End Review of UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV

Final Report

Executive Summary

About the Agenda

The UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV ("the Agenda") was developed in 2009 as an operational plan supporting the 2009-2011 UNAIDS Action Framework Addressing Women, Girls, Gender Equality and HIV. The Agenda was implemented from 2010 to 2014 under the leadership of the UNAIDS Secretariat and in partnership with UNAIDS co-sponsors, governments, development partners, and civil society. UNDP, UNFPA, and UN Women acted as co-convenors of the Agenda and shared accountability for its overall implementation. The Agenda was focused on country-level implementation, and was structured around three strategic pillars: 1) *knowing your epidemic and response*; 2) *translating political commitments into scaled-up action*; and 3) *creating an enabling environment*. It offered a set of 26 strategic actions that countries could choose from depending on their context and established priorities. Approximately 100 countries have committed to implementing the Agenda, and 80 of them had reported on the Agenda's Scorecard by the end of 2013.

Purpose and Objectives of the End Review

The purpose of this End Review was to provide recommendations on future strategic orientations and interventions in the area of women, girls, gender equality and HIV, and to identify accountability mechanisms best suited to any future approach adopted by UNAIDS. The specific objectives of the End Review were to: 1) assess the Agenda's successes and challenges in terms of fostering gender-responsive approaches in the context of HIV; 2) assess the Agenda's successes and challenges in providing a platform for action and accountability, and increasing visibility and political commitment; 3) identify key elements of new guidance and strategies that have emerged since 2010 and determine whether the current Agenda is 'fit-for-purpose'; 4) identify key changes in the political landscape since 2010, as well as challenges and barriers that have hindered progress; and 5) review whether the recommendations of the mid-term review (MTR) conducted in 2012 have been implemented. The End Review covered the entire timeframe of the Agenda, particularly the period that followed the 2012 MTR.

Methodological Approach

The End Review was conducted over a period of eight months, from February to September 2015, and used four main lines of evidence. Firstly, the team conducted an in-depth review of global, regional, and country-level strategic and guidance documents collected from the UNAIDS Secretariat and UNAIDS Regional Gender Advisers in three regions[1]. Secondly, the team travelled to New York City to conduct a global consultation with key stakeholders from Civil Society Organizations (CSOs) at the margins of the 59th Commission on the Status of Women (CSW) in March 2015. Thirdly, an additional 21 in-person and telephone interviews were conducted with representatives from the UNAIDS Secretariat, Regional Gender Advisors in six regions[2], Regional Directors in three regions[3], and representatives of UNAIDS co-sponsoring organizations[4]. Fourthly, an online survey was conducted as part of the methodology. A total of 247 individuals across four target groups (co-

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[1] Latin America, Eastern and Southern Africa, and Asia and the Pacific

[2] Eastern and Southern Africa, Middle East and North Africa, Asia and Pacific, Eastern Europe and Central Asia, Latin America, and the Caribbean

[3] Eastern and Southern Africa, Asia Pacific and Latin America

[4] UNDP, UNFPA, UN Women, UNHRC, UNICEF, UNODC, and WHO

sponsors, civil society organizations/faith-based organizations, governments, and donors) and seven regions were contacted and 62 respondents (25%) completed the questionnaire in full. The team then met to perform a meta-analysis, identify key findings, and develop recommendations. A five-page document was first submitted to the Reference Group for comments, before the team ultimately produced the present 40-page final report, which was finalized after a round of comments.

Summary of Findings

The End Review identified a number of key findings under the four evaluation components:

In terms of effectiveness, the Agenda had an overall positive effect as a political platform in mobilizing CSOs and governments around issues related to gender equality in the context of an HIV response. It contributed to generating new partnerships and creating spaces for dialogue, leading to increased visibility and awareness of these issues. The End Review also found that it contributed to increased participation of networks of women living with HIV in global fora, which led to them having greater influence in decision-making processes, as well as increased empowerment of individual women and girls through training and greater inclusion. However, more support is still needed to create an enabling environment for women and girls in the context of HIV.

Further, the End Review found that the Agenda contributed to generating new evidence on the needs of women and girls in the context of HIV, which has been used to inform National Strategic Plans (NSPs) and concept notes of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. However, the limited availability of sex-disaggregated data, as well as the difficulties in costing gender-related activities in NSPs and UNAIDS's new Programming and Costing Tool continue to pose challenges in some countries. Furthermore, though support to the Global Fund concept notes contributed to generate funding, financial support to governments and CSOs remained insufficient overall.

In terms of coordination and support mechanisms, the End Review stressed the need to streamline planning and budgeting processes to ensure more effective implementation. While the Agenda was integrated into UNAIDS's Strategy 2011-2015 and the corresponding Unified Budget, Results and Accountability Framework (UBRAF), linkages between both could have been stronger. As a result, the scope of the Agenda in relation to other gender-related activities was not always clear, especially among co-sponsors, who strongly emphasized the need to fully integrate future UNAIDS activities on gender equality into the Strategy and UBRAF. The End Review also found a positive relationship between the Agenda and stakeholders' ownership and commitment, thus reinforcing the notion that all stakeholders should be involved in planning. More leadership from both the UNAIDS Secretariat and co-sponsors could have ensured a more effective implementation of the Agenda and its integration into existing UN coordination mechanisms on gender. Nevertheless, several positive adjustments were made to address this concern following the 2012 MTR.

Finally, the absence of a robust M&E system limited performance management. The Scorecard was innovative and added value, as it introduced new indicators on gender inequalities. However, lessons learned point to a need for stronger quality assurance and streamlining with existing M&E processes at country level.

In terms of relevance, most stakeholders noted that the design of the Agenda was most relevant in regions with generalized epidemics[5]. It was less applicable in regions with concentrated epidemic because it lacked a focus on key populations (though it did contribute to broadening the discussion on gender equality dimensions in the wider society). The majority of stakeholders stressed that relevance could be enhanced by focusing on key populations and thematic areas, based on regional specificities. Most emphasized the relevance of working toward gender-transformative responses,

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[5] Eastern and Southern Africa and Western and Central Africa

while ensuring that context-specific gender equality dimensions are not overshadowed by the fast-tracking approach proposed in the UNAIDS Strategy 2016-2021.

In terms of the external environment, several Sustainable Development Goals (SDGs) provide significant opportunities to foster more gender-transformative responses to the HIV epidemic. This includes SDGs 3, 5, 10, 16 and 17, as addressed in the new UNAIDS Strategy, but possibly others with linkages to gender equality and women's empowerment. They constitute opportunities for UNAIDS to link HIV with other gender equality initiatives and mobilize resources. However, it is unclear whether the SDGs sufficiently address the structural causes fuelling HIV-linked gender inequalities. This is a particular concern in the context of an increasingly conservative political arena, which does not always recognise the rights of key populations[6] and the importance of engaging men and boys. The 60th CSW and 2016 High-Level Meeting on HIV represent crucial means to advocate for the importance of engendering all aspects of the HIV response and leaving no-one behind.

Recommendations

The following recommendations are primarily addressed to the UNAIDS Secretariat and co-sponsors. They also have important implications for all other global, regional, and country-level stakeholders involved as part of the Agenda.

1) Streamline gender and HIV into the UNAIDS Strategy 2016-2021 and its corresponding UBRAF, rather than addressing these as a separate operational framework such as the Agenda. A review of the implementation of the strategy and UBRAF should be conducted at the mid-way point to verify that this approach adequately enabled UNAIDS to address gender dynamics in the context of HIV.

2) Strengthen the capacity of the UNAIDS Joint Programme to lead, coordinate, communicate and support the implementation of gender-related programming at country-level.

3) Strengthen, streamline, and harmonize country-level reporting by considering the possibility of replacing the Scorecard with gender-sensitive National Composite Policy Index (NCPI) indicators and Global Monitoring Indicators on the SDGs.

4) Develop an advocacy communication plan that allows UNAIDS to capitalize on global opportunities on gender and HIV.

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[6] Such as men who have sex with men, transgender, sex workers and people who inject drugs.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapies
AP	Asia and the Pacific
CAR	Caribbean
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	Civil Society Organization
CSE	Comprehensive Sexuality Education
CSW	Commission on the Status of Women
EECA	Eastern Europe and Central Asia
EMTCT	Elimination of "Mother to Child" Transmission (of HIV)
ESA	Eastern and Southern Africa
FBO	Faith-based Organization
GARPR	Global AIDS Response Progress Report
GBV	Gender-based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIC	High Impact Country
HIV	Human Immunodeficiency Virus
IATT	Interagency Task Team (on Women, Girls, Gender Equality and HIV)
ICPD	International Conference on Population and Development
ICW	International Community of Women living with HIV/AIDS
IPT	Intimate Partner Transmission
IPV	Intimate Partner Violence
JPMS	Joint Programme Monitoring System
LA	Latin America
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex people
MDGs	Millennium Development Goals
MENA	Middle East and North Africa
MTR	Mid-term Review
M&E	Monitoring and Evaluation
NCPI	National Commitments and Policy Instrument (NCPI)
NSP	National Strategic Plan (on HIV)
OAS	Organization of American States
OECD/DAC	Organisation for Economic Co-operation and Development/Development Assistance Committee

Acronyms

PCB	Programme Coordinating Board
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
RGA	Regional Gender Advisor
RST	Regional Support Team
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
STI	Sexually Transmitted Infections
TasP	Treatment as prevention
TOR	Terms of Reference
UBRAF	Unified Budget, Results and Accountability Framework
UMG	Universalia Management Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WCA	Western and Central Africa
WHO	World Health Organization

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1   Introduction

The Universalia Management Group Limited (Universalia) is pleased to submit this Final Report to UNAIDS for the **End Review of UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV** (the Agenda).

The purpose of the Final Report is to present the findings and recommendations emerging from the End Review. The report is organized as follows:

- Section 1 provides an overview of the global context and a brief description of the UNAIDS Agenda for Country Action. It also describes the purpose, objectives and scope of the End Review;

- Section 2 presents the findings of the End Review;

- Section 3 summarizes the main conclusions and matters for consideration emerging from the review process;

- Section 4 presents a series of recommendations for future actions by UNAIDS on women, girls, gender equality and HIV;

- Appendices include the Terms of Reference (TOR), the End Review Matrix presenting the key questions covered by this review, the methodological approach, a list of documents reviewed, a list of key informants consulted and the data collection tools (e.g., interview protocols, online survey questionnaire).

1.1   Global Context

Today, there are approximately 36.9 million people living with HIV in the world, with sub-Saharan Africa and the Caribbean having the highest prevalence rates. New infections have decreased by 35% worldwide since 2001, with approximately 2 million people having acquired HIV in 2014.[7] However, since 2011 new HIV infections have increased in Eastern Europe, Central Asia, North Africa and the Middle East, and parts of Asia and the Pacific. Globally, approximately 50% of people living with HIV are women, though this percentage is higher in some regions, such as sub-Saharan Africa where 59% of people living with HIV are women.[8] Socio-economic, political and cultural gender inequalities play an important role in increasing the vulnerability of women and girls to HIV. Data indicates that only 24% of young women possess comprehensive knowledge of HIV, compared to 36% for their male counterparts.[9] Women also tend to have less control over resources and decision-making, including with regards to their own health, than their male partners and often do not have the ability to negotiate safe sex or demand that a condom be used during sexual intercourse. Women who experience gender-based violence are also more at risk of acquiring HIV. According to the World Health Organization (WHO), exposure to intimate partner violence (IPV) is associated with a 1.5 fold increase in the risk of STI and HIV transmission.[10] Key populations from different regions are

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[7] UNAIDS. (2015). "2014 Global Statistics: Fact Sheet".
http://www.unaids.org/sites/default/files/media_asset/20150714_FS_MDG6_Report_en.pdf Accessed on 10 November 2015.

[8]UNAIDS. (2014). "The Gap Report": p. 127.

[9] UNAIDS. (2012). Statement for the 45th session of the Commission on Population and Development Special Theme: Adolescents and Youth. 23-27 April 2012. P. 3.

[10]WHO and the Global Coalition on Women and AIDS. (n.d.). "Violence Against Women and HIV/AIDS: Critical Intersections", Information Bulletin Series, Number 1.

affected by the HIV epidemic differently.[11] According to UNAIDS' 2014 Gap Report, young women are most affected by HIV in sub-Saharan Africa, where "women acquire HIV five to seven years earlier than men".[12] In that region, new HIV infections among women and girls aged 15-24 are approximately twice that of their male counterparts from the same age group. In the Caribbean, young women are 1.2 times more likely than young men to acquire HIV. This is particularly true in Haiti where young women aged 20-24 are three times as likely to be HIV positive.[13]

In Latin America, on the other hand, transgender women and female sex workers constitute the key populations that are most affected by HIV.[14] Similarly, the highest number of new HIV infections in Asia and the Pacific, which has on its territory six of the fast-track countries identified by the UNAIDS Strategy (2016-2021),[15] is among key populations including female and transgender sex workers.[16] In Eastern Europe and Central Asia and the Middle East and North Africa, female sex workers are also more vulnerable to HIV, in addition to female sex partners of men who inject drugs.[17]

UNAIDS and the Global Response to HIV/AIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) coordinates the United Nations response to the HIV epidemic and is supported by eleven co-sponsors[18] who contribute to implementing its 2011-2015 Strategy 'Getting to

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Developments in the global context since 2010

The **2011 Political Declaration of Commitment on HIV/AIDS** builds on previous declarations (2001, 2006) and sets ten 2015 targets for the global response to HIV/AIDS. The declaration also recognizes that gender inequalities and gender-based violence increase women's vulnerability to the epidemic. It also highlights that access to sexual and reproductive health has been and continues to be essential for HIV and AIDS responses and that Governments have the responsibility to provide for public health, with special attention to families, women and children.

Resolution 1983 (2011) calls for the inclusion of HIV/AIDS prevention treatment, care and support in peacekeeping operations.

UNSG 2012 Report to the 56th Commission on the Status of Women emphasizes the importance of addressing the needs of women and girls in the HIV/AIDS response using 'gender transformative' approaches which address gendered aspects of the epidemic in ways that reduce, rather than entrench, gender-linked vulnerabilities.

The **Global Fund Strategy 2012-2016** aims to invest funds for the HIV response more strategically by focusing on high-impact countries and ensuring inclusion of most-at-risk populations and gender issues.

The **UNAIDS Strategy 'Getting to Zero' (2011-2015)** includes human rights and gender equality as one of three pillars, and zero tolerance toward gender-based violence.

Other international instruments with HIV objectives embedded (e.g., CEDAW, Beijing Platform, AU, creation of UN Women in 2010 which joined as a UNAIDS co-sponsor in 2012, etc.)

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[11] Key populations vary depending on region and are discussed across the report. They include young women, girls, sex workers, pregnant women, men who has sex with men, people who inject drugs, transgender people, migrants and prisoners.

[12] UNAIDS. (2014). "The Gap Report": p. 135.

[13] UNAIDS. (2014). "The Gap Report": p. 54.

[14] Ibid: p.84.

[15] People's Republic of China, India, Indonesia, Myanmar, Pakistan and Viet Nam. See UNAIDS (2015) "UNAIDS Strategy for 2016-2021: Fast-tracking to zero", *Draft for review*.

[16] Ibid.

[17] UNAIDS. (2014). "The Gap Report": p.64

[18] UNAIDS' eleven co-sponsors are UNHCR; UNICEF; WFP; UNDP; UNFPA; UNODC; UN Women; ILO; UNESCO; WHO and the World Bank.

Zero'. As per UNAIDS' governance, UNAIDS' Committee of Cosponsoring Organizations (CCO) is composed of the head of co-sponsoring organizations who are each supported by their respective global coordinator and focal point. Global Coordinators and Focal Points are responsible for providing input to the head of their respective co-sponsoring organization on strategic matters to be considered by UNAIDS and are also responsible for ensuring that policy, strategic and technical guidance from UNAIDS are integrated into their own programming and results frameworks.   As per UNAIDS's division of labor, the co-sponsors UNFPA, UNDP and UN Women[19] are conveners for 'meeting the needs of women and girls and stopping sexual and gender-based violence'.[20]

The response to HIV has been deeply grounded in the contribution of people directly affected by HIV built on the GIPA principle (greater involvement of people living with HIV). Seven hundred and thirty-eight civil society groups were engaged in the roll out of the Agenda in almost 100 countries.[21] The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has recently increased its focus on gender following an assessment of their grants and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has established a criterion for the integration of gender assessments into Country Operation Plans (COPs).

The year 2015 represents the end date for the targets set in the 2011 Political Declaration of Commitment on HIV/AIDS and for MDG 6 on HIV (of 8 MDGs). A new set of 17 global Sustainable Development Goals (SDGs) and Post-2015 Development Agenda has been adopted at the September 2015 United Nations Summit. SDGs do include HIV as a target under the health goal.[22] Notably, there is a SDG on gender equality and empowerment of women, and a new SDG addressing social justice. The adoption of the post-2015 Development Agenda therefore marks a historical turning point in the global HIV response as the international community works toward ending the HIV epidemic as a public health threat by 2030. To that effect, "Member States and the Joint Programme [have been] requested to accelerate and scale up efforts to secure an appropriate and prominent place for AIDS in the post-2015 agenda, including its human rights and gender equality dimensions".[23]

2015 has also been an important year for UNAIDS as it updated its organization-wide strategy for 2016-2021[24] and is in the process of preparing for the upcoming 2016 General Assembly High-Level Meeting on HIV/AIDS. The global response is faced with numerous challenges including polarization among member states on the recognition of women's sexual and reproductive health and rights, and the insufficient consideration for gender equality in some UN discourses, decisions and resolutions.

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[19] UN Women became a co-sponsor of UNAIDS in 2012.

[20] UNAIDS. (2012) "UNAIDS Division of Labour Matrix".

[21] UNAIDS. (2012). "UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV Mid-Term Review", PowerPoint presentation presented to the PCB at its 29th Meeting.

[22] Some commentators observe that SDGs are more ambitious and better integrate gender equality than the MDGs (which were narrower in scope, goals and targets).

[23] UNAIDS. (2014). "Update on the AIDS Response in the post-2015 Development Agenda", PCB 35th Meeting, Report no.: UNAIDS/PCB (35)/14.20.

[24] The development of the UNAIDS Strategy (2016-2021) involved a 10 months process with 13 consultations, including 7 in UNAIDS regions, 2 in North America, 1 in Western Europe, 1 global and 2 virtual consultations. The UNAIDS Secretariat and co-sponsors worked closely together and engaged a vast array of stakeholders including network of people living with HIV, Member States, civil society organizations representing young people, women and girls and key populations, development partners and international and regional organizations.

1.2 Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV

The UNAIDS' Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV 2010-2014 (the Agenda), which is the object of this End Review, was developed in 2009 through a highly consultative process led by a Global Task Force on Women, Girls, Gender Equality and HIV.[25] The Global Task Force was informed by the deliberations of three Working Groups (based on the three pillars of the Agenda) which comprised of members from civil society organizations including networks of women living with HV, the women's rights movement and men and boys organisations working towards gender equality, governments, academia, some UNAIDS co-sponsors (UNDP, UNFPA), UNIFEM (now UN Women and a UNAIDS cosponsor), and other development partners. The Agenda was developed, in response to a request from the 24th Programme Coordinating Board (PCB) meeting, which called for global guidance to assist countries in planning, programming and implementing accelerated actions that address the HIV specific needs of women and girls and gender equality.

The Agenda was intended to act as an operational plan to the UNAIDS Action Framework Addressing Women, Girls, Gender Equality and HIV (2009-2011). The Agenda, which was focused on country-level implementation, was structured around three main recommendations – knowing your epidemic and response, translating political commitments into action, creating an enabling environment (see sidebar) – and offered a set of 26 strategic actions which countries could choose from depending on the country context and their established priorities, while recognising that some actions are critical to achieve results.[26] In addition to the aforementioned strategic actions, the Agenda also included several "accountability" targets and a set of outputs which were expected for the co-sponsors to implement, although no designated funding was provided. The implementation period of the Agenda started in 2010 and ended in December 2014. In October 2011, a multi-stakeholder consultation took place in Bangkok on the implementation of the Agenda. During the entire implementation period, approximately 100 countries committed to implementing the Agenda. At the end of 2013, 80 countries had reported on the Scorecard, the Agenda's main accountability tool.[27] Funding from Ireland, Denmark, Luxemburg, Finland, Norway, and Germany was critical to the implementation of the Agenda.

UNDP, UNFPA and UN Women (since 2012) acted as co-convenors of the Agenda along with the UNAIDS Secretariat and UNAIDS staff in regions and countries. The co-convenors played an important role in implementing the Agenda through their respective comparative advantages,

> **The Agenda's three recommendations**
>
> 1. Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV and ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls.
>
> 2. Reinforce the translation of political commitments into scaled-up action and resources for policies and programmes that address the rights and needs of women and girls in the context of HIV, with the support of all relevant partners, at the global, national and community levels.
>
> 3. Champion leadership for an enabling environment that promotes and protects women's and girls' human rights and their empowerment, in the context of HIV, through increased advocacy and capacity and adequate resources.

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[25] For more information on this Global Task for and its three working groups, please refer to the "Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV: Operational plan for the UNAIDS action framework: addressing women, girls, gender equality and HIV": p.27-28.

[26] UNAIDS. (n.d.). "Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV: Operational plan for the UNADIS action framework: addressing women, girls, gender equality and HIV".

[27] UNAIDS. (2014). "Scorecard on Gender Equality in National HIV Responses": p.4.

notably in: 1) advocating for sexual and reproductive health services and rights, and against gender-based violence, discrimination, and stigmatization (UNFPA); 2) leveraging partnerships among government/civil society representatives for policy-making processes that mainstream gender (UNDP); and 3) increasing women's leadership and participation, as well as integrating gender equality into national planning and budgeting (UN Women).[28] The UNAIDS Secretariat assumed leadership, coordination and advocacy role in both the development and implementation of the Agenda. Key partners in the implementation of the Agenda included governments, the UN Joint Programme on AIDS in countries, development partners and civil society, including networks of women living with HIV, women's rights organizations representatives of key populations, and men and boys organisations working for gender equality. While the UNAIDS Secretariat and its co-sponsors are accountable for overall implementation of the Agenda, accountability for specific actions was also assumed by UN joint teams. A background paper was also prepared in collaboration with civil society to demonstrate the scope of activities being carried out to implement the Agenda, which was shared with the UNAIDS PCB.

A mid-term review of the Agenda was conducted in 2012 to assess achievements and inform the next phases of implementation. The review indicated that 60% of the 90 countries committed to the Agenda had made progress in implementing it while 30% had regressed and 10% had remained the same. The review also highlighted that most progress had been made in translating political commitments into scaled-up action, though it also noted that more was needed to achieve gender-transformative HIV responses and to engage women in HIV programming. Moreover, it noted that coordination and enhanced accountability was needed, and also highlighted inadequate funding as a major impediment to the successful implementation of the Agenda.[29]

The mid-term review provided five recommendations:

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[28] UNFPA. (2014). "UNAIDS Co-sponsor: United Nations Population Fund"; UN WOMEN (2014). "UNAIDS Co-sponsor: United Nations Entity for Gender Equality and the Empowerment of Women"; UNDP (2014). "Gender Equality Strategy 2014-2017".

[29] UNAIDS. (2012). "UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV", Mid-term Review.

REC 1 — UNAIDS and development partners should provide coordinated support to governments and civil society at country level, in particular women living with HIV, women from key populations and women's rights organization, for a tailored gender transformative HIV response that enables social change for gender equality and zero tolerance for violence against women and girls.

REC 2 — UNAIDS, governments and development partners should meaningfully engage networks of women living with HIV, women from key populations, women's rights organizations and groups of men and boys working for gender equality in the development and implementation of relevant laws, policies, strategies and programmes to tailor the multi-sectoral HIV response to the needs and rights of women and girls in all their diversity.

REC 3 — UNAIDS and development partners should assess the inclusiveness of the HIV response to ensure that women, adolescent women and girls in all their diversity including from key populations are able to access gender-sensitive and comprehensive services, including comprehensive sexuality education.

REC 4 — UNAIDS, Governments and development partners should ensure sustained and scaled-up funding for the cause for women, girls, gender equality and HIV, as well as for the networks of women living with HIV, women from key populations and women's rights organizations, through funding mechanisms such as the Global Fund and the UBRAF, as part of shared responsibility and strategic investment approaches.

REC 5 — UNAIDS should collaborate with civil society, in particular women living with HIV, women from key populations and women's rights organizations, to promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and human rights within post 2015 global development priorities, so that gains made for women, girls and gender equality in the context of HIV are sustained and expanded.

1.3 Purpose, Objectives and Scope of the End Review

Purpose

Bearing in mind the upcoming renewal of the UNAIDS Strategy (2016-2021), Sustainable Development Goals, and the 2016 High-Level Meeting on HIV/AIDS, the purpose of the End Review is to provide forward-looking recommendations on future strategic orientations/directions and interventions for women, girls, gender equality and HIV that build on lessons learned from the implementation of the Agenda. The End Review also aims to help identify the accountability mechanism that is best suited to any future approach adopted by UNAIDS on women, girls, gender equality and HIV.

Objectives

The objectives of the End Review are:

- Assess the Agenda's successes and challenges in terms of fostering gender responsive approaches in the context of HIV;
- Assess the Agenda's successes and challenges in providing a platform for action and accountability and increasing visibility and political commitment;

- Identify key elements of new guidance and strategies that have emerged since 2010 and determine whether the content and shape of the current Agenda is 'fit-for-purpose' and what would need to be considered in the future;

- Identify key changes in the political landscape since the launch of the Agenda in 2010, as well as challenges and barriers that have hindered further progress, with a particular emphasis on progress achieved on women, girls and gender equality;

- Review whether the recommendations of the 2012 mid-term review have been implemented.

Scope

The End Review covers the entire timeframe of the Agenda (i.e. 2010 to end 2014) and particularly hones in on the period that followed the 2012 mid-term review (MTR). The End Review notably builds on the MTR recommendations to see if changes have been made since 2012 to address them.[30]

The scope of the End Review covers the following components: Effectiveness (Findings 1-8 in this report); coordination and support mechanisms (Findings 9-12); relevance (Findings 13-14); external environment (Findings 15-16) and areas for recommendation.[31] For further details on the review questions associated with each of these components, please refer to the end review matrix presented as Appendix II. As agreed upon by the UNAIDS Secretariat during the inception phase, the review of the effectiveness component looks at the major successes and challenges under each of the Agenda's three main pillars. The online survey, in particular, provided data to review the effectiveness component especially at country and regional level (e.g., examples of results achieved under each pillar and within each region), though additional regional analysis based on other lines of evidence (e.g., interviews with UNAIDS Regional Gender Advisors) provided more context on what needs to be taken into account for future accountability mechanisms to address gender equality in the HIV response. It should be noted that the End Review did not use a specific sample of countries to assess the extent to which the Agenda was implemented at country level. Rather, the End Review used a regional approach and covered a total of seven regions in which the Agenda was implemented. This includes Eastern and Southern Africa, West and Central Africa, Middle East and North Africa, Asia and the Pacific, Eastern Europe and Central Asia, Latin America and the Caribbean.[32] It should also be noted that the Review Team was not able to collect enough data to fully integrate Western and Central Africa in the analysis.[33]

The End Review was originally intended to be conducted between January and May 2015 as one of the contributions to help frame the way forward in the UNAIDS Strategy (2016-2021). While reading

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[30] The scope of the End Review was developped jointly by the UNAIDS Secretariat and UNAIDS cosponsor and a multi-stakeholder reference group was formed to support the inception phase. Appendix I (terms of reference) Appendix III (methodology) provide more details on the composition and role of the multi-stakeholder reference group.

[31] OECD-DAC Critria for Evaluating Development Assistance include *relevance, effectiveness, efficiency, impact* and *sustainability*. The review team considered the former two criteria (relevance and effectiveness) because they best captured the questions highlighted in the TOR. It is also worth noting that this assignment is a review rather than an evaluation and that it did not intend to evaluate all five criteria.

[32] Respondents from these seven regions were included in the online survey. UNAIDS Regional Gender Advisors from all of these regions except Western and Central Africa were interviewed. The only region that is not covered by the review is Western Europe.

[33] The Review Team was not able to conduct an interview with a Regional Gender Advisor in WCA. Moreover, despite several attempts to follow-up with respondents, only three individuals from this region completed the online survey. The review team did, however, consider relevant documents received pertaining to this region.

this report, it should be taken into consideration that, in reality, these two processes overlapped in time. The End Review focuses on the Agenda from 2010 to 2014 and, as such, does not entail a comprehensive analysis of the UNAIDS Strategy (2016-2021) from a gender equality standpoint.[34] However, where possible, this report presents linkages between findings on the successes and challenges of the Agenda, the emerging recommendations and the strategic implications for UNAIDS moving forward.

2   Findings

2.1   Effectiveness

Finding 1:   Most Agenda results reported pertain to Pillar 1(Knowing your epidemic and response) but some progress was made under Pillar 2 (Translating political commitment into scaled up action) and Pillar 3 (Creating an enabling environment).[35]

The End Review team gathered evidence of results across the full spectrum of the Agenda's strategic orientations. In the online survey conducted as part of the End Review (hereinafter referred to as the End Review survey), respondents provided a wealth of context-specific results pertaining to each of the three pillars of the Agenda.[36] These results were largely corroborated by the document review, CSO consultation and key informant interviews conducted during the End Review.

Pillar 1: Knowing your epidemic and response

A significant proportion of the results reported by respondents through the online survey were in relation to Knowing your epidemic and response (Pillar 1). As illustrated in Figure 2.1, UNAIDS' support to partners for *conducting gender analysis, audits, or assessments* was the most frequently cited contribution to results under this first pillar. More than half (53%) of these responses were from respondents in the AP (28%, n: 7) and EECA (24%, n: 6) regions. *Developing/using sex-disaggregated indicators or data* and *creating greater awareness for gender/HIV issues, dialogue or mobilization*, were the second and third most frequent type of responses, each with 17%. C*ontributing to gender-informed policies and programmes* and *informing NSPs and other national processes* constituted 14% and 10% of overall responses, respectively. Collectively, these results suggest that progress was made in building the evidence and understanding the gender dynamics of those epidemics, and that this information is being used, at least to a certain extent, to inform national processes and policies.

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34 Overall, the UNAIDS Strategy (2016-2021) appears to guide and support locally tailed responses to diverse epidemics and include considerations for human rights and gender equality in terms of its focus on relevant SDGs (3, 5, 10, 16 and 17) and its definition of results areas and targets.

35 Interestingly, the mid-term review reported more progress on Pillar 2. Beyond the fact that the periods covered and methodologies used by the mid-term and end reviews are different, it is unclear what explains this difference in relative progress across the three pillars. Actions taken (e.g., introduction and use of the gender assessment tool) by Agenda stakeholders following the mid-term review could explain some of these differences.

36 While survey questions specifically asked respondents to provide examples of successes and results under each of the pillars, many provided responses which were not aligned with a pillar or represented a challenge rather than a success/result. These responses have been coded *invalid response (n/a) or challenge*.

Figure 2.1   Results achieved under Pillar 1 - Generating and using evidence (N=133)[37]
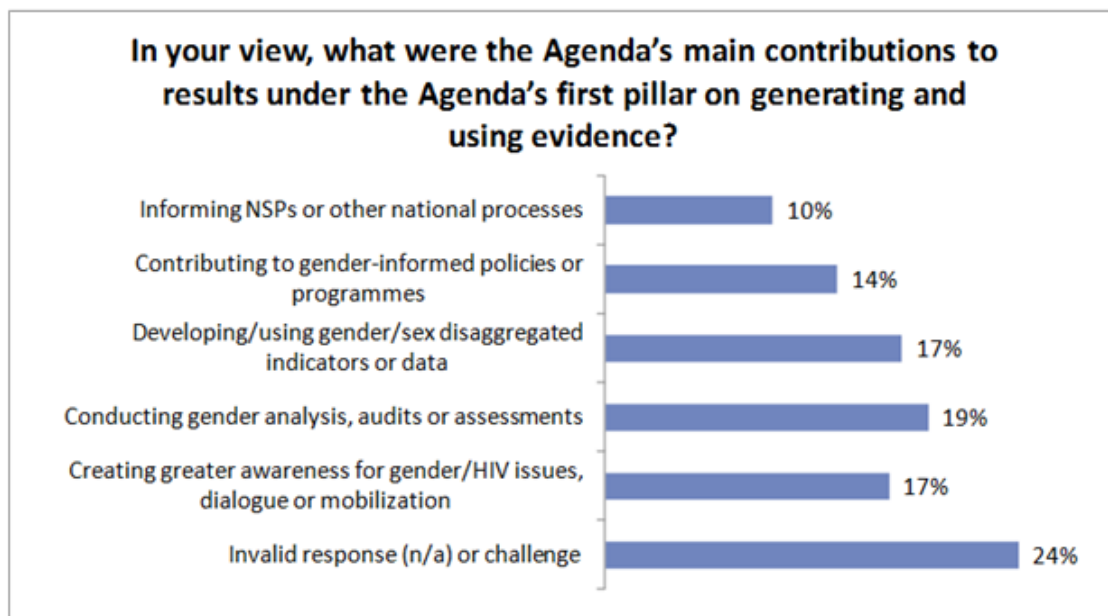
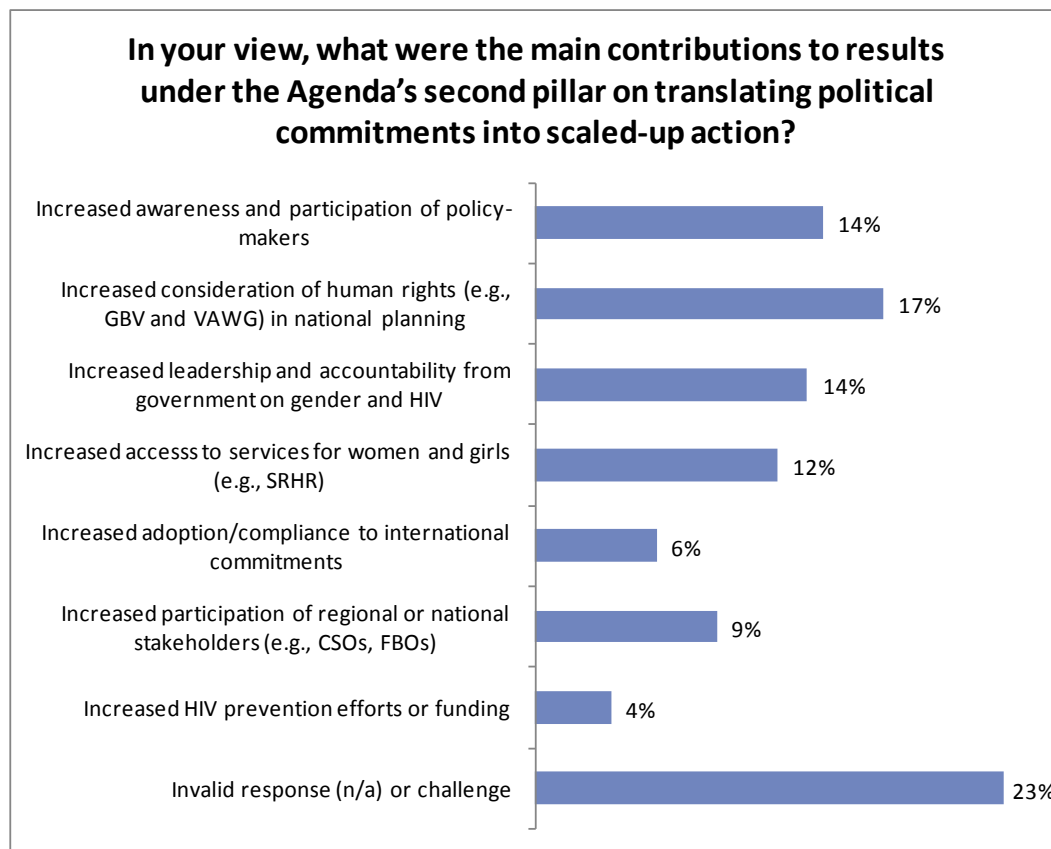## Pillar 2: Translating political commitments into scaled-up action

Under the second pillar of the Agenda (Translating political commitments into scaled–up action), stakeholders often reported an increased consideration of human rights in national planning (17%), increased awareness and participation of policy-makers (14%), and increased leadership and accountability from government on gender and HIV (14%), indicating a relative rise in the commitment of governments to address the needs of women and girls and their HIV responses. As illustrated in Figure 2.2 below, increased access to services for women and girls (12%) and increased participation of regional or national stakeholders (9%) were less often referenced.

Beyond increased political gains in a number of countries (as evidenced by more national planning processes and strategies which take into account the needs of women and girls in the context of HIV), the Agenda also contributed to identifying and addressing challenges which limited further political progress. For instance, while governments were better equipped with the HIV Gender Assessment Tool to conduct gender-responsive situational analyses and inform NSPs, it remained difficult to cost (and therefore budget for and implement) the necessary gender-responsive interventions as part of their respective NSPs. UNAIDS and its partners identified this gap and committed to supporting governments on the issue of costing. UN Women, initially supported by the UNAIDS Secretariat, took the lead in conducting a costing tools workshop. Subsequently and separately, the UNAIDS Secretariat developed a program and costing tool. This tool has been piloted in 2015 in Malawi and Honduras and a technical review group comprising 5 UN agencies, 5 development partners and 4 CSO members was set up to review this tool. UN Women also took the lead in other areas pertaining to gender-responsive budgeting which had broader positive implications for UNAIDS. For instance, UN Women took the lead in convening at Technical Working Group with the Global Fund with

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[37] Three groups of respondents (CSOs/FBOs; co-sponsors; government representatives) were asked to provide written comments on the Agenda's main contributions to Pillar 1. Respondents were allowed to provide a maximum of three comments (corresponding to three different types of results). In total, 59 respondents provided written comments to this question. The total number of responses amounted to 133.

participation of co-sponsors, donors and CSOs.[38] One of the key outputs of the group was a menu of interventions and a mapping of technical support to countries and partners involved in integrating gender equality in GF concept notes. The UNAIDS Secretariat drew on this work to develop the costing tool.

Figure 2.2   Results achieved under Pillar 2 - Translating political commitments into scaled-up action (N=135)[39]

In your view, what were the main contributions to results under the Agenda's second pillar on translating political commitments into scaled-up action?

Category	Percentage
Increased awareness and participation of policy-makers	14%
Increased consideration of human rights (e.g., GBV and VAWG) in national planning	17%
Increased leadership and accountability from government on gender and HIV	14%
Increased access to services for women and girls (e.g., SRHR)	12%
Increased adoption/compliance to international commitments	6%
Increased participation of regional or national stakeholders (e.g., CSOs, FBOs)	9%
Increased HIV prevention efforts or funding	4%
Invalid response (n/a) or challenge	23%

Pillar 3: Creating an enabling environment

The most frequently referenced result under the third pillar (Creating an enabling environment) of the Agenda was that *women and girls* (were) *empowered to drive social transformations*. This was particularly marked in the EECA (26% of these responses, n: 5) and ESA (16% of these responses, n: 3). Interestingly, these responses refer to individual empowerment rather than institutional or systemic level change. While individual change is an integral part of the expected results of the Agenda, most results reported across the three pillars pertained to political, social or collective dimensions.

Other responses pertained to the collective enabling environment, including the *creation of a space for dialogue on gender and HIV* (14%), and *increased funding for gender and HIV* (13%). As for the participation of key actors in the HIV response, the emergence of a *diverse leadership for a*

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[38] UNAIDS. (2014). "Global Thematic Report: Indicator C3". Joint Programme Monitoring System, Consulted on 4 July 2015.

[39] In total, 59 respondents provided written comments to this question. The total number of responses amounted to 135.

strengthened HIV response (9%) and a *more gender-responsive UNAIDS* (9%) were the other most frequent responses. The distribution of those results is presented in Figure 2.3 below.

Figure 2.3   Results achieved under Pillar 3 - Creating an enabling environment (N=127)[40]

In your view, what were the main contributions to results under the Agenda's third pillar on creating an enabling environment?

Category	Percentage
Women/girls empowered to drive social transformations	15%
Improved living conditions for women/girls	2%
Greater engagement of men/boys	4%
Diverse leadership for strengthened HIV responses	9%
Increased funding for gender and HIV	13%
Improved policy/legal framework	3%
More gender-responsive UNAIDS	9%
Reduction of discriminatory laws /social stigma	2%
Better coordination of a multi-sectoral approach	2%
Reduction of economic constraints (e.g., child care);	2%
Greater accountability of national stakeholders	6%
Creation of a space for dialogue on gender and HIV	14%
Invalid response (n/a) or challenge	18%

While results have been reported across all three pillars and several country-level outputs were referenced by survey respondents, it is worth noting that the Agenda was never intended to be a stand-alone solution to a complex political and social issue. Hence, the results of the Agenda have to be considered within this context. The Agenda appears to have contributed to generating new data and evidence and building the awareness of policy-makers, but lack of funds and difficulty in costing the necessary interventions have made it difficult for countries to translate these developments into political action. Gaps in planning and coordination and lack of resources to implement the Agenda at country level may have contributed to limiting its impact. These considerations are discussed in the following sections of the report.

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[40] In total, 59 respondents provided written comments to this question. The total number of responses amounted to 127.

Finding 2: **The gender assessments conducted in countries are one of the important successes of the Agenda and were instrumental in informing national strategic plans (NSPs), especially in Eastern and Southern Africa, as well as informing the GFATM concept notes. The Agenda also contributed to the production of qualitative assessments to document issues driving the HIV epidemic.**

Under its first pillar (Knowing your epidemic and response), the Agenda aimed to support qualitative and quantitative data collection to better inform the development and implementation of national HIV planning processes and programmes that take into consideration the specific needs of women and girls. In 2012, the MTR of the Agenda highlighted the need for UNAIDS and its development partners to better assess the inclusiveness of the HIV response, and enhance data collection for evidence-informed planning and budgeting for gender-transformative approaches.[41] In response to the MTR UNAIDS developed and rolled-out in 2013, with funding from the governments of Luxembourg and Ireland, the Gender Assessment Tool which is designed to assist countries to assess their HIV epidemic and response and use the data collected to better inform their national HIV response.[42]

The Agenda's contribution to gender reviews of national HIV responses

Integrating gender dimensions into the NSPs

Efforts have been undertaken as part of the Agenda to review NSPs and make them more gender-sensitive. Several stakeholders consulted by the End Review survey or key informant interviews acknowledged that, in most regions, the Agenda has made significant contributions to

> **Survey quote on the Agenda's contribution to the development of NSPs**
>
> "The Agenda informed the development of the 2010 National HIV and AIDS Strategic Plan (NSP) and the 2015-2018 NSP based on priorities outlined in the Agenda. Data collection has been based on male and female differentials in the epidemic as informed by the Agenda." *Government representative in Zimbabwe, ESA*

generating better evidence on women and girls in the context of HIV which has been used, at least to a certain extent, by governments to inform their national HIV response. See Figure 2.1 in Finding 1 for data from the End Review survey.

The Athena Network and the Health Economics and HIV and AIDS Research Division of the University of Kwa-Zulu Natal (HEARD) produced in 2011 a review of the NSPs in Eastern and Southern Africa (ESA) with the objective of assessing the extent to which NSPs were gender-sensitive[43]. Data reported in the Scorecard[44] indicates that the number of countries in which a gender review of the national

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[41] UNAIDS. (2012). "UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV", Mid-term Review: p.31.

[42] UNAIDS. (2014). "UNAIDS Gender Assessment Tool: Towards a Gender-transformative HIV Response": p.3.

[43] Athena Heard. (n.d.). "From Talk to Action: Review of Women, Girls, and Gender Equality in NSPs in Southern and Eastern Africa".

[44] The Scorecard was developed by the UNAIDS Secretariat as a tool for countries to report on the Agenda's implementation. The Scorecard used 14 strategic markers that served as proxies for progress achieved under each of the Agenda's three pillars. The data, which was self-reported and has been criticized for being based on imprecise indicators, was presented using a three-color code. For more information on the Agenda's Scorecard, please refer to Finding 12.

response has been undertaken in the last three years increased from less than 55% in 2011 to approximately 65% in 2013.[45] It is plausible to conclude that the Agenda has contributed to this positive trend.

Some stakeholders consulted by interviews highlighted that many NSPs in ESA now draw from the recommendations set forth in the Agenda. In the online survey conducted as part of the End Review, the Agenda's contribution to the elaboration of NSPs (often via the use of the gender assessment tool) was also frequently cited by stakeholders in Eastern Europe and Central Asia (EECA). There is also evidence that the Agenda contributed to the engendering of national strategic plans and programmes in countries (e.g. Brazil, Djibouti) from other regions (e.g. LA, MENA).

The Gender Assessment Tool

The End Review found evidence of 40 gender assessments completed between 2013 and 2015, more than half of which (26) were undertaken in the ESA, WCA and MENA regions. On the other hand, it found evidence of only two gender assessments completed in the EECA region (see Figure 2.4 below). All consulted key informants from the UNAIDS Secretariat highlighted that the process of developing the Gender Assessment Tool has been a valuable exercise to both UNAIDS and country partners conducting the assessments. However, stakeholders also highlighted that the quality of gender assessments varied among countries. The End Review found evidence that UNAIDS held global and regional trainings for consultants to equip them to assist countries in doing their gender assessment. However, the lack of consistent quality of the assessments indicates that greater investments in the development of local expertise are still needed. A stocktaking exercise of the gender assessments has been conducted and provides valuable information on the effectiveness of the Gender Assessment Tool.[46] This includes, among other useful information, details of the linkages between gender assessments conducted and national processes and the development of Global Fund concept notes.

Most key informants for the End Review pointed out that while those conducting the assessment were usually able to identify key gender issues affecting the epidemic and response in their countries, they were often less able to devise strategies to address them, or to develop costings for budget purposes.

Figure 2.4   Gender assessments completed by region

ESA	WCA	MENA	EECA	AP[47]	LA	CAR
1. Botswana 2. Eritrea 3. Lesotho 4. Malawi 5. Mozambique 6. Rwanda 7. South Africa 8. South Sudan 9. Tanzania	1. Burkina Faso 2. Burundi 3. Cameroon 4. Chad 5. DRC 6. Gabon 7. Liberia 8. Nigeria	1. Djibouti 2. Egypt 3. Somalia 4. Sudan 5. Tunisia	1. Tajikistan 2. Uzbekistan	1. Bangladesh 2. Cambodia 3. Lao 4. Myanmar	1. Bolivia 2. Colombia 3. Honduras 4. Nicaragua 5. Paraguay	1. Dominican Republic 2. Haiti 3. Jamaica

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[45] UNAIDS. (2014). "Scorecard on Gender Equality in National HIV Responses: Documenting Country and Regional Achievement and the Engagement of Partners under the UNAIDS Agenda for Women, Girls, Gender Equality and HIV": p. 33.

[46] Burns, Katya (2015). Stocktaking Exercise of the UNAIDS Gender Assessment Tool and Process.

[47] Pakistan and India also made use of the UNAIDS gender assessment tool without performing a full-fledged exercise.

ESA	WCA	MENA	EECA	AP[47]	LA	CAR
10. Uganda 11. Zambia 12. Zimbabwe	9. Senegal					

The Agenda's contribution to qualitative assessments

The Agenda also contributed to important qualitative assessments, which provided new data on the ways in which women and girls are affected by HIV. Based on data in the Scorecard and data collected from key informants and survey respondents, progress in this area has been stronger in Asia and the Pacific and Eastern and Southern Africa. In several countries in Asia and the Pacific, the Agenda supported operational research, notably on issues related to intimate partner transmission (IPT). The results of the research were disseminated to policy-makers, which helped ensure that the issue of IPT remained on the agenda of regional and national HIV responses.[48] Key informants also highlighted that the Agenda contributed to a number of studies on gender-based violence as an HIV risk factor among women in Eastern and Southern Africa and Asia and the Pacific. In Latin America, the Agenda supported the implementation of quantitative and qualitative research with an explicit focus on interlinkages between HIV and GBV in six countries, as well as a regional quantitative study among women living with HIV.[49][50]

The Asia-Pacific UN Interagency Task Team on Women, Girls, Gender Equality and HIV (IATT), which was created as a direct result of the Agenda, also generated country profiles that were used to advocate for the rights of women and girls in national HIV responses.[51] In countries where gender assessments have now been done, Gender Advocacy Briefs which summarize the Gender Assessment Reports have also been produced and will be important national reference documents on HIV and gender equality.

On the other hand, stakeholders have noted that, in Latin America and the Caribbean, the broader gender dynamics which affect the epidemic are still not well understood because the response thus far has been largely focused on men who have sex with men.

> **Survey citation regarding the need for more evidence in some regions on women and girls in the context of HIV**
>
> "While evidence exists on specific needs of women and girls in the context of HIV epidemic it was mainly collected in Sub-Saharan Africa or South Asia leaving the LAC region without relevant evidence that can be used to inform programmes and policies in this region*." Co-sponsor in Latin America*

The Agenda contributed to a number of studies exploring the HIV epidemic among transgender women and sex workers and identifying vulnerabilities and risks among women living with HIV. However, further investment is needed to generate more comprehensive data on the underlying gender-linked vulnerabilities of these groups.

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[48] UNAIDS, UN Women. (2012). "HIV Prevention Strategy against Spousal Transmission in the ASEAN Region (HPSAST)", Project Completion report to the ASEAN Foundation.

[49] These include Bolivia, Mexico, Venezuela, Chile, Peru and Argentina. The Movement of Women living with HIV in Latin America developed a regional qualitative report using life stories.

[50] Several qualitative and quantitative investigations were funded and conducted under the Agenda. For instance, a report titled ''Latin America responding to the Agenda for Accelerated Action for Women and Girls, Gender equality and HIV'' (2012) describes the UNAIDS Regional Support Team (RST) for Latin America's achievements under a grant received b the Norwegian government.

[51] HIV and AIDS Data Hub for Asia Pacific. Website: http://www.aidsdatahub.org/Thematic-Areas/KAWG. Consulted on 21 June 2015.

Finding 3: **While progress was made under Pillar 1 of the Agenda, there continues to be gaps in sex- and age-disaggregated data in key populations and thematic areas.**

The routine collection of sex- and age-disaggregated data has been an important aspect of UNAIDS' responsibilities since the UN Political Declaration on AIDS of 2001, and became even more essential to monitoring the third pillar of the UNAIDS Strategy 2011-2015, achieving Zero Gender Inequality in responses to the epidemic. In recent years, there has been increased focus on gender-sensitive indicators and data disaggregation by age and sex. Yet, despite UNAIDS' efforts to develop countries' capacity to produce sex- and age-disaggregated data, and the emphasis given to this in the Agenda, the majority of key informants interviewed expressed concerns over the lack of progress made in achieving the longstanding global commitments on data disaggregation by age and sex. The use of sex- and age-disaggregated indicators is key to generating sex and age-disaggregated data which then informs gender assessments and, subsequently, national strategic plans.

Many key informants from regions with concentrated epidemics[52] highlighted the scarcity of disaggregated data for key populations vulnerable to HIV, especially transgender women, people who inject drugs, migrants, prisoners, and their intimate partners. A stocktaking exercise of the gender assessments highlighted that disaggregated data was not routinely available for some key populations and that gender assessments were of better quality in countries that generate more disaggregated data.[53] Support to countries for sex- and age- disaggregated data is therefore important to successfully integrating gender equality into national HIV responses.

> **Survey quotes on the Agenda's strengths and areas for improvement in generating disaggregated data and gender-sensitive indicators**
>
> "Some steps forward were made to link together gender analysis and AIDS-related data, but there is little progress so far towards availability and use of the sex- and age-disaggregated data". ***Co-sponsor in Eastern Europe and Central Asia***
>
> "Harmonized gender equality indicators are used to better capture the sociocultural, economic and epidemiological factors contributing to women's and girls' risk of and vulnerability to HIV" ***CSO in Kyrgyzstan, Eastern Europe and Central Asia***
>
> "Gender indicators were taken into consideration in the Monitoring and Evaluation Plan of the NSP". ***Government representative in Zimbabwe, Eastern and Southern Africa***

In an effort to enhance their support to development partners for the systematic collection of sex-disaggregated data in the context of the HIV response, UNAIDS and UN Women rolled out at the beginning of 2014 the *Compendium of Gender Equality and HIV Indicators*.[54] In their comments on the Agenda's greatest contribution to results, 17% of responses related to UNAIDS' support to developing gender-sensitive indicators and collecting sex-disaggregated data (refer to Figure 2.1, Finding 1). Some respondents from Eastern and Southern Africa highlighted that gender-sensitive indicators have been integrated to monitoring and evaluation plans of some NSPs. On the other hand, a few respondents in Asia and the Pacific and Latin America noted that gender-sensitive indicators are not yet used to better capture data. Work in this area continues even after the Agenda's implementation has ended. In 2015, WHO and UN Women conducted, with support from the UNAIDS Secretariat, a series of trainings on gender-sensitive monitoring and evaluation for HIV in Latin America and Eastern and Southern Africa. Going forward, support for the generation of disaggregated data is an area in which the UNAIDS Secretariat could further build capacity and provide leadership for the joint programme.

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[52] Regions with concentrated epidemics include: AP; EECA; MENA; LA; and CAR.

[53] Katya Burns. (2015). "Stocktaking Exercise of the UNAIDS Gender Assessment Tool & Process". Draft #4, Final.

[54] UNAIDS, UN Women, USAID, PEPFAR, Measure Evaluation (2013). "Compendium of Gender Equality and HIV Indicators".

Finding 4: **Advocacy campaigns spearheaded under the Agenda contributed to establishing new innovative partnerships and spaces for dialogue on gender equality – including on gender-based violence and SRHR[55] – in the context of HIV, thus providing increased visibility for the issues that are at the core of the Agenda.**

The Agenda's contribution to partnerships and spaces for dialogue

The Agenda was the first global platform bringing together civil society, governments and the UN to agree on specific actions aimed to enhance national responses for women and girls in the context of HIV. Many consulted stakeholders highlighted that the Agenda had been quite successful in "putting gender on the map" in the context of HIV. Between 2010 and 2014, the Agenda contributed to uniting actors and building partnerships, in particular between the women's rights movement and networks of women living with HIV, to advance gender equality and SRHR agendas as part of the HIV response. 14% of responses to a question on the Agenda's greatest contribution to results related to the creation of spaces for dialogue on gender equality in the context of HIV (refer to Figure 2.3, Finding 1).

For example, in Latin America the Agenda contributed to the creation of a partnership between UNAIDS and the Organization of American States' (OAS) Inter-American Commission of Women. In 2013, the OAS approved a resolution on the promotion and protection of the human rights of people living this HIV in Latin America, exhorting the Interamerican Commission on Women (CIM) and the Interamerican Commission on Human Rights (IACHR) to continue their work, jointly with UNAIDS, on promoting and protecting the rights of people living with HIV, including those of key populations. This partnership led to the development of an online training to enable women living with HIV to exercise their human rights. This training gathered participants throughout the entire Latin American continent.

Several stakeholders noted that the Agenda has also been very helpful in raising awareness of the intersection between gender inequalities and HIV, and on the lack of gender-sensitive data on HIV and AIDS. Seventeen percent of responses to a question on the Agenda's main contributions to results cited the creation of greater awareness for gender/HIV issues, dialogue or mobilization (refer to Figure 2.1, Finding 1). The Review Team was also told by some key informants that, even though the Agenda lacked focus on key populations, it strengthened the discussion in countries with concentrated epidemics on the overarching gender inequalities that exacerbate the vulnerabilities of key populations to HIV. The Agenda also encouraged the discussion on women and girls and gender inequalities in Latin America and the Caribbean, where the HIV response had been largely focused on gay men and other men who have sex with men and transgender people.

> **Survey quote on the Agenda's contribution to opening the discussion for key populations**
>
> Creating a platform for dialogue and communications between civil society, government and other relevant partners on the promotion and protection of rights of key populations at higher risk of HIV (including sex workers, MSM, transgender populations etc.) – *Co-sponsor in EECA*

Two of the regions where most advocacy has been done for women and girls under the impetus of the Agenda are ESA and WCA, where several platforms were created following the launch of the Agenda providing a space for multisectoral dialogue around the needs for women and girls in the HIV context. As a result of the Agenda, a High-Level Taskforce on Women, Girls, Gender Equality and HIV for ESA was launched at the 16th International Conference on AIDS in 2011 and engaged in high-level

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[55] For consistency purposes, *SRHR* is used throughout this report (i.e., the correct abbreviation at the time of writing). However, it should be noted that the SDGs now use the abbreviation *SRHRR* (sexual and reproductive health and reproductive rights).

political advocacy in support of accelerated country actions in the region.[56] Regional advocacy undertaken under this partnership led to a number of actions for gender equality in the context of HIV, including interventions to address hate crimes against LGBTI in South Africa, a national strategy to address harmful traditional norms in Ethiopia, and legislative amendments to eliminate child marriage in Malawi.

As a results of the Agenda, the GlobalPOWER Women Network Africa, composed of women Parliamentarians, the private sector, civil society and development organizations, was created as a high level political advocacy forum to accelerate HIV prevention and SRHR responses for women and girls in the region.[57] The GlobalPOWER met initially in Zimbabwe in 2012 and thereafter in Nigeria in 2013 resulting in the Harare call to action and the Abuja Declaration respectively. The Pan-African Positive Women's Coalition (PAPWC), an advocacy CSO, was founded by women living with HIV at the inaugural launch of the GlobalPOWER in 2012. PAPWC's mission is to promote partnerships that contribute to improving the health, productivity and quality of life of women living with HIV.[58] In July 2013, UNAIDS and the Organisation of African First Ladies Against HIV/AIDS (OAFLA) signed an MoU and in November 2014, both entities jointly launched a campaign to empower women and children and reduce maternal and child deaths resulting from AIDS.[59]

In Asia and the Pacific, an Inter-Agency Task Team was created as a direct result of the Agenda and provided a forum for joint strategic planning and implementation by UN agencies and civil society organizations.

In Eastern Europe and Central Asia, the Agenda also contributed to the launch in 2013 of the Eurasian Women's Network on AIDS (EWNA), which advocates for investments in women's programs, the scaling-up of access to sexual and reproductive health services, and the elimination of violence against women.

> **Survey quote on the Agenda's contribution to raising awareness on gender equality in the context of HIV**
>
> "Awareness raising amongst women and girls on their rights to universal access to integrated multisectoral services for HIV, tuberculosis and sexual and reproductive health and harm reduction, including services addressing violence against women".
> *CSO in Eastern and Southern Africa*

The Agenda also played a critical role in advocating and mobilising strategic partners around the gender agenda in the context of HIV in the MENA region. UNAIDS worked in collaboration with MENARosa, a regional organization for women living with HIV, resulting in the publication *Standing Up, Speaking Out* through which women living with HIV related their experience in the context of HIV and provided recommendations for the way forward.[60] In November 2014, UNAIDS, in collaboration with the Government of Algeria, the League of Arab States and UN Women, organised an inaugural high-level summit bringing together regional key stakeholders to commit to the implementation of the Arab AIDS Strategy on HIV/AIDS. This strategy, underpinned by principal of gender equality and women's empowerment,

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[56] UNAIDS (8 December 2011). High-Level Taskforce to tackle gender inequality. Website: http://www.unaids.org/en/resources/presscentre/featurestories/2011/december/20111208uawomen. Consulted on 9 November 2015.

[57] UNAIDS (24 May 2013). Launch of African women's leadership network aims to advance gender equality and AIDS response. Website: http://www.unaids.org/en/resources/presscentre/featurestories/2012/may/20120524fsglobalpower. Consulted on 2 July 2015.

[58] Pan African Positive Women's Coalition. *About us*. Website: http://www.papwc.org/?q=node/3. Accessed on 6 November 2015.

[59] UNAIDS. (2014). "African First Ladies unite to ensure that all children are born HIV-free". Press Release; OAFLA (n.d.). "Compilation of OAFLA Initiatives, and Members' Directory"

[60] ATHENA Network. (2012). "Mapping the HIV Response for Women and Girls": p.88.

addresses HIV as a public health and social issue and builds a foundation for halting and eventually ending the AIDS epidemic in the Middle East and North Africa by 2030.[61] Despite UNAIDS' contribution to advocacy and partnership in MENA, one key informant from this region emphasized that more advocacy is needed in the region to demystify taboos related to HIV and leverage political commitments for gender equality and HIV.

Existing relationships as a factor influencing dialogue

The End Review found that positive existing relationships between CSOs and governments facilitated the creation of dialogue spaces and the implementation of the Agenda in general. The extent to which these positive CSO-government relationships existed and provided such a facilitating factor, varied by region.

In the End Review survey, ESA and EECA respondents provided positive views when asked whether dialogue spaces between CSOs and governments facilitated the implementation of the Agenda. While respondents in Asia and the Pacific had mixed feeling about the adequacy of dialogue spaces between CSOs and governments, the majority of respondents from this region agreed that a well-organized civil society facilitated the implementation of the Agenda. In the Middle East and North Africa, the views of stakeholders were mixed.

On the other hand, when asked whether a well-organized civil society and adequate dialogue spaces between CSOs and governments facilitated the Agenda's implementation, surveyed stakeholders in Latin America and the Caribbean responded more negatively compared to respondents from other regions. Some key informants and surveyed respondents further noted that, while there is a strong women's movement in the region, competing priorities among women's activists in the HIV context curtailed the ability of UNAIDS and its partners to effectively implement the Agenda.

Finding 5: **The Agenda was effective in highlighting the significance of gender inequality as a key driver of the epidemic but less effective in supporting the interventions for the transformation of gender relations crucial to the sustainability of biomedical approaches to the epidemic.**

Raising awareness on and addressing the structural causes of gender inequalities in the context of HIV

The Agenda was successful in raising awareness both at the level of policy and among the general population on the ways in which gender inequalities built into social, cultural, economic and political structures make women and girls more vulnerable to the HIV epidemic. The gender assessments previously mentioned resulted in the identification of important programmatic interventions for addressing both the normative and structural aspects of gender inequality in the context of HIV, and there are some examples of the Agenda's success in actually fostering gender-transformative responses to HIV.

Examples of the Agenda's contribution in fostering a gender-transformative response to the HIV epidemic
In Malawi, the government changed the law to increase the age at which girls can marry. – *Cited at 2015 CSO consultations in New York*

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[61] UNAIDS. (2014). "Advancing Gender Equality and the HIV Response, as part of the Arab AIDS Strategy and the post-2015 Development Agenda". High level meeting of women leaders from Middle East and North Africa, Algiers, 10–11 November 2014.

> In South Africa and Zambia, the government adopted a comprehensive sex education curriculum. – *Cited at 2015 CSO consultations in New York*
>
> In Costa Rica, efforts under the Agenda contributed to supporting a comprehensive social protection and health development Agenda. – *Cited by UNAIDS in a 2013 donor report*[62]

However, despite its groundbreaking contribution to the introduction of many valuable gender responsive initiatives, the Agenda has led to fewer interventions aimed at transforming structural barriers to gender equality. While the Agenda pushed for critical improvements in the provision of gender responsive and rights-based HIV, SRH and GBV services, more could have been done to support the transformation of gender structures and relations by seeking out synergies with development sectors working to empower women and girls through education, livelihoods, elimination of discriminatory marriage laws, social protection, property and land rights, fairer division of household labour, decision making, and the elimination of the many other forms of discrimination which render women and girls more vulnerable to HIV and the impacts of the epidemic.[63]

During the End Review process, many stakeholders called for future programming on gender equality and HIV to be more gender-transformative. The distinction between gender-responsive and gender-transformative solutions is crucial to an effective HIV response. Gender-responsive approaches recognise that gender relations influence every aspect of the epidemic (e.g. the risk and mode of infection, the ability to take self-protective measures, the feasibility of accessing and adhering to treatment, the impact on personal safety, livelihood options, and the burden of caring for the sick), and provide programmatic responses that are adapted to the existing forms of gender relations. For example, in the case of home-based care, a gender-responsive approach would be to train women and girls to care for family members sick with AIDS related illnesses, since care-giving is traditionally a female role. Gender-transformative approaches seek to transform existing unequal gender relations and would provide training for men and boys as well as for women and girls. In many cases, interventions responding to existing gender relations can produce a rapid benefit to a disadvantaged group, such as women and girls. Interventions which transform gender relations will contribute more to a sustained reduction in gender-linked drivers of the epidemic, though their impact is less easily measurable in the short term.

Gender-based violence (GBV)

In terms of increasing awareness on and political commitments for addressing GBV as a structural cause and consequence of HIV among women and girls, the Agenda was successful according to many End Review survey respondents. Based on Scorecard data, the percentage of countries with a health sector policy addressing gender-based violence increased from approximately 42% in 2011 to 50% in 2013. While it is unclear the extent to which other actors may have contributed to integrating GBV into national policies, survey responses suggest that the implementation of the Agenda had a positive effect in that regard. Moreover, as a result of the advocacy and mobilization around the Agenda, addressing gender equality and GBV were further strengthened in the UNAIDS Strategy 2011-2015 and enshrined in the UN's High Level Political Declaration on HIV/AIDS in 2011.[64] In 2013, a high-level consultation was convened by UNAIDS at the CSW's 57th session specifically to accelerate zero-

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[62] UNAIDS. (n.d.). "Report to the Norwegian Government: Latin America responding to the Agenda for Accelerated Action for Women and Girls, Gender equality and HIV": p.22

[63] The transformation of structural barriers to gender equality occur over long periods of time and it would be too early to assess whether the Agenda has had to kind of impact. The End Review only looked at whether the Agenda encouraged this type of transformation through the actions it proposed.

[64] http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids

tolerance towards gender-based violence through the AIDS response.[65] However, data suggests that, even in countries where health sector policies address GBV, justice sector legislation is often absent or not implemented. For example, as one respondent noted in the Caribbean, "while there have been commitments in some countries towards effecting legislative changes to address sexual violence, the challenge has been to implement and to hold governments accountable".

Engaging men and boys

The Agenda also aimed to involve organizations working with men and boys as key agents of women's empowerment. In all human societies, to differing degrees, males hold power over females. Creating more equal gender relations cannot be done without the participation of males, from childhood onwards. However, key informants interviewed by the Review Team noted that, overall, men and boys were not sufficiently engaged in implementing the Agenda. In part this may be due to the historical resistance on the part of the women's movement (and CSOs driving the Agenda) to dedicate funds earmarked for gender equality to programming for men and boys rather than allocating it to activities aimed directly at empowering women. The Beijing Platform for Action in 1994 did not designate specific roles for men and boys in its Critical Areas or Strategic Actions and initial skepticism that men would be willing to give up their gender advantage was slow to dissipate.

Responses to the End Review survey backed up the view that Agenda-generated progress on engaging men and boys has been minimal. Only 4% (n=5) of total responses (n=127) to the End Review survey question on the Agenda's greatest contribution to its third pillar (creating an enabling environment) cited efforts under the Agenda to engage men and boys in the HIV response for women and girls. These responses were concentrated in ESA, AP and EECA. Indeed, data from the Scorecard indicates that countries made very little progress in this area throughout the Agenda's implementation, with less than 10% of countries allocating funding to men and boys programmes for gender equality by 2013.[66]

A substantive body of evidence suggest that increased engagement of men and boys in health services, both as beneficiaries and partners, can result in positive health outcomes for both men and women. [67] Moreover, positive behaviour change on gender norms may result from integrating GBV prevention and response services with HIV and reproductive health services, and engaging men's increased participation in these. Sonke gender justice performed a systematic assessment on SRHR policies in 13 African countries, as part of the Agenda. The review found that most NSPs recognise the need for male engagement, but it does not go into describing strategies and actions. Despite such evidence, most interventions aimed at engaging men and boys in HIV services have been project based and implemented by civil society organisations. Such interventions could potentially be scaled

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[65] UNAIDS. Special event at the Commission on the Status of Women seeks to accelerate zero-tolerance towards gender-based violence through the AIDS response, *feature story.* UNAIDS Website. http://www.unaids.org/en/resources/presscentre/featurestories/2013/march/2013031257csw. Accessed on 25 August 2015.

[66] It should be noted that the Scorecard was not intended as a robust monitoring instrument but as a means of providing a rough snapshot of diverse aspects of progress as a way to motivate further action. In this case its findings may be overly negative. Three country donors contributing to the Agenda (Luxemburg , Denmark and Ireland) including funding for engaging men and boys for greater gender equality, particularly by eliminating GBV.

[67] For example, Sonke Gender Justice carried out a systematic assessment of SRHR policies in 13 African countries as part of the Agenda. The review found that most National Strategic Plans on HIV recognized the need for male engagement, but information was lacking on the necessary strategies and actions

Stern E. (2014). Formative Research for MenEngage SRHR Initiative: Stakeholder Interviews to inform Campaign Developments and Recommendations. http://www.genderjustice.org.za/publication/formative-research-for-menengage-srhr-initiative/

up and integrated into national systems. Men generally have low health seeking behaviours, increasing their access to men's health services as part of greater involvement in HIV and reproductive health services could assist them in addressing their own experiences as victims of violence and motivate them to challenge negative constructs of masculinity and break the cycle of violence.

Sexual and reproductive health and rights (SRHR)

Under the lead responsibility of WHO, UNICEF and UNFPA as outlined in the UNAIDS division of labour,[68] the Agenda aimed to contribute to universal access to rights-based integrated HIV and sexual and reproductive (SRH) services for women and girls. Based on Scorecard data, there has been an increase in the percentage of countries that enhanced linkages between sexual and reproductive health services and HIV in their national strategic plans, from approximately 32% in 2011 to 48% in 2013.[69] However, some regions are still lagging behind in terms of linking SRHR and HIV in their national strategic plans, including in MENA, EECA and LA.[70] Respondents noted that in recent years there has also been a push by several influential global stakeholders to integrate GBV services into HIV and SRH services, which they consider to be an important initiative that should be continued and strengthened.[71]

While 12% of total survey responses on the Agenda's greatest contribution to the Agenda's second pillar (Translating political commitments into action) related to increased awareness of or access to services for women and girls, respondents and key informants also expressed concerns that, in many countries, it is still difficult for women and girls to access rights-based integrated SRH and HIV services and commodities tailored to the needs women and girls. In terms of the future, SRHR as a strategic priority ranked highly in survey responses from regions, especially in ESA and MENA. In the interviews, many key informants noted that not only service integration but women's rights to control their own bodies, sexually and in terms of reproduction, should constitute a priority in UNAIDS' upcoming programming on gender equality. This is becoming increasingly contested in the context of growing polarisation of views in the international community with regards to SRHR and in particular women's rights to control their own bodies, including access to age-appropriate comprehensive sexuality education, as is discussed in Finding 16.

Biomedical approaches to the HIV response

When it was developed in 2010, the Agenda was the first global instrument to propose a comprehensive country, regional and global level action on HIV that takes into consideration the gender dimensions of the epidemic. At the same time, the UNAIDS Strategy 2011-2015 introduced for the first time a focus on gender equality as one of its three strategic directions, including the goal of zero tolerance for gender-based violence and recognizing the need for addressing the structures of inequality that markedly restricted the ability of women and girls to protect themselves against HIV.

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[68] UNAIDS, (2010), UNAIDS Division of Labour Matrix.
http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2011/20110304_2010_UNAIDS_DivisionOfLabourMatrix_en.pdf

[69] UNAIDS. (2014). "Scorecard on Gender Equality in National HIV Responses: Documenting Country and Regional Achievement and the Engagement of Partners under the UNAIDS Agenda for Women, Girls, Gender Equality and HIV"

[70] In 2013, only 25%, 17% and 33% of countries in the Middle East and North Africa, Eastern Europe and Central Asia and the Latin America, respectively, linked SRH and HIV in their national strategic plan.

[71] See IPPF, UNFPA and WHO, 2014, SRH and HIV Linkages Compendium: Indicators and Related Assessment Tools.

Mid-way during the period of the UNAIDS Strategy 2011-2015 it was recognised that more rapid progress was needed and in 2014 the Fast-Track approach to end the epidemic as a public threat by 2030 was introduced[72]. This strengthened the role of treatment as prevention (TasP), with HIV testing as the crucial first step, often initiated by health care providers. It was followed in the same year by the 90-90-90- treatment targets[73] to ensure that, by 2020, 90% of people living with HIV will have been tested for HIV and know their status, 90% of all people with diagnosed HIV who are eligible for treatment will be on sustained antiretroviral therapy, and 90% of people receiving antiretroviral therapy will attain viral suppression. The elimination of vertical transmission and the reduction of AIDS-related maternal mortality remains an important strategic goal, with routine HIV testing of pregnant women being recommended for generalised epidemics.[74]

As numerous key informants pointed out, biomedical solutions to prevent and treat HIV often do not take into account or help address the complex structural barriers that limit women's ability to benefit from such approaches without risking negative consequences.

This increasing emphasis on testing and treatment and health sector approaches led 11 out of 22 key informants to offer comments on the importance for the future of ensuring that the basic strategic orientations proposed in the Agenda, which aimed to achieve a gender-transformative response, are explicitly integrated into the updated UNAIDS Strategy 2016-2021[75], its Fast-Track approach, the 90-90-90 targets and their implementation, to mitigate the perceived risk of being eclipsed by the clinical and biomedical priorities (see textbox). Some examples mentioned by key informants of gender transformative approaches that have received little attention so far are measures to bring about more equal sharing of the burden of care, social protection for women living with HIV, and the engagement with men and boys to advance gender equality in the context of HIV by using approaches which transform the structures and norms of gender inequality helping drive the epidemic.

Views from key informants interviewed, on the need for more gender-transformative approaches

"It's essential to pay attention to the structural determinants, but this is now being submerged in the biomedical approach. In terms of women and girls, and sexual diversity, the contributing inequalities must be addressed otherwise the vigorous Test and Treat approach won't work anyway. There still needs to be nutritional support, access to clean water, keeping girls in school, attention to VAW, and so on, and these are very likely going to get forgotten in the push to Test and Treat. EMTCT is also a form of Test and Treat. It's not framed as "ensure healthy and safe lives for women and children"!

"The fast track approach is a challenge for gender because it's mostly about health services, coverage targets and treatment packages. But it's not enough just to 'build the service and they will come'. There are cultural and structural reasons why women don't want to or can't come".

"90-90-90- could become a gender-blind steamroller. Who will be the watch-dog? If there's none, the voices of WLHIV and other less powerful groups will not be heard". There's been good progress since 2010 but it could go backwards fast."

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[72]UNAIDS,(2014), Fast Track: Ending the AIDS epidemic by 2030.
http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf

[73] UNAIDS, (2014), 90-90-90: An ambitious treatment target to help end the AIDS epidemic.
http://www.unaids.org/en/resources/documents/2014/90-90-90

[74] WHO, (2015), Consolidated Guidelines on HIV Testing Services, p64.

[75] UNAIDS Strategy 2016-2021, UNAIDS/PCB (37)/15.18, Issue date: 19 October 2015,
http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18

Finding 6: **As a political platform, the Agenda contributed to empowering women and girls living with HIV and to increasing their leadership, participation and influence in decision-making processes. Nonetheless, more support is needed to create an enabling environment for women and girls in the context of HIV.**

Under its third pillar (creating an enabling environment), the Agenda aimed to empower women and girls living with HIV to increase their leadership and participation in decision-making processes shaping responses to the epidemic. Following the launch of the Agenda, civil society organizations and UNAIDS developed a community brief to facilitate the engagement of networks of women living with HIV, women's rights organizations, and organizations of men and boys working for gender equality. This brief proposed actions in which CSOs could participate, including data collection, analysis of strategic information, monitoring of national, regional and global commitments related to gender equality in the context of HIV, and the promotion of social movements to advance women's rights.

Empowering women living with HIV

In the survey, 15% of written comments on the Agenda's main contributions to this pillar related to UNAIDS' work to empower women and girls to drive social change.

Several respondents referred to the support provided by UNAIDS to regional and global civil society organizations of women living with HIV, including ICW, the Athena Network, and the Global Coalition on Women and AIDS (GCWA), as a positive step toward increasing the leadership of women in the context of HIV. The mobilization around the Agenda played a key role in the development of global networks facilitating the participation of women living with HIV in international fora on HIV. For example, through its Young Women's Leadership Initiative, the Athena Network developed the Women's Networking Zone which in recent years has been actively engaged in the International AIDS Conference.[76] The Agenda also led to the participation of women living with HIV in joint events taking place at the CSWs between 2010 and 2014.

The 'Unzip the Lips' campaign is another notable example of CSO mobilization around the Agenda which resulted in the empowerment of women and girls in Asia and the Pacific. According to the United Nations Secretary-General, the Unzip the Lip campaign which resulted from the Agenda contributed to "a more effective and systematic engagement on the part of key affected women and girls in policy advocacy at the regional level".[77] One survey respondents from this region highlighted this campaign as one of the Agenda's greatest contribution to creating an enabling environment women and girls in the context of HIV (see survey quote above).

> **Survey quote on a campaign launched to empower women and girls in Asia and the Pacific**
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> "A multi-year, multi-stakeholder regional campaign/initiative ("Unzip the Lips") was launched to empower women and girls to drive transformation of social norms and power dynamics. The initiative employed several approaches, including awareness, community mobilization, working with female leaders etc. Arising out of grassroots activism, Unzip the Lips has evolved since its inception as a campaign in 2011. Today, it is the only region-wide civil society-led platform bringing together diverse communities of marginalized women who are living with, affected by, and at higher risk of HIV to advocate collectively for improved health and human rights policies. However, the impact of the campaign is still to be evaluated." ***Co-sponsor in Asia and the Pacific***

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[76] Athena Network. (2015). "Athena Mentorship Strategy".

[77] United Nations Economic and Social Council. (2013). "Report of the Secretary-General: Women, the girl child and HIV and AIDS", 58th Session on the Commission on the Status of Women, Report no.: E/CN.6/2014/12: p.9.

In an effort to empower women living with HIV, UNAIDS delivered a series of regional training and workshops on human rights and gender equality to women's organizations in Latin America and Eastern Europe and Central Asia. Some key informants emphasized that they received very positive feedback from those who participated in these regional workshops, which reportedly contributed to increasing women's awareness on their rights in the context of the HIV epidemic.

Increasing the participation of women living with HIV in national processes

The Scorecard marker on the participation of women living with HIV in national processes occupies the second highest rank on the Scorecard, with women participating in formal HIV planning and review processes in 67% of the countries that reported on the Scorecard in 2013. This number was already high in 2011, indicating that efforts to increase women's leadership to participate in the HIV response were strong prior to the Agenda, and some stakeholders noted that the Agenda continued to push this work forward. For instance, as part of the Agenda UNAIDS successfully contributed to increasing the participation of women living with HIV in the development of Global Fund concept notes (further discussed in Finding 7) and in national decision-making bodies on HIV, such as country coordination mechanisms (CCM). In the End Review survey, 9% of written comments to the Agenda's contribution to its third pillar (creating an enabling environment) related to leadership for strengthened HIV responses (see Figure 2.3, Finding 1).

Scorecard data also indicates that some progress was made in increasing the participation of networks of women living with HIV in CEDAW monitoring and reporting processes, though such participation still remained low in 2013 (less than 30% based on Scorecard data). In the End Review survey, three respondents from EECA commented positively on the Agenda's contribution to increasing the participation of women living with HIV, and notably women from most-at-risk populations, in CEDAW shadow reports[78]. As a result of the Agenda, one respondent from Asia and the Pacific also cited that, in 2012, CSOs representing women living with HIV in China submitted a shadow report to the CEDAW Committee with the financial support from UNDP and UN Women. As a result, the CEDAW Committee expressed in its concluding observations concerns over the discrimination and stigma faced by women living with HIV in China and recommended measures to eliminate such discrimination.

Mobilization around the Agenda led to increased participation of women living with HIV in global platforms on HIV and on gender equality. In many instance, their participation positively influenced decision-making on the global HIV response. For example, in 2011 UNAIDS and the Athena network launched a publication summarizing key priorities for the future of the HIV response defined by nearly 800 women from 95 countries through a global virtual consultation. Their views contributed to shaping the HLM 2011 declaration which included a target on gender equality and GBV.[79] The Agenda's contribution to the participation of women living with HIV in global platforms on HIV and on gender equality is also exemplified in the partnership between UN Women and the UN Regional Economic and Social Commissions in Africa, Asia/Pacific, Arab States, Latin America and Europe/Central Asia, which supported the engagement of women living with HIV in regional reviews of the implementation of the Beijing Platform for Action (BPfA), a major political platform on gender equality and women's rights. As a result, women influenced the CSO Forums and Inter-ministerial meetings' outcome documents, highlighting gaps in the implementation of the BPfA and calling for action on certain thematic areas, including GBV, SRHR, and comprehensive sexuality education.

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[78] A CEDAW Shadow report is a report that is submitted by an NGO in preparation to a country's examination by the UN CEDAW Committee.

[79] ATHENA Network, GCWA. (n.d.). "In Women's Words: Action Agenda" 2011 High Level Meeting on Aids and Beyond.

Advocacy undertaken as part of the Agenda also contributed to enhancing the voice of women living with HIV in the IAC 2014, the ICPD 2014 Review, and the Post-2015 dialogues.[80]

In addition, the development of the Gender Assessment Tool, which strongly engaged civil society, and the process to analyse the national epidemic and response from a gender perspective required the meaningful engagement of key country stakeholders, including networks of women living with HIV, representatives from the women's rights movement, and the gender ministries, to jointly analyse the HIV epidemic and identify strategic interventions to address the challenges.

There are several positive examples of the Agenda's contributions to the increased leadership and participation of women living with HIV, including a series of leadership training conducted by UNDP across regions. Some co-sponsors noted, however, that the trainings and workshops conducted by UNAIDS as part of the Agenda could have had more impact if they had been accompanied by other activities, including mentoring and support for resources mobilization. Moreover, the Agenda did not necessarily provide for the realities of women living with HIV in low income settings, who are often limited by poor health and poverty in their ability to take leadership roles.

This points to a need for more practical support, including support to strengthen social protection and for reducing women and girls' vulnerability to HIV, which can in turn have a positive effect on their ability to participate in decision-making processes. Scorecard data indicates that, during the implementation cycle of the Agenda, little progress was made in establishing national social protection mechanisms for women living with HIV, including cash transfers and microfinance.[81] If properly targeted, social protection programmes can provide an enabling environment for women and girls by reducing gender inequalities in the context of HIV. This has been recognised by UNAIDS which, in a 2014 PCB decision, committed to strengthening its support to social protection, now embedded in the UNAIDS Strategy 2016-2021 and the SDGs. The 2014 PCB decision is a positive step to creating an enabling environment in which women and girls living with HIV can drive social change in the context of the HIV epidemic.

Finding 7: **Insufficient funding for women and girls in the context of HIV was often highlighted as a factor adversely affecting the Agenda's effectiveness. The UNAIDS Secretariat contributed to mobilizing some funding but more support is needed in this area.**

Funding for Governments to implement the Agenda

Under the third pillar of the Agenda (creating an enabling environment), UNAIDS aimed to increase financial resources for women and girls in the context of HIV by encouraging that global funding mechanisms prioritize funding which addresses the needs of women and girls and gender equality and also by supporting the establishment of national capacity-building basket funds for women's organisations.

Recent efforts have been made by UNAIDS and its partners to more closely align funding from the Global Fund to national strategic plans. In addition to providing guidance for gender reviews of the NSPs, the Gender Assessment Tool was also developed to provide guidance to countries on how to

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[80]UNAIDS. (2014). "Regional Thematic Report for Asia and Pacific". Joint Programme Monitoring System, Consulted on 4 July 2015.: p.24.

[81] UNAIDS. (2014). "Scorecard on Gender Equality in National HIV Responses: Documenting Country and Regional Achievement and the Engagement of Partners under the UNAIDS Agenda for Women, Girls, Gender Equality and HIV".

use data from gender reviews to inform submissions to both the Global Fund and country investment cases.[82]

Moreover, UNDP also developed in 2014 the Checklist for Integrating Gender in the New Funding Model of the Global Fund.[83] Based on data retrieved from the Joint Programme Monitoring System, eight

> **Survey quotes on insufficient funding to governments and on the UNAIDS Secretariat support for GF concept notes**
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> "Gender equality is included in the agenda of many governments, but this is not being translated into effective actions because of inadequate financing to support implementation." *Co-sponsor in Latin America*
>
> "Support key populations at higher risk of HIV to engage meaningfully in national level discussions around the NFM global fund concept note writing process" *Co-sponsor in Eastern Europe and Central Asia*

countries have received technical support for implementing this tool, which resulted in greater attention to gender equality and HIV in concept notes submitted to the Global Fund.[84] Efforts have also been made to involve key populations in the development of proposals to the Global Fund to ensure that their needs are taken into consideration. For example, in Latin America such efforts resulted in the approval of global funds for women in all their sexual diversity.

On the other hand, Scorecard data indicates that, while some progress was made toward small-scale budget initiatives to support capacity building of community-based organizations of women affected by HIV, no progress was made in establishing such budgets in National AIDS Plans. Overall, consulted stakeholders noted that challenges experienced by governments in mobilizing resources for gender equality and HIV curtailed their ability to translate political commitments into scaled-up action.

Funding for CSOs to implement the Agenda

CSO stakeholders commented positively on UNAIDS' support to NGOs for the development of Global Fund proposals used to implement the Agenda, which resulted in increased funding for gender equality and HIV (e.g. International Community of Women Living with HIV/AIDS (ICW)- Latina). Yet, they also highlighted that the funding available to them (either through

> **Survey quotes on insufficient funding to CSOs and on the UNAIDS Secretariat support for GF concept notes**
>
> "Financial resources for gender equality and HIV are scarce. Organizations of women living with HIV find it difficult to find resources to fund their activities". *CSO in Latin America*
>
> "I believe that the Agenda's greatest contribution to results was the support it provided to ICW Latina for a Global Fund grant approval". *CSO in Latin America*

global funds, national funding or UNAIDS Core resources) was and continues to be largely insufficient for them to effectively implement the Agenda and drive gender-transformative change to empower women and girls. Stakeholders underlined that, moving forward, scaled-up support for the development of funding proposals and resources mobilization is needed. As highlighted in Figure 2.3 (Finding 1), 13% of responses to the Agenda's main contribution to Pillar 3 (creating an enabling environment) related to UNAIDS' support to funding for gender equality.

Funding for the implementation of the Agenda by co-sponsors is discussed under Finding 9 on UBRAF planning/budgeting.

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[82] UNAIDS. (2014). "UNAIDS Gender Assessment Tool: Towards a Gender-transformative HIV Response": p.3

[83] UNDP. (2014). "Checklist for Integrating Gender into the New Funding Model of the Global Fund to Fight AIDS, TB and Malaria".

[84] UNAIDS. (2014). "Global Thematic Report: Indicator C3". Joint Programme Monitoring System, Consulted on 4 July 2015: p.6

Finding 8:   **The End Review found evidence that the UNAIDS Secretariat and co-sponsors addressed important components of each of the MTR recommendations. Whether all actions planned to address the MTR recommendations were implemented could not be verified.**

Implementation of recommendations emerging from the MTR

The End Review found evidence that the UNAIDS Secretariat and co-sponsors implemented the recommendations from the mid-term review (MTR), though it was not possible to verify the implementation of all components of the MTR recommendations. The MTR was presented to the PCB in December of 2012, which provided directions in its 32nd PCB decision points for the implementation of MTR recommendations. The management action plan subsequently developed by UNAIDS and the co-sponsors linked the PCB decision points to MTR recommendations and actions from the Agenda. However, the agency(ies) responsible for the implementation of recommendations, and in a few instances the actions to be taken by the Joint Programme, were not always specific. UNAIDS reported on the implementation of MTR recommendations, which were linked to UBRAF outputs, through the (Joint Programme Monitoring System) JPMS. However, it was not possible for the Review Team to do a comprehensive analysis of all data reported in JPMS reports.[85] The Review Team relied on other sources of data, including interviews and the survey, to provide a sense of the extent to which MTR recommendations were implemented. Highlighted below are a few examples of progress and challenges identified by the Review Team.

Support: The MTR recommended that UNAIDS and its partners provide <u>coordinated support</u> to governments and civil society for more tailored gender-transformative responses. For example, the MTR noted that national strategic planning processes were not informed by comprehensive data. As a response, the UNAIDS Secretariat facilitated the development of the Gender Assessment Tool, with the engagement of co-sponsors, governments and civil society, which led to several countries reviewing data on gender equality in the context of their epidemic and identifying data and programmatic gaps (see Finding 2). However, the quality of the gender assessments has varied and more technical support to consultants undertaking the assessments is needed. The UNAIDS Secretariat, co-sponsors and partners created more tools to support countries and organisations in better understanding their epidemic from a gender point of view, in engendering their programming and in improving reporting and accountability. These tools include, *inter alia*, the guidance note on *Gender-responsive HIV programming for women and girls* (2014), the *Compendium of Gender Equality and HIV Indicators (2014),* and the *Programming and Costing Tool for Gender and HIV and AIDS* under development already referred to.

The capacity of country partners to use these tools is still limited and more support is required for capacity building. As highlighted in the MTR, the End Review also identified coordination related to HIV and gender as an area that needs further investment, including the need to strengthen coordination among Joint UN Teams on AIDS and government/civil society partners at country level. Going forward, there is a need for UNAIDS co-sponsors to make better use of existing UN coordination mechanisms on HIV and gender at global, regional, and country level. There is also a need to further disseminate guidance and tools and provide adequate support for implementation, in line with the governance guidelines.

Engage: The MTR recommended that UNAIDS, governments and partners engage networks of women living with HIV in the development and implementation of relevant laws, policies, strategies and programme to tailor the multisectoral HIV response to the needs of women and girls. Since the MTR, UNAIDS has engaged substantially with networks of women living with HIV, including OAFLA,

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[85] The Review Team only had access to 2014 JPMS reports.

PAPWC, MENARosa, EWNA, and the Women's Network Zone. There is compelling evidence that, since the MTR, the Agenda contributed to increasing women's empowerment and their capacity to participate in decision-making processes and global fora on HIV, including the IAC 2014, the ICPD 2014 Review, and the Beijing Platform for Action Review (as previously discussed in Finding 6).

Assess: The MTR recommended that UNAIDS assess the inclusiveness of the HIV response to ensure that women in all their diversity, including from key populations, are able to access comprehensive HIV services. The design of the Agenda did not take into consideration key populations, and, after the MTR, efforts were undertaken to better understand the linkages between gender inequalities and the vulnerability

> **Survey quote on the Agenda's contribution to results**
>
> "Support key populations at higher risk of HIV to engage meaningfully in national level discussions around the NFM global fund concept note writing process" *Co-sponsor in Eastern Europe and Central Asia*

of women from key populations to the HIV epidemic. For instance, studies were undertaken to better understand the epidemic among sex workers (Asia and the Pacific) and among transgender women (Latin America). There is also evidence that UNAIDS supported the participation of key populations in discussions around a Global Fund concept note in EECA (see textbox), and potentially in other regions as well. Several key informants from regions with concentrated epidemics (e.g. AP, EECA, and MENA) noted that more studies are needed to generate information on the specific needs of women and girls from certain key populations (e.g. injecting drug users, prisoners, migrants).

Fund: The MTR recommended that UNAIDS, governments and development partners ensure sustained funding for gender equality through funding mechanisms such as the Global Fund and the UBRAF. UNAIDS has taken a number of steps to implement this recommendation – for example, through the development and implementation of the Gender Assessment Tool which aims to inform the review and development of NSPs and to inform Global Fund concept notes. This is complemented by UNDP's checklist which facilitates the integration of gender equality in Global Fund concept notes. Consulted stakeholders have noted that UNAIDS' recent support to governments and CSOs for the development of Global Fund concept notes has yielded positive results. For instance, in Latin America, UNAIDS' support to integrate gender equality in GF concept notes resulted in the approval of a grant agreement to address the specific needs of women in all their diversity.[86] In response to the MTR, UNAIDS also developed a Programming and Costing Tool to help governments better budget for a gender-transformative response.[87] Moreover, UN Women produced an "Advocacy Kit demonstrating the transformational change that can derive from catalytic investments in integrating gender equality in policies, programmes and budgets and advancing the leadership of WLHIV".[88] These tools contributed to integrating gender interventions in new and existing NSPs and Global Fund concept notes.

Collaborate: The MTR recommended that UNAIDS collaborate with civil society organizations to facilitate better linkages between HIV, gender equality, sexual reproductive health and human rights within the Post-2015 Development Agenda. Evidence indicates that this recommendation has been implemented. With the support of the UNAIDS Secretariat, UN Women and UNFPA, ICW was able to strategically position itself in the post-2015 discussion and outlined clear objectives for the contribution of women living with HIV to post-2015 discussions, including their participation in the UNAIDS Civil Society Working Group on AIDS and the Youth SRHR Post-2015 Working Group.[89]

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[86] For more information on funding, refer to Finding 7.

[87] UNAIDS.(n.d.)."Gender Transformative HIV Responses: a pathway to achieve Millennium Development Goals 3, 4, 5 and 6", Mid-term Report to Irish Aid.: p.4

[88] UNAIDS (2014). JPMS Thematic Report: Global Indicator C3.

[89] ICW. (2015). "Amplifying the Voices of Women Living with HIV in the Post-2015 Agenda".

GCWA also contributed to the Post-2015 discussion by producing a discussion paper on the importance of positioning gender equality and HIV as cornerstones of the Post-2015 Development Agenda.[90] CSOs in Latin America and the Caribbean, with the support of UN Women, also produced a publication exploring ways to address gender inequalities and HIV in the region as part of the Post-2015 development Agenda. This document's primary intent was to influence the outcome document of the CSW.[91] On the occasion of the 59th CSW, several CSOs took part in global discussions on addressing gender equality in the context of HIV. A High Level Panel linking HIV, gender equality and SRHR within the Post-2015 Development Agenda also took place in November 2014, chaired by the directors of the UNAIDS Secretariat and UN Women, governments ministers and CSO representatives.[92] Finally, in the terms of reference to this End Review, the UNAIDS Secretariat and co-sponsors requested that the Review Team explore this question; this also demonstrates commitment to better position gender equality and HIV in the Post-2015 Development Agenda.

2.2 Coordination and Support Mechanisms

Finding 9: **While the Agenda was integrated into the 2011-2015 UNAIDS Strategy and its accompanying UBRAF, stronger linkages between the Agenda's proposed actions and accountability targets and UBRAF outputs and deliverables could have contributed to more effective implementation. Co-sponsors felt strongly that, going forward, a separate operational framework for gender equality – such as the Agenda – is not warranted.**

The origin of the Agenda

At the beginning of 2009, the UNAIDS Secretariat and its co-sponsors developed the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV in an effort to address a gap in the attention given to gender equality in the context of the HIV response. Later that year, UNAIDS met in Montreux, Switzerland, with civil society organizations to develop the Agenda for Women and Girls, which would act as an operational plan to this Action Framework.

Many consulted stakeholders highlighted that the Agenda was innovative in that it constituted a global framework for women and girls in a context where gender equality and HIV had previously received insufficient attention. Yet, several stakeholders also underlined that the Agenda was so broad in scope that it was not strategically focused.

The Agenda's integration into planning processes

In 2011, UNAIDS adopted the UNAIDS Strategy 2011-2015, which was the first of its kind to include a separate pillar on gender equality. This strategy was accompanied by the UBRAF 2012-2015, which

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[90] GCWA. (2013). "Positioning Gender Equality and HIV as cornerstones of the Post-2015 United Nations Development Agenda". GCWA Discussion Paper.

[91] Committee of NGOs of CSW for Latin America and the Caribbean. (n.d.) "A Look from Latin America and the Caribbean on the Millennium Development Goals and the Post-2015 Work".

[92] In addition to the Executive Directors of the UNAIDS Secretariat and UN Women, this high level panel was chaired by the HRH Crown Princess Mary of Denmark, Member of the HighLevel Task Force on ICPD; Hon. Ms Nana Oye Lithur, Minister of Gender, Children and Social Protection, Ghana; Hon. Ms Clara Makungwa, Minister of Gender, Children and Social Welfare, Malawi; Hon. Mr Asoke Kumar Mukerji, Permanent Representative of India to the UN (TBC); Ms Lourdes Bandeira, Vice-Minister, Secretariat of Policies for Women, Brazil; and Ms Fatima Bendida, El Hayet Network of PLWHIV, Algeria. For more information on the panel, please refer to the Global coalition on women and AIDS' network website: https://gcwa.unaids.org/event/high-level-panel. Accessed on 25 August 2015.

constitutes the main programming, budgeting and accountability tool for UNAIDS co-sponsors. As a joint programme, UNAIDS operates based on the programme of work defined in the UBRAF, and each co-sponsor is responsible for completing the deliverables they have been assigned with the resources allocated to them by the UBRAF.

When examining whether the Agenda had been integrated into UNAIDS planning and budgeting processes, the End Review found that some of the outputs under Goals C3[93] and C4 of the UNAIDS Strategy's third pillar on gender equality and human rights made explicit linkages with some of the actions set forth by the Agenda. This includes, for example, actions related to the integration of gender-sensitive budgeting in national multisectoral HIV strategies, the participation of women living with HIV in national planning and review mechanisms, strengthened CSO capacity to engage men and boys, and increased data on linkages between GBV and HIV. Yet, other actions set forth in the Agenda (e.g. comprehensive sexuality education; social protection, etc.) were not fully captured in the results statements and indicators of the UBRAF. Linkages between the accountability targets set forth by the Agenda and the UBRAF could have more explicit. This may have contributed to co-sponsors' perceptions that the Agenda was an initiative that ran in parallel with the UNAIDS Strategy.

Moreover, while UN Joint Teams on AIDS were responsible for many of the accountability actions, and therefore by implication all co-sponsors were accountable for certain actions, only some of the co-sponsors were explicitly assigned accountability targets. This brought an additional level of complexity to the lines of accountability for these co-sponsors. A draft results matrix based on the actions and accountabilities under the Agenda was developed soon after the development of the Agenda, and a subsequent version of the results matrix establishing accountability targets for all co-sponsors was finalised in 2014. This results matrix established clearer linkages between the Agenda and the UBRAF. However, the 2014 results matrix was developed too late in the process to provide an effective accountability framework for the Agenda's implementation. Moreover, the End Review found that this results matrix was not adequately disseminated outside UNAIDS at headquarters, therefore limiting its usefulness as an accountability tool.

The Agenda's integration into budgeting processes

UNAIDS country offices each received $10,000 for the public launch the Agenda. However, no budgeting framework or costing exercise was developed to support implementation of the Agenda during the first two years. This constitutes an important factor that has hindered the implementation of the Agenda during the first half of its life cycle.

> **Survey quotes from a co-sponsor on the need for more integrated planning**
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> "Any Action Agenda must not be a separate process, but rather be mainstreamed and have a dedicated goal-outcome-outputs geared towards addressing unequal gender norms, with the adequate funding. Otherwise, we will end up facing the same problem of treating gender equality and women's empowerment as a separate issue, without thinking through that unequal gender norms actually influence HIV epidemics and fuels it." **Co-sponsor from Eastern Europe and Central Asia**

The Agenda was later integrated into the UNAIDS UBRAF 2012-2015, and a costing exercise was undertaken for the second half of implementation. The co-sponsors were responsible for implementing the Agenda with their respective UBRAF resources allocation, and with their organizations' core resources.[94] However, co-sponsors interviewed by the Review Team were not always clear about which funding that should be used towards the implementation of the Agenda's

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[93] Goal C3 of the UNAIDS Strategy 2011-2015: HIV-specific needs of women and girls are addressed in at least half of all national HIV responses.

[94] UNAIDS. (n.d.) "UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality & HIV Operational Plan (2010-2014) – Process and Development."

activities (vs. other activities related to gender equality in the UBRAF). More communication from the outset between the co-sponsors and the UNAIDS Secretariat may have helped co-sponsors better allocate their resources in the context of implementing these accountability targets. The absence of a separate budgeting framework for the implementation of the Agenda was particularly challenging for UN Women. While UNIFEM had been assigned several accountability targets in the Agenda, it was not a UNAIDS co-sponsor when the Agenda was first implemented and therefore did not receive any core allocations from UNAIDS.

Going forward, co-sponsors strongly emphasized the need for streamlined planning and budgeting processes and a full integration of all UNAIDS work on gender into the UNAIDS Strategy and its accompanying UBRAF. Having a separate operational framework on gender such as the Agenda, despite the fact that its creates much needed visibility, brings too much confusion for the co-sponsors and is ultimately not conducive to accountability.

Finding 10: **The End Review found a positive relationship between ownership of the Agenda among stakeholders and their commitment to implement it. Ownership of the Agenda was high among CSOs, whereas it was mixed among governments and limited among co-sponsors.**

This section discusses the level of ownership of the Agenda expressed by different stakeholders and the extent to which this affected their commitment to deliver results.

Governments ownership

In absence of a country-level review as part of this End Review, it was difficult to establish the extent to which governments integrated the Agenda into national processes and effectively implemented it. Nonetheless, the End Review was able to collect information on regional and global level stakeholders' perception regarding the Agenda and accountability towards the achievement of planned results, particularly in ESA.

The End Review found that the Agenda provided a platform for accountability in countries that integrated the Agenda's proposed actions into national planning processes. Rwanda was frequently cited by key informants as a success story where the government fully bought into the Agenda and developed national processes to implement it. When Rwanda launched the Agenda, it undertook consultations to investigate how the Agenda's proposed actions could best inform the National Action Plan on HIV and AIDS. An operational plan defining the roles and responsibilities of key stakeholders and an accompanying budgeting framework were subsequently developed.[95] While an evaluation would be required to assess the extent to which this National Action Plan led to increased access to integrated HIV services for women and girls, the planning and budgeting processes developed around the nationally owned Agenda in Rwanda constitute a success story.

As part of the online survey, Zimbabwe was also cited as an example of success. For example, one government respondent highlighted that the actions proposed by the Agenda informed the 2010 National HIV and AIDS Strategic plan, as well as the renewed plan for 2015-2018. This respondent further noted that the National AIDS Council established a National Gender and HIV Technical Working Group to monitor the implementation of the plan, using harmonized gender indicators to ensure the systematic collection and analysis of sex- and age-disaggregated data. The respondent did note, however, that while the National AIDS Council had allocated resources for gender equality and HIV, these were insufficient to fully implement the Agenda. While government motivation to implement the Agenda appeared stronger in sub-Saharan Africa (e.g. Rwanda, Zimbabwe, Malawi,

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[95] UNAIDS. (2012). "UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV", Mid-term Review: p.13.

Liberia, etc.), there were also a number of success stories in countries from other regions (e.g. Djibouti, Guatemala and Brazil).

On the other hand, the End Review found that in several countries the Agenda was not domesticated and governments did not establish national planning, budgeting and monitoring mechanisms. Many key informants called for better monitoring and reporting mechanisms of the governments' efforts to address gender inequalities within the context of HIV, noting that the Scorecard was not sufficient (see Finding 12). Likewise, 33% of responses to an open-ended survey question on the main lessons learned from the Agenda cited the need for more national ownership of the Agenda and the creation of operational plans to foster greater accountability among governments.

CSOs ownership

As noted above, a global consultation was held in Montreux in September of 2009 to create an operational plan for the Action Framework for women and girls developed by the Secretariat and its co-sponsors earlier that year. Given the urgency to address gender inequalities in a global HIV context with insufficient focus on gender equality, the PCB decided in July of 2009 that the operational framework would be developed in a three-month span.

A Global Task Force on Women, Girls, Gender Equality and HIV and three Working Groups comprising several CSOs collaborated to elaborate the operational framework.[96] The End Review found a strong feeling of ownership of the Agenda among CSO representatives resulting form this highly consultative process. The participatory process with key CSO partners provided a strong foundation for civil society partners, in particular the women's rights movement and networks of women living with HIV, to advocate and engage in the implementation of the Agenda at global, regional, and country level. At global level, the continued engagement of CSOs is well reflected in the revitilization of the Global Coalition on Women and AIDS (GCWA) which positioned the needs of women and girls in global policy-making processes, including the 2011 HLM and yearly CSWs. Other CSOs which took part in the Montreux meeting have been actively involved in the implementation of the Agenda between 2010-2014, including Young Women's Christian Association (YWCA), the Athena Network, the International community of Women with HIV/AIDS (ICW), Gestos, and Fundación para studio e investigación de la mujer (FEIM).

On the other hand, the Agenda did not include specific targets or actions to be completed by CSOs and their role in implementing the Agenda was not clearly defined in the operational framework. The lack of clear lines of accountability for this goup posed a number of issues in terms of planning, and therefore, implementing the Agenda.

Co-sponsors ownership

On the other hand, the End Review found limited ownership of the Agenda among co-sponsors. While nearly 25 CSO organizations formed part of the three Working Groups consultation that met in Montreux to define the strategic orientations of the Agenda, only some of UNAIDS co-sponsors (UNFPA, WHO, UNDP) and UNIFEM were part of the Working Groups.[97] The accountability targets to be implemented by co-sponsors were subsequently developed by the UNAIDS Secretariat without sufficient technical input from UNAIDS co-sponsors. Several co-sponsors interviewed noted that a number of these targets were not fully aligned with the co-sponsors' respective programme of work. For example, UNIFEM, which at the time was not a co-sponsor of UNAIDS, was assigned specific accountability targets without any discussion of the work the agency was doing on gender equality

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[96] UNAIDS. (n.d.). "Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV: Operational plan for the UNAIDS action framework: addressing women, girls, gender equality and HIV".
[97] Ibid.

and women's empowerment. While co-sponsors signed onto the Agenda at the highest political level, the End Review found that greater involvement of the co-sponsors at a technical level in the development of the Agenda and its accountability targets would have fostered a greater feeling of ownership among co-sponsors. Similarly, co-sponsors felt that the Scorecard, which constituted the main accountability tool of the Agenda, was not developed in consultation with them.

Limited ownership and buy-in from co-sponsors therefore appears to have negatively affected the implementation of the Agenda, as some interviewed co-sponsors noted that co-sponsors in the field did not systematically integrate the Agenda as part of their respective country workplans. It is unclear why co-sponsors' involvement in the development of the operational framework, and particularly in the development of accountability targets, was limited. It appears that timing may have affected the engagement given the   very short timeframe given. Moreover, inconsistent communications between the UNAIDS Secretariat and co-sponsors also appears to have adversely affected the development process and implementation of the Agenda. In conformity with UNAIDS governance, it is the responsibility of the Global Coordinators and Focal Points of co-sponsoring organizations to ensure that policies and strategies, including the Agenda, are "reflected in the activities specific to their mandates and respective result frameworks"[98]. In order for this to happen, there needs to be clearer and more sustained lines of communications between the Secretariat and its co-sponsors.

Finding 11:   The Agenda's visibility was strong in the first two years of implementation but subsequently waned down. It appears that limited visibility may have adversely affected the implementation of the Agenda and its integration into coordination mechanisms.
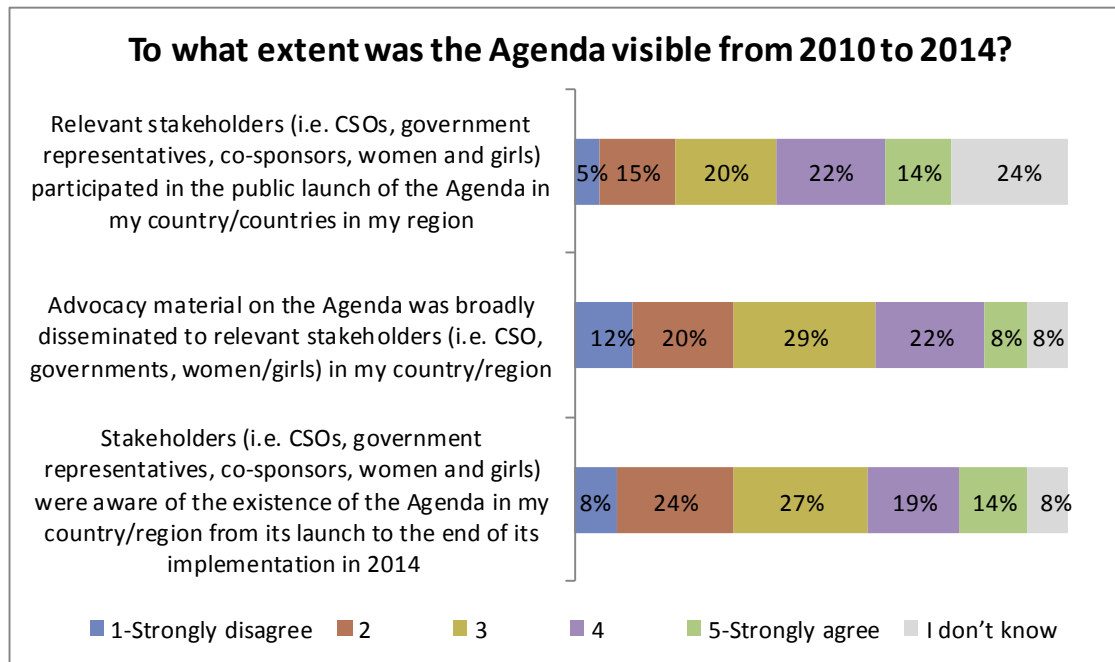
As noted above, the Agenda was a groundbreaking initiative which aimed to tackle gender inequalities in the context of the HIV response, an issue not systematically addressed by UNAIDS in the past. As with any other new initiatives, introducing organization-wide programming requires strong visibility and structural changes so that global strategic orientations trickles down to country level and translates into implementation.

The Review Team encountered difficulties in defining the Agenda's scope within the broader work on gender undertaken by UNAIDS under its UNAIDS Strategy 2011-2015. While it found that UNAIDS work on gender was visible among co-sponsors at all levels of the organization, and implemented and reported on as part of the UBRAF, it also found that the Agenda was not well known to a number of stakeholders. In other words, a number of consulted co-sponsors acknowledged that they did work on gender as part of the UBRAF, but were unaware whether this work was part of the Agenda. Several key informants interviewed noted that the launch of the Agenda brought about good visibility of the operational framework at the beginning but that high-level leadership on the Agenda was not sustained. Having signed-on to the Agenda at the highest level, and being accountable as per UNAIDS governance for integrating UNAIDS initiatives and strategies into their respective results framework, a stronger dissemination of the Agenda by co-sponsors to their staff at regional and country level could have contributed to more systematic integration of the Agenda into country workplans. On the other hand, some respondents also felt that the Agenda lost visibility after new UNAIDS initiatives were launched, such as the Fact-Track initiative, and more sustained leadership from the UNAIDS Secretariat may have also contributed to stronger visibility of the Agenda among co-sponsors. As shown in Figure 2.5 below, when asked whether relevant stakeholders participated in the Agenda's public launch in their country (first bar), surveyed respondents tended to respond positively (36% responded 4 or 5 on a scale of 1 to 5 where 1 means 'strongly disagree and 5 means 'strongly agree). On the other hand, nearly two-thirds of respondents provided negative views (32%

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[98] UNAIDS. (2012). "The UNAIDS Governance Handbook": p.23

responded 1 or 2) when asked whether advocacy material was broadly disseminated (bar 2) or whether stakeholders were aware of the Agenda during the implementation period (bar 3). Overall, co-sponsors provided more negative views across all questions relating to the Agenda's visibility.

Figure 2.5 Surveyed stakeholders' perceptions of the Agenda's visibility (N=59)

To what extent was the Agenda visible from 2010 to 2014?

Relevant stakeholders (i.e. CSOs, government representatives, co-sponsors, women and girls) participated in the public launch of the Agenda in my country/countries in my region	5%	15%	20%	22%	14%	24%
Advocacy material on the Agenda was broadly disseminated to relevant stakeholders (i.e. CSO, governments, women/girls) in my country/region	12%	20%	29%	22%	8%	8%
Stakeholders (i.e. CSOs, government representatives, co-sponsors, women and girls) were aware of the existence of the Agenda in my country/region from its launch to the end of its implementation in 2014	8%	24%	27%	19%	14%	8%

Legend: ■ 1-Strongly disagree   ■ 2   ■ 3   ■ 4   ■ 5-Strongly agree   ■ I don't know

Regional/country coordination

During data collection, coordination mechanisms frequently came up as a factor affecting the Agenda's implementation. It appears that, at regional level, the integration of the Agenda into existing UN coordination mechanisms (i.e. ESA) or the creation of external coordination mechanisms (i.e. AP) facilitated the implementation of the Agenda. The majority of surveyed co-sponsors in AP and ESA agreed that joint planning and adequate coordination among UN joint teams regionally facilitated the implementation of the Agenda. On the other hand, it appears that existing UN coordination

> **Examples of successful use of regional coordination mechanisms in implementing the Agenda**
>
> ESA is a good regional example of where existing coordination mechanisms were successfully used to implement the Agenda. A key informant in ESA underlined that the regional AIDS Technical Team and the Technical Working Group for Women and Girls met on a regular basis to coordinate programming around gender equality and HIV and used the Agenda as their main guiding tool.

> In Asia and the Pacific, an external coordination mechanism, the Interagency Task Team on Women, Girls, Gender Equality and HIV (IATT), was formally created in 2011 to strengthen collaboration among UN agencies and CSOs and support the implementation of the Agenda.[99] This type of coordination mechanism is different than the aforementioned UN coordination mechanisms because its composition extends to civil society organisations, which in the case of the Agenda were important implementing partners.

mechanisms were not always used to the best of their potential in most regions (i.e. CAR; LA; EECA; MENA). Co-convening co-sponsors have the responsibility to convene meetings with other co-sponsors, yet key informants from these regions noted that coordination with peer organizations

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[99] UNAIDS. (n.d.). "Terms of Reference: The Asia-Pacific UN Interagency Task Team on Women, Girls, Gender Equality and HIV".

around the Agenda was often limited to planning one-off events. When asked whether joint planning and coordination mechanisms facilitated the implementation of the Agenda, respondents from these regions tended to disagree. It appears that the visibility of the Agenda among co-sponsors had an impact on the extent to which it was integrated into coordinating mechanisms.

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Survey quotes on strengths and weaknesses of joint planning and coordination

"At regional level, a dedicated Inter-Agency Task Team on Key Affected Women and Girls was created - initially as an inter-UN coordination mechanism, but later opened to civil society organizations too. Having clearly defined TOR and yearly work plans for the IATT helped tremendously to push the Agenda forward. Nonetheless, similar mechanisms did not exist at country level and hence little was implemented as part of the national HIV programmes." – *Co-sponsor in Asia and the Pacific*

"(…) The JUTH [Joint United Nations Team on HIV] has a small team of gender and HIV focal points, but the Agenda has never comprised a discussion topic or starting point for our discussions. (…) Within the UN, UNAIDS needs to play a stronger role in promoting the Agenda; its staff need to know what is written in there, so that they can bring the issues forward to joint UN work on HIV as well as on gender equality. In the country I am in, the Agenda has had minimal impact – without it, more or less the same activities would have taken place." – *Co-sponsor in Asia and the Pacific*

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As per UNAIDS Governance, at the country level UNAIDS support to the implementation of the Agenda was integrated into the Joint UN programmes of support on HIV and coordinated by the Joint UN team on AIDS normally chaired by UNAIDS Country Directors and under the overall leadership of the UN Resident Coordinator.[100] In the absence of a country review, it is not possible to review the success of this mechanism in implementing the Agenda. However, data collected from interviews and the online survey suggest that the Agenda may not have been systematically integrated into country level coordination mechanisms. On the other hand, it is possible that the Agenda was

integrated as part of UNAIDS' broader work on gender equality under the UBRAF but several consulted stakeholders felt that the place the Agenda occupied among joint teams was limited. This relates to the issue mentioned above that the Agenda had limited visibility among co-sponsors.

Finding 12: **The UNAIDS monitoring system (i.e. the JPMS) was used to report on the Agenda but the Agenda's specific contribution to results was often unclear. The Scorecard constituted a novel and needed monitoring tool to report on country level progress but improvements are needed.**

Reporting to the PCB and the JPMS

The Agenda was endorsed by the UNAIDS Programme Coordination Board (PCB), which was to "take overall responsibility and oversight for its implementation."[101] As stipulated in the Agenda, the UN interagency working group on gender equality was expected to meet twice a year between 2010 and 2014 to measure progress on the implementation of the Agenda and present annual progress reports to the PCB on the achievement of accountability targets set forth in the agenda.[102]

As required, progress reports were presented to the 27th and 28th PCB meetings in December of 2010 and June of 2011, respectively. However, holding UNIFEM accountable for reporting was problematic during that timeframe as it was not yet a UNAIDS co-sponsor. Following the integration of the Agenda

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[100] UNAIDS. (2012). "The UNAIDS Governance Handbook".

[101] UNAIDS.(n.d.). "Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV: Operational plan for the UNAIDS action framework: addressing women, girls, gender equality and HIV".

[102] Ibid.

in the UBRAF 2012-2015, a PCB decision was made that co-sponsors would report on the implementation of the Agenda through the Joint Programme Monitoring System (JPMS), which is, since 2012 the reporting tool used by the Joint Programme to report on the achievement of UBRAF outputs and outcomes. More specifically, activities undertaken as part of the Agenda were reported against under thematic reports on UBRAF indicators C3 and C4. The compilation of those reports was coordinated by UNDP in 2013 and UN Women in 2014.

The Review Team found it challenging to make linkages between the results reported in these JPMS reports and the Agenda because the scope of the Agenda within the overaching pillar on gender equality was not clearly defined and because JPMS reports seldom referenced the Agenda explicitly. It was therefore difficult to ascertain whether the results reported in JPMS reports should be attributed to the Agenda or to other gender-related work undertaken as part of the UNAIDS Strategy 2011-2015.

Reporting on expenditures was also presented to the PCB, though co-sponsors and the UNAIDS Secretariat acknowledged that it was difficult to find a common way to report on this matter. Based on the mid-term review of the Agenda, presented to the PCB in December of 2012, approximate data on expenditures collected among co-sponsors suggest that approximately USD 79 million were allocated to the roll-out of the Agenda during the first half of implementation.[103] During the second half of implementation, expenditures on gender were captured in UBRAF expenditure reporting but it is not entirely clear which expenditures were part of the Agenda vs. UNAIDS' broader portfolio of gender equality initiatives. A gender marker including budgeting procedures is being developed across the UN in an effort to improve tracking of the budget allocated to gender equality. This should contribute to more accurate reporting on gender allocation and expenditures in the future.

The Scorecard

The Scorecard, which was the Agenda's main accountability tool, was developed by the UNAIDS Secretariat and country offices. The Scorecard measured changes in countries resulting from the Agenda's action. This was done by collecting data from country-level partners (government, civil society organizations, faith-based organizations and other Agenda stakeholders) using 14 strategic markers that served as proxy indicators for progress achieved under each of the agenda's three pillars. The data was presented using a three-color code and some proxy indicators were used as a source of data in UBRAF reporting. The Scorecard was used to complement other country-level data sources on gender also used in the UBRAF, such as the National Composite Policy Index (NCPI) and the global AIDS Response Progress Reporting (GARPR) which gauge country level progress in achieving targets set in the UN political declarations on HIV and AIDS.[104]

The Scorecard was innovative in that it was the first of its kind to collect data that measures progress on a gender-related UNAIDS operational framework such as the Agenda. On the other hand, there are a number of lessons learned that can be extracted from the Scorecard experience and which could be used to improved the effectiveness of future accountability mechanisms. First, there is room for improving quality assurance mechanisms. Several co-sponsors expressed concerns that data reported in the Scorecard was not systematically checked for accuracy and that some reported data did not reflect accurately the reality of gender equality in some countries. They suggested that the methodology for measuring the indicators can be improved and that more guidance to country offices and quality assurance mechanisms is warranted to ensure that data is collected and

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[103] UNAIDS. (2012). "UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV Mid-Term Review", PowerPoint presentation presented to the PCB at its 29th Meeting: p.21.

[104] The three color code was the following: the following colour code: i) red: not available; ii) orange: available on a project-basis; iii) green: present at national level.

interpreted in a consistent manner across countries. The End Review Team did use the Scorecard as a source of data when it was able to triangulate with other sources of information.

There was also room for improving the design of the Scorecard as incomplete baseline data hindered the End Review's ability to gauge progress achieved by looking at Scorecard markers. While the UBRAF 2012-2015 set baseline values for some of the Scorecard markers, several markers did not have baseline data. Furthermore, when analyzing the Scorecard, the Review Team noted that strategic markers are established at such a high level that it makes it difficult to demonstrate the Agenda's contribution to results, even more so because the Agenda lacked a clear theory of change that could illustrate how it intended to contribute to its strategic pillars. The challenge of demonstrating contribution to results is not only faced by UNAIDS and its co-sponsors in the context of the Agenda but by all international development organizations. In recent years, multilateral organizations have increased their commitment to results-based management and made efforts to show their contribution to results, notably by developing stronger theories of change as part of programme design, but this continues to be a challenge.
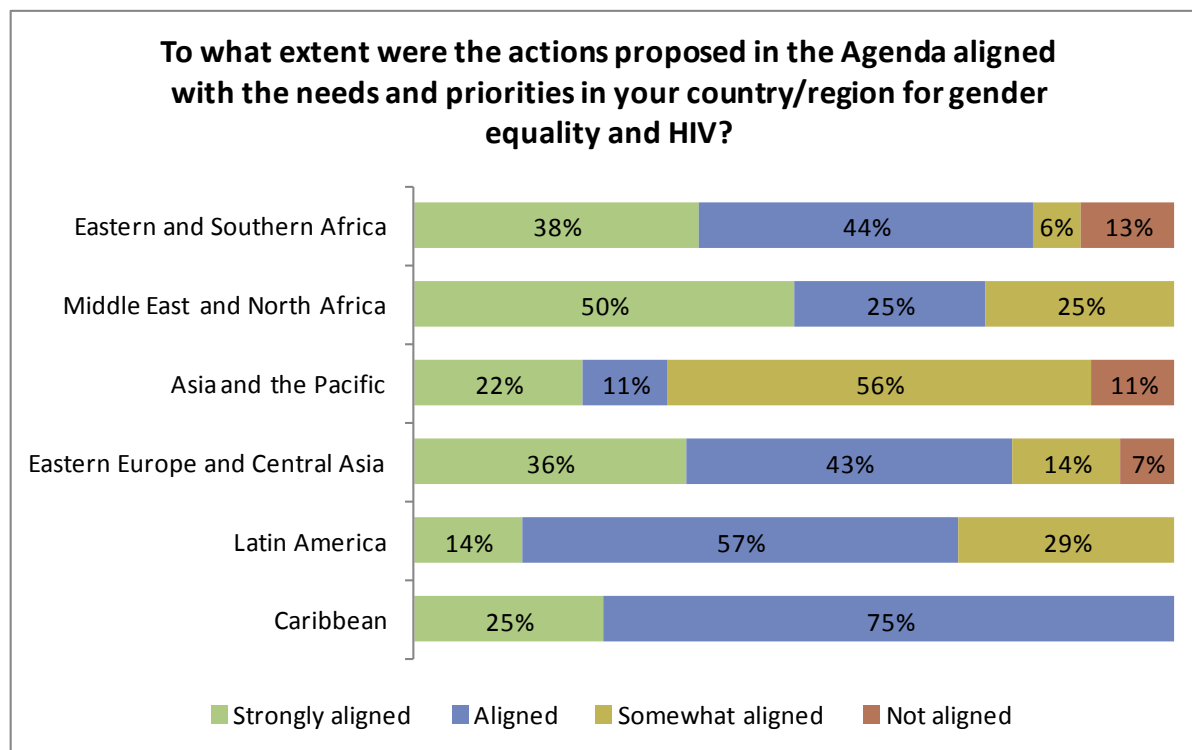
In addition, a number of consulted key informants highlighted that the Scorecard created additional burden on countries that were already collecting data for other reporting systems. They particularly emphasized the need to use existing reporting mechanisms such as the National Composite Policy Index (NCPI) to collect data on gender equality in the context of HIV. However, as it currently stands the NCPI includes very limited indicators that measure change in gender equality, though several non-gender specific indicators are disaggregated by sex. As such, there was a value added in the Scorecard as it captured a broader range of issues not tracked by other monitoring mechanisms. In the future, it would be ideal not to have parallel reporting systems for the reasons mentioned above.

2.3   Relevance

Finding 13:   The Agenda mostly reflected the needs of regions with a generalized epidemic (i.e. ESA, WCA) more so than other regions, but contributed to strengthening the discussion on the gender inequalities affecting key populations in concentrated epidemics. The discussion fueled by the Agenda is considered in the UNAIDS Strategy 2016-2021, though there are concerns the fast-tracking approach may mask some context-specific gender dimensions of the epidemic.

The development of the Agenda for women and girls constituted an important advance for UNAIDS as it responded to a need to enhance focus on women and girls in the global HIV response. Overall, the majority of surveyed stakeholders (72%) highlighted that the Agenda was either aligned or strongly aligned with the needs and priorities of their country/region in terms of gender equality and HIV. Respondents from Asia and the Pacific provided more negative views than respondents from other regions when asked about the relevance of the Agenda.

Figure 2.6   Regional stakeholders' perceptions on the Agenda's alignment with needs and priorities for equality and HIV (N=54)[105]

To what extent were the actions proposed in the Agenda aligned with the needs and priorities in your country/region for gender equality and HIV?

Region	Strongly aligned	Aligned	Somewhat aligned	Not aligned
Eastern and Southern Africa	38%	44%	6%	13%
Middle East and North Africa	50%	25%	25%	
Asia and the Pacific	22%	11%	56%	11%
Eastern Europe and Central Asia	36%	43%	14%	7%
Latin America	14%	57%	29%	
Caribbean	25%	75%		

Most of the stakeholders interviewed noted that the Agenda's focus on women and girls was very relevant to the generalized HIV epidemic in Africa, where women and girls make up nearly 60% of all people living with HIV. On the other hand, most stakeholders consulted highlighted that the Agenda's lack of focus on key populations made it more difficult to adapt it to the reality of regions with low levels of epidemic (i.e. Asia and the Pacific, the Middle East and North Africa, Latin America, the Caribbean, and Eastern Europe and Central Asia), where people living with HIV are mostly concentrated in key populations, including gay men and other men who have sex with men, transgender women, female sex workers , women and men and transgender persons who inject drugs, prisoners, migrants, and their intimate partners.

While the Agenda lacked focus on key populations[106], key informants highlighted that it was nonetheless relevant to regions with concentrated epidemics because it helped broaden the understanding of the gender dynamics and unequal power relations that fuel the epidemic among key populations. Key informants from Latin America and the Caribbean noted that the Agenda had brought back a focus on women and girls, who have been left behind because the HIV response in these regions has been largely centered on men who have sex with men.

Several key informants suggested that the discussion fueled by the Agenda on the gender dimensions of the HIV epidemic among key populations needs to be sustained in UNAIDS' upcoming strategic cycle. In many respects, the UNAIDS Strategy 2016-2021 appears to show progress in this area, with a focus on five SDGs (SDG 3, 5, 10, 16 and 17) with strong relevance for the gender dimensions of HIV and an articulation of results areas for each of these that capture the reality of women, girls and other

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[105] The number of respondents per region is the following: ESA=16; MENA=4; AP=9; EECA=14; LA=7; CAR=4.

[106] An action framework for Universal Access for MSM and Transgender people was developed in 2009 and the Agenda for women and girls was developed to complement this framework. This framework was not assessed as part of the End Review and therefore the Review Team cannot comment on its effectiveness.

key populations. Nevertheless, caution is needed to ensure that gender analysis continues to permeate across UNAIDS strategic planning.

For instance, the "Treatment as Prevention" approach now being fast-tracked, which strongly promotes HIV testing for everyone, particularly pregnant women, may result in some negative consequences for women, as was discussed in Finding 5. In the push for rapid results, it is possible that the necessary safeguards against potential harmful consequences to women through HIV testing and treatment will not be consistently implemented and adhered to.[107] Fast-tracking tends to focus on actions that produce visible and easily measurable results, such as numbers of people tested or pregnant women entering EMTCT programmes, and the indicators used for fast-tracking may mask the gendered realities of the HIV epidemic. This is why a gender-responsive, and where possible a gender-transformative, approach is needed now more than ever.

Finding 14: **Going forward, a focus on thematic areas (e.g. GBV, SRHR) and taking regional specificities into consideration is key to increase the relevance UNAIDS' strategic approach on gender equality.**

Using a bottom up approach to programming

The 2009 consultations leading to the development of the Agenda were held at a global level and the Global Task Force on Women, Girls, Gender Equality and HIV (GTF) and the three working groups reflected a diversity of members from governments, CSO and faith-based organizations, development partners and academia, globally. Nevertheless, the majority of stakeholders consulted during the End Review highlighted that the actions and accountabilities that came out of these consultations were too prescriptive and that it was therefore difficult to adapt the Agenda to local contexts.

While this top-down approach was needed at the time to sensitize stakeholders about gender equality and HIV, nowadays better gender capacity exists in the regions for a more tailored approach, keeping in mind that country level capacity still needs significant strengthening.

Stakeholders have highlighted the need to use a bottom-up approach to strategic planning by holding regional-level consultations with countries, that would inform global strategic orientations on gender equality in the context of HIV. Several stakeholders highlighted that global strategic planning on gender equality should be less prescriptive so that it can allow regions and countries to adapt their own programming based on regional and country specificities and key populations. Regional and national ownership of UNAIDS programming on gender equality will be crucial to successful implementation.

Several key informants also highlighted the need for UNAIDS to provide stronger guidance to countries in implementing future programming on gender equality and HIV. They noted that, with the Agenda, countries selected the actions they wanted to implement, though these were not necessarily the most relevant to their context, and may have been selected to avoid controversy.

Focus on key thematic priorities

The Agenda's effectiveness has been limited, in part, because its overall scope and the issues included were too broad and not prioritized. Many key informants noted that, while the Agenda's three pillars were and are still relevant, the relevance of UNAIDS' future programming on gender equality could be enhanced by focusing on fewer thematic areas, taking into consideration regional specificities.

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[107] As long ago as 2007, WHO and UNAIDS jointly released guidelines for safeguarding women and other vulnerable groups from potential harmful consequences due to HIV testing initiated by health care providers, but these have not been consistently followed. WHO and UNAIDS, 2007, *Guidance on Provider-Initiated HIV Testing and Counselling in Health Facilities.*

In the End Review survey, stakeholders from all respondent groups were asked to rank from 1 to 10 in order of priority the key themes that should be addressed in future programming on gender equality in the context of HIV.[108] Figure 2.7 below presents the key thematic priorities which surveyed stakeholders were asked to rank, 1 representing the highest level of priority and 10 the lowest. Stakeholders also had the option of not selecting a theme if they considered it was not relevant to future HIV programming on gender equality. In the figure below, a mean score of 0.00 indicates that a theme was not selected by any respondent.

As demonstrated in the figure below, **gender-based violence** ranked highly across all regions as a key thematic priority. Key informants further emphasized the need to focus on gender-based violence.

Figure 2.7 Key thematic priorities per region (mean scores). Range: 1 = highest priority, 10 = lowest priority. (N=374)

	Eastern and Southern Africa	West and Central Africa	Middle East and North Africa	Asia and the Pacific	Eastern Europe and Central Asia	Latin America	Carib-bean
Focus on caregivers	7.33	2.00	6.00	5.88	6.67	6.25	9.00
Sexual and reproductive health and rights (SRHR)	3.43	8.00	2.00	4.75	4.33	5.67	4.50
Young women and adolescent girls	3.13	5.00	0.00	5.29	6.17	4.75	3.00
Gender-based violence	3.75	7.00	4.00	4.25	3.00	5.00	2.50
Focus on sex workers, women who inject drugs or partners of persons who inject drugs, diabled women, indigenous, lesbian, gay, bisexual, transgender and Intersex (LGBTI) as a key population vulnerable to HIV	7.57	0.00	3.00	6.00	3.88	3.00	4.00
Engagement of boys and men	4.00	0.00	3.00	5.88	6.14	4.50	7.00
Comprehensive sexuality education	5.38	9.00	8.00	5.50	6.20	8.00	4.00
Social protection	5.42	0.00	0.00	5.63	4.71	5.75	9.00
Empowerment and voice of women and girls	5.58	0.00	2.00	2.75	4.91	5.00	2.67
Focus on reducing HIV in urban settings	5.00	3.00	5.00	7.38	6.00	5.40	4.25

Engaging men and boys was ranked as a high priority for respondents from Eastern and Southern Africa, the Middle East and North Africa and Latin America. Several key informants also commented that engaging men and boys is essential for addressing the structural causes that fuel gender inequalities in most regions, including the gender-based violence and macho attitudes (e.g. risk sexual behaviors) that put women at greater risk of HIV.

Sexual and reproductive health rights (SRHR) is a key thematic area that ranked highly across all regions. **Empowering women and girls and giving them a strong voice** also ranked high, especially in the Middle East and North Africa, Asia and the Pacific and the Caribbean.

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[108] These key thematic areas were identified in consultation with the UNAIDS Secretariat during the inception phase of the End Review. They were later used in a question of the online survey (See Question 21 in the survey questionnaire in Appendix X of this report).

There is a lack of congruence between the views of survey respondents and those of key informants on several of the themes. Focus on **reducing HIV in urban settings**, **social protection**, **focus on care givers** and **comprehensive sexuality education** were not identified as key thematic priorities by surveyed respondents from most regions. On the other hand, comprehensive sexuality education, focus on care givers and social protection were frequently cited by key informants as priorities that should be addressed in the future.

Respondents from the ESA and CAR identified women and girls as a key priority. Based on the Gap Report, young women and girls is a key population in both regions, and this should be taken into consideration in future programming. A focus on other key populations (e.g. gay men and other men who have sex with men, transgender people, people who use drug , sex workers) ranked highly among respondents from MENA, EECA, LA and CAR.

2.4   External Environment

Finding 15:   HIV occupies a smaller political space in the Post-2015 Development Agenda. There is an opportunity for UNAIDS to foster a gender-responsive and transformative response to HIV by aligning it with the SDGs and by integrating HIV into existing platforms on gender equality and health.

Positioning HIV in the Post 2015 Era

In September 2015, the United Nations Summit adopted the Post-2015 Development Agenda, which includes 17 sustainable development goals that the international community will intend to achieve by 2030. In the past months leading up to the endorsement of the SDGs, talks took place on the form and implications of these sustainable development goals. In the MDGs, HIV was positioned as a stand-alone goal, along with malaria, tuberculosis, and other diseases, and as goal 6 of 8 goals, had significant visibility among the international community. In the Post-development Agenda, HIV no longer constitutes a stand-alone goal but is bracketed with communicable diseases under one of nine priorities within the goal of promoting healthy lives and wellbeing for all (SDG 3).

Several individuals from the HIV community (i.e. CSOs, UNAIDS Secretariat) consulted for this review noted with concern the reduced attention to HIV in the Post-2015 Development Agenda.

Many interviewed stakeholders highlighted that the HIV epidemic has evolved substantially in the past decade, especially because of the notable progress made in providing treatment and reducing the number of AIDS-related deaths. They suggested it is time to stop addressing HIV as a standalone issue and address it across other thematic areas. Some respondents felt that when addressed as a standalone issue, the response to the HIV epidemic had been largely focused on the biomedical, and this approach has been very successful in reducing the number of AIDS-related deaths. While it is important to maintain this impetus, especially in a context where new infections are still increasing among adolescent girls and young women and key populations from certain regions, mainstreaming HIV across other thematic areas also provides an unprecedented opportunity to address the human rights aspects, including stigma and discrimination, and to focus on the structural causes of gender inequalities which fuel the HIV epidemic among women in all their diversities.

The majority of stakeholders consulted for the End Review emphasized the need for UNAIDS' future programming on gender equality to be firmly embedded in the renewed UNAIDS strategy and in the SDGs. This was seen as an opportunity to foster a gender-transformative response to the HIV epidemic by integrating HIV across a number of SDGs, notably those related to other health issues such as sexual and reproductive health, and to gender equality and empowerment of women, as well

as justice. The UNAIDS Strategy 2016-2021, enacted by the PCB in October 2015, appears to have addressed many of these concerns.[109]

The Post-2015 Development Agenda also includes a specific goal on gender equality and women's empowerment (SDG 5) with a SRHR results area and indicators on gender-based violence, child marriage, unpaid care work, leadership and participation in decision-making processes, all of which stand at the intersection between gender inequalities and the HIV epidemic among women and girls. SDG 3 also includes ensuring universal access to sexual and reproductive health care services including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. Missing is any statement asserting women's rights to control the use of their bodies for sexual and reproduction purposes, or the need for comprehensive sexuality education (as opposed to information simply about SRHR services and products).[110]

The SDGs offer an opportunity to diversify the work on gender equality in the HIV context and building new partnerships with non-traditional partners. Such opportunities can be found in a number of goals and targets, including those that specify 'all people' or 'universal access', which should entail having a gender perspective to address gender disabilities affecting women's vulnerability to HIV (e.g. promoting land and property ownership, education, non-farm employment opportunities, etc.). The SDGs also offered opportunities for the integration of HIV and gender in targets such as nutrition for girls, pregnant and lactating women and infants, support to women food producers (under SDG 2), and decent work for all (under SDG 8). The focus on disaggregated data in the SDGs also incited UNAIDS to upscale the work it undertook in this area as part of the Agenda for Women and Girls.[111]

On the other hand, the SDGs overall use a narrow definition of the term 'gender equality', and do not give any consideration to the engagement of men and boys and transgender people, nor do they address the discriminations faced by people with diverse sexualities, including gay men and other men who have sex with men, which increases their vulnerability to HIV. While these themes are absent in the SDGs, the upcoming 2016 High-Level Meeting on HIV represents an opportunity for UNAIDS to advocate for their inclusion in the upcoming Political Declaration on HIV.

Leveraging a strong women's movement in the Post-2015 Era

In recent years, the global women's empowerment movement has been gaining greater momentum and the international community has paid more attention to issues related to gender equality such as gender-based violence. The adoption of a stronger standalone SDG on gender equality is also evidence of this stronger commitment. In the survey, 58% of all respondents noted that increased leadership and participation of women's advocacy groups in the political arena positively influenced the implementation of the Agenda in recent years (see graph under Finding 16). In order of presentation, respondents from Eastern Europe and Central Asia, Latin America, Asia and the Pacific, and Eastern and Southern Africa responded more positively than respondents from the Caribbean and the Middle East and North Africa.

A stronger women's movement, which unites the women's rights community and networks of women living with HIV and which was a successful outcome of the Agenda, represents a continued opportunity for UNAIDS to prioritize SRHR, gender equality and the elimination of GBV as part of

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[109] UNAIDS. (2015). "Agenda item 3. UNAIDS Strategy 2016-2021". PCB 37th Meeting, Report no.: UNAIDS/PCB (37)/15.18: rev1.

[110] Sustainable Development Solutions Network. (2015). "Indicators and a Monitoring Framework for Sustainable Development Goals".

[111] UNAIDS. (2015). "Update on the AIDS Response in the Post-2015 Development Agenda". PCB 36th Meeting, Report no.: UNAIDS/PCB (36)/15.4: p.15

fast-tracking the end of the AIDS epidemic by 2030. Many of the stakeholders interviewed by the Review Team noted that, as well as integrating gender experts in joint HIV thematic groups, HIV could be further integrated in existing platforms for gender equality. In Asia and the Pacific, the Regional Gender Advisor has been working to introduce HIV in platforms for gender equality, thereby increasing the visibility of HIV within the women's empowerment movement. Likewise, in the Eastern and Southern Africa region, work has been done to integrate gender equality into SRHR programming.

Similarly, the Third International Conference on financing for Development to discuss financing for the SDGs represents an unprecedented opportunity for gender-transformative financing which was not possible without a standalone objective on gender equality.[112] Overall funding for HIV has been decreasing, and the limited funding available has normally been used for treatment and biomedical considerations. By anchoring its future approach to gender equality within the SDGs, UNAIDS can leverage gender equality funding to push for a gender-transformative HIV response.

The outcome document of the Third International Conference on Financing for Development, which took place in Addis Ababa this past July 2015, states that international development co-operation partners are committed to working toward gender equality, including by strengthening gender responsive budgeting in the Post-2015 era.[113] One of the Agenda's main challenges in translating political commitments into scaled-up action was the absence of such budgeting systems in partner countries and this is an opportunity which UNAIDS can leverage to achieve gender-transformative HIV responses in countries.

Finding 16: **Changes in global, regional and national political environments, political unrest and conflicts have negatively affected progress on key thematic areas linked to HIV (e.g., comprehensive sexuality education, SRHR) and for key populations (e.g., sex workers, LGTBI, people who use drugs, etc.).**

Several key informants noted that changes in global, regional and national political environments (including, but not limited to, increased conservatism) adversely affected key thematic areas linked to HIV, key populations, and the implementation of the Agenda. This is likely to act as an obstacle in addressing gender progressive thematic areas, even if they are part of the SDGs (e.g. SRHR[114], etc.). Stakeholders noted that the political declarations recently passed on gender equality have not been progressive in the language (e.g. declarations adopted at the CSW and ICPD).[115] For instance, at the last Commission on Population Development, a draft resolution on the ways to integrate population issues into the sustainable development agenda was withdrawn because of lack of consensus among member states on SRHR.[116] Both the Outcome Statement from the 2015 CSW meeting on the SDGs

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[112] UN Women. (8 July 2015). Press release: Transformative financing will end gender inequality by 2030 http://www.unwomen.org/en/news/stories/2015/7/financing-for-development-press-release. Consulted on 22 July 2015.

[113] United Nations. (2015). "Outcome document of the Third International Conference on Financing for Development: Addis Ababa Action Agenda". Report no.: A/CONF.227/L.1.: p.10.

[114] It should be noted that the SDGs now use the abbreviation SRHRR (sexual and reproductive health and reproductive rights) as opposed to SRHR (the correct abbreviation at the time of writing).

[115] UNAIDS. (n.d.). "Standard Final Report for the Government of the Grand-Duchy of Luxemburg – March 2011-March 2012", Donor Report: p.12.

[116] UNAIDS. (2015). "Update on the AIDS Response in the Post-2015 Development Agenda". PCB 36th Meeting, Report no.: UNAIDS/PCB (36)/15.4: p.9.

and the proposed SDGs document have dropped the language of women's sexual and reproductive rights, which is a step backwards in the promotion of a HIV response firmly rooted in human rights and gender equality.

Many key informants also noted that governments in certain regions have reservations regarding the incorporation of SRHR, CSE and gender-related language in the post-2015 development agenda. For instance, the Review Team heard in interviews with Asia-based stakeholders and could confirm through survey results that governments in Asia and the Pacific do not want to acknowledge and give rights to sex workers, gay men and other men who have sex with men and transgender women. The Review Team was also told that governments in Eastern Europe and Central Asia have recently passed a number of laws criminalizing sex workers, drug users and transgender women. Overall, 49% of survey respondents believe that the emergence of new conservative actors negatively affected the implementation of the Agenda. Percentages were even higher among respondents from Eastern Europe and Central Asia (85%) and Asia and the Pacific (67%).

Based on a study undertaken by the Commission on HIV and the Law, if current trends continue it is expected that HIV infections will slightly increase by 2030. However, if countries achieve structural changes in their legal and policy environment, infections could drop significantly. Countries are strongly encouraged to revise discriminatory laws against gay men and other men who have sex with men, transgender people, sex workers and people who use drugs. They are also encouraged by the Commission to remove legal barriers to women's access to SRHR services, reform property laws, revise laws on minimum marriage age, and to enforce such legislation. Several key informants emphasized that addressing unequal social norms is key to achieving a gender-transformative response in the context of HIV and that involving faith-based organizations and their leaders in regions such as the Middle East and North Africa and Latin America is essential.

The online survey also gathered the opinions of key Agenda stakeholders on changes to the political landscape which had a positive (Figure 2.8) or negative (Figure 2.9) influence on the Agenda. Overall, surveyed respondents expressed mixed views when asked whether government's priorities for HIV have positively or negatively influenced the implementation of the Agenda. However, the majority of respondents in Latin America (71%) and Asia and the Pacific (67%) clearly highlighted that adverse changes in governments' priorities have had a negative effect on the Agenda's implementation. Changes in government priorities could in part be due to the emergence of conservative bodies. It could also be due to the fact that HIV is not considered as much a threat as it was a decade ago, as considerable progress has been made in increasing access to treatment and reducing the number of AIDS-related deaths.

Finally, regional/national political unrest was identified by 29% of overall respondents as a factor having affected the implementation of the Agenda. The proportion of respondents selecting this factor was significantly higher in Eastern Europe and Central Asia (54%) and the Middle East and North Africa (50%) than in other regions. Higher political unrest may also have contributed to changing political priorities for HIV.

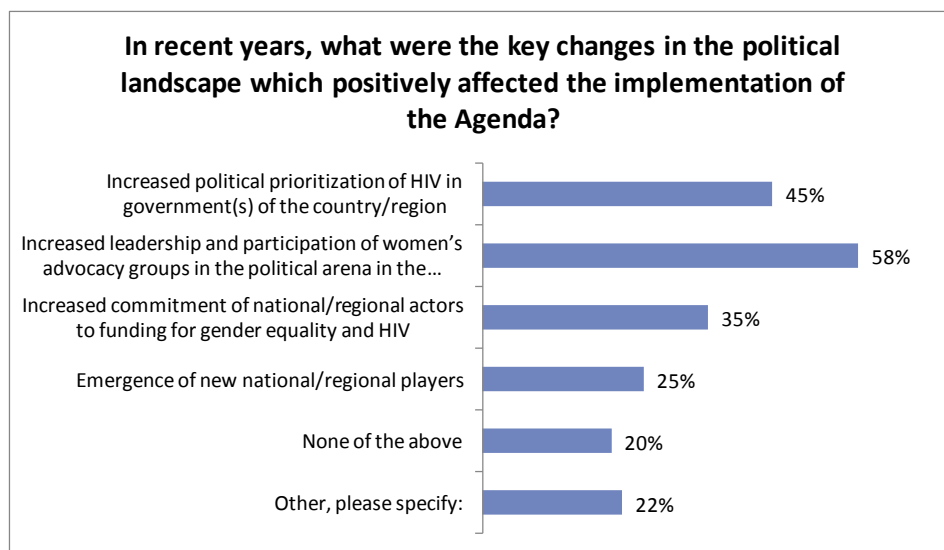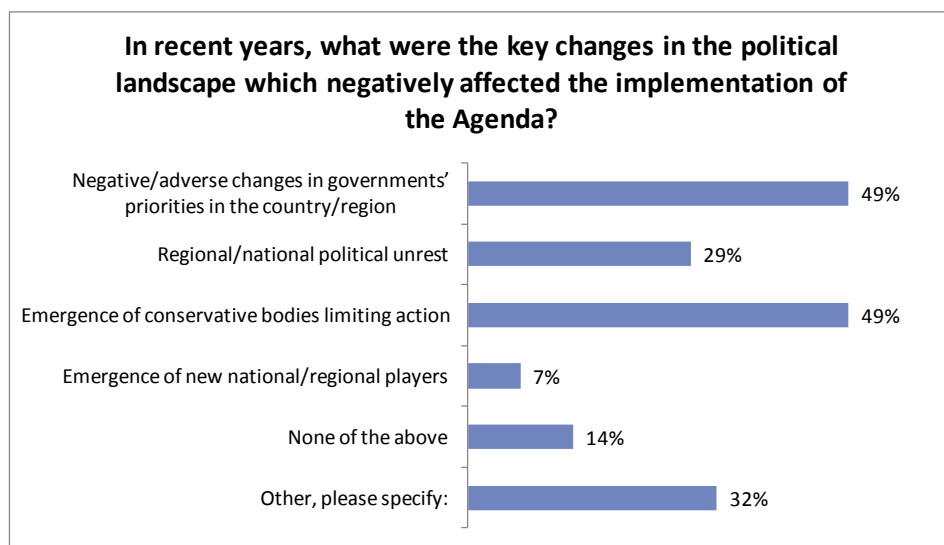**Figure 2.8 Changes to political landscape having a positive influence on the Agenda (N=59)**

In recent years, what were the key changes in the political landscape which positively affected the implementation of the Agenda?

Category	Percentage
Increased political prioritization of HIV in government(s) of the country/region	45%
Increased leadership and participation of women's advocacy groups in the political arena in the…	58%
Increased commitment of national/regional actors to funding for gender equality and HIV	35%
Emergence of new national/regional players	25%
None of the above	20%
Other, please specify:	22%

Figure 2.9   Changes to political landscape having a negative influence on the Agenda (N=59)

In recent years, what were the key changes in the political landscape which negatively affected the implementation of the Agenda?

Category	Percentage
Negative/adverse changes in governments' priorities in the country/region	49%
Regional/national political unrest	29%
Emergence of conservative bodies limiting action	49%
Emergence of new national/regional players	7%
None of the above	14%
Other, please specify:	32%

3   Conclusion

Reflecting on the findings presented in this report, this section summarizes the main conclusions of the End Review of the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2010 and 2014). The considerations are presented according to the main components used to perform this End Review.

Effectiveness- Overall, the Agenda had positive effects as a political platform in mobilizing stakeholders from civil society and governments around issues related to gender equality and HIV. The Agenda successfully contributed to generating new partnerships and creating spaces for dialogue among stakeholders, leading to increased visibility and awareness on gender equality in the context of an HIV response that had previously focused on biomedical approaches. Through their increased participation in global fora on gender equality and HIV – such as the CSW, IAC and ICPD –, networks of women living with HIV influenced decision-making processes for the global HIV response. The End

Review also found that the Agenda contributed to increasing empowerment of women and girls living with HIV at an individual level through trainings and greater inclusion in processes, but insufficient attention to the structural constraints of poor health and poverty limited the Agenda's effectiveness in this area.

The End Review found that, as a result of the Agenda, the Joint Programme contributed to supporting countries in generating new evidence on the needs of women and girls in the HIV context, which has been used increasingly to inform NSPs and concept notes to the Global Fund. The limited availability of sex-disaggregated data in some countries continues to pose a challenge to ensure that targeted HIV responses take into consideration the needs of women and girls in all their sexual diversity and from key populations. The End Review also found that countries experienced difficulties in costing gender-related activities in their NSPs and UNAIDS's new Programming and Costing Tool provides a window of opportunity for country support in this area in the near future. Finally, support from the UNAIDS Secretariat for the elaboration of Global Fund concept notes contributed to generating some funding for gender equality but, overall, funding for governments and CSOs to implement the Agenda was insufficient.

Coordination and support mechanisms-The End Review points to a need to streamline planning and budgeting processes so as to ensure more effective implementation in the future. While the Agenda was integrated into the UNAIDS's Strategy 2011-2015 and the UBRAF 2012-2015, linkages between the Agenda's action and accountability targets and UBRAF outputs and deliverables could have been stronger. As a result, the scope of the Agenda in relation to other gender-related activities in the UBRAF was not always clear. This brought some confusion among co-sponsors regarding what constituted the Agenda in the overall picture of UNAIDS' work on gender and the kind of resources that should be allocated to it. Co-sponsors strongly emphasized that all future UNAIDS activities on gender should be fully integrated into the UNAIDS Strategy 2016-2021 and the UBRAF, though some stakeholders expressed concerns the absence of a separate platform would create a political void which would weaken the possibility to advocate globally on gender and HIV. The End Review also found a positive relationship between the ownership of the Agenda and stakeholders' commitment of the Agenda, which reinforces the notion that all stakeholders should be involved in planning processes. More leadership from both the UNAIDS Secretariat and co-sponsors would also have been needed to ensure a more effective implementation of the Agenda and its integration into existing UN coordination mechanisms on gender. Nevertheless, several positive adjustments were made to address this concern following the 2012 mid-term review of the Agenda.

Finally, the absence of a robust M&E system limited the Agenda's performance management and the ability of the End Review to draw a definitive picture of the results achieved. The Scorecard was innovative and added value because it introduced new indicators that measured gender inequalities in countries but lessons learned point to a need for stronger quality assurance and streamlining with existing M&E processes at country level (e.g. NCPI, Global Monitoring Indicators used to report on SDGs).

Relevance-Most stakeholders noted that the design of the Agenda was more relevant in regions with generalized epidemics (i.e. ESA, WCA) but that it was less applicable in regions with concentrated epidemic because it lacked a focus on key populations. In regions with a concentrated epidemic, the Agenda was nonetheless relevant because it contributed to broadening the discussion to include not only gender dimensions affecting key populations but also those of the wider society of which they are a part. The majority of stakeholders highlighted that the relevance of gender equality programming could be enhanced by focusing on key populations and thematic areas (e.g. GBV, SRHR), based on regional specificities. Most stakeholders emphasized the relevance of working toward gender-transformative responses, while expressing the need to ensure that context-specific gender dimensions are not overshadowed by the fast-tracking approach proposed in the UNAIDS Strategy 2016-2021.

External Environment- In the absence of a standalone goal on HIV in the Post-2015 Development Agenda, there are significant opportunities to foster more gender-transformative responses to the HIV epidemic through several gender-sensitive targets under a range of the proposed SDGs. This includes SDGs 3, 5, 10, 16 and 17, as addressed in the new UNAIDS Strategy, but possibly others with linkages to gender equality and women's empowerment. Building on the strong women's empowerment, there are opportunities for UNAIDS to link HIV with other gender equality initiatives and mobilize resources for women and girls in the context of HIV. However, it remains unclear whether the SDGs sufficiently address the structural causes fueling HIV-linked gender inequalities. This is a particular concern in the context of an increasingly conservative political arena which does not always recognise the importance of engaging men and boys and the rights of key populations such as men who have sex with men, transgender, sex workers and people who inject drugs. The 60th CSW; 2016 High-Level Meeting on HIV/AIDS and the 21st Internationa AIDS Conference represents crucial opportunities for UNAIDS and partners to advocate for the importance of engendering all aspects of the HIV response and leaving no-one behind.

Essentially, these conclusions lead to a need for the UNAIDS Joint Programme to plan (and later review) its work on gender and HIV in a more streamlined way and to increase its capacity to implement this work. Better M&E mechanisms tied to country-level reporting and support for country-level implementation, as well as continued global advocacy efforts on gender and HIV are other key priorities going forward. These recommendations are presented in the following section.

4   Recommendations

This section presents the main areas of recommendation emerging from the End Review. These recommendations are primarily addressed to the UNAIDS Secretariat and co-sponsors but also have important implications for all other global, regional and country-level stakeholders referred to throughout this report.

Recommendation 1:	**Gender and HIV should be streamlined into the UNAIDS Strategy 2016-2021 and corresponding UBRAF rather than addressed as a separate operational framework such as the Agenda. A review of the implementation of the strategy and UBRAF should be conducted at the mid-way point to verify that this approach adequately enabled UNAIDS to address gender dynamics in the context of HIV.**

To be effective, UNAIDS' future work on gender equality and HIV should be solidly anchored in the UNAIDS trategy and aligned with the SDGs, taking into consideration regional contexts, priorities and key populations. This has, to a large extent, already been done through the inclusion of gender equality in the UNAIDS Strategy 2016-2021 and its accompanying UBRAF, approved at the 37th PCB meeting in October 2015. The updated strategy includes a separate pillar linked to SDG 5 on gender-equality and women's empowerment, and also integrates gender-responsive and gender-transformative elements across other pillars linked to key SDGs. A more detailed proposal on the UBRAF indicators will be presented at the next PCB meeting. In the near future, the UNAIDS Secretariat Gender Equality and Diversity Division and the Strategic Information and Monitoring Division should work jointly with co-sponsors to develop a proposal that includes age- and sex-disaggregated indicators which can best capture the gender dimensions across all pillars of the UNAIDS Strategy.

It would be important not to develop a separate operational framework, such as the Agenda, as this would create a separate process which could lead to confusion regarding the scope of this framework within organization-wide planning, budgeting and reporting processes. The UBRAF should therefore constitute the only accountability tool on gender equality for the Joint Programme, and all monitoring

and reporting on gender should be conducted through the JPMS which is linked to the UBRAF. This streamlined approach should foster greater ownership of, and commitment for, the implementation of gender-related activities among co-sponsors.

The End Review also recommends that the Joint Programme reviews the UNAIDS Strategy and its accompanying UBRAF at the mid-way point of the implementation cycle to verify whether the Joint Programme has the adequate capacities and is making sufficient use of existing UN coordination mechanisms to effectively address the gender dimensions outlined in the strategy.[117]

Recommendation 2: **Strengthen the capacity of the UNAIDS Joint Programme to lead, coordinate, communicate and support the implementation of gender-related programming at country-level.**

There are several opportunities for UNAIDS to strengthen its ability to lead, coordinate, communicate and support the implementation of actions on gender equality and HIV outlined in the UBRAF. This report presents the two main levels at which such adjustments should be made.

Headquarters Level

Several views from key global informants and survey respondents gathered through this review suggested that the UNAIDS Secretariat's <u>expertise and capacity to understand and address linkages between gender and HIV</u> could be further strengthened. However, it is important to note that UNAIDS as a whole performed adequately under the UN-SWAP and includes UN Women, an organization whose mandate focuses specifically on gender equality and women's empowerment. Nevertheless, it would be appropriate for members of the UNAIDS Secretariat to further reflect on whether any specific skill or resources related to gender equality is currently missing at HQ level to support global political and strategic platforms (or other strategic approaches) for gender equality in the future.

Likewise, the review points towards the necessity for the UNAIDS Secretariat and its co-sponsors to provide better <u>coordinated leadership and communication.</u> This involves more regular internal communication so that the visibility of gender-related activities in the UBRAF is maintained across the entire implementation cycle and at all levels of the organization. This also entails advanced planning and more regular meetings between staff from the UNAIDS Secretariat and the gender and HIV focal points of UNAIDS co-sponsors at all levels of the organization.

Country Level

The UNAIDS Joint Programme should also ensure that work on gender equality and HIV outlined in the UBRAF is fully integrated into country-level programming (in line with existing coordination mechanisms) and that it has the <u>capacity to provide technical support</u> to country-level stakeholders.

Insufficient capacity by country-level stakeholders to implement the activities suggested under the Agenda was frequently referenced in this report and UNAIDS and cosponsors developed several <u>tools</u> (e.g. Gender Assessment Tool, checklist, Programming and Costing Tool) along the way to assist these partners. Nevertheless, more support from headquarters and Regional Support Teams (RST) is needed for countries to have the ability to use these tools effectively. In particular, the UNAIDS Secretariat and UN Women should work jointly to extract lessons learned from recent/upcoming reviews to update these tools, as needed, and replicate them to more countries.

The End Review also pointed to limited country capacity in <u>generating data</u>, and more particularly data disaggregated by age and sex. This has, on the one hand, affected the ability of countries to produce comprehensive gender assessments of their HIV response and, on the other hand, limited their ability to monitor and report on gender equality indicators. The UNAIDS Secretariat, in

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[117] A multi-stakeholder mid-term review of the 2016-2021 UBRAF is envisaged to take place in 2018.

collaboration with their Strategic Information and Monitoring Division, should therefore provide the required support to countries to produce data, especially disaggregated by age and sex.

Recommendation 3:	Strengthen, streamline and harmonize country-level reporting by considering the possibility of replacing the Scorecard with gender-sensitive NCPI indicators and Global Monitoring Indicators on the SDGs.

The Scorecard was a useful complementary monitoring and reporting tool but also had flaws (e.g., incomplete baseline and insufficient quality assurance mechanisms) and created an additional reporting burden for countries. The Joint Programme could consider using a streamlined but strengthened M&E mechanism to measure country-level change in gender inequalities to avoid certain shortcomings associated with the Scorecard. The Joint Programme could use the existing NCPI to monitor and report on gender inequalities in countries, but this approach would require that NCPI indicators be expanded, as they are currently limited in the data they collect on gender equality. The UNAIDS Secretariat should assist the UNAIDS Strategic Information and Monitoring Division in developing a new set of indicators that would collect the right kind of data on gender equality. The UNAIDS Secretariat should take opportunity of the 2016 High-Level Meeting on HIV to ensure that these indicators are taken on board and used by countries to report on gender equality as part of the GARPR. Taking into consideration that the UNAIDS Strategy is embedded into the SDGs, it would also be coherent for the Joint Programme to make use of Global Monitoring Indicators, which are going to be used by countries to report on the SDGs and to measure country-level change on gender equality. This approach could help provide a streamlined and harmonized reporting more in line with the needs of UNAIDS. Nevertheless, limited capacity of countries to collect data remains a major impediment to any type of national monitoring and reporting system which is why continued support for countries in this area is presented in Recommendation 2.

Recommendation 4:	Develop an advocacy communication plan that allows UNAIDS to capitalize on global opportunities on gender and HIV.

One of the lessons learned from this End Review is that the Agenda contributed to filling a political space where stakeholders from civil society and governments could mobilize to advocate for gender equality and HIV. This political space and the advocacy efforts required to maintain and capitalize on it are reflected in the UNAIDS Strategy 2016-2021, in which the organization and its partners are expected to continue engaging on key opportunities at the global level. It is recommended that the Joint Programme also develops an advocacy and communication plan to complement the advocacy components of the UNAIDS Strategy and provide a clear, cohesive and tactical pathway to influence decision-makers in global fora. In the spirit of the new UNAIDS Strategy, this plan should be developed jointly with the UNAIDS Secretariat, the co-sponsors, representatives from civil society and governments. This process should be participatory and sufficient time should be allocated to its design so that it is owned and taken forward by all relevant stakeholders. Through this advocacy and communication plan, UNAIDS and representatives from civil society and governments should take the opportunity of upcoming global policy-making platforms, such as the 2016 High-Level Meeting on HIV/AIDS and 60th CSW, to advocate for gender-transformative responses which address the HIV and SRHR specific needs of women and girls and key populations in programs aimed at ending AIDS.

Appendix I Terms of Reference

Final Draft - Concept Note - End Review
UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV

I.   Overview

In recognition of the specific vulnerabilities of women and girls in the context of HIV, as well as how gender inequality fuels the HIV epidemic, the *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV* (hereinafter, the Agenda),was launched in 2010. Structured around three core recommendations/pillars[118], the Agenda underwent a mid-term review in 2012, which will be followed by an end review to take place from January to May 2015.

The Mid Term review made five key recommendations:

1. *Support*: UNAIDS and development partners should provide coordinated support to governments and civil society at country level, in particular women living with HIV, women from key populations and women's rights organization, for a tailored gender transformative HIV response that enables social change for gender equality and zero tolerance for violence against women and girls.

2. *Engage*: UNAIDS, governments and development partners should meaningfully engage networks of women living with HIV, women from key populations, women's rights organizations and groups of men and boys working for gender equality in the development and implementation of relevant laws, policies, strategies and programmes to tailor the multi-sectoral HIV response to the needs and rights of women and girls in all their diversity.

3. *Assess*: UNAIDS and development partners should assess the inclusiveness of the HIV response to ensure that women, adolescent women and girls in all their diversity including from key populations are able to access gender-sensitive and comprehensive services, including comprehensive sexuality education.

4. *Fund*: UNAIDS, Governments and development partners should ensure sustained and scaled-up funding for the cause for women, girls, gender equality and HIV, as well as for the networks of women living with HIV, women from key populations and women's rights organizations, through funding mechanisms such as the Global Fund and the UBRAF, as part of shared responsibility and strategic investment approaches.

5. *Collaborate*: UNAIDS should work with civil society, in particular women living with HIV, women from key populations and women's rights organizations, to promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and human rights within post 2015 global development priorities, so that gains made for women, girls and gender equality in the context of HIV are sustained and expanded.

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[118] The three recommendations around which the Agenda is structured are: generate and use evidence; translate political commitments into action; and create an enabling environment.

End Review Scope and Approach

The end review will be commissioned by the UNAIDS Secretariat, working in close consultation with the Global Coordinators. Consultant/s will be contracted by mid-January 2015 to support the end review to be finalized by early May.

The end review will be undertaken to assess the Agenda's success and challenges in terms of fostering gender responsive approaches in the context of HIV. It will also look at the Agendas success and challenges in providing a platform for action and accountability of a wide range of government and CSO stakeholders and increasing visibility and political commitment.

In addition, the end review will identify:

- Highlight key elements of new guidance, strategies that have emerged since 2010 and whether the content and shape of the current Agenda is 'fit-for-purpose' and what would need to be considered in the future[119]

- Key changes in the political landscape since the launch of the Agenda in 2010, as well as challenges and barriers that have hindered further progress (with a focus on progress achieved on women, girls and gender equality),

- Forward-looking recommendations on women, girls, gender equality and HIV, with particular attention to opportunities provided by the upcoming new UNAIDS Strategy, the post 2015 development framework, and the 2016 High Level Meeting on AIDS.

Findings from the review will be one of the contributions to help frame the way forward in the updated UNAIDS Strategy.

The consultancy and the final report will cover the full period of the Agenda but particular attention will be paid to the period from the MTR – end December 2014 and review whether those recommendations have been implemented.

The consultant/s will be tasked with:

- Undertaking a desk review of relevant documents on progress implementing the Agenda, including in relation to the Results Framework.

- Consulting closely with regional joint teams and the regional gender focal points of UNAIDS, UN Women, UNDP and UNFPA to examine the implementation of the agenda at country level. This regional approach is to provide more breadth in the review - as a selective country approach will not be indicative of the success/challenges of the agenda overall.

- Conducting key informant interviews or surveys, with civil society partners, governments, and donors, as appropriate;

- Examine the results framework and the JPMS with an aim to look at relevance for the Agenda and recommendations going forward.

- In discussion with Secretariat and co-convenors identify and review a select number of key new global guidance and strategies that will be relevant on assessing the relevance of the Agenda in the current environment.

- Structuring a validation process with the reference group on the draft report

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[119]Global Commission on HIV and the law, 90:90:90, etc

- A report of no more than 40 pages bringing together the findings and recommendations emerging from the end review, reflecting upon inputs received in developing the final report. A power-point presentation that supports the report findings.

A final reporting through the JPMS will be available in April to cross reference findings of the review itself and progress on key indicators.

Upon completion, it is proposed that the end review be presented to the PCB as one of the conference paper associated with the Review of the current UNAIDS Strategy or Updated strategy.

In addition, the findings of the end review will be presented to stakeholders so as to both ensure broad dissemination and learnings from the implementation of the Agenda, as well as part of the forward-looking process of informing future priorities.

Timeline

January –May 2015

Reference group

Guidance for the end review of the Agenda will be sought from a 9 person multi-stakeholder reference group which will be convened for this purpose. This reference group will include:

- A representative of each co-convener, UN Women, UNDP and UNFPA
- 2 UNAIDS Regional Gender Advisers
- Civil society partners, ensuring inclusion of, at minimum:
    – A representative of UNAIDS Dialogue Platform on the Rights of Women living with HIV
    – A representative of the PCB NGO delegation
    – A representative of a women's rights or SRHR organization
    – A representative of key affected populations networks

The reference group will provide strategic guidance for the end review of the Agenda, including but not limited to ensuring the meaningful participation of civil society, as well as the relevance of the findings to future agendas, communities and contexts. To achieve this, the reference group will be invited to provide inputs at 2 key stages of the end review:

1. Inception report with detailed approach and methodology (February 2015)
2. Draft report of findings and recommendations (April 2015)

The Consultant/s

The Consultant or Consultancy Team will be selected by competitive bidding. The Consultant or Consultancy Team must be independent of the UN system.

Overall the Consultant or Consultancy Team should demonstrate qualification, experience and competencies in the following areas:

a) Demonstrated expertise in modern review methodologies;

b) Demonstrated expertise in design and methodology for social development reviews, with specific reference to HIV and gender equality;

c) Demonstrated expertise in assessing changes in political landscape and context, preferably in regards to HIV, gender, SRHR and human rights;

d) Strong knowledge of HIV, women's rights and gender equality issues;

e) Experience engaging with and soliciting the views of a broad range of stakeholders, including civil society from across regions and constituencies;

f) Superior oral and written and communication skills.

g) Ability to meet tight deadlines with quality products.

The consultant/s will work for a maximum of 55 days, from mid-January to end May 2015.

Appendix II End Review Matrix

END REVIEW QUESTIONS	SUB-QUESTIONS	ILLUSTRATIVE INDICATORS	DATA SOURCES AND DATA COLLECTION METHODS *CSO consultation (global level)* *Key informant interviews (UNAIDS Secretariat at HQ, UNAIDS co-sponsors at HQ, UNAIDS regional gender advisors)* *Online survey (regional/national co-sponsors, regional/national CSOs/FBOs, gov't representatives, donors at all levels).* *Document review*
1. EFFECTIVENESS[120]			
1.1 To what extent did the implementation of the Agenda contribute to fostering gender responsive approaches in the context of HIV over the last five years?	1.1.1 What have been the main <u>successes (i.e., actions, positive effects, results, etc.)</u> while pursuing each of the strategic pillars[121] of the agenda?	Frequency and types of successes identified by interviewed/surveyed stakeholders Frequency and types of successes listed in donor reports	CSO Consultation Key informant interviews with regional gender advisors, co-sponsors and UNAIDS Secretariat at HQ Surveyed co-sponsors, gov't representatives and CSOs/FBOs Document review of donor reports
	1.1.2 What have been the <u>main challenges (e.g., shortcomings, negative effects, limitations, etc.)</u> encountered while pursuing the strategic pillars[122] of the agenda?	Frequency and types of challenges identified by interviewed/surveyed stakeholders Frequency and types of challenges listed in donor reports	CSO Consultation Key informant interviews with regional gender advisors, co-sponsors and UNAIDS Secretariat at HQ Surveyed co-sponsors, gov't representatives and CSOs/FBOs Document review of donor reports

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[120] The OECD defines effectiveness as the extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.

[121] 1) Generating and using evidence; 2) translating political commitments into action; 3) Creating an enabling environment

[122] 1) Generating and using evidence; 2) translating political commitments into action; 3) Creating an enabling environment

END REVIEW QUESTIONS	SUB-QUESTIONS	ILLUSTRATIVE INDICATORS	DATA SOURCES AND DATA COLLECTION METHODS *CSO consultation (global level)* *Key informant interviews (UNAIDS Secretariat at HQ, UNAIDS co-sponsors at HQ, UNAIDS regional gender advisors)* *Online survey (regional/national co-sponsors, regional/national CSOs/FBOs, gov't representatives, donors at all levels).* *Document review*
	1.1.3 To what extent has the Agenda contributed to generating new global, regional and national guidance and strategies since 2010? How are these used to foster more gender transformative approaches in the HIV response?	Research and review papers based on recommendations under the Agenda, Use of UNDP HIV Roadmap, UNAIDS gender assessments or others, Agenda/nationally developed Agenda for National reports, CSW, Beijing +20, UPR, regional commitments on HIV and Gender equality. etc., best practices and evidence reviews, guidance and technical tools for countries related to the Agenda such as program toolkits, etc., process-related guidance such as guidance on national action planning, others.	Document review Surveyed co-sponsors, CSOs/FBOs and gov't representatives Key informant interviews with regional gender advisors
	1.1.4 Are there any gaps or needs identified by stakeholders in terms of guidance/strategies at country-level?	As above	Surveyed co-sponsors, CSOs/FBOs and gov't representatives Key informant interviews with regional gender advisors Document Review
1.2 Since 2010, to what extent did the Agenda foster political commitments, increased the visibility of gender responsive approaches and provide a platform for mutual accountability for governments and CSO stakeholders?	1.2.1 To what extent/how has the Agenda fostered political commitment to gender-responsive approaches?	% of interviewed stakeholders who believe the Agenda fostered political commitment to gender-responsiveness approaches Evidence of political commitments to gender-responsive approaches in reviewed documents	Key informant interviews with regional gender advisors, co-sponsors and UNAIDS Secretariat at HQ Surveyed gov't representatives and CSOs/FBOs Document review of results framework, JPMS, dashboard, donor reports

END REVIEW QUESTIONS	SUB-QUESTIONS	ILLUSTRATIVE INDICATORS	DATA SOURCES AND DATA COLLECTION METHODS *CSO consultation (global level)* *Key informant interviews (UNAIDS Secretariat at HQ, UNAIDS co-sponsors at HQ, UNAIDS regional gender advisors)* *Online survey (regional/national co-sponsors, regional/national CSOs/FBOs, gov't representatives, donors at all levels).* *Document review*
	1.2.2 To what extent has the Agenda increased the <u>visibility</u> of gender responsive approaches?	% of interviewed stakeholders who believe the Agenda increased the visibility of gender-responsiveness approaches	Key informant interviews with regional gender advisors, co-sponsors and UNAIDS Secretariat at HQ Surveyed gov't representatives, CSOs/FBOs
	1.2.3 To what extent/how has the Agenda provided a platform for the mutual <u>accountability</u> of these actors (UNAIDS, co-convenors and sponsors, CSOs, governments, etc.)?	Evidence of global and regional scorecard accountability targets met Perception of interviewed stakeholders on the extent to which the Agenda provided a platform for mutual accountability of relevant actors	Document review of results framework, JPMS, dashboard Mid-term review (full version) Key informant interviews co-sponsors and regional gender advisors Surveyed gov't representatives and donors
1.3 To what extent has the agenda implemented the recommendations of the mid-term evaluation?	1.3.1 To what extent has the agenda implemented each of the recommendations of the mid-term evaluation: • Support • Engage • Assess • Fund • Collaborate	Interviewed stakeholders' views on the extent to which recommendations from the mid-term review have been implemented	Key informant interviews with the UNAIDS Secretariat at HQ
2. COORDINATION AND SUPPORT MECHANISMS			
2. 1 To what extent were coordination arrangements between the UNAIDS Secretariat, co-sponsors and their respective regional gender focal points conducive to delivering the intended	2.1.1 To what extent was the Agenda implemented in a coordinated way (e.g., planning, resource mobilisation and allocation, results framework and reporting, etc.) and adequate at global and regional levels?	Perception of co-sponsors on the coordinated development/implementation of the Agenda Perceptions on buy-in from stakeholders	Key informant interviews with UNAIDS Secretariat at HQ Key informant interviews with regional gender advisors, co-sponsors Document review of donor reports, results framework, scorecard

END REVIEW QUESTIONS	SUB-QUESTIONS	ILLUSTRATIVE INDICATORS	DATA SOURCES AND DATA COLLECTION METHODS *CSO consultation (global level)* *Key informant interviews (UNAIDS Secretariat at HQ, UNAIDS co-sponsors at HQ, UNAIDS regional gender advisors)* *Online survey (regional/national co-sponsors, regional/national CSOs/FBOs, gov't representatives, donors at all levels).* *Document review*
results of the Agenda at global and regional level?		Perception of consulted stakeholders on resource mobilisation and funding for implementing the Agenda Existence and quality of results framework and performance indicators Existence and quality of reporting mechanisms at regional and global levels Existence of coordination arrangements in planning documents at regional and global levels (e.g., CCO coordination mechanisms, etc.)	
	2.1.2 To what extent did coordination and mechanisms affect positively or negatively implementation and results achievement at country level?	Perception of consulted stakeholders on budget arrangements for country-level implementation Use of performance information by joint teams to improve country-level programming Evidence of availability of resources and technical support provided at country level Perception of consulted stakeholders on the effects that provided support had on country-level implementation	Key informant interviews with UNAIDS Secretariat at HQ Surveyed CSOs/FBOs, gov't representatives, co-sponsors Country-level reporting through JPMS and other reporting mechanisms Document review of donor reports, results framework, scorecard, planning documents, etc.

END REVIEW QUESTIONS	SUB-QUESTIONS	ILLUSTRATIVE INDICATORS	DATA SOURCES AND DATA COLLECTION METHODS
			CSO consultation (global level)
			Key informant interviews (UNAIDS Secretariat at HQ, UNAIDS co-sponsors at HQ, UNAIDS regional gender advisors)
			Online survey (regional/national co-sponsors, regional/national CSOs/FBOs, gov't representatives, donors at all levels).
			Document review
3. CONTEXT			
3.1 What were the key changes in the political landscape which affected the implementation of the Agenda positively and negatively? (e.g., trends in political commitments and global/regional funding, emergence of new players, etc.)	3.1.1 Which changes since 2010 have influenced positively and negatively the implementation of the agenda?	Types of changes	Key informant interviews with UNAIDS Secretariat at HQ and regional gender advisors Surveyed gov't representatives, co-sponsors, CSOs/FBOs Donor reports
4. RELEVANCE[123]			
4.1 To what extent was the content and shape of the current Agenda *fit for purpose*?[124]	4.1.1 To what extent were the three strategic pillars[125] relevant to the integration of women, girls and gender equality in the HIV response at the regional and the country level?	% of interviewed stakeholders who indicate that the strategic pillars of the agenda are relevant Proportion of new strategies and guidance that have emerged since 2010 that are congruent (or not) with key elements of the Agenda	Key informant interviews with UNAIDS Secretariat at HQ, co-sponsors and regional gender advisors Surveyed co-sponsors, CSO, gov't representatives, donors Document review of new guidance and strategies that have emerged since 2010

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[123] OECD defines relevance as the extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partners' and donors' policies.

[124] To enable the system to deliver on the Post-2015 development agenda (as per UN Reform).

[125] The three strategic pillars of the Agenda are: 1) Generating and using evidence; 2) translating political commitments into action; 3) Creating an enabling environment.

END REVIEW QUESTIONS	SUB-QUESTIONS	ILLUSTRATIVE INDICATORS	DATA SOURCES AND DATA COLLECTION METHODS *CSO consultation (global level)* *Key informant interviews (UNAIDS Secretariat at HQ, UNAIDS co-sponsors at HQ, UNAIDS regional gender advisors)* *Online survey (regional/national co-sponsors, regional/national CSOs/FBOs, gov't representatives, donors at all levels).* *Document review*
	4.1.2 Which type of strategic orientations or design of any future platform on gender equality and HIV, if any, are necessary to make it more relevant and impactful to the needs for gender equality and HIV, particularly in light of the Post-2015 development framework (e.g., Social Development Goals)?	Types of necessary changes as perceived by key stakeholders	CSO consultation Key informant interviews with regional gender advisors Surveyed CSO, cosponsors, gov't representatives, donors
5. AREAS OF RECOMMENDATION			
5.1 Is a new platform for advancing action for women, girls and gender equality in the HIV response warranted and, if so, which form would it take?	5.1.1 Should a new platform be warranted, what form should it take, and what level of implementation (i.e. global, regional, country) and thematic area (e.g. SRHR, GBV, sex education, etc.?) should it focus on?	Types of recommendations identified by interviewed stakeholders Meta-analysis of document review findings	CSO consultation Key informant interviews with regional gender advisors Surveyed CSO, co-sponsors, gov't representatives, donors Document review
	5.1.2 If a new platform is not warranted, through which other strategy or vehicle should UNAIDS advance action for women, girls and gender equality in the HIV response?	Types of recommendations identified by interviewed stakeholders Meta-analysis of document review findings	CSO consultation Key informant interviews with regional gender advisors Surveyed CSO, co-sponsors, gov't representatives Document review

END REVIEW QUESTIONS	SUB-QUESTIONS	ILLUSTRATIVE INDICATORS	DATA SOURCES AND DATA COLLECTION METHODS *CSO consultation (global level)* *Key informant interviews (UNAIDS Secretariat at HQ, UNAIDS co-sponsors at HQ, UNAIDS regional gender advisors)* *Online survey (regional/national co-sponsors, regional/national CSOs/FBOs, gov't representatives, donors at all levels).* *Document review*
5.2 Which lessons learned through the implementation of the Agenda should inform the development of strategic priorities for UNAIDS for the post-2015 era?	5.2.1 Which lessons learned can help inform the development of each of these upcoming strategies, tools, meetings? • Updated UNAIDS Strategy • Post-2015 development framework • 2016 High Level Meeting on HIV/AIDS	Types of lessons learned identified by interviewed stakeholders Meta-analysis of document review findings	CSO consultation Key informant interviews with UNAIDS Secretariat at HQ regional gender advisors Surveyed CSO, co-sponsor, gov't representatives, donors Document review
5.3 What are the key changes in the political landscape which are expected to affect the implementation of any new platform on gender equality and HIV? (e.g., trends in political commitments and global/regional funding, emergence of new players, etc.)	5.3.1 Which expected changes (post-2015) are likely to affect the implementation of any possible new platform on HIV and gender equality?	Types of changes	Key informant interviews with UNAIDS Secretariat at HQ and regional gender advisors Surveyed CSO, co-sponsors, gov't representatives CSO consultation Donor reports

Appendix III Methodology

Inception and Work planning

The End Review of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV was conducted over a period of 8 months, from February to September 2015. The inception phase of the End Review was initiated by a telephone call between Universalia and Ms. Hege Wagan from the UNAIDS Secretariat on 13 February 2015 to discuss the purpose, objectives and scope of the End Review, as well as the methodology and next steps for the inception phase. On March 12-13 2015, the Review Team travelled to New York City with a double purpose to discuss with UNAIDS staff the design of the End Review and also to use the presence of global CSOs and UNAIDS co-sponsors to initiate data collection.[126] Data collection usually takes place once the inception phase is complete and the work plan finalized. However, due to the timing of the 2015 Commission on the Status of Women (CSW), part of the data collection process had to take place concurrently with the inception phase. The Review Team used the information gathered during the CSW to refine the data collection tools annexed to this Final Report.

A multi-stakeholder reference group[127] facilitated a participatory review process by ensuring that the views of all types of relevant stakeholders are taken into consideration. This required a streamlined approach so as to ensure coherence and efficiency, and for the UNAIDS Secretariat to act as Universalia's main interface throughout this process.

This review was conducted using a mix-methods approach to data collection and analysis. Information was harvested through four lines of evidence, namely a document review, a civil society consultation, a series of key informant interviews and an online survey. Each of these processes is described further below. In the end, the review gathered the views of stakeholders within the UNAIDS Secretariat (senior staff from headquarters, Regional Directors and Regional Gender Advisors), UNAIDS co-sponsors, representatives from civil society organizations (CSOs)[128]/faith-based organizations (FBOs), government representatives and donors.

Document Review

As per the TOR, the Review Team undertook a desk review of relevant documents to identify the main successes (including results) and challenges in implementing the Agenda, with a particular emphasis on the years following the 2012 MTR. Relevant documents were reviewed early in the inception phase including a series of donor reports and the Scorecard of the Agenda. The UNAIDS Secretariat also shared with the consultants documents on the Agenda from the Joint Programme Monitoring System (i.e., regional and country level reports), in addition to regional and country level advocacy briefs produced following use of the UNAIDS's Gender Assessment Tool.

Moreover, a document template that was provided by the UNAIDS Secretariat was used to collect additional documentation (in particular, strategies and guidance emerging from the Agenda) from UNAIDS Regional Gender Advisors and online survey respondents were invited to submit documents

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[126] Given this change in planning, the mission to Geneva originally planned for the month April as part of the technical proposal did not take place.

[127] This group included a representative of each co-convenor, UN Women, UNDP and UNFPA, two UNAIDS Regional Gender Advisors and several civil society partners (a representative from the UNAIDS Dialogue Platform on the Rights of Women living with HIV, from the PBC NGO delegation, from a women's rights group and from a key affected population network).

[128] This includes networks of women living with HIV.

to the review team by e-mail. This allowed the review team to collect 25 documents from 3 regions (Latin America; Eastern and Southern Africa; Asia and the Pacific).

The Review Team also looked at the 2014 results framework to assess whether it constituted a good accountability tool for future gender equality programming in the UNAIDS HIV response. Moreover, the TOR requested that the evaluators identify, in discussion with the UNAIDS Secretariat and co-convenors, a selection of key new global guidance and strategies that have emerged since 2010 to assess whether the Agenda is 'fit-for-purpose'[129] in the current global environment.

The full list of documents consulted for the desk review is included in Annex IV. As highlighted in the methodological limitations, the review team identified several gaps in the information provided. For instance, the documents provided through the Joint Programme Monitoring Systems were to be used as a valuable source of information to validate the effectiveness of the Agenda. However, JPMS documents seldom referenced the Agenda. To mitigate this limitation, the Review Team triangulated the information provided in the JPMS with information retrieved from key informant interviews and the online survey. Moreover, after several attemps to gather documents from regional gender advisors, the Review Team received documents from only 3 out of 7 regions.

A Microsoft Word table was prepared by the research analyst to map and reference evidence emerging from this literature review against questions from the review matrix and later triangulate it against data emerging from other data collection methods.

Civil Society Organization Consultation

The Agenda was launched at the Commission on the Status of Women (CSW) in 2010. Five years later, a large number of women's organizations gathered at the 59th CSW in New York City to discuss the future of gender equality and HIV in the Post-2015 Development Agenda. This was an opportune time to gather Civil Society Organizations' view on the implementation of the Agenda and the way forward.[130] Therefore, the Review Team travelled to New York City on March 12-13 2015 to facilitate a CSO consultation with approximately 20 CSO representatives[131] who have been active in the development and implementation of the Agenda at a global level. The objective of the CSO consultation was to gather respondent's views on the Agenda's main successes and challenges at a global level, as well as the way forward to addressing gender equality in the UNAIDS HIV response within the broader context of the post-2015 Development Agenda. Key speakers from the UNAIDS Secretariat and the World YWCA that have been deeply involved in the development and implementation of the Agenda were invited to set the stage of the CSO consultation. The CSO consultation took the form of a plenary discussion lasting approximately one hour. Participants were invited to share their experiences in achieving results under the three strategic pillars of the Agenda and the discussion was moderated conjointly by Malayah Harper from the UNAIDS Secretariat and Emmanuel Trépanier, the team leader from Universalia. This process was particularly useful to harvest the key categories of results later investigated via interviews, online survey and document reviews and to get an overview of global level stakeholders perceptions on the usefulness of the Agenda. The full list of participants is presented in Annex V.

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[129] To enable the system to deliver on the Post-2015 development agenda (as per UN Reform).

[130] Data collection usually takes place once the inception phase is complete and the work plan finalized. However, due to the timing of the 2015 Commission on the Status of Women (CSW), part of the data collection process had to take place concurrently with the inception phase. The Review Team used the data collected during the CSW to refine the data collection tools annexed to the Inception Report. Whether performing some data collection during the inception phase created a bias (positive or negative) early during the End Review is unknown.

[131] Including keynote speakers.

Key Informant Interviews

Universalia conducted a series 21 confidential, semi-structured in-person and telephone interviews each lasting between 45 minutes and two hours.[132] As per the TOR, the Review Team conducted such discussions with one Regional Gender Advisor from the UNAIDS Secretariat in each of the six (6) regions in which the Agenda was implemented (i.e., Eastern and Southern Africa; Middle East and North Africa; Asia and Pacific; Eastern Europe and Central Asia; Latin America; Caribbean)[133]. Interviews with Regional Gender Advisors were conducted early during the data collection phase to allow the team to better understand the regional specificities of the HIV response (e.g., key populations, concentrated vs. generalized epidemics, etc.) and the implementation context of the Agenda in each region. By conducting these interviews, the Review Team also got some sense of the degree of country level implementation without having to perform extensive data collection in the field (i.e., country level). In addition, seven (7) telephone interviews were conducted with UNAIDS Secretariat, the majority of which at the UNAIDS Secretariat in Geneva and in addition to regional directors in Eastern and Southern Africa, Asia Pacific and Latin America. Lastly, Universalia conducted interviews with eight (8) representatives of UNAIDS co-sponsoring organizations which were involved in implementing the Agenda. These representatives from UNDP, UNFPA, UN Women (during the NYC field mission in March 2015) and from UNHRC, UNICEF, UNODC and WHO (subsequently, via telephone interviews) were mostly located at global level but several had experience and knowledge of regional and country level contexts.[134]

Interviews protocols for all three respondent groups (i.e. UNAIDS Regional Gender Advisors; UNAIDS Secretariat at HQ; and co-sponsors at headquarters) were developed during the inception phase and shared with respondents ahead of time. During interviews, respondents were duly informed that all information gathered would remain confidential and were asked for their permission to record the discussion to facilitate the note-taking process.[135] In some instances, respondents were contacted again by e-mail to ask for clarifications or request additional documents or references. The full list of interview respondents is available in Annex V.

Online Survey

Following discussions with the UNAIDS Secretariat and to ensure that the views of a diversity of stakeholders at global, regional and country level would be considered for the End Review, an online survey was added to the methodology. The choice to add a survey to the data collection process was also made to ensure that the Review Team could, as stated in the TOR of the assignment, gather information from "regional joint teams and the regional gender focal points (…) of UN Women, UNDP and UNFPA to examine the implementation of the Agenda at country level."[136]

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[132] To accommodate the online survey which was introduced during the inception phase and not intended in the initial proposal/methodological design for the review, the total number of key informant interviews to be conducted by the Review Team was reduced from 30 to 20.

[133] The Western and Central Africa RGA was on sick leave and the Western Europe RGA position was vacant over the course of this review. Despite several attempts, no replacement UNAIDS staff with sufficient knowledge of the Agenda were identified to provide the perspective of these regions.

[134] Despite several attempts, it was not possible to complete an interview with a representative from the ILO (due to staff turnover) and the World Bank (no respondent was identified).

[135] Interview transcripts were not a deliverable for this assignment. Brief interview notes were prepared for internal use by the review team and have been kept confidential.

[136] Several co-sponsors from regional joint teams were added to the list of respondents. Of the co-sponsors identified for the survey, one was a regional gender advisor (from UNFPA). In addition, 15 regional HIV specialists or focal points from UNDP, UN WOMEN, UNFPA, UNICEF, and WHO were added to the list.

Respondent lists for each region were developed by the UNAIDS Regional Gender Advisors.[137] Following receipt of a guidance note from the review team, each advisor was asked to identify at least 20 respondents across the four target groups (co-sponsors, civil society organizations/faith-based organizations, governments and donors) at regional and country levels. For country level respondents, Regional Gender Advisors were also asked to ensure that individuals cover a range of countries in the region. Because there are fewer donor respondents at regional and country level compared to other types of respondents, the UNAIDS Secretariat also identified donors at global level who had the required knowledge to respond to the survey. The review team followed up with RGAs to ensure that contact information for all respondents was adequate and complete, that all respondents had sufficient knowledge of the Agenda and to ensure a relative balance in the number of individuals across respondent groups. Once the respondent list was finalized for all regions, RGA notified all of these individuals through a letter that they would soon be contacted to participate in an online survey. This memo also provided directions to respondents on the type of documents that they could provide to the Review Team for consideration.

In parallel with the list building process, the Review Team developed an online survey instrument which included a total of 23 questions[138], some of which were targeted at specific respondent groups only (see Annex X for final survey questionnaire). The first survey question allowed respondents to indicate which respondent group they belong to, and respondents were automatically routed to the relevant set of questions. Two Regional Gender Advisors were also invited to provide feedback on the draft survey questionnaire during the inception phase. Once the final English version of the questionnaire was validated and approved by the UNAIDS Secretariat and multi-stakeholder reference group, it was translated in French and Spanish. All three versions of the questionnaire were then uploaded online using the Fluid Survey software and tested to ensure that no errors remained (e.g., typos, errors in routing or other technical issues).

The survey was officially launched on May 26 when all respondents were sent an individual survey link enclosed in an e-mail. They were instructed to complete the questionnaire by June 16, but following a relatively low response rate across most regions, the deadline was extended until July 1st, giving everyone a total of six weeks to complete the process.

Throughout the survey period, participants were sent weekly e-mail reminders by Universalia to complete the online survey. They were also invited to contact the Review Team is they experienced technical difficulties, to ensure that their responses had been submitted and saved or to provide the Review Team with documents on the successes and challenges in implementing the Agenda in their respective region/country.

A total of 247 individuals from 4 respondent groups[139], across 7 regions[140] and working at three different levels[141] were sent a survey invitation (URL or survey link) by e-mail. Only 8 had e-mail address which bounced back indicating that the address was no longer valid.[142] At the end of the survey period, a total of 108 individuals started completed the questionnaire and 62 respondents

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[137] Members of the multi-stakeholder reference group who participated in a videoconference to discuss the Inception Report were also invited to submit additional names of respondents.

[138] A mix of qualitative (open-ended), and quantitative (multiple choice, ranking and scoring) questions was used in the questionnaire.

[139] UNAIDS co-sponsors, government representatives, civil society organizations/faith-based organizations and donors.

[140] ESA, WCA, MENA, AP, EECA, LA, CAR.

[141] Global, regional and country level. For the purpose of this figure, country level respondents were included along with the regional respondents.

[142] RGA were contacted to help rectify those e-mail addresses.

completed the questionnaire in full. This corresponds to a final response rate of 25%. The figure below presents the distribution of respondents across types and regions.

Figure III.1 Number of respondents and response rate by type and region

Level (regional/global)	Actual Number of Respondents (Total Population)					Response rate per region
	CSOs/FBOs	Co-sponsors	Governments	Donors	Total	
Regional - ESA	6 (26)	4 (9)	5 (14)	2 (5)	17 (54)	31%
Regional - WCA	2 (12)	0 (9)	1 (15)	0 (1)	3 (37)	8%
Regional - MENA	2 (19)	1 (7)	1 (8)	0 (3)	4 (37)	11%
Regional - AP	3 (15)	6 (13)	0 (4)	-	9 (32)	28%
Regional - EECA	7 (13)	5 (5)	1 (3)	1 (1)	14 (22)	64%
Regional - LA	3 (12)	3 (6)	1 (3)	0 (1)	7 (22)	32%
Regional - CAR	3 (16)	0 (8)	1 (5)	0 (2)	4 (31)	13%
Global	4 (12)	-	-	-	4 (12)	33%
Total	30 (125)	19 (57)	10 (52)	3 (13)	**62 (247)**	
Response rate (per respondent group)	24%	33%	19%	23%	**25%**	

As part of the End Review process, UNAIDS regional gender advisors were asked to develop respondent lists of individual stakeholders or partner organizations who were familiar with the Agenda and who had been involved in its implementation. Out of the 108 respondents who started answering questions in the online End Review survey, more than three-quarters (78%) indicated that they were familiar or very familiar with the Agenda. Of those 108 respondents, only 62 individuals completed the survey.

Figure III.2 Level of familiarity of the total population who started responding to the survey (N=108)[143]

What is your familiarity with the Agenda?

- Not at all familiar — 10%
- -- — 12%
- Familiar — 41%
- -- — 11%
- Very familiar — 26%
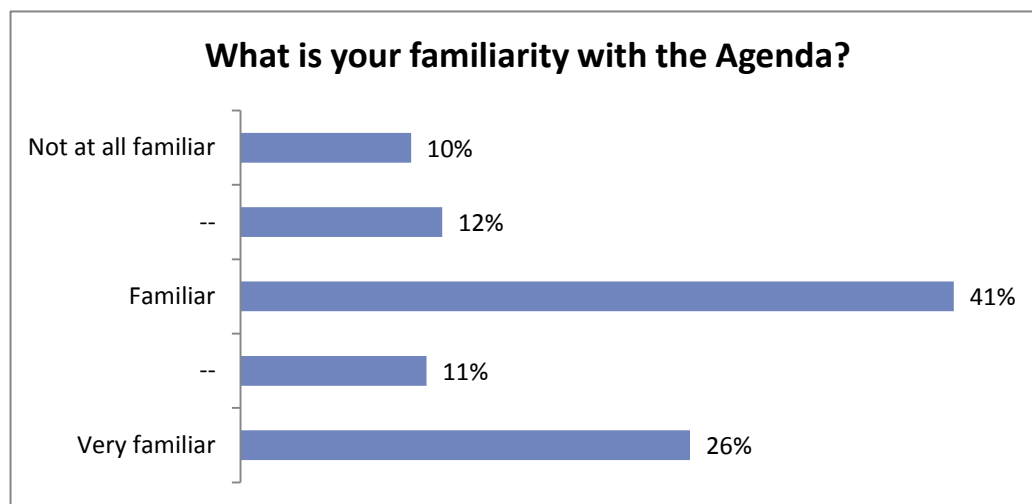
Once the survey was closed, the individual survey links were de-activated. The quantitative and qualitative analysis of data collected during the survey began with a harmonization of the data set. This involved assessing the response rate, checking for errors or missing data, following up as necessary, making decisions about partially completed surveys, and organising the data into datasets. Once open-ended responses were consulted, organized by themes and coded, tables were prepared to provide statistics on the distribution of responses across regions and types of respondents. The Review Team then developed bar graphs and pie charts illustrating trends in data responses, which were used to highlight key observations emerging from the analysis. Ultimately, evidence and observations emerging from the survey was inserted into a review grid structured around the Review Matrix questions. This was done to enable triangulation and comparability with the evidence emerging from the other lines of evidence (i.e., document review, interviews and CSO consultation).

Meta-analysis and Report Writing

Following data collection, the Review Team met to analyze the full body of quantitative and qualitative information gathered through the aforementioned lines of evidence. Upon a preliminary analysis of notes from the CSO consultations, interview notes, document review grid and raw data (pre cleaning and coding) emerging from the online survey, review team members held a series of internal discussions to compile a list of preliminary findings and recommendations. These were summarized in a five page document which was submitted to the multi-stakeholder reference group for their comments and suggestions on additional lines of analysis and sources of information.

While expecting and upon reception of such feedback, the Review Team met again to perform a more thorough meta-analysis allowing for the triangulation of the data, for findings to be reformulated nuanced, supplemented, eliminated or merged and to ensure that these could be sufficiently supported by available data.[144] Qualitative data (e.g., quotes from interviews or open-ended responses from the online survey) were often used to complement quantitative data and used to explain or corroborate trends and patterns generated from quantitative answers in the online survey. Also, qualitative data emerging from the key informant interviews was used to provide the regional

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[143] While other graphs are based on the population that completed the survey, this graph is based on the total population that started the survey. The high level of respondents who did not complete the survey because of their lack of familiarity may be an indication that the Agenda was not sufficiently disseminated.

[144] Salient findings are generally supported by several lines of evidence or at least a strong majority of respondents from one type/region within one line of evidence.

(i.e., RGA interviews), coordination and accountability (i.e., co-sponsor interviews) or planning and leadership context (i.e., UNAIDS Secretariat or Global level interviews) in which the successes and challenges of the Agenda have taken place. The Review Team also ensured the confidentiality of the respondents by removing their names and professional affiliation when quoted in the final report.

Ultimately, the findings and recommendations emerging of the end review were summarized this 40-page report and submitted to the multi-stakeholder reference group for questions and comments. A conference call was organized between the UNAIDS Secretariat, multi-stakeholder reference group and Review Team to share such feedback and agree on next steps. This process led to the production of this final report of the End Review of UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV.

Methodological Limitations

- **Difficulty to balance the scope of the review, the requirement for a regional approach and the level of effort allocated:** The Agenda is a *global* platform aimed at promoting action on women, girls, gender equality and HIV at the *country level*. Nevertheless, the TOR for this assignment required the use of a *regional approach* (i.e., consulting with UNAIDS regional gender focal points and regional joint teams) to provide more breadth to the review.[145] To cover the full scope the TOR and issues described in the review matrix, efforts were made to collect data from a balanced group of informants at the global, regional and country level. Nevertheless, it has been a challenge to fully understand the dynamics of the regional planning and consultation processes and successes and challenges in each region because giving attention to global level stakeholders (interviews, CSO consultations) required foregoing interviews with other potentially knowledgeable regional actors (e.g., regional gender and HIV advisors from co-sponsoring organizations). Additionally, some of the results and responses gathered through the online survey come from country-level experience which does not always necessarily represent the experience of the region these countries belong. The Review Team has used its judgement in the analysis and writing stages of the review to ensure that regional trends documented are supported by sufficiently robust data.

- **Difficulty to access key information, documents or respondents:** Several key pieces of evidence for the review (e.g., number of countries reporting on the Scorecard) were either unavailable or made available quite late in the analysis and writing stages of the review. Despite numerous follow-ups by the Review Team with the UNAIDS regional gender advisors, the number of key new global guidance and strategies at regional level gathered and analyzed was low. Several UNAIDS co-sponsors approached for an interview were either not available, did not respond, were not sufficiently knowledgeable about the Agenda to participate in the End Review or were not identified by the UNAIDS Secretariat (i.e., World Bank and ILO). Despite considerable follow-up with online survey respondents , the overall response rate was low (see Figure III.2), and in particular for some respondent groups (e.g., donors) and regions (e.g., only three respondents for the WCA region).

- **Difficulty to interpret results identified as a direct or indirect contribution of the Agenda:** The difficultly for the Review Team to draw clear linkages between results highlighted by review respondents or reported in key documents and the original intent of the Agenda is threefold. First, the Agenda was developed as a menu of actions to be used and adapted by countries and baseline data was not developed initially, though some targets had

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[145] As per TOR, it was agreed that a selective country approach would not be indicative of the successes and challenges of the Agenda overall.

been set for implementation. Most targets initially set by the Agenda expired in 2012 and a results framework for the Agenda was only developed in 2014 to further strengthen accountability among implementing agencies. The lack of a results framework and performance indicators prior to this date constituted a limitation to assessing the effectiveness of the Agenda. Furthermore, results highlighted in JPMS reporting seldom specifically referenced the Agenda which made the identification of Agenda-specific results challenging. Secondly, the Agenda is one of many UNAIDS initiatives and country-level stakeholders are involved in other initiatives, fora, funding opportunities and with other global partners as part of their involvement in the HIV response of their respective countries. Lastly, many of the actions undertaken as part of the Agenda (e.g., building the capacity of country-level stakeholders to produce gender-disaggregated data on the national HIV epidemic, influencing policy-makers to take gender dynamics into account as part of National Strategic Plans, etc.) involve sustained efforts by a coordinated group of actors over a long period of time. Hence, the effects of some of the activities conducted as part of the Agenda may only become perceptible in the next few years.

- **Multi-stakeholder reference group:** Guidance for the End Review of the Agenda involved the participation of a nine person multi-stakeholder reference group at key stages of the process, notably to validate the methodological approach detailed in the inception report, reviewing the preliminary findings briefing note and the draft final review report. While this participatory process had added value to the definition of the methodology and the validation of the results, it has also created important delays in securing feedback necessary to take the review forward. At times, differences of opinion with regard to the scope of the review, the methodological approach to be used or the types of respondents to be consulted has meant that the level of effort was *spread thin* and that a flexible methodological design (e.g., initiating data collection during the inception phase) was necessary to accommodate the requirements and timeframe.

Appendix IV   List of Documents

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Documents for MENA & North Africa

UNAIDS. (2014). "Advancing Gender Equality and the HIV Response, as part of the Arab AIDS Strategy and the post-2015 Development Agenda". *High level meeting of women leaders from Middle East and North Africa, Algiers, 10–11 November 2014.*

Population Reference Bureau. (2014). "HIV and AIDS in the Middle East and North Africa".

Appendix V List of Key Informants

Date/Time	Names/Title	Data collection method (Location if applicable)
Key informants interviews with Co-sponsors		
13 March 2015	Clifton Cortez, Cluster Manager, UNAIDS Partnerships, Bureau for Policy and Programme Support, UNDP	In-person interview (UNAIDS Office, New York City)
13 March 2015	Caitlin Boyce, HIV and Access to Justice Specialist, UNDP	In-person interview (UNAIDS Office, New York City)
13 March 2013	Lynn Collins, Technical Advisor, HIV/AIDS Branch, UNFPA	In-person interview (UN Women Headquarters, New York City)
13 March 2015	Nazneen Damji, Policy Advisor on Gender Equality, Health and HIV/AIDS, UN Women	In-person interview (UN Women Headquarters, New York City)
8 July 2015	Sathyanarayanan Doraiswamy, Senior HIV/RH Officer, UNHCR	Telephone interview
21 July 2015	Ken Legins, Senior Advisor, HIV/AIDS Programme Division, UNICEF	Telephone interview
17 June 2015	Zhannat Kosmukhamedova, Expert, Gender and HIV, Law Enforcement and HIV, UNODC	Telephone interview
8 July 2015	Avni Amin, Technical Officer, Department of Reproductive Health, WHO	Telephone interview
18 August 2015	Susana Fried, Former Deputy Cluster Leader, MGM and Senior Gender, HIV and Health Advisor, UNDP	Telephone interview
Key informant interviews with UNAIDS Secretariat at HQ		
15 June 2015	Ms. Malayah Harper, Chief, Gender Equality and Diversity Division	Telephone interview
22 June 2015	Mr. Steve Kraus, Regional Director, Asia and the Pacific	Telephone interview
17 June 2015	Ms. Mariangela Simão, Director, Rights, Gender and Community Mobilization	Telephone interview
17 June 2015	Mr. Cesar Nuñez, Regional Director, Regional Support Team for Latin America	Telephone interview
8 June 2015	Ms. Hege Wagan, Senior Gender Advisor, Gender Equality and Diversity Division	Telephone interview
27 May 2015	Ms. Claudia Ahumada, Technical Officer, UNAIDS Gender Equality and Diversity division	Telephone interview

Date/Time	Names/Title	Data collection method (Location if applicable)
12 March 2015	Ms. Sheila Tlou, Regional Director, Regional Support Team for Eastern and Southern Africa	In-person interview (UN Women Headquarters, New York City)
20 August 2015	Ms. Jantine Jacobi, former Chief, Gender Equality and Diversity Division	Telephone interview
Key informant interviews with UNAIDS Regional Gender Advisors		
3 June 2015	Ms. Sophia Mukasa Monico, Senior Gender Equality Advisor, Regional Support Team for Eastern and Southern Africa	Telephone interview
9 June 2015	Ms. Rupa Bhadra, Youth and Socioal Organisation Officer, Regional Support Team for Middle East and North Africa	Telephone interview
8 June 2015	Ms. Maria Boltaeva, Human Rights and Gender Equality Advisor, Regional Support Team for Eastern Europe and Central Asia	Telephone interview
2 June 2015	Ms. Yuki Takemoto, Senior Gender Equality Advisor, Regional Support Team for Asia and the Pacific	Telephone interview
2 June 2015	Ms. Shirley Eng, Community Mobilization and Networking Advisor, Regional Support Team for Latin America	Telephone interview
3 June 2015	Ms. Miriam Chipimo, Strategic Intervention Advisor, Regional Support Team for the Caribbean	Telephone interview
Participants who took part in the CSO consultation conducted in New York City (12 March 2015)		
12 March 2015	Dr. Mabel Bianco, FEIM and current Advisory Group member of the GCWA, Argentina	Consultation (United Nations Headquarters, New York City)
12 March 2015	Alessandra Nilo, President of Founder of Gestos, Brazil	Consultation (United Nations Headquarters, New York City)
12 March 2015	Ebony Johnson, SRHR Athena Network, United States	Consultation (United Nations Headquarters, New York City)
12 March 2015	Lydia Mungeherera, Mama's Club and GCWA Advisory Group member, Uganda	Consultation (United Nations Headquarters, New York City)
12 March 2015	Tyler Crone, Co-founder and Director, Athena Network	Consultation (United Nations Headquarters, New York City)
12 March 2015	Jessica Whitbread, Community Relation and Mobilization Manager, International Community of Women Living with HIV (ICW), Canada	Consultation (United Nations Headquarters, New York City)

Date/Time	Names/Title	Data collection method (Location if applicable)
12 March 2015	Rachel Oostendorp, Georgetown Legal Fellow, International Community of Women Living with HIV (ICW), USA	Consultation (United Nations Headquarters, New York City)
12 March 2015	One representative from Athena Network (name to be confirmed)	Consultation (United Nations Headquarters, New York City)
12 March 2015	Mmapaseka Steve Letsike, Director of Access Chapter 2, South Africa	Consultation (United Nations Headquarters, New York City)
12 March 2015	Johanna Kehler, Director at AIDS Legal Network, South Africa	Consultation (United Nations Headquarters, New York City)
12 March 2015	One representative of World YWCA at UNHQ and Physician Associate, India and USA (name to be confirmed)	Consultation (United Nations Headquarters, New York City)
12 March 2015	Two representatives from ICW Kenya (names to be confirmed)	Consultation (United Nations Headquarters, New York City)
12 March 2015	Some CSO representatives were present but could not be identified	Consultation (United Nations Headquarters, New York City)
Key speakers invited to set the stage at the CSO consultation in New York City		
12 March 2015	Ms. Malayah Harper, Chief, Gender Equality and Diversity Division	Consultation (United Nations Headquarters, New York City)
12 March 2015	Ms. Sheila Tlou, Regional Director, Regional Support Team for Eastern and Southern Africa	Consultation (United Nations Headquarters, New York City)
12 March 2015	Nyaradzayi Gumbonzvanda, Secretary-General of the World YWCA, Switzerland	Consultation (United Nations Headquarters, New York City)

Appendix VI Interview Protocols
Co-sponsors

Introduction

The Universalia Management Group Limited, a private management consultancy firm based in Montreal, Canada, has been mandated by the UNAIDS Secretariat to conduct the End Review of UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV. The Agenda acts as an operational plan to support countries in integrating gender equality into their HIV response. The Agenda is structured around three main recommendations and offers a set of 26 strategic actions which countries can choose from depending on their established priorities. The implementation period of the Agenda started in 2010 and ended in December 2014. During this period, approximately 100 countries have committed to implementing the Agenda.

The Agenda's three areas for recommendation are:

- knowing your epidemic and response;
- translating political commitments into action; and
- creating an enabling environment.

The aim of the End Review is to assess the successes and challenges of the Agenda in fostering a gender-transformative approach to the HIV response. Bearing in mind the upcoming renewal of the UNAIDS Strategy (2015-2019), the Post-2015 Development Agenda and the 2016 High-Level Meeting on HIV/AIDS, the End Review will provide forward-looking recommendations on future strategic orientations for women, girls, gender equality and HIV. The main components of the End Review include: Context; relevance; effectiveness; and coordination and support mechanisms.

Individual responses acquired during the end review will be kept confidential, and the review team will only share generalised findings and anonymous comments.

Before we begin, do you have any questions about the End Review?

Context

1) Can you please explain <u>your role</u> in (*insert name of co-sponsor agency*) and in the development and implementation of the Agenda at the global level?

2) Since 2010, what <u>major changes</u> (e.g. political landscape, global priorities on gender equality and HIV, global funding, etc.) have affected the implementation of the Agenda?

Relevance

3) In your view, to what extent did the <u>design </u>of the Agenda's three pillars respond to global needs and priorities in terms of gender equality and HIV?

Also, are the three pillars congruent
- with the mission of your organization?
- with the post-2015 development framework?
- with donor priorities?

Effectiveness

4) Since 2010, and more particularly in the last two years, what have been the main <u>successes</u> and <u>challenges</u> in implementing each of the three recommendations set forth by the Agenda?
   – *Knowing your epidemic and response;*
   – *Translating political commitments into action; and*
   – *Creating an enabling environment.*

Coordination and Support Mechanisms

5) Was the Agenda <u>developed in a coordinated way</u>?

6) In your view, how clearly did the Agenda define the <u>roles and responsibilities</u> of co-sponsors and other stakeholders in implementing the Agenda?

   How did this affect the overall implementation of the Agenda?

7) Did you raise additional funding and/or did your organisation reallocate funding for the implementation of the Agenda?

8) Did you encounter any challenges in securing funding for the implementation of activities undertaken by your organization?

   If so, how did you address these challenges?

9) In your view, how useful was the <u>Scorecard as a marker for the implementation of the Agenda among stakeholders at national level, and the Joint Programme Monitoring System</u> for monitoring and reporting on the Agenda among cosponsors and the UNAIDS secretariat?

   In your view, how could the monitoring and reporting of future approaches to gender equality and HIV be improved?

10) Are you familiar with the Agenda's results framework that was developed in 2014?

   If so, does this results framework constitute an appropriate tool for future monitoring and reporting?

11) To what extent did the Agenda provide a <u>platform for mutual accountability</u> between the various stakeholders (e.g., UNAIDS Secretariat, co-sponsors and stakeholders at regional and national level).

Recommendations

12) Is a new platform for advancing action for women, girls and gender equality and HIV required?

   If so, is the Agenda the right vehicle?

   If the Agenda is not the right vehicle, which form should this new platform take?

   What level of implementation (national, regional, global) should this new platform focus on?

   Should this new platform or vehicle have a defined timeline?

   Which thematic areas (e.g. SRHR, GBV, etc.) should it focus on?

   If not, through which other vehicle or strategy should UNAIDS advance action for women, girls, gender equality and HIV?

13) What are the main <u>lessons learned</u> that can be extracted from the implementation of the Agenda? How could these be applied to any future approach to programming on gender equality and HIV?

14) Do you have any other comments?

Thank you for your time and cooperation.

Appendix VII Interview Protocol
UNAIDS Secretariat at HQ

Introduction

The Universalia Management Group Limited, a private management consultancy firm based in Montreal, Canada, has been mandated by the UNAIDS Secretariat to conduct the End Review of UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV. The Agenda acts as an operational plan to support countries in integrating gender equality into their HIV response. The Agenda is structured around three main recommendations and offers a set of 26 strategic actions which countries can choose from depending on their established priorities. The implementation period of the Agenda started in 2010 and ended in December 2014. During this period, approximately 100 countries have committed to implementing the Agenda.

The Agenda's three areas for recommendation are:

- knowing your epidemic and response;

- translating political commitments into action; and

- creating an enabling environment.

The aim of the End Review is to assess the successes and challenges of the Agenda in fostering a gender-transformative approach to the HIV response. Bearing in mind the upcoming renewal of the UNAIDS Strategy (2015-2019), the Post-2015 Development Agenda and the 2016 High-Level Meeting on HIV/AIDS, the End Review will provide forward-looking recommendations on future strategic orientations for women, girls, gender equality and HIV. The main components of the End Review include: Context; relevance; effectiveness; and coordination and support mechanisms.

Individual responses acquired during the end review will be kept confidential, and the review team will only share generalised findings and anonymous comments.

Before we begin, do you have any questions about the End Review?

Context

1) Can you please explain your role at UNAIDS and the specific role that you have played in the development and/or the implementation of the Agenda?

2) Since 2010, have global political commitments to gender equality and HIV changed? If so, how did this affect the implementation of the Agenda?

   How do you think these changes would affect any future platform or vehicle on gender equality and HIV?

3) Since 2010, have there been any major changes in global funding for gender equality and HIV? If so, how has this affected the implementation of the Agenda?

   Did UNAIDS face any challenges in mobilizing resources from donors for the implementation of the Agenda? If so, could you elaborate on these challenges?

Relevance

4) In your view, to what extent did the design of the Agenda (e.g., three strategic pillars, 26 actions, etc.) respond to global needs and priorities in terms of gender equality and HIV?

5) Are the strategic orientations of the Agenda still relevant (i.e., to global priorities, donor priorities, etc.) in the context of the Post-2015 development framework (e.g. SDG's)?

> *Why or why not?*

Effectiveness

6) Since 2010, and more particularly in the last two years, what have been the main <u>successes</u> and <u>challenges</u> in implementing each of the three recommendations set forth by the Agenda?
   – *Knowing your epidemic and response;*
   – *Translating political commitments into action; and*
   – *Creating an enabling environment.*

7) Beyond these intended objectives, did the implementation of the Agenda have other effects (intended or not) on the integration of gender equality into HIV?
   – *Fostering political commitments*
   – *Increasing the visibility of gender-responsive approaches*
   – *Providing a platform for mutual accountability*
   – *Etc.*

8) Are you aware of the <u>recommendations</u> (i.e. support, engage, assess, fund and collaborate) made as part of the <u>mid-term review</u> of the Agenda? If so, what actions has the UNAIDS Secretariat implemented to address these recommendations? Are there any recommendations that have not (or not fully) been addressed?

Coordination and Support Mechanisms

9) What were the <u>roles and responsibilities</u> of the UNAIDS' Secretariat in providing coordination and support for the implementation of the Agenda?

> *In your view, how well did the UNAIDS Secretariat fulfill this role and what could be improved in the future?*

10) To what extent were <u>coordination mechanisms</u> (e.g., planning, resource allocation, etc.) used by the UNAIDS Secretariat and co-sponsors conducive to the implementation of the Agenda?

> *Are there any particular successes, challenges or lessons learned which you can report?*

11) In your view, how useful was the Scorecard <u>as a marker for the implementation of the Agenda among stakeholders at national level,</u> and the Joint Programme Monitoring System for <u>monitoring and reporting</u> on the Agenda implementation among cosponsors and the UNAIDS secretariat?

> *What improvements would you suggest to make monitoring and reporting for the different actors?*

12) Are you familiar with the results framework developed in 2014?

> *If so, are there any particular lessons learned from the results framework that you can report?*

Recommendations

13) Is a new platform for advancing action for women, girls and gender equality and HIV warranted?

If so, is the Agenda the right vehicle?

If the Agenda is not the right vehicle, which form should this new platform take?

What level of implementation (national, regional, global) should this new platform focus on?

Should this new platform or vehicle have a defined timeline?

Should its thematic focus be broad or narrow?

Which thematic areas (e.g. SRHR, GBV, comprehensive sexuality education, etc.) should it focus on?

If not, through which other vehicle or strategy should UNAIDS advance action for women, girls, gender equality and HIV?

14) What are the main <u>lessons learned</u> from the implementation of the Agenda? How could these be applied to any future approach to programming on gender equality and HIV?

15) Do you have any other comments?

Thank you for your time and cooperation.

Appendix VIII Interview Protocol Regional Gender Advisors

Introduction

The Universalia Management Group Limited, a private management consultancy firm based in Montreal, Canada, has been mandated by the UNAIDS Secretariat to conduct the End Review of UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV. The Agenda acts as an operational plan to support countries in integrating gender equality into their HIV response. The Agenda is structured around three main recommendations and offers a set of 26 strategic actions which countries can choose from depending on their established priorities. The implementation period of the Agenda started in 2010 and ended in December 2014. During this period, approximately 100 countries have committed to implementing the Agenda.

The Agenda's three areas for recommendation are:

- knowing your epidemic and response;
- translating political commitments into action; and
- creating an enabling environment.

The aim of the End Review is to assess the successes and challenges of the Agenda in fostering a gender-transformative approach to the HIV response. Bearing in mind the upcoming renewal of the UNAIDS Strategy (2015-2019), the Post-2015 Development Agenda and the 2016 High-Level Meeting on HIV/AIDS, the End Review will provide forward-looking recommendations on future strategic orientations for women, girls, gender equality and HIV. The main components of the End Review include: Context; relevance; effectiveness; and coordination and support mechanisms.

Individual responses acquired during the end review will be kept confidential, and the review team will only share generalised findings and anonymous comments.

Before we begin, do you have any questions about the End Review?

Context

1) Can you please explain your role as a UNAIDS RGA and the specific role you have played in the implementation of the Agenda at the regional level?

2) What are the main characteristics (e.g., thematic priorities, target groups, how women and girls are directly/indirectly affected by HIV, demographic factors, etc.) of the HIV epidemic in your region?

3) How have these characteristics influenced the implementation of the Agenda in your region?

4) Since 2010, have there been any major changes in the region (e.g., emergence of stakeholders, shift in donor priorities, etc.) which have affected the implementation of the Agenda in your region?

Relevance

5) To what extent did the design of the Agenda's three pillars respond to the needs and priorities in terms of gender equality and HIV in your region?

- Knowing your epidemic and response;
- Translating political commitments into action; and
- Creating an enabling environment.

Effectiveness

6) Since 2010, and more particularly in the last two years, what have been the main <u>successes</u> and <u>challenges</u> in your region in implementing each of the three recommendations set forth by the Agenda?

7) In your region, has the Agenda contributed to generating new regional/national <u>guidance and strategies</u> since 2010?

> *How have such strategies/guidance been used to foster gender-responsive approaches to the HIV response in the region?*

> *Which specific results did these new guidance and strategies contribute to generate?*

8) Are there any <u>gaps</u> in terms of guidance/strategies and other tools to help countries better integrate gender equality into their HIV response?

> *Moving forward, what types of strategies and guidance would be needed to help countries fast-track gender responsive and transformative HIV response?*

Coordination and Support Mechanisms

9) Can you describe the <u>coordination arrangements</u> (e.g., planning, resource allocation, reporting, etc.) used in your region?

10) What specific <u>support</u> did you provide to regional and national stakeholders in the implementation of the Agenda?

11) Did you raise additional funding and/or did your organisation reallocate funding for the implementation of the Agenda?

12) Did you encounter any challenges in securing funding for the implementation of activities undertaken by your organization?

> *If so, how did you address these challenges?*

13) In your view, how useful was the <u>Scorecard as a marker for the implementation of the Agenda among stakeholders at national level, and the Joint Programme Monitoring System</u> for monitoring and reporting on the Agenda among cosponsors and the UNAIDS secretariat?

> *In your view, how could the monitoring and reporting of future approaches to gender equality and HIV be improved?*

> *Are you familiar with the Agenda's results framework that was developed in 2014?*

> *In your view, does this results framework constitute an appropriate tool for future monitoring and reporting?*

14) What are the main <u>challenges</u> which have encountered in coordinating and/or supporting the implementation of the Agenda at the regional level?

Recommendations

15) Is a new platform for advancing action for women, girls and gender equality and HIV warranted?

If so, is the Agenda the right vehicle?

> *If the Agenda is not the right vehicle, which form should this new platform take?*

> *What level of implementation (national, regional, global) should this new platform focus on?*

> *Should this new platform or vehicle have a defined timeline?*

> *Should its thematic focus be broad or narrow?*

> *Which thematic areas (e.g. SRHR, GBV, etc.) should it focus on?*

If not, through which other vehicle or strategy should UNAIDS advance action for women, girls, gender equality and HIV?

16) Do you have any suggestion on how any future platform or vehicle on gender equality and HIV better take into consideration the <u>regional specificities</u> of the HIV epidemic in regions?

17) What are the main <u>lessons learned</u> that can be extracted from the implementation of the Agenda? How could these be applied to any future approach to programming on gender equality and HIV?

18) Do you have any other comments?

Thank you for your time and cooperation.

Appendix IX Document Template

Documents List

Please include documents produced by your organization directly related to the Agenda

Organization:UNAIDS

Category	Documents
Research and review papers based on recommendations under the Agenda	1. 2. 3.
Reference to the Agenda/nationally developed Agenda for National reports (CSW, Beijing +20, UPR, regional commitments on HIV and Gender equality etc)	1. 2. 3.
Best practices and evidence reviews	1. 2. 3.
Guidance and technical tools for countries related to the Agenda (e.g. program toolkits, etc.)	1. 2. 3.
Process-related guidance (e.g. the guidance on national action planning)	1. 2. 3.
Others	1. 2. 3.
Gaps? (What areas require additional guidance? What gaps within categories exist?):	

Appendix X Survey Questionnaire

End Review of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV

The UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV was launched in 2010 and ended in December of 2014. The Agenda, which was developed as a tool to assist countries in planning, programming and implementing actions for women, girls, gender equality and HIV, is structured around three main recommendations: 1) knowing your epidemic and response; 2) translating political commitments into action; 3) creating an enabling environment. The purpose of this End Review is to assess the successes and challenges of the Agenda in fostering a gender-transformative approach to the HIV response. Bearing in mind the upcoming renewal of the UNAIDS Strategy (2015-2019), the Post-2015 Development Agenda and the 2016 High-Level Meeting on HIV/AIDS, the End Review will provide forward-looking recommendations on future strategic orientations for women, girls, gender equality and HIV.

Universalia Management Group, a private consulting firm based in Canada, is conducting a survey on behalf of the UNAIDS Secretariat to gather the views of stakeholders that are familiar with the Agenda. We would kindly ask respondents to complete this survey by June 16, 2015. The questionnaire should take approximately 20 minutes to complete would ideally be completed in one session. However, if you would like to stop and continue the survey later, you can do this at any point by clicking on the "save" button before closing the internet browser that displays the survey. When you are ready to continue, you can return to the page where you left off by clicking on the original link to the survey included in the email you received from us. Should you encounter technical difficulties or have any questions about the survey, please contact Esther Rouleau (erouleau@universalia.com). Please rest assured that all answers provided will remain confidential and that data will be presented in the final report in an aggregate form.

GENERAL

[Q1. All respondents]

1. Before answering the questionnaire, we would like to know how familiar you are with the Agenda. Please use the scale below to indicate your degree of familiarity, where 5 is ''very familiar'' and 1 is ''not at all familiar''.

○ 1

○ 2

○ 3

○ 4

○ 5

[Q2. All respondents]

2. Please select from the following options the group which best represents you:

○ UNAIDS Co-sponsor

○ Government Representative

○ Civil Society Organization

○ Faith-based Organization

○ Donor

○ other, please specify: _____

[Q3. All respondents]

3. Please select the level at which you work within your organization:

○ Global level (Headquarters)

○ Regional level (Regional office)

○ Country level (country office)

[Q4. Regional/country level resp. only]

4. Please select the region you are based in:

○ Eastern and Southern Africa

○ West and Central Africa

○ Middle East and North Africa

○ Asia and the Pacific

○ Eastern Europe and Central Asia

○ Latin America

○ Caribbean

○ other, please specify: _____

[Q5. Country level resp. only]

5. Please select the country you are based in:

<div style="border:1px solid black; width:200px; height:60px;"></div>

(this will be a drop-down menu with names of countries)

[CSOs/FBOs; Gov't and Co-sponsors]

THE AGENDA'S MAIN CONTRIBUTION TO RESULTS

The following set of questions aims to gather your perceptions on the main contributions to results in implementing each of the recommendations set forth by the Agenda.

As per the Agenda, the main areas for recommendation include:

- **Generating and using evidence:** Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV and ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls.

- **Translating political commitments into scaled-up action:** Reinforce the translation of political commitments into scaled-up action and resources for policies and programmes that address the rights and needs of women and girls in the context of HIV, with the support of all relevant partners, at the global, national and community levels.

- **Creating an enabling environment:** Champion leadership for an enabling environment that promotes and protects women's and girls' human rights and their empowerment, in the context of HIV, through increased advocacy and capacity and adequate resources.

[Q6. CSOs/FBOs; Gov't and Co-sponsors]

6. In your view, what were the Agenda's main contribution to results under the Agenda's first pillar on _generating and using evidence_?

As outlined in the Agenda, expected results for this pillar included:

- Quantitative and qualitative evidence on the specific needs, risks of and impacts on women and girls in the context of HIV exists through a process of comprehensive and participatory data collection, including on male and female differentials in the epidemic, and better inform the implementation of effective policies and programmes that promote and protect the rights and meet the needs of women and girls.

- Harmonized gender equality indicators are used to better capture the sociocultural, economic and epidemiological factors contributing to women's and girls' risk of and vulnerability to HIV.

- Evidence-informed policies, programmes a and resources allocations that respond to the needs of women and girls are in place at the country level

Bearing these results in mind, please briefly elaborate on the Agenda's three main contributions to results under this first pillar.

1. [   ]

2. [   ]

3. [   ]

7. In your view, what were the main contribution to results under the Agenda's second pillar on *translating political commitments into scaled-up action*?

As outlined in the Agenda, expected results for this pillar included:

- Stronger accountability from governments to move from commitments to women's rights and gender equality to results, for more effective AIDS responses.

- All forms of violence against women and girls are recognized as violations of human rights and are addressed in the context of HIV.

- Women and girls have universal access to integrated multisectoral services for HIV, tuberculosis and sexual and reproductive health and harm reduction, including services addressing violence against women.

- Strengthened HIV prevention efforts for women and girls through the protection and promotion of human rights and increased gender equality.

Bearing these results in mind, please briefly elaborate on the Agenda's three main contributions to results under this second pillar.

1. [   ]

2. [   ]

3. [   ]

8. In your view, what were the main contribution to results under the Agenda's third pillar on *creating an enabling environment*?

As outlined in the Agenda, expected results for this pillar included:

- Women and girls empowered to drive transformation of social norms and power dynamics, with the engagement of men and boys working for gender equality, in the context of HIV.

- Strong, bold and diverse leadership for women, girls and gender equality for strengthened HIV responses.

- Increased financial resources for women, girls and gender equality in the context of HIV.
- Gender-responsive UNAIDS.

Bearing these results in mind, please briefly elaborate on the Agenda's three main contributions to results under this third pillar.

1.

2.

3.

FACTORS AFFECTING IMPLEMENTATION

[Q9. CSOs/FBOs; Gov't and Co-sponsors]

9. To what extent have the following factors facilitated the implementation of the Agenda?

If you are based at regional level, please use the knowledge you have of the Agenda's implementation in your region to respond to this question. If you are based at country level, please use the knowledge you have of the Agenda's implementation in your country to respond to this question.

*To answer this question, use the scale from 1 to 5, where 1 means **'strongly disagree'** and 5 means **'strongly agree'**.* (*Strongly disagreeing* could mean that the factor was lacking – e.g. there was a lack of strategic focus – or was inadequate and therefore significantly hindered implementation).

	1	2	3	4	5	I don't know	Does not apply
The strategic focus of the Agenda facilitated its implementation in my region/country	○	○	○	○	○	○	○
The Agenda's adequate focus on key populations (e.g. young women and girls, lesbians and transgendered women, female sex workers, etc.) in my regions/country facilitated implementation	○	○	○	○	○	○	○
The resource mobilization strategy undertaken as part of the Agenda facilitated its implementation in my region/country	○	○	○	○	○	○	○
A civil society that is well organized facilitated the implementation of the Agenda in my region/country	○	○	○	○	○	○	○
Adequate dialogue spaces between CSOs and the government facilitated the implementation of the Agenda	○		○	○	○	○	○

[Q10. CSOs/FBOs; Gov't and Co-sponsors]

10. Is there anything you would like to say about the factors that affected the implementation of the Agenda? This could be anything

related to the statements you have rated, or anything else you would like us to know?

Yes, please type your answer in the box: _____

No ○

[Q11. co-sponsors]

11. To what extent have the following coordinating mechanisms facilitated the implementation of the Agenda?

If you are based at regional level, please use the knowledge you have of the Agenda's implementation your region to respond to this question. If you are based at country level, please use the knowledge you have of the Agenda's implementation your country to respond to this question.

To answer this question, use the scale from 1 to 5, where 1 means 'strongly disagree' and 5 means 'strongly agree'. (*Strongly disagreeing* could mean that the factor was lacking – e.g. there was a lack of joint planning – or was inadequate and therefore significantly hindered implementation).

	1	2	3	4	5	I don't know	Does not apply
Joint planning around the Agenda facilitated its implementation	○	○	○	○	○	○	○
Adequate coordination among UN joint team members facilitated the Agenda's implementation	○	○	○	○	○	○	○
The use of performance information generated through monitoring of the Agenda facilitated its implementation	○	○	○	○	○	○	○

[Q12: Co-sponsor]

12. Is there anything you would like to say about the coordinating mechanisms that affected the implementation of the Agenda? This could be anything related to the statements you have rated, or anything else you would like us to know?

Yes, please type your answer in the box: _____

No ○

[Q13. CSOs/FBOs; Gov't and Co-sponsors]

13. In recent years, what were the key changes in the political landscape which <u>positively</u> affected the implementation of the Agenda?

If you are based at regional level, please use the knowledge you have of the Agenda's implementation your region to respond to this question. If you are based at country level, please use the knowledge you have of the Agenda's implementation your country to respond to this question.

Note that you can select more than one.

○ Significant changes in government priorities in the country/region

○ Increased leadership and participation of women's advocacy groups in the political arena in the country/region

○ Increased commitment of national/regional actors to funding for gender equality and HIV

○ Emergence of new national/regional players

○ None of the above

○ other, please specify: _____

[Q14. CSOs/FBOs; Gov't and Co-sponsors]

14. In recent years, what were the key changes in the political landscape which <u>negatively</u> affected the implementation of the Agenda?

Note that you can select more than one.

○ Significant changes in governments' priorities in the country/region

○ Regional/national political unrest

○ Emergence of conservative political factions

○ Emergence of new national/regional players

○ None of the above

○ Other, please specify: _____

[Q15. CSOs/FBOs; Gov't and Co-sponsors]

15. To what extent was the Agenda visible from 2010 to 2014?

If you are based at regional level, please use the knowledge you have of the Agenda's implementation your region to respond to this question. If you are based at country level, please use the knowledge you have of the Agenda's implementation your country to respond to this question.

*To answer this question, use the scale from 1 to 5, where 1 means **'not at all'** and 5 means **'completely'**.*

	1	2	3	4	5	I don't know
Relevant stakeholders (i.e. CSOs, government representatives, co-sponsors, women and girls) participated in the public launch of the Agenda in my country/countries in my region	○	○	○	○	○	○
Advocacy material on the Agenda was broadly disseminated to relevant stakeholders (i.e. CSO, governments, women/girls) in my country/region	○	○	○	○	○	○
Stakeholders (i.e. CSOs, government representatives, co-sponsors, women and girls) were aware of the existence of the Agenda in my country/region from its launch to the end of its implementation in 2014	○	○	○	○	○	○

RELEVANCE

[Q16. All respondents]

16. To what extent were the actions proposed in the Agenda aligned with the needs and priorities in your country/region for gender equality and HIV?

If you are based at regional level, please use the knowledge you have of the Agenda's implementation your region to respond to this question. If you are based at country level, please use the knowledge you have of the Agenda's implementation your country to respond to this question.

○ Strongly aligned

○ Aligned

○ Somewhat aligned

○ Not aligned
Please specify why: _____

[Q17. All respondents]

17. Please provide any suggestions you may have on the way UNAIDS and its co-sponsors could improve the relevance of any future approach to programming related to gender equality and HIV?

If you are based at regional level, please use the knowledge you have of the Agenda's implementation your region to respond to this question. If you are based at country level, please use the knowledge you have of the Agenda's implementation your country to respond to this question.

Please type your answer in the box :

ACCOUNTABILITY

[Q18. CSOs/FBOs; Gov't and Co-sponsors]

18. How clearly did the Agenda define the roles and responsibilities of the following stakeholders?

*To answer this question, use the scale from 1 to 5, where 1 means **'not clear at all'** and 5 means **'very clear'**.*

	1	2	3	4	5	I don't know
The UNAIDS Secretariat	○	○	○	○	○	○
The UNAIDS Co-sponsors	○	○	○	○	○	○
Civil society organizations	○	○	○	○	○	○
Governments	○	○	○	○	○	○

Please explain:

[Q19. CSOs/FBOs; Gov't and Co-sponsors]

19. To what extent were the accountability mechanisms of the Agenda well defined?

*To answer this question, use the scale from 1 to 5, where 1 means **'not clearly at all'** and 5 means **'very clearly'**.*

	1	2	3	4	5	I don't know
Accountability mechanisms were well defined in the Agenda	○	○	○	○	○	○

Please explain:

THE WAY FORWARD IN THE POST-2015 DEVELOPMENT AGENDA

[Q20. All respondents]

20. Looking forward, what would be the best strategic approach/vehicle through which UNAIDS and its co-sponsors should address gender equality and HIV?

For instance, the strategic approach/vehicle could include: addressing gender equality through UNAIDS Strategy only; renewing the Agenda for another five years; creating regional platforms on gender and HIV, etc. These are only a few examples; please do not limit yourself to these examples when providing your answer and be as descriptive as possible on the form this future strategic approach should take.

Please type your answer in the box :

21. What key issues should be included in this future strategic approach/vehicle?

Please note that you may choose more than one answer

○ Focus on caregivers

○ Sexual and health reproductive rights (SRHR)

○ Young women and adolescent girls

○ Gender-based violence

○ Focus on sex workers, women who inject drugs or partners of persons who inject drugs, diabled women, indigenous

○ Lesbian, gay, bisexual, transgender and Intersex (LGBTI) as a key population vulnerable to HIV

○ Engagement of boys and men

○ Comprehensive sexuality education

○ Social protection

○ Empowerment and voice of women and girls

○ Focus on reducing HIV in urban settings

○ other, please specify: _____ _____

22. What are the main lessons learned from implementing the Agenda and how should it inform the development of any future strategic approach/vehicle for gender equality and HIV?

Please type your answer in the box :

23. Do you have any other comments to provide for this End Review?

Please type your answer in the box :

[CSOs/FBOs; Gov't and Co-sponsors]

UPLOADING OF DOCUMENTS

We invite you to upload any documents you may find relevant to the End Review of the Agenda. Types of the documents could include:

- Research and review papers based on recommendations under the Agenda

- Reference to the Agenda/nationally developed Agenda for National reports (CSW, Beijing +20, UPR, regional commitments on HIV and Gender equality etc)

- Best practices and evidence reviews

- Guidance and technical tools for countries related to the Agenda (e.g. program toolkits, etc.)

- Process-related guidance (e.g. the guidance on national action planning)

THANK YOU FOR YOUR COOPERATION