



## The Purpose and Scope of the Evaluation

The purpose of this evaluation was to assess the relevance, coherence, effectiveness, and sustainability of the Joint United Nations Programme on HIV/AIDS (Joint Programme) support for key populations at the country level. The evaluation was designed for both accountability and organizational learning purposes, the findings, and recommendations of which aim to improve UNAIDS programming for key populations under the new UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) 2022-2026.



## Approach and Methodology

A theory of change developed during the inception phase provided the overarching analytical framework and informed the evaluation protocol and development of ten evaluation questions that probed relevance, coherence, effectiveness, and sustainability of the Joint Programme's work for key populations.

Evidence was generated through six country case studies, which were undertaken in a diverse set of regions and HIV epidemiological contexts—Cameroon, Kenya, Peru, Thailand, Tunisia, and Ukraine. The evaluation followed a standard methodology of document review and key informant interviews with almost all interviews carried out virtually due to the COVID-19 pandemic. In addition to the case studies, evidence was also generated at the global and regional levels and provided context to the findings at the country level.

Representatives of key population communities were involved in all phases of the evaluation, with global key population network representatives contributing to the development of the methodology and findings, and national key population organization and network representatives participating in the teams undertaking the country case studies. All groups contributed to the revision of the country studies and the global report. A reference group composed of Joint Programme agencies, the Global Fund, PEPFAR, and global key population networks monitored the progress of the evaluation and contributed to the final report.



## Key Messages

1

**The Joint Programme is recognized and respected for supporting key population responses. However, advocacy aimed at defending the human rights of key population groups needs to increase further.**

The Joint Programme is a key stakeholder in countries and one whose neutrality gives it the authority to convene meetings, bringing government and civil society to the table. However, as the champion for supporting key population rights and HIV responses, there is a strong perception that this neutral voice is not being used powerfully enough, and that the Joint Programme has been less visible and proactive in advocating for all key population groups in recent years.

2

**Key population programming needs prioritizing to address the high rates of new HIV infections and the inequalities facing key populations in accessing services. Joint Programme resources should be aligned with evidence of where high incidence among key populations is occurring.**

Data on new infections and the focus on addressing inequalities in Global AIDS Strategy

2021–2026 provides a strong rationale and framework for an increased prioritization of key population programming. Prioritization of resources and programming should be aligned with the evidence showing that high incidence amongst key populations is occurring not just in the high priority countries (Fast Track countries and members of the Global Prevention Coalition) but also in small countries that do not have a high overall HIV burden, and in middle-income countries that are no longer eligible or transitioning from donor support.

3

**Inclusive annual planning processes based on strategic priorities of a country, and increased targeting of specific key population groups will enhance the relevance. Clear definitions of key population groups vis-à-vis other priority vulnerable populations are needed to focus resources on key population groups.**

There is scope to increase the relevance, accountability, and potential results of Joint Programme support through greater inclusion of key population communities in Joint Team annual planning processes and strategic assessments based on country needs, to drive the allocation of Joint Programme resources. Lack of clear definitions and adherence to definitions of key populations vis-a-vis other 'priority vulnerable populations' is reducing the resources and programming focus on key populations.

Differentiating between key population groups is also needed to improve understanding of which groups are being left behind and to ensure intersectional needs and vulnerabilities within and across key population groups are addressed.

## 4

**The financial sustainability of key population responses is a strategic gap. Investments are needed in HIV specific programming for key populations, integration of HIV services and making UHC work for different key population groups.**

Joint Programme activities have focused more on supporting the scale up of HIV services, including for key populations, and addressing structural barriers that undermine access to services. There has been less focus on supporting strategies to sustain key population programming and this is a strategic gap. Integration of HIV services including into universal health coverage (UHC) has implications for the provision and access to services by different key population groups, and there is strong perception that key populations may lose out. The evaluation indicates a balance of investments is needed for continued and scaled-up HIV specific key population programming and for the integration of HIV services including in UHC—with an enhanced and tailored focus on key populations.

## 5

**The Global AIDS Strategy 2021–2026 tasks the Joint Programme with stepping up support to community-led responses. Understanding what this means in practice and how this will be realized across cosponsors is a priority next step.**

The Joint Programme has helped establish and mobilize key population organizations and networks in national decision-making processes, but challenges remain in ensuring this engagement is influential in the prioritization of resources and budgets necessary for community-led service delivery at scale. The Global AIDS Strategy 2021–

2026 sets an ambitious target for the delivery of HIV prevention services for key populations by community-led organizations and the UBRAF 2022-2026 tasks the Secretariat and all cosponsor agencies with the responsibility of empowering community-led organizations, programming, and responses. Understanding what this means for the Joint Programme and how this will be realized in responsibilities across cosponsors will be a priority next step.

## 6

**The Joint Programme’s monitoring and reporting system needs an overhaul to enable a stronger ‘line of sight’ between investments, progress, and results of the Joint Programme’s work for different key population groups.**

Much of the reporting in the Joint Programme Monitoring System and Joint Programme country budgets and plans are not specific enough to get a true sense of how well the Joint Programme is addressing the needs of different key population groups. Weak quality of data in the Joint Programme Monitoring System also makes it difficult to systematically identify, monitor and report on the investments and results of Joint Programme’s work for key populations. The challenge of not being able to clearly articulate investments and results for key population programming potentially threatens future financial contributions to the Joint Programme, at a time when more resources are required if the goals of Global AIDS Strategy 2021–2026 are to be achieved.



## Lessons Learned

### 1

The comprehensive involvement of key population representatives in the design, execution and analysis of the evaluation at both the global and national levels ensured that the conclusions and recommendations reflected evidence gathered from both Joint Programme implementors and policy-makers but also the various key population communities.

### 2

Limiting the evaluation to six case study countries restricts the evaluation's ability to draw conclusions on how the findings might apply to other settings.

### 3

The theory of change provided a useful analytical framework for understanding how the Joint Programme's interventions and strategies are expected to bring about change, and this contributed to the efficiency of the evaluation. There is also scope to use and adapt the theory of change for the implementation of the Global AIDS Strategy 2021–2026.





## Recommendations

### KEY RECOMMENDATION 1

#### Urgently increase the prioritization and strategic focus of the work for and with key populations

Prioritize a set of countries for accelerated action for key population programming based on where infections are happening and align resources and capacity.

- Increase the prioritization of key population funding in UBRAF guidance and strengthen oversight mechanisms for coherence of country plans.
- Develop and agree a clear definition across the Joint Programme for the differentiation of key populations from 'other vulnerable populations'. Act on this differentiation, ensuring Joint Programme strategies, plans, programmes and report adhere to the differentiation.
- Systematically engage all key population 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.
- Scale up advocacy for key populations and be a proactive and outspoken defender of the rights of key populations in all settings, strongly advocating for decriminalization,

gender identity and diversity, funding for prevention services, community-led responses and use of data to drive programming.

### KEY RECOMMENDATION 2

#### Strengthen support to community-led programming

- Develop clear guidance, internal policies and oversight mechanisms to ensure responsibilities for community-led programming across the Joint Programme is understood and programming is aligned to the Global AIDS Strategy 2021–2026 and related targets.
- Formulate guidance that addresses the diversity of key population groups and the intersectional needs within and between these groups and support staff understanding on gender and sexuality.
- Broaden engagement with, and scale up, technical support (for example, through the technical support mechanism), for community-led implementors to strengthen technical capacity to deliver services, and for community-led research, monitoring and data generation/use in national systems.
- Increase accountability to key populations 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 planned allocations are translated into budgets.

**KEY RECOMMENDATION 3****Intensify support to ensure financial and programmatic sustainability of key population responses**

- 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 key population groups in a range of different settings.
- Increase involvement and dialogue with universal health coverage stakeholders, platforms, and forums. Support consultations with key population groups and the meaningful engagement of different key population groups and networks in such forums.
- Increase technical support directed to assisting countries to plan for sustainable financing that addresses reliance on external funding for key population services.
- Embed and sustain effective systems and services developed and implemented during the COVID-19 epidemic and explore opportunities to improve the sustainability of programmes, for example through monitoring the quality of key population service packages.

**KEY RECOMMENDATION 4****Accelerate data generation for key population programming including through the Joint Programme Monitoring System**

- Urgently expand programme data by identifying and filling key population data gaps, including size estimates for people who inject drugs, transgender people, diverse groups of young key populations, and prisoners all differentiated by gender.

- Overhaul the Joint Programme Monitoring System for key population programming and strengthen oversight of data quality and reporting. Implement a system for tagging key population investments across funding streams.
- Use the existing theory of change as a model to operationalize and monitor the implementation and results of key population programming in the Global AIDS Strategy 2021–2026 or to support strategies and pathways of change for specific areas of key population programming.

**KEY RECOMMENDATION 5****Enhance the operational effectiveness of the work of the Joint Programme for and with key populations (UNAIDS Secretariat and Cosponsor agencies)**

- 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.
- Track the use and uptake of guidance produced by the Joint Programme for key population programming in order to ensure relevance and added value of Joint Programme products and outputs.
- Enhance and increase the monitoring and learning function of the Joint Programme including through:
  - Increasing evidence for Joint Programme results on work with different key population groups, and how these have catalysed change.
  - Supporting partners such as the Global Fund with more in-depth joint learning.