

# EVALUATION MANAGEMENT RESPONSE

## End evaluation of the Frontline AIDS Global Plan of Action (2023-2025)

### INTRODUCTION

Frontline AIDS' strategy for the period 2020-2025 was our [Global Plan of Action](#). This set out critical actions to help the world secure a future free from AIDS for everyone, everywhere. In the first half of 2025, we commissioned a learning review to inform the development of our new strategy. This was primarily focused on learning and processes. Therefore in the last quarter of 2025 we commissioned this evaluation to focus more on validating our outcomes and impact, while seeking to describe patterns and the value ascribed to these outcomes.

The primary purpose was to provide accountability to our strategic funders, especially Sida and Irish Aid, and externally-validated evidence for potential donors. It was also intended to generate learning and insights for those involved; particularly the Frontline AIDS Senior Leadership Team and the Partnership Council, as we look to implement our new strategy. The evaluation is complemented by our quantitative analysis of progress against strategic targets which will be reported through our annual report.

This document is Frontline AIDS' management response to the evaluation.

### OUR RESPONSE TO THE EVALUATION

Frontline AIDS welcomes the evaluation and its recommendations. It finds that Frontline AIDS' added strength is its connector role: brokering relationships and access to resources, enabling community-led organisations to advocate with impact, and building lived experience into evidence that transforms decisions, guidance, funding and norms. It confirms that our new strategy is taking us in the right direction. It also gives concrete ways in which we can ensure that this value add is at the heart of how we organise ourselves as an organisation that catalyses a global network of partners. The evaluation affirms the high quality of evidence on which we base our conclusions around performance against targets. We welcome the suggestions to improve the process around how we reflect on that data to drive learning and adaptation in real time.

## RESPONSE TO THE EVALUATION RECOMMENDATIONS AND ACTIONS TO BE TAKEN

Recommendation / observation	Our response	Who and by when?
<p><b>Pathway 1 – From community innovation to systems and norms</b></p> <p><i>Community innovation → uptake in guidance and policy → resourcing and authorisation → reinforcement in norms and narratives</i></p> <p>Make this pathway more explicit. For priority investment areas; support fuller trajectories of change, rather than focusing primarily on short innovation cycles. This includes sustained accompaniment across stages that commonly determine durability, such as policy uptake, financing discussions, implementation quality and narrative reinforcement.</p>	<p>Under the new strategy, we have intentionally situated community innovation within our wider work on sustainable and inclusive health systems under our first strategic priority. In our articulation of that priority, we are explicit about the need to shift the external environment towards one where community innovations are integrated into health systems. Particular emphasis is placed on innovations that deliver results for marginalised communities and that integrate HIV with other key areas, recognising that sustainability lies not only in ensuring that services are funded, but in supporting service delivery approaches that maximise resources and meet the holistic range of health needs affecting communities most impacted by HIV.</p> <p>The strategic shift that we have proposed recognises that we need to realign internally, ensuring that our wider advocacy on sustainability (eg through national coalitions, or in relation to the UNAIDS sustainability roadmaps) is able to highlight and make the case for community innovations. At the same time, we note and support the recommendation around clarifying the pathway from innovation through to policy uptake, financing and further reinforcement. During this next cycle, we will look to document learning around what makes this pathway successful and to ensure that these are underpinning future advocacy work and funding proposals in this area.</p>	<p>AD Advocacy, Lead SP1, Lead Programmes (III), Lead Knowledge and Learning</p> <p>By December 2026</p>
<p><b>Pathway 2 – Rights-based protective ecosystems that make progress harder to reverse</b></p> <p>Rights-related work functions most effectively when treated as a condition for scale and resilience, rather than as a stand-alone stream. In this light, the strategy may benefit from more consistently considering the protection ecosystems required for Health systems and Crisis investments to be safe and equitable for the communities most affected.</p>	<p>Our new strategy centres three priorities – systems, rights and resilience – and is clear that work around these must be interlinked, in recognition that we cannot achieve health system sustainability or crisis resilience in environments where people and communities most affected by HIV face exclusion and denial of human rights. At the same time, the new strategy is clear that human rights, gender and racial justice and global solidarity are facing formidable opposition, and strategic priority 2 emphasises that during this next strategic period, we must focus on building the protective ecosystems that are needed to continue progress and resist attacks. We propose a range of advocacy, funding and learning activities that</p>	<p>Lead SP2 and Lead Learning</p> <p>By December 2026</p>

Recommendation / observation	Our response	Who and by when?
<p>Strengthen inclusion where evidence is currently thinner by investing more intentionally in under-documented populations and regions and by supporting partner-led evidence generation.</p>	<p>are specifically designed to support that approach. The strategic priority also seeks to more directly harness evidence generated by partners, in particular through the <a href="#">REAct</a> human rights monitoring tool. While this has been approached primarily from the viewpoint of our external facing work (eg supporting partners to use REAct data in their national advocacy, and with regional or global human rights mechanisms), we could also look at integrating REAct data captured by partners into our presence and engagement framework. The human rights strategic priority and Learning teams have already taken some steps towards strengthening the data used to guide human rights and gender justice decisions (for example, incorporating data from the Gender Inequality Index), but has found the range and relevance of external data to be limited. The teams should now explore the use of REAct data as a viable alternative.</p>	
<p><b>Pathway 3 – Crisis resilience and humanitarian influence as an integral part of the response</b></p> <p>Treat as an integral dimension of the response rather than as an exceptional activity.</p> <p>Build on existing strengths to extend crisis-framed work beyond current hubs, particularly in contexts where partners already face conflict, displacement, climate shocks or economic disruption.</p> <p>Approach as a shared responsibility across Health systems and Rights, for example by designing service models that anticipate disruption (supply continuity, mobile outreach, referral pathways and protection links) and by carrying protection mechanisms into emergency response rather than suspending them.</p> <p>A South–South learning function—rooted in partners’ own signals and adaptations—emerges as a promising area for further exploration.</p>	<p>The vision for the Strategic Priority on resilience to crisis in the new strategy is that it will have stand-alone activities to build our capacity and impact in this area but also will interlink deeply with our work on systems and rights which are both areas heavily impacted by crises.</p> <p>We will take an approach to balance those areas where we already have strong partnerships to build resilience to crisis and those where needs are high but partnerships are less developed. This is important to avoid being overstretched and ensure quality in delivery.</p> <p>We will absolutely build a ‘south to south’ learning approach into our work in this area bringing partners (and those from outside the partnership) to learn together.</p>	<p>AD – Learning and Innovation</p> <p>By December 2026</p>

Recommendation / observation	Our response	Who and by when?
<p><b>Resource the connector role as a strategic function</b> Resource the connector function deliberately— across Advocacy, Learning and innovation, Funding, communications and Monitoring, Evaluation and Learning—so that partner-led evidence can more consistently travel into decision arenas and remain there long enough to influence durable change.</p> <p>Make this connector function explicit in planning, MEL and reporting as a managed and verifiable pathway.</p>	<p>Working as a ‘connector’ is at the heart of the new ‘roles’ of Frontline AIDS. We feel the key challenges here are in connecting between functions and consistent follow through at country level and on that basis this will inform our approach to matrix working, planning, learning and review.</p>	<p>ED and Head People and OD.</p> <p>By September 2026</p>
<p><b>Build equity, anti-racism and gender justice into strategy design and accountability</b> Make equity commitments more explicit in strategy design and accountability mechanisms. Set inclusion and leadership goals for under-represented regions and populations and tracking them in ways that capture power and resourcing. Using auditable equity mechanisms as a shared accountability spine—linking equity claims to traceable artefacts (such as terms of reference, standard operating procedures, funding instruments or data agreements).</p>	<p>We have integrated anti-racist, feminist and decolonial values and principles into strategy design and are now developing a comprehensive workplan to ensure these inform all that we do. These observations will inform that workplan.</p>	<p>Lead- DEI</p> <p>By June 2026</p>
<p><b>Follow through from adoption to implementation and domestic responsibility</b> Place greater emphasis on resourcing the “last mile” of durability, including implementation quality, institutionalisation and, where feasible, shifts toward domestic responsibility.</p>	<p>We will build in a stronger approach to sustainability with an emphasis on the ‘last mile’ to programme design at the outset. This is within the limits of often short donor or programme cycles.</p>	<p>AD Funding and AD Learning and Innovation</p> <p>By December 2026</p>

## Recommendations relating to monitoring, evaluation and learning

Recommendation / observation	Our response	Who and by when?
<p><b>Coverage and representation:</b> Hold an annual portfolio–evidence mapping exercise, comparing where Frontline AIDS works with what is visible in the outcomes, to support intentional interpretation of gaps and coverage.</p>	<p>Accept: This is a helpful suggestion and we will include it in our new impact and learning strategy.</p>	<p>Lead: Knowledge and Learning</p> <p>By June 2026</p>
<p><b>Track progression through pathways in a small number of priority trajectories</b> each year, helping to identify where momentum tends to stall (for example, at authorisation, financing, implementation or institutionalisation) and what forms of support appear most effective in moving change forward.</p> <p>Involve partners directly in these reflections may help ensure that MEL functions as a shared learning process, strengthening collective leadership and supporting power shift within the Partnership.</p>	<p>Accept: We will endeavour to do this where resources allow (sometimes short donor funded programme cycles make this harder). However, we will build this into our Impact and Learning strategy.</p>	<p>Lead: Knowledge and Learning</p> <p>By June 2026</p>
<p><b>Crisis pathway:</b> Capture when partners influence country-owned preparedness and contingency arrangements, such as treatment continuity provisions, emergency financing measures, procurement and stock policies, or the explicit inclusion of key populations in contingency planning.</p>	<p>Accept: These are all outcomes set out in our theory of change which we will seek to document when they happen.</p>	<p>Lead: Knowledge and Learning</p> <p>By June 2026</p>
<p><b>Evidence on lived experience:</b> The evidence base is stronger on institutional change than on how change is experienced in daily life, including service usability, stigma, safety and dignity. A proportionate option for future cycles could be to complement a small number of high-stakes institutional outcomes each year with limited, community-led lived-experience follow-up, drawing on existing monitoring or feedback mechanisms where feasible.</p>	<p>Partially accept: The Outcome Harvesting approach does lend itself more to capturing institutional and policy change, and improvements in people’s lives coming from this can take months or years to emerge. However programmes with more of a focus on community-led service delivery, such as READY+ or the Innovate, Involve, Inspire programme, do capture lived experience. This data is usually not documented in our outcome harvesting database but features in evaluations.</p> <p>However it is a valid point that we should consider further in our new impact and learning strategy: considering how we capture the significance of our outcomes as they will be experienced by the most marginalised.</p>	<p>Lead: Knowledge and Learning</p> <p>By June 2026</p>

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<p><b>Equity, anti-racism and gender justice:</b> There may be scope to make these commitments more visible by tracking not only who is reached, but who initiates change, whose knowledge is taken up, who holds decision-making roles, and who receives direct and flexible funding. A small set of consistent prompts on leadership and resourcing could support reflection on localisation and power without adding significant reporting burden.</p>	<p>Accept: This is a helpful and practical suggestion. We will include this in updating our Outcome Harvesting strategy and data entry form. We will also look to whether we can include this more systematically in external evaluations.</p>	<p>Lead: Knowledge and Learning By June 2026</p>
<p><b>Contribution clarity:</b> For external communication, there may be value in encouraging a consistent narrative emphasis on one primary connector action, supported by one or two secondary actions, to enhance clarity while preserving complexity.</p>	<p>Accept: When updating our Outcome Harvesting strategy and data entry form we will look to more consistently identify how to categorise our contribution. We will also look to whether we can include this more systematically in external evaluations.</p>	<p>Lead: Knowledge and Learning By June 2026</p>
<p><b>Partnership and Operations roles in MEL:</b> Explore light-touch ways of making Operations and Partnership roles more visible in MEL practice, for example through prompts that capture partnership dynamics (such as South–South connectivity or collective positioning) and organisational enablers (such as responsiveness and continuity of accompaniment).</p>	<p>Accept: As above, if we more consistently categorise our contribution to outcomes this will better bring out the role of Partnerships and our Operations.</p>	<p>Lead: Knowledge and Learning By June 2026</p>
<p><b>Substantiation as routine assurance:</b> Periodic, targeted substantiation of a small sample of high-stakes outcomes could continue to strengthen confidence in the evidence base, without creating undue burden.</p>	<p>Accept: Our outcome Harvesting strategy is to substantiate 30% of outcomes each year so we will continue to endeavour to do this.</p>	<p>Lead: Knowledge and Learning By December 2026</p>