UNAIDS
EVALUATION REPORT

EVALUATION OF THE UN JOINT PROGRAMME ON HIV VIET NAM

December 2020 | UNAIDS Evaluation Office

Disclaimer

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Cover photo: Pham Thi Hai, a woman living with HIV and peer educator in the Northern mountainous province of Thanh Hoa, Viet Nam, benefited from UNAIDS Treatment 2.0 support. October 2015. Credit: UNAIDS.

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The evaluation was commissioned by the UNAIDS Evaluation Office and was conducted as an independent external evaluation by Wayne Gill and Nguyen Thi Vinh. It was designed around three main evaluation questions: Is the Joint Programme on HIV in Viet Nam focusing on the 'right things'? Is the Joint Programme doing these things in the 'right ways'? To what extent is the Joint Programme delivering the 'right results'?

The UNAIDS Evaluation Office is grateful to the representatives of the government of Viet Nam, civil society, key population communities, Cosponsors and others who participated to the evaluation and provided valuable insights.

We acknowledge the special efforts made by the UNAIDS country office in Viet Nam to facilitate engagement of the UN HIV Thematic Group, key informant interviews and a focus group discussion to obtain the perspectives of programme beneficiaries, key population communities and other stakeholders within a very tight timeframe.

This evaluation draws on lessons learnt from the implementation of the Joint Programme on HIV for the period January 2016 to August 2020 and provides actionable recommendations to the UNAIDS Secretariat and Cosponsors for forward and strategic planning purposes. The evaluation provides a compelling rationale for further UN investments to support the national HIV response in Viet Nam and is expected to be especially useful in the context of the new Viet Nam National Strategy to End AIDS by 2030 and the new UN Sustainable Development Cooperation Framework (UNSDCF for 2022-2026).

UNAIDS Evaluation Office

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List of acronyms

ASEAN	Association of Southeast Asian Nations
ATS	Amphetamine-Type Stimulant
CCA	Common Country Analysis
CBO	Community Based Organisation
CSO	Community Society Organisation
DAC	Development Assistance Committee
FGD	Focus Group Discussion
GFATM	Global Fund to Fight AIDS, TB and Malaria
GOVN	Government of Vietnam
HIS	Health Information Systems
KI	Key Informant
KII	Key Informant Interview
KP	Key Population
MMT	Methadone Maintenance Therapy
MOH	Ministry of Health
MSM	Men who have Sex with Men
ODK	Open Data Kit
OECD/ DAC	Organisation for Economic Co-operation and Development/ Development Assistance Committee
OSP	One UN Strategic Plan
PLHIV	People Living with HIV
PWID	People Who Inject Drugs
RBM	Results Based Management
RST	Regional Support Team
SW	Sex Workers
SDGs	Sustainable Development Goals
SI	Strategic Information
TOC	Theory of Change
UBRAF	Unified Budget, Results and Accountability Framework
USAID	United States Agency for International Development
UNCT	United Nations Country Team
UNSDCF	UN Sustainable Development Cooperation Framework
VAAC	Viet Nam Authority for HIV and AIDS Control

Executive Summary

Overview

This report presents an overview of the external evaluation of the UN Joint Programme on HIV in Viet Nam, how it is set up and managed, and how its relevance, efficiency, effectiveness, and sustainability have been assessed. It provides actionable recommendations to the UNAIDS Secretariat and Cosponsors for forward and strategic planning purposes, while also sharing recommendations that will benefit the Viet Nam Authority for HIV and AIDS Control (VAAC), Ministry of Health, community organizations and other key stakeholders including the broader UN system in Viet Nam on the role and contributions of the UN system in the HIV and AIDS response. Although this evaluation focuses on the UN Joint Programme on HIV, it should be clear that the Government of Viet Nam (GOVN) is in the lead and in charge of the National HIV response, and that the UN has a supportive and guidance role only.

Evaluation approach

The OECD/DAC evaluation criteria of relevance, efficiency, effectiveness and sustainability of results were used as a reference to assess the work of the UN HIV Joint Programme. The evaluation was also guided by three overarching questions: is the UN Joint Programme on HIV in Viet Nam doing the right things, in the right way and achieving the right results? The methods to assess the performance and results of the UN Joint Programme on HIV involved a review of documents, a synthesis and analysis of data from regular performance reports in the UNAIDS Joint Programme Monitoring System, open and semi-structured interviews and a focus group discussion with key stakeholders.

Findings and conclusions

Overall, the Joint Programme on HIV is strategically positioned in terms of supporting the national HIV response. The strategies and activities of the Joint Programme for HIV are based on evidence and the needs of the country and included community consultations to ensure that actions are well prioritized. The Thematic Group on HIV as a mechanism has played an important role in the UN coordination structure by developing a standard process for joint planning and monitoring, which informs course corrections to strengthen implementation of activities and prioritization of funding on an ongoing basis.

The work to address the needs of key populations is a primary focus for the Joint Programme on HIV in Viet Nam. Of specific note is the assistance the UN HIV Thematic Group has provided in developing or amending laws, providing technical guidance, and piloting new initiatives. However, additional scale-up is required for effective and diversified HIV combination prevention approaches targeted for specific groups and locations.

The UN HIV Thematic Group has successfully advocated for decentralisation of HIV testing to community health stations as well as strengthened coordination in the health sector to improve access to HIV treatment. It has supported greater and more meaningful involvement of people living with, at risk of, and affected by HIV and other vulnerable populations and clearly contributed positively to protecting the rights of PLHIV and other affected key populations. The UN HIV Thematic Group has implemented a number of programmes related to reducing discrimination and also supported the GOVN to develop guidelines in integrating gender equality and gender-based violence in existing policies, programmes and related monitoring.

The UN HIV Thematic Group has built capacity for PLHIV and helping them to better understand the law and their rights to protect themselves against unfair treatment. The UN HIV Thematic Group has also raised awareness and contributed to capacity building at the central and provincial levels of the GOVN, less so at district and community level. It has leveraged political commitment for the national HIV response by establishing a close relationship with the Social Affairs Committee of the National Assembly and the UN voice is respected by the GOVN.

In the context of a decline in international support for the HIV response in Viet Nam, which remains highly dependent on external funding, particularly for prevention programming, the UN HIV Thematic Group has contributed to leveraging domestic resources for the HIV and AIDS response. The UN HIV Thematic Group has supported the Ministry of Health on mobilization of domestic funding to sustain HIV programming. As a result, the GOVN initiated the social health insurance plan to cover the anti-retroviral treatment programme, a clear and sizable transition from donor-reliant funding. Importantly, the new HIV strategy for 2021-2030, whose development was supported by the UN HIV Thematic Group, includes ambitious targets towards sustainable domestic investments for HIV.

Recommendations

Six central recommendations for the Joint Programme on HIV emerged from the findings of the evaluation:

1. strengthen the national capacity for strategic information, 2. maximise sustainable combination prevention, 3. guide and monitor the expansion of innovative approaches to address challenges related to treatment implementation, 4. advocate for and guide strategies and interventions to address gender based rights, 5. invest in reducing the remaining barriers to services by addressing human rights for key populations and, 6. continue to focus on addressing the financing gap for and strengthening the sustainability of the National HIV programme.

Introduction

By the end of 2020, Viet Nam will have finished the ten-year "National Strategy on HIV/AIDS Prevention and Control till 2020 with a vision to 2030" (official direct translation). The UN Joint Programme on HIV contributed to this strategy through the UN HIV Thematic Group[1] that is composed of eight UN entities: UNDP, UNESCO, UNFPA, UNICEF, UNODC, UN WOMEN, WHO and UNAIDS Secretariat. With the strategy coming to an end, the new National Strategy to End AIDS by 2030, was approved in August 2020 (2021-2030). It was thus deemed important to evaluate the work of the UN Joint Programme over the last five years (2016-2020), with a view to optimize UN support to the new national strategy's aim of ending AIDS as a public health threat in Viet Nam by 2030.

This evaluation was also designed to inform the broader evaluation of the implementation of the One UN Strategic Plan 2017-2021 for Viet Nam (OSP – equivalent to an UNDAF [UN Development Assistance Framework]) implemented by 15 UN agencies, funds and programmes including UNAIDS. The OSP evaluation aims to 1) support greater learning about what works, what does not and why in delivery of the OSP's outcomes to inform planning for the future UN programming cycle, further strengthen UN programming and results for Viet Nam and improving UN coordination at the country level; and 2) support greater accountability of the UN Country Team (UNCT) and Government of Vietnam (GOVN) to OSP stakeholders. The UN is also developing its updated Common Country Analysis (CCA) that will inform its new UN Sustainable Development Cooperation Framework (UNSDCF for 2022-2026). This evaluation will also inform the development of the new UNAIDS Viet Nam planning cycle beyond 2021.

This report presents the key findings of the evaluation undertaken between September and November 2020 with the aim to:

- Document and analyse the achievements, challenges and lessons learned by the Joint Programme on HIV in supporting the country to achieve its national objectives, reach the goals and targets in the 2016 UN General Assembly Political Declaration on HIV and AIDS as well as UNAIDS 2016-2021 Strategy.
- Assess the role and contribution of UNAIDS Secretariat and the Cosponsors (the UN HIV Thematic Group) in the context of the One Strategic Plan 2017-2021 (OSP)[2] in Viet Nam.
- Provide actionable recommendations to the UNAIDS Secretariat and Cosponsors for forward and strategic planning purposes.
- Provide recommendations that will benefit the VAAC, Ministry of Health, Community organisations and other key stakeholders on the role and contributions of the UN system in the HIV response in Viet Nam.

The evaluation draws on lessons learnt from the implementation of the Joint Programme on HIV for the period January 2016 to August 2020[3], to provide a compelling rationale for further UN investment to support the national HIV response under the new UN Sustainable Development Cooperation Framework (UNSDCF).

[1] Equivalent to a UN Joint Team on HIV/AIDS.

[2] Equivalent to an UNDAF [UN Development Assistance Framework]) implemented by 15 UN agencies, funds and programmes including UNAIDS.

[3] This period is in line with UNAIDS 2016-2021 Strategy and Unified Budget, Results and Accountability Framework (UBRAF) and UN OSP (2017-2021).

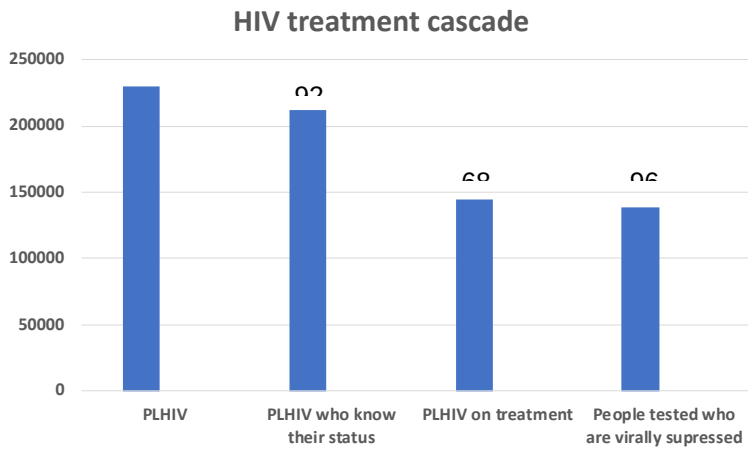
Context of the HIV response in the country

The national HIV prevalence in Viet Nam is 0.3% of the general population, with an estimated 230,000 people living with HIV (PLHIV) (UNAIDS 2019c). The epidemic in Viet Nam remains concentrated among three key populations: men who have sex with men (MSM) at 12.2% prevalence, people who inject drugs (PWID) at 14% prevalence, and female sex workers (FSWs) at 3.6% prevalence (UNAIDS 2019c). However, of emerging concern is the Transgender community with a HIV prevalence of 16.5% in 2018 in Ho Chi Minh City (Vi et al. 2020).

Since 2010 HIV new infections have declined by 65%. The 2019 targets and achievements indicate that new infections through blood transmission (i.e. needle sharing) have reduced by 57% compared to 2015 levels and new infections through sexual transmission have reduced by 34.7% compared to the 2015 level (UNAIDS 2020b).

Viet Nam's political commitment to the 90–90–90 targets and progress towards ending AIDS as a public health threat remains strong as can be seen by the recent approval of the national strategy to end AIDS by 2030. An estimated 212 000 or 92% of people living with HIV know their HIV status, almost 145 000 of whom were reported to be on ART at the end of 2019 – a 36% increase since 2015 (UNAIDS 2020b). Out of the 145 000 or 68% of people on ART – 138,160 were virally suppressed, representing 96% (Circular C03 2020). HIV treatment is available in all 63 provinces and Viet Nam is one of the top countries in the world reaching the third 90. However, in terms of MSM, an estimated 65% know their status and 23% of MSM living with HIV reported receiving ART in the past 12 months in 2018. (UNAIDS 2020b).

Figure 1. National HIV Cascade of Care Viet Nam 2019.



Source:

PLHIV – (UNAIDS epidemiological estimates)

PLHIV who know their status – (VN Case reporting system)
PLHIV on antiretroviral treatment – (C03)
PLHIV on ART who have suppressed viral load – (extrapolated from GAM)

More options for HIV testing are available, including self-testing, community-based testing, and partner notification, as per updated HIV counselling and testing guidelines that were informed by successful pilots among key populations. The new national HIV testing guidelines are used in all provinces, including the "Treat All" policy, differentiated care, routine viral load monitoring and re-exposure prophylaxis (PrEP), following UN-supported training of trainers on community-based testing in 11 provinces. Since PrEP was first initiated in 2017 including a UN-supported demonstration pilot, more than 7,000 people have enrolled, with 3,946 newly enrolled in fiscal year 2019 (WHO 2020).

The Elimination of Mother-to Child-Transmission (eMTCT) of HIV, Hepatitis B and Syphilis reached 81% at the end of 2018 and relates directly to OSP outcome 1.2 (UNAIDS 2020b). The National Plan for Triple eMTCT of HIV, Hepatitis B and Syphilis was adopted by the Ministry of Health in 2018 and has been implemented following training of almost 100 reproductive health workers and health managers in 54 provinces, the implementation of an approved standard operating procedure and 13 adopted provincial action plans (UNAIDS 2020b).

Viet Nam's methadone maintenance therapy (MMT) treatment programme initiated in 2008 currently has over 52,000 people who inject drugs on MMT representing a 19.3% increase since 2015 (51,773 on Methadone and 600 people on Buprenorphine in 7 provinces) (Circular C03 2020). The programme has highlighted its impact in reducing HIV among people who inject drugs, as well as broader health and social benefits. Preparation for piloting take-home MMT, increased MMT decentralization to district level, and updated opioid substitution therapy guidelines are underway (UNAIDS 2020b).

The rapid ascendance of amphetamine-type stimulant (ATS) especially among PWID, young FSWs, MSMs and young people is of concern and requires advocacy for interventions to address HIV among ATS users along with capacities to address the growing ATS use (Giang et al. 2013). New national guidelines on the treatment of amphetamine-type substance use were developed, aligned with international guidance on community-based treatment, care and support for people who use drugs (UNAIDS 2020b). Also, new national guidelines on harm reduction and HIV interventions among people who use amphetamine-type substance were developed and approved. Additionally, two national guidelines on HIV and health intervention packages for MSM and for transgender women respectively were developed and approved for national roll-out.

While the legal framework related to HIV, sex work and drug use is quite comprehensive, it is complex, in some areas conflicting and not always in line with/updated with international guidance and pose some challenges for the national HIV response especially punitive approaches for the handling of drug use. Amendment of the Law on HIV prevention and control is, at time of this report's writing (December 2020), being discussed by the National Assembly and expected to be approved shortly with increased incorporation of the protection of human rights of PLHIV and key populations informed by UN recommendations and supported dialogues with National Assembly members and experts. Other relevant laws currently under amendment are the Law on Drug Prevention and Control and the Law on the Handling of Administrative Violations. International guidance and good practices on harm reduction and drug use disorder treatment to inform the amendment of these Laws were widely shared and advocated for and international guidance for a human-rights informed legal framework to sex work was also shared with 23 provinces in anticipation of a future revision of the Ordinance on Sex Work.

Stigma and discrimination are consistently reported by key populations as a remaining challenge but there is no recent comprehensive data to monitor this. The Ministry of Health issued a Directive, informed by a UN supported pilot, to address stigma and discrimination in all health facilities but while high-burden provinces have some interventions to reduce stigma and discrimination in health-care settings, implementation is uneven and often depends on external funding. In addition to these efforts in healthcare settings, there has been public information and campaigning including Zero Discrimination Day and the National Action Month on AIDS leading to World AIDS Day, as well as through public and community engagement events.

A guideline on comprehensive sexuality education including HIV prevention, was successfully adapted for the Viet Nam context and approved by the Ministry of Education and Training for integration in school curricula at pre-school to upper secondary levels (UNAIDS 2020b). In addition, an assessment of the gender responsiveness of the national HIV response was developed, and national guidelines on HIV interventions among transgender people were developed.

By end-2019, 90% of PLHIV on ARV treatment are enrolled in the Social Health Insurance programme. Also, domestic funds account for more than 48% of National AIDS spending (UNAIDS 2020b). However, prevention remains almost fully dependent on external resources except for MMT.

Although Viet Nam has already achieved significant progress with its national HIV response, which can be considered quite advanced, the UN is increasingly focused on 'leaving no one behind' such as people at high risk or people living with HIV and not yet accessing services.

The UN system and the UN Joint Programme on HIV

The One Strategic Plan (OSP), the third generation Delivering as One (DaO) UN Development Assistance Framework (UNDAF), which guides cooperation between the GOVN and the United Nations was signed in July 2017 for the period 2017-2021. The OSP represents the programmatic and operational framework for delivering UN support to the GOVN and Vietnamese people and establishes how the UN will Deliver as One in support for the implementation of the SDGs and national development priorities.

With the participation of 15 resident agencies, including FAO, ILO, IOM, IFAD, UNAIDS, UNDP, UNESCO, UNFPA, UN-Habitat, UNICEF, UNIDO, UNODC, UNV, UN Women and WHO and 4 non-resident agencies, including ITC, IAEA, UNCTAD and UNEP, the OSP 2017-2021 is built on the three principles of inclusion, equity and sustainability, and is well aligned with Viet Nam's Socio- Economic Development Strategy (SEDS) 2011-2020, its Socio- Economic Development Plan (SEDP) 2016-2020, the SDGs, as well as Viet Nam's international human rights commitments.

The OSP has four focus areas, shaped by the five central themes of Agenda 2030 (People, Planet, Prosperity, Peace, and Partnership), with nine related outcomes and direct contributions to the 17 SDGs, and highlighting the UN role in policy advocacy and advice to Viet Nam. The OSP is supported by a Common Budgetary Framework (CBF) with an overall estimated budget of approximately USD 423 million, also including a detailed common results matrix with measurable outcome indicators, targets and means of verification.

UN-supported programmes and projects within the OSP framework have been designed and are being implemented by national implementing partners and participating UN agencies in line with the GOVN's regulations on management and utilization of ODA and concessional loans. The GOVN and the UN continually work on joint efforts to identify and mobilize additional non-core funding sources for the implementation of the OSP. As part of the UN reform, which the UN in Viet Nam is considered to be at the forefront of as a part of the One UN pilot, expectations were that an increasing number of UN Joint Programmes would be designed to implement the OSP.

The United Nations' support to the national HIV response is coordinated by the UN HIV Thematic Group. In Viet Nam, the Team is made up of UN personnel working on HIV from each participating UN organization: UNDP, UNESCO, UNFPA, UNICEF, UN Women, UNODC, WHO and UNAIDS Secretariat as per the agreed Division of Labour (see annex 3). The UNAIDS Secretariat (Country Director) convenes, chairs, and facilitates the UN Thematic Group on HIV.

Deliverables of the UN Joint Programme on HIV (2020-2021)

The following presents a description of the major deliverables planned jointly for 2020-2021 by UNAIDS Secretariat and the Cosponsors. All UN planning is informed by national priorities, a UN joint analysis of gaps and challenges, game changers and the UN comparative advantages, endorsed by the UN HIV Thematic Group, followed by a UN Regional Team on AIDS quality assurance review and then approval by the UN Country Team in Viet Nam. For more details, please see the Viet Nam 2020-2021 Joint Team Plan.

Table 1. Joint Programme on HIV deliverables 2020-2021

Priority area	Deliverables
1. HIV prevention among key populations	1.1. Access to OST: Access to and uptake of Opioid Substitution Therapy services increased among PWID through diversification of treatment methods and service delivery options, 1.2. HIV interventions among ATS users: Technical guidelines and policies developed to guide HIV interventions among ATS users, 1.3. Sustainable combination prevention: Sustainable combination prevention tailored for key populations (MSM/TG/FSW) with innovative approaches and guidance informed by granular analysis, 1.4. HIV prevention among young people: Improved HIV knowledge among young people through introduction of comprehensive sexuality education in schools that include HIV risk and prevention contents.
2. HIV testing, care and treatment	2.1. Testing scale-up through innovative approaches: HIV testing coverage improved among key populations through rolling out and monitoring the implementation of national guidelines on community-based testing, self-testing and partner notification to accelerate diverse options of HIV testing and partner notification to reach undiagnosed key populations, 2.2. ART scale-up including new ARVs and PrEP: Access to ART improved through rolling out of national guidelines for HIV/AIDS care and treatment (including new ARVs, differentiated service delivery, PrEP, routine viral load testing, and service quality monitoring), 2.3. Triple disease eMTCT action plan implementation: Effective implementation of the national action plan to eliminate mother-to-child transmission (MTCT) of HIV, Syphilis and HBV in newborn by 2030 including achievement of phase 1 targets by end of 2020, 2.4. Improved access to HIV services in prison setting: Access to HIV counseling, rapid testing, care and treatment in prisons improved through UN technical guidance and capacity building support.
3. Human rights, stigma and discrimination, gender equality in the HIV context	3.1. Normative guidance for law making process: International standards and good practices on human rights incorporated in the amendment processes of the Law on HIV/AIDS Prevention and Control, the Law on Drugs Prevention and Control and other related laws and policies, 3.2. Stigma and discrimination reduction: Up-to-date evidence on stigma, discrimination and violence against key HIV affected people generated to inform policy advocacy and programming (e.g. Stigma Index), 3.3. Community engagement: Stronger engagement of key HIV affected people in the HIV response including in programme design, implementation and monitoring enabled through community capacity enhancement.
4. Sustainability of the national response to HIV	4.1. Social health insurance for treatment: Effective national roll-out of social health insurance for HIV treatment including through technical support for monitoring and informed advocacy, 4.2. Sustainable financing of prevention: Sustainable financing of HIV prevention ensured including through exploration of social contracting of HIV services, 4.3. Investment optimization: Optimized investment including through coordination of development partners, support for PEPFAR COP and GFATM new funding request development, 4.4. New National HIV Strategy 2021-2030: National Strategy for HIV Prevention and Control period 2020-2030 developed that embraces innovations and ending AIDS by 2030.

Stakeholder mapping

The nature, relationship and inter-connectedness of HIV underscores the importance of engagement and coordination of many different stakeholders. The evaluation consultants conducted an initial stakeholder analysis as a preparatory step for consultations with key stakeholders prior to the data collection phase. The overview of stakeholders and their roles in the programme is shown in Table 2 overleaf.

Table 2. Stakeholder map

WHO?		WHAT?	WHY?
Stakeholders, disaggregated as appropriate		Direct contribution to the implementation of the Joint Programme on HIV	Purpose of involvement in this evaluation
UNAIDS Secretariat and resident Cosponsor agencies	UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UNODC, UN WOMEN and WHO	Direct implementers of the Joint Programme on HIV	To assess the contribution to the UN Joint Programme to the national HIV programme in terms of relevance, efficiency, effectiveness, and sustainability.
Regional	UNAIDS, UNODC and OHCHR	Providing support and guidance on the implementation of the Joint Programme on HIV	
National Assembly	HIV related committees	Oversight of the development of legal documents advocated by the interventions	
GOVN ministries and agencies	Line ministries	National partners of UN agencies in the implementation of the Joint Programme on HIV	
Development partners	Development partners, sponsors	Contributing to joint-programmes, joint advocacy; co-financing, funding for the interventions of the Joint Programme on HIV	
CBOs, NGOs and representatives of key populations	Organizations of Viet Nam; CBOs, NGOs and key population reps	National partners in the Joint Programme on HIV interventions; community mobilization; counterpart contribution to interventions	To assess the contribution to the UN Joint Programme to the national HIV programme and especially communities in terms of relevance, efficiency, effectiveness, and sustainability.
Research institutes and academy		National partners in the Joint Programme on HIV interventions; providing research and advocacy work	To assess the contribution to the UN Joint Programme to the national HIV programme in terms of relevance, efficiency, effectiveness, and sustainability.

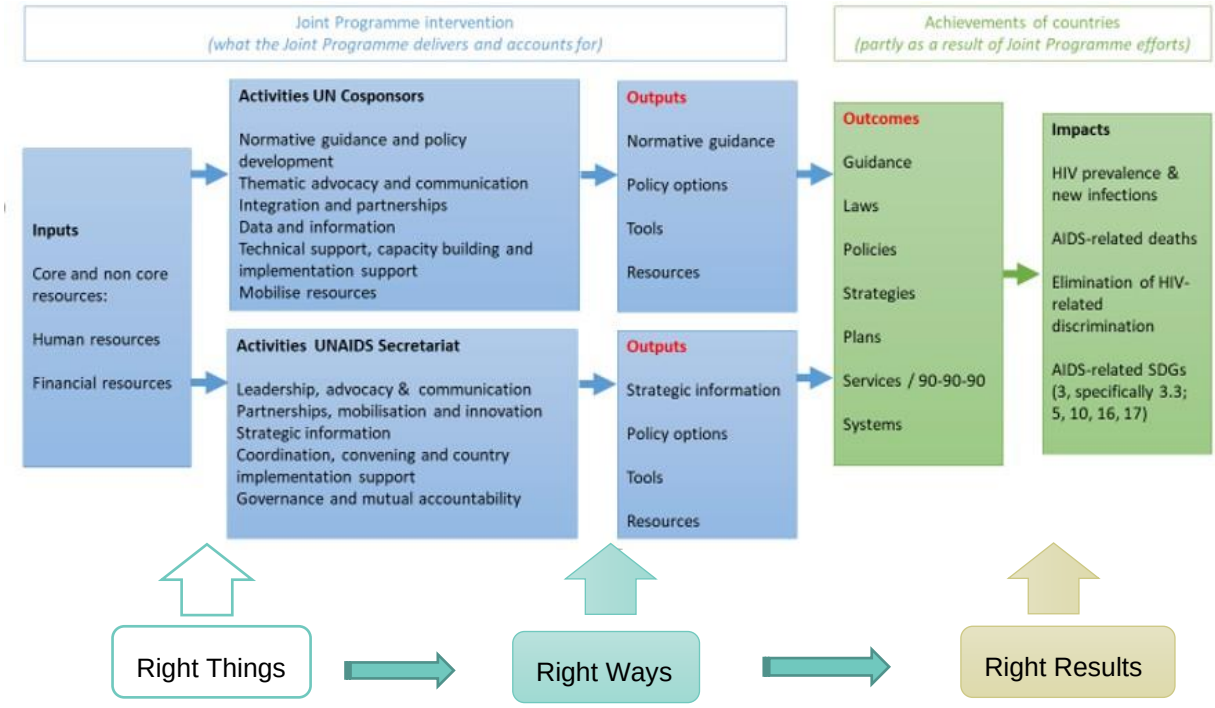
Evaluation methods

Evaluation scope and design

The evaluation of the work of the UN Joint Programme on HIV in Viet Nam was designed to document and analyse achievements, challenges and lessons learned by the Joint Programme in supporting the country to achieve its national objectives, reach the goals and targets in the 2016 UN General Assembly Political Declaration on HIV and AIDS. More specifically, the evaluation assessed the role and contribution of UNAIDS Secretariat, the Cosponsors, and the UN HIV Thematic Group in Viet Nam.

The figure below illustrates a reconstructed Theory of Change (TOC) of how UNAIDS Secretariat and Cosponsors have contributed to the achievement of UN OSP outcomes as well as the targets and commitments in the 2016 UN General Assembly Political Declaration on HIV and AIDS. It also provides a visual for UNAIDS overall vision of zero new infections, zero discrimination and zero AIDS-related deaths.

Figure 2. Theory of Change



The evaluation considers the role and contributions of UNAIDS Secretariat (including its specific functions) and Cosponsors, their comparative advantages in support of the Viet Nam's HIV response through the UN Joint Programme on HIV in the achievement of OSP outputs and outcomes considering UNAIDS Division of Labour.

The OECD/DAC evaluation criteria – relevance, efficiency, effectiveness, and sustainability of results – are used as a reference to assess the work of the UN Joint Programme on HIV. The evaluation is also guided by three overarching questions: is the UN Joint Programme on HIV in Viet Nam doing the right things, in the right way and achieving the right results? A set of evaluation questions to assess the performance and achievements of the UN Joint Programme on HIV in Viet Nam can be found in annex 2.

The methods to assess the performance and results of the UN Joint Programme on HIV involved a review of documents, a synthesis and analysis of data from regular performance reports in the UNAIDS Joint Programme Monitoring System (JPMS), open and semi-structured interviews and a focus group discussion with key stakeholders.

Key informant interviews and the focus group discussion were conducted remotely with various regional, national and some sub-national stakeholders including: UNAIDS Secretariat and Cosponsors, development partners, GOVN entities and community organizations among other stakeholder groups. Here, key informant interviews were utilized to understand the relevance, efficiency, effectiveness, and sustainability of the work

of the UN Joint Programme on HIV as well as lessons learnt along the way. Mixed techniques were used including a grey literature/ desk review of programme documents. Qualitative information was collected through face to face and virtual interviews being the predominant qualitative data collection technique.

The following details the approach and quality assurance in the execution of the assignment, within the constraints imposed by the availability and quality of data. Given the short timeframe allocated for this evaluation (25 working days) the rapid appraisal (RA) methodology was adopted by the two external consultants. RA is “an approach that draws on multiple evaluation methods and techniques to quickly, yet systematically, collect data when time in the field is limited” (Gilbeaux, 2012). Among the methods identified as the core of RA methodology are key informant interviews, focus group discussions and document review, that were used here. All interviews were conducted following UNEG and UNAIDS ethical principles including informed consent and anonymity.

- **Document review**. This component of the evaluation entailed an analytical review of available planning, operational, monitoring and evaluation (M&E), and other documents which included: strategic information documents and products, data synthesis and analysis of data from regular performance reports in the UNAIDS Joint Programme Monitoring System (JPMS), programme plans and budgets. The purpose of this review was to obtain a deeper understanding of the UNAIDS programme landscape at the national and some sub-national levels.
- **Key informant interviews.** Key informants can be described as people who have in-depth knowledge and understanding, and can provide insight, about the operations of the broader system (UCLA Center for Health Policy Research 2016). Using a combination of face-to-face consultations, Skype, Teams, and, telephonic (mobile phones, Zalo, and WhatsApp) interviews, a total of 33 key informant interviews (KIIs) were conducted with regional, national and some sub-national stakeholders representing UNAIDS, UN agencies, development partners/donors, GOVN entities, civil society, representatives of PLHIV network, and academia.
- **Focus group discussions (FGDs).** FGDs are used to explore locally held views and opinions towards a topic of interest. In this evaluation, one FGD was used to generate insights on the impact of the UN Joint Programme on the HIV and AIDS response. The discussion was also used to highlight areas that would need further improvement to increase the Joint Programme on HIV’s efficiency and effectiveness. The FGD was conducted with stakeholders from community organizations representing key populations and comprised of 7 participants. Participants were selected based on Key Population and community organizations status.

Direct assessment of performance to inform the OSP in terms of effectiveness will to a great extent rely on the indicators provided in the OSP results matrix along with the suggested data sources. In most cases, the available information within this evaluation is not singularly able to inform the OSP, but form part of the broader UN contribution towards the three OSP outcomes: 1.1 Poverty and Vulnerability Reduction; 1.2 Equity in Health; and 4.2 Human rights protection.

Summary of evaluation criteria and questions

Taking into consideration the HIV Joint Programme's Theory of Change and the OECD/DAC evaluation criteria, the evaluation focused on the following aspects of the UN HIV Joint Programme:

Table 3. Evaluation focus

Right Things: Is the UN Joint Programme on HIV covering the 'right things'?	Relevance assesses the extent to which HIV and the objectives of the Joint Programme on HIV in Viet Nam are consistent with beneficiaries' requirements, country needs, global priorities: Is the UN Joint Programme on HIV covering the 'right things'?
Right Ways: Is the Joint Programme doing these things in the 'right ways'?	Efficiency measures the outputs - qualitative and quantitative - in relation to the inputs. In this evaluation, the assessment is limited to whether efficient processes have been adopted in delivery, coordination and the level of partners' participation: Is the Joint Programme doing these things in the 'right ways'?
Right Results: To what extent is the Joint Programme delivering the 'right results'?	Effectiveness is the extent to which the Joint Programme on HIV intended objectives were achieved (UN HIV Programme for the period from January 2016 to August 2020 in line with UNAIDS 2016-2021 Strategy and Unified Budget, Results and Accountability Framework (UBRAF) and UN OSP (2017-2021). Effectiveness assesses the change at an output/outcome level and assesses the contribution of the programme towards the identified outcomes that are considered within the programme's sphere of influence. What the Joint Programme on HIV has achieved in Viet Nam and how was this key towards contributing to the HIV response and concrete results for people: To what extent is the Joint Programme delivering the 'right results'?
	Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after partner funding has been withdrawn. The evaluation looked at the efforts towards promoting ownership in the processes vital for continued performance of the programme.

The specific questions asked under each evaluation criteria are presented in annex 2.

The evaluation approach was summative and utilized a phased method. Given that the outcomes are set at a very high level and have been contributed to by multiple stakeholders it was not possible to establish the attribution of interventions. The overall approach was participatory.

Findings

This section provides findings from the evaluation. Findings are summarised by evaluation questions and a "strength of evidence" rating is assigned as can be seen in table 4, which addresses the quality, reliability and validity of data sources. Also, in the same table the findings are assessed according to a traffic light system from green relating to positive findings to yellow, which represents moderately positive findings to red meaning that there were issues and challenges. In addition, the text below each table provides more detailed supporting evidence and discussion.

Table 4. Strength of evidence

Strength of Evidence	**Type of findings**
High – (evidence comprises multiple data sources for good triangulation, which are generally of decent quality)	**Largely positive**
Medium – (evidence comprises of multiple data sources of lesser quality or by fewer data sources but are more perception-based than factual)	**Moderately positive** (significant issues raised)
Low – (evidence comprises few data sources providing limited triangulation and is perception-based only)	**Not positive**

1. Right Things (Relevance)

As a first area of focus, the evaluation assessed how relevant the Joint UN Programme on HIV is for the country's need and priority of "continuous and focused attention to HIV" as outlined in its One Strategic Plan (2017-2021), to adhere to international commitments such as the Agenda 2030 for sustainable development, particularly to leave no one behind, human rights, and gender equity principles. A summary of the findings against the evaluation questions and the strength of the evidence is presented in table 5 below:

Table 5. Relevance results

Findings	Strength of Evidence	Type
1.1. Overall, the Joint Programme on HIV is strategically positioned enabling HIV prevention, treatment, and care efforts both politically and technically.	High	Largely positive
1.2. Activities are based on the needs of the country and planning includes community consultations and needs assessments to ensure a well prioritized response.	Medium	Largely positive
1.3. Evidence based international guidelines and standards have been provided along with national strategic evidence. Notwithstanding, some challenges remain.	Medium	Moderately positive
1.4. UNAIDS Secretariat spearheaded efforts to quickly support capacity building ensuring availability of HIV services for people in need during the COVID pandemic.	High	Largely positive

Findings for question 1.1: How strategically positioned is the UN Joint Programme on HIV in terms of the national response?

As a result of UN advocacy and guidance through the UN HIV Thematic Group led by UNAIDS, Viet Nam retained strong political commitment to the 90-90-90 Goals, and registered progress towards both ending AIDS as a public health threat and ensuring inclusive and quality services in an enabling environment for people living with and most affected by HIV (United Nations 2019).

The UN Joint Programme on HIV has played and continues to play a strategic role supporting Viet Nam in adopting international norms and guidelines such as the policy and technical support provided for the advocacy for and amendment of the Law on HIV. This according to the NA Social Affairs Committee stating that:

> *"international standards and good practices that are based on evidence, shared by the UN, are extremely useful for their reference in considering proposed amendments" (United Nations 2019).*

Also, the UN HIV Thematic Group provides both human and financial resources, leveraging additional investment from Cosponsors for providing support to the national HIV response. The UN HIV Thematic Group plays a role on advocacy at the political level and also co-ordination with other development partners in providing support to the national response such as inputs into the development of the new National HIV strategy for 2021-2030 (United Nations 2019).

Of the key informants, 97% agreed that the UN Joint Programme on HIV is strategically positioned in terms of the national response. Overall, the consensus among key informants is that the UN Joint Programme on HIV continues to strategically position HIV prevention, care, and support politically and technically. The UN is seen as being supportive in three main areas: (i) provision of policy advice and advocacy to senior GOVN officials and ministries as well as to the National Assembly, (ii) provision of technical assistance to the GOVN, local organizations and community organisations to improve their capacity and strategy development, and (iii) contribution to financial and human resource mobilisation and coordination to implement HIV programmes. A differing perspective is that, with the HIV and AIDS peak somehow over, it is no longer necessary for HIV to have the same prominence as it once did in the country. As one key informant from a local CSO suggested:

> *"UNAIDS played a very important role in the 90s when the epidemic broke out, but now their historical role is no longer needed". Implying that the role of UNAIDS in the 90s has moved towards a more integrated approach by way of the Joint Programme on HIV and nested within the broader more integrated OSP" (KI, CSO).*

Working under the coordination role of UNAIDS, the 8 UN agencies currently working on HIV and AIDS programmes are widely lauded for by most stakeholders, *inter alia*, enhancing political will in the HIV response as reflected in various policy and/or legislative amendments. These include issues such as HIV testing, provision of PrEP, sex work, stigma and discrimination, gender equality, and the rights of LGBTQ persons. A recurring acknowledgement was the Joint Programme's work with local communities and among key populations. In addition to policy and technical assistance, a senior GOVN official argued:

> *"Although the [UN's] financial contribution is limited (…) Their limited resources can do critical work and generate great achievements efficiently. For example, when they guide in developing a policy, it will not end after a policy is issued. The effectiveness of policy will be spread and support implementing many other things. Thus, that financial support is very precious. The UN also assists us in mobilizing other resources from major donors such as PEPFAR and GFATM. They are also very active in helping us to develop and review proposals. They help us in leveraging domestic resources, particularly the sustainable financial plan for HIV and AIDS prevention and control, the expansion of health insurance to HIV service, the mobilization of financial resources from the central and local GOVN, and the mobilization of community engagement and CBO's participation. Finally, they help us in the coordination and strengthening the efficiency of resources, not only the resources from the UN but also other resources" (KI, GOVN).*

> *"Also articulated was the "emotional/spirit support" from the UN. (…) their (UN) presence makes us more confident and feel supported. We organize an annual conference at the end of year with international organizations to express our sincere thanks to them. The HIV work would be more challenging if there was no support from UN agencies. I hope UN agencies pay more attention on HIV work in the next 10 years. With the current resources from the UN, the GOVN, and other organizations, I hope that AIDS will end according to UN's recommendations" (KI, GOVN).*

However, when asked about UN Joint Programme on HIV, non-UN key informants mostly mention the roles of three UN organisations, namely UNAIDS, UNODC, and WHO rather than one UN Joint Programme on HIV. The presence of the HIV UN Joint Programme and UN HIV Thematic Group is not very visible for some non-UN key informants as they know about HIV activities done by single UN agencies only.

Findings for question 1.2: To what extent has the Joint Programme on HIV prioritized activities based on the needs in the country (demand side) and the availability of other resources (complementarity)?

The needs of the most vulnerable or key populations have been guiding principles of the UN Joint Programme on HIV since its establishment and universally appreciated in key informant interviews with Cosponsors, the Secretariat, donors, and communities themselves. These key populations include: men who have sex with men, transgender people, sex workers, people who use drugs, prisoners and migrants, but also people living with HIV, women and young people specifically as central to the epidemic and the response at all levels. The UN Thematic Group planning relies on a community consultation process which is complemented by needs assessments based on the latest quality strategic evidence generated (UNAIDS 2019a).

Of the key informants, 62% agreed that the activities of the Joint Programme are based on the needs of the country at both community and national levels. The remaining key informants were unsure or did not know because of limited knowledge. As one UN KI said,

> *"No activity can be implemented without the actual needs and agreement and support from our target group and partners" (KI, UN).*

It emerged, however, that the effective tackling of needs is often hampered by financial constraints; comments to the effect that "the UN has no money" were made by several key informants. To this end, the informants asserted, the UN often prioritises what it deems to be a burning topic or an area that can be most influenced with its available funds or with resources from other programmes such as PEPFAR, GFATM and other donors. As a result, the country and UN's priorities can sometimes differ:

> *"It is impossible to say that the UN supports all the plans from the Viet Nam side. There are things that the Viet Nam government think as important, but the UN may prioritise other things. However, [what is important is that] Viet Nam's priorities are all discussed. Thus, I do think the UN responds to the needs of the Vietnamese government and its programmes" (KI, Academia and researcher).*

> *"Needs are based on two sources - the first is the community need. For example, we identify the needs of the community and send to the UN. The UN will build programmes and call for resources to support those programmes. The second is to line up with the identified goals such as national goals. They follow those goals. When they are based on those identified goals, they will implement programmes that meet the community needs and integrate those goals into the implementation to be effective and useful" (KI, PLHIV).*

It further emerged that with limited financial resources for implementing interventions, the UN in Viet Nam tends to focus on technical assistance and support as well as its coordination role. This was widely lauded for adequately complementing the resources of other programmes such as PEPFAR and the GFATM. For example:

> *"…I think this makes sense. While other organizations with a lot of resources conduct many interventions, there is a need to have an organisation to connect and coordinate activities from different organisations rather than having more interventions that may create overlaps" (KI, HCMC AIDS Association).*

Findings for question 1.3: Are the strategies and actions of the Joint Programme on HIV largely evidence based?

Strategies and actions of the Joint Programme on HIV are largely evidence based on epidemiological and other sources. This includes: national and first-level subnational estimates and projections like the AEM estimates and the HSS+ reports, GAM reporting including mid-year reporting on treatment coverage, VAAC and UNAIDS population size estimates of key populations at risk of HIV, and AIDS epidemic modeling and investment case scenarios toward ending AIDS. Dialogues facilitated by the UN with the transgender community, organizations working with the community and development partners, help shape the methodological plan for generating evidence on the transgender community. A technical guideline for training of provinces on MSM population size estimation was also produced with UN technical support and convening of relevant partners for its review and endorsement (UNAIDS 2019a).

This evidence base contributes to the UN Joint Programme on HIV's response being widely considered extremely relevant. Indeed, virtually all the UN programmes are evidence-based according to 66% of the key informants. 17% disagreed while the remaining 17% were unsure. One key informant asserts:

> *"They [UN] have data about the inputs and they conduct evaluations to have data about the outcomes, then they compare inputs and outcomes. They may have pilots after which lessons learned are provided. They then shared the model with an expectation of scaling up the model. The UN's programmes are often designed that way. Since their resources are not much, they*

must prove that they use the resources effectively. Although their programmes are small, these are methodical/follow standard procedure" (KI, HCMC AIDS Association).

A key informant from a UN agency stated the importance of evidence and considered evidence-based as a "standard approach":

> *"Now in Viet Nam, if we do not have evidence, it will be difficult for the GOVN to accept the new approach and innovative ideas. We must have the evidence. It is a standard approach for the policy advocacy" (KI, UN).*

The following are also noteworthy quotes:

> *"Although in providing certain guidelines and standards the UN draw on guidance from their Headquarters or regional office, they typically consider the national context and evidence: the dimensions of the HIV epidemic in Viet Nam, the key populations profile, the current health systems and its ability to adapt the services delivery" (KI, CSO).*

> *"The UN in Viet Nam also works with the regional office to access evidence and good practice examples from the region" (KI, CSO).*

> *"The UN in Viet Nam also works closely with community organisations and communities, which facilitates access to strategic evidence and/or information from the grass roots level, the community level. For example, community organizations often assist in reaching those who are hard to reach while the results of pilot projects in communities are typically used to decide on whether to scale up models" (KI, CSO).*

> *"There is constant exchange of information and evidence among UN agencies and implementing partners through national and policy dialogues and other discussions on Viet Nam's strategy, plans, results, and plausible solutions" (KI, Country coordinating mechanism).*

> *"The UN in collaboration with GOVN ministries such as the MOH also regularly commission surveys or research studies before proposing interventions. Consequently, there are many scientific reports and studies on HIV which the Joint Programme has drawn on to make their approaches relevant and timely" (KI, Country coordinating mechanism).*

Notwithstanding the foregoing, a number of challenges exist in terms of specific data availability. For example, without necessarily questioning whether the UN prioritization is evidence based, a key informant shared:

> *… "some of the more technical parts of the work is to address the epidemic among MSM population. This is the emerging epidemic. However, for MSM and in general more granular data is needed. We are actually getting less data disaggregation like gender, age etc. We do not know how many people on treatment are categorized by males/ females and by age. That is a huge challenge…some areas are so void of data that no evidence actually exists... treatment is well covered but in prevention there are significant gaps in evidence and analysis" (KI, UN).*

In line with the above, the granularity of evidence appears to be declining in prevention, stigma, testing and treatment. Strategic information for some emerging areas such as ATS use has expanded over recent years, however, remains insufficient. It also emerged that a UN priority has been to support better generation of strategic information or evidence in recognition of a gap in this important aspect of the national response.

Findings for question 1.4: How responsive and strategic was the Joint Programme on HIV to support the national HIV response to 1) adapt to the new context of and 2) mitigate the impact of COVID-19?

As the world scaled up public health responses to the COVID-19 pandemic, countries were urged to take decisive action to control the epidemic and provide necessary services and diagnostics to the people who needed them. Countries were being requested to take a comprehensive approach tailored to their circumstances and to ensure that the response was grounded firmly in human rights (UNAIDS 2020a). Among all key informants 96% agreed that the response from the UN HIV Thematic Group was positive. For example, a key informant from a UN Cosponsor agency explained their response to COVID-19 as follows:

> *"When COVID-19 hit Viet Nam, the UN HIV Thematic Group met. We discussed the major problems that PLHIV in Viet Nam were facing. We drew on informal information received from the national HIV programme and the PLHIV and key populations communities to propose a list of activities that the UN HIV Thematic Group can carry out and what we need funding for. With UNAIDS as coordinator, we applied jointly through UNICEF for the UN MPTF [the multi-partner trust fund for COVID-19 response and recovery] funding to respond to Covid-19. With that kind of funding, we expanded our activities. We, for example, organised capacity building for prison*

management and protocols to prevent COVID-19 particularly for PLHIV in prison and to ensure availability of HIV services for people in need during COVID-19 pandemic. We took special note of the needs of vulnerable groups in prison like pregnant women or PLHIV. We shared information with other programmes" (KI, UN Cosponsor).

The key informant reposted that even before the UN MPTF funding, with their limited resources, a number of initiatives to mitigate the impact of COVID-19 were implemented. These initiatives included collaborating with the Ministry of Health, Ministry of Public Security and other GOVN authorities to develop national guidelines for providing HIV services for PLHIV during COVID-19 pandemic; conducting free online training for those affected by HIV and AIDS; and reprogramming the agency's (UNODC) prison management educational material to not only focus on the HIV and AIDS management for prison wardens and inmates but to also include reducing the risk of COVID-19 infection as well as care if infected.

A major strength identified by most key informants is the UN's support to the GOVN in ensuring that communities adapt to new contexts. The following excerpts by representatives of implementing partners in relation to COVID-19 illustrate:

"UNAIDS had a quick response on this. One of their activities was to (support GOVN) in conducting a community discussion so that the community understands more about the COVID epidemic. They also shared (GOVN) information regarding COVID to HIV-affected persons. They provided information to community groups, so that these community groups share this information with key populations using HIV services" (KI, HCMC AIDS Association).

"When the COVID epidemic emerged, the UN was the first agency that gathered all the partners as well as the AIDS prevention programme of Viet Nam in a workshop. They called for a response of the national HIV and AIDS programme, from localities, and from the community. They, (through the GOVN) gave directions and programmes to respond in the COVID context. The UN also encouraged all partners as well as localities to maintain and come up with initiatives to maintain the provision of all HIV services" (KI, Implementing partner).

2. Right Ways (Efficiency)

In terms of efficiency the evaluation assessed whether the most efficient processes have been adopted in the operations of the Joint Programme. A summary of the findings against the evaluation questions and the strength of the evidence is presented in the table below:

Table 6. Efficiency results

Findings	Strength of Evidence	Type
2.1. The Thematic Group on HIV as a mechanism has played an important role in the UN coordination structure delivering as 'One UN' and is well positioned in terms of efficiency in delivering OSP outcomes.	Medium	Largely positive
2.2. The lack of resources seems to have enhanced efficiency by focusing efforts on policy formulation, advocacy, and technical support according to the division of labour.	High	Largely positive
2.3. The UN HIV Thematic Group on HIV consistently ensures the participation of an array of stakeholders in GOVN policy-making or designing of HIV programmes drawing from community organizations, HIV and AIDS related groups and development partners/donor agencies.	Medium	Largely positive

Findings for question 2.1: How did the Joint Programme on HIV perform in terms of implementation, results-based management, monitoring and reporting of joint workplans [as part of UNAIDS Unified Budget, Results and Accountability Framework (UBRAF)]?

The joint workplan reflects the broad ambitions of the UN HIV Thematic Group. As a joint planning document, it reflects a multitude of strategies prioritised by a variety of stakeholders and interest groups. The joint workplan aims to be strategic (focusing on a limited number of results) and catalytic (identifying critical support gaps). The comparative advantage of the UN system is presented in the joint workplans as the functions of Cosponsors and the UNAIDS Secretariat in areas such as advocacy for human rights, providing policy options, capacity building, convening, and providing evidence.

UNAIDS and the UN HIV Thematic Group play a major role in the UN coordination structure delivering the OSP within the UN Joint Programme on HIV articulating and operationalising the UN committed action regarding HIV in support of the National HIV response. It is one of the handful of UN Joint Programmes implemented in Viet Nam with different cycles and consolidated experience that has been operationalised for many years. HIV-related goals and targets are included under three OSP outcomes and outputs: increasing the proportion of people covered by social protection under outcome 1.1: Poverty and Vulnerability Reduction; reducing the number of HIV infections, HIV treatment and systems for health/HIV under outcome 1.2 Equity in Health; and reducing discrimination in general based on HIV status according to outcome 4.2: Human rights protection, rule of law and strengthened access to justice (United Nations 2019).

The UN HIV Thematic Group was highlighted in the 2019 One UN Results Report relating to the amendment of the Law on HIV Prevention and Control approved by the GOVN. It highlighted that the UN in Viet Nam through its HIV Thematic Group and the Human Rights Thematic Group were closely engaged in providing support and guidance to the GOVN in the development of the amended law. The amended Law, scheduled to be adopted by the National Assembly in May 2021, was considered a significant milestone in Viet Nam's efforts to ensure that no one is left behind in the HIV response aimed at Ending AIDS by 2030 and directly addressing OSP outcome 1.2, Equity in Health (United Nations 2019). Additionally, the 2018 One UN Results Report mentions that the "UN in Viet Nam made substantive progress, inter alia, through the One UN HIV Thematic Group, led by UNAIDS" (United Nations 2018a).

This introduces the Joint Programme on HIV as a model in maximising coordination and synergies of the HIV-related resources of the UN, delivering as one. This is a useful example of UN reform, and how the UN HIV Thematic Group supports 'One UN'. In line with UN reform aims, the joint workplan provides an HIV UN system-wide accountability framework, linked with the OSP and reflecting system-wide HIV resources; a division of labour (annex 3), and description how the UN HIV Thematic Group coordinates HIV support at the country level.

Findings for question 2.2: Given the UN Joint Programme resources, how efficient was their allocation, utilisation and leveraging?

Although there appears to be a disconnect between the UN Joint Programme on HIV, which is broad and ambitious, and available resources, which are clearly in decline for the Joint Programme in both human and financial terms over the last five years as Viet Nam has progressed socio-economically to a low middle income country status (UNAIDS 2017, 2018, 2019d, 2020c, 2020d), their optimization has still made a significant difference as such. The national stakeholders are aware of this fact yet increasingly value the policy and technical expertise, advocacy, and neutral role for fostering dialogue and support for other resource mobilization. This as evidenced by the reports presented to the UNAIDS Programme Coordinating Board over the last five years. The following quote illustrates the concept:

> *"…they don't have money to invest in projects and activities but they really use their human resources and other resources in a smart way to influence policy and laws and that is very critical" (KI, NGO).*

This statement summarises the overall view of stakeholders that responded to this question indicating that 88% agreed that the Joint Programme on HIV's resources are efficient in terms of utilisation and leveraging. The view is that the Joint Programme on HIV focuses on policy formulation, advocacy, and technical support. Its work with implementing partners within the constraints of limited resources have resulted in positive outcomes and contributions to the development of the GOVN's strategic policies and related documents such as the national strategy on HIV, targeted programmes and improving the legal framework such as for the amendments of the Law on HIV and AIDS prevention and control, the Law on Handling of administrative violations and the Law on drug prevention and control. The UN has also made a great contribution to soliciting and aggregating national and international evidence, developing local and global reports, organizing consultation seminars, or providing technical guidance in HIV prevention, care, support and treatment in the country. This reflects well on the efficiency angle for the Joint Programme on HIV, which has limited resources compared to other international and domestic investments.

Findings for question 2.3: Was the choice of approaches in HIV programme design and implementation a multi-stakeholder process including Cosponsors, Secretariat, and partner responses at national and sub-national levels?

The evaluation revealed that the process of priority setting for programme design and implementation was very participatory involving an array of stakeholders in policy-making or designing of HIV programmes. These stakeholders are typically drawn from community organizations, HIV and AIDS related groups, development partners/donor agencies as well as GOVN and municipalities such as the National Assembly, Ministry of Health, VAAC and provinces like Hanoi and Ho Chi Minh City.

Of all key informants, 88% agreed that HIV programme design and implementation was a multi-stakeholder process including Cosponsors, Secretariat, and partners at national and sub-national levels. A key informant from an UN agency described the multi-stakeholder process in identifying issues and proposing approach to address issues:

> *"We have respective counterparts. Each UN agency works with their counterparts to identify what is the priority that needs UN support, then we come back to the HIV thematic group in the UN team to discuss. I think that process involves not only implementing counterparts, but also with different UN agencies who join the programme" (KI, UN).*

However, some non-UN key informants shared that they did not know how the UN built their plans and if they involved other stakeholders as they have never been invited into planning process. For example:

> *"I don't know how the UN builds their plan, who joins in planning, or how long it takes for building plans. I do not know if they lack resources to get involved other organizations and communities or if it is the UN's stance that they are experts… They need to strengthen the participation of stakeholders. The stakeholders include not only the Ministry of Planning and Investment and the Ministry of Finance, but also community groups and other organizations, even at grassroot levels" (KI, CSO).*

3. Right Results (Effectiveness)

Under the criterion of effectiveness, the evaluation assessed the extent to which the Joint Programme on HIV contributed towards zero new infections, zero AIDS-related deaths, zero discrimination and stigma, rights, and gender equality, and addressing underlying causes and structural determinants in HIV. A summary of the findings against the evaluation questions and the strength of the evidence is presented in the table below:

Table 7. Effectiveness results

Findings	Strength of evidence	Type
3.1. To what extent has the Joint Programme on HIV contributed towards zero new infections		
3.1.1. Combination prevention and young people, especially young women and adolescent girls is not a primary area of focus.	High	Moderately positive
3.1.2. The effectiveness of the Joint Programme on HIV as it relates to Key Populations is a primary focus.	High	Largely positive
3.2. To what extent has the Joint Programme on HIV contributed towards zero AIDS related deaths		
3.2.1. The Joint Programme on HIV has contributed towards zero related deaths by advocating for policies and strengthening coordination in the implementation of testing, diagnosis, and treatment.	Medium	Moderately positive
3.2.2. The UN HIV Thematic Group on HIV has supported the GOVN to integrate eMTCT into maternal and child health programming and to strengthen the collaboration between implementing organisations.	High	Largely positive
3.3. To what extent has the Joint Programme on HIV contributed towards zero discrimination		

3.3.1. Greater and more meaningful involvement of people living with, at risk of, and affected by HIV and other vulnerable populations	High	Largely positive
3.3.2 The Joint Programme on HIV sees gender equality as an important area and a structural issue that needs to be addressed. However, the link between gender-based violence and HIV is not well documented.	High	Moderately positive
3.3.3: The Joint Programme on HIV is contributing positively to protecting the rights of PLHIV and other affected key populations.	High	Largely positive
3.4. A number of structural determinants have been tackled. However, factors such as poverty, citizen rights and the recognition of people's identity have not been adequately addressed.	High	Moderately positive

Findings for question 3.1: To what extent has the Joint Programme on HIV contributed towards zero new infections:

3.1.1. Combination prevention and young people, especially young women, and adolescent girls.

Although combination prevention and young people, especially young women and adolescent girls is a strategic result area (3) within the 2020-2021 UBRAF, in Viet Nam it is not a primary area of focus. As mentioned earlier, HIV prevention is concentrated among three key populations namely MSM, PWID and FSWs, and their sexual partners. In addition, transgenders, users of ATS, long distance drivers, mobile populations and prisoners are also part of the combination prevention focus (VAAC/UNAIDS 2019). Within the scope of the UBRAF strategic result area 3, two of the three outputs are on track. Output 3.1 is the development of a comprehensive sexuality education framework for young people in and out of school, which is being supported by UNFPA, UNICEF and UNESCO. The human-rights framework has been approved by the Ministry of Education and Training for in-school children and covers issues such as the prevention of sexually transmitted infection, including HIV; stigma and discrimination of PLHIV; care for PLHIV, as well as LGBTIQ rights. For more details, refer to annex 4.

3.1.2. Combination prevention for key populations

Performance of the Joint Programme on HIV as it relates to combination prevention for key populations is a primary focus in Viet Nam (see UBRAF strategic result area in annex 4). Of specific note is its assistance in developing or amending laws, providing technical guidance, and introducing new initiatives, based on evidence from international practice. In terms of the latter, the UN provided major technical and clinical support to the pilot and scale up of the MMT programme, and the piloting and eventual rolling out of PrEP and community-based testing for early detection and early treatment were widely cited as examples by several key informants. However, continued and targeted scale-up of PrEP services for MSM in particular is a priority. Continued advocacy to sustain and increase expansion of MMT is required as well as advocacy for policy and capacity building to address HIV amongst ATS users.

Most programmes from international organizations are implemented in hotspots and big provinces/cities. There are gaps and threats in the areas without funded programmes, such as the Northern Mountains and Central Highlands. A key informant suggests that the UN could identify issues and needs in these areas and provide information to the GOVN and relevant stakeholders.

Support is also given to the MOH and VAAC to develop programmes including identifying PLHIV and referring them to treatment services as well as care and support services such as people who use drugs, sex workers, MSM and Transgender women. It also emerged that the UN through agencies such as UNODC and UNAIDS, collaborated with sectors such as academia to advocate for the promotion of community-based drug use disorder treatment programmes, and to develop technical guidelines on HIV interventions among key populations for groups such as MSM and ATS users.

Causality in terms of the Joint Programme in HIV's contribution towards no new infections is difficult to measure. However, 90% of key informants agree that indeed there is a positive correlation between the activities of the Joint Programme on HIV and reduced infections.

However, additional scale-up is required for effective and diversified HIV combination prevention approaches targeted for specific groups and locations including young MSM, LGBTIQ, FSW, PWID, people in closed settings, other key populations and their partners to address gaps as identified in the joint VAAC/UNAIDS led review of HIV prevention (VAAC/UNAIDS 2019).

Findings for question 3.2: To what extent has the Joint Programme on HIV contributed towards zero AIDS related deaths:

3.2.1. HIV testing and treatment

Overall findings indicate that the Joint Programme on HIV has supported a number of initiatives to address the foregoing. These include supporting Viet Nam to strengthen the national HIV testing guidelines, developing a national testing algorithm as well as putting in place a quality assurance system for HIV testing, diagnosis, and treatment in line with WHO recommendations. The UN HIV Thematic Group has advocated for policies such as HIV testing and strengthened coordination among the prevention unit and treatment unit and between prevention units and hospitals in the implementation of HIV testing, diagnosis, and treatment. In 2012, decentralisation of HIV testing was introduced by the MOH with technical support from the WHO and UNAIDS. HIV testing was delivered at community health stations or through mobile testing where health workers from community health stations regularly went to villages to administer screening and testing. Since 2016 testing was rolled out by engaging lay personnel to deliver testing services. Additionally, more HIV testing and treatment is now available in prisons due to the implementation of new guidelines for HIV counselling and testing in prison, trainings for health-care workers from 25 prisons and 15 pre-trials in detention centres. By end-2019, seven prisons and four pre-trial detention centres successfully registered for full ART provision, while others qualified for ART continuation for prisoners/inmates already on ART (UNAIDS 2019b).

Again, causality aside, 90% of the key informants that answered the question agreed that the Joint Programme on HIV has contributed towards zero related deaths (however, a number of the respondents were unsure or did not answer). This is further supported by a key informant from an NGO:

> *"Community testing has become a norm now. So, in our programme we do community testing and because of this we have found many more cases and referred them to treatment. So, with the GFATM and GOVN regulation we are able to do a lot more community testing and connect them with treatment. I think it is about 40% cases that we identify through community testing" (KI, NGO).*

A UN key informant on the other hand stated that:

> *"The community testing has contributed to half of the new HIV diagnosis in the country. Having said that, the community-based services still leave out some parts of key populations who do not want to go to the community-based testing sites. So, we are also supporting MOH to develop a website for HIV self-testing and we will pilot it this year. People will be able to order test kits from website and they do not need to see anyone, but they can do the test themselves and get the results. Then they can have support from the provincial CDC, or they can have peer educator to support them to link to PrEP if the test is negative or to ARV if it is positive" (KI, UN).*

The following statement made by a key informant somehow summarises the involvement of the UN in the HIV testing arena in Viet Nam:

> *"The UN has advocated for policies such as HIV testing policies and strengthened coordination among different units, for example, the prevention unit and treatment unit and between prevention units and hospitals in the implementation of HIV testing, diagnosis, and treatment. UN support the development of policies and technical assistance to ensure the availability of ARV for PLHIV, mothers living with HIV and children living with HIV. Another example is about UN's advocacy for the GOVN' approval of health insurance coverage for ARV treatment. It is positive contribution to ensure ARV treatment sustainability. However, the activities need time for evaluation to see the effectiveness" (KI, UN).*

While the effectiveness of the UN's role has been robust, as the above expert suggests, the following gaps are noteworthy and require addressing:

- Due to stigma and discrimination, many MSM and transgender people do not come out and hence have low level of access to and use of condom and low access to PrEP.
- While ART has become increasingly available, the terrain of the country hampers some people's access to treatment especially those residents in the mountainous parts. During the rainy season it also becomes difficult to access treatment. Long distances and travel costs are also barriers in some parts.
- PWID have a high prevalence of HCV infection, with estimates ranging from 31% to 87% and for MSM (28.4%), but reaches as high as 84.5% in MSM living with HIV. Hepatitis screening is available in many HIV treatment facilities, but HCV viral load (VL) testing is not routinely provided (VAAC/VUSTA 2020).

3.2.2. Elimination of mother-to-child transmission

The primary UN agency in charge of prevention of mother-to-child HIV transmission in Viet Nam is UNICEF and it has helped the GOVN to integrate this into maternal and child health and to strengthen the collaboration between VAAC and the Department of Maternal and Child Health. In addition, WHO has played a major role in the programming and implementation of prevention of the MTCT. The national action plan to eliminate MTCT of HIV, Syphilis and HBV in newborns by 2030 has been approved and disseminated by MOH, which will be followed up with capacity building for healthcare staff at sub-national levels. To date, 13 out of 63 provinces have developed and implemented their provincial action plans for ART (UNAIDS 2019b). The UN support in this regard may partly explain the estimated proportion (81%) of pregnant women living with HIV who were accessing ARV in Viet Nam in 2018, an increase from 46% since 2010 (UNAIDS, 2019). However, a number of resource constraints may explain the relatively low level of early infant diagnosis which in 2018 was 50% (UNAIDS, 2019).

According to a key informant:

> *"For HIV, we have PEPFAR and GFATM, but PEPFAR does not support eMTCT anymore; GFATM also considers that eMTCT is not an urgent priority. Thus, the lack of resources for eMTCT is a big challenge for Viet Nam. How to mobilise resources, especially for screening? We have 1.5 million pregnant women every year. Screening them costs a lot. Health insurance does not pay for screening tests. It is a problem. We are still advocating for health insurance to cover this in the ART package" (KI, UN).*

Findings for question 3.3: To what extent has the Joint Programme on HIV contributed towards zero discrimination (gender equality, human rights, reduced stigma and discrimination)

3.3.1: Greater and more meaningful involvement of people living with, at risk of, and affected by HIV and other vulnerable populations

It emerged from the evaluation that, despite a national context where there are limitations regarding civil society's role, and legal and informal recognition, Viet Nam has a strong network of people living with HIV and key populations, community-based organisations that are actively involved in the national response, from policy development to implementation. 96% of key informants agreed that the Joint Programme on HIV has ensured greater and more meaningful involvement of people living with, at risk of, and affected by HIV and other vulnerable populations. The following excerpt from a UN key informant illustrates the extent to which UN agencies include PLHIV and other vulnerable populations:

> *"We invite and involve community groups in all meetings on planning or policy, including meetings with the GOVN. We recommend that the GOVN involve community groups in meetings for designing programmes and policy. They will share their work and the UN listens to their wishes and experiences. Regarding policymaking and fund mobilization, the UN always wants to mobilize the participation of organizations and groups at-risk. In policy dialogues, UNAIDS coordinates to have their participation. UNAIDS has a direct connection with at-risk groups and supports these groups through many different methods, such as meetings, seminars, and media so that their voices can be heard" (KI, UN).*

Many UN agencies and their implementing partners ensure the inclusion and active participation of vulnerable groups because these groups play an important role in sharing information and facilitating further access to services. Certain UN agencies, for example, often collaborate with community-based organisations to provide support to vulnerable groups, mostly PLHIV, MSM, Transgender, sex workers and PWID.

The UN attempts to engage vulnerable groups regularly and actively in designing processes as well as implementation and monitoring. For example, when they organize training for community groups, they involve key populations and PLHIV as trainers with the aim of capacitating them. According to one key informant from a UN agency:

> *"We know that some PLHIV feel comfortable to speak out in front of politicians, but some do not. Therefore, in addition to plenary discussion, the UN also divide big groups into small groups to create opportunities for the people who are not comfortable to speak out in front of a group to raise their voice. Sometimes we need to make sure that the number of people from community organizations and vulnerable groups, our target groups should be larger than the number of GOVN officials, so that they will be more confident when speaking out in front of the big group. If only one of you and one hundred others are politicians or high-raking officials, you will be dominated by others and your voice will be easily suppressed by others" (KI, UN).*

These CBOs have evidently become stronger with many reporting that they have improved knowledge and skills to actively participate in the national response. For example:

> *"UNAIDS plays a very neutral role, they promote the voice and feedback of the community and ensure their voice is heard. They support and back up for the community so that their voice is listened, recognized, and discussed on different forums. I find this is very important" (KI, CSO).*

> *"The Joint Programme on HIV plays a very important role. It acts as a bridge/connector/link between the community and the GOVN so that the GOVN can listen more from the community and the communities can also have more access to information from high-level and newly issued policies" (Focus group participant, Key populations).*

A representative of the sub-committee on HIV, drug and sex work in the National Assembly Social Affairs Committee reported that they have recently been collaborating with UNAIDS and other organizations to convene a number of regional conferences that have changed the perspective of the people in charge as well as empowering vulnerable populations and community groups. This is largely because the latter "are insiders; they know their own life issues, and when they share their daily concerns and long-term suffering, other people understand them more deeply".

3.3.2. Gender equality and gender-based violence

Men continue to carry a greater burden of the HIV than women in Viet Nam, with nearly two men living with HIV for every woman living with HIV in 2017 (VAAC/UNAIDS 2019). However, while new HIV infections in the country have been declining over the past years, the proportion of all women living with HIV (women at low risk and female sex workers) among the estimated total new HIV cases has been steadily increasing, from 33% in 2007 to 39% in 2017.

The link between gender-based violence and HIV is not well documented in Viet Nam, and women seeking services for violence-related injuries are rarely offered HIV testing or post-exposure prophylaxis. Likewise, women living with HIV seeking treatment, care and support services are not screened for gender-based violence. Transgender people and their rights to health and protection against sexual and gender-based violence (SGBV) are not legally recognized. A few key informants lamented about poor coordination in the area of gender equality, calling for more focus and investment in advocacy, finding evidence, and supporting the GOVN to develop guidelines in this area.

Overall, however, it emerged that the UN sees gender equality as an important area and a structural issue that needs to be addressed to achieve HIV prevention and zero discrimination. For example, gender equality including sexual and reproductive health and HIV prevention is one of the main pillars of UNESCO. In Viet Nam, the agency has interventions, programmes, and projects specific to gender equality in reproductive health for students and youth, including ethnic minority girls. UN Women, on the other hand, is working on gender-based violence and equality and plans to include gender identity and diversity as well as marriage equality in their agenda. In 2016 UN Women and UNAIDS supported a gender assessment of the national HIV response. The assessment was led by the VAAC and conducted by the National Gender Task Force and its findings were used in advocacy for the recognition of transgender people and their rights to access services (MOLISA, GSO, and UNFPA 2019). Transgender people are now recognised as a key population in the new national HIV strategy which was accepted by the GOVN even though transgender people do not have full legal recognition at this time.

An CSO key informant shared how the work of the UN has inspired community organizations to implement a number of programmes related to sex/gender education, gender equality and safe sexual behaviour for young people, particularly students. The key informant explained that this is however a "very big difficulty for us to implement in terms of policy and procedures for asking permission to implement, communication and education". The hope, therefore, was that:

> *"The UN, together with my organisation and other organisations [will continue to] develop these programmes so that those young people can be taught safe behaviours as well as gender and sex education. I [particularly] expect that the new director of UN[AIDS] will continue to support our communities to assert our roles in Viet Nam so that we can work in formal, sustainable and effective ways" (KI, CSO).*

3.3.3. Rights, stigma and discrimination

Regarding stigma and discrimination, it was stated by a number of KIs that the UN HIV Thematic Group were the first UN representatives to call for activities aiming at stigma and discrimination reduction. At the beginning of the epidemic, HIV was highly stigmatized, and while stigma still exists, virtually all key informants agreed that it has notably decreased. This is in line with OSP outcome 4.2 and evidence from UNAIDS (2019) which showed that the percentage of women aged 15-49 years who report discriminatory

attitudes towards people living with HIV decreased from 36% in 2011 to 29% in 2014 (UNICEF 2015). This positive change has been achieved with, among others, the UN's advocacy through the empowerment of the community to speak up against stigma and discrimination.

The UN Joint Programme on HIV seems to be contributing positively to OSP outcome 4.2 by protecting the rights of PLHIV and other affected people like LGBTIQ. The programme ensures that the voices of these people are heard in the policy making process.

> *Taking a no harm approach, "we always ask them if they feel comfortable to participate in policy dialogue between people affected with HIV and AIDS and other vulnerable groups and LGBTIQ and the GOVN officials" (KI, UN).*

The UN has also done awareness raising and advocacy activities aimed at changing the attitudes of the high-ranking people such as policy makers and society toward LGBTIQ.

Existing challenges relate to the Law on Drug Prevention and Control and the Law on the Handling of Administrative Violations, which are still highly punitive to drug use and dependence as well as to sex work. It is also noteworthy that policymaking and enforcement in relation to labour therapy for trainees at detoxification establishments are neither updated nor human rights based. There is also a lack of guidance on PLHIV eligible for state-funded legal aid. Although there is limited recent data, communities report that stigma and discrimination continue to pose a barrier to effective uptake of and retention in HIV services.

92% of the key informants agreed that the Joint Programme on HIV has played a role in reducing stigma and discrimination. The UN's role was recognised by an array of key informants:

> *"In advocating for the revision of the law, the UN pays attention to rights of PLHIV and reducing stigma against them. The UN is also directly involved in communication activities like the World AIDS Day which is very meaningful to the community. They communicate a call for a better view of HIV and to reduce the stigma. Moreover, the intervention model to reduce stigma in health facilities is also the UN's initiative" (KI, Implementing partner).*

> *"The UN together with community groups and other organizations have implemented many programmes related to reducing discrimination as well as promoting the message U equals U, undetectable=untransmittable. This makes people living with HIV feel more secure/reassured in maintaining treatment in order to not transmit HIV to others" (KI, CSO).*

> *"In CCM activities, the UN agencies often make a presentation to CCM members to enhance their understanding and awareness, they also include discrimination in the presentation. They always pay attention to gender equality and stigma reduction" (KI, Country coordinating mechanism).*

> *"The awareness of Vietnamese health workers about discrimination and human rights is not deep while the awareness of the UN on these issues is surely deeper. Secondly, the UN can give opinions to the leaders of the GOVN and the National Assembly, their role is very strong. In Viet Nam, if you are Vietnamese at a lower-level role and you say that there is discrimination, the leader will not pay attention to it. Meanwhile, when the UN talks about protecting human rights or reducing stigma and discrimination, the Vietnamese leaders will listen to them and pay attention to it" (KI, Implementing partner).*

Some key informants also reported the contribution of the UN to reduce stigma and discrimination through the stigma index survey. For example:

> *"This [stigma and discrimination reduction) is the one that the UN does best. UNAIDS was very active in the stigma index* study to identify the extent to which PLHIV are stigmatized in Viet Nam. They have supported a lot for t*he network of PLHIV" (KI, CSO).*

The UN also contributes to reducing stigma and discrimination in healthcare settings. They provided training for healthcare providers in selected health facilities in HCMC which, according to a key informant said that it was successful in changing attitudes of healthcare providers and improving the connection of CBOs and hospitals in HIV treatment linkage:

> *"At first, we thought that there was no stigma and discrimination at this hospital. When the programme was done, the healthcare providers themselves realized that they actually had stigma and discrimination. After the intervention, their change was that the peers became an extended arm of Pham Ngoc Thach hospital to be able to support and approach other patients. This is a big success of UNAIDS's anti-discrimination pilot intervention in Ho Chi Minh City" (KI, HCMC AIDS Association).*

Findings for question 3.4: To what extent has the enabling environment, underlying causes and structural determinants of HIV been addressed by the Joint Programme on HIV?

The Joint Programme on HIV has effectively contributed to address some of the main structural determinants of HIV such as stigma and discrimination, gender inequality, access to reproductive and sexuality education, as well as on amending certain laws as highlighted in the One UN Results Report (United Nations 2019). Out of the key respondents that answered the question almost half either had no answer or were unsure.

However, of those that answered, the consensus was that the UN HIV Thematic Group is addressing the root causes of HIV in: revising the laws and policies, tackling stigma and discrimination in the interventions and gender inequality.

Key informants were however, of the view that factors such as poverty, citizen rights and the recognitions of people's identity have not been adequately addressed. For example, the issue of internal migrants, especially those who are poor, is virtually non-existent.

A UN key respondent suggests that:

> *"In addition, UN also supports the activities for young people to make them improve awareness and change behaviors to protect themselves and prevent HIV transmission to the community. That is one of the things that I see that the UN has an effective role in addressing the root causes of each issue for each group" (KI, UN).*

4. Sustainability

Sustainability explores the extent to which the benefits of the Joint Programme are likely to continue after donor funding has been withdrawn, as well as the programme's scalability and potential for replication. It is concerned with measuring whether the benefits of an activity are likely to continue after partner funding has been withdrawn. The evaluation thus looked at the efforts towards promoting ownership in the processes vital for continued optimal performance of the programme. A summary of the findings against the evaluation questions and the strength of the evidence is presented in the table below:

Table 8. Sustainability results

Findings	Strength of evidence	Type
4.1. The Joint Programme on HIV prioritizes national and local ownership. However, concern in terms of the sustainability of CBOs surfaced.	High	Moderately positive
4.2. The evaluation highlights capacity building for strategic information, HIV prevention, rights, harm reduction, testing, and treatment services. However, this was limited to national and provincial levels and not at the district and community levels.	High	Moderately positive
4.3. There is clear evidence that the UN has leveraged political commitment for the national HIV response.	High	Largely positive
4.4. The Joint Programme on HIV has clearly contributed to leveraging domestic resources supporting the mobilization of domestic funding to sustain HIV programming.	High	Largely positive

Findings for question 4.1: To what extent has the Joint Programme on HIV built national and local ownership to ensure long-term results, and integration of HIV into health and other sectors such as education, justice, etc., as appropriate?

It emerged that in the context of a decline in international support for HIV prevention, the UN prioritizes advocating for the sustainability of the national response. With Viet Nam now classified as a low middle-income country, the main notion is that the GOVN has financial capacity even though Viet Nam still benefits from large investments from the GFATM and PEPFAR. Hence, the UN actively participates in policy advocacy to secure domestic investment for HIV prevention. There is now provision to ensure national resources and responsibility of local GOVN and people's councils at different levels. In the past, HIV

prevention and control were not considered as an investment for development, but now this view has changed. This change, which creates sustainable value is widely attributed to changed perceptions brought about partly by the UN's advocacy activities. 95% of the key respondents agreed that the Joint Programme on HIV has indeed built national and local ownership to ensure long-term results, and integration of HIV into health and other sectors. For example, a key informant from the National Assembly acknowledged the UN's role in changing their awareness regarding building the ownership and sustainability of HIV activities:

> *"The UN and UNAIDS provide technical assistance to help better policy proposal and evaluation. The sustainability requires the responsibility of the GOVN, parliament, people's council, and local GOVNs to do better. From their recommendations, we identify what we should do and need to invest, what resources we need to mobilize to perform the tasks we commit to and how we mobilize the strength of the community and the society. On that basis, the policy is more complete as recommended by the UN" (KI, National Assembly).*

In terms of technical ownership, the UN has assisted in the development of legal documents, specifically the proposed amendment of the Law on HIV/AIDS Prevention and Control. They supported the development of the strategy of HIV and AIDS prevention and control which was approved in mid-2020. The UN also continues to support the development of plans and policy documents, especially to advocate for the HIV and AIDS targets/indicators to be included in the national and local socio-economic development plans. As stated above, as part of prevention, three UN agencies succeeded in advocating and supporting the Ministry of Education and Training to issue technical guidelines on comprehensive sexuality education.

Representatives of key population groups acknowledged the UN's role in strengthening their networks. For example:

> *"I worked with UNAIDS in a technical working group on HIV/AIDS and a group of MSM. Under the technical assistance of different organizations, this MSM group became MSM-TG network. It is the role and contribution of the UN, a successful case study about UN's support. A normal group has become a network, the network will be much more sustainable than a group" (KI, Key population).*

> *"It can be said that UN organizations have always been the pioneer in recognizing community groups and entities. In the past, we advocated for the key population of young MSM. Since we approached the UN and discussed specific needs of the target population, UNAIDS was the first one that recognized us as a community group. Then, we got the resources to form a network, then it became and activist network" (KI, Key population).*

Notwithstanding the foregoing, a number of key informants stated their concern in terms of sustainability of CBOs given that they are currently heavily dependent on external funding and funding given to them by UN and donors, mainly PEPFAR and GF, and there is little or no mechanism for them to get funding domestically.

A FGD participant shared that the UN, specifically UNDP, used a good approach of a career guidance programme to promote the development of the community groups to ensure ownership. Many community organizations now register as social enterprises so that they can survive in the context that resources are withdrawn. They are successful in generating both income and sponsorship. It is said that, with such a career model, UNDP is both motivating and providing technical assistance and training for the social enterprises on how to operate to self-funding.

The UN also plays a role in promoting social contracting between community organizations and the GOVN to promote sustainability. As a KI from community organizations shared:

> *"Social contracting is one of the initiatives people discuss about how the community and social organizations can obtain resources from the GOVN in the national programme. They will work as service providers to provide services for the GOVN, such as access or refer clients to treatment clinics. This is still being discussed and some agencies are testing this model with some local CBOs. I think this will be an interesting model in the future. Let's see if it is effective when the community becomes a contracting partner with the GOVN to provide HIV services" (KI, CSO).*

Findings for question 4.2: To what extent has the Joint Programme on HIV built national and local capacities to ensure long-term results?

In terms of capacity building, the UN HIV Thematic Group provided technical support to VAAC to generate annual estimated HIV data as an input to the HIV-related VSDG indicators (United Nations 2019). Other achievements on capacity building efforts include: key policy and technical guidance including innovative approaches for HIV prevention, harm reduction, testing, and treatment services informed by evidence. Additionally, capacity building for the GOVN, national assembly and civil society including communities

affected by HIV focused on improving the enabling environment including: human rights, stigma and discrimination; gender equality; and political advocacy for a sustained, prioritized and inclusive response. “Sustainability” and ‘No one left behind’ were overarching principles (UNAIDS 2019a).

The Joint Programme on HIV’s role was articulated by various key informants, but approximately half of the respondents were unsure and unable to answer the question. However, those that did answer agreed that the UN HIV Thematic Group has built capacity as can be seen in the following examples:

- After UNICEF and WHO supported the GOVN to develop a plan for eliminating mother-to-child transmission of HIV, UNICEF developed a standardized protocol to implement and coordinate it. Training was provided to all staff in charge of this field at the provincial level. To this end, the UN's support contributed to change the capacity of the HIV and AIDS care system.
- In the three poor districts of Chuong My, Ba Vi and My Duc in Hanoi, the UN and some of its implementing partners is building capacity for PLHIV so that they understand the law and rights, and protect themselves against so-called unfair treatment, such as discrimination by their employers and by the community. Secondly, the UN also supports them to provide knowledge of HIV treatment so that they can participate and mobilize PLHIV to receive treatment.
- The UN has raised awareness and policy change through capacity building for leaders, including the highest levels such as the national assembly.

Despite the foregoing, a number of key informants stated that as an issue of scale, while the UN’s contribution to capacity building at the central and provincial level is quite clear, the opposite is true at district and community level. To this end, they called for investments in this regard, from the GOVN and other organizations involved.

Findings for question 4.3: To what extent has the Joint Programme on HIV contributed to leveraging/sustaining political commitment for the national HIV response?

Viet Nam’s political commitment on HIV remains strong and 20 years of HIV treatment was celebrated in 2019. However, translation of commitment into investments and action needs to be consolidated and fast-tracked, particularly with recent institutional changes within MOH and the ongoing integration of HIV into the general health system structure. The amendment of the Law on HIV and the development of the new National HIV Strategy 2021-2030 are key to shaping the next decade. Sustainability continues to be a high priority for the national HIV programme, especially for prevention services which remain highly dependent on external funding, with human resource capacities that are very stretched in the ongoing health system transition (United Nations 2019).

Of all key informant respondents 97% agree that the Joint Programme on HIV has contributed to leveraging/sustaining political commitment for the national HIV response. In essence, the UN have established a close relationship with the Social Affairs Committee of National Assembly, the highest-level law and policymaking mechanism. Furthermore, it emerged that as a multilateral organisation, the UN’s voices are highly respected at all levels, including by the Prime Minister and National Assembly. The establishment of the national committee on HIV and AIDS, drug and sex work chaired by a Deputy Prime Minister reflects the commitment of the GOVN. Viet Nam has national strategic plans to implement this, creating a top-down consistency. For example:

> *“The UN is doing very well on leveraging political commitment. They launched the implementation of 90-90-90 target in Viet Nam. They advocate for it. When their (UNAIDS) headquarter leaders come to Viet Nam, they meet very high-level officials such as the Deputy Prime Minister to advocate” (KI, GOVN).*

The UN also plays a role as a “reminder” and “promoter” for the GOVN to achieve international commitment in addressing the 90-90-90 goals and ending AIDS by 2030. For example, a National Assembly informant articulated that:

> *“Viet Nam's international commitment is to achieve the 90-90-90 goals and end AIDS by 2030. Commitment is one thing, but implementing the commitment is the determining factor. I am pleased that international organizations are always watching this issue of Viet Nam. This means that they send a reminder when they find that the effort is not serious… UNAIDS reminds us about the provinces which have not approved financial plans for HIV prevention and control. Financial resources are important for political commitment” (KI, GOVN).*

This was similarly observed by key informants from other sectors. For example:

> *"UNAIDS also participates in promoting the commitment of 90-90-90, the national AIDS strategy, and the goal of ending AIDS by 2030. It is not clear about how much the GOVN budget is committed to HIV. At least in public policy documents, the GOVN has commitments to invest from GOVN resources for the HIV programme in Viet Nam. It is one of the successful examples of GOVN commitment" (KI, CSO).*

Findings for question 4.4: To what extent has the Joint Programme on HIV contributed to leveraging domestic resources?

In the context of a decline in international financial assistance, HIV and AIDS programmes increasingly need to rely on local resources including the private sector. The Joint Programme on HIV in Viet Nam has clearly contributed towards leveraging political commitment and financial allocation to HIV and AIDS through policy advocacy from the GOVN and the coordination with large donors such as GFATM and PEPFAR. These sources continue to support the GOVN and local GOVN's vision of continuing to implement the political commitment to AIDS prevention and control and to achieve the goal of 90-90-90 and the recently adopted new goals of 95-95-95, and towards the end of AIDS by 2030.

Approximately only half of the key informants responded to the question, but of those almost all agreed that the Joint Programme on HIV has contributed to leveraging domestic resources. In particular, and referenced by a number of the key informants was the support provided to the MOH in terms of how to mobilize domestic funding to sustain HIV programming amounting to the GOVN deciding to use the social health insurance to cover ART programming. This transition from donor-support to the social health insurance fund was seen to be a transformative one towards sustainable financing and directly contributing to OSP Outcome 1.1 in terms of providing *accessible and affordable social services*. Currently, there are about 50,000 patients on ARV procured by health insurance (Ministry of Health 2020). The road map to 2025 is that all PLHIV are treated by ART procured by health insurance. However, increasing social health insurance coverage for ART among PLHIV remains challenging for more vulnerable PLHIV and key populations to access and use it.

Conclusions

The previous section presented the findings by the three workstreams which were developed during the inception period for this assignment. The conclusions below consolidate the findings while mapping against the theory of change presented in the evaluation methods section, and the extent to which the evaluation team have concluded whether the 3 workstreams have been validated or not.

Right Things (Relevance)

Overall, the **Joint Programme on HIV is strategically positioned in terms of supporting the GOVN's National HIV response**. This has enabled the Joint Programme on HIV to support HIV prevention, treatment, and care efforts of the GOVN politically and technically over the last five years. The UN HIV Thematic Group coordinated by UNAIDS Secretariat has **contributed to enhancing political will** in the HIV response as reflected in various policy and/or legislative amendments.

Clearly the **activities of the Joint Programme for HIV are based on the needs of the country** at both provincial and national levels. The UN HIV Thematic Group planning includes community consultation complemented by needs assessments to ensure a well prioritized response that relate to the needs of the country.

In terms of the strategies and actions of the Joint Programme on HIV, the UN HIV Thematic Group was found to be **providing international guidelines and standards based on evidence**; drawing on the national information and evidence including from civil society, communities and key populations and **facilitating access to strategic evidence and information**; and working with GOVN ministries commissioning surveys or research studies.

Notwithstanding, a number of challenges remain such as strategic information related to: the MSM and Transgender populations, among whom there is clearly an emerging epidemic, but more granular data is needed. Also, disaggregated data is not available in key areas such as: number of people testing and on treatment by sex and age, gender sensitive data, and current stigma related data. As a result, there are significant gaps in evidence and analysis and especially at the community level. Another issue which is expanding and worrying, but on which there is still limited evidence is ATS use and its impact on health including risk of HIV.

The GOVN was clearly in the lead in terms of coordinating the national HIV response and its adaptation in the context of COVID. However, UNAIDS Secretariat spearheaded the UN HIV Thematic Group and quickly supported the GOVN capacity building efforts for management and protocols to **ensure availability of HIV services for people in need during the COVID-19 pandemic.**

Right Ways (Efficiency)

Strong evidence exists that places the **UN Joint Programme on HIV's processes and operations well positioned in terms of efficiency** delivering OSP outcomes 1.1 Poverty and Vulnerability Reduction, 1.2 Equity in Health, and 4.2 Human rights protection within the GOVN National HIV response (United Nations 2019). The UN HIV Thematic Group as a mechanism has played an important role in the UN coordination structure **delivering as one by developing a standard process for joint planning and monitoring** through quarterly joint meetings, which informs course corrections to strengthen activities for prioritization of requests.

In some respects, the lack of resources for the Joint Programme on HIV seems to have enhanced efficiency by focusing efforts on policy formulation, advocacy, and technical support according to the division of labour. The UN HIV Thematic Group has also contributed towards soliciting and aggregating national and international evidence, developing reports, organizing consultation seminars, and providing technical guidance in HIV prevention, treatment, care and support.

The evaluation revealed that in addition to involving community-based organisations in the development of its plans, the UN HIV Thematic Group on HIV consistently ensures the participation of an array of stakeholders in GOVN policy-making or designing of HIV programmes. These stakeholders are typically drawn from community organizations, HIV and AIDS related groups and development partners/donor agencies.

Right Results (Effectiveness)

Zero new infections

Although combination prevention and **young people, especially young women and adolescent girls** is a strategic result area (3) within the 2020-2021 UBRAF, in Viet Nam **it is not a primary area of focus.** The focus on young people tends to be young men who have sex with men among which the epidemic is rising.

The effectiveness of the Joint Programme on HIV as it relates to **key populations is a primary focus** for the Joint Programme on HIV in Viet Nam. However**, additional scale-up is required for effective and diversified HIV combination prevention** approaches targeted for specific groups and locations including young MSM, LGBTIQ, FSW, PWID, people in closed settings, other key populations, and their partners to address gaps.

Of specific note is the assistance **the UN HIV Thematic Group has provided in developing or amending laws**, providing technical guidance, and piloting new initiatives that have spearheaded the rollout of MMT, PrEP and community-based testing for early detection and early treatment. Also, **supporting the MOH and VAAC to develop harm reduction programmes** has helped identifying PLHIV and referring them to treatment, care and support services among groups at high-risk.

However, **HIV combination prevention remains insufficient** with key gaps for some locations and key population services, especially for young MSM. Innovative approaches are focused on locations with external support and are not yet fully maximized and sustainable. **PrEP services, the expansion of MMT and interventions for ATS users require immediate attention**.

Zero related deaths

The overall conclusion is that **the Joint Programme on HIV has contributed towards zero related deaths** by advocating for policies and strengthening coordination in the implementation of testing, diagnosis, and treatment. However, **due to stigma and discrimination, many MSM and transgender people are reluctant to test** and as a result remain at risk of HIV infection and have low levels of testing. Also, ART has only previously been available at the centralised provincial and national level thus, some people had difficulty accessing treatment. The Joint Programme on HIV has supported a number of initiatives to address the foregoing including decentralisation of HIV testing to community health stations, where lay personnel have been trained to deliver testing services. I**ncreased access to treatment for comorbidities (HIV/HCV) is required**.

The UN HIV Thematic Group on HIV through UNICEF has **supported the GOVN to integrate eMTCT** into maternal and child health programming and to strengthen the collaboration between VAAC and the Department of Maternal and Child Health. The agency has also assisted in developing the standard guidelines and national plan for implementing the programme. However, **eMTCT is a significant challenge for Viet Nam as both PEPFAR and GFATM are not prioritising eMTCT and health insurance does not cover screening tests.**

Zero discrimination

Viet Nam has a strong network of people living with HIV and key populations and community-based organisations that are actively involved in the national response, from policy development to implementation and it was clear that **the Joint Programme on HIV has supported greater and more meaningful involvement of people living with, at risk of, and affected by HIV and other vulnerable populations**.

Overall, it emerged that the UN HIV Thematic Group sees gender equality as an important area and a structural issue that needs to be addressed to achieve HIV prevention and zero discrimination. In terms of gender equality, the coordination in this area calls for more focus and investment in advocacy, finding evidence, and supporting the GOVN to develop guidelines and better integrate gender equality in existing policies, programmes, and related monitoring. However, the link between gender-based violence and HIV is not well documented in Viet Nam including Transgender people and their rights to health and protection against SGBV, which are not legally recognized.

The Joint Programme on HIV is clearly **contributing positively to protecting the rights of PLHIV and other affected key populations**. The UN HIV Thematic Group together with community groups and other organizations have implemented many programmes related to reducing discrimination as well as promoting the message Undetectable=Untransmittable ensuring people living with HIV with a suppressed viral maintain it and a quality of life knowing HIV will not be sexually transmitted to others. Taking a no harm approach with vulnerable groups like the LGBTIQ community and with GOVN officials the UN HIV Thematic Group has done a number of awareness raising and advocacy activities aimed at changing the attitudes of people such as policy makers and society toward LGBTIQ.

Amendment to laws present important opportunities to improve the enabling environment as the **existing punitive and conflicting laws/policies on HIV**, drug use, sex work including compulsory drug detoxification and rehabilitation **remain major barriers for some key populations** access to and uptake of HIV services as well as human rights. International guidance and support on the improvement of key relevant laws and policies, and the development of new relevant legislation can ensure a better public health and human rights-based approach leading towards a more protective legal framework.

The Joint Programme on HIV has addressed some of the main structural determinants of HIV such as stigma and discrimination, gender inequality, access to reproductive and sexuality education, as well as on guidance for amending certain laws. However, factors such as **poverty, citizen rights and the recognitions of people's identity have not been adequately addressed**. For example, the issue of internal migrants, especially those who are poor, is virtually non-existent. Furthermore, access to health insurance is still not a priority for these marginalised populations.

Sustainability

It emerged through the evaluation that in the context of a decline in international support for the national HIV response and with special risk for HIV prevention which remains highly dependent on external funding, **the UN HIV Thematic Group prioritizes advocating for the sustainability of the national response.** With Viet Nam now classified as a lower middle-income country, the overarching notion is that the GOVN has financial capacity. Hence, **the UN HIV Thematic Group actively participates in policy advocacy to secure domestic investment for HIV prevention**. Therefore, **local NGOs require strengthening** to improve ownership and capacity. In so doing, attention was drawn to the diverse nature of the country and hence the need for context-specific approaches in promoting local ownership. Notwithstanding, one priority area for the UN HIV Thematic Group since 2019 has been to promote and guide VAAC on the introduction of social contracting for HIV services in a context of no legal registration for most CBOs.

The Joint Programme on HIV's role in terms of capacity building was clearly articulated as can be seen in building capacity for PLHIV to understand the law and their rights and protecting themselves against unfair treatment. The UN HIV Thematic Group also supports them to provide knowledge of HIV treatment so that they can participate and mobilize PLHIV to receive treatment. At the macro level, **the UN HIV Thematic Group has raised awareness and policy change for leaders**, including the highest levels such as the National Assembly. The UN has, over the last two years, worked with VAAC to provide support on rights in healthcare facilities in different provinces. Despite the foregoing, while the UN's contribution to capacity building at the central and provincial level is quite clear**, it is less so at the district and community levels**.

There is clear evidence that the UN has leveraged political commitment for the national HIV response. Furthermore, it emerged that as a multilateral entity, the UN HIV Thematic Group's voices are highly respected at all levels, including the Deputy Prime Minister and the National Assembly. The establishment of the National Committee on HIV and AIDS, Drug and Sex Work reflects the commitment of the GOVN. Through organizing consultation workshops to develop and strengthen legal documents, strategies, action plans, the Joint Programme on HIV also advocates for commitment of the GOVN and ministries to secure sustainable budgeting for HIV and AIDS.

The Joint Programme on HIV in Viet Nam has also clearly **contributed to leveraging domestic resources for the HIV and AIDS response**. The UN HIV Thematic Group has supported the MOH in terms of how to mobilize domestic funding to sustain HIV programming, especially in this era of declining donor funds. As a result, the GOVN initiated the social health insurance plan to cover the ART programme. This is a clear and sizable transition from donor-reliant funding to the social health insurance. However, it is noteworthy that leveraging resources from private sector is not very strong while it is also difficult to mobilize resources from civil society. Also, the new strategy 2021-2030 with ambitious targets towards sustainable domestic investments for the HIV response and the End of AIDS as a public health threat was approved by the Prime Minister.

Recommendations

The recommendations below aim to identify ways of continued, strategic, and intensified engagement of the UN system's support to Viet Nam to implement its new national HIV strategy and reach the end of AIDS as a public health threat by 2030 as part of the next UN Sustainable Development Cooperation Framework. The evaluators recommend that the following actions be considered and discussed by the UN HIV Thematic Group for inclusion in the next planning cycle; and to allocate roles and responsibilities among the UN HIV Thematic Group and to mobilise sufficient funding for implementation.

Recommendation 1 based on findings 1.3 and 3: Strengthen national and select sub-national institutional capacity for strategic information to better capture, analyse and use information to inform policy and programmes through:

- Supporting further generation and use of high-quality granular and gender sensitive strategic information including updated estimates, cascade analysis, key populations' size estimates, and other studies to optimize targeting/resources for impact,
- Encouraging increased GOVN support for strategic information for key HIV prevention and HTC in provinces without external support,
- Guiding the new Stigma Index to identify discrimination, gender inequalities and other rights' violations faced by PLHIV and key populations including through community empowerment and monitoring,
- Continuing to support granular surveillance, evidence generation and analytical capacities, to inform and support the introduction, access, and expansion of innovative, diversified approaches to HIV testing and treatment for hard-to-reach key populations,
- Advocating normative guidance and monitoring of global and regional commitments and frameworks for a more enabling environment including strategic analysis for legal and policy recommendations for improving legal frameworks informed by evidence, public health and human-rights based approaches (e.g. in relation to the Transgender population and relevant policies and programmes required),
- Advocating for greater and more community engagement and community led strategic information initiatives.

Recommendation 2 based on findings 3.1: Fully maximise sustainable combination prevention by:

- Advocating and supporting scale-up of effective and diversified HIV combination prevention approaches targeted for specific groups and locations including young MSM, LGBTIQ, FSW, PWID, people in closed settings, other key populations, and their partners, especially to address gaps as identified in the joint VAAC/UNAIDS led review of HIV prevention,
- Guiding and supporting the scale up of affordable and quality PrEP services for MSM as well as other key populations and its monitoring,
- Continuing to advocate and prioritise the sustained expansion of quality MMT,
- Continuing to advocate for policy and capacity building for interventions to address HIV among ATS users along with capacities to address the growing ATS use.

Recommendation 3 based on findings from 3.2: Guide and monitor expansion of innovative approaches to address challenges related to treatment implementation by:

- Continuing to analyze and guide ART rollout including for its availability at decentralised community health stations, where lay personnel have been trained to deliver testing services,
- Supporting sustainable and innovative approaches including for CBT and PrEP to be informed by international guidance and experience sharing with other countries.
- Advocating for increased access to treatment for comorbidities (HIV/HCV),
- Continuing to guide and support the National Action for Triple eMTCT of HIV, HepB and Syphilis by 2030 implementation.

Recommendation 4 based on findings from 3.3: Advocate for and guide strategies and interventions to address gender-based rights by:

- Calling for more focus and investment in advocacy, finding evidence, and supporting the GOVN to develop and implement guidelines in HIV and gender and support inclusion of gender equality in all relevant policies and programmes,
- Guiding and supporting the implementation of comprehensive sexuality education and youth knowledge on GBV,

- Continuing to support the GOVN and National Assembly members in the preparation and review of a law to secure the health and rights of transgender people and the inclusion of transgender people as a key population in the Law on HIV Prevention and Control,
- Advocating for a more protective legal framework and services to address SGBV,
- Advocating and providing strategic guidance for policy and capacity building of service providers in the area of SGBV, human rights, stigma and discrimination, based on international guidelines,
- Continuing to implement strategic gender commitments that provide guidance for the Joint Programme on HIV and articulate a shared understanding of the gender aspects of the HIV epidemic, definitions, scope and principles, as outlined and monitored in the comprehensive gender assessment of the national HIV response.

Recommendation 5 based on findings from 3.3: Invest in reducing remaining barriers to service by addressing human rights for some key populations by:

- Continuing to advocate for change in existing punitive and conflicting laws/policies on HIV, drug use and sex work including compulsory drug detoxification and rehabilitation as they remain a major barrier for some key populations' access to and uptake/retention of HIV services as well as human rights,
- Sharing international guidance and support improvement of key relevant laws and policies (e.g. Law on HIV Prevention and Control, Ordnance on Sex Work, Law on Drug Prevention and Control, Law on handling of Administrative Violation, etc.) and development of new relevant legislation (e.g., Law on Gender Affirmation) towards a better public health and human rights based approach including the issues and experiences of key populations,
- Guiding and supporting the development of a more protective legal framework for the LGBTIQ community's rights and access to services,
- Continuing to empower PLHIV, key populations and the LGBTIQ communities for peer support and advocacy on health, human rights and improving the legal framework,
- Continuing to convene and facilitate multi-stakeholder dialogues to build awareness, knowledge and consensus among law/policy makers and decision-makers,
- Continuing to create space for a meaningful voice, engagement and empowerment of communities of PLHIV and key populations,
- Considering how to address factors such as the recognition of people's identity such as internal migrants, especially those who are poor in the HIV response and as part of the UN broader efforts to focus on Leaving No One behind.

Recommendation 6 based on findings from 4.1: Continue to transition towards the sustainability of the National response and address the continuing financing gap for the HIV programme by:

- Continuing to prioritise advocating for the sustainability of the national response,
- Advocating for legal and institutionalized implementation mechanisms to finance NGOs/CBOs (public financing or other financing options),
- Continuing to advocate and prepare for the introduction of publicly funded social contracting of HIV services, jointly with VAAC as more sustainable ways to ensure prevention, treatment, care and support programmes in a context of reduced external funding and ensure that all provinces are included,
- Advocating and ensuring that the community-based organizations providing critical HIV services to communities have appropriate legal status,
- Advocating for legal recognition and public funding of CBO-led HIV services,
- Continuing to support the MOH in terms of how to mobilize domestic funding to sustain HIV programming, especially with declining donor funds,
- Supporting analysis for options for leveraging resources from the private sector,
- Mobilising financing for the new national strategy 2021-2030, including increasing domestic funding at the central and provincial level,
- Developing and implementing a process for UNAIDS and the Cosponsors as they transition away from an externally funded and managed HIV programme towards a more nationally funded and managed programme.

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Annex 2: Evaluation questions

Workstream	OECD/DAC criteria	Evaluation Questions	*Source of information
Right things	1. Relevance	1.1. How strategically positioned is the UN Joint Programme on HIV in terms of the national response? (The strategic position is concerned with the potential impact and influence of the Joint Programme on stakeholders and partners and on the national HIV response given the limited and even declining resources of the Joint Programme)	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
		1.2. To what extent has the Joint Programme on HIV prioritized activities based on the needs in the country (demand side) and the availability of other resources (complementarity)?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
		1.3: Are the strategies and actions of the Joint Programme on HIV largely evidence based?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
		1.4. How responsive and strategic was the Joint Programme on HIV to support the national HIV response to 1) adapt to the new context of and 2) mitigate the impact of COVID-19?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
Right ways	2. Efficiency	2.1. How did the Joint Programme on HIV perform in terms of implementation, monitoring and reporting of joint workplans [as part of UNAIDS Unified Budget, Results and Accountability Framework (UBRAF)]?	Document review
		2.2. Given the UN Joint Programme resources, how efficient was their allocation, utilisation and leveraging?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
		2.3. Was the choice of approaches in HIV programme design and implementation a multi-stakeholder process including Cosponsors, Secretariat and partner responses at national and sub-national levels?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
Right results	3. Effectiveness	3.1. To what extent has the Joint Programme on HIV contributed towards zero new infections: 3.1.1. Combination prevention and young people, especially young women and adolescent girls. 3.1.2. Combination prevention for key populations	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
		3.2. To what extent has the Joint Programme on HIV contributed towards zero AIDS related deaths: 3.2.1. HIV testing and treatment 3.2.2. Elimination of mother-to-child transmission	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review

Workstream	OECD/DAC criteria	Evaluation Questions	*Source of information
		3.3. To what extent has the Joint Programme on HIV contributed towards zero discrimination: 3.3.1. Greater and more meaningful involvement of people living with, at risk of, and affected by HIV and other vulnerable populations 3.3.2. Gender equality and gender-based violence 3.3.3: Rights, stigma and discrimination	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
		3.4. To what extent has the enabling environment, underlying causes and structural determinants of HIV been addressed by the Joint Programme on HIV?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
	4. Sustainability	4.1. To what extent has the Joint Programme on HIV built national and local ownership to ensure long-term results, and integration of HIV into health and other sectors such as education, justice, etc., as appropriate?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
		4.2. To what extent has the Joint Programme on HIV built national and local capacities to ensure long-term results?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
		4.3. To what extent has the Joint Programme on HIV contributed to leveraging/sustaining political commitment for the national HIV response?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review
		4.4. To what extent has the Joint Programme on HIV contributed to leveraging domestic resources?	KIIs (GRI, UN, Gov, CS, KPs, DP) and document review

***Source of information** key: Global and Regional level Institutions (GRI); Country UN System (UN); Gov and National Assembly (Gov); Community organizations (CS); representatives of key populations (KPs) and Development partners (DP).

****Joint Programme on HIV**: the Joint Programme on HIV is the United Nations' response to HIV and is coordinated by the Joint UN Team on HIV. In Viet Nam, the Team is made up of HIV technical staff from each participating UN organization: ILO, UNDP, UNESCO, UNFPA, UNICEF, UN Women, UNODC, WHO and UNAIDS. The UNAIDS Country Director convenes, coordinates and facilitates the Joint UN Team on HIV. All UN programming and activities relating to HIV in Viet Nam are reflected in the Joint UN Programme on HIV and are undertaken in accordance with the United Nations Development Assistance Framework (UNDAF) and the One Plan (2017-2021), both of which guide cooperation between the GOVN and the United Nations.

*****OSP:** One UN Strategic Plan 2017-2021 equivalent to an UNDAF (UN Development Assistance Framework) implemented by 15 UN agencies, funds and programmes including UNAIDS. Additional information will be provided during the KIIs and FGDs.

Annex 3: Division of Labour in Viet Nam

(UNDP, UNESCO, UNFPA, UNICEF, UNODC, UN WOMEN, WHO and UNAIDS Secretariat)

SDGs	Fast-Track commitment	Division of Labour area	Convenors	Agency partners
01 End poverty **02** End hunger **03** Ensure healthy lives **04** Ensure quality education **05** Achieve gender equality **08** Promote decent work and economic growth **10** Reduce inequality **11** Make cities safe and resilient **16** Promote peaceful and inclusive societies **17** Strengthen means of implementation	1. 90–90–90 targets by 2020	HIV testing and treatment – Innovative testing strategies – Access to treatment cascade – High-burden cities Fast-Track HIV services – Medicines and commodities	WHO	UNICEF, UNFPA, UNDP, UNODC, UN Women
		HIV services in humanitarian emergencies	?	
	2. Eliminate new HIV infections among children	**Elimination of mother-to-child transmission of HIV and keeping mothers, children and adolescents alive and well** – Access to quality comprehensive elimination of mother-to-child transmission of HIV services – Systems and services to meet the 90–90–90 targets for mothers, children and adolescents	UNICEF	UNICEF, UNFPA, UNODC
	3. Access to combination prevention (at least 90% among key populations)	**HIV prevention among key populations** Gay men and other men who have sex with men, migrants, sex workers, transgender people	UNFPA	UNICEF, UNODC, UNESCO, WHO, UNDP
		Harm reduction for people who use drugs and HIV in prisons	UNODC	UNICEF, UNDP, WHO
	4. Eliminate gender inequalities	**Gender inequality and gender-based violence** – Strategic actions for gender equality and women and girls – Gender-based violence	UN Women	All other Cosponsors
	5. Ninety per cent of young people have the skills, knowledge and capacity to protect	**HIV prevention among young people** – Combination prevention – Youth health and educational needs	UNICEF/ UNFPA/ UNESCO	All other Cosponsors

SDGs	Fast-Track commitment	Division of Labour area	Convenors	Agency partners
	themselves from HIV			
	6. Seventy-five per cent of people living with and affected by HIV benefit from social protection	HIV-sensitive social protection	?	UNHCR, UNICEF, UNDP, UNFPA, UNESCO, WHO
	7. At least 30% of all service delivery is community-led by 2020	HIV and universal health coverage, tuberculosis/HIV, other comorbidities and nutrition	WHO	UNICEF, WFP, UNDP, UNFPA
	8. HIV investment increase to US$ 26 billion by 2020, quarter for prevention, 6% for social enablers	Investment and efficiency	UNDP	UNICEF, WFP, UNFPA, WHO
	9. Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services	**Human rights, stigma and discrimination** – Legal and policy reform – Access to justice and rights – HIV healthcare discrimination eliminated	UNODC	UNHCR, UNFPA, UNODC, UN Women, UNESCO, WHO, UNDP
	10. Taking HIV out of isolation through people-centred systems	Decentralization and integration of sexual and reproductive health and rights and HIV services	UNFPA/WHO	UNICEF, WFP, UNDP

A comprehensive approach to reducing sexual transmission of HIV is embedded across all Division of Labour areas. Although less overtly visible in this Division of Labour revision, it remains a core priority of the HIV response and of the Joint Programme.

Annex 4: 2020-2021 UBRAF Performance Indicators

Strategy Result Area 1 – Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

Output	Indicator measurements	Viet Nam Status
Output 1.1 Innovative and targeted HIV testing and counselling programmes introduced **Indicator:** Percentage of countries with selected HIV Testing Services (HTS) in place	The country offers targeted HIV testing services	Yes
	The country offers lay providers testing	Yes
	Quality assurance (laboratory) of testing and re-testing before Antiretroviral Therapy (ART) initiation exists	Yes
	The country offers HIV partner notification services	Yes
Output 1.2 Country capacity, policies and systems for access to HIV treatment cascade enhanced **Indicator:** Percentage of countries adopting WHO HIV treatment guidelines	'Treat-all' policy is adopted	Yes
	The country has adopted task shifting or task sharing in provision of ART	Yes
	Policies/strategies for ART retention and adherence in place	Yes
	A programme for nutritional support to people on ART is in place	NO (used to have for PMTCT prog/children)
Output 1.3 Systems that enable children and adolescents to meet 90-90-90 targets strengthened **Indicator:** Percentage of countries adopting quality health care services for children and adolescents	A strategy/measure to address loss to follow up/adherence/retention issues for children/adolescents is in place	Yes
	Provider Initiated Testing and Counselling (PITC) is available in all services for children under five [1]	Yes
	Strategies for identification of older children living with HIV beyond the health sector /such as linkages with social protection (orphans and vulnerable children)) are in place	No
Output 1.4 High-burden cities fast- track HIV services **Indicator:** Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high burden cities	The country has identified high burden cities	Yes
	▪ All high-burden cities have developed a plan and allocated resources to achieve Fast-Track	?
Output 1.5 Mechanisms developed to provide HIV-related services in humanitarian emergencies **Indicator:** Percentage of countries where HIV is integrated in national emergency preparedness and response plans	The country has a national emergency preparedness and response plan	Yes
	▪ HIV is integrated in the country's national emergency preparedness and response plans	Not applicable

Output	Indicator measurements	Viet Nam Status
Indicator: Percentage of countries offering HIV related services for populations affected by humanitarian emergencies	Refugees/Asylum Seekers are relevant in the context of the country epidemic	Not applicable
	▪ HIV services for key populations	Not applicable
	▪ Services for SGBV survivors, including PEP	Not applicable
	▪ Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)	Not applicable
Indicator: Percentage of countries offering HIV related services for populations affected by humanitarian emergencies	Internally Displaced Persons are relevant in the context of the country epidemic	Not applicable
	▪ HIV services for key populations	Not applicable
	▪ Services for SGBV survivors, including PEP	Not applicable
	▪ Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)	Not applicable
Indicator: Percentage of countries offering HIV related services for populations affected by humanitarian emergencies	People Affected by Emergencies are relevant in the context of the country epidemic	Not applicable
	▪ Food and nutrition support (this may include cash transfers) is accessible to this key population?	Not applicable

Strategy Result Area 2 – New HIV infections among children eliminated and their mother's health and well-being is sustained

Output	Indicator measurements	Viet Nam Status
Output 2.1 Access and quality of comprehensive eMTCT services improved **Indicator:** Percentage of countries implementing latest eMTCT guidance	Lifelong treatment is offered to all HIV positive pregnant women	Yes
	Repeat testing of HIV negative pregnant and breastfeeding women is offered [1]	Yes
	Partner testing of HIV positive pregnant women in antenatal care settings is offered	Yes
	Networks of women, including of women living with HIV, are engaged in eMTCT strategy development and service implementation	Yes

Strategy Result Area 3 - Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

Output	Indicator measurements	Viet Nam Status
Output 3.1 Targeted combination prevention programmes defined and implemented **Indicator:** Percentage of countries with targeted combination prevention programmes in place	Quality-assured male and female condoms are readily available universally [1], either free or at low cost	Yes
	Gender responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools	No
	Gender responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools	No
	Young women are engaged in HIV prevention strategy development and service implementation	No information
Output 3.2 Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened **Indicator:** Percentage of Fast-Track countries that are monitoring the education sector response to HIV and AIDS	The country has integrated the core indicators for measuring the education sector response to HIV and AIDS in national education monitoring systems, in line with the recommendations of the IATT on Education	Yes
Indicator: Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place	Supportive adolescent and youth sexual and reproductive health policies are in place	Yes

Strategy Result Area 4 - Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants

Output	Indicator measurements	Viet Nam Status
Output 4.1 Evidence-based HIV services for key populations implemented **Indicator:** Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies	The country has size and prevalence estimates for MSM	Yes
	The country has size and prevalence estimates for sex workers	Yes
	The country has size and prevalence estimates for prisoners and closed settings	No
	Comprehensive packages of services for MSM in line with international guidance defined and included in national strategies	Yes
	Comprehensive packages of services for sex workers in line with international guidance defined and included in national strategies	Yes

	Comprehensive packages of services for prisoners and closed settings in line with international guidance defined and included in national strategies	Very limited
	MSM are engaged in HIV strategy/programming and service delivery	Yes
	Sex workers are engaged in HIV strategy/programming and service delivery	Yes
Output 4.2 Comprehensive packages of harm reduction services established for people who inject drugs **Indicator:** Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs	A gender sensitive HIV needs assessment is available for PWID	No
	The country has a significant PWID epidemic	Yes
	▪ Opioid substitution therapy (OST)	Yes
	▪ Needle and syringe programmes (NSP)	Yes
	▪ HIV testing and counselling (HTS)	Yes
	▪ Antiretroviral therapy (ART)	Yes

Strategy Result Area 5 - Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Output	Indicator measurements	Viet Nam Status
Output 5.1 Strategic actions for gender equality and women and girls included and resourced in AIDS responses **Indicator:** Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms	Assessments of the social, economic and legal factors that put women and girls at risk of HIV are available	Yes (2015)
	Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting	Yes (Partial)
	Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys	?
Output 5.2 Actions to address and prevent all forms of gender-based violence implemented **Indicator:** Percentage of countries with laws and/ or policies and services to prevent and address gender-based violence	Disaggregated data on prevalence and nature of gender-based violence (GBV) are available and used	Yes
	Legislation and/or policies addressing gender-based violence exist	Yes
	A mechanism to report and address cases of GBV is available, e.g. special counselling centres, ombudsman, special courts and legal support for victims	Yes
	HIV, sexual and reproductive health, and gender-based violence services	?

Strategy Result Area 6 - Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

Output	Indicator measurements	Viet Nam Status
Output 6.1 HIV-related legal and policy reforms catalysed and supported **Indicator:** Percentage of countries positively addressing laws and/or policies presenting barriers to HIV prevention, treatment and care services [INDICATOR UNDER REVIEW]	Criminalisation of HIV non-disclosure, exposure or transmission	No
	Criminalisation of same-sex behaviours, sexual orientation and gender identity	
	Lack of alternatives to imprisonment for nonviolent minor drug related crimes	
	Bans or limits on needle and syringe programmes and/or OST for people who inject drugs, including in prisons settings	No
	Ban or limits on distribution of condoms in prison settings	No
	Ban or limits on the distribution of condoms for young people	
	HIV screening for general employment purposes (Decree 108/2007, 26 June 2007: Article 20. List of some occupation subject to an HIV test before being recruitment)	
	HIV-related travel restrictions (HIV-specific regulations on entry, stay and residence)	
	Restrictions to adolescent access to HIV testing or treatment without parental consent (Current HIV law does not allow for children under 16 years old. This law is under amendment process)	
Output 6.2 National capacity to promote legal literacy, access to justice and enforcement of rights expanded **Indicator:** Percentage of countries with mechanisms in place providing access to legal support for people living with HIV	Any mechanisms in place to record and address cases of discrimination in relation to HIV	Yes
	Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV related issues including gender-based discrimination (for example dispossession due to loss of property and/or inheritance rights in the context of HIV)	Yes (at the state-own legal aid centers)
	HIV sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel and members of the judiciary and members of national human rights institutions conducted	Yes (NCPI 2018, q 142 and 143)
Output 6.3 Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care **Indicator:** Percentage of countries with measures in place to reduce stigma and discrimination in health settings	Health care workers pre-and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to the sexual and reproductive health and rights of women living with HIV in all of their diversity and throughout their lives	Yes
	An up-to-date assessment on HIV related discrimination in the health sector is available (either through the Stigma Index or another tool)	Yes
	Measures in place for redress in cases of stigma and discrimination in the health sector	Yes

Strategy Result Area 7 - AIDS response is fully funded and efficiently implemented based on reliable strategic information

Output	Indicator measurements	Viet Nam Status
Output 7.1 AIDS response sustainability, efficiency, effectiveness and transitions strengthened **Indicator:** Percentage of countries with a HIV sustainability plan developed	The country has developed an HIV sustainability and/or transition plan	Yes
	▪ The plan indicates sustainability increasing domestic public investments for HIV over the years	Yes
	▪ The plan has influenced policy and resource generation and allocation in the country	Yes
	▪ The plan covers financial contributions from the private sector in support of the HIV response	Yes
Indicator: Percentage of countries with up-to-date HIV investment cases (or similar assessing allocative efficiency) that is being used	A computerized monitoring system that provides district level data on a routinely basis including key HIV service delivery variables (ART and PMTCT)	Yes
	The country tracks and analyses HIV expenditures per funding source and beneficiary population	Yes
	Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)	Yes
Output 7.2 Technological, service delivery and e-health innovations fostered **Indicator:** Percentage of countries with scale-up of new and emerging technologies or service delivery models	Social media/information and communication technologies	Yes
	e-health and/or m-health tools for priority HIV services	Yes
	Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression	Yes

Strategy Result Area 8 - People-centred HIV and health services are integrated in the context of stronger systems for health

Output	Indicator measurements	Viet Nam Status
Output 8.1 Decentralization and integration of HIV-related services strengthened **Indicator:** Percentage of countries delivering HIV services in an integrated manner	HIV, sexual and reproductive health, and gender-based violence services	Yes
	HIV and TB	Yes
	HIV and antenatal care	Yes
Output 8.2 HIV-sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children, strengthened **Indicator:** Percentage of countries with social protection strategies and systems in place that address HIV/AIDS	The country has a national social protection strategy /policy	Yes
	The national social protection strategy/policy covers people living with HIV and affected by HIV	Yes
	The national social protection strategy/policy covers orphans and vulnerable children	Yes
	The national health insurance (and social health insurance where distinct), life or critical illness insurance, cover PLHIV	Yes
	Social protection programmes, such as safety nets and livelihood interventions, are provided to men and women living with HIV and affected by HIV	Yes

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