



# Evaluation of UNFPA support to the HIV response (2016 - 2019)



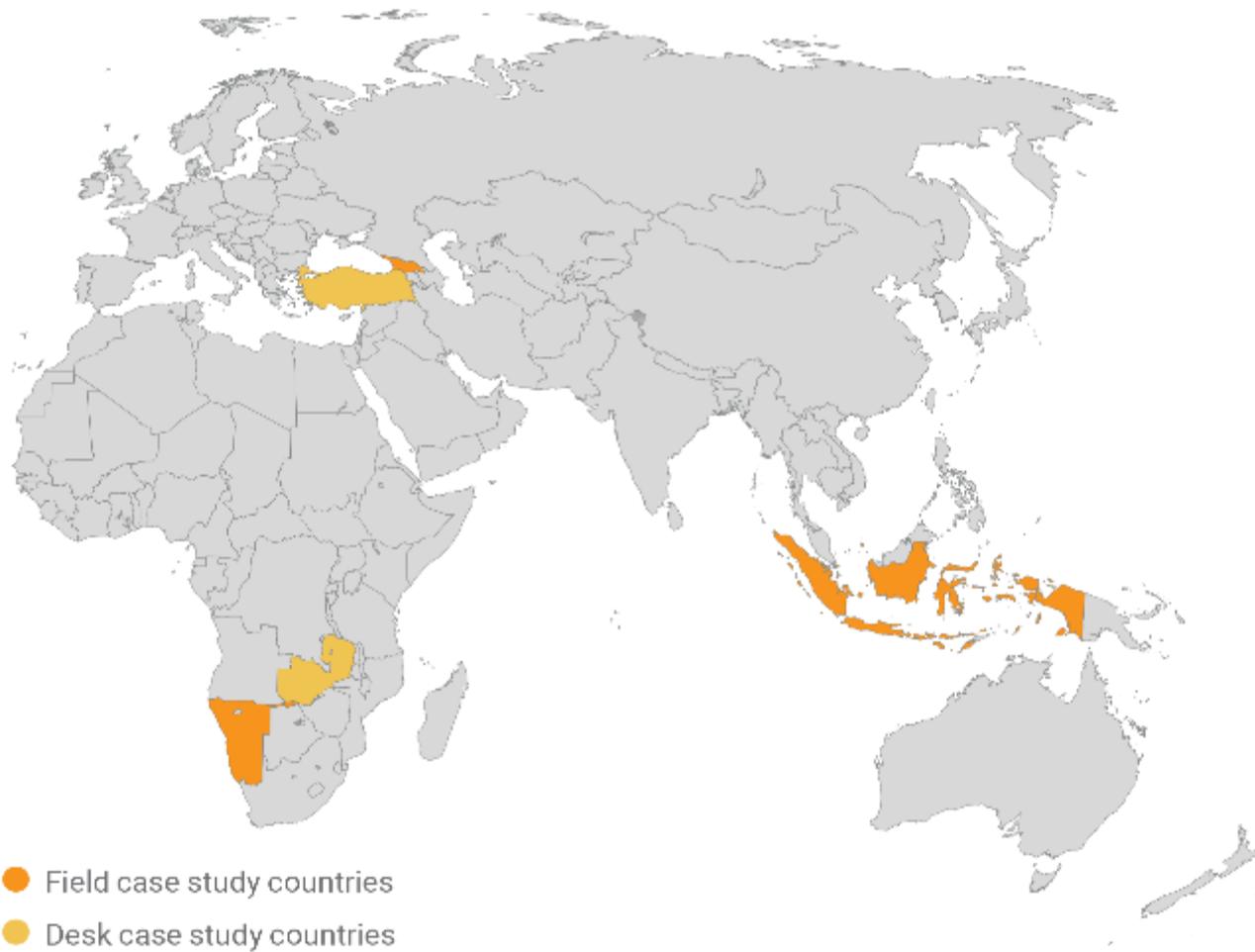
Evaluation results

UNFPA Evaluation Office

2020

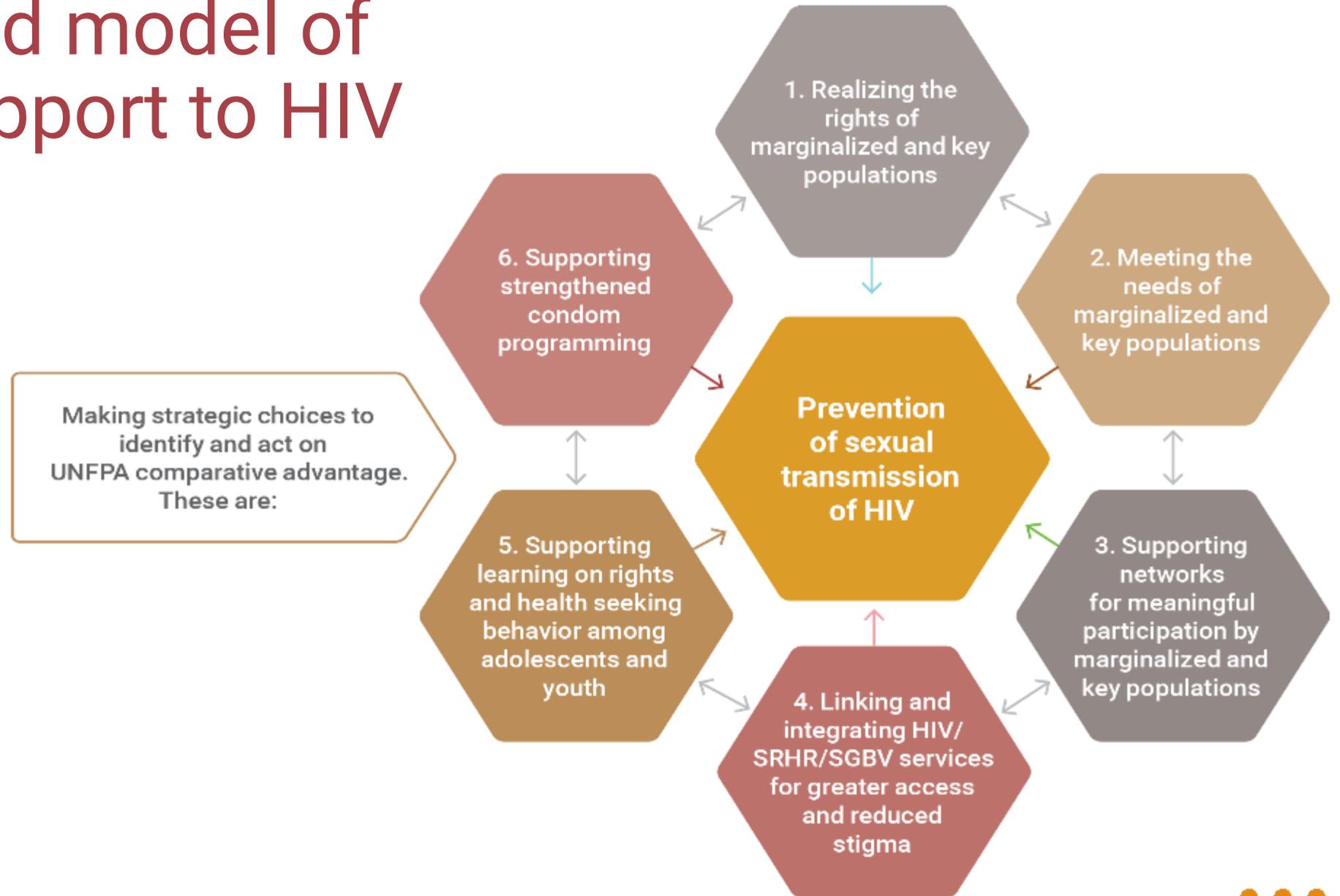


# Geographic scope



- **Global, regional and national** in scope
- Field-based case studies in **Georgia, Indonesia, Namibia**
- **Desk-based case studies** in EECA, ESA, Turkey, Zambia (with interviews)
- **On-line survey** of key informants (UNFPA, national authorities, development partners, CSOs) in 59 countries: 278 respondents (50% response rate)
- 230 **key informant interviews** at global, regional, country level
- Selected service delivery **site visits** in field-based case study countries

# A simplified model of UNFPA support to HIV



# UNFPA in the global response to HIV

## Role as UNAIDS Co-Convenor

- HIV prevention for key populations
- HIV prevention for adolescents and youth
- Integration of HIV/SRHR

## Role in the Global Prevention Coalition

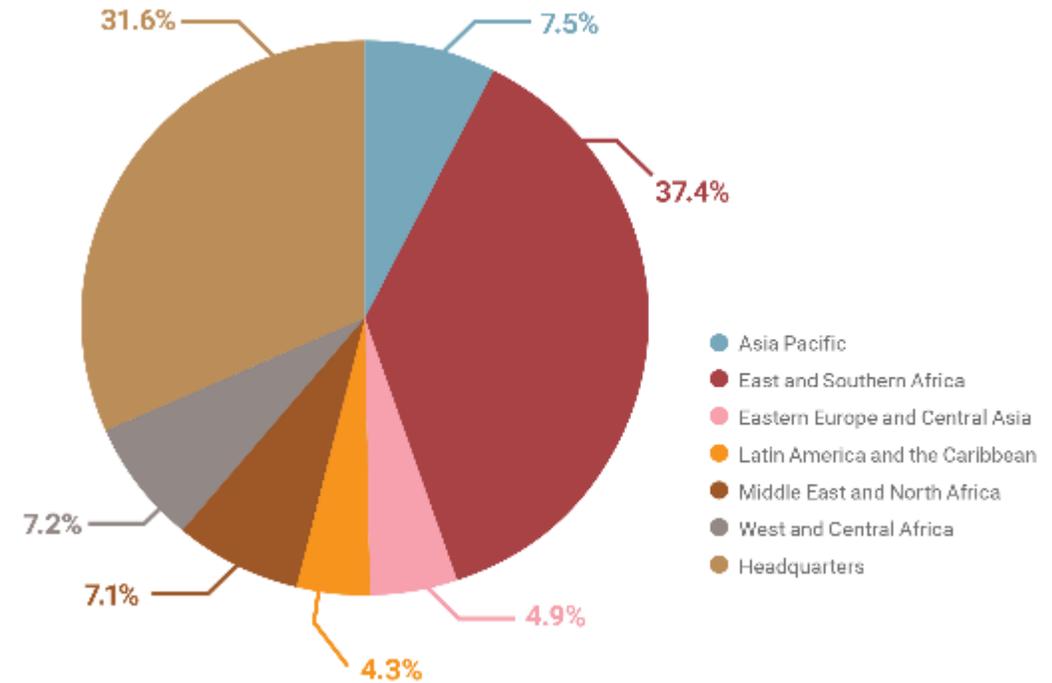
- HIV prevention among young women in high incidence settings
- HIV prevention among key populations
- Condom programming

## Support at Global, Regional, Country Levels

- Advocacy and technical and financial support for rights promotion, improved services, network support, integration, learning and condoms

## Trends in UNFPA Resources

- Declining UBRAF core funding (from USD 21 million to 11.4 million 2018-2019)
- Constrained human resources in headquarters, regional and country offices (83 FTEs in 2016 to 57 in 2019)



# Key HIV statistics reported in 2019

PLHIV

37.9 million of people living with HIV in 2018 (including 1.7 million children)

90/90/90

79% knew their status / 63% on ART / 53% virally suppressed

New Infections

1.7 million new infections in 2018, down from 2.1 million in 2010 (16% decline but too slow to meet 2020 target). 54% of new infections are among KPs in 2018

Most at Risk

Very high risk levels among KPs when compared to general population: 22 times higher for MSM, 22 for IDU, 21 for SW, 12 for transgender

# Conclusions and supporting findings

1

UNFPA strategic choices and comparative advantages

2

Realizing rights and meeting the needs of most vulnerable and key populations

3

Linking and integrating SRHR/HIV/SGBV/SGBV

4

Strengthening networks and forging partnerships

5

Coordination and sustainability

# Conclusions



# Conclusion 1

## Strategic choices and comparative advantages

- Effective use of UNAIDS Division of Labour (DoL) to provide support consistent with UNFPA comparative advantages
- Lack of explicit recognition of the central role of UNFPA in HIV prevention in 2018-21 strategic plan results creates an imbalance between outward ambition to lead vs inward HIV prevention as priority
- Absence of an agreed UNFPA HIV strategy and needed human and financial resources limits ability of UNFPA to shape the global agenda and prioritize HIV prevention and condom programming

## Supporting findings

- DoL serves as an organizing and guiding platform with a UNFPA focus on HIV prevention and on linking SRHR/HIV/SGBV
- Studied regional (ROs) and country offices (COs) generally matched their capacities and strategic approaches to their HIV context
- Priority of support to linkages and integration is not reflected in some CO programmes
- COs in ESA and EECA benefited from strong technical assistance, advocacy and programme support from ROs
- Tension between role UNFPA assumes under UNAIDS DoL and perceived diminished priority of HIV in current SP reported by key informants
- UNFPA business plan constrains the extent of support to HIV prevention and comprehensive condom programming in some countries

## Conclusion 2

### Realizing rights and meeting the needs of the most vulnerable

- UNFPA has made a considerable effort to promote the rights of most vulnerable, notably: adolescent girls and young women, other young people at risk and key populations
- A number of factors inhibit UNFPA capacity to champion rights and engage in sensitive issues with national governments
- Effectiveness of support to rights promotion and meeting needs of the most vulnerable is limited when not rooted in promotion of access to services



# Conclusion 2 (cont.)

## Supporting findings

- UNFPA support helped countries identify and address crucial issues for policies and programmes (e.g. for KPs) and address national legal frameworks for rights
- UNFPA supported efforts to improve participation by A&Y and KPs in national policy dialogue on HIV and to improve access to prevention and treatment services by:
  - Supporting engagement in policy and programme development by organizations led by A&Y and KPs
  - Supporting linkage and integration of SRHR/HIV/SGBV to improve access and address stigma and discrimination
  - Addressing GE primarily by including SGBV in linkage and integration efforts and by supporting national GBV programmes
- Factors inhibiting UNFPA capacity to champion rights include:
  - Absence of transformative HIV result focusing on rights of KPs
  - Lack of an explicit UNFPA HIV strategy
  - A UNFPA business model discouraging support to service delivery (to address issues of access, stigma and discrimination at point-of-service) in some countries
  - The 2018-21 SP priorities (MH, FP, GE) do not readily align with global consensus on the need to address KPs in response to HIV or with roles assigned to UNFPA in the UNAIDS DoL
- Limited UNFPA experience in grounding rights advocacy and policy engagement in an understanding of challenges faced by most vulnerable at point of service delivery

# Conclusion 3

## Linking and integrating SRHR/HIV/SGBV

- UNFPA helped demonstrate the effectiveness of linking and integrating SRHR/HIV to improve access including by extending integration to include SGBV
- Important contribution to quality integrated services in countries in ESA
- Understanding, level and type of support to linkages and integration varies widely across UNFPA regions and country programmes with ESARO spearheading integration through multi-country programmes
- Support to integration can be undermined by gaps in programming, especially lack of support to comprehensive condom programming



# Conclusion 3 (cont.)

## Supporting findings

- Marginalized, at risk and KPs noted improved access and reduced stigma in integrated facilities
- Results in ESA achieved with:
  - Strong and consistent technical support and advocacy to COs by a multi-disciplinary team at ESARO
  - Engagement by ESARO with regional and national networks representing the most vulnerable including youth and KPs
  - Engagement with and support by established regional governmental bodies, especially SADC and the EAC
  - Existence of multi-year/multi-country programmatic funding for support to linkages and integration
- Efforts to scale integration to national level face significant challenges – E.g.:
  - Increased requirement for ongoing training and mentoring
  - Requirement for adequate space in integrated facilities
  - Increased demand for purchase and maintenance of equipment (one nurse, one patient, one room model)
- UNFPA ESA has gained considerable experience in addressing these challenges but this has not yet been well disseminated to other UNFPA ROs and COs
- Countries engaged in scaling integration report weaknesses and interruptions in the supply chain for condoms, and in condom programming; weaknesses UNFPA finds difficult to address in countries outside the UNFPA Supplies Programme

# Conclusion 4

## Strengthening networks and forging partnerships

- UNFPA has effectively forged partnerships and worked with networks to promote meaningful participation of AGYW, KPs and the most vulnerable
- UNFPA has contributed to effectiveness of networks led by adolescents, youth and KPs
- Empowering these partners requires sustained investment over time to build capacity to participate in advocacy and policy making for improved HIV response
- UNFPA support to networks is constrained by lack of guidance on extending participation from programme design to holding governments accountable for realizing rights

## Supporting findings

- At regional and country level, UNFPA has fostered strong relationships with organizations and networks led by A&Y and KPs
- This has helped improve their capacity to participate in national dialogue and action and led to the design of programmes and policies that better meet their needs – yet does not address accountability by governments
- At global level, the lack of a common understanding within UNFPA of organizational HIV priorities impairs capacity to fully realize leadership role in HIV prevention
- The UNFPA business model can constrain efforts to provide sustained support to capacity development of organizations and networks led by adolescents, youth and KPs.
- UNFPA has not yet taken a lead role in revitalizing condom programming and integrating triple protection using condoms into SRHR/HIV/SGBV as an important response to findings of the ECHO trial

# Conclusion 5

## Coordination and sustainability

- UNFPA participates actively in coordination mechanisms at global, regional, country levels
- Coordination platforms have successfully avoided duplications and overlaps
- UNFPA participation in coordination efforts comes with significant staff and resource costs
- Coordination among partners aimed to increasing and sustaining investments in HIV prevention, testing and treatment has been limited

## Supporting findings

- Key stakeholders report that UNFPA is very active in mechanisms and processes for budgeting and accountability of UNAIDS Joint Programme
- This includes a central role in the Committee of Cosponsoring Organizations (CCO) and the Global Prevention Coalition (GPC)
- At regional and country levels, UNFPA has been an active participant in mechanisms for coordinating support to the HIV response – both within and outside the JUNTA and the UN regional and country teams
- While UNFPA has supported efforts to coordinate advocacy for increased and sustained national investment, many countries remain highly dependent on external sources of financing for HIV prevention

# Recommendations



## Recommendation 1: Clarifying the role of UNFPA and its strategic orientation on HIV

The UNAIDS DoL cannot replace a clear statement regarding the roles and responsibilities of UNFPA in the HIV response.

UNFPA should develop and adopt a strategy for its support to the HIV response, including the appropriate level of human and financial resources while setting priorities, and accommodating the flexible application of the business model.

It should be supported by a theory of change aligning UNFPA responsibilities as a UNAIDS Cosponsor with UNFPA core mandate areas, and seeking synergies between UNFPA HIV programming and other internal strategies and programmes

### Operational actions

- Develop a UNFPA HIV Strategy and associated implementation plan
- Develop agreed theory of change for UNFPA support to the HIV response, consistent with the UNFPA Strategic plan and role in UNAIDS
- Ensure implementation plan includes a monitoring framework on UNFPA leadership and adequate human resources and budgets
- Mainstream the HIV strategy in the implementation of UNFPA programmes in areas such as the Essential Package for SRHR, strategies for Youth, and GBV and the Humanitarian Response

## Recommendation 2: Meeting the needs of those left behind and promoting their rights

Close the gap between rhetoric and action regarding human rights-based approaches in SRHR and develop tools for operationalizing UNFPA commitment to rights in different technical areas, including in contributing to the HIV response. This should include:

- Explicit programming tools placing the promotion of rights - including the rights of AGYW, KPs and other vulnerable groups - as a core strategic pillar of UNFPA work in support of the HIV response.
- Efforts to promote rights literacy among UNFPA staff, service providers and communities.
- Strengthening of accountability mechanisms related to the identification (and follow-up) of potential violations of rights, especially in relation to access to quality SRHR services.

### Operational actions

- Ensure support to HIV response incorporates and builds on the UNFPA/WHO policy and guidelines on HRBA
- Ensure the implementation of existing UNFPA HRBA guidance at country level – including indicators
- Strengthen lessons learning and sharing of best practices for advancing rights in the context of HIV across UNFPA regional and country offices (and by governments and implementing partners)

## Recommendation 3: Linking and integrating SRHR/HIV/SGBV

Build on lessons learned from the ECHO trial results, as well as from the experiences in EECA, ESA and other regions, to develop and strengthen guidance to regional and country offices on piloting and scaling linkages and integration of SRHR/HIV/SGBV services at national level.

This guidance should take stock of the diversity of contexts in which UNFPA operates, and should be communicated across all regional and country offices.

The intent is to ensure that UNFPA maintains strong leadership on linkages and integration, and that country offices can be effective in supporting related programmatic action at country level, with regional offices providing the advocacy and technical support as needed.

### Operational actions

- Emphasize role of integration in the chain of effects of UNFPA strategy for supporting the HIV response
- Strengthen South-South cooperation to accelerate SRHR/HIV/SGBV integration
- Support operational lessons learning at regional and country office level advocacy
- Update guidance on operational aspects of piloting/scaling integration
- Accelerate use of KP Implementation Tools and consolidated guidance on SRHR for women living with HIV
- Clarify role of UNFPA in providing technical support to scale up of integrated SRHR/HIV/SGBV programmes for KPs and AGYW
- Strengthen leadership role of UNFPA ROs to ensure HIV response at national level includes needs assessment, advocacy, piloting and scaling of linkages and integration

# Recommendation 4: Asserting leadership in comprehensive condom programming

Continue to assert the critical importance of comprehensive condom programming and to promote its role in championing triple protection.

This should include providing support to condom programming (male and female condoms and lubricants) that is comprehensive and covers both supply and demand.

This should extend to strengthening supply chains (including in countries that do not currently benefit from the UNFPA Supplies Programme) and bolstering demand creation, especially among young people.

A comprehensive approach to condom programming should also foresee the reinforcement of public-private-people partnerships for increasing access to, and uptake of, condoms and lubricants.

## Operational actions

- Bolster advocacy and technical support for strengthened condom programming at global, regional and country level
- Further integrate condom programming within family planning programmes and services
- Reinforce and extend cooperation between SRH Branch, Procurement Services Branch, and the UNFPA Supplies Programme to provide support to countries that do not participate in UNFPA Supplies

**Directed to: Technical Division (SRH and CS Branches) Regional Offices, Country Offices**

## Recommendation 5: Forging partnerships and supporting networks



Increase support to the development of the community of regional and national networks by leveraging and allocating resources to strengthen the capacity of CSOs (particularly those catering for or led by KPs, adolescent girls and young people) to engage effectively in policy dialogue, and to access funding from national and international sources

Promote linkages between global, regional and national networks for advocacy and engagement of KPs, AGYW and other young people

Explore collaboration with the Global Fund to support grant applications and the implementation of HIV prevention programmes, especially for programmes focused on AGYW and KPs

### Operational actions

- Support capacity development (and service delivery) of CSOs
- Coordinate support by ROs and COs to community networks operating at both regional and country levels
- Strengthen RO and CO advocacy efforts to enlarge space for meaningful representation and participation by civil society, notably young people and key populations
- Strengthen UNFPA advocacy with national governments and other partners to increase and sustain CSO financing, especially in MIC and UMIC countries
- Strengthen the capacity of ROs and COs to support the application for and implementation of Global Fund grants

## Recommendation 6: Coordination and sustainability

Take action to address risks to the sustainability of the HIV response and advocate and collaborate to promote sustainable HIV programming and the integration of HIV into national and sector development programmes.

Advocate for increased emphasis on prevention within HIV responses under national stewardship and support national strategies and plans for incorporation of the essential package of SRHR interventions, including on HIV/STIs, into UHC mechanisms.

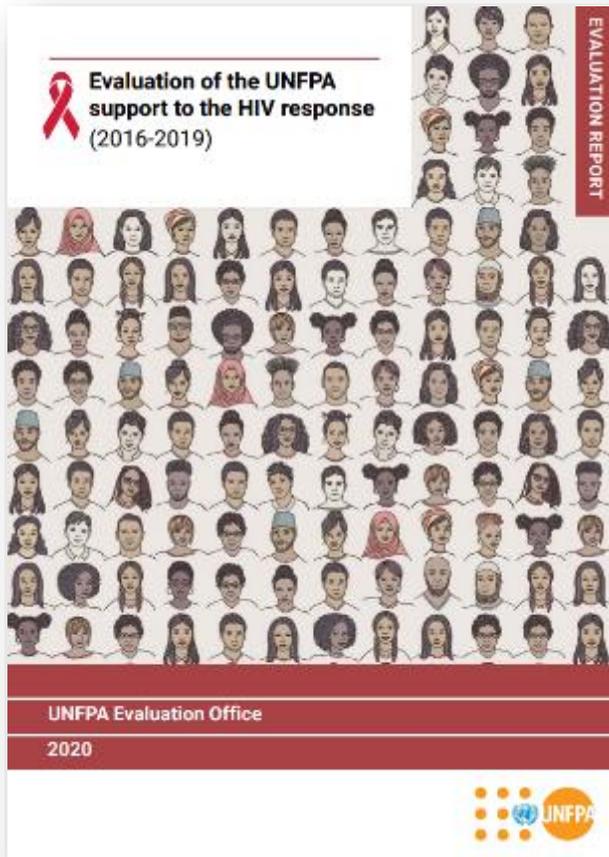
Consider technical assistance to national authorities developing proposals for external funding for the HIV response and ensure that the support to capacity development of health-care providers for family planning and other SRHR services does incorporate rights-based HIV prevention, testing and treatment

### Operational actions

- Increase advocacy for sharing lessons in effective sustainability strategies at national level
- Develop RO and CO capacity to assess cost efficiency of HIV prevention and testing and treatment interventions
- Collaborate with WHO on efforts to move toward UHC and address implications for the HIV response and SRHR essential packages
- Emphasize efficiency gains resulting from SRHR/HIV/SGBV integration

**Directed to : Technical Division, Regional and Country Offices**

# Thank you



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For more information, read the evaluation materials available at [unfpa.org/evaluation](https://unfpa.org/evaluation)

- Evaluation Report
- Executive Summary (En, Fr, Sp)
- Evaluation Brief
- Country Notes (Georgia, Indonesia, Namibia)
- Management Response

For any questions on the evaluation, contact Louis Charpentier at [charpentier@unfpa.org](mailto:charpentier@unfpa.org)

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