Annex 9 The Division of Labour

> ***Evaluation Question***
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> *The components of UNAIDS, and the operational relationships between the secretariat, cosponsors and other institutions, like the Global Fund, at headquarters, regional and country levels need to be reviewed. This should also involve evaluating the efficiency of UNAIDS in terms of coordination, consistency and compatibility of activities and programmatic strategies and, how the Division of Labour has affected working relationships in country, taking into account the perspective of national governments. Does UNAIDS fulfil its global coordination role on AIDS?*

1   Introduction

1.1   To understand how the various organisations within UNAIDS interact with each other and the impact of the UBW and the division of labour, it is first necessary to understand, in broad terms, the organisations themselves and the incentives that operate within them.

2   The cosponsor agencies

Diversity

2.1   At the start of the evaluation period there were eight UNAIDS cosponsors – UNDP, UNICEF, UNFPA, WHO, UNESCO, ILO, UNODC and the World Bank. WFP became a cosponsor in 2003 and UNHCR in 2004. There is significant variation across these ten organisations in terms of what they do (lend money, provide food, develop normative guidance, build country capacity to implement normative guidance), their planning and reporting approaches and cycles and the terminology used, the degree to which their operations are decentralised, whether they have representation at country level and authority is delegated to that level, and the degree to which addressing HIV can be seen as part of their core mandate.

2.2   This diversity can manifest in tension among the cosponsors, especially between WHO and some smaller cosponsor agencies[1], and is an important factor in how innovations such as the division of labour are perceived and implemented and the approach adopted to the allocation of UBW funds. Indeed, it underpins the recommendation of a recent evaluation by the UN's Joint Inspection Unit[2] that the number of cosponsors be reduced, based on the following rationale:

> *"In the opinion of the Inspector, the existing partnership of ten cosponsors is too many. As one representative of an NGO who was attending the PCB meeting noted recently: 'There are too many agencies doing too many things'. Importantly, as a joint and cosponsored programme, the achievement of UNAIDS depends heavily on the understanding, cooperation, and consensus among the cosponsors. The implications of a larger, more diverse partnership are many. Since each cosponsor is accountable only to its own independent governing/executive board, neither the UNAIDS Secretariat nor the PCB has*

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[1] The smaller agencies are ILO, UNODC, WFP, and UNHCR.
[2] The Joint Inspection Unit (JIU) is responsible to the General Assembly of the United Nations and is mandated to provide an independent view through inspection and evaluation aimed at improving management and methods and at achieving greater coordination between UN organisations.

any controlling organisational authority over the cosponsors. Consequently, little could be done to exert pressure to bear on the cosponsors to become effective partners within UNAIDS. In addition, there are governance implications in managing a growing CCO and participation in the PCB as it increases the consultative and collaborative initiatives and mechanisms and difficulties in consensus building. Also, the increase in the number of cosponsors has notable implications, not only in the allocation of the Unified Budget and Workplan (UBW) funds amongst them, but also it has managerial implications for the UNAIDS Secretariat in terms of its ability to successfully perform its coordination/facilitation functions at the global level. Some UNAIDS Country Coordinators (UCCs) have continued to experience major difficulties in coordinating effectively the multitude of cosponsors even at the country level."[3]

Benefits of the joint programme

2.3   Interviews with the ten global coordinators specifically highlighted the following benefits of the joint programme approach:

- In eight cases, availability of funds through the UBW was seen as key. As one commented, if the UBW funds were not available, the agency's capacity at global level would effectively disappear.
- In seven cases, the role of UNAIDS Secretariat and the Executive Director in maintaining HIV as a high-profile policy issue to be addressed.
- For the smaller agencies, the fact that being a cosponsor meant that larger agencies had to at least publicly acknowledge that they had a role.
- For the smaller agencies especially, the access being a cosponsor gives to a wider range of expertise and networks.
- Greater oversight of what is happening globally and how the work of their agency might fit within this.

2.4   Interviews with global coordinators are clear that the intervention of the UNAIDS Executive Director has been central to UNDP, UNICEF and the World Bank maintaining HIV as a policy priority and remaining as cosponsors, while in at least two other cases (UNFPA and WFP) ensuring that HIV was not downgraded through internal reorganisation.

2.5   The criteria for becoming, and remaining, a cosponsor are outlined in Box 1, based on the revised agreement reached within the CCO in 2004. Important to appreciate is that the decision about which agencies meet the criteria for becoming a cosponsor rests with the CCO, not the PCB/ECOSOC, which are merely informed of the decision.

Box 1: Becoming and remaining a cosponsor

Criteria for eligibility to become a cosponsor:
i The organisation must bring an identifiable comparative advantage to the UNAIDS partnership and have a mandate to carry out activities related to HIV/AIDS.
ii The organisation must be a UN-system body.
iii The governing body should approve a specific budget for HIV/AIDS activities and put HIV/AIDS on its agenda for regular consideration under the institutional and policy framework of UNAIDS.

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[3] Yussuf, M. (2007) Review of the progress made by the United Nations System Organizations in achieving the Millennium Development Goal to Combat HIV/AIDs. Report by the JIU, UN, Geneva,

iv The organisation should designate its own core resources to backstop HIV/AIDS issues, including a dedicated unit headed by senior staff.

v There should be a commitment to participate in the UBW on HIV/AIDS processes at the global and regional levels, including assistance in mobilising resources for the same.

vi The organisation in question must implement a clear, well-disseminated HIV/AIDS workplace policy.

vii No less than US$4 million of the organisation's own resources (at global and regional levels) must be devoted to HIV/AIDS-related activities.

Conditions for remaining a cosponsor are that:

viii. The organisation should have its own resources for HIV/AIDS-related activities (at global and regional levels), higher than what the organisation receives from the core UBW.

ix HIV/AIDS-related activities must be underway at country level in at least 40 per cent of the countries where the organisation has a permanent country presence.

x The organisation must have a track record of active participation in UN Theme Groups on HIV/AIDS at country level.

Source: PCB (2004) Cosponsorship. Presented at the 15th Meeting of the PCB, June 2004

2.6   The 2004 paper on Cosponsorship[4] presented at the PCB in June 2005 proposed that in conjunction with every UBW, a substantive report/assessment be presented on whether each cosponsor meets the current criteria, so that the PCB is assured that all cosponsors are meeting their obligations. However, there is no evidence that this proposal was implemented, although the information on the allocation of funding from the cosponsors' own resources at global and regional levels are included in the UBW documents.

Global coordinators

2.7   A significant change has been the growing importance of the global coordinators. At the start of the evaluation period, global coordinators were technical resource people (mostly at the P5/P4 level, which means that they were technical specialists) within their own agencies, but their role has expanded considerably during the evaluation period. Key to this has been a change in the grade of the global coordinators, who are now all D (1) (or equivalent), which gives them greater status within their own organisations. However, the growing role of the global coordinators within UNAIDS is not formalised. CCO minutes from 2006 make reference to 'empowered global coordinators' and a growing strategic role in the development of a joint work plan with the secretariat and more frequent and structured meetings. But there is no evidence that this extended to strengthening their formal authority within their own organisations.[5]

Staffing

2.8   This increase in status, allied to access to funds from the UBW and the support of the UNAIDS Executive Director, has been key to the growing role of global coordinators as policy entrepreneurs within their own agencies and in maintaining HIV as a policy priority. The main indicator of success is the significant increase in HIV capacity at the headquarters and regional level for several of the cosponsors, as shown in Table 1, although this has not always been based on the use of UBW and internal funding. For example, as noted below (see paragraph 2.10), the increase in staffing within WHO was supported through funding by Government of Canada.

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[4] PCB (2004) Cosponsorship. Presented at the 15th Meeting of the PCB, June 2004
[5] UNAIDS/CCO (2005) Report of the 26th CCO meeting. UN Headquarters, Conference Room 7. Thursday, 27 October 2005

Table 1: Full time equivalent staffing by cosponsor in 2003-2004 and 2006-2007 biennia[6]

Cosponsor	2004-2005			2006-07			% increase of total
	Global	Regional	Total	Global	Regional	Total	
ILO	15	15	30	33	10	43	43
UNDP	6	10	16	26	26	52	225
UNESCO	27	25	52	23	25	48	-8
UNFPA	22	29	51	36	118	154	202
UNHCR	-	-	-	5	7	12	n/a
UNICEF	26	35	61	9	88	97	59
UNODC	9	12	21	11	12	23	10
WFP	15	12	27	7	6	13	-52
WHO	105	80	185	146	175	321	74
World Bank	43	29	72	62	53	115	60
Total	**268**	**247**	**515**	**358**	**520**	**878**	**+70%**

Source: Data provided by the Secretariat

2.9   This situation should be contrasted with that outlined in the Five-year Evaluation, which stated that:

> "*Lack of money has frustrated the development of specific AIDS capacity in various agencies. Indeed, in many instances, the ability of cosponsors to adjust their capacities to the higher exigencies of the partnership is constrained by the availability of financial resources. Oftentimes, it was noted, 'cosponsors don't even have the money to do what they were originally set up to do'. Indeed, many cosponsors run bare bones operations based on a very limited specialised staff capacity (UNDP 12, UNFPA 19, UNDCP 1). In this connection, the relatively solid staffing of the UNAIDS Secretariat (a total of 129 professional-level posts globally in 1996-2000) is watched by partner agencies with jealousy*".[7]

2.10   Growth in capacity across the cosponsors at global and regional levels has not, however been based on a strategic analysis by UNAIDS of where in the UN system capacity is most needed to address the evolving epidemic. Instead, growth has occurred independently within each cosponsor, partly based on the availability of either UBW funding[8] or funding sourced from elsewhere, as illustrated by the example of WHO. With the establishment of the secretariat in the mid-1990s, significant numbers of staff transferred from WHO to the secretariat and, until 2001, WHO had almost no staff working on HIV at global and regional levels. The rapid rise in WHO staffing witnessed in the past seven years has been due to HIV being seen as a priority by two successive Director Generals, and the organisation then accessing significant funding from the Government of Canada, to support implementation of the '3 by 5' initiative.[9]

Accountability as a cosponsor

2.11   What commitment and accountability to UNAIDS means in real terms is an ambiguous and complex area for a cosponsor. Heads of agency can be said to commit to delivery of outputs

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[6] The data presented in the table is the best available but should be interpreted with care as it includes estimates of both full-time equivalents and actual staff.
[7] Background Paper for the Five-Year Evaluation of UNAIDS on Organization, management and governance of the joint programme, pages 35-36.
[8] The lack of a transparent process for deciding the increase in inter-agency budget allocations to cosponsors such as UNDP and UNFPA that have assumed new lead roles under the division of labour should also be noted.
[9] M.I. Battistella Nemes et al (2006) Evaluation of WHO's Contribution to "3 by 5". WHO. Geneva.

identified in the UBW, as the CCO endorses the document. However, this needs to be considered against a background in which the heads of agencies have progressively delegated more of the work to the global coordinators and an agency at the corporate level is really only accountable to its governing board for delivery against what is specified in its own corporate results framework or equivalent.

2.12   Yet, only four of the ten Cosponsors – UNFPA, UNICEF, WFP, UNODC – currently use the same indicators in their corporate level results framework as are found in the UBW. A fifth cosponsor, ILO, is currently working to do this in the 2010-2011 biennium. In these agencies, corporate level accountability for delivery against the agreed UBW indicators can be said to have been established; the issue then is the degree to which accountability systems within these agencies are robust and effective.

2.13   A different approach has been adopted by other[10] cosponsors. In several, regional departments and other groups bid for UBW money based on criteria set by the global coordinators, with those actually receiving funds then being accountable for delivery of specific UBW activities. In the case of the World Bank, UBW funds are centrally managed under the aegis of the Global HIV/AIDS Program. Regional departments receive funding under the UBW on the basis of agreed work programmes aligned with UBW objectives, and are then fully accountable for delivery against agreed results. With this approach, accountability rests with those who receive the funds not at corporate level. Such an approach may lead to strong accountability, depending on the quality of internal accountability systems, but does not provide strong signals to line managers that HIV is an agency priority. As stated by the World Bank Global Coordinator, regional departmental staff working on HIV are not accountable for delivery against the UBW until they accept UBW funding to deliver specific agreed outputs; this happens when they judge that accepting such funding helps them to progress their regional agenda.

2.14   Moving on to actual delivery, it is the global coordinators who are really accountable for delivery against the UBW within a context where:

- Global coordinators are usually line managers of HIV-dedicated staff at the headquarters and possibly regional[11] level, but normally not at the country level, as shown below.

	All	Most	Some	None
The global coordinator is in the direct line of management for how many of the HIV specialists at HQ level?	UNFPA, UNODC, UNHCR, UNDP ILO	UNESCO, World Bank WHO	WFP, UNICEF	
The global coordinator is in the direct line of management for how many of the HIV specialists at regional level?	UNODC, UNHCR, UNDP	UNFPA, ILO	UNESCO	WFP, WHO, World Bank, UNICEF
The global coordinator is in the direct line of management for how many of the HIV specialists at country level?	UNODC			UNFPA, WFP, UNESCO, WHO, UNHCR,

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[10] Cosponsors definitely using this approach include UNDP, UNFPA, UNICEF, UNESCO, World Bank
[11] With staff at regional level, a global coordinator, if in the line of management, would manage the substantive components of a staff member's work

	All	Most	Some	None
				World Bank, UNDP, ILO, UNICEF

- Placing staff at regional or country level, even when they are managed by the global coordinator, requires consent of the manager of that unit. Whether the managers of these units consider HIV a corporate priority or see advantage in having such staff is therefore vital. This issue was picked up in a recent evaluation of HIV in UNFPA, which specifically recommended that UNFPA's stated policy objectives in the area of HIV needed to be reflected in an accountability framework that captures the roles and responsibilities of management at all levels.[12].

- Strategic results frameworks in cosponsor agencies are often used by the headquarters to communicate priorities to the country level. The UBW is not a tool used in communication with the heads of agencies in country, who are the line managers at this level. Experience suggests that communication is through internal agency systems and external documents such as the UBW have little status or relevance.

- UBW funding (passed on from the secretariat and raised by the agency at global level) is a relatively small proportion of the money spent by most cosponsors on HIV at country level.[13] For UNHCR, ILO and UNESCO, UBW funding exceeds that raised at country level. For WHO, the sums are roughly comparable. For the remaining six cosponsors, funding raised at country level is up to three times as great as the total under the UBW.

- As highlighted in a recent evaluation of WHO's contribution to the '3 by 5' initiative, the complex organisational structure within WHO, with its significant regional variation and decentralised autonomy makes managing and implementing a global programme particularly challenging. WHO's decentralised structure recognises that regional offices can be better connected to the geographical, political, social and cultural realities of their constituencies. But the relative autonomy of regional directors and the level of influence they have on the performance of WHO programmes within countries, means that their willingness to engage is an important determinant of progress in a global programme. The '3 by 5' evaluation identified the apparent lack of visible leadership from the WHO Regional Office for Africa in the initiative.[14] Within ILO, interpretation of delivering against universal access and the specific mandate of Field Directors in ILO Country offices is also a communication issue. This is particularly relevant in countries where HIV is not selected as one of the three priority areas in the ILO Decent Work Country Programmes; especially in low prevalence countries.

- The global coordinators have often had to put specific systems in place to track what is happening at country level, as corporate level reporting systems are inadequate. UNFPA is a good example of this. Several of the agencies use UNDP's administrative system (ATLAS) at country level, but the classification system used for tracking what projects are intended to contribute towards makes it difficult to identify many projects that are addressing the HIV epidemic. In response, the UNFPA global coordinator and focal point attempted to incorporate appropriate questions into the Country Office Annual Report

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[12] C. Chan-Kam, C. Sozi, H. de Knocke and G. Walker (2008) UNFPA's Country and Sub-Regional Support to National Responses to HIV/AIDS - An External Review. UNFPA, 2008. Page 19
[13] A breakdown of funding for the 2010-11 biennium is at
http://data.unaids.org/pub/InformationNote/2009/20090515_20102011_ubw_final_en.pdf, page 21
Breakdowns of country level funding by cosponsor are not available for previous biennia.
[14] WHO (2006) Evaluation of WHO's contribution to '3 by 5': main report. WHO Evaluation Department, WHO, page 61, paragraph 5

(COAP) format, but the proposed questions were then collapsed into a single question by the headquarters unit in charge of the COAP process.

2.15   The main finding therefore is that linkages between decisions taken at the global level within UNAIDS and what happens at the country level within specific UN agencies are not direct and straightforward. Global coordinators, in broad terms, are therefore actually focused on:

- Ensuring that strong signals are sent from their senior management to country level staff that HIV is a policy priority.
- Ensuring that there are enough and competent staff to carry out effective policy advocacy within the agency at global and regional levels.
- Developing the normative guidance and supporting material that allows staff at country level to be credible with other stakeholders.
- Managing specific projects.
- Using the UBW funds as seed money to compete for the allocation of other funds available within the organisation.

Funding and resource mobilisation

2.16   Funding of UNAIDS is complex. The Fund of UNAIDS, which is managed by the UNAIDS Executive Director, provides resources for the core budget for cosponsors, the secretariat, and interagency activities as well as the supplemental budgets of the secretariat and interagency activities. The secretariat also raises 'extra-budgetary' funds that are not included in the UBW; use of these funds is dependent on agreement between the secretariat and the individual donor.

2.17   Cosponsors also provide funding for HIV through their own budgetary and planning mechanisms. These include:

- Cosponsor global and regional resources, cosponsor 'supplemental' resources, and cosponsor country-level resources. Cosponsors' global and regional resources are provided from the organisation's regular budget.
- Cosponsors' supplemental resources are funded by voluntary contributions, raised by the organisation concerned and channelled through its own budgetary mechanisms.
- Cosponsors' country-level resources, which are formally considered to be outside of the UBW, provided through a combination of regular budget and voluntary contributions, according to the nature and practice of the organisation concerned.

2.18   Nominally, the responsibility of the secretariat is therefore to raise: (i) the core budget for cosponsors, the secretariat, and interagency activities; and (ii) the supplemental budgets of the secretariat and interagency activities identified in the biennial UBW agreed by the PCB. Resources for the Fund of UNAIDS come entirely from voluntary funds provided by donors (including from one cosponsor). Donations to the Fund are first used to finance the core budget. Should funding become available during the biennium in excess of core budget requirements, surplus funds will be applied by the Executive Director to the supplemental budget for the actions identified in the UBW. Table 2 shows the degree to which UBW funding passed through the secretariat is used by cosponsors to fund staff at global, regional and country levels.

Table 2: Use of UBW funding passed through secretariat to fund cosponsor positions at global, regional and country levels

	All	**Most**	**Some**	**None**
What proportion of the HIV specialists at HQ level are funded out of UBW funding provided through the secretariat?	UNODC	UNFPA, UNHCR, ILO, World Bank	UNESCO, WFP, WHO, UNDP, UNICEF	
What proportion of the HIV specialists at regional level are funded out of UBW funding provided through the secretariat?	WFP, UNFPA, UNHCR	UNESCO, ILO	UNODC, WHO, UNDP, UNICEF, World Bank	
What proportion of the HIV specialists at country level are funded out of UBW funding provided through the secretariat?		UNHCR, ILO	UNESCO, UNODC, WFP, UNFPA, WHO, UNDP, World Bank	UNICEF,

Source: Assessments by Global Coordinators

2.19   The key finding is the degree to which capacity within the cosponsors is reliant upon funds raised by the secretariat and passed through the UBW. This raises the issue of sustainability and whether the availability of UBW funding is acting as an incentive to cosponsor agencies to not fund HIV specialists out of their own 'core' funding. Agencies where the majority of global level staff are funded using the agency's core resources include UNDP, ILO, WFP and UNHCR.

2.20   Given the importance of UBW funding, especially for capacity at the global and regional levels, it is also important to assess the degree to which cosponsors are increasing the use of other funds at the global and regional levels. Table 3 examines two issues. First, across the last three UBWs, is there a trend of increasing funding coming from resources raised by the cosponsors at a global level? Second, is there an increase in core funds allocated by the agencies to supporting their work on HIV at global and regional levels?

Table 3: Funding trends across the cosponsors by biennium

Cosponsor	Funding commitments from global, regional and supplemental budgets by cosponsor (US$ million) by biennium[15]			Cosponsor core funding allocated to HIV (US$ million) by biennium		
	2004-2005	**2006-07**	**2008-09**	**2004-2005**	**2006-07**	**2008-09**
ILO	13	26	12	7	7	5
UNDP	36	21	14	9	13	7
UNESCO	11	21	8	7	9	5
UNFPA	36	75	65	13	17	9
UNHCR	-	23	5	-	3	3
UNICEF	34	258	155	16	19	10
UNODC	7	48	36	5	8	5
WFP	-	15	47	-	4	4
WHO	85	181	62	22	23	13

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[15] These are the funds that the individual cosponsors commit to raise under the UBW and are distinct from the funding raised by the secretariat and provided to the cosponsors via the UBW.

World Bank	30	41	13	7	11	6
Total	252	709	417	86	114	67

Source: Data provided by secretariat

2.21   Table 3 clearly shows a three-fold increase in funding commitments by the cosponsors, as distinct from resources that they receive via the secretariat, across the agencies between the 2004-2005 and 2006-2007 biennia, followed by a significant decrease in the 2008-2009 biennium. This story is also replicated in agencies' commitments of core funding, although the increase in the 2006-2007 biennium was not as significant. In terms of sustainability, the most significant trend is the decline in core funding commitments across all cosponsor agencies between the 2006-2007 and 2008-2009 biennia, which confirms the importance of UBW funding to maintaining capacity at headquarters and regional levels within the agencies, suggested in Table 2. However, this decline should be viewed in the context of a UN in which a low, and declining, core share in the overall budget is becoming the norm.[16]

3   The secretariat

Role and function

3.1   The creation of a Joint Programme Executive Director position and UNAIDS Secretariat function recognised the need for a specialised capacity to guide sectoral and agency action towards a more effective combined UN system response. However, the ECOSOC mandate does not directly discuss the role of the secretariat and legally it remains a part of WHO – albeit with almost complete autonomy and no requirement to report to the Executive Director of WHO or the World Health Assembly. Review of PCB and CCO documentation shows no subsequent document setting out the agreed role of the secretariat, and therefore its role remains undefined.

3.2   Cosponsors all agree on the importance of the Executive Director in keeping HIV a high policy imperative within the UN agencies and raising UBW funding. The Executive Director and Secretariat's role in targeting the actors of the global response – global advocacy and partnership building – are also acknowledged and supported. Cosponsors further see a role for the secretariat in facilitating and managing coordination between the cosponsors, which is a classic role for a secretariat. However, while coordination through the UBW development process remains an important role of the secretariat, its role in other aspects of coordination appears to have decreased over the evaluation period; possibly in response to the growth in capacity within the cosponsor agencies. This is most clearly seen in terms of the role of the secretariat in operation of the inter-agency task teams. In these fora, the Secretariat appears to have become just another organisation inputting into the substantive discussion, rather than a coordinator of cosponsor engagement.

3.3   Tension arises over the exact role of the secretariat in two main areas. First, in filling gaps that are not covered by the cosponsors; an area discussed in more detail in later sections of this annex which deal with how the division of labour has been interpreted and used at global level. Second, the secretariat moving into 'implementation', especially at country level where UCCs have had the scope to be entrepreneurial in raising extra-budgetary funds without

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[16] UN (2008) Trends in contributions to operational activities for development of the United Nations system and measures to promote an adequate, predictable and expanding base of United Nations development assistance. Report of the Secretary-General for the Sixty-third session of the General Assembly, July 2008, A/63/201.

constraining oversight from higher management and therefore may compete for funding with cosponsors. In both of these areas, there is not a transparent and predictable process to manage these tensions.

Decentralisation and staffing

3.4   The evaluation period has seen the decentralisation of functions within the secretariat. Expansion at both regional and country levels was flagged in the secretariat's response to the Five-Year Evaluation. As of early 2008, in addition to its Geneva headquarters, the secretariat maintained 3 liaison offices, had 7 Regional Support Teams (RSTs) and a presence in 84 programme countries. In November 2008, the secretariat reported that there were 715 staff on WHO contracts and a further 250 on UNDP contracts. The secretariat has therefore quadrupled in size between 2002 and 2008 and has more staff working on HIV at global and regional level (in November 2008 454 staff) than any of the cosponsor agencies. However, there is little evidence from PCB records of oversight of this dramatic expansion, beyond endorsement for the initial expansion in the secretariat's role at country level in 2003.

3.5   In 2001, just before the start of the evaluation period, 24 of the Secretariat's 129 professional staff worked on regional issues, based in the Country and Regional Support Department, located in Geneva. During 2005 and 2006, seven RSTs (Asia, WCA, ESA, MENA, Latin America, Caribbean, Eastern Europe) were established as part of UNAIDS' efforts to strengthen country support, and to decentralise oversight and support. According to the original directive from the secretariat[17], the goals of the RSTs were:

> "to catalyse and to facilitate support to reinforce capacities and to ensure effective HIV/AIDS response in countries within the respective region. Its primary course of action is through support to the UNAIDS (secretariat) country office. While the UNAIDS Country Coordinator (UCC) is responsible for country-level action within the secretariat (i.e. leading and managing relations within the UN system, as well as with national counterparts and others), the RST is responsible to support UCCs in their work. In countries where there are no UCCs, the RST will channel this support through the UN Theme Groups on HIV/AIDS and the UN Resident Coordinator System"

> "The RST will bring UNAIDS leadership, management and programming support closer to country and regional level actors and partners"

> "In fulfilling [its] functions, the RST serves a variety of clients; in countries, this includes UCCs and, through them, support to UNCTs, national partners and AIDS programmes. At the regional level, this will include Regional UN entities, IGOs, non-governmental organisations, institutions and donors. While at the global level, this includes HQ, including as an interface with global partners"

3.6   Staffing levels in the RSTs are shown below in Table 4(a).

Table 4(a): Staffing levels in the RSTs, 2006 and 2008.

RST	Location	Number of staff in:	
		2006	2008
Asia and Pacific	Bangkok/Manila	14	12
East and South Africa	Pretoria/Johannesburg	17	15
West and Central Africa	Abidjan/Dakar/Lomé	7	20

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[17] UNAIDS (2005) *CRD Regional Support Teams: Enhancing Support to Countries*, Country and Regional Department, UNAIDS Secretariat, Draft, 2 February 2005

Middle East and North Africa	Cairo	5	6
Caribbean	Port of Spain	4	6
Latin America	Panama	5	10
Europe	Moscow	0	6
Totals		52	75

Source: Data provided by secretariat

3.7   Expansion of the secretariat's country level presence was initially outlined in a global strategy document entitled 'Directions for the Future'. This envisaged expansion of staffing in four main areas: (i) UNAIDS Country Coordinators/Officers; (ii) M&E advisors; (iii) partnership advisors; and (iv) resource mobilisation and tracking advisors. Using 2003, the year the strategy was approved, as the baseline, the increase in staffing during the evaluation period is shown in Table 4(b) below.

Table 4(b): Secretariat professional staffing at country level – 2003-2008

Position	Number of staff			
	2003	2004	2006	2008
UCC/UCO*	62	62	82	85
M&E Advisers	25	27	60	59
Partnership and Social Mobilisation Officers	15	17	31	28
Resource Mobilisation Advisers	5	2	2	5

Source: Data provided by secretariat

* This excludes the national Country Coordinators.

3.8   In addition to an expansion in the positions above, and of administrative support staff, there has also been an expansion in secretariat staff at country level working through project funded contracts. For example, one of the Asian country offices visited for the evaluation had the following structure:

Staff complement 19 of which:
- 5 core UNAIDS staff
     3 core UNAIDS fixed term through WHO
     2 UNDP fixed term (100 series) – Admin Assistant and driver.
- 1 UNDP fixed term (100 series) – National Programme Officer (activity budget)
- 9 locally funded staff (PEPFAR and other EXB)
     7 on UNDP service contracts (5 G staff and 2 P staff)
     1 short term TSF
     1 fixed term UNAIDS contract through WHO (EXB)
- 4 others including 1 VSO, 1 AYAD (Australian Volunteer); 1 National UNV (for Joint UN Team on HIV), 1 UNDP service contract paid for by Global Coalition on Women and AIDS-Gender Fund (for Joint UN Team on HIV)

Comment [e1]: Will readers know what EXB is?

3.9   Tracking the total number of staff in country offices, if including all staff as shown in the example above, is not carried out centrally by the secretariat.

Funding and resource mobilisation

3.9   The secretariat has successfully raised the core budget for cosponsors, the secretariat, and

interagency activities as well as the supplemental budgets of the secretariat and interagency activities in each biennium since 2002-2003.

3.10   Funding of the secretariat and cosponsors under the UBW is difficult to examine, since significant expenditure is aggregated within what is termed the interagency budget. Table 5 shows the split in the funding that the secretariat commits to raise between the secretariat and cosponsors, after the interagency budget is allocated between the secretariat and cosponsors. The bulk of such funding is used by the secretariat, and the proportion allocated actually increased in the current biennium (2008-2009). Given that the original intent was that the secretariat not become another UN agency, it is important to note that the secretariat's budget is probably comparable to, or even greater than, that of some of the smaller UN agencies, such as UNODC, UNCTAD or UN-Habitat.[18]

Table 5: Percentage allocation of funding raised by secretariat between cosponsors and the secretariat by biennium

	Biennium		
	2004-2005	**2006-2007**	**2008-2009**
Cosponsors (%)	32%	32%	21%
Secretariat (%)	68%	68%	79%
Total funding raised by secretariat (US$m)	270	361	412

Source: Data provided by secretariat

3.11   Table 6 compares the proportion of the total UBW (including funds raised both by cosponsors and the secretariat) over the three biennia covered by the evaluation. Even in this case, the Secretariat's share of the overall UBW budget is large.

Table 6: Percentage allocation of funding raised by both cosponsors and secretariat between the cosponsors and the secretariat by biennium

	Biennium		
	2004-2005	**2006-2007**	**2008-2009**
Cosponsors (%)	65%	77%	60%
Secretariat (%)	35%	23%	40%
Total funding under UBW (US$m)	522	1,070	829

Source: Data provided by secretariat

4   Impact of the UBW

4.1   This section looks at the impact of the UBW as a tool to enhance coordination, consistency and compatibility of programmatic strategies and activities at the global level within UNAIDS.

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[18] See UN (2008) Comprehensive statistical analysis of the financing of operational activities for development of the United Nations system for 2006. Report prepared for the Sixty-third session of the General Assembly. A/63/71–E/2008/46 . Table 13, page 25

4.2   The Five-Year Evaluation concluded[19] that:
"*Whilst the OECD donors acknowledge the progress that has been made with budgets and funding, they still report a degree of confusion about purpose and functions of the UBW. The presentation is felt to be difficult to absorb, even for somebody familiar, and hard to explain to others. Because the UBW mainly includes global and regional HIV/AIDS activities, not cosponsors' regular budgets, that means in practice that a major part of multilateral funding for HIV/AIDS at the country level is not included and reflected. There is general agreement on the need for greater clarity on what the UBW is used for and a means to bring country level spending into the picture*"

4.3   Interviews suggest a range of views still exist on the purpose of the UBW, and there is no single document agreed at the PCB during the evaluation period which clearly specifies the core purpose of the UBW. For the purpose of this evaluation, the value of the UBW has therefore been assessed in Table 7 against the purposes identified in the 2008-2009 UBW document.[20]

4.4   Progress has been made. Successive UBWs are both simpler and clearer documents, although responses to the PCB survey conducted for this evaluation suggest that the UBW still does not entirely meet PCB members' needs. There is also evidence to suggest that the UBW process has supported the adoption of joint programming approaches at a global level, which is almost unique within the UN. This is a solid achievement and one not seen with other priority policy issues.

4.5   However, those involved in the UBW process are also unanimous that the transaction costs of the process are high and after decreasing during development of the 2008-2009 UBW, are now increasing again – as a result of responding to the request from the PCB that the UBW become a tool for increased performance monitoring and reporting. But, if the main added value of UNAIDS is not in what is done, but how it is done, then the present UBW results framework approach will not identify such benefits. In addition, the results frameworks developed from the 2004-2005 to 2010-2011 biennia do not identify the added value of UNAIDS, as compared with having ten separate cosponsor organisations and possibly a secretariat. A summary of the strategic objectives presented in successive UBW since 2002-2003 is in Appendix 1 to this annex.

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[19] Paragraph 6.14
[20] PCB (2007) 2008-2009 Unified Budget and Workplan and Financial Report: 2008-2009 Unified Budget and Workplan. Report prepared for the 20th Meeting of the Programme Coordinating Board, Geneva, Switzerland, 25-27 June 2007 UNAIDS/PCB(20)/07.3, Paragraph 23

Table 7: Findings on the effects of the UBW process

Purpose identified in 2008-2009 UBW	Findings
Simplification	**What was intended?** Aim was to present a clearer and simpler presentation of what was to be delivered under the UBW by reducing the large number of results identified in the 2004-2005 UBW document. **What achieved?** Simplification <u>partially achieved</u> through reduction from 16 Principal Results in 2006-2007 to seven Principal Outcomes in 2008-2009, but increased then to 8 Principal Outcomes in 2010-2011 results framework. Reduction from 478 Key Results in 2004-2005, to 49 Key Results in 2006-2007 framework, and then 33 Key Outputs in the 2008-2009 framework. But number of Key Outputs has increased to 39 in the 2010-2011 framework. In practical terms, there has been a tension between the trends towards simplification of presentation (at the request of the PCB) and inclusiveness (part of the response to managing tensions between cosponsors and also observed in UNDAF processes at country level and the One UN reform process) and the need for a document that is relevant for actual operational planning within the individual organisations. The rule for the 2006-2007 and 2008-2009 UBWs was that the workplan of each agency could only extend over 10 outcomes. This has led to inconsistency across the outcomes, with some becoming chapeau covering a lot of activities and others including very few activities and a framework showing inclusion rather than focus. Interviews with the global coordinators and focal points suggest that the cosponsors and secretariat run concurrent but separate, planning processes. One around development of a UBW document, and a second, more detailed planning process, using the internal planning systems within the individual agencies. This raises two issues. First, a process focused on developing a clear document for external audiences (the UBW) and the focus of joint work mainly between the focal points of the cosponsors and staff of the secretariat. The UBW process has been a key opportunity for the cosponsors and secretariat to explain to the PCB members, and in particular those who are funding what is a voluntarily funded institution, via informal briefings, what they intend to do. However, evidence presented elsewhere[21] suggests that PCB members still find it challenging to see exactly what individual cosponsors are intending to do. In this context, the move in recent UBWs to include a programmatic, but not functional,[22] budget has actually decreased transparency over what the money is actually used for and the differences in what the agencies do with their share.

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[21] See discussion of PCB survey responses on quality of information presented to the PCB.

[22] The present UBW is a programmatic budget, as funding is organised around each of the principal outcomes and key outputs in the programme. A functional budget, by contrast would be organised around what was spent on specific cost lines by the organisations, such as staff costs, support costs, travel budget, contribution to general overheads of the agency, etc.

Purpose identified in 2008-2009 UBW	Findings
	Second a planning process internal to each organisation, in which actual planning is carried out, as the UBW is not detailed enough for internal planning purposes.
Harmonisation	**What was intended?** 2004-2005 and 2006-2007 UBWs did not use standard terminology, which is a barrier to clear communication. As the UN agencies have not standardised their results terminology, terminology and a common understanding of terminology become an issue in communication both to the PCB and between agencies. **What achieved?** Harmonisation <u>achieved</u> through decision to use DAC terminology in the 2008-2009 UBW, with use of Principal Outcomes and Key Outputs (although DAC terminology refers to outcomes and outputs, without qualifying them as principal and key).
Coherence	**What was intended?** Convening and leadership roles should be defined in accordance with the division of labour. **What achieved?** <u>Not achieved through use of UBW process</u>. Cosponsor and secretariat staff identify a modest number of cases in which the UBW process has led to slight changes in what they planned; to avoid duplicating the activities of another cosponsor. However, no evidence was presented that discussion of the division of labour as part of development of the UBWs has led to significant changes by any of the involved parties – either cosponsor or secretariat. It is difficult to assess whether the UBW process leads to greater coherence, as what coherence means is undefined in this context. If coherence is defined as meaning that the programme of work is based on an explicit programme logic and prioritisation of what is needed from the UN, bearing in mind what others are doing, then there is little evidence of greater coherence. If it is defined as meaning greater mutual coherence in the approaches adopted by the different cosponsors, then interviews suggest that the process is leading to greater coherence.
Substance-led process and budget	**What was intended?** Agreement on overarching strategic aims drives the process, with allocations within the UNAIDS family made on the basis of the outcomes, outputs and activities. **What achieved?** <u>Achieved in terms of what is stated in the document, but only partially if assessed against good practice.</u> During the evaluation period, three UBWs were developed, for 2004-2005, 2006-2007 and 2008-2009. The UBW process does include some analysis of the context but is not actually a 'classical' planning process, which would start from an analysis of the situation and then identification of the priority actions against the situation analysis, based on capacity and resources available. Rather, the UBW represents a compilation of what the individual agencies already intended to

Purpose identified in 2008-2009 UBW	Findings
	do. Interviewees were consistent that the process does not significantly affect their initial programming intentions. One consequence of this approach is that funding of issues that are not 'owned' by anybody becomes an issue, as for example of work on the social factors that have driven the epidemic.
	The core of a substance-led approach is that resources are allocated based on (i) priorities and (ii) past performance. The challenges in allocating funds against external priorities are well known at country level, under the UNDAF planning process. It is challenging for agencies to prioritise when agency visibility is important, there are no rewards for giving up funds to other agencies, individual performance assessment is based on agency, not UN team, performance and most funds are raised by the individual agencies rather than programme teams. Evidence presented shows that the secretariat's Executive Director assumed both the role of setting budget priorities and funding that reflects performance. Stakeholders involved would agree that the Executive Director is probably the only person who could make this decision. However, in terms of UBW funding, these decisions have not been made using a transparent and agreed set of criteria, including past performance and results delivered.[23] Given that overall funding to the cosponsors did not increase significantly between the 2006-2007 and 2008-2009 UBWs, the Executive Director effectively maintained budget allocations across the biennia to the cosponsors, with relatively small marginal increases to some cosponsors.
	The difficulties with the present approach are two-fold. First, the PCB does not ask the Executive Director to justify the allocation or monitor the implications of his decision. Second, without clear criteria and data, it is difficult to judge where the balance has been struck between allocating funding to ensure inclusiveness across the ten Cosponsors and funding to achieve the highest priorities and most cost-effective interventions.
Joint programming.	**What was intended?** According to UN guidance issued in 2003, joint programming is the collective effort through which the UN organisations and other partners work together to prepare, implement, monitor and evaluate activities. **What achieved?** Mostly achieved. Interviews with cosponsor and secretariat staff involved in the process are consistent that the major benefit of the process is that it brings the cosponsor focal points, and to some degree global coordinators together more frequently, and provides a framework within which they get better overview of what the UN is doing and emerging issues. This makes it easier to identify who should work with whom to achieve the individual agencies' aims. There are

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[23] The exception is under the latest UBW where funding transfer is contingent on spending of the previous allocation – this is a measure of performance at the input level, rather than at the programme output or outcome level, which is where it should be pitched.

Purpose identified in 2008-2009 UBW	Findings
	also some who think that the increased interaction works to build trust between members of this group. Therefore, as stated by many of those interviewed, the UBW process does not change what they do, but how they do it, through: • Using evidence and guidance from another agency to adapt the approach to delivering an output • Developing better coordination with another agency on delivery of an output • The fact that there is potential for the cosponsors to develop a single consistent message on a particular issue Only mostly achieved for two reasons against the UN definition of joint programming. First, due to lack of structured engagement by other partners in the UBW process. Second, as there are no plans for joint evaluations between the cosponsors of Principal Outcomes under the UBW.
Accountability	**What was intended?** A stronger focus on improving how the impact of UNAIDS work is monitored, measured and reported. **What achieved?** Limited progress. Since 2006, the global coordinators/focal points and concerned secretariat staff have carried out annual reviews of performance, based on 2-3 page narrative reports prepared by each cosponsor. While this may have lead to increased peer pressure on perceived poor performers, this process is not linked with adjustment of the programme or the allocation of UBW funds. The general view of global coordinators is that the UBW is used by the secretariat to control (a carrot) what they do, but there is little accountability. The first report to the PCB on performance against the UBW results framework was in December 2008. While significant investment is taking place during 2009 in strengthening reporting against the results framework in future, it is too early to assess whether this will actually enhance accountability of individual cosponsors to the PCB. Evidence suggests variable progress in integrating the UBW into corporate level results frameworks of individual agencies, although in all cosponsors, when UBW funds are used, it is expected that those using the funds report against relevant UBW indicators. However, a major failing with indicators in all UBWs, including the results framework for the 2010-2011 UBW, is the lack of baseline data. Accountability would also be enhanced if responsibility for delivery of each output was explicitly attached to a particular cosponsors and/or the secretariat.

5   The impact of the division of labour

5.1   This section reviews the impact of the division of labour as a tool for allowing UNAIDS to fulfil its global coordination role.

5.2   The original Global Task Team (GTT) report[24] states the basic rationale for the DOL as being that:

> *"Despite previous efforts, there is not complete clarity on the division of labour among the UNAIDS cosponsors. Confusion at global level in turn plays out at country level, as both countries and UN agencies are not clear on who should be taking the lead on which activities, diminishing the possibilities of holding anyone accountable. For example, a country seeking technical support on prevention education for youth might end up talking to four cosponsors "*

5.3   As implied in the original GTT report, agreement of the division of labour at global level is a prerequisite for its acceptance and implementation at country level.

> *"Further, no structure currently exists that can ensure the operationalisation at country level of a division of labour among multilateral institutions. The current governance structures of UNAIDS do not serve the immediate, country-specific needs required to implement a more coherent division of labour, and the UNAIDS Secretariat does not have the authority to hold individual agencies accountable for delivering results in their lead areas. Stronger coordination mechanisms are required to ensure that multilateral institutions are regularly communicating at global and country levels, and therefore able to address specific, operational problems at country level as they arise. Such a global mechanism could bolster efforts to ensure that the technical support provided by multilateral institutions is coordinated and is attuned to the needs of individual countries"[25]*

5.4   Following the endorsement of the GTT recommendations by the PCB in June 2005, a clarified division of labour was developed by the secretariat and global coordinators/focal points over a 6-week period and agreed in August 2005. It is important, to understanding the subsequent status of the division of labour, to know that cosponsors were only expected to share this with their governing bodies for information (and regional bodies where appropriate) but were not expected to push for an official decision by their respective governing boards endorsing the implied roles.[26]

5.5   Despite the original GTT document acknowledging the key role of the global level, none of the following documents clarify either what this global role should be, or whether constraints

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[24] GTT (2005) Final Report of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors

[25] GTT (2005) Final Report of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors. Pages 14-15.

[26] Nine out of the ten cosponsor governing boards discussed the DOL (as part of briefing on GTT more broadly) but there is no evidence of governing boards taking a board decision endorsing it. Hence, this lessens the pressure on senior management within the cosponsors to ensure compliance. Note that the DOL has little status in WB, where regions don't believe that they have to implement, but use it when it has value for WB.

at the global level have affected implementation of the division of labour at country level and what UNAIDS will do about it:

- GTT (2005) Final Report of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors
- Effectiveness of multilateral action on AIDS – Harmonised support to scaling up the national response. Report presented at 18th Meeting of the PCB (June 2006)
- UNAIDS (2006) Multilateral support at country level – Improving Multilateral Support to National AIDS Programmes (Progress on the implementation of Global Task Team recommendations in the areas of 'empowering inclusive national leadership and ownership' and 'reform for a more effective multilateral response'. Report presented at 19th Meeting of the PCB (December 2006)
- The Independent Assessment of Progress on the Implementation of the Global Task Team Recommendations in Support of National AIDS Responses, Kathy Attawell and Clare Dickinson, HLSP, 11 May 2007
- CCO minutes – 2006-2008
- UNAIDS (2005) Technical Support Division of Labour - Summary & Rationale. August 2005

5.6   With this caveat, there is evidence that the division of labour has had positive effects at the global level, including evidence of cosponsors, for example, UNODC and UNFPA, adjusting staffing in response:

- The UNODC Global Coordinator states that the division of labour provided the key rationale when advocating with senior management to significantly expand the role of UNODC in addressing HIV and hence the significant expansion to more than 120 dedicated HIV staff at country level. The division of labour was also a major tool in convincing donors to fund the thirty-fold increase in UNODC's global HIV programme over the evaluation period (from US$2 million to the present US$60 million and a total project portfolio of more than US$200 million up to 2011).
- In the case of UNFPA, a 2008 independent review[27] found that 'UNFPA staff on HIV/AIDS were guided by ongoing UN reform efforts, including the recommendations of the Global Task Team (June 2005) and the UNAIDS division of labour. UNFPA staff were assigned specifically to strengthen national HIV prevention efforts, giving particular priority to: 1) women and girls; 2) young people, especially out-of-school youth; 3) comprehensive condom programming, both male and female condoms; and 4) most-at-risk populations, including sex work'.
- Within the division of labour, the World Bank was tasked with assisting countries to enhance their HIV/AIDS strategies and action plans, and strengthening national M&E frameworks, as well as supporting the integration of HIV in PRSPs and the strengthening of procurement and supply management systems. In response, the World Bank (i) established the secretariat of the ASAP service on behalf of UNAIDS, within its Global HIV/AIDS Program (GHAP), which now has four full-time equivalent staff; established the GAMET team also within GHAP to support countries in strengthening M&E systems; (iii) formalized a partnership with UNDP to support work on integrating HIV into PRSPs; and (iv) through the World Bank Institute, supported UNICEF in capacity building on procurement and supplies management, hiring consultants as appropriate.

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[27] Chan-Kam C., C. Sozi, H. de Knocke and G. Walker (2008) UNFPA's Country and Sub-Regional Support to National Responses to HIV/AIDS - An External Review. Report prepared for UNFPA. October 2008

- Most cosponsors are reporting on implementation as part of their reporting to their governing boards on implementation of the GTT recommendations.
- Since agreement of the division of labour, there has been some evolution of agreed roles and responsibilities between the 11 parties – ten cosponsors and the secretariat – which have been reflected in a series of 'informal agreements' made between the global coordinators. For example, in the area of PMTCT, under the GTT-recommended division of labour, UNICEF is the lead organisation for 'care and support for people living with HIV, orphans and vulnerable children, and affected households'. While there has been no official change in the division of labour, at a meeting of the UNAIDS Secretariat, global coordinators and focal points it was agreed that WHO and WFP also share some of the responsibilities.[28]
- The division of labour is seen by several of the smaller cosponsors as a clear and symbolic statement that their mandate is relevant to addressing the epidemic and not only the larger agencies are important.

5.7   However, there is less evidence that the division of labour at global level has addressed the issues raised in the original GTT document, as shown below in Table 8:

Table 8: Has the DOL resolved the challenges identified at global level in the GTT report?

Issue raised in the GTT report	Progress observed
Confusion at global level in turn plays out at country level, as both countries and UN agencies are not clear on who should be taking the lead on which activities, diminishing the possibilities of holding anyone accountable	<u>Some progress</u> The 2005 division of labour document was developed, negotiated, disseminated, and implemented via the GIST and UN country teams/theme groups. But there is no evidence of the GIST focusing on the issue of confusion at global level and after an initial investment by the Secretariat and some cosponsors, UNAIDS has not invested significantly in communicating the implications of the division of labour to other stakeholders at global level. The October 2005 CCO meeting endorsed the priority actions presented in the GTT report and agreed to ensure follow-up by individual cosponsors and the secretariat. At the April 2006 CCO meeting, it was agreed that there was a need to include and clarify the role of regional and sub-regional structures in implementation of the GTT recommendations, but no specific action points were identified. No other discussion of the division of labour in the later public section of the CCO meetings. The key source of confusion over the division of labour at global level is over definition of what the role of a lead agency is. All discussion of the lead agency concept in the August 2005 document focuses on the lead agency concept at the country level, which is not entirely relevant at the global level. Key findings in this area are that: - A number of specific areas in which the lead agency has reached a common understanding, after initial confusion,

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[28] Minutes of Meeting of UNAIDS Global Coordinators, Focal Points and Secretariat, Geneva, 28th February – 1st March, 2007, page 2

Issue raised in the GTT report	Progress observed
	with other agencies on the lead agency role, are observed. Examples include between UNFPA (lead agency) and UNESCO and WHO in the area of young people and HIV and between UNDP (lead agency) and WHO in the area of MSM. However, in all cases it is difficult to say more than that the division of labour may have contributed to resolving tensions and roles, but the constructive relationships built up between the global coordinators and focal points and the IATTs may have been more important in resolving these issues. For example, an agreement brokered between the global coordinators and supporting staff of UNICEF and WHO on harmonising reporting around PMTCT. Or the lead taken by the secretariat's lead person on M&E and the operation of the MERG. It is also important to bear in mind that the lead agency role is seen by several of the global coordinators and focal points as a 're-badging' of the previous 'convening agent' concept. - While the division of labour document states that the division of labour is based on an analysis of comparative advantage, there is little evidence to substantiate this assertion. Several of the global coordinators, in contrast, state that it is still based on the mandates of the cosponsors. This view is supported by experience. In cases where the division of labour role assigned falls clearly within the mandate of a single agency, the division of labour works well. The handing over of work on IDU by UNFPA and UNDP in Eastern Europe to UNODC is a good example of this. - The selection of the lead agency sometimes appears to have been based on mandate and the need for inclusion, rather than existing capacity to play the lead agency role.[29] - Experience suggests that the division of labour is only accepted by those working directly on HIV under development conditions; available evidence suggests that it has little status outside of this group. - The division of labour cannot force any of the agencies or the secretariat to change what they want to do and the global coordinator meetings are perceived as an ineffective forum within which to resolve issues. A clear example of this was the failure of the division of labour to force a resolution of arguments between the secretariat and UNHCR over responsibilities in the area of conflict-affected populations. Another area reported was the secretariat's decision to establish business coalitions, without first discussing with ILO whether the same results could have been delivered

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[29] A clear example of this challenge is WFP, where under the division of labour WFP is the lead agency for food and nutrition support. But as highlighted in an evaluation of WFP's HIV work in southern Africa (Molesworth, K., A. Gardner and P. Sorensen (2008). Thematic Evaluation of WFP's HIV and AIDS Interventions in Sub-Saharan Africa. Report commissioned by Office of Evaluation, World Food Programme 2nd Draft Report. 25 April 2008, paragraphs 45-56) WFP define their lead agency role as ensuring that nutritional support for PLHIV exists, counselling materials have been developed and strategies to promote nutritional support have been integrated into national policies. Yet, WFP has little operational experience in this specific area.

Issue raised in the GTT report	Progress observed
	through ILO's existing partnerships at country level.
No structure currently existing that could ensure the operationalisation at country level of a division of labour among multilateral institutions.	Some progress Division of labour document produced in August 2005. Some initial work by the secretariat to support adaptation to the regional and country level contexts. For instance, regional versions were developed for the Asia and Latin America regions. The GIST has ceased to focus on this issue.
The UNAIDS Secretariat does not have the authority to hold individual agencies accountable for delivering results in their lead areas	No progress. No evidence that the GTT has influenced this or that the introduction of the division of labour has affected what is found in the UBW or the programming intentions of individual cosponsors or the secretariat. Other relevant evidence on this issue is presented in the discussion above on the purposes of the UBW and degree to which it is moving towards a 'substance led' process. This evaluation finds no evidence that contradicts the conclusion of the 2007 Independent Review of Implementation of the GTT recommendations that '*It is unclear what mechanism exists to hold cosponsors to account globally for their part in implementing the GTT recommendations. Neither the UNAIDS CCO nor the PCB appears to have this mandate, and this reflects the wider issue of weak accountability processes between the UNAIDS Secretariat and its cosponsors. Bilateral donors in particular expressed concerns that the UNAIDS Secretariat does not have the authority to hold cosponsors to account. Additionally, it is unclear what mechanism exists to hold bilateral donors to account for implementation of their GTT commitments*'.[30]

5.8   Moving to the actual division of labour and allocation of lead responsibilities between the ten cosponsors at global level, the key question is the degree to which the division of labour is different from the 'Convening Agency' concept that had been agreed in the April 2002 CCO meeting.[31] While both allocate responsibilities between the cosponsors and secretariat (and responsibilities are broadly similar), two key features differentiate the lead agency from the convening agency concept. The lead agency is to serve as a single entry point at country level; and to coordinate the provision of technical support, again at country level (see Table 9). These aspects are explored later in this section.

Table 9: Comparison of definitions of convening agency and lead agency

Definition of convening agency	Definition of lead agency/organisation
The goal of a convening agency is to ensure that policy advice and strategic guidance is adequately provided to and on behalf of the	The Lead Organisation – either a cosponsor or the secretariat – serves as a single entry point for government and other relevant

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[30]   An Independent Assessment of Progress on the Implementation of the Global Task Team Recommendations in Support of National AIDS Responses, Kathy Attawell and Clare Dickinson, HLSP, 11 May 2007. Section 4.3
[31]   UNAIDS (2002) Update on Inter-Agency Task Teams. Agenda item 4.3 presented and endorsed by the CCO. February 2002. Paragraph 5

UN system in all aspects relating to the specified area of work. It is the responsibility of the convening agency to convene whatever interagency support structure – interagency task team, working group, reference group, series of consultations – is required to provide system-wide policy and programmatic advice and to harmonise interagency strategies, as appropriate.	country-level stakeholders requiring support within a particular UNAIDS technical support area. The Lead Organisation is primarily responsible for coordinating the provision and/or facilitation of this technical support, as identified in the Technical Support Division of Labour matrix. The Main Partners in the matrix are the other members of the UNAIDS family providing technical support within the area.

5.9   It is perhaps surprising that introduction of the division of labour does not appear to have triggered a re-appraisal of the functioning of the Inter-agency Task Teams (IATTs), which from interviews with global level cosponsor staff are consistently cited as an important mechanism to manage relationships and the allocation of work at global level. A recent secretariat review[32] of IATTs suggests a number of challenges in using this approach, including that:

- There is no accountability for the implementation of workplans of the IATTs.
- IATTs need staff support to carry out managerial aspects of coordination, but for the most part IATT coordination is an additional task for the focal point and funding of this work through the UBW inter-agency budget has been inconsistently applied.
- Mechanisms for ensuring that IATT work impacts at regional and country level are usually not in place.
- IATT products are generally developed through discussions within the Global IATTs, not in response to a systematic needs assessment or analysis of wider demand.

5.10   Evidence from the evaluation does not contradict the findings above and further suggests that solutions have been more reliant upon the personalities of the individuals involved rather than upon the division of labour. If the IATTS truly are the main mechanism for agreeing roles and responsibilities at a global level, the lack of investment in using these consistently[33] and as a mechanism for engaging with stakeholders both within the agencies and beyond the UN would seem an oversight.

5.11   The DOL has had greater influence at country level, where its introduction has been in parallel with the use of joint teams. This next section looks first at the advent of joint teams before returning to the question of division of labour at country level.

6   The impact of the joint team concept

Introduction and objectives of joint teams

6.1   This section addresses the impact of the introduction of the joint team concept as a mechanism for enhancing coordination and coherence of UN support to addressing the epidemic at country level.

6.2   The introduction of the joint team concept from early 2006 needs to be seen in context. At the start of the evaluation period, the main manifestation of UNAIDS at country level was the

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[32] UNAIDS (2008) Rapid Assessment on Inter-agency Task Teams (IATTs). Internal assessment carried out by the Secretariat.
[33] For instance, some respondents cited the expanded IATT in PMCTC as a positive example of how to improve coordination and harmonisation across a wide range of stakeholders.

UNAIDS Theme Group, which was a forum to plan, manage and monitor a coordinated UN response. The theme group membership was at the UNCT level and the theme group would be supported by one or more Technical Working Groups, composed of those working on the technical aspects of the UN's response. This organisational approach was similar to that used by the UN more generally for inter-agency coordination during this period,[34] barring one significant difference. From 2003, the secretariat placed an increasing number of senior (P5/D1) staff at country level, as UCCs. The placing of a high level staff member to work directly on coordination within a specific area is unique to HIV. The usual approach is for dedicated support from the Coordination Officer who supports the RC and UNCT as a whole.

6.3   The joint team approach was introduced with a letter from the Secretary-General in late 2005, which directed the establishment of the joint yeam at country level, made up of operational staff working on AIDS, under the authority of the RC system and overall guidance of the UNCT, and facilitated by the UCC, with a defined joint programme of support[35] and a defined technical support plan with a clear set of deliverables and detailed collective and individual accountability of the UNCT.

6.4   Responses to the 2007 UCC Survey[36] indicate that UCCs saw the Secretary General's letter as a prime factor in support of the UCC role, although whether instruction from the highest level was motivation in itself, or the letter provided validation and an opportunity for a change that was already seen to be needed, is unclear. Substantial numbers of responses also mentioned the need to increase efficiency and effectiveness within the UN system; and that it was a logical extension of the Technical Working Group structure that had been operating in many places.[37]

6.5   Introduction of the joint team concept was supported with the issuing of guidelines in 2006[38] and 2008[39]. In some regions, such as East and Southern Africa, the guidelines were supplemented with further guidance from the RST.[40] The first guidance paper, which is extremely thorough, outlines the basic approach and identifies a number of fundamental non-negotiables in terms of what should be put in place, while the second guidance paper is more permissive and identifies approaches to implementation and options, based on feedback from the first established teams. Box 2 outlines what one would expect to be in place, based on the 2006 guidelines, in a country implementing the joint team approach.[41]

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[34] ACC Guidelines on the functioning of the RC system (1999), para.29-30; CCA/UNDAF guidelines for UN Country Teams (2004).
[35] The UNDG May 2006 Guidance Paper states that the multi-year Joint UN Programme of Support on AIDS includes a strategic framework, annual workplan, technical support plan, advocacy, communications and resource mobilisation strategies; these elements are aligned with the UNDAF and national programming frameworks, and then translated into an annual workplan that replaces the UN Implementation Support Plan.
[36] Survey carried out by the secretariat on an annual basis.
[37] In Iran, by contrast, there were concerns that the **letter from the Secretary General**, requiring country teams to establish joint UN teams on HIV and AIDS, was problematic, because it represented a type of 'command and control' management style not usual within the United Nations.
[38] UNDG (2006) Proposed Working Mechanisms for Joint UN Teams on AIDS at Country Level - Guidance Paper. Prepared by the UN DGO, May 2006.
[39] UNAIDS (2008) Second Guidance Paper: Joint UN programmes and teams on AIDS. Practical guidelines on implementing effective and sustainable joint teams and programmes of support. UNAIDS, May 2008.
[40] Toolkit for establishing Joint UN Teams on AIDS with a Joint Programme of Support, v.02.06, UNAIDS RST ESA, 2006, electronic files.
[41] The Second Guidance Paper reiterates some of the principles that underlie the development of the Joint Programme of Support. Joint programmes of the joint team are a leveraging tool to "make the money work" using the UNAIDS Technical Support Division of Labour. They are developed with the specific objectives of:
  • working together to prepare, implement, monitor and evaluate AIDS-related activities aimed at effectively and efficiently achieving the Millennium Development Goals;

Box 2: What should be in place in a country with an established Joint Team on AIDS?

The UN Theme Group
The UN Theme Group on HIV/AIDS, under the leadership of a Chair designated by the RC will have overall responsibility for providing policy and programmatic guidance, both in terms of the operating procedures of the joint team, and the content and implementation arrangements of its joint programme of support.

The theme group will be made up of heads of agencies so that it is in a position to determine the appropriate mechanisms for oversight and accountability of individual members of the joint team, and provide rapid decision-making and resolution of disputes or other impediments to effective functioning.

The theme group will provide advocacy and assist with mobilisation of resources for a scaled-up response, in accordance with other existing roles and responsibilities outlined in the *Resource Guide for Theme Groups* (UNAIDS, 2004*).*

The theme group will approve the decisions of the Joint Team on AIDS. The RC and theme group will determine how to expand the existing performance evaluation mechanisms in order to reflect each individual's role as a team member

The Joint Team on AIDS
The RC, in collaboration with the theme group and UCC will determine the precise composition of the team, whether any type of selection criteria is necessary, and if members will be nominated or appointed.

At a minimum, the Joint Teams on AIDS in each country will be made up of all UN staff working full- or part-time on AIDS throughout the UN system, including UNAIDS cosponsor and other non-cosponsor agencies. The Technical Working Group, where it existed, will become the Joint Team on AIDS. All individual members of the joint team will officially *and* formally be designated a member of the team by their heads of agency.

Working in the joint team will be reflected in the formal annual performance evaluation of all team members. Performance of the joint team will be assessed internally against achievement of identified annual deliverables. This review should take place both informally during regular (monthly) team meetings, and more formally at six-month intervals in a participatory manner (involving the UNAIDS RSTs, regional cosponsors, theme group and the joint team members) that seeks to identify impediments to implementation and resolve them in order to enable achievement of key deliverables.

At a minimum, the joint team will be responsible for:

(i) Supporting the national AIDS coordinating authority in its efforts to: (a) implement an accelerated national response and (b) resolve impediments to implementation
(ii) Being an entry point for national stakeholders to access HIV/AIDS technical assistance from the UN system

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- establishing a coherent package of UN-supported activities that will provide the most effective support to the national response based on the UN's comparative advantages and identified gaps in national capacity;
- identifying roles and responsibilities of different agencies (based on the Division of Labour) concerning technical assistance support, reporting, policy dialogue, etc;
- acting as an entry point for harmonisation of national and external stakeholder support, and a knowledge hub that informs the UNCT.

(iii) Facilitating and monitoring the Joint UN HIV/AIDS Programme of Support, based on the country UNDAF
(iv) Providing technical advice to and follow up on decisions made by the UN Theme Group on HIV/AIDS
(v) Assisting the theme group in its function of liaison with global and regional problem solving mechanisms (i.e., Global Joint Problem Solving and Implementation Support Team and Technical Support Facilities).

The roles of the UCC will include:
(i) Acting as convenor and facilitator of the joint team, ensuring its effective functioning by convening meetings, synthesising and disseminating information, and strategically planning and advocating the team's collective response
(ii) As a full member of the UNCT and an integral part of the RC system, providing policy and technical advice as well as advocating for and mobilising effective action on HIV/AIDS by cosponsors and agencies
(iii) Ensuring that the joint team's annual work plan is implemented
(iv) Identifying impediments to achievement of annual deliverables, and informing the RC when intervention is necessary
(v) Providing regular implementation reports to the HIV/AIDS Theme Group, and ensuring that their policy directives are carried out
(vi) Ensuring appropriate financial management for operation of the joint team
(vii) Representing UNAIDS and the joint team to external partners as needed, and consistent with the representation guidelines
(vii) Carrying out other functions, as designated by the RC or HIV/AIDS Theme Group Chair.

Roles of joint team members will include:
(i) Contributing to the development, implementation and monitoring of the joint programme of support
(ii) Attending all joint team meetings and follow-up on action points
(iii) Providing technical advice to the UCC, theme group, government, and individual agencies on their area of expertise
(iv) Keeping their head of agency informed of joint team activities
(v) Representing the joint team in government-led technical working groups, committees or forums, as requested by the UCC based on the division of labour, presence and capacity

The Joint Programme of Support on AIDS
In countries where HIV/AIDS is a principal UNDAF outcome, the Framework already provides the long-term strategic framework. Only in countries where HIV/AIDS is not an integral part of the UNDAF is it necessary to develop a unique strategic framework. In both cases, monitoring of the Declaration of Commitment is an important activity for the joint teams to support.

Within this strategic framework, a rolling annual work plan for the joint team will be developed that identifies annual key results that contribute to the achievement of the UNDAF outcomes. Each key result will be linked to individual and joint agency activities and responsibilities, individual staff responsibilities, and a specific source of funding. Specific agency responsibilities will be determined in line with the division of labour.

The annual workplan will also identify and highlight the key results that respond to the country's technical support needs (as identified through a technical support needs assessment conducted by the joint team, in collaboration with the Global Joint Problem Solving Implementation Support Team (GIST) and regional Technical Support Facilities, where applicable). The Technical Support Plan, therefore, is not a separate document, but an explicit acknowledgement of how the joint team will address the country's technical support needs, as well as the procedures through which government and other country partners will be able to access that support.

The joint programme of support should state agreed-upon implementation arrangements for the annual work plan, including harmonised contracting and financial mechanisms where joint programmes have been identified. The process of developing the strategic framework and annual work plans will be an opportunity to identify areas where agencies have an interest to sign a joint programming agreement (for example, in order to pool resources or clarify unique implementation modalities); this agreement may be included in an annex to the joint programme of support document.

A plan for monitoring and evaluation of both the three-to-five-year strategic framework and the annual work plan should be prepared. It will mirror that of the UNDAF, and will be designed and carried out so that the findings from both annual and global evaluation of the joint programme of support contribute to evaluation of the Framework. Ongoing monitoring of the annual work plan will be led by the UCC, so that impediments to implementation can be quickly identified and solutions found. The joint team will also internally self-assess the team planning and programming process, in time to make recommendations for the next cycle of annual work planning or long-term strategic planning.

6.6   The approach outlined in Box 2 can be characterised as a traditional approach to introducing change, focusing in the main on the establishment of new systems and procedures. The Second Guidance Paper adopts the same approach. Discussion with those involved in drafting these guidelines reveals that they were well aware that changing systems and processes would not be sufficient in itself to foster genuine change at the country level. The guidelines are therefore more an illustration of where it is possible for UNAIDS to introduce change at country level and, as importantly, where not, mainly in terms of the incentive systems that operate within, and between, the individual agencies and the behaviour of those who fund UN projects at country level.

6.7   The 2006 Guidance also says that '*At minimum, the Joint UN Teams on AIDS in each country should be made up of all UN staff working full- or part-time on AIDS throughout the UN system, including UNAIDS cosponsor and other non-cosponsor agencies*'.An overarching issue with the joint team is that membership has been based on inclusiveness and representation. Such an approach has value, but misses the rather fundamental questions of (i) what is the joint team supposed to deliver and therefore (ii) who needs to be in the joint team and in what capacity.

Box 3: The role of the RSTs in supporting implementation of the joint team approach

RSTs appear to have had considerable latitude in defining their role vis-à-vis country level teams. In general, as discussed later, there is little evidence that the RSTs have successfully built a formal quality control role for operations at country level, although this seems to be a generic challenge for the regional functions within the UN.

In the Asia-Pacific Region, the RST wanted to use the Regional Directors Forum as a dispute resolution mechanism between agencies when implementing the division of labour at country level. However, in the last three years, not a single case of a cosponsor overstepping its mandate under the division of labour and the issue being raised at the RDF has occurred. This illustrates both the challenge for the regional function in identifying such instances and of encouraging the cosponsors and the secretariat at country level to use such approaches.

The East and Southern Africa RST has invested significant resources in developing a toolkit of approaches to support implementation of the joint team approach within the region, identifying lessons in implementing the approach and ensuring that UCCs and other senior UN staff within the region are informed about these lessons. This approach to supporting adaptation of global approaches is an example of good practice.

Present status of the joint team approach

6.8   Box 2 clearly shows that moving to a joint team approach implied a significant change in the way that people work. However, as the concept was only operationalised in 2006, the evaluation is looking at a process that has been implemented over a three-year period and is still a work in progress, with joint teams being established in effectively all countries only by late 2008. This is illustrated in Table 10 below, which looks at the global level and Table 11, which looks at the status in the 12 case study countries.

Table 10: Global status of implementation of the joint team approach

Survey question	Response	2006 survey	2007 survey	2008 survey
Is there a UN Theme Group on HIV/AIDS in place?	Yes	83	15[42]	40[43]
	No	8	71	16
	Other	Not asked	Not asked	24
Is there a UN Joint Team on AIDS in place?	Yes	66	70	77
	Setting up	16	9	Not asked
	No	9	7	5
Has a Joint Programme of Support been developed as per the UNDG Guidance Paper and endorsed by the UNCT/ UN Theme Group on HIV/AIDS?	Yes	40	50	Not asked
	No	49	35	Not asked

Source: UCC Surveys conducted by secretariat

Table 11: Status of implementation of the joint team approach across the 12 country case studies as of March 2009

	In place?	
	Yes	**No**
UN Theme Group on HIV/AIDS in existence?	Iran, Peru, Ukraine, Ethiopia, Indonesia, DRC,	Haiti,[44] India,[45] Kazakhstan, Swaziland, Vietnam, Côte d'Ivoire[46]
UN Joint Team on AIDS operating?	Haiti, India, Iran, Kazakhstan, Peru, Swaziland, Vietnam, Ukraine, Ethiopia, Indonesia, DRC, Côte d'Ivoire	
UN Joint Programme of Support on AIDS completed?	Haiti, India, Iran, Kazakhstan, Peru, Vietnam, Ukraine, Ethiopia	Swaziland, Indonesia, DRC, Côte d'Ivoire

Source: Case study data

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[42] Data was checked with the secretariat which thought that decline in numbers reflects how question was interpreted by the UCCs and is an indicator of the move away from the role of the UNTG, as outlined in the 2006 Guidelines

[43] As of March 2009, there were no joint teams in the following countries with a UN development programme – *Bulgaria*, Chile, Comoros, *El Salvador*, Georgia, Malaysia, *Mali*, *Mauritania*, *Peru, Senegal*, Surinam, Trinidad and Tobago, Turkey, and *Uruguay*. Those where joint teams will expected to be established in 2009 are in italics

[44] UNCT assumed role in 2008

[45] UNCT assumed role in 2008

[46] When the evaluation visit to Côte d'Ivoire took place, January 2009, there were still a UNCT, a UNTG and a UN Joint Team operating separately. However, the RC was planning to merge the UNCT, UN Theme Group and Joint Team functions into a newly established Partners Forum for AIDS, with a membership of all relevant partners

Is there evidence of UN staff effectively working together at country level?

6.9   Joint teams are in place in most countries but it is too early to judge definitively whether they will make a real difference in programming intentions for two reasons. First, as illustrated in the case study countries (see Table 11), not all joint teams have yet developed and agreed their joint programme of support. In some countries that have joint programmes of support these are also no more than compilations of existing work.[47] Second, as illustrated with the Delivering as One pilots,[48] the UNDAF process is the main opportunity to significantly change programming intentions within the UN at country level, and most countries have yet to carry out a new UNDAF planning process since having an operational joint team. This finding is broadly similar to that of the 2008 review of experience in Africa,[49] which found that:

> *"UCCs agree that it is still too early to tell whether the expected results will be achieved. But most feel that a great deal has changed, and that things are being done differently:*
>
> - *People are working together far more; that they now know and understand each other's role and work better; and that the team is a reality – as a team;*
> - *Partners are starting to notice a difference; that there is simpler access; and that this is appreciated;*
> - *The teams are starting to 'deliver as one'; and greater complementarities and synergy are possible.*

6.10   Responses to the general web survey (see Table 12) strongly suggest that the majority of respondents think that there is evidence that the UN is increasingly working as a team on HIV at country level. This seems to hold irrespective of the background of the respondents, although a third of respondents with a background in a NGO, CBO or PLHIV network or umbrella group or bilateral donor did not support that view.

Table 12: Percentage of responses from the general survey agreeing with the statement that the UN is increasingly working as a team on HIV at country level

Background of respondent	Percentage of respondents				
	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
UNAIDS Secretariat staff (n=186)	30%	56%	7%	1%	6%
UNAIDS Cosponsor staff (n=91)	35%	53%	8%	1%	3%
Other UN staff (e.g. RC) (n=59)	34%	54%	8%	2%	2%
National Government staff (non-donor) (n=33)	42%	45%	6%	3%	3%
NGO or CBO/network /umbrella (n=112)	18%	42%	28%	6%	6%
FBO/ network/umbrella	16%	53%	5%	0%	26%

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[47] For example, in the Kazakhstan country case, it is stated that 'The joint work plan of UN activities on HIV and AIDS is very much an aggregation of individual agency plans'.

[48] In only one of the eight pilots, Rwanda, was the Delivering as One approach implemented at the same time as the UN was developing a new UNDAF. Experience in the other countries has been that it is difficult to implement significant change in the programme agreed in the UNDAF during the implementation phase. Therefore significant change is only likely to occur during the development of the next UNDAF, when there is more freedom to make, and agree with both the government and the Governing Boards of the ExCoM agencies, significant adjustments in programming intentions.

[49] Godwin, P. (2008) Lessons Learned in Establishing Joint UN Teams with One Programme of Support on AIDS. Report prepared for the UNAIDS Regional Support Team, East and Southern Africa. January 2008. Section 5.2

Background of respondent	Percentage of respondents				
	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
organisation (n=19)					
PLHIV organisation/network/ umbrella organisation (n=26)	19%	46%	23%	8%	4%
Private sector organisation/ network/umbrella organisation (n=17)	18%	65%	0%	6%	12%
Bilateral donor staff (n=16)	31%	31%	31%	0%	6%
Other international fund or programme, or Foundation (e.g. Global Fund, IAVI, CHAI, FORD etc.) (n=22)	27%	59%	5%	5%	5%
Researcher/academic institution (n=24)	17%	58%	13%	0%	13%
OVERALL (n=605)	28%	51%	12%	3%	6%

Source: General evaluation survey

6.11   Looking across the countries visited for this evaluation, there is evidence of UN staff working together in all countries although the extent of this varies enormously. Examples include:

Haiti: There has been progress in joint planning by agencies and in joint review of progress. This is demonstrated by the existence of the Joint UN Programme of Support which has been in place in 2008.

India: The secretariat and cosponsors have been working as a team on HIV since 2002, when a Virtual Team of HIV focal points from all cosponsors, coordinated by the UNAIDS Secretariat country office, was established. This group was later called the Technical Resource Team. The agencies were also joint programming before establishment of the joint team. The evaluation concluded that UNAIDS in India has made good progress on 1) integration and joint programming reflecting the comparative advantage of the cosponsors, improving the effectiveness of the UN Theme Group, and bringing together all cosponsors' planned expenditure on HIV; 2) advocacy for political and resource commitments; 3) support for national M&E generating data to inform national responses; 4) increasing the strategic view of implementation of national policies and strategies and of possible roles and synergies between sectors; 5) supporting a partnership forum of all stakeholders, led by the government; 6) prioritising research on behavioural change and contextual factors including gender, stigma and poverty; and 7) supporting Joint Reviews led by the Government of India.

Indonesia: A UN Joint Team on AIDS comprising technical staff (focal points) has met regularly. The joint team has led to greater collaboration and a more coherent UN response, for example the UN Joint Action Plan, joint development of the successful proposal for Global Fund Round 8, and joint planning for Papua. The prospect of IPF and Global Fund funding is reported to have encouraged greater collaboration between the UN agencies. The joint team has also improved the competency of UN staff through training and information.

Iran: The Joint UN Programme of Support on HIV and AIDS is considered the best example of UN joint working in Iran. With marked improvements in the degree of joint planning and joint review within the joint programme of support although funding and implementation remain largely separate.

Pacific Region: There is also an improved coordination among UN agencies and collaboration between the UN and the Secretariat of the Pacific Community. For example, in 2006, WHO, UNFPA and UNICEF agreed to work jointly on the integration

of SRH, HIV and STI services across the region. This cooperation has recently been expanded to include the Secretariat of the Pacific Community in STI training.

Peru: There is clear evidence of joint initiation of activities, for example the support to the National Ombudsman (UNFPA and UNDP), the training of journalists (WFP and UNICEF), and in dealing with the aftermath of the earthquake in 2007. With the formulation of the joint programme the work of the joint team has, at least in principle, become more strategic.

PNG: Another cosponsor reflected that joint programming is transforming the way the UN delivers HIV programmes. Each year, as agencies are working more collectively and under the leadership of UNAIDS, the government is benefiting from joint reporting and planning exercises.

Vietnam: Interviews with members of the joint team, senior officials in government and development partners indicate that many of the benefits set out in UNAIDS guidance on joint teams have been realised. Participants note a synergy in mutual collaboration, avoidance of programme overlap and duplication, and much better sharing of information. Three specific issues highlight the change. Firstly, there is greater consistency about the concentrated nature of the epidemic and importance of Most at Risk Populations (MARPs). Secondly, the joint team has enabled agencies to adopt a coherent position when dealing with government, especially when responding to proposed changes to legislation on drugs and violence. Thirdly, the collaborative preparation of the third UNGASS report covering 2006-2007 demonstrates how the team has provided an entry point to harmonise UN support for the national response.

Is there evidence that it is the joint programme approach that is encouraging UN agencies to work together?

6.12   Responses to the general survey (see Table 13) on whether there is clear evidence that team working has increased the efficiency and effectiveness of the UN's support to addressing HIV, while still showing that the majority agreed, showed less support for this position than that there was evidence of the UN working as a team. As with the question on working as a team, a third of respondents with a background in a NGO, CBO or PLHIV network or umbrella group or bilateral donor thought that there was no evidence of team working has increased the efficiency and effectiveness of the UN's support to addressing HIV. In addition, a third of respondents with a research or academic institution background also held this position.

Table 13: Percentage of responses from the general survey agreeing there is clear evidence that team working has increased the efficiency and effectiveness of UN support to address HIV

Background of respondent	Percentage of respondents				
	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
UNAIDS Secretariat staff (n=183)	26%	50%	11%	1%	12%
UNAIDS Cosponsor staff (n=91)	29%	47%	13%	1%	10%
Other UN staff (e.g. RC) (n=66)	27%	45%	15%	2%	11%
National Government staff (non-donor) (n=33)	36%	45%	12%	6%	0%
NGO or CBO/network /umbrella (n=112)	14%	44%	24%	10%	8%
FBO/ network/umbrella	11%	42%	21%	5%	21%

Background of respondent	Percentage of respondents				
	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
organisation (n=19)					
PLHIV organisation/network/ umbrella organisation (n=26)	19%	62%	15%	4%	0%
Private sector organisation/ network/umbrella organisation (n=16)	19%	31%	19%	0%	31%
Bilateral donor staff (n=16)	19%	31%	31%	6%	13%
Other international fund or programme, or Foundation (e.g. Global Fund, IAVI, CHAI, FORD etc.) (n=22)	23%	36%	27%	5%	9%
Researcher/academic institution (n=24)	8%	42%	33%	0%	17%
OVERALL (n=608)	23%	46%	17%	3%	11%

Source: General evaluation survey

6.14   Evidence of the joint team approach having had an impact on the way that UN agencies work together was found in around half of the countries visited. Findings included:

Ethiopia: In the 22 months that the joint team has been operating, significant progress has been reported in a number of areas as a result of cooperative working.

Indonesia: The UN reform agenda has greatly influenced the work of UNAIDS in Indonesia. The RC from 2001 to 2007 was actively pursuing a UN reform agenda and promoted the development of a UN Joint Team on AIDS, the division of labour and a UN Joint AIDS Programme (UNJAP) in 2003, well before UNAIDS guidelines for joint programming were issued. The joint team has led to greater collaboration and a more coherent UN response, for example the UN Joint Action Plan, joint development of the successful proposal for Global Fund Round 8, and joint planning for Papua. The prospect of IPF and Global Fund funding is reported to have encouraged greater collaboration between the UN agencies. The joint team has also improved the competency of UN staff through training and information.

Iran: Within the UN system, the establishment of the UN Joint Team on AIDS is considered successful. It is extremely active and is seen as having promoted more sharing of information between UN agencies and more joint activities, particularly joint planning and review. The Joint UN Programme of Support on HIV and AIDS is considered the best example of UN joint working in Iran. Technical staff report that the support and encouragement of agency heads is of critical importance if their work is to be successful. The RC and chair of the theme group are particularly important in this regard.

Pacific Region: The UCC has been very effective in helping to coordinate the UN system to function as one, in acting as the contact point into and out of the UN system for the Secretariat of the Pacific Community and the Pacific Islands Forum Secretariat, and in driving the UN system to collaborate with these key regional organisations.

Peru: The cosponsors have been working together very effectively and the establishment of the joint team has helped this. But it was also clear from the interviews that the strong and charismatic leadership of a number of individuals had greatly contributed to this (the former UCC in particular, but also the RC, and the former Minister of Health).

Ukraine: Overall, the transaction costs of the joint team and theme group are perceived to be 'worth it', in terms of added value through developing consensus on key policy issues, UN solidarity and sharing information on plans. Theme group and joint team members feel that collaboration happens in spite of the institutional arrangements and

incentives that continue to encourage resource mobilisation and activities by individual agencies. The theme group and joint team are perceived as effective mainly because of some individuals' energy, skills and willingness to collaborate, and the expertise and commitment of the theme group chair, the UCC and her team.

Vietnam: Interviews with members of the joint team, senior officials in government and development partners indicate that many of the benefits set out in UNAIDS' guidance on joint teams have been realised. Participants noted mutual collaboration, avoidance of programme overlap and duplication, and much better sharing of information.

6.15   Countries where solid evidence was not found that the joint team approach had affected the way that the UN agencies work together included:

Côte d'Ivoire: The joint team was established in February 2007. Seven members of the team, from ILO, UNFPA, WFP, UNHCR, UNICEF and UNAIDS Secretariat, took part in a regional workshop for UN staff from Benin, Burkina Faso, Côte d'Ivoire and Gabon on strengthening the capacity of joint teams. Although seen as a useful platform for information exchange, the joint team has had minimal impact on how agencies work on the ground and on the implementation of the division of labour. HIV focal points are appointed to the team by heads of agencies, but tend to prioritise agency responsibilities over joint team responsibilities, and the latter are not included in job descriptions or performance reviews. Respondents inside and outside the UN noted that agency mandates continue to take priority and that competition for resources between agencies persists.

DRC: The joint team developed the HIV component of the UNDAF. Based on this, several projects involving different agencies have been initiated. The draft joint programme of support reflects agency mandates and expertise and past and current involvement in HIV and, to some extent, the division of labour. However, the draft programme consists of targeted projects financed by resources mobilised directly by individual agencies and there is, as yet, no overall budget. Agencies implement separate projects and activities linked to agreements with national stakeholders and other partners, which were in place before the joint team was set up. The joint team has therefore had limited impact on the way in which individual agencies operate. Respondents inside and outside the UN observed that agency competition for resources can over-ride mandates, making coordinated and effective implementation of the division of labour a challenge.

India: UNAIDS sosponsors have been working as a team on HIV since before the period covered by this evaluation. In 2002, a Virtual Team existed of HIV focal points from all cosponsors, coordinated by the UNAIDS Secretariat country office. This group was later called the Technical Resource Team. In 2006, in response to UNDG guidance, the cosponsors established the Joint UN Team on AIDS (JUNTA).[50]

Kazakhstan: A specific challenge faced by the joint team is that some cosponsors are based in the national capital, Astana, while others are based in Almaty. This reduces opportunities to interact, although this is overcome, to some extent, by including staff from Astana in joint team meetings by video link. Almost all respondents see UNAIDS as the secretariat. Although the introduction of the joint team and the joint programme of support was intended to address this, little seems to have changed.

Peru: Because the joint team has only been recently formally established it is not possible to assess progress.

Swaziland: The joint team was established in May 2006, is operational and the potential benefits of joint working – and of the participatory process of developing the draft Joint

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[50] In India, there is evidence of the UN working together in the area of HIV, but not robust evidence that the joint programme approach has been a major driver of this process.

UN Programme of Support on AIDS – are widely acknowledged by the secretariat and cosponsors.

6.16 Two of the countries where no evidence was found of the joint team being a major driver of joint working – DRC and Côte d'Ivoire – are post-conflict countries, where the UN is transitioning from a primarily humanitarian and peace-keeping role. In India, evidence suggests that it was the strength of the national counterpart authority combined with the character of the then UCC which moved the UN towards greater joint working.

6.17 In the countries where the joint team approach does appear to be a significant driver for enhanced working together within the UN, the role of character and capacity of the UCC and RC was a factor in four out of the eight cases – Ukraine, Iran, Peru and Indonesia – and was considered important by the evaluators in several other countries.

Is there evidence from the 12 countries of the joint team approach or the division of labour influencing agency staffing decisions?

6.18 Mapping of capacity across the joint team has been done in several of the 12 countries, but decisions on HIV-dedicated staffing and the competency required by these staff, remain an agency prerogative. There is no evidence of mapping exercises being an entry point for prioritising skills needs across the joint team as a whole or recruitment processes. The 2007 review of the implementation of the GTT recommendations[51] and the 2008 review of experience in Africa also show no evidence of such initiatives.

What evidence is there that the expected benefits of the joint team approach have been captured?

6.19 Six process benefits of the joint team approach were identified in the 2008 guidance issued and Table 14 below summarises progress in achieving these across 13 joint teams (in the 12 countries visited and the Pacific Region study for this evaluation):

Table 14: Evidence that joint teams are delivering anticipated process benefits

Benefit	What achieved to date
Led to greater working together to prepare, implement, monitor and evaluate HIV-related activities aimed at effectively and efficiently achieving the Millennium Development Goals	**Overall finding: Some progress across all 13 teams and may be fully achieved.** All 12 countries plus evidence from the Pacific Region Team and PNG show teams where there is an increase in working together, in terms of sharing of information. Little evidence in most countries of implementing, monitoring and evaluating HIV-related activities as a team. Evidence from the 2008 UCC survey suggests that these benefits are found in: Algeria, Cambodia, Egypt, Guyana, Kenya, Mozambique, Nigeria, Tanzania, Trinidad and Tobago, Uganda and Zambia. Findings are broadly similar to those found in the 2007

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[51] An Independent Assessment of Progress on the Implementation of the Global Task Team Recommendations in Support of National AIDS Responses, Kathy Attawell and Clare Dickinson, HLSP, 11 May 2007.

Benefit	What achieved to date
	Review of GTT Implementation and 2008 Review of Experience in Africa.
Produced a coherent package of UN-supported activities that will provide the most effective support to the national response based on the UN's comparative advantages and identified gaps in national capacity.	**Overall finding: Limited progress to date and will be contingent on developing joint programmes of support i.e. the product of a joint programming approach. Evidence of enhanced coherence in one out of 13 teams.** There is some evidence of joint initiation and planning of work in three countries and the development of joint programmes (with joint project document, M&E and funding). UNAIDS Joint Programmes of Support have been developed and endorsed in eight – Haiti, India, Iran, Kazakhstan, Peru, Vietnam, Ukraine, Ethiopia – of 12 countries and for the Pacific Region team. In the eight countries with a joint programme of support, these were really compilations of previous activities and projects of the individual agencies and were not reflection of a joint programming approach in seven cases. The joint programme of support may have moved closer to what is anticipated in the case of one country – Ukraine - and forr the Pacific Region team. The secretariat was unable to identify any other country where this was yet in place. The finding is broadly similar to that of the 2007 Review of GTT Implementation and 2008 Review of Experience in Africa.
Been an entry point for harmonisation of national and external stakeholder support	**Overall finding: No progress across the 13 joint teams.** In the 12 countries, the joint team has not had a role in harmonisation of national and external stakeholder support. The secretariat was unable to identify any other country where this was yet in place.
Been a knowledge hub that informs the UNCT and increases HIV competence of all UN staff members	**Overall finding: Limited progress to date; development of learning strategy in one of 13 teams.** Evidence from the 12 countries is consistent that the focus of the joint teams has been on information sharing and training within the teams. In DRC, a learning strategy has been developed by the secretariat, but no evidence on the extent to which this is being implemented. The secretariat reports evidence from that 2008 UCC survey that Belarus, Burkina Faso, Cambodia, Egypt, Ghana, Mali, Mozambique, Nigeria, Rwanda, and Trinidad and Tobago teams have developed UN learning strategies to build capacity of UNCTs. However, there is no evidence about whether these are being implemented.

Benefit	What achieved to date
Been recognised by partners and used as the entry point for technical support to the national response.	**Overall finding: No progress if team is seen as the entry point for technical support requests, but evidence of better coordination in four of 13 teams.** There is consistent evidence of government, and other partners approaching individual agencies with requests for technical support, usually on an *ad hoc* basis. However, some progress has been made in moving towards a system that would deliver a better coordinated response in four of the 13 teams – Ukraine, Vietnam, Iran and India. In each case, the approach adopted is different. In India, coordination is effectively carried out by the NACO. In Vietnam, the joint team has taken up all thematic areas under its remit and is tackling issues one at a time; these include MSM, human resources, detention settings (MOLISA/MOPS) and developing an action plan, which includes identifying technical support needs. In Iran, government stakeholders are very clear about their technical support needs and introduction of the joint programme of support reportedly means that provision of technical support is more coordinated. In Ukraine, the extent to which the UNAIDS Secretariat country office or joint team is used as an entry point is limited, but coordination of technical support takes place in technical working groups. The secretariat was unable to identify any other country where this was yet in place. Findings on progress in this area therefore support the finding of the Independent Assessment of the GTT Recommendations[52], that '*The UNDG Guidance Paper states that UN Joint Teams on AIDS will constitute an entry point for national stakeholders to assess HIV/AIDS technical support from the UN system. This assessment found no evidence of this happening in practice. A wider weakness of existing accountability processes is the emphasis on UN agencies, and Joint Teams, monitoring their own performance at country level. Opportunities for external review of Joint Team and Joint Programme performance by governments or other partners are limited. The perception that accountability processes are too internally focused on the UN system, with little consideration of how Joint Teams or Programmes to support the national response are accountable to partner governments, is shared by many informants, including cosponsors.*'
Increased external advocacy, targeted at both national and international levels, and focused	**Overall finding: Progress in six teams out of 13** In six (Ethiopia, Ukraine, Vietnam, India, Peru and the

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[52] An Independent Assessment of Progress on the Implementation of the Global Task Team Recommendations in Support of National AIDS Responses, Kathy Attawell and Clare Dickinson, HLSP, 11 May 2007. Page 48.

Benefit	What achieved to date
on raising awareness of joint programming efforts, achievements, and opportunities to support joint programmes. Examples might include tracking the UN contribution to the national response, dissemination of the UN workplan, or development of common statements/positions for advocacy on policy issues	Pacific Region) of the 13 teams, evidence of the UN taking joint advocacy positions was found. Examples included: - The joint advocacy position by the UN on aspects of the Government of Vietnam's HIV Law - Development of UN level Advocacy Strategies in Vietnam and Peru - Advocacy by the Ethiopia team for a higher policy priority for prevention - Recognition by NACO of UNAIDS' continued advocacy role to maintain political and resource support for HIV, because the downward revision of prevalence may result in reduced commitment from political leaders in India. There is no evidence that having joint teams has increased the level of awareness of external stakeholders of the overall UN response. More generally, discussion of the overall UN effort in an area is part of discussions with external stakeholders of the UNDAF process.

6.20   The major finding is that there is evidence from the country case studies of the benefits from joint teams being delivered in four of the areas, but no evidence of their being delivered in the other two areas. Evidence of the anticipated benefits was found in the following areas:

- Greater working together to prepare, implement, monitor and evaluate HIV-related activities aimed at effectively and efficiently achieving the Millennium Development Goals. All 12 countries and evidence from the Pacific Region Team and PNG show teams where there is an increase in working together, in terms of sharing of information. There is, however, little evidence in most countries of implementing, monitoring and evaluating HIV-related activities as a team

- Increased external advocacy, targeted at both national and international levels, around common statements/positions for advocacy on policy issues. This was found in six of the teams.

- In one case, Ukraine, there was evidence of a more coherent package of UN-supported activities that will provide the most effective support to the national response based on the UN's comparative advantages and identified gaps in national capacity. However, as pointed out previously, experience from the Delivering as One pilots is that this change is most likely to occur as part of the UNDAF development process, and none of the current joint programmes of support appear to have been developed as part of an UNDAF process.

- Becoming a knowledge hub that informs the UNCT and increases HIV competence of all UN staff members. In DRC, the secretariat has developed a learning strategy, but no evidence was presented to show this is being implemented. In Haiti it was reported that something analogous to a knowledge hub for AIDS did function in 2006, but then ceased to operate. This was before the establishment of the joint team. The secretariat maintains that there is evidence of more widespread work in this area. The main evidence presented is from the 2008 UCC survey, which shows that the Belarus, Burkina Faso, Cambodia,

Egypt, Ghana, Mali, Mozambique, Nigeria, Rwanda, and Trinidad and Tobago teams have developed UN learning strategies to build the capacity of UNCTs.

6.21   No robust evidence of the anticipated benefits was found across the joint teams in the following two areas (these are discussed in more detail in the section of this annex on implementation of the division of labour at country level):

- Becoming an entry point for harmonisation of national and external stakeholder support.
- Becoming recognised by partners and used as the entry point for technical support to the national response.

Challenges to implementing the joint team approach

6.22   Challenges to implementing the joint team approach have been highlighted in a number of sources, as well as by the 12 country case studies for this evaluation, including:

- The UCC surveys carried out by the secretariat in 2006, 2007 and 2008.
- Attawell, K. and Dickinson, C. (2007) Independent Assessment of Progress on the Implementation of the Global Task Team Recommendations in Support of National AIDS Responses, HLSP, 11 May 2007.
- A summary of UNDP/UNAIDS e-Discussion on Joint UN Teams on AIDS, November 2007.
- Godwin, P. (2008) Lessons Learned in Establishing Joint UN Teams with One Programme of Support on AIDS. Report prepared for the UNAIDS Regional Support Team, East and Southern Africa. January 2008.
- Chan-Kam, C. Sozi, C. de Knocke, H. and Walker, G (2008) UNFPA's Country and Sub-Regional Support to National Responses to HIV/AIDS – An External Review. UNFPA, 2008.

6.23   Drawing upon material from all of these sources, a core set of five challenges to implementing the joint team approach are apparent.

- UN theme groups and joint teams – maintaining separate roles and responsibilities
- The need for leadership – this is not just moving the boxes around
- The possibility of conflicts of interest – the role of the UCC
- The World Bank – the missing cosponsor at country level?
- The implications of technical support

These are examined in turn.

UN theme groups and joint teams – maintaining separate roles and responsibilities

6.24   The 2006 Guidance assumes that there will be both UN theme groups and joint teams at country level, and prescribes a clear and important role for the theme group (see Box 7). Goodwin (2008) concluded in his review of experience in East and Southern Africa that

> "*How the Joint Team (or the 'core group' on its behalf) interface with the UNCT (or Theme Group if it still remains) is critical. This is the fundamental chain of authority and decision making, and thus accountability, for the Joint Team and Joint Programme.*

Emerging experience suggests that a fine balance needs to be maintained between keeping this decision-making chain very simple – where the UCC simply represents the joint team directly or through the 'core group' in the UNCT/TG (which concentrates communication, decision-making and operational priority-setting in the UCC's hands); and introducing an extra layer of 'management' and transaction costs (at perhaps Agency Deputy level) but which filters and screens decision-making for the UNCT/TG, and ensures sufficient inter-agency coordination to avoid the Programme getting isolated"[53]

6.25   Yet both the Independent Assessment of GTT Implementation and Lessons Learned in Establishing Joint UN Teams with One Programme of Support on AIDS papers identified the lack of clarity over the role of the UN theme group and the joint team as a challenge to implementation. In this regard, the 2007 UNDP/UNAIDS-mediated e-discussion on Joint Teams and Joint Programmes noted the following as challenges in this area:

 − Although the guidelines on establishment of joint teams provide clear direction, in some cases there appeared to be differing understandings of the objectives of the joint team, and perceived overlapping roles in the practical workings of the theme group and the joint team. A further need for elaboration and clarification of roles was expressed, particularly where the new guidelines were seen as weakening the authority of a well-functioning theme group that acted as the key coordinating body on AIDS. In some cases the value added of maintaining both structures was questioned, as the same staff ended up attending different meetings addressing the same issues.
 − In some countries there was insufficient clarity on the respective roles and functions of the RC and theme group chair in relation to the joint team, and this was also highlighted in relation to situations where the government has emphasised that there should be one entry point in the UN system.
 − In certain cases, there was a perceived disruption to collegial relationships in the shift from agency staff reporting to the theme group, to staff reporting to the UCC as chair of the joint team.

6.26   Within this context, there is some evidence suggesting a move away from having theme groups for AIDS. For example, one UNAIDS RST Director commented that

"*It should be conceded that the theme groups have not evolved as effective agencies for joint UN programmes at country level. The UNTG functioning always depended upon the theme group chair and how effective that functionary is in rallying the agencies together. Conversely the UNCT has the comparative advantage of having the leadership of the RC with clearly identified functions and accountability. If this can be further strengthened, UNCTs can effectively replace the theme groups for formulation and implementation of joint programmes of support. The overseeing function assumed by the RDTs over the work of the UNCTs and the presence of the RST Director in the RDT greatly enhances the effectiveness of this oversight role of joint programmes at country level"*

6.27   Review of the second guidance paper (2008) also shows an acknowledgment that there may not be a theme group, stating '*Where the theme group on AIDS has been abolished, the chair of the joint team takes on these leadership roles, with decision-making being endorsed through consensus by the country team*'. Responses in the UCC surveys in 2006, 2007 and 2008 also

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[53] Godwin, P. (2008) Lessons Learned in Establishing Joint UN Teams with One Programme of Support on AIDS. Report prepared for the UNAIDS Regional Support Team, East and Southern Africa. January 2008. Page 21

show a decline in the number of theme groups, and the introduction of a third category, other, in the 2008 survey (see Table 24).

6.28   Results from the case studies also strongly support this finding, with little evidence across the 12 countries of strong and effective UN Theme Groups on AIDS, as shown by the examples below, with the exceptions of Peru, and Ukraine.

Peru: Meeting attendance by agencies has generally been good, although with limited attendance by agencies such as the WFP and none by the World Bank, with the UCC and RC consistently present. However, a number of heads of agency have clearly delegated the role of participating in the theme group meetings to their agency focal points – WHO is a case in point. Nonetheless a clear separation of functions is apparent, with the theme group setting direction and making key decisions and the joint team implementing. There is also a good commitment on the part of many of the UN agencies to the HIV agenda.

Ukraine: The UNCT decided to maintain the Theme Group on HIV/AIDS, reported by many to be the UN's most effective theme group in Ukraine, partly because it is well serviced through the UNAIDS Secretariat country office and is the longest established. The role complements the more specialist and technical function of the joint team. Theme group terms of reference were revised in 2007, to emphasise its leadership role in policy advocacy, and in developing 'one voice' for the UN on HIV. This has resulted in several high level advocacy statements based on strong UN consensus. Of special note is the recent committed participation of the RC in the National Committee and engagement with the theme group and the UCC. Following the 2008 mid-term review, the UNDAF now includes a new Assistance Area for HIV and AIDS.

Haiti: In Haiti the UN Theme Group on HIV/AIDS was established in late 2005 in response to the UN Secretary-General's letter establishing Joint Teams on AIDS. It was chaired initially by UNICEF, then by UNFPA and since the beginning of 2008 by WHO. Members of the theme group include cosponsors and non-cosponsors. Operational work is done by the joint team, which brings together the HIV focal points from different agencies and meets every month. However, workload and the large number of meetings mean that many agencies are unable to participate as regularly as they say they would like to. In early 2008 a decision was made to revert to addressing HIV at UNCT meetings and the theme group no longer meets. HIV has been on the UNCT meeting agenda three times since this decision, at the request of the UCC. UNCT discussions have reportedly been complicated by the lack of understanding by some heads of agency of the purpose of the joint programme of support and of the work that is being done by the joint team. Interviews underscored some of the difficulties this creates for the functioning of the joint team, in particular because key decisions are not made. With the theme group no longer meeting, the joint team has lost much of its legitimacy and status. As one of its members said '*it has become an operational group with no head*'.[54]

Swaziland: Within the joint team (JUTA), there is a Joint Management Team (JMT), which has 16 members. There is a UN Theme Group on HIV/AIDS, but this does not meet at present – the UNCT has yet to reach consensus or take a decision about whether or not to abolish it – and discussion of HIV issues at heads of agency level takes place as part of the agenda of UNCT meetings, which the UCC attends. Key challenges include the high transaction costs of participation in the JUTA, JMT and thematic group meetings, and duplication and lack of clarity about respective roles and responsibilities of these bodies and the theme group and UNCT, not helped by the lack of a clear UNCT position concerning the theme group.[55]

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[54] M. Visser-Valfrey, R. Casagnol and H. Cardenas (2009) Country Visit to Haiti: Summary Report. Report prepared for the UNAIDS Second Independent Evaluation 2002-2008. Paragraphs 3.14-3.15
[55] K. Attawell, Ogunlayi, M. and A. Mndzebele Country Visit to Swaziland: Summary Report. Report prepared for the UNAIDS Second Independent Evaluation 2002-2008. Paragraphs 3.19 and 4.7.

India: The joint team (JUNTA) became the platform for UN technical staff to plan and coordinate UN joint programming and UN heads of agencies continued to meet as the theme group. However, the theme group was not very effective in providing leadership, because not all heads of agencies attended meetings regularly, and stopped meeting in late 2008. In place of the theme group the UNCT now addresses HIV issues as and when needed. In India, however, the UNCT has a very large membership and not all members are interested in HIV. Because both the RC and UCC positions have been vacant since this change, the UNCT has yet to discuss the national HIV response and provide strategic leadership of the UN's joint contribution.[56]

Kazakhstan: When the joint team was established, a decision was taken to disband the theme group and use the UNCT as the place where heads of agencies discuss issues related to HIV. In general, respondents see this as appropriate.[57]

The need for leadership

6.29   The Second Guidance paper (2008) is quite explicit about the centrality of leadership if effective and sustainable joint programmes and teams are to be established. The centrality of leadership is also flagged in all reviews of joint teams. Indeed, the 2007 UNDP/UNAIDS-mediated e-discussion concluded that:

"*The overwhelming factor identified for success of joint teams and programmes is the leadership of the RC and theme group chair/vice-chair, as well as the commitment of the UNCT and agency country representatives. Theme group chairs and UCCs were also instrumental in identifying the main focus areas and lead roles for the joint programme, and were crucial in helping cosponsors to arrive at a consensus that could be presented to national counterparts. The joint team members often feed off the commitment of theme group chairs. Key are:*

- *An active strong theme group will support the establishment and effective functioning of a fully fledged Joint UN Team on AIDS, an improved joint programme of support, and effective collaboration between the UN partners through a clearly articulated division of labour within the UN system.*
- *Senior management commitment is crucial which will support addressing challenges in the implementation of joint programmes of support.*
- *Government commitment is equally essential in the process as it prompts UNCT partners to feel responsible and owners of the process.*
- *Division of labour must be adopted or 'domesticated' to the country context reflecting the differences in UN agencies presence and resources.*
- *Lack of resources constitute an impediment in the implementation of joint programmes of support; however pooling resources may prove a marked improvement in the process.*
- *A senior level head of agency should be directly involved in the process by being the chair of the theme group; this will lead to ownership and prioritisation of tasks within the joint programme of support.*

6.30   However, Table 15, which summarises ratings in the UCC surveys between 2006 and 2008 of the overall participation of the UN heads of agencies in the UN Theme Group on HIV/AIDS in the last three months (this may be seen as a proxy indicator of engagement and

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[56] P. Janssen, Zaveri, S., and Magar, V. Country Visit to India: Summary Report. Report prepared for the UNAIDS Second Independent Evaluation 2002-2008. Paragraphs 3.16

[57] R. Drew, Sarang, A and Osipov, K. Country Visit to India: Summary Report. Report prepared for the UNAIDS Second Independent Evaluation 2002-2008. Paragraphs 3.19

leadership by this group) suggests little change over the past three years, although the number of UCCs not answering this question did increase from seven to 18 over the three years.

Table 15: Rating of participation of UN heads of agencies in the UN Theme Group on HIV/AIDS in the UCC surveys 2006-2008

UCC rating	Percentage of UCCs rating the overall participation of the UN Heads of Agencies in the UN Theme Group on HIV/AIDS in the last 3 months as		
	2006 survey	2007 survey	2008 survey
Unsatisfactory	11%	9%	8%
Average	23%	29%	27%
Good	52%	49%	56%
Excellent	14%	13%	9%
Number of responses	84	70	64
No response	7	16	18

Source: UCC Surveys conducted by Secretariat

6.31   But the findings from the country case studies do suggest that leadership is a significant challenge at the UNCT level in several, although not all, cases:

> **Peru:** Most of the UN agencies in Peru consider HIV to be an important issue. The leadership of the former UCC and RC played an important role in this. Interviews with UN agencies and external stakeholders underscored the importance of strong dedicated personalities as the driver of UNAIDS' success to date in Peru.
>
> **Ukraine:** Of special note is the recent committed participation of the RC in the National Committe and engagement with the UNTG and the UCC.
>
> **India:** Increasing UNCT ownership and leadership of UN support to the national response remains a challenge.
>
> **Haiti:** The effectiveness of the joint programme of support is diminished by insufficient commitment at senior management level among UN agencies to the joint team approach. As a result some of the mechanisms and structures to support the functioning of the joint programme of support are not in place or not functioning effectively. An important 'gap' is the de facto absence of the theme group, which should provide strategic guidance to the UN response and which should give legitimacy to the work done by the joint team.
>
> **Iran:** In principle, the theme group is continuing to function at heads of agencies level. However, there are concerns about the numbers of different theme groups and the demands these make on the time of heads of agencies.[58]
>
> **Kazakhstan:** There are concerns that because of the low HIV prevalence in Kazakhstan, issues related to HIV and AIDS are not prioritised by the UNCT and are rarely included in the agenda.

6.32   Of particular concern is the apparent trend towards folding the work of the theme group into the meetings of the UNCT, implied by the halving of the number of theme groups reported between the 2006 and 2008 UCC surveys, resulting in HIV becoming a topic discussed briefly among many others in a crowded UNCT agenda. In addition, the joint team becomes leaderless and the heads of agency fail to take on their key role in advocating joint UN positions at the senior level of the government and donors.

The possibility of conflicts of interest – the role of the UCC

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[58] Note that Iran presents an interesting case of a joint team which is particularly active, and where the joint programme of support is characterised by joint planning and joint review and there is solid evidence of the UN having made a significant contribution, all while apparently not having the expected high-level leadership within the UNCT.

6.33   The roles of the UCC are described in the first Guidelines (2006) (see Box 2). A general observation on these roles is that numbers (iii) and (v) imply a level of authority and influence which the UCC simply does not have. In a joint programme, with contributions by a range of agencies, it is only the heads of agency that have the authority to carry out such functions. As importantly, the roles fail to address a central tension in the role between being a convenor and leader within the joint team and also a potential competitor for funding with the other agencies, especially as the secretariat is the lead agency in a few specific areas under the division of labour. It is important to note that while this issue is not discussed in any documentation, and is not highlighted in the country case studies, it remains a common theme raised privately.

Box 4: A view on the secretariat

The common view among heads of agency and RCs is that the UNAIDS Secretariat has become a *de facto* agency rather than functioning as a secretariat to the cosponsors; the implications of this for the role and priorities of UNAIDS need to be reviewed. A related concern is the lack of a clear accountability framework and, specifically, the fact that the UCC is accountable to the RST but has no reporting relationship to the RC or accountability to cosponsors at country level. This becomes an issue if the working relationship between the RC and the UCC is not good, as was the case with the previous RC and previous UCC in one country visited.

The World Bank – the missing cosponsor at country level?

6.34   The World Bank is the only cosponsor organisation that contributes funds to the Fund of UNAIDS and is an active cosponsor at the global level. Yet, Godwin (2008)[59] when discussing the participation of the World Bank in joint teams in East and Southern Africa concludes the following: "*A particular problem arises with regard to the World Bank. It is a co-sponsor of UNAIDS, and most joint teams say they include the World Bank*". The recent Strategic Review of the RST-ESA (Godwin, 2007) noted, however:

> *"The relationship between the World Bank and the UN is a complex one; and one more amenable to good will than formal status, structure or prescription. By virtue of the scope and scale of their operations, the nature of their relationships with governments, and the quality and quantity of their resources, the relationship between the Bank and the UN is an unequal one. This particularly applies to UNAIDS and the Bank; and is being seen in the development of joint teams and joint programmes – where the role of the Bank is both unclear and problematic. Yet the Bank is officially a cosponsor of UNAIDS, it has significant experience and resources available in support of national responses (both through formal lending or grant s and through policy and technical dialogue and support), and it has a credibility and weight which is invaluable. In addition, for various reasons, the Bank at present is in the vanguard of much of the developing technical and strategic re-appraisal and response to HIV in the region; and under the global division of labour the Bank specifically has responsibility for support to national strategic planning, costing, financial management, human resources, capacity and infrastructure, etc".*

6.35   The lack of clarity and problems play out at country level. The 'unequal relationship' between the Bank and the UN system is reflected in equivocal participation by Bank staff in joint team meetings and activities; and great difficulty in finding ways to include the Bank in joint programmes of support. A typical equivocation by Bank staff in adding their resources is "*Oh, this is not really OUR money – it is the government's*"; and if there isn't a current Bank credit or

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[59] Godwin, P. (2008) Lessons Learned in Establishing Joint UN Teams with One Programme of Support on AIDS. Report prepared for the UNAIDS Regional Support Team, East and Southern Africa. January 2008.

grant – "*We're not doing anything in AIDS right now*". This raises a significant question about how Bank staff see their work: if their only function is to manage or support the government in implementing a credit, perhaps they are right to see themselves, like so many UN staff, as merely officers, and thus with little input to the joint team and joint programme of support. If, however, they feel they have a genuine technical support role to play, it may need commitment to see how these resources (including the Bank's credibility and 'weight') can be captured. Evidence from the country case studies would confirm this conclusion, as illustrated in Table 16 below.

Table 16: Extent of World Bank participation in the joint teams

Country	Officially a joint team member?	Actively participating in the joint team?
Côte d'Ivoire	✓	✓
DRC	✓	X
Ethiopia	✓	X
Haiti	✓	X
India	✓	X
Indonesia	✓	X
Iran	X	n/a
Kazakhstan	✓	X
Peru	✓	X
Swaziland	X	n/a
Ukraine	✓	X
Vietnam	✓	X[60]

Source: Case study evaluation frameworks

The implications of technical support

6.36   Evidence on the total number of countries with a national technical support plan does not exist, but across the 12 case study countries, none had such plans in place as of early 2009. Problems with the operationalisation of the technical support plan concept were discussed in a recent review of experience in the Africa region, where the report[61] found that:

> *"This remains an area of considerable concern and confusion: apart from stating that it is required, the various Guidance papers have not clarified what it is; even the RST ESA seems to be struggling with this! Joint Teams themselves find considerable confusion between their annual workplans, which primarily consist of providing technical support, and a technical support plan. Work has started in the RST ESA to analyse the various kinds of technical support, and how they are provided; it is hoped that this will help to tease out what a technical support plan might be."*

7   The impact of the division of labour at country level

7.1   This section reviews the impact of the division of labour as a mechanism for enhancing coordination and coherence within the UN's support to address the epidemic at country level. The division of labour reflects a recommendation of the GTT that aimed to address the following

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[60] It is reported that the World Bank is considering re-engaging in the work of the Joint Team in Vietnam.

[61] Godwin, P. (2008) Lessons Learned in Establishing Joint UN Teams with One Programme of Support on AIDS. Report prepared for the UNAIDS Regional Support Team, East and Southern Africa. January 2008. Page 4

problems identified at country level:

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- No structure existed to ensure the operationalisation at country level of a division of labour among multilateral institutions. The governance structures of UNAIDS did not serve the immediate, country-specific needs required to implement a more coherent division of labour, and the UNAIDS Secretariat did not have the authority to hold individual agencies accountable for delivering results in their lead areas.
- Despite previous efforts, there was not complete clarity on the division of labour among the cosponsors. Confusion at global level in turn played out at country level, as both countries and UN agencies were not clear on who should be taking the lead on which activities, diminishing the possibilities of holding anyone accountable. For example, a country seeking technical support on prevention education for youth might end up talking to four cosponsors. True joint programming had still only been established in a handful of countries. National partners therefore tended to engage cosponsors separately, rather than access a common entry point to the full range of HIV-related services available throughout UN system.

7.2   The 2005 division of labour document explained the new system for addressing this at country level (see also paragraph 7.4 concerning the 'Lead Organisation' concept).

> *"Critical to the implementation of the division of labour is the Lead Organisation concept. The Lead Organisation—either a cosponsor or the secretariat—serves as a single entry point for government and other relevant country-level stakeholders requiring support within a particular UNAIDS technical support area. The Lead Organisation is primarily responsible for coordinating the provision and/or facilitation of this technical support, as identified in the Technical Support Division of Labour matrix above. The Main Partners in the matrix are the other members of the UNAIDS family providing technical support within the area.*

7.3   The division of labour agreed at global level was adjusted in two regions, Asia-Pacific and Latin America, although there is no evidence from the country case studies of how this has affected implementation of the division of labour at country level. Responses (see Table 17), to the UCC survey for 2008 suggests that solid progress has been made in implementing the division of labour at country level, with almost 90 per cent of UCCs reporting that most or all agencies are adhering to it and 80 per cent of UCCs reporting that joint team members have been designated to cover specific technical support areas as per the UNAIDS Technical Support Division of Labour.

Table 17: UCC responses to whether the division of labour is adhered to by all agencies

Question	Possible response	% of responses in 2008 UCC survey
Have joint team members been designated to cover specific technical support areas as per the UNAIDS Technical Support Division of Labour? (n=82)	Yes	82%
	No	9%
	No response	9%
Is the division of labour adhered to by all agencies? (n=82)	Always	20%
	Mostly	67%
	Rarely	4%
	No response	9%

7.4 There is mixed evidence of the degree to which the headquarters and regional functions of the individual cosponsors reinforced the message and commitments through their own internal communication systems. UNICEF, UNFPA and UNODC appear to have been the most conscientious cosponsors in this regard. Cosponsor reporting systems are also not designed to pick up whether country-based teams are conforming to the division of labour and the global coordinators/focal points have found it a challenge to monitor this issue.

Box 5: Views of an RST Director

At the country level it is a mixed picture. By and large the cosponsors work according to division of labour principles but, whenever there is a departure, there is no mechanism to correct the wrong. The concerned lead agency itself is not aware of the digression and even if it is, it does not utilise the dispute resolution mechanisms available. Dispute identification and solving has not yet been perfected and both the cosponsors and the secretariat have to shoulder this responsibility. The UCCs also need to be more vigilant on this issue.

Have the proposed systems and structures for the lead agency approach been put in place?

7.5 The division of labour document proposes an elaborate set of systems and structures meant to operationalise the lead agency approach. These include:

- The Lead Organisation – either a cosponsor or the secretariat - serving as a single entry point for government and other relevant country-level stakeholders requiring support within a particular UNAIDS technical support area.
- The Lead Organisation being primarily responsible for coordinating the provision and/or facilitation of this technical support, as identified in the Technical Support Division of Labour matrix
- Upon receipt of a technical support request, the Lead Organisation informing the Chair of the UN Theme Group on HIV/AIDS and the UCC, and rapidly consulting with the concerned Main Partners to determine the optimal provider(s) and financing of the support.
- The Lead Organisation acting as a liaison between UNAIDS and other providers of technical support in its area, as well as between UN Theme Groups
- The Lead Organisation being primarily accountable for ensuring that country-level stakeholders receive high-quality, technical support within its area, either through services provided by UNAIDS or facilitated through an outside provider.
- Procedures developed by the UNAIDS Technical Support Facilities being used to ensure quality assurance with respect to the identification, selection, management and review of technical support delivered.
- The provider of technical support being required to report in a timely manner to the Lead Organisation on its activities according to a standardized format.
- The Lead Organisation being responsible for: (a) compiling data on technical support requests and the technical support provided and/or facilitated by it and its Main Partners; and (b) submitting regular, results-oriented summary reports to the UN Theme Group on HIV/AIDS Chair and the UCC.

7.6 There is no evidence of any of the joint teams in the 12 case study countries adopting this approach or even significant aspects of it. Nor did any of the joint teams appear to be planning to

implement such an approach.

Box 6: The challenges of implementing the lead agency concept – experience from one country

Overall, it appears that the most active 'agencies', e.g. the UNAIDS Secretariat, UNICEF and UNFPA still have their own distinct activities, although these are increasingly being included within the overall joint programme of support. There are, however, different understandings of what it means to be the lead agency. Does it mean that a particular agency is the sole actor? Respondents would say not, yet there have been times when agencies have acted as if this were the case. Should it mean that a particular agency is the main UN actor? By implication, the answer to this would seem to be yes, as where an agency has lacked capacity to implement activities, lead responsibility has been allocated to another agency. Should the agency be coordinator of the actions of others? The RC reported favouring a cluster approach whereby there would be a lead agency but other agencies could contribute. This is, indeed, how the division of labour is structured. However, it is difficult for the lead agency to play this coordinating role; for example, it has no power to ask for a report from another agency. Also, it has been difficult to ensure that the lead agency is the first point of contact for national partners on a particular issue. For example, although UNFPA is the lead UN agency for work with sex workers, national counterparts are still approaching other UN agencies directly for support in this area.

7.7   There is evidence of greater coordination of technical support in at least five of the case study countries – Ukraine, India, Iran, Haiti, and Vietnam – but this does not appear to be because of the introduction of the division of labour, as illustrated by the evidence presented below:

> **Ukraine:** Due to regular, established contacts and frequent meetings of the joint team and theme group, the technical support provided by UN agencies is mainly coordinated and follows division of labour where capacity allows. However, coordination has not been always easy with other partners, in particular the EC. Also, there have been a number of fragmented requests and neither the NAC nor the UNAIDS Secretariat has an overview of HIV/AIDS-related requests for, or provision of, technical support.
>
> **India:** The Government of India does not see UN reform as a priority, mainly because the UN does not contribute much in terms of resources to national development, and prefers UN agencies to work with their counterpart ministries. NACP III (the national strategy) clearly identifies areas of technical support and expects donors – multilateral, bilateral, and foundations to support the national plan. Wide consultation during the NACP III design was expected to inform which areas of support match donors' capacity and resources. The joint team plans formulated since NACP III (2007, 2008, and 2009) are *joint* efforts of UN agencies in identifying the NACP III Plan gaps for technical assistance, with the comparative advantage of each UN agency based on the division of labour to develop a plan for technical assistance. The Direction General of the NACO endorses the Joint Team Plan every year and has attended joint team planning retreats. Joint team plans were by and large strategic (with few direct implementation activities). There is however scope for further cohesion in joint strategic planning for HIV rather than vertical agency planning based on their agency mandate.
>
> **Iran:** There is evidence of a more coordinated approach to provision of technical support. One respondent commented that there has been a shift away from the UN as a 'supermarket', that is a place where people browsed what was being offered and selected what they wanted. One UN agency, UNICEF, commented that they do not receive as many requests for technical support as they might expect. .
>
> **Vietnam:** The HIV PCG (Joint Team) has taken up all thematic areas under its remit and is tackling issues one at a time. These include MSM, human resources, detention settings and developing an action plan, which includes identifying technical support needs. Evidence of the efficacy of this approach is the increased recognition of MSM-related issues by all stakeholders in the HIV response and the expansion in the number of provinces undertaking methadone

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maintenance programmes. Work on human resources is also part of a broader attempt by partners, including PEPFAR and the World Bank, to identify, assess and develop strategies for supporting government ministries and agencies to improve their human resource capacities.

Haiti: No examples were found where a stakeholder had approached the joint team as an entry point for technical support, although various examples were provided by the joint team of instances where technical support was being provided in a coordinated manner, for example to the Clusters which operate around themes (such as M&E) under the MOH.

7.8   Rather, greater coordination is being driven by the presence of the joint team, and an interest in greater coordination on the part of the government counterparts.

Is there now greater clarity on the division of labour at country level?

7.9   Evidence is mixed on the degree to which roles are now clearer, and whether this is a response to the division of labour. Across the 12 countries, all joint teams state that the division of labour is in place, although in at least two teams, members were often unaware of the detail. The global division of labour is used in four countries – Kazakhstan, Indonesia, Swaziland and Peru – and has been adjusted to reflect country realities in eight countries – Côte d'Ivoire, DRC, Ethiopia, Haiti, India, Iran, Ukraine and Vietnam. How the division of labour has been adapted at country level is shown below:

> **Côte d'Ivoire:** The division of labour chosen was defined based on the respective competence areas of the different agencies and their previous and current involvement in HIV. Thus, the activities of non-resident agencies have been given to agencies with a prescence in the country. For example, UNICEF carries out UNESCO's activities, UNESCO having no presence. Although seen as a useful platform for information exchange, the joint team has had minimal impact on how agencies work on the ground and on the implementation of the division of labour.
>
> **DRC:** The division of labour was defined following a participative process organised by the UCC, was adopted by the theme group and subsequently communicated through a RC circular. UNODC, which is not present in the country, is represented by UNFPA.
>
> **Ethiopia:** It is not clear from the current allocation of roles within the joint team to what extent it was influenced by the global division of labour. The UNICEF Country Representative states that the division of labour in Ethiopia was based on agency capacity, presence and potential added value. However, the process was not documented and it is unclear to what extent it was initiated in response to the global dvision of labour. Some other cosponsors take the view that presence in the joint programme of support reflected the need for agencies to be visible in the UNDAF and the existing work programmes of agencies. There appears to be some duplication of effort, for example, in technical support for M&E.
>
> **Haiti:** Interviews indicated that decisions about the division of labour were based on agency mandates, areas of expertise and existing technical capacity. The process was not documented in meeting minutes and the precise rationale for decisions thus remains unclear. What is clear, however, is that the division of labour has not been revised since it was adopted in 2007, although some agencies, such as IOM and the World Bank, do not have the human resource capacity to fulfil the role that has been allocated to them. Because only joint activities are included in the joint plan there is no overview of what cosponsors are doing and little opportunity to ensure that technical support is coordinated. This can result in duplication and examples were cited of technical support being provided to the same target groups by different agencies and of agencies re-training stakeholders because they did not agree with the approach or methodology used in earlier training.
>
> **India:** The division of labour has been adapted to some extent. UNIFEM has been included as a partner and some areas have been added to reflect pre-existing cosponsor activities. Cosponsors and NACO expressed satisfaction with the division of labour as it clarifies who does what and prevents duplication. Currently the UNAIDS Secretariat has primary responsibility for technical assistance related to MSM, uniformed services and M&E, in addition to implementing advocacy activities with legislative forums and members of parliament at federal and state level. Some concerns of overlap continue. For example, UNDP's mandate includes MSM issues and advocacy,

yet the UNAIDS Secretariat country office actively supports both these issues through a consultant for MSM and a team that works on political advocacy such as the Parliamentarian's Forum at central and state level. Such an overlap also exists for supporting interventions with uniformed services, which could be the mandate of ILO, under the domain of world of work or with UNDP under mainstreaming. Similarly some programmes are duplicated such as the ILO's work with public and private enterprise and UNDP's work on Corporate Social Responsibility (CSR). Many other examples were shared such as UNESCO's independent IDU regional project, which has no UNODC involvement.

Iran: Agencies with no presence in Iran have been replaced by those that are represented, e.g. lead responsibility for workplace policy and programming is taken by UNDP instead of ILO. Similarly, responsibility for support to strategic planning is allocated to UNDP and the UNAIDS Secretariat instead of World Bank. Some responsibilities are split between different agencies. In such cases, the nature of the split is stated. For example: within support for strategic planning, the UNAIDS Secretariat has lead responsibility for supporting the development of a prioritised and costed national plan; responsibility for HIV prevention among out-of-school youth and vulnerable groups[62] is largely allocated to UNICEF instead of UNFPA, although UNFPA retains lead responsibility for condom programming; Lead responsibility for HIV prevention in education institutions is split between UNICEF and UNESCO, with UNICEF responsible for children. Areas of overlap and confusion remain. These include: prevention work among young people with in-school allocated to UNESCO, out-of-school allocated to UNICEF and condom programming allocated to UNFPA; people with multiple vulnerabilities, for example, many sex workers are also injecting drug users. Lead responsibility for sex workers is allocated to UNFPA, while lead responsibility for IDU is with UNODC. There is overlap between surveillance, which is the lead responsibility of WHO, and strategic information, M&E, which is the responsibility of the UNAIDS Secretariat. There is also concern that UNDP's work as Principal Recipient of Global Fund grants is not covered by the division of labour.

Swaziland: The joint team recognises that the global division of labour needs to be adapted to the country context and is reported to be in the process of reviewing this vis-à-vis UN country capacity. There is no clear process for determining how responsibilities are handled when a cosponsor is not present in the country or does not have capacity; it is often left to the secretariat country office to fill the gaps.

Ukraine: The UNAIDS Technical Support Division of Labour was adapted to the country context, taking into account need for expertise on harm reduction and opioid substitution therapy, for example. However, some inconsistencies and competing mandates remain. Clear understanding has been now achieved between WHO and UNODC, but there is limited wider collaboration across agencies working on IDU approaches. UNFPA has a large EU-funded programme for service provider training on young IDU but no project links with UNODC, which is leading on prevention. Education in the formal sector is with UNICEF, agreed with UNESCO (which is present in country, but focuses on culture). Lack of a clear strategy for coordinated technical support on youth (in school UNICEF, out-of-school UNFPA) is an issue. There is clear understanding between UNDP and the secretariat on the 'Three Ones' lead (broader governance is with UNDP) but the division of labour was agreed after the UNAIDS Secretariat country office developed a Three Ones project, and UNDP is not entirely comfortable. There is some evidence of agencies using the division of labour to justify why they should lead or get funds (e.g. in relation to procurement).

Vietnam: The process of adopting a division of labour has been difficult. Some cosponsor respondents feel that the initial introduction was insufficiently sensitive to UN agency capacity and historical relationships in country and that the UNAIDS Secretariat country office tried to introduce the GTT recommendation as a blueprint. The main tensions have been over the respective roles of UNODC and WHO concerning harm reduction; the terminology of lead agency; and the idea that the allocation of roles would enable lead agencies to act as a single entry point. Examination of the agreed Vietnam division of labour reveals that it follows the global guidelines closely with only two locally-agreed different allocations to lead agencies: the UNAIDS Secretariat taking the lead role for support to *strategic, prioritised and costed national*

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[62] Except IDUs, prisoners and refugees

plans, instead of the World Bank; and IOM – which is not a UN agency but has a relevant scope of work and is present in Vietnam – taking the lead on *addressing HIV among displaced and mobile populations,* instead of UNHCR, which does not have an office in country.

7.10   In general, in addition to covering for situations when the lead agency has no country level presence, agency mandates and what agencies are already doing appear to have been the major factors driving adaptation. This is extremely relevant given a conclusion in the evaluation of WHO's contribution to '3 by 5', which states that '*United Nations agencies within countries were seen to have placed much emphasis on working out their organisational delineation of tasks in accordance with these GTT recommendations through the national United Nations Theme Group on HIV/AIDS. Rather than taking a strategic perspective on what needs to be done to centre the HIV and AIDS response within a broader action plan for development, it seems that this process could be missing the point. For instance, in a country where little progress has been achieved in controlling the HIV epidemic in the last 20 years, it seems futile for this process to focus exclusively on distributing short-term roles and assignments for HIV and AIDS work to resident agencies rather than focus on addressing the underlying reasons for these failures.'*[63] Examples of this problem are shown in Box 7.

Box 7: Non-strategic response to the division of labour

Country example 1: The UNAIDS Guidelines on Division of Labour resulted in more agencies appointing Focal Points. Given the level of the epidemic in the country, it may rather be asked if the division of labour led to wrong prioritising and expenditures on activities with little or no impact on the course of the epidemic. An example would be the focus on PMTCT and paediatric AIDS when only 1,,500 paediatric cases have been identified. Other examples may be the support to NAC for establishment of sub-NACs in too many districts and the emphasis on life skills education.

Country example 2: The division of labour follows the global guidelines and does not include specific adaptations. A recent consultancy concluded that, rather than dividing the work among UN agencies, what was necessary was to develop a joint vision based on the reality of the epidemic and to identify what practices within the UN system prevent agencies from working together. A number of such practices were identified, including the fact that agencies operate under specific mandates, discretionary funding is limited, and agencies respond to very different entities within the country.

7.11   Across the 12 countries, there is also little evidence that the joint teams have, on an ongoing basis, invested in ensuring that other stakeholders are aware of the division of labour and therefore which agency should be approached for what types of technical support. Evidence strongly suggests that external stakeholders continue to approach UN agencies, based on either the agency's mandate or past interactions, or approach several agencies with the hope that one will provide the needed technical support. Examples found included:

> **Côte d'Ivoire:** The division of labour has been presented to all the players during the various meetings. Government and NGOs, who know the leaders in the main areas, have shown their appreciation. This recognition and use of the division of labour is less marked among other external partners.
> **Ethiopia:** A self assessment by the joint team (November 2007) found that: the application of the division of labour based on a country level SWOT was extensively discussed by Management

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[63] WHO (2006) Evaluation of WHO's contribution to "3 by 5": main report. WHO Evaluation Department, WHO, page 27, paragraph 21.

Committee in 2005 before establishing the joint team, but most joint team members and partners are not familiar with the division of labour and how it is applied in Ethiopia. There has been some confusion between the division of labour and application and the ISTFs which are functional areas for UNDAF implementation. Other technical areas (and lead agencies) need to be identified and mandated to support the National Response. The Core Group has made recommendations to the Management Committee on how to resolve the issue but, in the main, the Management Committee has not approved implementation of the recommendations. The only action was producing a brochure (March 2008) that describes roles and responsibilities.

India: UN agencies traditionally have their 'designated' line ministries with whom they work closely on a variety of programmes including HIV. All requests for HIV support from the various ministries are not necessarily channelled through NACO or the UCC but the joint team clearly lays down areas of single, lead and joint UN agencies in their response to HIV.

Indonesia: Most external partners contact directly their traditional UN partner when they need technical assistance. This has not represented a problem. The technical support division of labour is little known and, as a result, NAC and line ministries direct requests for technical support to the UNAIDS Secretariat country office or counterpart UN agencies as appropriate.

Kazakhstan: Cosponsor staff are aware of the 'Division of Labour' document, which was discussed at a joint team meeting, but it has not been considered particularly relevant to Kazakhstan because the mandates of each agency are considered to be well-known and relatively low levels of activity mean that there is little overlap or duplication. As a result, the joint team has not adapted the division of labour for Kazakhstan. There is no formal system for national partners to request technical assistance from UNAIDS. This is done on an *ad hoc* basis, through the UNAIDS Secretariat and also direct to relevant agencies. Although every attempt is made to ensure that technical assistance is based on country needs, it is also acknowledged that available funds and agency mandates are powerful factors in what technical assistance is provided.

Swaziland: A letter explaining the joint team was sent to external stakeholders in 2006. The global division of labour was adopted in 2008 and presented to the Government of Swaziland.

Vietnam: The division of labour is not widely understood outside the UN and has not yet had any discernable influence on working relations with government or development partners. The differences in operationalising harm reduction between WHO and UNODC are known and donors expressed strong views that UNODC should be working in this area as the agency brings such a broad base of engagement. The strong 'vertical' nature of government programmes leads to difficulties in some areas.

7.12   In summary, there is little evidence to suggest that the division of labour has led joint teams to put in place the systems and structures proposed in the 2005 document. However, probably more driven by the presence of the joint teams, there is evidence of moves towards greater coherence between agencies in some countries. Evidence is mixed on the degree to which the division of labour has led to greater clarity over the roles of the various agencies involved. Overall, the process has become focused within the UN rather than on providing greater clarity to external stakeholders. Finally in at least two of the countries, the division of labour has had the perverse effect of expanding UN support into areas that are not a priority, given the nature of the epidemic.

8   Do incentive systems across the UN and in the wider environment reward joint working?

8.1   The challenges of changing incentive systems to foster greater working together have been extensively documented (as in the 2008 evaluation of the Paris Declaration[64] for example). Introduction of the joint team approach, as outlined in the Secretary-General's 2005 letter, attempted to address one such incentive, namely accountability.

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[64] Wood, B., D. Kabell, N. Muwanga and F. Sagasti (2008) Implementation of the Paris Declaration – Synthesis Report. May 2008.

Enhanced accountability

8.2   UCC responses to the question of whether there is an accountability mechanism in place for the Joint UN Team on AIDS (see Table 18) suggest that after rapid progress in 2006 and early 2007, progress slowed significantly in later 2007 and early 2008. The evaluation has found no evidence that the situation has changed significantly since then. This suggests that efforts to significantly change accountabilities of joint team members have been implemented in approximately 60 per cent of the countries in which the UN has a development presence dealing with HIV.

Table 18: UCC survey responses on whether there is an accountability mechanism in place for the Joint UN Team on AIDS

Survey Response	Percentage of responses in:	
	2007 survey	**2008 survey**
Yes	54%	56%
No	46%	37%
Did not answer	0%	7%
Total number of responses	86	82

Source: UCC surveys conducted by secretariat

8.3   The question therefore is whether there is evidence that these new systems and approaches have actually changed accountability at the country level. The Secretary-General's letter of 2005 is clear on accountability, stating that the joint team is "under the authority of the RC system and overall guidance of the UNCT and facilitated by the UCC; with a defined joint programme of support and a defined technical support plan with a clear set of deliverables and detailed collective and individual accountability of the UNCT.   These broad statements are then expanded upon in the 2006 and 2008 Guidelines.

Box 8: The Triennial Comprehensive Review Policy 2007 and enhancing accountability to governments

The 2007 Triennial Comprehensive Review Policy (TCPR)[65], an important instrument for the monitoring and the assessment of UN operational activities, stressed the importance of the UN system reporting on its development results to the national government: *Para 96. Underscores that the RC, supported by the UNCT, should report to national authorities on progress made against results agreed in the UNDAF.* Depending upon the success with which this recommendation can be implemented, it should lead to strengthening of accountability of the UNCT to member-state governments.

This will be a challenge for the 28 agencies of the United Nations Development Group (UNDG), since all agencies already maintain their own annual reporting mechanisms, which allow them to track performance. This is also complicated by the fact that specialised and non-resident agencies often don't report by country but by project, and projects may extend over several countries. The existence of annual reporting requirements for the increasingly important donor trust funds and the RC Annual Report also increases reporting requirements for the members of the UNCT. Yet, a major focus of UN reform has been to harmonise the work of UN agencies at country level and, where possible, cut transaction costs. The challenge therefore is identify the degree to which a single annual report from a UNCT to national authorities, as stipulated under TCPR 2007, can be based on compilation of the information already produced in the annual reports of the individual agencies and so minimise transaction costs.

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[65] http://www.un.org/esa/coordination/tcpr.htm

How has accountability under the authority of the RC system and overall guidance of the UNCT and facilitated by the UCC been operationalised and has it enhanced accountability?

8.4   It is first important to look at the statement from the Secretary-General and understand that the authority within the RC system is an area of contestation within the UN. To date, the RC still does not have the authority to tell other agency heads what their agency should do and therefore has little direct authority.[66] It is also important to note the UCC's role is one of facilitation and there is no mention of the staff of other agencies being accountable to the UCC.

8.5   The 2006 Guidance paper sets out clear accountability lines and, at the level of the joint team, mechanisms for enforcing them. Review of the roles and responsibilities highlights the centrality of heads of agencies in strengthening accountability, since they:

- Officially designate participation of staff members on the Joint Team on AIDS.
- May revise job descriptions (where necessary) to reflect participation in the team as a key responsibility.
- Work with the RC and UCC to determine appropriate performance evaluation mechanisms, incentives and sanctions for joint team members.
- Accept overall accountability for annual deliverables of that agency as agreed upon by the joint team, including resource mobilization at the agency level.
- One agency head will also be appointed as Theme Group Chair, to facilitate meeting and decision-making among the group.
- As members of UNCT and HIV/AIDS Theme Group, contribute to overall policy and programmatic guidance of joint team members, and participate in approving the programme of support and annual workplans.

8.6   It is therefore important to acknowledge that the headquarters of three cosponsors did subsequently issue instructions that joint working on AIDS should be included in the personal assessment frameworks of their heads of agency at country level – UNFPA, UNICEF and WHO, although it is unclear to what degree this was then acted upon. It is also important to bear in mind that the heads of agency are not directly accountable for delivery against the UBW.

8.7   The most important finding from the 12 countries is that the agency heads, either within the UNCT or the theme group, have not moved to assess performance of the joint teams, as opposed to individual members working in the joint team, or used this assessment as a basis for discussion of how to improve its performance. The present status, at least within the 12 case study countries, is that the agency heads do not see their accountability for the work of the joint team differently from that of any other outcome group.

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[66] The 2009 Guidance Note on Resident Coordinator and UN Country Team Working Relations produced by UN DOCO describes the relationship thus: 'The RC has an equal relationship with, and responsibility to, all UNCT members. The RC "on behalf of the UN System (UNS), and in consultation with country representatives of the UNS, assumes overall responsibility for, and coordination of, the operational activities for development of the UNS carried out at the country level."66 The RC is responsible for coordination of the UNCT in strategy, planning, implementation and monitoring and evaluation of development programmes at the country level, contained in the UNDAF. The RC should provide overall leadership, programme oversight, advocacy, resource mobilization and allocations for UNDAF, and lead the UNCT in monitoring, evaluation and reporting of UNCT progress on the UNDAF.

How has 'With a defined joint programme of support and a defined technical support plan with a clear set of deliverables and detailed collective and individual accountability of the UNCT' been operationalised and has it enhanced accountability?

8.8   Making the members of the joint teams accountable in their annual performance assessments for their work in the joint team is identified in the 2006 Guidelines. This is a unique arrangement for the UN at country level. As shown in Table 19, just over half of UCCs in the 2008 UCC survey said yes when asked if the participation in the joint team had been included in the job descriptions of joint team members.

Table 19: 2008 UCC survey responses to whether participation of team members in the joint team had been embedded in their job descriptions

Question	Possible response	% of responses in 2008 UCC survey
Has the participation of team members to the Joint UN Team on AIDS been embedded in their job descriptions? (n=82)	All	17%
	Some	55%
	None	20%
	Not sure	2%
	No response	6%

Source: UCC Surveys conducted by Secretariat

8.9   Findings about the extent to which participating in the joint team is included in job descriptions were broadly similar from the 12 country case studies (see Table 20).

Table 20: Inclusion of participation in the joint team in job descriptions in the 12 case study countries

Question	Possible response	Case study team
Has the participation of team members to the Joint UN Team on AIDS been embedded in their job descriptions?	All	Vietnam.
	Some	Ethiopia, Ukraine, Swaziland, Indonesia, Haiti.
	None	Côte d'Ivoire, DRC, Kazakhstan, India
	No evidence presented in case study material	Iran, Peru

8.10   In seven of the 12 countries, working in the joint team is included in the performance appraisals of staff from some, but not all, agencies. In two of the countries where it is not, the UNCT were planning to include this, but in Kazakhstan had decided that this was not feasible, as most of the involved staff were regionally based. For teams where the recommendation has been implemented, UCC participation in performance appraisal of team members was rare and dependent on the discretion of heads of agencies.

Box 9: Did implementation of recommendations derived from the GTT enhance accountability?

Implementation of these four specific recommendations appears to have had little impact yet.

Recommendation 1a. Joint UN Teams on AIDS to institute Annual Reviews of their Programme of Support, to assess progress and impact, effectiveness in support to the national AIDS response, and the resources required to fulfil their division of labour responsibilities.

Implemented in 7 of 12 countries. In 4 of the remainder, not yet because the joint programme of support is not yet agreed or just agreed. In countries where implemented, used as a reporting rather than management exercise and little evidence that has been used to affect what the UN is doing, which suggests that little opportunity for these to have immediate impact upon what is done.

Recommendation 1b. These Annual Review reports will be fed back by the RCs to the Regional Directors Teams who will ensure a quality oversight role for the countries in their region, and also to UNAIDS Secretariat in Geneva and the cosponsor global coordinators.

In seven countries that have produced annual reports, some information submitted to RC Offices, but no evidence of it being used by RDTs or of feedback from headquarters and regional levels. Interviewees in UN DOCO state that development of the quality oversight role hasn't yet started and will initially focus on the quality of the UNDAF.

Recommendation 2. The UNAIDS Secretariat and cosponsors, at regional and HQ level, will perform a quality assurance role regarding Joint UN Team on AIDS Annual Reviews.

No evidence of this recommendation being implemented as yet.

Recommendation 4. Cosponsor heads of agency at country level to apply the guidance, process and inclusion of appropriate text in job descriptions and performance appraisals, ensuring enhanced harmonisation and incentives for joint team collaboration.

In seven of the 12 countries, working in the joint team is included in the performance appraisals of staff from some, but not all, agencies. In the countries where it is not, the UNCT plans to include in two cases and has decided this is not feasible in one case, as most of the involved staff are regionally based.

8.11   As pointed out by several respondents, heads of agencies are not accountable for the work of their staff in the joint team and this is the key weakness, since it is the heads of agency who ultimately control resources, decide on staffing, and can reward staff. Country respondents also made additional comments on the degree to which accountability had truly been affected, including:

> *The RC takes his accountability for UNAIDS seriously (e.g. attends theme group meetings and is willing to present any theme group consensus at the highest level. But collaboration is not included in a head of agency objectives, unless, as one interviewee said, "I choose to have it there". The joint team and theme group will, in 2009, implement an innovative approach to strengthening accountability. The revised UNDAF for 2009 recommends that joint team members will be appointed to serve as 'outcome focal points', meaning they will be responsible for monitoring and reporting on progress with regard to specific outcomes, even (and especially) where more than one organisation/project is contributing to its achievement. The Theme Group hopes that this role will promote greater accountability for getting things done.*

> *The major finding is that HIV has been selectively included in the terms of reference of staff by some of the agencies (e.g. UNICEF, UNFPA, WHO). However, even where this is done, there is no evidence that this leads to enhanced harmonisation and incentives for joint team collaboration. In fact the members of the joint team said that if they were working on HIV issues this was because they were committed to doing something about HIV (not because it was a requirement, or because they have encouragement from their supervisors - in most cases this is not explicitly the case). Staff who had HIV in their terms of reference reported being assessed on their performance as part of regular performance assessments within their organisation. In conclusion, HIV is selectively*

included in terms of reference (usually by agencies with major responsibility for HIV and AIDS). Where it is included it is part of the performance evaluation of the staff member.

Some respondents report that the introduction of the Joint UN Team on AIDS has increased accountability for the work of UN agencies in this field, by having clearer terms of reference and more stringent expectations. However, this accountability has been quite dependent on the leadership of the UNAIDS Secretariat country office. For example, if they do not call a meeting, 'no-one complains'. There appear to be limited mechanisms available for the UNAIDS Secretariat to ensure accountability. The main mechanisms appear to be personal relations and peer pressure. The role of the UCC is key in this regard. S/he needs to be a bridge builder, e.g. among agencies and between agencies and government. Yet, s/he is doing it from a quite junior level, i.e. they are designated as lead but have no means of achieving this. For example, there is no mechanism for UNAIDS Secretariat to evaluate performance within the joint team of staff from other agencies. This has created considerable problems. For example, some cosponsors, e.g. UNESCO and WHO have attended less than half of joint team meetings and UNESCO did not participate in the joint review. The UNAIDS Secretariat feel they can do nothing about this. In addition, government respondents stated that they would like to see the secretariat have more authority.

To some extent, the joint team's reports to the UNCT represent a form of accountability. However, this is highly formal and involves minimal scrutiny. The UCC reports having shared the expectation that members of the joint team would be accountable to the UNAIDS Secretariat for their performance in the joint team. She also reported that she assumes this is happening. However, there is no evidence of this. For example, the UCC has never been asked to comment on a staff member's performance within the joint team as part of their agency's appraisal process. At least one agency head commented that they were not aware of this request. Although some accountability within the team may be possible because of personal relationships and peer pressure, formal accountability still rests within agency structures. One specific challenge relates to staff with regional remits, which in ... is a very significant number. How would such accountability operate for such staff? Would each UCC be expected to comment on their appraisal or would this be through the Regional Support Team. Another challenge is the culture of positive appraisals within the UN system, in general, and in the secretariat, in particular. For example, the current UCC reports that her appraisals are always excellent. Yet many of those interviewed had significant and specific concerns about her performance. There seems to be no mechanism for these concerns to be addressed.

Most of the UN agencies in ... consider HIV/AIDS an important issue. The leadership by the former UCC and the RC has played an important role in this. During the interviews the importance of strong dedicated personalities was underscored (both by UN partners, and by external stakeholders).

The RC and theme group Deputy Chair report that assessment of participation in joint teams is acknowledged and taken into account in staff performance appraisals but that in most agencies this is not formalised i.e. not included in agency HQ appraisal templates, so incentives are not institutionalised. The UCC does not participate in team members' appraisal processes. In the August 2008 self assessment framework it was noted that heads of agency only monitor attendance in the joint team and there is no accountability for joint team functions, which anyway are not reflected in job descriptions.

The PCGs introduce the concept of dual accountability. The PCG team members will be working together on a common topic area and are accountable to both their individual organisations and to the PCG. In terms of the feasibility of introducing the PCG approach, the strong principle that PCGs should develop their own separate ToRs, within the broad parameters outlined above, is extremely important. It avoids the challenge faced over the

past 10 months that progress has been at the pace of the slowest … a significant risk with this approach is whether it can be implemented without dedicated support, given that to work, If the PCGs were to work … this would represent a radical change in roles and responsibilities within the UNCT and hence significant reform in how the UN works, allowing development of: (i) Accountability to the group rather than only to the agency; (ii) Peer pressure between groups based on divergent performance; (iii) Development of a results based management approach based on managing for outcomes; and (iv) Avoidance of the need to proceed at the pace of the slowest, which is implicit in an approach based on inclusiveness rather than prioritisation, since one should expect different PCGs to develop differently and at different paces.

The RC circulated a memorandum to the heads of agency asking that joint team implementation be included in the job descriptions for the focal points, and insisting on increasing harmonisation and involvement. The heads of agency consult the UCC concerning their respective focal points, but there is no systematic performance appraisal.

Most agencies use different performance reporting systems and these increase transaction costs and focus staff on agency level priorities and mandates rather than the joint team challenges in-country[67]

8.12   Nine of the ten cosponsors report annually against their own country programmes and work plans, using a structure that reflects their agency's global strategic plan or framework.[68] However, the timetables for reporting are not harmonised across the agencies. The ExCom agencies – UNDP, UNICEF, UNFPA and WFP – report against their country programme action plans (CPAPs), country programme documents (CPDs) and annual work plans of the UNDG Executive Committee (ExCom). ILO reports against its own biennial plan. Most agency country offices also have to report, via the local UNCT, to the RC on progress against agreed results in the UNDAF. However, agency global mandates are the key drivers for agency country office programming and reporting, skewing incentives towards the need to reflect corporate level priorities and even terminology in all results frameworks. Also, as highlighted in several 2008 stock-taking reports on progress in the Delivering as One pilot countries, the duplicative nature of the annual planning/reporting process undermines staff support and morale as this means UN reform becomes an 'add-on' as opposed to 'added value'. This was a key finding in staff surveys, with all eight pilots now requesting exemption from agency-specific reports/planning requirements.

8.13   Planning together is complicated by the fact that some cosponsors plan using an annual planning cycle, whilst others use a biennial cycle. Agencies diverge significantly in the degree to which there is flexibility within plans. Some agencies have to stick quite rigidly to their annual plans, whilst others have more flexibility to adjust plans

8.14   The Secretary-General's 2006 report on Delivering as One characterised the present status thus:

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[67] Taken from analysis presented in Grinsted, M (2009) Mapping Exercise and Analysis of Agency Annual Report Requirements. Final Report to the UN Development Operations Coordination Office, NY. 9 May 2009. Section 5.3

[68] The exception among the cosponsors is UNODC. The secretariat also does not report against a results framework.

79. There is too much earmarked funding and too little funding for the core budget of UN organisations. Moreover, funding is unpredictable, and burden-sharing procedures are unclear. So UN organisations are only to some extent masters of their own budgets, with donor priorities rather than multilateral mandates determining some of their actions. Even in specialised agencies, assessed contributions have not increased for years, leaving them to rely on voluntary funding for core activities.

80. Current funding practices also lead to competition and fragmentation, often with relatively small budgets per agency at the country level, while the common programme is left with insufficient resources. A review of 10 UN country teams found on average that only 40 per cent of their resources are mobilised through core resources. UN Organizations have to put considerable effort into fund raising. Some argue that the RC system should be funded through assessed contributions, in line with an agreed contributions scale, which is how the UN Secretariat, peace-keeping operations and core specialised agency budgets are funded.

81. Sustained and consolidated funding is the key to reversing the fragmentation of the UN system. More secure funding has to go hand in hand with better performance, oversight, accountability, efficiency and results.

8.15   We find little evidence to contradict these findings across the 12 country case studies and in at least one country, a clear reluctance by the UNCT to move towards a One Budget scenario.

Box 10: What is the One Budget?

In the eight pilot countries, the UNDAF forms the basis of a common UN development plan known as the One Plan. The One Budget is the budgetary framework in support of the One Plan. The budgetary framework provides a clear picture of current sources of funding for One Plan activities as well as an overview of potential future funding through new modalities to promote coherence. As such, the One Budget is not significantly different from what is normally found in an UNDAF. The real innovation is in the use of the One Budget as a framework for pooled funding in support of the One Plan and approaches used to allocate funds within the pooled fund based on performance of the UN agencies.

Financial systems and procedures create disincentives to working together

8.16   The UNDG May 2006 Guidance Paper states that the multi-year Joint UN Programme of Support on AIDS includes a strategic framework, annual workplan, technical support plan, advocacy, communications and resource mobilisation strategies, and that these elements are aligned with the UNDAF and national programming frameworks, and then translated into an annual workplan that replaces the UN Implementation Support Plan.

Box 11: Current fund management approaches

Funds managed for joint working in the UN can use three different fund management modalities, or any combination of the three. These are:

Parallel Funding: The UN agencies involved share common results, but each manages its own activities within the common workplan and the related budget; whether sourced from its own or other resources. This is the easiest approach to use, since in the main each agency is free to work within its own systems and procedures, and the only additional transaction costs are in terms of the need for joint planning and joint monitoring.

Pass through: Basically very similar to parallel funding, with one major exception. One agency acts as the "Administrative Agent" and all funds using this modality are initially transferred to this agency, which then transfers the funds to the individual agencies. This modality is often used as

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donors prefer to transfer all funds to one agency rather than having to transfer to several. The norm is for the Administrative Agent to charge a 1% fee for this service.
Pooled: UN agencies transfer funds to one UN agency, called the Managing Agent. The management agency then becomes responsible for delivery against the agreed workplan and outputs. UN agencies find it very difficult to use this approach, if dependent upon transfer of their own funds.

Source: UNDG Guidance Note on Joint Programming, 19 December 2003

8.17   However, current procedures for the management of funds make it difficult to adopt either joint programming approaches, or to implement a joint programme which is based on significant working together rather than acting as a chapeau for separate and parallel streams of work.

Box 12: Procedures make working together challenging – An example from Ethiopia
Norway has supported HIV programmes in Ethiopia through both UNICEF and UNFPA for some years. With the changing development policy in Oslo under which HIV and AIDS is now a cross-cutting issue, the Norwegian Embassy saw an opportunity to support both the UNDAF/One UN reforms and tackle HIV through a joint programme with UNICEF and UNFPA for a rights-based approach to adolescent and youth development. Norway wanted to avoid agency-specific orientation in the project document and achieve genuine joint working and equal ownership with a tripartite contractual arrangement and single source of funds. The tripartite approach was rejected as too complicated by Norad HQ and both UN agencies. A second approach to appoint one of the agencies as an Administrative Agent (AA) failed after signing, when the Comptroller of the AA said the agency could not transfer funds to another UN agency. Ultimately, separate agreements were signed with UNFPA and UNICEF in March 2008 thus reinforcing the *status quo ante*.

Source: Evaluation interviews

8.18   Overall significant progress has been made in implementing the systems and approaches outlined in the 2006 Guidelines. In many ways, UNAIDS should be seen as pushing reform as far as possible, within the present set of institutional incentives and constraints. However, despite significant investment, as yet many of the expected benefits have not <u>been</u> delivered and there is not much evidence to suggest that they will in the near future. The findings on the performance of the joint teams illustrate the limited room for reform of the UN at country level without moves to change some of the fundamental incentives that affect the relationships between what are mandate driven organisations.

Appendix 1   Strategic objectives in successive UBW

2002-03	2004-05	2006-07	2008-09
Global Strategy Framework for HIV/AIDS (UNAIDS/PCB(10)/00.3) UN System Strategic Plan for HIV/AIDS for 2001-2005 (UNSSP) The UNSSP defines the overall objectives of the UN system in support of global targets to address the epidemic, identifies the key functions of the UN system in support of national responses to the epidemic, and describes the approach and priorities of the different UN agencies as part of a coordinated UN system response. The UBW has been formulated within nine broad areas of work, based on the Leadership Commitments included in the Global Strategy Framework, namely: 1. Ensuring an extraordinary response to the epidemic 2. Cross-cutting issues required for an expanded response 3. Protecting children and young people from the epidemic and its impact 4. Addressing those most vulnerable to, and at greatest risk of HIV infection 5. Care and support to individuals, households and communities	The Programme Coordinating Board's vision of the current role of UNAIDS is clearly set forth in the 37 decisions of its December 2002 meeting, made in response to the external evaluation of UNAIDS. The 2004–2005 UBW reflects the strategic orientation of the Joint Programme to do its part in meeting the challenge of reversing the HIV/AIDS epidemic. To achieve this vision, the 2004–2005 Unified Budget and Workplan aims to: □ *further catalyse action and strengthen capacity at country level,* □ *improve the scope and quality of UN support to national partners,* □ *increase the accountability of UNAIDS at country level* □ *strengthen capacity of countries to gather, analyse and use strategic information* □ *expand the response of the development sector to HIV/AIDS,* □ *sustain leadership on HIV/AIDS at all levels; and* □ *forge partnerships* of political and social leaders	UNAIDS has oriented the Unified Workplan for 2006-2007 around the following *strategic considerations.* • *The Declaration of Commitment on HIV/AIDS.* • *Securing additional resources* for the response to AIDS • *Focusing on support to countries.* • *"Making the money work".* • *Country- level ownership, harmonization and accountability: the "Three Ones".* • *Major global initiatives.* • *Addressing gap areas.* • *Strategic coherence.*	*Principal Outcome 1: Strengthened leadership and resource mobilization for a broad-based AIDS response at all levels, including governments, civil society, including people living with HIV, and other non-state partners.* *Principal Outcome 2: Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts.* *Principal Outcome 3: Strengthened evidence base and accountability of the AIDS response through greater availability and use of strategic information, including monitoring and evaluation, surveillance, and resource tracking.* *Principal Outcome 4: Enhanced human resource and systems capacities at all levels of government, civil society and other non-state partners to implement comprehensive*

2002-03	2004-05	2006-07	2008-09
6. Operations and biomedical research 7. Human resource and institutional capacities in key sectors 8. Policies and programmes to address HIV/AIDS and its socio-economic impacts 9. Performance-based governance, management and administration of the programme (A total of 29 strategic objectives linked to these 9 areas of work)			*HIV/AIDS responses, including improved availability and access to affordable HIV commodities.* *Principal Outcome 5: Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination.* *Principal Outcome 6: Increased coverage and sustainability of programmes for those engaging in injecting drug use, sex between men and sex work.* *Principal Outcome 7: Increased coverage and sustainability of programmes addressing the vulnerability of, and impact on women and girls, young people, children, emergency affected populations and uniformed personnel.*