planning purposes. The main objective was to conduct a forward-looking process evaluation that identified opportunities for the UNAIDS Joint Programme to strengthen HIV and primary healthcare (PHC) integration and linkages, at the same time as assessing, as far as possible, what the Joint Programme has achieved.

The evaluation covered the period January 2020 to August 2023. The geographical scope included global, regional and country level (the latter primarily through four case study countries). The technical scope considered the PHC approach across three main components: primary care and essential public health functions as a core of integrated health services; multisectoral policy and action; and empowered people and communities.

Approach and methodology

A theory of change developed during the inception phase provided the overarching analytical framework and informed the evaluation protocol. Thirteen evaluation questions were developed around the ToC focusing on assessing relevance, coherence, effectiveness, and sustainability as well as considerations to equity, gender and human rights in relation to the Joint Programmes' work on HIV and PHC integration and linkages.

The evaluation used a mixed method approach combining qualitative and quantitative methods for data collection, review, triangulation, and analysis. Data collection method included a document and data review, four country case studies (Angola, Botswana, Indonesia and Pakistan), key informant interviews and group discussions at global, regional, and country level as well as an online survey targeting country and regional level stakeholders.

KEY MESSAGES

Joint Programme has the potential to add value to the integration agenda, but has not worked optimally to leverage HIV and PHC integration and linkages due to limited leadership coupled with a lack of conceptual clarity, joint strategic frameworks, tracking and accountability mechanisms, and compounded by resource constraints.

There is consensus that the Joint Programme has the potential to add value to the HIV and PHC integration agenda through its areas of comparative advantage, including leveraging the respective expertise of different UN agencies, convening multiple sectors and partners, generating strategic information, highlighting human rights, gender and equity perspectives, and championing community leadership and voice. However, the evaluation findings show that the Joint Programme has not worked optimally to leverage HIV and PHC integration and linkages, both to improve HIV outcomes and wider health outcomes. This is for a number of interrelated reasons including: lack of leadership and unclear roles; lack of mutual agreement on objectives and definitions; absence of a joint framework, workplan and accountability mechanism; and capacity and resource constraints.

There has been limited intentional or collective Joint Programme action to promote HIV and PHC integration and linkages. Existing Joint Programme guidance largely focuses on integration of specific health services with limited guidance on HIV and PHC integration and linkages with respect to health systems.

There is little evidence of a coordinated Joint Programme or Joint Team approach to HIV and PHC integration efforts supported by UBRAF funding or planning. The Joint Programme has had a longstanding focus on multisectoral policy and action and empowering people and communities in HIV responses, but action on integration of HIV within primary care has mostly been driven by individual Cosponsors, based on their specific mandates and using their own funding. The evaluation identified a range of political, policy, institutional, financing, health system, legal and other enablers and barriers to HIV and PHC integration and linkages, but little evidence of Joint Programme action to systematically identify or address such enablers and barriers. Many examples of integration efforts promoted in Joint Programme global guidance documents involve 'clustering' where one or two services or programmes are added to HIV service delivery or vice-versa. Furthermore, there is a lack of knowledge and consensus on what works, for whom, and in what contexts and the evaluation found few examples of Joint Programme support to countries to assess the implications of service integration or to operationalize integration in a way that meets the needs of populations and is appropriate to the country epidemiological and health system context.

There is limited documented evidence that the HIV response has strengthened wider health systems. Many lessons from the HIV response, including adaptations in response to COVID-19, have potential applicability to a successful PHC approach, but these have not been systematically promoted or adopted for the achievement of broader health outcomes.

The extent to which HIV investments, infrastructure, capacity, and systems established for the HIV response—for example, community and other health workers, laboratories, supply systems, and infrastructure—have strengthened wider health systems is unclear. Although there is a widely held perception that the HIV response has strengthened national health systems, there is limited robust and well-documented evidence to support this thinking. However, there are documented examples of this related to COVID-19. The actions of the Joint Programme and individual Cosponsors in supporting the COVID-19 response demonstrate how HIV platforms and lessons can be leveraged for other disease programmes and in response to a public health emergency.

The evaluation identified areas where lessons from the HIV response could be adapted and applied more widely to benefit other health areas and further the PHC approach. These included: differentiated service delivery; person-centred strategic information; use of digital technology and virtual approaches; multisectoral action; community-based and community-led interventions; strategies for reaching marginalised and vulnerable populations; and activism and accountability.

The Joint Programme has had a strong focus on the financial sustainability of the HIV response, including promoting HIV services in health benefit packages for UHC and supporting countries to establish frameworks for social contracting.

Successive global AIDS strategies have recognised that the current financing agenda is not about HIV alone but situated within the context of UHC. However, there is a lack of clarity about what this means in practice apart from HIV services being included in health benefit packages.

The extent to which HIV services are included in country health benefits packages is highly variable and, in some cases this has yet to happen because HIV programmes continue to be well funded by external donors. While many countries report that ART services, for both treatment and prevention, are financed as part of overall health systems, other HIV services—especially HIV prevention—are not consistently included in health benefits packages in countries scaling or introducing UHC. The Joint Programme could do more to advocate for this. The Joint Programme has been active in supporting countries to establish frameworks for social contracting to enable governments to fund civil society organizations to deliver HIV services, but such approaches need to be stepped up to ensure the sustainability of services for key populations, in particular HIV prevention services.

The Joint Programme has a critical role to play in promoting and protecting the delivery of HIV services for key populations and ensuring that human rights, gender and equity issues are addressed within PHC oriented health systems.

Integration of HIV services within primary care facilities has the potential to increase the availability and accessibility of these services, in addition to improving person-centred care, addressing multiple health needs and improving HIV outcomes. However, key populations are at risk of being left behind. The evaluation highlighted significant concerns about the potential adverse effects of integrating HIV services into primary care facilities and identified a need for a context-specific approach to integration and linkages, including sustaining specialised service delivery and community-led services for key populations in parallel with primary care setting integration efforts.

The Joint Programme has a strong track record in supporting key populations, in highlighting equity, gender and human rights issues that influence HIV vulnerability and access to services, and in supporting efforts to monitor and address stigma and discrimination in health care settings. The evaluation found that the Joint Programme also has a critical role to play in promoting and protecting the delivery of HIV services for key populations in the context of HIV and PHC integration and convergence efforts. Yet, there were few examples of proactive efforts to date by the Joint Programme to ensure that the needs of key populations and equity, gender, and human rights issues are addressed in the context of integrating HIV within primary care settings.

RECOMMENDATIONS

RECOMMENDATION 1

As an urgent priority, ensure conceptual clarity, shared understanding, and consistent application of relevant established definitions (PHC, primary care, integration, and convergence), and develop a shared vision on HIV and PHC integration and convergence.

Action: UNAIDS Secretariat and Cosponsors—Global level, by end June 2024.

The Joint Programme (Secretariat and relevant Cosponsors) should first ensure that they have a common understanding of established definitions of PHC, primary care, integration and linkages, and convergence. These definitions should be clearly aligned in key guidance documents and strategies developed by the Secretariat and Cosponsors going forward.

The Joint Programme should further articulate its vision and overall objectives in relation to HIV and PHC integration and linkages and sustainability in the context of the current Global AIDS Strategy and UBRAF—both for HIV outcomes and wider health outcomes. This should reflect the theory of change and underlying assumptions developed for this evaluation.

RECOMMENDATION 2

As an urgent priority, revisit the Division of Labour (DoL) in relation to the three pillars of the PHC approach and ensure buy-in of leadership.

Action: *Action: UNAIDS Secretariat to lead ensuring involvement of all Cosponsors—Global level, by end June 2024.*

A precondition for successful work on the HIV and PHC integration agenda will be to ensure buy-in from the UNAIDS Secretariat and Cosponsor leadership at global, regional, and country levels and agreement on the DoL. Building on global level discussions in relation to recommendation 1, the Joint Programme should review the DoL in relation to the three pillars of the PHC approach and agree on roles and responsibilities.

RECOMMENDATION 3

As an urgent priority, review and update UBRAF PHC related 2025 milestones and 2026 targets as part of the implementation of the 2024–2025 Biennial Workplan and Budget.

Action: UNAIDS Secretariat to lead, involving all relevant Cosponsors—Global level, by end June 2024.

Most 2025 milestones and 2026 targets for UBRAF indicators related to the PHC approach have already been reached. To meet Global AIDS strategy targets, the Joint Programme should set more ambitious milestones and targets for such indicators for 2025 and 2026.

RECOMMENDATION 4

As a high priority, develop global guidance on HIV integration with broader health systems, engage people living with HIV and key population organisations in the HIV and PHC integration agenda and support countries with situational assessments, sustainability planning and country roadmaps for integration based on equity considerations.

Action: UNAIDS Secretariat and WHO leading in collaboration with relevant Cosponsors—Global and regional levels, by end December 2024.

The evaluation identified some critical and time-sensitive actions where the Joint Programme can support countries and regions before development of the next UBRAF. These include:

- **Develop global guidance on HIV integration with respect broader health systems** and support countries with technical assistance to explore context specific opportunities to strengthen health systems more widely and for HIV responses to leverage health system strengthening efforts. (Global level).
- **Engage in consultations with people living with HIV and key population organisations** and consider operational research to identify and document the benefits and risks of increased integration of HIV services in primary care settings for key populations. (Global and regional levels)
- **Support countries with technical assistance for country specific situational assessments** and development of country roadmaps on what and how to integrate at country level, based on equity considerations. (Global and regional levels).

- **Consider targeting priority countries** for regional and country Joint UN Team on AIDS support. (Global and regional level)

RECOMMENDATION 5

As a high priority, harmonise country Joint Team plans with national health sector plans, strengthen coordination, enhance advocacy for inclusion of HIV services in health benefit packages and social contracting mechanisms, and assess and monitor equity dimensions.

Action: UNAIDS Secretariat and Joint Teams at country levels, by end December 2024.

- **Align country Joint Team plans, with national health sector plans** to strengthen sustainability and to leverage existing mechanisms, for example, country envelope funding, and technical support mechanisms.
- **Ensure a coordinated Joint Team approach to HIV and PHC integration efforts by leveraging existing partner platforms.** Ensure HIV stakeholders and key population involvement and dialogue with UHC stakeholders, platforms, and fora.
- **Strengthen advocacy for inclusion of HIV services, including prevention interventions, in health benefits packages,** and establish frameworks for social contracting.
- **Ensure human rights, gender, and equity considerations are prioritised in all HIV integration efforts through assessments, consultations,** analysis of data to understand country needs and contexts, and delivery of tailored support to ensure no-one is left behind.

RECOMMENDATION 6

In the process of developing the next Global AIDS Strategy and the next UBRAF (including Country Envelopes) specify the HIV and PHC integration priorities of the Joint Programme with clear actions in the UBRAF alongside a detailed theory of change.

Action: UNAIDS Secretariat and relevant Cosponsors—Global level, by end December 2025.

Actions to be prioritised based on where the Joint Programme can most add value:

- **Providing thought leadership and generating evidence** to make the case for context-specific HIV and PHC integration and linkages, including operational research to identify and address barriers to HIV and PHC convergence.
- **Building political commitment for sustainable HIV financing** in the context of PHC, essential health service packages and UHC and for greater convergence of HIV and PHC in health policy, systems, programmes and service delivery.
- **Providing coordinated support to countries for HIV and PHC integration and linkages**, based on country priorities, including provision of technical assistance for assessment of integration aspects, and implementation guidance, in collaboration with other partners and platforms.
- **Conducting policy dialogue and monitoring** to ensure that integration approaches take account of equity, human rights and gender issues and systems and services continue to meet the needs of key populations.
- **Continuing to champion the rights and needs of PLHIV, key populations, women and young people and support community involvement and community-led service delivery.** In addition to monitoring the implications and impact of HIV and PHC

integration on service access and uptake, including using strategic information.

- **Documenting and sharing approaches and lessons** that have the potential to improve HIV and wider health outcomes, including tailored responses and decentralised service delivery, strategies for reaching marginalised and vulnerable populations, use of virtual approaches, and documenting and sharing effective models of HIV and primary care integration.

RECOMMENDATION 7

Strengthen accountability for HIV and PHC integration and linkages within the next UBRAF indicator framework by ensuring that key Joint Programme and individual Cosponsor actions and results are monitored.

Action: Led by UNAIDS Secretariat, Global level, by end December 2025.

Aligned to the next Global AIDS strategy and UBRAF (beyond 2026), the corresponding UBRAF indicator monitoring framework should present clear outcome and output indicators related to HIV and PHC integration and linkages, while ensuring appropriate milestones. Key areas of monitoring/indicators for the Joint Programme could be around: HIV service integration into health benefits packages; Social contracting indicators; Health system level integration indicators; Health services integration indicators; Human rights, gender, and equity indicators on integrated service delivery models; and Donor resources for HIV and PHC integration efforts, including through PEPFAR, the USAID Primary Impact Initiative, and Global Fund Resilient and Sustainable Systems for Health funding.