



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



UNFPA Evaluation Office

2020



PURPOSE AND SCOPE OF THE EVALUATION

UNFPA is a key partner in the global response to the human immunodeficiency virus (HIV). It works at global, regional and national levels and advocates for sexual and reproductive health and rights (SRHR), scaling up integrated SRHR services, intensifying HIV prevention, supplying male and female condoms and lubricants, and tackling gender inequalities. UNFPA is a founding Cosponsor of UNAIDS and, in the UNAIDS Division of Labour, is a co-convenor (with UNDP) on HIV prevention among key populations. UNFPA is also a co-convenor on HIV prevention among adolescents and youth (with UNICEF and UNESCO), and the integration of SRHR and HIV services (with WHO).

The purpose of this evaluation is to assess the performance of UNFPA in integrating its support to the HIV response within the broader context of SRHR, population dynamics, gender equality and human rights. The evaluation covers the period 2016-2019 and all types of interventions and responses to HIV supported by UNFPA at global, regional and national levels.

METHODOLOGY

The evaluation aims to identify the contribution made by UNFPA and adopts a theory-based approach with analysis of the intended results of UNFPA support. It also analyses the contextual factors related to the nature of the HIV epidemic and the response. The evaluation team developed a theory of change for all aspects of UNFPA support and, ultimately, detailed evaluation questions, which set out the areas of research. Associated with each question, key causal assumptions were tested via indicators using primary and secondary data gathered, analysed and presented by the evaluation team.

Data collection was structured around two regional and five country case studies supported by a wide range of methods: key informant interviews, a review of all relevant documents and data sets at global, regional and country level, and an online survey of key informants in 59 countries.

MAIN FINDINGS

✓ **The UNAIDS Division of Labour has served as an organizing framework to guide UNFPA efforts to promote HIV prevention and to link and integrate sexual reproductive health and rights/HIV/sexual gender-based violence (SRHR/HIV/SGBV) programming and services.**

Some UNFPA regional offices and country offices studied have been able to match their respective capacities, comparative advantages and mandates to their assigned role in HIV support, often with minimal resources. Country offices in Eastern Europe and Central Asia (EECA) and East and Southern Africa (ESA) have benefited from technical assistance, coordinated advocacy and programmatic support from regional offices: a level of support which may not be available in other UNFPA regions. For UNFPA overall, there is a tension between the role UNFPA has assumed under the UNAIDS Joint Programme, and the perceived diminished priority of HIV within the UNFPA strategic plan 2018-2021 (with reduced human and financial resources allocated to HIV dedicated programming). This has limited the ability of UNFPA to fulfil its expected leadership roles.

✓ **UNFPA has directed considerable effort towards promoting the rights of the most vulnerable, including adolescent girls and young women, other young people at risk and key populations.** This includes identifying crucial issues for policy and advocacy, and supporting efforts to improve the legal and policy environment for young people and key populations. However, these efforts are hindered by the fact that the transformative results in the UNFPA strategic plan 2018-2021 do not refer specifically to the rights of young people and key populations in relation to HIV prevention, testing and treatment (although the ESA Regional Office has adopted a fourth transformative result: *The elimination of sexual transmission of HIV and sexually transmitted infections*). Another constraint to effective rights promotion has been the limitations UNFPA has experienced in basing its groundwork for rights policy and advocacy on an understanding of the challenges faced by the most vulnerable at the point of service delivery.

✓ **UNFPA has demonstrated a commitment to promoting linkages and supporting the integration of SRHR/HIV/SGBV services to improve access for marginalized, at-risk persons and key populations.** UNFPA has also contributed to achieving quality, client-centred services at country level, especially in ESA, with strong support from the regional office, effective regional partners, and access to multi-year/multi-country funding for support to linkages and integration. However, efforts to scale integration of SRHR/HIV/SGBV services to national level face significant institutional and operational challenges. UNFPA has gained important experience at the regional and national level in ESA, but this does not yet sufficiently inform advocacy at global level. There is also a gap in UNFPA support to supply chain management for condoms and, in general, support to comprehensive condom programming (CCP) in the countries studied.

✓ **UNFPA has been active in forging partnerships and working with networks on critical aspects of the HIV response.** At regional and country level, UNFPA has demonstrated an ability to foster strong relationships with organizations and networks led by adolescents, youth and key populations to support their capacity to engage meaningfully in national dialogue and action. At global level, a lack of common understanding within the organization on the priority assigned to the HIV response impairs UNFPA capacity to execute its mandate for leadership on HIV prevention. For instance, UNFPA has not yet maximized its comparative advantage and taken a lead role in revitalizing condom programming and SRHR/HIV/SGBV integration in response to the ECHO trial that highlighted the need to integrate HIV prevention, including condom programming, into family planning services.

✓ **UNFPA is an active and respected participant in mechanisms for coordinating support to the HIV response at global, regional and national levels.** At global level, UNFPA staff participate actively in mechanisms and processes for budgeting and accountability of the UNAIDS Joint Programme and play a central role in the UNAIDS Committee of Cosponsoring Organizations (CCO) and the Global HIV Prevention Coalition. At both regional and country levels, UNFPA has supported efforts to improve sustainability and encourage national investment alongside its United Nations partners and other sources of financial support. However, many countries remain highly dependent on external sources of finance for HIV prevention.

CONCLUSIONS

1

UNFPA has been able to utilize the UNAIDS Division of Labour to guide its support to the HIV response in a manner consistent with its comparative advantages. However, UNFPA strategic plan 2018-2021 does not explicitly recognize the central role UNFPA should play in preventing sexual transmission of HIV and realizing the rights and meeting the needs of key populations. As a result, there is an imbalance between the outward-facing ambition of UNFPA to fill a leadership role in the global HIV response and the inward-facing attention and priority paid to this responsibility. This imbalance, combined with the lack of an agreed UNFPA HIV strategy supported by a theory of change, and the necessary financial and human resources, has limited the ability of UNFPA to use advocacy to shape the global agenda and ensure prioritization of comprehensive HIV prevention. In countries where external resources are limited and the allocation of UNFPA core resources is constrained by the UNFPA business plan, these factors have contributed to an insufficient level of attention to HIV prevention in family planning and a lack of prioritization for comprehensive condom programming.



2

UNFPA has made important contributions to realizing the rights and meeting the needs of the most vulnerable, including adolescent girls and young women and key populations. However, a number of factors inhibit the capacity of UNFPA to play its expected role in championing their rights and the ability of country offices to engage on sensitive issues in order to reform the broader legal and policy framework. The absence (at corporate level) of a transformative result conveying a strong priority for realizing the rights of, in particular, key populations, and the lack of an explicit strategy for UNFPA support to the HIV response, diminish the focus required for more effective action on rights. This is further limited by a UNFPA business model that does not foresee service delivery as a mode of engagement in many countries, hence constraining the capacity of country offices to address the ability of the most vulnerable and key populations to access quality services in HIV prevention, testing and treatment free from discrimination. These are often countries (as in EECA) where the pace of HIV infection is rising and is concentrated among key populations. Yet, support to rights promotion and meeting the needs of the most vulnerable is of limited effectiveness when not rooted in efforts to improve access to rights-based services.

3

UNFPA support has demonstrated that linking and integrating SRHR/HIV/SGBV programmes and services is an effective approach to meeting the needs of adolescent girls and young women, other vulnerable groups and key populations. UNFPA has also responded effectively to the proven link between sexual and gender-based violence and HIV infections among adolescent girls and young women by extending the integration agenda to include SGBV. UNFPA has made an important contribution to achieving quality, integrated services in SRHR/HIV/SGBV, especially in countries taking part in the *2gether 4 SRHR* programme in ESA. This can be attributed to access to consistent financial support for this large multi-country project focused on linkages and integration, combined with a strong regional partnership with the Southern Africa Development Community (SADC), and sustained advocacy and technical support by UNFPA staff. However, the understanding, level and nature of support to integration varies widely across UNFPA regions and countries. Furthermore, the relative absence of UNFPA support to comprehensive condom programming in many countries can undermine some of the results obtained through linkages and integration of SRHR/HIV/SGBV.

4

UNFPA has effectively forged partnerships and worked with networks at regional and country level to promote meaningful participation of adolescent girls and young women, key populations and other vulnerable groups in the policy process. UNFPA has also contributed to the effectiveness of networks and civil society organizations (CSOs) led by adolescents, youth and key populations. However, empowering these partners requires adequate and sustained investment over time in order to build their capacity to engage in advocacy and policy-making to improve the HIV response, broader SRHR policies and the overall legal framework. Yet, UNFPA support to networks is currently constrained by a lack of guidance on how to extend participation beyond the stages of programme design and implementation into accountability by partner governments for effectively realizing the rights of young people, key populations and other vulnerable groups.

5

UNFPA participates actively in platforms and mechanisms for coordinating actions in support of the HIV response at global, regional and national levels. These platforms have successfully avoided duplication of efforts and conflicting messages from the United Nations country teams in host countries. UNFPA participation in coordinating mechanisms does, however, require a significant investment of time and resources. In addition, coordination among partners with a view to increasing and sustaining investments in HIV prevention, testing and treatment has been limited. This is despite the fact that the need is particularly acute in countries transitioning to upper-middle income country (UMIC) status, where resource-allocation models for large-scale programmes can result in abrupt reductions in multilateral support. Reliance on external funding for key aspects of the HIV response by many countries presents a continuing risk to the sustainability of progress made.

RECOMMENDATIONS

1

Clarifying the role and strategic orientations of UNFPA on HIV

While the UNAIDS 2018 Division of Labour helps to guide UNFPA interventions, it cannot replace a clear statement from UNFPA senior management regarding the roles and responsibilities of the organization in the HIV response. UNFPA, as a matter of organizational priority, should develop and adopt a strategy for its support to the HIV response. This strategy should include the appropriate level of human and financial resources, setting priorities, and accommodating the flexible application of the business model. It should be supported by a theory of change detailing the role of UNFPA at global, regional and national levels, 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, in support of the transformative results of the UNFPA strategic plan 2018-2021.

2

Meeting the needs of those left behind and promoting their rights

UNFPA needs to take steps to close the gap between rhetoric and action regarding human rights-based approaches in SRHR. To this end, it should develop tools for operationalizing the 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 adolescent girls and young women, key populations and other vulnerable groups - as a core strategic pillar of UNFPA work in support of the HIV response. It should also include efforts to promote rights literacy among UNFPA staff, service providers and communities. Finally, it should encompass the strengthening of accountability mechanisms or other components related to the identification (and follow-up) of potential violations of rights, especially in relation to access to quality SRHR services.

3

Linking and integrating SRHR/HIV/SGBV

Linking and integrating SRHR/HIV/SGBV services is key to an effective and sustainable national response to HIV. There is a need for UNFPA to 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 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.

4

Asserting leadership in comprehensive condom programming

UNFPA should continue to assert the critical importance of comprehensive condom programming and promoting its role in championing triple protection (prevention of HIV, other sexually transmitted infections (STIs) and unintended pregnancies). This should include providing support to condom programming (male and female condoms and lubricants) that is comprehensive and covers both supply and demand. Important elements of a comprehensive approach should include, in particular, further integration of condom programming into UNFPA support to family planning programmes. It 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.



