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Second Independent Evaluation 2002-2008
Country Visit to Iran - Summary Report

UNAIDS

Second Independent Evaluation 2002-2008

Country Visit to Islamic Republic of Iran

Summary Report

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Dates of Visit: 1st-14th March 2009

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Acronyms

AIBD	Asia-Pacific Institute for Broadcasting Development
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRIS	Country Response Information System
DRC	Democratic Republic of Congo
ECOSOC	Economic and Social Council
ERP	Enterprise Resource Planning
FAO	Food and Agriculture Organization
GF	Global Fund
HIV	Human Immunodeficiency Virus
IDU	Injecting drug use
INCAS	Iranian National Centre on Addiction Studies
IOM	International Organization for Migration
IR	Islamic Republic
JPO	Junior Professional Officer
M&E	Monitoring and Evaluation
OCHA	Office for the Coordination of Humanitarian Affairs
PAF	Programme Acceleration Fund
PCB	Programme Coordinating Board
PLHIV	People Living with HIV
PR	Principal Recipient (GF)
RC	Resident Coordinator
UBW	Unified Budget and Workplan
UCC	UNAIDS Country Coordinator
UN	United Nations
UNAIDS	Joint UN Programme on HIV and AIDS
UNDAF	UN Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNIC	United Nations Information Centre
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNODC	United Nations Office for Drugs and Crime
WFP	World Food Programme
WHO	World Health Organization

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Disclaimer

Full responsibility for the text of this report rests with the authors. The views in this report do not necessarily represent those of UNAIDS or of the people consulted.

1 Introduction

1.1 This report summarises findings from a short evaluation visit (1st – 14th March 2009) to the Islamic Republic of Iran as part of the Second Independent Evaluation of UNAIDS. The team consisted of Roger Drew and Kamel Shadpour[1]. The team were based in Tehran and made two field visits of one day each to Mashhad and Kermanshah.

1.2 The summary report draws on material in a set of evaluation framework tables[2], which are based on information gathered from meetings with a range of stakeholders (Annex 1, p10) and from review of key documents (Annex 2, p13).

1.3 Iran is one of 12 countries sampled for visiting during the evaluation[3]. The material in the framework tables from these country visits, visits to regional offices of UNAIDS Secretariat and Cosponsors, global visits and interviews, and surveys of other stakeholders will be synthesised together in an overall evaluation report, due to be submitted in August 2009.

1.4 Following a brief overview of the country context in Section 2, the report presents the main findings from the visit in Section 3, which is structured in line with the conceptual framework of the evaluation (see Box below). Section 4 highlights key issues and discussion points arising from the findings.

Evaluation scope and objectives

The purpose of the Second Independent Evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and UNAIDS Cosponsors) at the global, regional and country levels and, specifically, the extent to which UNAIDS has met its ECOSOC mandate for an internationally coordinated response to the HIV/AIDS pandemic and the continuing relevance of its mandate and objectives in the current global environment. At country level, the evaluation focuses on the following questions:

a) The evolving role of UNAIDS within a changing environment
c) The response to the first Five Year Evaluation of UNAIDS (see Annex 3)
d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries
e) Strengthening health systems
f) The administration of the Joint Programme
g) Delivering as One
h) Involving and working with civil society
i) Gender dimensions of the epidemic
j) Technical support to national AIDS responses
k) Human rights
l) The greater and meaningful involvement of people living with HIV

Note: Question b) on governance is not addressed by country visits.

The conceptual framework for the evaluation, and this report, organises these questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS is fulfilling its mandate; and how UNAIDS works.

[1] The regional consultant was forced to withdraw from the team at short notice because of ill-health.
[2] Described in The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20th October 2008
[3] The other eleven are Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Kazakhstan, Peru, Swaziland, Ukraine and Vietnam

2 Country context

2.1 The Islamic Republic of Iran is facing a significant HIV epidemic, concentrated particularly among injecting drug users. The first recorded case of HIV infection in Iran was in 1987. Numbers of reported new cases of HIV infection rose dramatically between 1995 and 2004, but since that time, there has been a downward trend in this number. Up until November 2008, a total of 18,881 people had been identified as HIV-infected. Of these, more than two thirds (69.3%) reported contracting the infection through injecting drug use. In 2007, HIV prevalence among injecting drug users (IDU) was estimated to be 12.3% in Tehran and 18.8% throughout the country. HIV prevalence in the general population remains extremely low (National AIDS Committee Secretariat, 2008[4]).

2.2 Iran's national response to HIV and AIDS began with the formation of the High Council on AIDS in 1988. In response to the rising number of new infections, the response was considerably intensified with the introduction of a five year strategic plan in 2001, developed by the Iranian Ministry of Health and other stakeholders (Ministry of Health, Treatment and Medical Education, 2001). Currently, Iran is implementing its second national strategic plan (IR Iran, undated).

2.3 Iran has rapidly expanded HIV prevention services, particularly for IDU. For example:

- In the 6 months to September 2007, Iran distributed almost 3 million sterile needles and syringes to IDU.
- From 2004 to 2007, Iran increased the number of drug users receiving Methadone Maintenance Treatment from 4,300 to 57,000 (National AIDS Committee Secretariat, 2008).
- Among this number were over 19,500 people within the prison system receiving Methadone (Heidari, 2009).

2.4 This progress has been facilitated by a large number of practical policy measures including:

- Steps to prevent discrimination against people living with HIV (PLHIV) in employment, access to education and in the prison system.
- A provision in law which means that IDU in treatment programmes are not prosecuted. For this purpose, treatment programmes include needle and syringe provision.

3 Findings

How UNAIDS has responded to the five year evaluation

3.1 The Five-Year Evaluation put forward 29 recommendations. Of these, 18 have a direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 (p17) lists these 18 country-oriented recommendations in note form with a comment on the situation in the Islamic Republic of Iran. Of the 18 recommendations, four were assessed as having achieved a high level of progress; six medium progress; and eight low progress.

3.2 Significant progress has been made in a number of areas, particularly those relating to joint programming. For example, the first joint review of the programme of support has been

[4] Most up-to-date figures supplied through personal communication by acting UNAIDS Country Coordinator

conducted and the Programme Acceleration Fund (PAF) is recognised as a useful instrument for country-level joint planning. This usefulness would be further strengthened if the PAF were expanded and implemented on a more regular basis. UNAIDS has also been successful in Iran in supporting the development of a new National Strategic Plan and strengthening national monitoring and evaluation (M&E) systems and capacity.

3.3 However, there has been less progress in some areas. For example, there is continued overlap over roles in providing support on issues of surveillance, strategic information, and M&E. This specifically affects the UNAIDS Secretariat and WHO. There has been limited progress in supporting a truly multisectoral response to HIV and AIDS in Iran. The response remains strongly biomedical in focus. Perhaps the biggest concern is the missed opportunity provided to the UN system by a UN agency being selected as Principal Recipient (PR) of the Global Fund grants. Rather than seizing this opportunity to improve coordination among UN agencies and with government, UN agencies have been divided on this issue, particularly on how UNDP's role as PR should (or should not) be reflected in the joint programme of support (see 3.6).

How UNAIDS is responding to the changing context

The evolving role of UNAIDS within a changing environment

3.4 The most significant contextual factors facing the UNAIDS Joint Programme in Iran relate to identifying its role in a middle income country with relatively high levels of technical competency in relation to HIV and AIDS. In this context, UNAIDS' main perceived role is to provide good quality, highly-focused technical support in specific areas of need. There are many examples of UNAIDS providing this type of technical support in ways that have been pivotal in sowing the seeds of ideas which national actors, particularly government, have taken forward extremely actively and courageously. Examples include harm reduction services for IDU in community settings and prisons and prevention activities for sex workers/vulnerable women.

3.5 UNAIDS Secretariat has had a country office in Iran for about four years. Overall, the establishment of the office is viewed positively. Staff are seen as committed and the Secretariat has become the 'go to' partner on HIV and AIDS in Iran. However, it has precipitated discussion about whether UNAIDS is, or should be, a UN agency. Opinions are quite mixed. Most outside the UN system equate UNAIDS with the Secretariat and many would like to see this strengthened, e.g. with more staff. However, those who would like to see UNAIDS remain a Joint Programme would like greater emphasis on the coordination function, perhaps through more explicit placement within the UN Development Group and the Resident Coordinator's Office.

3.6 The Global Fund to Fight AIDS, TB and Malaria (Global Fund) is providing significant support to Iran, with grants for each of the three diseases. As a result of the Global Fund's additional safeguards policy, the funds are provided to UNDP as PR. Although it might be expected that having a UN agency in this role would lead to greater coordination between this funding and other UN support, this has not happened to date. There have been widely differing perspectives on how to deal with UNDP's role as PR for the Global Fund vis-à-vis the UN's joint Programme of Support, and this issue has not yet been resolved. Currently, this work is largely viewed as separate from the UN's joint Programme of Support. As a result, UNDP feels that it is not being credited for the significant work it is doing and a separate mechanism is needed to coordinate between Global Fund financing and the joint Programme of Support.

Strengthening health systems

3.7 Iran has a well-established, integrated primary health care system, particularly in rural areas. This operates through an extensive network of 16,000 health houses, staffed by more than

30,000 community health workers. However, HIV poses a challenge for this system because it affects a marginalised population, IDU, particularly in urban and suburban slum areas, where the primary health care system is weakest. As a result, HIV services have, to date, largely developed in parallel to the health system, e.g. through the introduction of networks of drop-in centres and triangular clinics, offering services on issues relating to drug use, HIV/AIDS and sexually transmitted infections.

3.8 Although many respondents expressed commitment to integrating HIV-related services into the health system, there appeared to be no shared understanding among UN agencies, or between the UN and government, as to how this would be done in practice. It seems that detailed analytical work on precisely which services would be offered by which level of the health system, and which might be delivered outside that system, for example, by other ministries and/or NGOs, has yet to be done.

Delivering as One

3.9 Given the Islamic Republic of Iran's status as a middle income country, relatively few donors are providing financial support to the country's response to HIV and AIDS. The most significant exception to this is the Global Fund. As a result, UN agencies are particularly significant external partners for Iran's national response to HIV and AIDS. There is strong support for the concept of UN agencies delivering as one, and recognition that HIV and AIDS is the area where most progress has been made in turning this concept into a reality.

3.10 However, there are significant practical barriers to UN agencies truly delivering as one in Iran. The most significant of these are agencies' separate structures and mandates, which are strongly supported by current funding mechanisms. The Resident Coordinator function is relatively weak, as a result. A particular challenge in HIV and AIDS is perceived competition between WHO and the UNAIDS Secretariat in this area.

How UNAIDS works

The division of labour between the Secretariat, Cosponsors, agencies and countries

3.11 UN agencies in Iran have adapted the generic Division of Labour document for the Iranian context. Overall, this is considered to have been a helpful process, clarifying which agency has lead responsibility for which area. This has worked particularly well in those agencies, for example, UNFPA, where central headquarters has given clear and unequivocal support to working jointly with other agencies.

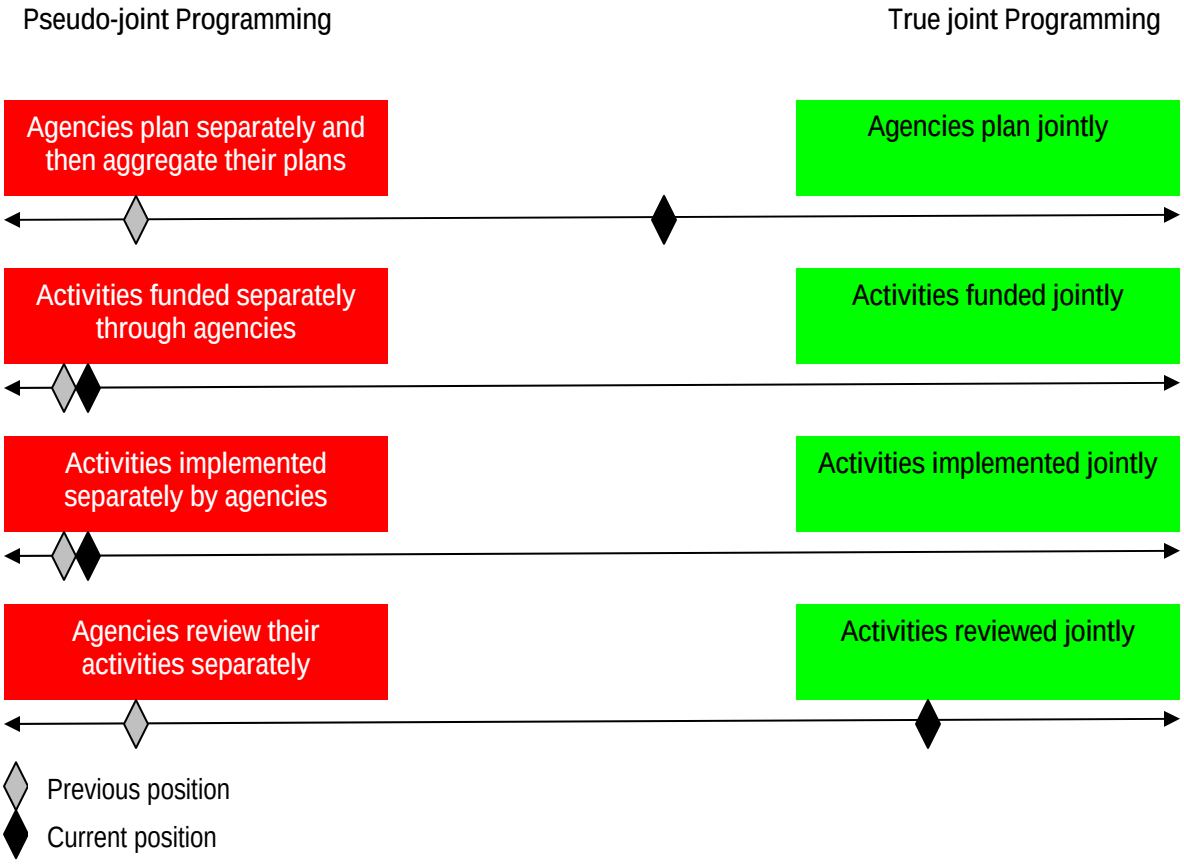
3.12 However, there are some challenges. There is not a shared understanding of the precise roles and responsibilities of a lead agency. There are some areas of overlapping responsibilities, for example, for young people and for people with overlapping vulnerabilities and between surveillance, strategic information, and M&E. In addition, despite efforts by the UNAIDS Secretariat country office to explain this to national stakeholders, this is not well-understood outside the UN system. National stakeholders are aware of the UN Theme Group on AIDS (UNTG) and the joint Programme of Support, but have less understanding of the UN Joint Team on AIDS or the Division of Labour.

3.13 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. However, the provisions to make staff accountable to the UNAIDS Country Coordinator (UCC) have largely not been implemented on the grounds that it was impractical for agencies to hand over responsibility for appraisal of staff.

3.14 In principle, the UNTG 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. There are also challenges to having a rotating chair. Some external stakeholders expressed regret that the UNTG no longer includes people from outside the UN system. However, national coordination mechanisms, for example, the National AIDS Committee and the Country Coordinating Mechanism, should perhaps be the fora for such broader consultation.

3.15 The joint UN Programme of Support on HIV and AIDS is considered the best example of UN joint working in Iran. Figure 1 shows that there have been marked improvements in the degree of joint planning and joint review within the Programme of Support but that funding and implementation remain largely separate.

Figure 1: To what extent it the UN's Joint Programme of Support on HIV and AIDS in Iran true joint programming?



3.16 There are relatively few examples of joint projects implemented by more than one agency. Barriers to such joint projects include:

- Separate agency agendas and mandates.
- Different planning cycles.
- Different financial systems.
- The relative ease of fundraising as an individual agency.
- The increased transaction costs of joint projects, particularly in terms of time spent in meetings.

3.17 Perhaps the biggest driver of programming behaviour is the financial mechanisms available. Currently, the main way money reaches UN agencies for work in Iran on HIV and AIDS is through their individual agency channels. This constitutes a powerful disincentive to joint programming. No specific funds are available for the joint Programme of Support, although the PAF can be used for this purpose. Although there seems to have been an improvement in the PAF mechanism recently, it remains too small and too irregular to be a major influence on programming behaviour.

The administration of the Joint Programme

3.18 Many respondents, including those within the UN, are unfamiliar with mechanisms used to fund the UNAIDS Joint Programme. This applies particularly to the Unified Budget and Workplan (UBW). Those who were familiar with it regarded it as a global instrument with little relevance at country level. Feedback on the PAF was broadly positive, although it needs to be larger and more regular to make a real difference to programming practice.

3.19 Most respondents reported that ***staffing levels within the UNAIDS Secretariat country office are too low***. However, views depend on the role the Secretariat is expected to play. Those arguing for the Secretariat to concentrate on a coordination role argue that staffing should not be expanded. Staffing has become a critical issue since, at the time of the visit, the UCC post had been vacant for nine months. The recruitment process appears to be slow and inefficient, with poor information flow in-country as to what is happening. These issues are, however, not limited to the UNAIDS Secretariat but were reported to apply across the UN.

3.20 The administrative relationships between UNDP and UNAIDS Secretariat country office[5] and between WHO and UNAIDS Secretariat country office[6] are reported to be working very well. However, this is considered to be largely due to the enthusiasm and good interpersonal relationships of the staff involved, rather than because of the intrinsic merit of the systems themselves. The UNDP relationship would be better if UNAIDS Secretariat staff had a way of verifying that expenditure items had been coded to the correct line item, for example, by having access to the Atlas system. The introduction of the ERP system within WHO was considered to have been extremely problematic. However, it was also considered that this was being used as a scapegoat for other problems, for example, the non-payment of Programme Support Fund in 2008. Development opportunities for support staff are considered poorer than those for either professional staff or support staff based in Geneva. Support and supervision mechanisms are quite limited.

[5] For the general operating budget and payment of support staff
[6] For the payment of professional staff

How UNAIDS is fulfilling its mandate

Involving and working with civil society[7]

3.21 The Islamic Republic of Iran's National Strategic Plan on HIV and AIDS commits the country to expanding the involvement of civil society in the national response. The recently-approved proposal to Global Fund Round 8 focuses on strengthening partnerships with civil society, with more than half the budget expected to be expended through civil society organisations. However, it is recognised that there are some challenges relating to the role of civil society in the national response in Iran. There is consensus that civil society organisations have a key service delivery role in some areas, for example, in providing services to most-at-risk populations and forming self-help groups for PLHIV. However, the Iranian government has concerns that the activities of civil society on HIV and AIDS should not be 'politicised'. As a result, it may be easier for NGOs to work on providing services rather than on advocacy.

3.22 Many of the civil society organisations working on HIV and AIDS in Iran are small, weak and relatively new. Capacity building is of vital importance to them. Several UN agencies have supported NGO capacity building programmes, including UNODC with NGOs working with IDU and UNFPA with NGOs working with sex workers and other most vulnerable women. In particular, the UNAIDS Secretariat country office has been playing an increasing and highly-valued role in this area, for example, with positive clubs. Although NGOs are increasingly involved in coordination bodies, there is little experience of NGOs playing the role of not simply representing their own views but those of a broader constituency.

Gender dimensions of the epidemic

3.23 There are some concerns about using the term 'gender' within Iran because it is seen as having political connotations. However, it has been possible for UNAIDS as a programme to support activities for particularly vulnerable women, including sex workers. This has been done particularly by UNFPA. In addition, there are plans to further expand gender-focused activities through this year's PAF including research and activities among the spouses of male IDU.

3.24 However, UNAIDS, as a Joint Programme, has done relatively little to support a gender ***analysis*** of the HIV epidemic in Iran, including assessing gender-related drivers of the epidemic. In most cases gender issues are equated with women's issues. Consideration of gender in the context of M&E is largely limited to disaggregating indicator values by sex. There are concerns about how relevant this is to Iran, where the epidemic is disproportionately affecting male IDU. Only 6% of reported PLHIV are women (National AIDS Committee Secretariat, 2008).

Technical support to national AIDS responses

3.25 The types of technical support needed by Iran are very specific and highly technical. They are broadly based on the National Strategic Plan, although this does not have a section explicitly identifying technical support needs. Nevertheless, government stakeholders are very clear about their current technical support needs which include gaining access to most-at-risk populations; improving epidemiological surveillance, including particularly modelling; quality of laboratories; quality of service delivery; supply and management of ARVs; public-private partnerships and support programmes for PLHIV and their families.

[7] Civil society and civil society organisations (CSOs) refers to the range of organisations outside government involved in the HIV and AIDS response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector and the media.

3.26 In general, UNAIDS has provided good quality technical support. Some of this has been hugely influential in some of the policy and practice advances made by the Iranian government in their response to HIV and AIDS. These advances include expansion of harm reduction programmes for IDU in the community and in prisons, and the introduction of services for particularly vulnerable women. The introduction of the joint Programme of Support means that provision of technical support is more coordinated. There is, however, no system for formally reviewing the quality of different agencies' technical support under this joint programme.

3.27 Specifically, on M&E, the main modality of support has been the presence of an M&E Adviser through the UNAIDS Secretariat country office. His input has been influential in giving more momentum to national M&E efforts. In the UNGASS report of 2008, the situation regarding HIV monitoring and evaluation was ranked as 3/10 in 2005 and 7/10 in 2007. However, some of those gains have been undermined by the prolonged absence of a UCC, as the M&E Adviser has been acting in this capacity in addition to his existing workload.

Human rights

3.28 There are some concerns about using the term 'human rights' in Iran because the term appears to have been politicised and is sometimes perceived as being a Western imposition on Iranian affairs. However, many issues related to universal human rights are consistent with the teachings of Islam, and approaching them in this way has meant that there has been a good deal of practical work within the field of human rights, particularly relating to the provision of harm reduction services for IDU. There has also been some explicit work on issues of human rights and HIV, for example, an international conference on the topic in Iran organised by the Research Centre for Ethics and Law in Medicine. This conference was initiated and supported by UNAIDS.

3.29 There have been a number of positive changes in laws and policies which have facilitated the response to HIV and AIDS. These include a change in the approach of the legal system so that drug users are not treated as criminals if they are in a treatment programme, including harm reduction services, and a decision that police cannot stop a sex worker for just being sex worker if she is attending the services of a drop-in centre.

3.30 There has been international concern about the case of the Alaei brothers, who were arrested in June 2008 and convicted in December 2008 of plotting with the USA to overthrow the Iranian government. The UN has raised issues over due process in this case through the High Commissioner for Human Rights. However, there is no UN agency in-country with a specific mandate to raise these types of issues with government. In general, it is reported that this case is not having any generalisable effect on others working on the response to HIV and AIDS.

3.31 Members of most-at-risk populations, such as IDU, are beginning to organise themselves into self-help groups, such as Narcotics Anonymous. Also, positive clubs often contain a large number of former and current IDU. Although UNAIDS, as a Joint Programme, has been supportive of the Government's work amongst IDU, the current Programme of Support only commits 21% of prevention resources to work among IDU. Similar concerns also apply to the National Strategic Plan overall with large amounts of resources committed to areas such as blood safety and prevention among young people in general. Even in a country like Iran, where dramatic progress has been made in scaling up essential HIV prevention services for those most-at-risk, it seems that more could be done to focus resources on those most vulnerable to HIV infection. It appears that UN agencies do not have a common position but rather have individual views which reflect their particular mandate.

Greater and meaningful involvement of people living with HIV

3.32 The National Strategic Plan has a very strong focus on providing services for PLHIV. There is now recognition of the need to go beyond this to involve PLHIV in the planning, implementation and review of services which affect them. The government is increasingly including PLHIV in coordination bodies as equal partners. The UNAIDS Secretariat country office, in particular, has been supportive of this approach through support to positive clubs. However, this work is currently in an early stage. There is, for example, no national network of PLHIV or their organisations.

4 Discussion points

4.1 This case study illustrates that UNAIDS, as a Joint Programme, may be expected to play a very particular role in a country like Iran which is not dependent on foreign aid and has relatively high levels of technical expertise relating to HIV and AIDS. Although the financial assistance provided through the UN is valued, this role relates particularly to the provision of high quality technical assistance. UNAIDS, as a Joint Programme, has played this role well. Although the major advances in policy and practice are almost completely due to the hard work, courage and commitment of those working within Iran's national response, particularly within the government, UN agencies have contributed to many of them by providing idea 'seeds' in the form of technical assistance. Examples of areas in which this has been done include harm reduction services for IDU in both communities and prisons, the introduction of services for most vulnerable women and the provision of psychosocial support for PLHIV.

4.2 Although there is still a long way to go, this case study shows that joint programming on HIV and AIDS is far ahead of other themes in Iran. The Joint Team on AIDS is particularly active, and the joint programme of support is characterised by joint planning and joint review. Various issues, particularly different planning cycles and the way funds currently flow through agency channels, have been identified as major barriers preventing any further major advances in joint programming.

4.3 It has been possible to advance key areas of UNAIDS' mandate in Iran, such as support for civil society and issues of human rights by depoliticising issues and focusing on evidence for, and the health and social benefits of, particular services such as harm reduction programmes for IDU.

4.4 These and other issues were discussed at a debriefing session for staff from UN agencies at the end of the visit. More details of this meeting are presented in Annex 4 (p20).

Annex 1: List of people met

Family name	Given name	Organisation	Role	Email or contact
Abbasi	Mahmoud	Iranian Research Centre for Ethics and Law in Medicine	Head	Dr.abbasi@sbmu.ac.ir
Afshar	Parviz	Ministry of Welfare and Social Insurance	Senior Adviser	Afshar_pmd@yahoo.com
Ahmadzadeh	Soudabeh	UNFPA	Assistant Representative	ahmadzaddeh@unfpa.org
Amiri	Mehdi	Kermanshah Positive Club	Director Manager	greenafrango_ksh@yahoo.com
Bavand	Samira	RC Office	Joint Team on AIDS Focal Point	Samira.bavand@undp.org
Baqtiari	Hamid	UNESCO	Programme Assistant	h.baqtiari@unesco.org
Darabi	Mojgan	WFP	Programme Assistant	Mojgan.darabi@wfp.org
Darabnia	Yalda	UNHCR	Assistant Community Services Officer	darabnia@unhcr.org
Davanloo	Taleh	Family Planning Association	Executive Committee Member	Taleh1454@yahoo.co.in
DiGiovanni	Patrizia	UNICEF	Deputy Representative	pdigiovanni@unicef.org
Farnia	Marzieh	Health and Treatment Directorate, Prisons Organisation	Director General	M_farnia@yahoo.com
Feizzadeh	Ali	UNAIDS Country Office	M&E Adviser	Feizzadeha@unaids.org
Gerami	Negar	WFP	Representative	Negar.gerami@wfp.org
Goharchagkaie	Marjan	Kermanshah Positive Club		
Gong	Weixi	UNIDO	Representative	w.gong@unido.org
Gouya	Mohammad Mehdi	Centre for Communicable Disease Control[8]	Head	Mgoya57@yahoo.com
Han	Qunli	UNESCO	Director and Representative	q.han@unesco.org
Hanachi	Nafiseh	Positive Life	Project Assistant	Nafiseh.hanachi@gmail.com

[8] Also PCB member

Family name	Given name	Organisation	Role	Email or contact
Heidari	Gholamreza	Country Coordinating Mechanism	Vice-Chair	
Hulshoff	Paul	UNICEF	Representative	phulshoff@unicef.org
Isfahani	Zahra	Committee on Control and Prevention of HIV/AIDS	Deputy Secretary	
Jamergami	Neda	UNAIDS Country Office	Administrative Assistant	jamergamin@unaids.org
Karlsen	Jenny	RC Office	JPO	jenny.karlsen@undp.org
Khaneghahpanah	Hedieh	UNDP	Programme Associate	Hedieh.khaneghahpanah@undp.org
Mohraz	Minoo	Iranian Research Centre for HIV/AIDS	Head	minoomohraz@ams.ac.ir
Moradi	Kaveh	UNODC	Deputy Representative	Kaveh.moradi@unodc.org
Mostashari	Gelareh	UNODC	Expert – Drug Demand Reduction	Gelareh.mostashari@unodc.org
Motamedi	Mitra	WHO	Technical Officer HIV/AIDS	motamedim@ira.emro.who.int
Narula	Sunil	UNIC	Director	snarula@unic.un.org.ir
Nobahar	Vahid	Mashhad Positive Club	Managing Director	vnobahar@gmail.com
Ostby	Knut	United Nations	Resident Coordinator	Knut.ostby@undp.org
Roghani	Rozita	RC Office	UN Coordination Associate	Rozita.roghani@undp.org
Razzaghi	Emran	Iranian National Centre for Addiction Studies	Head	
Rezazedeh	Majid	Committee on Control and Prevention of HIV/AIDS[9]	Secretary	rezazadeh@behzisty.ir
Richter	Roderick	Embassy of the Kingdom of the Netherlands	First Secretary	Rj.richter@minibuza.nl
Sagynbaeva	Elzira	UNDP	Deputy Resident Representative	Elzira.sagynbaeva@undp.org
Salari	Ahmad	UNDP	Programme Analyst	Ahmad.salari@undp.org

[9] Also Deputy for Prevention, Welfare Organisation

Family name	Given name	Organisation	Role	Email or contact
Samadzadeh	Abdolreza	IOM	Head	Asamadzadeh@iom.int
Samarbakhsh	G. Reza	UNESCO	Education Programme Officer	r.samarbakhsh@unesco.org
Sarkarati	Abandokht	UNHCR	Community Services Assistant	sarkarati@unhcr.org
Sedaghat	Abbas	National AIDS Office	Programme Manager	abased@gmail.com
Shabestari	Ali	OCHA	Head	mojtahedshabestari@un.org
Shirzadi	Shiva	Kermanshah Positive Club		
Subra	Riina	UNESCO	Consultant to Communication and Information Programme	r.subra@unesco.org
Tadayaon	Meisam	Kermanshah Positive Club		
Taj	Mahshid	UNODC	National Programme Officer for HIV/AIDS	Mahdhid.taj@unodc.org
Tavakoli	Haideh	IOM	HIV/AIDS Focal Point Project Assistant.- Programme Communication	htavakoli@iom.int
Van Wiggen	André	Embassy of the Kingdom of the Netherlands	Counsellor and Deputy Head of Mission	Andre-van.wiggen@minbuza.nl
Vassigh	Ali-Reza	UNFPA	National Programme Analyst	vassigh@unfpa.org
Yaghoubi	Azin	Country Coordinating Mechanism	Coordinator	Azin_y@yahoo.com
Zaccagnini de Ory	Carlos	UNHCR	Representative	zaccagni@unhcr.org
Zangeneh bar	Nastaran	Kermanshah Positive Club		

In addition, the team visited Positive Clubs in both Mashhad and Kermanshah. During the visit to Kermanshah the team visited a Triangular Clinic and met with a group of fourteen PLHIV.

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Annex 3: Assessment of progress towards five-year evaluation recommendations

Rec. No.	Abbreviated description	Notes on actions taken	Progress[10]
3	Support to the Global Fund	UNAIDS and the Global Fund have signed a memorandum of understanding at international level. However, specific guidance on how this should be implemented at country level has not yet been provided. Some progress has been made in Iran, e.g. in the area of monitoring and evaluation, and there are particular opportunities in Iran because of the role played by UNDP as Principal Recipient of the grants. However, this progress has been quite limited. There have been sharply different opinions as to how to deal with UNDP's role in relation to the Global Fund grants in the joint programme of support. As a result, these opportunities have, to date, largely been missed.	M
10	UNAIDS …maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning	UNAIDS has had dramatic success in relation to globally-available resources to respond to HIV and AIDS. Less has been achieved on a gendered response and horizontal learning beyond advocacy on gender and an increased focus on programmes for women.	M
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.	There has been substantial progress in distributing epidemic analyses at regional and global levels. But there is need for more coordination with country offices over this.	M
12	Develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty.	There is confusion at country level because of the 'arbitrary' split between surveillance and strategic information, monitoring and evaluation. There are few links between studies of behaviours and studies of broader contextual factors. However, this is not considered to have significantly affected the generation of knowledge and sharing of this with policy makers and programme managers.	M

[10] H-High; M-Medium; L-Low. Assessment by the evaluation team

Rec. No.	Abbreviated description	Notes on actions taken	Progress[10]
13	Develop CRIS with objectively measurable indicators of an expanded response at country level	Although UNAIDS has invested heavily in supporting monitoring and evaluation in Iran, CRIS is currently only being used for UNGASS reporting.	L
14	UBW to bring together all planned expenditure on HIV/AIDS by the cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well	The UBW is seen as distant from the country level. There has been some progress towards more joint programming in country, although separate agency mandates and planning cycles are major challenges in this regard.	M
16	Humanitarian response	The role of UNAIDS in the UN cluster relating to emergency and humanitarian response is not well-defined. During an emergency simulation in Tehran, it was unclear what role would be taken by the UNAIDS Secretariat and what might be taken by cosponsors, e.g. WHO	L
17	Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn	The joint Programme of Support does estimate resources needed and the 'gap' in receiving these. But there is no clear system for agencies to measure and report their actual spending on HIV/AIDS	L
18	In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting	Iran's development framework does have a budget but there is no specific line item for HIV and AIDS. Nevertheless, AIDS is addressed as a topic in the national development framework under the heading of emerging infectious diseases.	M
19	OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and make financial contributions to HIV/AIDS work by the cosponsors conditional on demonstrated integration and joint programming, reflecting the comparative advantage of the cosponsors at country level	There is very little bilateral aid for HIV and AIDS in Iran. The joint UN Programme of Support is aligned with the National Strategic Plan.	L
20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing.	PAF has worked well and could be expanded in Iran, particularly if its implementation could be more predictable.	H
22	Theme groups should have clear objectives with monitorable	This has not been done for the theme group but rather the level of	L

Rec. No.	Abbreviated description	Notes on actions taken	Progress[10]
	indicators of both substantive change and process contributions to the national strategy	the programme of support,	
23	Expanded theme groups should evolve into partnership forums, led by government	This has not happened. No central guidance was given on how to achieve this. It would undoubtedly be a useful function in Iran, but it is questionable whether this is a role for the UN or national government.	L
24	Expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data	A great deal has been achieved on this, particularly the establishment of an M&E Technical Working Group.	H
25	Programme of joint reviews led by national governments should be launched	The first one of these has recently been conducted.	H
26	UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors	Progress on this has been very limited. There has been limited progress on involving other sectors and even less on mainstreaming HIV and AIDS into areas of other work.	L
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication	Something has been done on this but if the UNAIDS Secretariat is to do this, it should be reflected in the Secretariat's mandate.	L
28	Increase support for scaling up by developing strategies as a service both to national governments and to partner donors	This has been strong particularly in relation to the NSP.	H

Annex 4: Material from the feedback workshop

A short PowerPoint presentation was made to the meeting (see separate file). This was followed by a series of comments and questions in which the following issues were raised:

- Many of the advances made have occurred because of the commitment of individuals rather than being systematised.
- There were different opinions as to whether the joint Programme of Support represents true joint programming or is merely an aggregation of agency plans. One person felt that the gender theme group had done more true joint programming than the joint UN team on AIDS.
- There was some confusion over whether the term UNAIDS applies to the Secretariat or the joint programme. There was also discussion over what the role of UNAIDS should be and what this might imply for staffing needs. For example, if the main role is coordination, there may not be a need to expand staffing.
- A question was asked about the evidence that what had been achieved would have been done anyway without UNAIDS.
- There was a question about the extent to which benefits of UNAIDS were felt outside Tehran.

A key point emerging from this discussion was that the major impetus for the response to HIV and AIDS in Iran had come from the Iranian Government, For example, one person said it is 97% government and only 3% UN. However, others, including government representatives recognised that the UN's '3%' had been pivotal in ensuring certain policy and practice agendas moved forward.