

Recommendations, suggested actions, responses (Note: Actions marked with an asterisk* are subject to available funding)						Tracking
No	Recommendations and suggested actions	Management response	Actions planned	Responsible	Timeframe	End of year (June 2023)
	from the Evaluation Report (2018-2021)	- Accepted - Partially accepted - Not accepted	Concrete actions planned to implement the recommendations and suggested actions	Secretariat, Cosponsor, unit/level (global, region, countries)	Indicate a completion date (one year max.)	Status of implementation and actions taken
1	Recommendation: Urgently increase the prioritization and strategic focus of the work for and with key populations (KPs)					
	Suggested actions					
1.1	<p>Prioritize a set of countries for accelerated action for KP programming based on where infections are happening and align resources and capacity. Devise and test a relevant set of outputs and indicators for measuring progress with the Joint Programme's work in these countries.</p>	<p>Partially accepted. KPs are critical in all countries, major gaps exist in most LMICs, and global targets are relevant in all countries. Hence, there is need for mix of actions for all countries and intensified support to some. At the same time, needs differ between countries and by population. It is therefore not necessarily useful for all agencies to prioritize the same countries for all populations. Operationally and considering limited resources, prioritization on where the need is greatest is important to achieve specific changes. Prioritization should be based on epidemiological, programmatic, and contextual data on KPs and in consultation with key population networks and be linked to specific issues and initiatives.</p>	<p>1. Work closely with the Interagency Working Group on KPs (IAWG), the Global HIV Prevention Coalition (GPC) (Working Group and Key Populations Community of Practice, CoP), the Global Partnership against Stigma and Discrimination, Human Rights Reference Group, and other global structures to explore strategies that are truly global in nature. In addition to ongoing work with a global scope, the Joint Programme will prioritize specific countries for specific thematic priorities including the following:</p> <p>*2. Within the GPC and the associated South-to-South Learning Network prioritize 15 countries for support to HIV prevention programming with key populations. Advocate for all countries to follow the GPC roadmap, utilize scorecards and participate in the KP CoP to increase HIV prevention within key populations in all countries.</p> <p>3. Focus on 24 high priority countries for drug use and HIV and 30 high priority countries for prisons, expansion only with additional resources.</p> <p>4. Increase collaboration where countries for different priority areas overlap (for example invited UNODC to collaborate with the GPC/SSLN)</p> <p>5. UNDP-PEPFAR initiative to scale key population-led approaches to counter punitive and discriminatory laws and HIV-related criminalization in PEPFAR-supported countries, in close collaboration with key populations, the UNAIDS Secretariat and the Global Fund</p>	<p>1. All relevant Cosponsors and the UNAIDS Secretariat, as per the UNAIDS Division of Labour (DoL), in close coordination with communities and their organizations and governments.</p> <p>*2. UNFPA and UNAIDS Secretariat</p> <p>3. UNODC</p> <p>4. UNODC</p> <p>5. UNDP</p>	<p>The end of 2023 is the shortest realistic period for delivery.</p>	

Management Response to the Independent Evaluation of the Work of the Joint UN Programme on HIV/AIDS with and for Key Populations (2018-2021)

No	Recommendations and suggested actions	Management response	Actions planned	Responsible	Timeframe	End of year (June 2023)
1.2	<p><i>Systematically engage all KP groups equally in Joint Programme work, including representatives from more neglected communities – transgender people, people who inject drugs, and young key populations – and develop different strategies to engage prisoners.</i></p>	<p>Accepted. It is important to engage all key populations in line with country context, while also considering intersectionality and young key populations. At the same time, a focus will be on streamlining coordination.</p>	<p>1. Continue to work and plan activities on a yearly basis with the UNODC Civil Society Group on Drug Use and HIV, engaging and empowering community-based organizations with representatives of released prisoners in developing and implementing prison strategies and programmes for prison populations. 2. At global, regional, and country levels, continue to provide support and advocate for the engagement of KP-led organizations and networks in the AIDS response, including in Joint Programme work. 3. Engage the four key population networks in GPC working group, KP Community of Practice sessions, and other activities. 4. UNDP-PEPFAR initiative to scale key population-led approaches to counter punitive and discriminatory laws and HIV-related criminalization in PEPFAR-supported countries, in close collaboration with key population groups, the UNAIDS Secretariat and the Global Fund</p>	<p>1. UNODC 2. UNAIDS Secretariat 3. UNAIDS Secretariat and UNFPA</p>	<p>Some actions have already been initiated. Priority actions to be initiated in 2022-2023, ongoing.</p>	
1.3	<p><i>Develop and agree a clear definition across the Joint Programme, and with funding partners, for the differentiation of KPs from 'other vulnerable populations'. Additionally, systematically differentiate between KP groups. Act on this differentiation - strategies, plans, programming, and reporting at all levels of the Joint Programme - and work with partners to ensure consistency.</i></p>	<p>Partially accepted. There is already an agreed definition, which should not be reopened. The term 'KP' should be used for the agreed five populations and not be conflated with 'other vulnerable populations' and other 'priority populations'. The second part of the recommendation is accepted. Support to national strategies, plans and programmes should differentiate between the five KPs while considering intersectionality.</p>	<p>*Continue to engage with KPs, as defined in the 2021 Political Declaration on HIV and AIDS - sex workers, men who have sex with men, transgender people, people who use drugs, people in prison and other closed settings addressing limitations as far as possible and making sure intersectionalities are considered.</p>	<p>Cosponsors, as per the DoL.</p>	<p>Ongoing. Assess by end of 2023 against benchmark (2020 reporting)</p>	

Management Response to the Independent Evaluation of the Work of the Joint UN Programme on HIV/AIDS with and for Key Populations (2018-2021)

<p>1.4</p>	<p><i>Increase the prioritization of KP funding in UBRAF guidance and strengthen oversight mechanisms for coherence of country plans. Ensure the allocation of funds are based on data-informed strategic assessments of country needs. Prioritize KP-led organizations as partners in the planning, monitoring and implementation of the Joint Programme activities, including for Country Envelope funds.</i></p>	<p>Accepted, noting that recommendations from the evaluation of country envelopes may refine the actions.</p>	<p>*1. Advocacy across existing KP structures (e.g., CoP, IAWG, etc.) and in different areas and KP groups, e.g., for access prevention and other services, rights, law and gender, stigma, discrimination and violence, access to justice, social protection, scaling up community-led responses, etc. *2. Further advocacy with UN country teams for i) greater engagement in KP work and ii) greater reliance on KPs' leaders and community organizations in program design and implementation (always following the "do no harm" principle), which will be monitored through the JPMS. *3. Partner to develop and roll-out a new In-Reach training on working with and for KPs, informed by the new WHO Guidelines and KP implementation tools (SWIT, MSMIT, TRANSIT and IDUIT). The training aims to catalyse KP programming, adequate resource allocation and to broker partnerships between country decision makers, implementers, and community organizations. *4. Based on success of In-Reach (IR), fundraise for an Out-Reach (OR) training package for country policy makers and service providers (end of 2023). 5. Coordinate responses from country offices and decision-makers and strive to ensure data analysis to inform key populations work and sufficient allocation of UBRAF resources.</p>	<p>*1-3. Cosponsors as per the DoL with UNAIDS Secretariat coordinating role *4. UNDP, UNFPA and UNAIDS Secretariat 5. UNAIDS Secretariat</p>	<p>In-reach finished and rolled out by end by 2023, virtual meetings with country teams to advocate, review of country plans, reviews of UBRAF country envelopes vis-à-vis evidence and data.</p>	
<p>1.5</p>	<p><i>Scale up advocacy for KPs and be a proactive and outspoken defender of the rights of KPs in all settings, strongly advocating for decriminalization, gender identity and diversity, funding for prevention services, community-led responses and use of data to drive programming. Work as equal partners with key population groups to devise and implement advocacy strategies.</i></p>	<p>Accepted.</p>	<p>1. Partner with existing structures, such as the Global Partnership against Stigma and Discrimination to address decriminalization and advancing the human rights of KP as priority issues. Note: Other aspects of advocacy suggested in recommendation 1.5 are already covered in responses to other recommendations. 2. UNDP-PEPFAR initiative to scale key population-led approaches to counter punitive and discriminatory laws and HIV-related criminalization in PEPFAR-supported countries, in close collaboration with key population groups, the UNAIDS Secretariat and the Global Fund</p>	<p>All co-sponsors, as per the DoL.</p>		

2	Recommendation: Strengthen support to community-led programming					
<i>Suggested actions</i>						
2.1	<p><i>Develop clear guidance, internal policies, and oversight mechanisms to ensure responsibilities for community-led programming across the Joint Programme, including at the regional and country levels, are understood and programming is aligned to the Global AIDS Strategy 2021-2026 and related targets.</i></p>	<p>Accepted. Work towards developing guidance on community-led programming has been initiated.</p>	<p>1. Continue to ensure community-led programming at all geographical levels. Partner in advocacy efforts to include KP representatives in CCMs, always following the "do no harm" principles. 2. Ensure community-led programming is in UNFPA's HIV/STI/sexual health strategy. *3. Complete and roll out an in-reach training for KP programming. *4. Continue to partner on social contracting initiatives and use "social return on investment" tools to advocate for expansion and increase of community led responses. Advocate for inclusion of key populations programming in Global Fund grants, including social contracting. *5. Expand a small grants programme for community-led and grass root organizations working with PWUD and prisoners . 6. Develop technical guidance on supporting and scaling up community led responses.</p>	<p>1. All relevant Cosponsors and UNAIDS Secretariat, as per the DoL. 2. UNFPA *3. UNDP *4. UNDP, UNFPA *5. UNODC 6. UNAIDS Secretariat</p>	<p>Ongoing, scale-up and revisit end 2023.</p>	
2.2	<p><i>Formulate guidance that better addresses the diversity of KP groups and the intersectional needs within and between these groups and support staff understanding on gender and sexuality.</i></p>	<p>Accepted.</p>	<p>*1. Expand and update the global toolkit for adolescent and YKPs. 2. Strengthen synergies with LGBTI+ and SOGIESC work in 67 countries worldwide, considering the needs of gay men and other men who have sex with men and transgender people. *3. Operationalize newly developed internal (i) SOGIE Concept Note, and (ii) LNOB Operational Plan. 4. Develop internal guidance for staff and publications addressing inequalities: (a) addressing GBV among women who use drugs; (b) technical brief on transgender people and HIV in prison settings, developed in collaboration with CSOs of transgender people including those formerly incarcerated.</p>	<p>*1. UNDP, UNFPA, WHO, UNICEF and UNAIDS Secretariat 2. UNDP *3. UNFPA 4. UNODC</p>	<p>UNODC knowledge products finalized end 2022, In-reach finalized end 2022, trainings in 2023</p>	

Management Response to the Independent Evaluation of the Work of the Joint UN Programme on HIV/AIDS with and for Key Populations (2018-2021)

<p>2.3</p>	<p><i>Broaden engagement with, and scale up technical support, for community-led implementors to strengthen capacity to deliver services, and for community-led research, monitoring and data generation/use in national systems.</i></p>	<p>Partially accepted. The first part of the recommendation is accepted, and the principle of the full recommendation is accepted. At the same time, the full scope of the recommendation will not be implementable within 12 months as a direct follow up action to this evaluation considering capacity constraints in many countries.</p>	<p>*1. Continue to provide technical support to community-led implementors to strengthen capacity for service delivery. 2. Continue to support Stigma Index 2.0 3. Continue to support CSOs for improved data collection and monitoring of HIV services for PWUD and in prison settings. Technical support would be provided through a small grants programme (2.1.5) (UNODC: This activity is the joint data collection for the World Drug Report)</p>	<p>*1. Cosponsors according to the DoL 2. UNAIDS Secretariat 3. UNODC</p>	<p>Ongoing, scale-up and revisit end 2023.</p>	
<p>2.4</p>	<p><i>Increase accountability to KPs through monitoring community engagement and influence in national strategic planning and Global Fund funding request prioritization processes, from funding request through to grant making, to ensure limited HIV resources, target high impact KP programming and planned allocations are translated into budgets.</i></p>	<p>Accepted.</p>	<p>1. Advocate for and provide technical support to ensure greater inclusion of KP programming and resource allocations in Global Fund grants (acknowledging limitations and variations of influence due to the CCMs' independent grant making prioritization processes, and the fact that decisions are often driven by national government leads). 2. Work with the Global Fund Community Rights and Gender Team, and other teams to sensitize CCMs on KP work and to advocate for inclusion of KP networks in CCMs and as further Sub-Recipients. If necessary, representation could be ensured through virtual tools that protect KP representatives, while allowing meaningful participation in discussions and voting.</p>	<p>Joint Programme according to the DoL, in partnership with the Global Fund, civil society and supportive governments.</p>	<p>Joint Programme support to countries the Global Fund NFM4 Allocation Cycle 2023-2025</p>	

3	Recommendation: Intensify support to ensure financial and programmatic sustainability of key population responses					
<i>Suggested actions</i>						
3.1	<i>Increase involvement and dialogue with universal health coverage (UHC) stakeholders, platforms, and forums. Support consultations with KP groups and the meaningful engagement of different KP groups and networks in such forums.</i>	Accepted.	<p>*1. Support activities that foster UHC for KP.</p> <p>*2. Guide joint teams in-country to organize country bringing together decision makers, law enforcement agencies/ representatives, and community leaders for a better integrated HIV response for PWUD and for people upon release from prison.</p> <p>*3. Advocate to increase social protection for KPs and promote sustainable responses to HIV and co-infections, including through furthering UHC.</p>	<p>*1. WHO and UNAIDS Secretariat, with ILO and WFP and other relevant cosponsors</p> <p>*2. UNODC</p> <p>*3. UNDP and ILO</p>	Assess mid 2023 against benchmark (2020 reporting)	
3.2	<i>Strengthen guidance to, and support for, ways in which universal coverage mechanisms and social contracting models can address access to community-led services tailored to different KP groups in a range of different settings.</i>	Accepted.	<p>*1. Lead and partner in responses that promote community-led provision of services, including social contracting, public private partnerships, trilateral cooperation, etc.</p> <p>*2. Continue partnering in "social contracting" and social return on investment initiatives at the global level and in Eastern Europe and Central Asia and Latin America and the Caribbean.</p> <p>*3. Advocate for greater engagement in the GPC KP CoP to support and coordinate community-led responses work.</p> <p>*4. Support 24 high priority countries for drug use and HIV and 30 high priority countries for prisons.</p>	<p>*1. Cosponsors according to DoL, with Global Fund and KP organizations</p> <p>*2. UNDP</p> <p>*3. UNFPA and UNAIDS Secretariat</p> <p>*4. UNODC</p>	Assess end of 2022 and mid 2023 against benchmark (2020 reporting)	
3.3	<i>Increase technical support directed to assisting countries to plan for sustainable financing that addresses reliance on external funding for KP services.</i>	Accepted.	See actions under 3.2.			

Management Response to the Independent Evaluation of the Work of the Joint UN Programme on HIV/AIDS with and for Key Populations (2018-2021)

3.4	<i>Embed and sustain effective systems and services developed and implemented during the COVID-19 epidemic and explore opportunities to improve the sustainability of programmes.</i>	Accepted , noting the scope of the recommendation goes far beyond the UN's role, which will be more in terms of providing technical support to embedding and sustaining systems and services rather than embedding and sustaining systems, which is the countries' responsibility.	<ol style="list-style-type: none"> 1. Update the 2014 guidance on responding to HIV-related human rights crises in terms of responding to future humanitarian and public health emergencies. 2. Build on COVID-19 health systems support in 131 countries and KPs. Regional support to vaccination of KPs in Southeast Asia (e.g., India), rights-related work on COVID-19 and KPs in LAC. Disseminate these good practices in other countries and regions. 3. Integrate vaccination in harm reduction and capacity building. Deliver regional workshop to disseminate technical guidance developed on harm reduction services during pandemic restrictions and how these services can support vaccination campaigns. *4. Roll-out guidance on addressing the health and protection needs of people selling sex in humanitarian settings 	<ol style="list-style-type: none"> 1. UNDP/OHCHR/UNFPA/UNAIDS Secretariat 2. UNDP 3. UNODC *4. UNFPA and UNHCR 	Documents to be published end 2022	
4 Recommendation: Accelerate data generation for key population programming including through the JPMS						
Suggested actions						
4.1	<i>Urgently expand programme data by identifying and filling KP data gaps, including size estimates for people who inject drugs, transgender people, diverse groups of YKPs, and prisoners, all differentiated by gender and age.</i>	Accepted. GAM currently collects prevention and treatment services offered to people in closed settings, although survey access to prisoners/ detainees is difficult. UNAIDS and other partners/ stakeholders have recently summarized the availability of size estimates, HIV prevalence and ART coverage among all KPs. UCOs play a critical role in convening implementers and communities as well as promoting and otherwise supporting implementation and reporting of different data collection efforts. UNODC collects data on PWID, HIV, HCV through its mandated data	<ol style="list-style-type: none"> 1. Publish client-centred guidelines, focused on collecting individual data from all people in all services, where viable, with recommended disaggregation, (whilst ensuring client confidentiality and an integrated MIS that avoids multiple, separate data collection systems on the same individuals). 2. Focus on providing technical support to fill data gaps: (i) working with the Estimates and Modelling Reference Group to better incorporate KP data in Spectrum-based models; (ii) considering new approaches to access existing but unshared/non-public data sources, while examining innovative approaches to use existing data to extrapolate or estimate possible values for areas without survey or programme data for direct estimates. 3. Continue piloting "BBS-lite", a new surveillance method, which will address PWID, TG, MSM and SW of all ages and SO-GI. The size, speed and cost of this approach can allow annual data collection efforts to provide closer monitoring and evaluation of programmes and community 	<ol style="list-style-type: none"> 1. WHO 2. UNAIDS Secretariat 3. WHO and UNAIDS Secretariat 4. UNICEF and UNAIDS Secretariat 5. UNODC 	Progressive implementation of estimates and guidelines during tracking period.	

Management Response to the Independent Evaluation of the Work of the Joint UN Programme on HIV/AIDS with and for Key Populations (2018-2021)

		<p>collection of the Annual Reports Questionnaire (ARQ). This also includes data on responses for prevention of HIV and other infections among PWID and in prison settings. UNODC also publishes the joint estimates on PWID, HIV, HCV among PWID for the Annual World drug Report.</p>	<p>needs. 4. Publish size estimates of AYKP in 2022 to aid country offices to increase exposure and enhance programme planning and service delivery targets. 5. Provide technical support and guidance, along with other international stakeholders, in country level initiatives for size estimation of PWID, implementation of IBBS, and assessments in the prisons.</p>			
4.2	<p><i>Overhaul the JPMS monitoring system for KP programming and strengthen assurance of data quality and reporting.</i></p> <p><i>Implement a system for tagging KP investments across funding streams.</i></p>	<p>Partially accepted. UBRAF 2022-2026 indicators approved at 50th PCB (June 2022) - efforts to reflect and measure key aspects of the Joint Programme work related to key populations.</p> <p>Challenges noted for 4.2 apply, but possibilities to explore measurement (which may be limited, particularly without extra resources) will be considered.</p>	<p>Convene a meeting of a task team during which the current questions relative to key populations will be reviewed and specific changes proposed if improvements are possible for clear added value without increasing reporting burden and with avoiding any duplications with GAM, NCPI and other data collection.</p>	1. UNAIDS Secretariat	Indicators approved at 50th PCB (June 2022) and incorporation into the 2022-2023 reporting cycle.	
4.3	<p><i>Promote the use and adaptation of the reconstructed (evaluation) theory of change as a model to operationalize and monitor the implementation and results of KP programming by country teams, KP groups and other partners.</i></p>	<p>Accepted.</p>	<p>Build on the Evaluation Theory of Change, and its links to the Global AIDS Structure as well as with reference to the UBRAF, in planning and monitoring processes as far as possible.</p>	Joint Programme according to the DoL	Ongoing	

5	Recommendation: Enhance the operational effectiveness of the work of the Joint Programme for and with KPs					
<i>Suggested actions</i>						
5.1	<i>Lengthen the UBRAF planning and disbursement cycle from one year to two years, with the intention of enabling more strategic planning and programming of funding.</i>	Partially accepted. The UBRAF planning cycle is already two years, but disbursements of core funds are annual, based on the level of core funds mobilized by UNAIDS Secretariat. Planning is a Joint Programme planning exercise.	Two-year disbursement is desired but depends on funding availability.	UNAIDS Secretariat	Dependent on funding and largely exceeds timeframe of Evaluation. Reduced UBRAF allocations to cosponsors is significantly affecting support for KPs.	
5.2	<i>Track the use and uptake of guidance produced by the Joint Programme for KP programming to ensure relevance and added value of Joint Programme products and outputs.</i>	Partially accepted. The principle of tracking use of guidance is accepted but should not lead to an additional stream of reporting. The use of existing tools such as NCPI and JPMS can be explored, but there is currently limited capacity to undertake tracking at scale.	<ol style="list-style-type: none"> 1. Annual NCPI reporting tracks which elements of guidance have been included in national policies and strategies. 2. GPC scorecards will synthesize on an annual basis the information on whether national prevention packages include key elements included in the guidance. 3. Explore opportunities and modalities to use virtual tools to track use and uptake. 	<ol style="list-style-type: none"> 1. UNAIDS Secretariat 2. UNFPA and UNAIDS Secretariat 3. Cosponsors according to DoL 	Cycles of annual reporting.	
5.3	<i>Enhance and increase the monitoring and learning function of the Joint Programme including through:</i> - Increasing evidence for Joint Programme results on work with different KP groups, and how these have catalysed change. - Supporting partners such as the Global Fund with more in-depth joint learning.	Partially accepted. See 4.2 and 4.3.	<ol style="list-style-type: none"> 1. Organize a global webinar and invite regional and country teams working on key populations and communicate the messages and priority recommendations/ suggested actions of the Evaluation and Management Response. 2. Convene four additional GPC KP Community of Practice sessions on key populations involving country government partners, Global Fund staff and key population communities 	Joint Programme, Global Fund, and other partners	Ongoing, although Joint Programme Performance Monitoring Reporting for 2021 at the 52nd PCB should reflect progress.	