



TERMS OF REFERENCE

Consultant: Investment Case Specialist – Joint Program on the Triple Threat, Rwanda

National Consultancy

1. Background – Purpose of consultancy – Terms of Reference

Area of expertise:

Economic modelling, Health and education policy analysis and financing, Cost-Benefit analysis, Results-based budgeting, Public and private investment planning, Impact evaluation.

Purpose of consultancy:

Under the supervision of the UNAIDS Country Office in collaboration with the Rwanda Biomedical Centre and the guidance of the UN Joint Team on HIV/AIDS, the consultant is expected to provide lead support to the following key tasks and deliverables:

1. Engage with Country-Level Stakeholders – the UN Joint Team on HIV/AIDS and the national AGYW TWG to review, synthesize, and refine findings that articulate each sub-component of the Investment Case (IC) arguments.
2. Lead the Drafting of the Investment Case Technical report – Take the lead in drafting the full Investment Case technical report for the country, ensuring coherence and strategic alignment.
3. Develop a Policy Brief – Draft a concise 4–6-page policy brief summarizing the key arguments and findings of the Investment Case.
4. Coordinate Stakeholder Reviews – Liaise with relevant country stakeholders to review, validate, and refine the Investment Case based on feedback.
5. Finalize Key Documents – Complete and submit the final approved versions of both the Investment Case technical report and the policy brief.
6. Create a Presentation Deck – Develop a standardized slide deck summarizing the Investment Case for presentations and advocacy purposes.

Background:

UNAIDS has collaborated closely with all key stakeholders—including the Global Fund, governments, civil society, and communities affected by HIV—to establish a unified agenda and measurable targets under the Global AIDS Strategy 2021–2026. This strategy was formally endorsed by the United Nations General Assembly through its adoption of the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.

At the heart of both the Strategy and the Declaration is a bold and urgent call to end inequalities—a central theme that recognizes the structural barriers and social injustices that continue to fuel the HIV epidemic. By addressing these inequalities, the global community aims to accelerate progress toward ending AIDS as a public health threat by 2030.

Inequalities - including those related to education, wealth, race (o remove this not very much relevant for the national context) , migration, sexual orientation, gender inequality and gender identity, disability - drive HIV transmission, fuel stigma, and affect whether people living with HIV can access support and services, and the benefits they draw from these. The Political Declaration highlights the concern that adolescent girls and young women, particularly in sub-Saharan Africa, continue to be disproportionately affected by HIV, and commits to scaling up comprehensive, integrated and youth-friendly services, including sexual and reproductive health services, HIV prevention, testing and treatment, and to removing barriers that hinder their access to these



services.

Adolescent girls and young women face heightened HIV risk due to a variety of reasons, including limited access to essential services, social, cultural and gender norms. Addressing this requires integrated access to all basic services, including education, health care, HIV prevention, sexual and reproductive health, protection from gender-based violence, and social support.

Access to basic services—such as health care, education, economic opportunities, and psychosocial support—has a transformative impact on Adolescent Girls and Young Women (AGYW) in Africa. Evidence shows that when AGYW have access to youth-friendly sexual and reproductive health services, HIV rates and teenage pregnancies decline significantly. Education access improves retention, delays early marriage, and enhances future economic prospects. Economic empowerment programs, including vocational training and cash transfers, foster financial independence and resilience. Psychosocial support and GBV response services help AGYW recover from trauma and reduce vulnerability. Integrated approaches that combine these services lead to multidimensional empowerment, contributing to poverty reduction, gender equality, and progress toward the Sustainable Development Goals.

Investing in AGYW yields high economic returns across sectors. UNICEF estimates that a \$1 billion investment in adolescent-responsive sexual and reproductive health services, cash transfers, and parenting support in low- and middle-income countries can generate a four-fold return, including improved health, education, and labour market outcomes. In Kenya, a \$234 million investment over ten years could avert 120,000 teenage pregnancies and 2,660 HIV infections, while adding 240,600 years of schooling and generating \$918 million in increased productivity. Education investments are especially impactful—each additional year of schooling increases a girl's future earnings by 10%, contributing directly to GDP growth. Gender bonds and integrated programs like Zambia's Girls' Education and Women Empowerment and Livelihood (GEWEL) Project also show that linking education, nutrition, and livelihoods can create tangible pathways out of poverty and stimulate inclusive economic development.

UNAIDS has closely collaborated as partners including PEPFAR and the Global Fund in the global efforts to accelerate HIV prevention with particular attention to countries with a high burden of HIV infection. Every week in 2023, of the 4000 young women and girls (15-24 years) around the world who acquired HIV, 3100 were in sub-Saharan Africa, according to the 2024 Global AIDS Update Report. Across sub-Saharan Africa, adolescent girls and young women are three times more likely to acquire HIV than adolescent boys and young men.

Context:

In Rwanda, women account for 3.7% HIV prevalence, compared to 1.7% among men, highlighting a gender disparity in the epidemic. Among adolescent girls and young women (AGYW) aged 15–24, HIV testing uptake remains suboptimal, with only 55.4% reporting ever having tested for HIV. Despite high levels of awareness—81.3% of young women know that a healthy-looking person can have HIV—barriers such as low HIV-related knowledge among younger adolescents, rural residence, and limited access to youth-friendly services continue to hinder progress.

According to the 2023 Rwanda Demographic and Health Survey (RDHS-6), 5% of girls aged 15–19 have begun childbearing, 4% have already given birth and 1% are currently pregnant with their first child. In 2023, the Ministry of Health recorded over 20,000 cases of teenage pregnancy nationwide. The Eastern Province is the most affected, with 8,801 cases and district-level rates reaching 10%, doubling the national average. The adolescent fertility rate has remained around 36 births per 1,000 girls aged 15–19 from 2019 to 2024.



Gender disparities, stigma, and structural challenges—including age-related consent policies (is this still relevant given age of consent has been lowered to 15 years???) for access to and use of services, limited outreach especially in rural areas, and insufficient integration of sexual and reproductive health services—restrict AGYW’s access to HIV testing and care.

Recognizing the complex and layered vulnerabilities faced by adolescent AGYW in sub-Saharan Africa, a growing coalition of governments, civil society organizations, and development partners is advancing a holistic approach that prioritizes empowerment, protection, and access to essential services.

This approach ensures that AGYW have access to a comprehensive package of services including, education, sexual and reproductive health services, including HIV prevention, testing, and treatment, mental health and psychosocial support, protection from sexual and gender based violence, economic empowerment and life skills development, legal and policy reforms that remove barriers for access to services and promote rights.

By integrating these services across sectors—health, education, social protection, economic empowerment and justice—stakeholders aim to create enabling environments where AGYW can thrive. This approach strengthens agency and decision-making and reduces the risk of HIV and other vulnerabilities. The government of Rwanda is increasingly aligning with this comprehensive vision, recognizing that empowering AGYW is not only a public health priority but a strategic investment in sustainable development. In this regard, a minimum package of services for AGYW has been developed and validated.

In Rwanda, UNAIDS—working through relevant line ministries and national coordination mechanisms—is supporting the implementation of the Joint UN Programme on the Triple Threat, which addresses HIV infection, unintended teenage pregnancy, and gender-based violence. This programme serves as a strategic platform to bring together stakeholders from health, education, gender, youth, and social protection sectors to promote a coordinated and synergistic response targeting adolescents and young people, especially adolescent girls and young women. By leveraging the strengths of each sector and aligning with the Rwanda UN Cooperation Framework, the Joint Programme aims to empower AGYW, reduce new HIV infections, prevent early teenage pregnancies, and eliminate gender-based violence—contributing to Rwanda’s broader goals of health equity, gender equality, and sustainable development.

Against this backdrop, a consultant is sought to participatorily develop a technically sound and politically attractive Investment Case to mobilise support for the implementation of the Joint Programme on the Triple Threat in Rwanda. As a policy and advocacy-oriented analytical product, among others, it will aim to increase smart investments by not only showing the cost of inaction but also an evidence-based analysis for the cost of investment, and the return on investment to inform policy and action vis-à-vis the priority investments for the country.

2. Deliverables/Products

The consultant will be responsible for developing the draft versions, integrating feedback from stakeholders, and producing the final validated deliverables as outlined below

1. An Inception report. Timeline: By 04th November 2025
2. Presentation of the investment case for the Joint Programme on the Triple Threat, including the cost of inaction, cost for investment and the return on investment projections and impact modelling to the UN Joint Programme on HIV/AIDS and key national stakeholders. Timeline: 18th November 2025
3. A visually compelling policy brief of about 4-6 pages. Timeline: 26th November 2025



4. A standard visually compelling slide deck summarizing the Investment Case, including the cost of inaction, cost for investment and the return on investment projections and impact modelling. Timeline: 29th November 2025
5. Technical report with detailed analysis, process and lessons learnt, including pre-set underlying files for ease of replication in other contexts. Timeline: By 3rd December 2025

3. Qualifications, experience, skills and languages

Educational Qualifications:

Master's degree preferably in Health financing, or in Economics, Statistics, Public Health, Social Sciences, Education Planning, Public policy or Development studies with strong knowledge or prior experience in resource mobilization in the areas of education, HIV and health.

Experience:

Essential:

- Minimum proven professional experience of 10 years on HIV and health statistics, data analysis and report writing, including synthesis reports such as for meaningful political or policy recommendations.
- Proven experience in development of Investment cases in the health and education sectors, including utilization of diverse approaches, tools and their application in policy advocacy and practice.
- Demonstrated experience in economic modelling and sector situation analysis.
- Have the ability to understand and present financial and programmatic data (both qualitative and quantitative); and have a profound understanding of the strategic investment approach.
- Experience in budgeting, forecasting, and resource allocation.
- In-depth expertise in, and knowledge of the social sector policies for Rwanda, financing and budgeting landscape of Rwanda.
- Possess excellent writing and presentation skills with a proven record of working in planning, management, monitoring and evaluation of complex development programmes at national level.
- Have advanced skills in designing messages and materials for influencing decision-makers and for shaping broader public opinion.
- Have excellent interpersonal skills, particularly within cross-cultural environments are a prerequisite.
- Candidates from or with substantive experience living and working in Rwanda are particularly encouraged to apply.

Skills/Knowledge

- Demonstrated skills and knowledge in the development of Investment Cases that incorporate education, health, gender, justice, social protection, economic empowerment sector data.
- Functional knowledge and skills in developing and reporting on results frameworks and Theories of change.
- Knowledge of HIV programming and recent global commitments and political declarations.
- Excellent report writing and communication skills.
- Proven ability to write background documents, papers and prepare PowerPoint presentations.



- Demonstrated ability to work in a multicultural environment and establish harmonious and effective working relationships with government, civil society, and technical partners.
- Able to operate in a United Nations environment and also to work with much broader coalitions, including engaging women's, youth and other civil society movements.
- Self-resourceful, flexible, and takes initiative.
- Able to manage complexity, risk and multiple stakeholders while delivering powerful work that has a big impact.

Languages and level required/desired

Required: Expert knowledge of English

4. Location

Off-site in the premises of the consultant. This is a home-based consultancy, with online presentations to audiences including the UN Joint Team on HIV and AIDS and other partners on request.

5. Travel

Travel is not involved.

6. Remuneration and budget (travel costs excluded)

Daily Rate: Not more than USD 500 per day of consultancy, depending on experience and qualifications.

Expected start and end date of contract (Duration): Not more than 30 non-consecutive consultancy working days between 04/11/2025 and 03/12/2025

Fee payment schedule:

25% of the fees will be paid upon presentation of deliverable/product 1.

50% of the fees will be paid upon presentation of the deliverables/products 2, 3 and 4.

25% of the fees will be presented upon presentation of deliverable/product 5.

7. How to apply:

Please submit your cover letter and CV by the deadline to the following email address.

Email: educationplus@unaids.org

1. No later than **30th October 2025**

8. General Information

UNAIDS recognizes the importance of a diverse workforce. We define diversity as acknowledging, seeking to understand, accepting, and valuing differences among people with respect to age, class, ethnicity, sex, physical and mental ability, and sexual orientation.

Applications from people living with HIV are particularly welcome. No potential candidates shall be discriminated against on the basis of real or perceived HIV status. HIV infection, in itself, does not constitute lack of fitness to work. There is no obligation to disclose HIV-related personal information.

Applications from women are particularly encouraged.



Only candidates under serious consideration will be contacted.

UNAIDS is committed to providing a work environment that respects the inherent dignity of all persons. UNAIDS has a responsibility to take all appropriate steps to prevent and respond to discrimination, abuse of authority, and harassment, including sexual harassment in the workplace or in connection with work. UNAIDS has zero tolerance towards abusive conduct.

UNAIDS has a smoke-free environment.