The UNAIDS Joint Programme contribution to strengthening HIV and Primary Health Care interlinkages and integration

Final Evaluation Report
December 2023

UNAIDS

INTRODUCTION

EVALUATION OBJECTIVES

Conduct a forward-looking evaluation to identify opportunities for the Joint Programme to strengthen HIV and Primary Health Care (PHC) integration and linkages, explore:

- how the Joint Programme efforts to address HIV have been linked to the PHC approach
- how the Joint Programme has supported integration of HIV with PHC

Provide clear recommendations to accelerate and prioritise Joint Programme actions related to HIV and PHC including:

- what it could do better, differently or more of in the future
- how it can support the sustainability of HIV responses and ensure reaching 2025 HIV targets and Universal Health Coverage

SCOPE

- **Temporal scope :** January 2020 to end of July 2023
- **Geographical scope:** global, regional and country levels, with country data collected mainly through four in-depth country case studies (Angola, Botswana, Indonesia, Pakistan)
- **Cosponsors in scope:** WHO, UNICEF, UNFPA, World Bank (country case studies: all relevant Cosponsors)
- **Technical scope** considers the definition of the “PHC approach” with three main components:
  - primary care and essential public health functions as a core of integrated health services
  - multisectoral policy and action
  - empowered people and communities

EVALUATION QUESTIONS

EQ1: To what extent is there conceptual clarity and internal coherence within the Joint Programme and external coherence with other actors in relation to leveraging HIV and PHC integration and linkages? (Relevance/Coherence)

1.1: What does the Joint Programme aim to achieve through strengthening HIV and PHC alignment, integration and interlinkages? To what extent is there conceptual clarity?

1.2: To what extent are relevant goals, plans, strategies, and activities harmonised and aligned internally within the Joint Programme at global, regional and country levels?

1.3: How does the Joint Programme's work on HIV and PHC integration and linkages complement and harmonise with the efforts of national governments and external actors (e.g., PEPFAR, Global Fund)?

EVALUATION QUESTIONS

EQ2: To what extent is the Joint Programme applying the PHC approach to HIV responses and what are the achievements and lessons learned? (Relevance/Effectiveness/Sustainability)

2.1: What has been achieved since 2020 in terms of applying a PHC approach to HIV responses (primary care and essential public health functions as the core of integrated health services, multisectoral policy and action, empowering people and communities)?

2.2: What is the Joint Programme doing to build political commitment for sustainable HIV financing in the context of PHC?

2.3: What are the main enablers and barriers to integrating HIV into PHC in various contexts? How is the Joint Programme addressing these at country level?

EVALUATION QUESTIONS

EQ3: To what extent is the Joint Programme using investments, infrastructure, innovations, and lessons learned from the HIV response, including adaptations during the COVID-19 pandemic, to improve broader health outcomes? (Relevance/Effectiveness/Efficiency)

3.1: To what extent is the Joint Programme leveraging HIV investments, knowledge, infrastructure, approaches, and innovative models developed by the HIV response to strengthen broader health outcomes? Are there any untapped opportunities?

3.2: To what extent is the Joint Programme using and promoting wider adoption of adaptations in service delivery developed in response to COVID-19 to improve broader health outcomes?

EVALUATION QUESTIONS

EQ4: To what extent does the Joint Programme ensure that equity, gender, and human rights issues, including the needs of key populations, are sufficiently addressed when leveraging HIV and PHC interlinkages and integration? (Relevance/Equity)

4.1: Which locations and population groups are potentially benefitting or being left behind?

4.2: How is the Joint Programme supporting countries to ensuring stigma and discrimination free services for people living with HIV and vulnerable and key populations in all service delivery settings, including primacy care?

EQ5: What is the added value of the Joint Programme in terms of leveraging HIV and PHC interlinkages and to what extent is the Joint Programme sufficiently resourced to pursue this? (Efficiency, Effectiveness)

5.1: What is the added value of the Joint Programme in terms of leveraging HIV and PHC interlinkages?

5.2: To what extent does the Joint Programme have the necessary skills and resources to contribute to strengthening HIV and PHC integration and linkages?

METHODOLOGY: Theory based evaluation

Stakeholder mapping

- Joint Programme
- Donors and financing mechanisms
- Partnerships/Platforms
- Civil society and NGOs
- Academia and advisory groups

Document and data review

- 200+ documents reviewed
- Data portals

Online survey

- 228 responses
  Response rate: 21.5%
- Country level JPMS users

Key informant interviews and group discussions

- 41 informants global level
- 36 informants regional level
- 414 informants country case studies

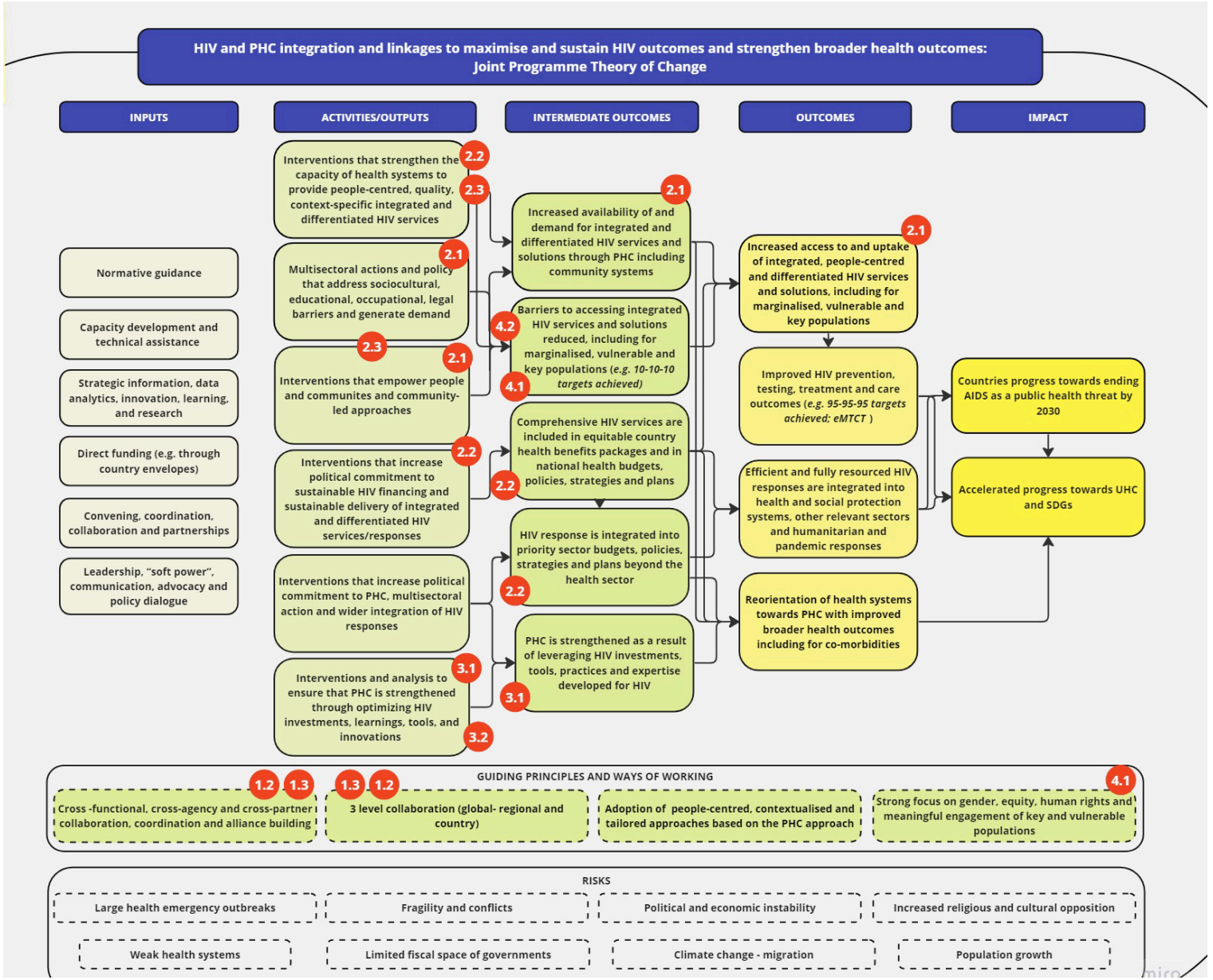
Country case studies

- Angola
- Botswana
- Indonesia
- Pakistan

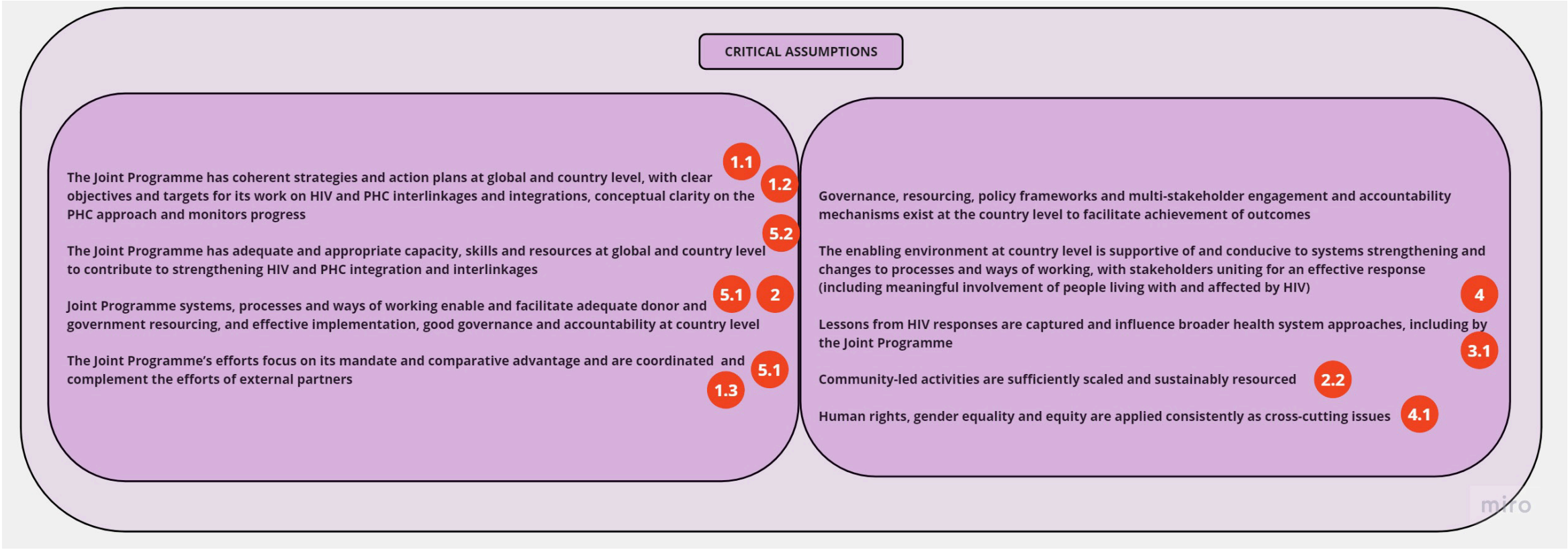
Theory-based evaluation - testing a developed Theory of Change, triangulation and content analysis

THEORY OF CHANGE

- Outlines relationships between the Joint Programme activities and interventions and how these are expected to strengthening HIV and PHC integration and linkages
- Outlines related assumptions (next slide)



THEORY OF CHANGE
Critical assumptions



LIMITATIONS

Limited number and choice of case studies and limited time to collect new data, mitigated by drawing out common themes across the case studies to ensure some degree of generalization, engaging in regional discussions to expand the country voice, and limiting scope to not including new capacity assessments.

Terminology challenges related to the understanding of PHC and primary care, mitigated by applying definitions of PHC and primary care in tools for data collection.

Quantitative data scope and data gaps, the Joint Programme does not currently have a specific strategy or workplan with dedicated targets or milestones for its work on HIV and PHC integration and linkages and lacks a fully developed set of indicators. This limited the extent to which the evaluation was able to assess progress. The limitation was mitigated by also considering related UBRAF indicators and indicators of individual Cosponsors.

Assessing allocative efficiency, was not feasible due to lack of data

Low response rate to online survey, consequently the evaluation team have mainly used qualitative comments provided through the survey.

KEY FINDINGS

Key findings EQ1: To what extent is there conceptual clarity and internal coherence within the Joint Programme and external coherence with other actors in relation to leveraging HIV and PHC integration and linkages?

- There is agreement within the Joint Programme on the importance of applying a PHC approach to achieve HIV goals, but less clarity about what the Joint Programme aims to achieve.
- Lack of conceptual clarity and a common understanding of definitions of “PHC”, “primary care” and “integration” among Joint Programme stakeholders has contributed to limited progress in taking forward the HIV and PHC integration agenda.
- Joint Programme guidance on HIV and PHC integration largely focuses on integration of specific health services and, while there are similarities across strategies and guidelines there are also some differences. There is further limited guidance with respect to integration of HIV with broader health systems or other aspects of PHC.
- Joint Programme’s global strategies are broadly harmonised with those of key HIV funding agencies with respect to integration and linkages, and efforts have been stepped up recently, including through global consultations, however there is scope for further alignment.
- Country case studies identified missed opportunities for closer alignment and harmonization of Joint Team and government efforts as well as of efforts within the Joint Programme.

Key findings EQ2: To what extent is the Joint Programme applying the PHC approach to HIV responses and what are the achievements and lessons learned?

- The Joint Programme has applied the principles of two out of three pillars of the PHC approach (multisectoral policy and action and empowering people and communities) to improve HIV outcomes, this happened prior to the recent increased global focus on PHC.
- The Joint Programme has had less focus on HIV integration within primary care (the first pillar of the PHC approach). There are examples of integrated delivery of other health services with HIV services (for example, STI, SRH, TB, hepatitis, family planning and cervical cancer) and of integrating HIV services into primary care (for example, HIV testing, PMTCT, ART), but the extent to which the Joint Programme has taken an intentional or collective approach to this is difficult to determine.
- Available data suggest that there has been progress on specific indicators, but there is no overarching framework or agreed core set of indicators for monitoring Joint Programme action or results on HIV and PHC integration efforts.
- There is a role and mandate for the Joint Programme to build political commitment for sustainable HIV financing and sustainable financing for PHC and UHC that drives HIV impact, but how to operationalise this is not well defined and its potential role is not fully leveraged.
- Available evidence on the extent to which HIV services are being included in health benefits packages is mostly based on country self-reporting and sometimes contradictory, in addition progress appears to be highly variable across countries.
- The Joint Teams are assisting governments to establish legal frameworks around social contracting as a critical first step in sustainability of community-led HIV service delivery, efforts which need to be scaled.

Key findings EQ3: To what extent is the Joint Programme using investments, infrastructure, innovations, and lessons learned from the HIV response, including adaptations during the COVID-19 pandemic, to improve broader health outcomes?

- HIV resources could and should be applied to strengthen the wider health system and broader health outcomes. However, the extent to which this has happened is mixed and in many cases HIV investments remain siloed.
- At country level, despite examples of Joint Programme and individual Cosponsor actions contributing to broader health outcomes, there is little evidence of a strategic and proactive approach by the Joint Programme to leverage the HIV response to achieve this.
- The COVID-19 response presents a good example of leveraging HIV investments for broader health gains. However, limited evidence was found of the Joint Programme promoting adoption of adaptations in HIV service delivery developed in response to COVID-19 to improve broader health outcomes (beyond HIV and COVID-19).
- Lessons from HIV programming (for example, related to community-led interventions, strategies for reaching marginalised and vulnerable populations, including virtual interventions, and activism and accountability) could be adapted and applied more widely.

Key findings EQ4: To what extent does the Joint Programme ensure that equity, gender, and human rights issues, including the needs of key populations, are sufficiently addressed when leveraging HIV and PHC interlinkages and integration?

- The Joint Programme has made significant efforts to generate strategic information related to key populations but has done less to identify which populations might potentially benefit from service delivery in primary care settings and which might be left behind.
- The Joint Programme has supported country efforts to improve monitoring of stigma and discrimination in health care settings and to deliver stigma and discrimination-free services, but progress towards the global target of reducing the percentage of key populations who experience stigma and discrimination to less than 10% is off track.
- The Joint Programme support for the PLHIV Stigma Index surveys, in particular from the UNAIDS Secretariat, has been critical and the results of these surveys serve as a key resource for shaping integrated service delivery models.
- Key populations are at risk of being left behind if HIV services are only provided through primary care facilities in public health systems therefore a contextualized approach to integration, together with HIV and key population literacy in primary care contexts, is needed.
- Integration of HIV services within primary care can potentially improve person-centred care over a life course if managed carefully.

Key findings EQ5: What is the added value of the Joint Programme in terms of leveraging HIV and PHC interlinkages and to what extent is the Joint Programme sufficiently resourced to pursue this?

- The Joint Programme has added value to the overall HIV response through its ways of working, comparative advantage, collaboration and synergies, but there is less consensus about whether the Joint Programme brings the same added value to HIV and PHC integration and interlinkages or to a PHC approach that addresses HIV effectively. Most informants are of the view that the Joint Programme has yet to make a significant contribution.
- The Joint Programme has not been sufficiently strategic about its role in strengthening HIV and PHC integration and linkages, both globally and in specific country contexts, based on where its comparative advantages lie. This is due in part to an unclear Division of Labour (DoL) on the PHC approach and limited leadership of the UNAIDS Secretariat.
- The Joint Programme could potentially add value to the HIV and PHC agenda through its experience of multisectoral policy and action and community empowerment and participation, and through bringing a human rights, gender and equity lens to bear on primary care and within a UHC context.
- Increasingly constrained financial and human resources have limited the capacity of the Joint Programme to contribute to strengthening HIV and PHC integration and linkages.

CONCLUSIONS

CONCLUSION 1

The Joint Programme has the potential to add value 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 a 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 to improve wider health outcomes. This is for a number of interrelated reasons:

Lack of leadership and unclear roles: The Joint Programme is viewed as having had little engagement on HIV and PHC integration and linkages and it is not seen as a priority for the leadership of the UNAIDS Secretariat at global, regional or country levels. The current DoL is not clear on the roles of the Joint Programme agencies with respect to the three pillars of the PHC approach.

CONCLUSION 1 - CONTINUED

Lack of mutual agreement on objectives and definitions: Although the Global AIDS Strategy sets out broad goals, there is a lack of clear and agreed objectives for the Joint Programme's work on HIV and PHC integration and linkages. There is no common understanding or agreed definitions of PHC or of HIV and PHC "integration" within the Joint Programme and this lack of conceptual clarity has hindered progress.

Absence of a joint framework, workplan and accountability mechanism: Although HIV and PHC integration and linkages is a priority in the Global AIDS Strategy, there is no joint plan to take this agenda forward and it is not mainstreamed within existing Joint Programme mechanisms, for example, the Unified Budget Results and Accountability Framework (UBRAF), regional and country plans, country envelope funding, and the technical support mechanism. There is also no overarching framework or agreed core set of indicators for monitoring Joint Programme action and progress on HIV and PHC integration.

Capacity and resource constraints: UBRAF is not fully funded and Secretariat and Cosponsor UBRAF funding has decreased in recent years. At country level the Joint Programme lacks the financial resources to support joint action on HIV and PHC integration and linkages. The UNAIDS Secretariat has resource constraints at global, regional and country levels. As a result of reduced funding, Cosponsors have fewer staff working on HIV at all levels – reducing their capacity to engage in the Joint Programme and provide support to countries, as well as to engage on issues such as HIV and PHC integration.

CONCLUSION 2

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 and there is 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.

CONCLUSION 2 - CONTINUED

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. This makes sense for HIV co-morbidities and may be pragmatic as part of a phased approach, but it does not necessarily build links with broader PHC services, integrate HIV systematically with essential health service packages, or support health system level integration.

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.

CONCLUSION 3

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.

CONCLUSION 4

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 and 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.

CONCLUSION 5

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 (Secretariat and relevant Cosponsors) 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 ToC 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: 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 (PLHIV) 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 found that key gaps include implementation guidance and support for HIV systems integration and convergence with wider health systems, and for operationalisation of HIV and PHC integration and linkages – specifically what and how to integrate in different epidemic and health system contexts. The evaluation identified some critical and time-sensitive actions where the Joint Programme can support countries and regions before development of the next UBRAF (for the period beyond 2026). These include:

- Develop global guidance on HIV integration with respect to 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. This guidance could draw on lessons from various contexts and from the COVID-19 response. (Global level)

RECOMMENDATION 4 - CONTINUED

- Engage in consultations with PLHIV 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)
- To achieve current targets related to integration of services, support countries with technical assistance for country specific situational assessments and development of country roadmaps on what and how to integrate at country level, building on the UNAIDS' HIV inequalities framework and toolkit and potential stigma index findings to inform feasible and appropriate integrated service delivery models. (Global and regional levels)
- Consider targeting priority countries for regional and country Joint Team support, based on consultation with country stakeholders and partners. This could also be informed by the consultation process that UNAIDS is facilitating with PEPFAR on sustaining the HIV response. (Global and regional level)

RECOMMENDATION 5

As a high priority, harmonise country Joint UN 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.

The evaluation identified critical areas for the Joint Teams to work on at country level to enhance alignment, sustainability and equity concerns in relation to HIV and PHC integration efforts.

- 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, including e.g., country health sector partners' coordination mechanisms, SDG3 GAP where applicable, and UNSDCF. Ensure HIV stakeholders and key population involvement and dialogue with UHC stakeholders, platforms, and fora.

RECOMMENDATION 5 - CONTINUED

- Strengthen advocacy for inclusion of HIV services, including prevention interventions, in health benefits packages, and establish frameworks for social contracting to enable governments to fund civil society organizations to deliver sustainable HIV services for PLHIV and key populations.
- 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 (ToC).

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, including the Global Fund, PEPFAR, and SDG 3 GAP.

RECOMMENDATION 6 - CONTINUED

- 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.

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