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27th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
6-8 December 2010

Follow up to the Second Independent Evaluation of UNAIDS:
Progress Report on Implementation

Additional documents for this item: none

Action required at this meeting - the Programme Coordinating Board is invited to:

4. Give its comment on the content of the progress report and to take note of progress in implementation of the recommendations arising from the Second Independent Evaluation of UNAIDS; and
156. Take note of the decision of the Executive Director to move to a single administrative system for the UNAIDS Secretariat and to strongly encourage the ongoing efforts of the Secretariat to use the most effective administrative policies suited to its operational needs and to minimize administrative costs by seeking the most cost-effective provision of services.

Cost implications for decisions: *see paragraph 148 in relation to decision paragraph 156*

I INTRODUCTION

1. This document constitutes the second report of the progress in implementation of the recommendations arising from the Second Independent Evaluation of UNAIDS. It covers the period of time when the majority of recommendations were scheduled for either completion or for the majority of implementation to be completed. As such it reports on a significant body of work, all of which is being carried out within the chapeau of the *draft Strategy 2011-2015* (UNAIDS /PCB(27)/10.18), which builds upon the *Joint Action for Results: UNAIDS Outcome Framework 2009-2011*, and which is driven by UNAIDS ongoing role in the attainment of the goals of Universal Access.
2. The report details progress against individual recommendations as they fall under the five main headings contained in the original Evaluation Report:

Improve the focus of UNAIDS: recommendation 1	Pages 4 - 6
Be more strategic in approach: recommendations 2, 3, 4a, 4b, 6, 7a, 7b and 8	Pages 7 - 21
Be more flexible and responsive: recommendations 9, 10, 11, 12, 13 and 14	Pages 21 - 29
Improve accountability and governance: recommendations 10.1-10.6 from the 26 th Programme Coordinating Board meeting and Evaluation recommendations 18 and 19	Pages 30 - 36
Greater efficiency: recommendations 5, 20, 21, 22, 23 and 24	Pages 36 - 50

3. This document reports on the achievement of a number of key deliverables from the implementation of the Evaluation. Highlights include:
 - production of a comprehensive, cohesive Strategy for the Joint Programme for 2011-2015 for delivering targeted results, including a reviewed Division of Labour and a high-level strategy for developing and managing partnerships with real value;
 - a briefing package on HIV Health Systems Strengthening that was developed before round 10 of the Global Fund with intensified support to a short list of countries on issues of co-infection, access to treatment and PMTCT;
 - the delivery of specific recommendations from the Global Health Work Force Alliance Task Force on Human Resources for Health and Universal Access on the strengthening of human resource management and training capacity, and the prevention workforce.
 - support to countries in conducting epidemiological syntheses and modeling of Incidence by Mode of Transmission, as well as in conducting "National AIDS Spending Assessments";
 - UNAIDS took the lead in convening scientists to model the cost and impact of PrEP and in supporting stakeholder consultations (2 country and 1 regional) in East Africa;
 - by the end of 2010 UNAIDS in collaboration with DFID will have conducted a 'stock-take' to map current investments in HIV evaluation and research, and opportunities and strategies to enhance collaboration;

- directors of the UNAIDS Regional Support Teams are engaging their respective Regional UN Development Group teams and providing leadership, strategic guidance and support for the achievement of country level results. The Regional UNDG Teams are also playing an oversight role by holding UN Country Teams and Resident Coordinators accountable for enhanced coordination and implementation of the Joint Programme of Support on AIDS;
 - a Toolkit on Legal Services for people living with HIV has been produced with partners as well as a costing framework for programmes to support human rights in the response to HIV. Guidance on programmes to reduce stigma and discrimination and on other human rights programming was developed and provided in the context of Global Fund Round Ten; and
 - 25 countries have launched the Agenda for Women and Girls. UNAIDS is in the process of providing support to at least 30 countries to facilitate the country roll-out, through Programme Acceleration Funds and other means.
4. **The Programme Coordinating Board is invited to give its comments on the content of the progress report and to take note of progress in the implementation of the recommendations arising from the Second Independent Evaluation of UNAIDS.**

II RECOMMENDATION AREA 1: IMPROVE THE FOCUS OF UNAIDS

Recommendation 1: *Requests* UNAIDS to develop a new mission statement with measurable and time-bound objectives supported by a new strategic plan which reinforces UNAIDS in its political and advocacy roles and clarifies how the joint programme will position itself to re-focus support at regional and country level to reflect the epidemic context and country needs

5. As stated in UNAIDS response to the *Report of the Second Independent Evaluation of UNAIDS*, presented to the 25th meeting of the Programme Coordinating Board:
- UNAIDS agreed on the value of developing an updated mission statement accompanied by a new Strategy, particularly in light of the evolving challenges in the AIDS response;
 - the mission statement and Strategy would be grounded in the ECOSOC mandate and core objectives, and build on and draw from the *Joint Action for Results: UNAIDS Outcome Framework 2009-2011* and from the *2007-2011 Strategic Framework for UNAIDS Support to Countries' Efforts to Move Towards Universal Access to HIV Prevention, Treatment, Care and Support*;
 - the mission statement and Strategy would be developed through a consultative process involving the PCB, governments, civil society and other partners to ensure that the updated statement took account of the role of UNAIDS in the evolving global response context, country priorities and diversity of epidemics, the importance of multi-sectoral approaches, and acceleration of prevention efforts alongside treatment, care and support; and
 - the vision and mission statements will guide the development of UNAIDS 2011-2015 Strategy which will be presented to the 27th meeting of the Programme Coordinating Board.
6. Following a broad consultative process the UNAIDS new vision and mission statements were endorsed at the 26th meeting of the Programme Coordinating Board in June 2010. The

consultation process had included inter alia: a multi-stakeholder consultation held in Bangkok, March 2010; an online survey which was sent to 1,400 stakeholders to solicit their input on the new mission statement yielding 338 completed surveys, with the bulk of respondents living in the global South and roughly 40 per cent belonging to populations affected by the epidemic; and, a Multi-stakeholder Reference Group, largely consisting of participants from the Multi-stakeholder Consultation on the Second Independent Evaluation in Bangkok and representative of the composition of the Programme Coordinating Board which provided consultative and technical guidance to UNAIDS in producing the vision and mission statements. The statements articulate a fresh, simple and compelling vision to represent UNAIDS long-term aspirations and a concise mission which articulates the value-added and specific niche of the Joint Programme.

7. The Strategy for 2011-2015 is the product of extensive internal and external consultations held intensively from March through October 2010, through the following mechanisms:
 - The Multi-stakeholder Consultation on the Implementation of the Second Independent Evaluation, held in Bangkok 27-29 March, brought together over 100 stakeholders, representing all of UNAIDS major constituencies to discuss UNAIDS strategic planning. In facilitation of the Consultation, emphasis was placed on ensuring a participatory and inclusive format.
 - Bilateral interviews were held over the month of June with three Missions (of eight requested), two PCB NGO members (of four requested), all ten UNAIDS Cosponsor Global Coordinators, and three key external stakeholders. Several UNAIDS regional and country Secretariat staff were also interviewed—including 15 UNAIDS Country Coordinators who reported on outcomes of consultations they had organized with interested members of UN Joint Teams. A total of 27 interviews were held, based on a pro forma question guide to ensure consistency and comparability. Discussions were based on a draft schematic of the Strategic Framework.
 - Multi-stakeholder consultations on the Strategy were held as side events to the Vienna International AIDS Conference, July 19-21. All PCB Missions and NGO members, as well as a wide range of other stakeholders, were invited to attend one of two consultations on the Strategy. Over 100 individuals in total attended the two sessions, which were structured as facilitated working group sessions, and discussed in addition to the vision and mission statements, strategic issues of importance to UNAIDS over the next five years, including strategic programmatic priorities; building cross-MDG strategies for universal access; adapting UNAIDS support to evolving country and regional needs and opportunities; and addressing human rights, key populations and gender in the UNAIDS strategy.
 - A closed meeting with external partners was also held on defining people-centred approaches and UNAIDS value-added in supporting their implementation.
 - The first draft of the Strategy was distributed for comment in September to all PCB Missions, all PCB NGO members, all individuals who attended the 26th meeting of the PCB in June 2010, as well as an additional 5000 external stakeholders. The first draft was also made available on UNAIDS social networking site AIDSSpace in English, French, Spanish, Portuguese and Russian, where an open discussion forum was managed. By the end of September, the plan had been downloaded over 700 times. External stakeholders were asked to provide feedback to the first draft of the plan two weeks after receiving the plan. More than fifty sets of comprehensive comments were

received—some of which were consolidated (e.g. UNAIDS Human Rights Reference Group, PCB NGO delegation).

- Three consultations were held on the first draft of the Strategy with Permanent Missions in Geneva and the PCB NGOs.
 - The second draft of the Strategy was disseminated via the same wide external channels as the first for review and comment.
 - Throughout and in support of these streams of external consultation, Cosponsors and the Secretariat have worked together closely in developing the Strategy. Numerous meetings, both virtual and in-person, with all Global Coordinators and Focal Points were held to determine the strategic directions of the plan, to define the Joint Programme’s role in pursuing those strategic directions and to ensure alignment with Cosponsor strategies. Cosponsors also reviewed drafts of the plan before they were shared externally.
8. These consultations provided a wealth of guidance on strategic considerations, major challenges and opportunities and the role of the Joint Programme in the next five years of the HIV response. This guidance, sought from a range of diverse stakeholders, prompted extensive debate and negotiation within the Joint Programme on how to better define and maximize its added-value and comparative advantage in responding to HIV in various contexts, how to manage stakeholder expectations of a strategic and bold yet comprehensive and realistic plan and how to account for the complexity of effectively and efficiently responding to HIV given the diversity of epidemics and epidemic contexts.
 9. The Strategy was developed in conjunction with other products related to the implementation of the UNAIDS Second Independent Evaluation to ensure consistency and complementarity including the Division of Labour, and the Partnership and Technical Support Strategies. The principles and structure of these products are presented in the Strategy 2011-2015. These products are described in greater detail in supporting documentation—including this progress report. The three strategic directions and guiding themes of the Strategy drove the issue-specific development of the Division of Labour, Partnership Strategy and the Technical Support Strategy and other SIE products that will be employed to implement the Strategy.
 10. The draft UNAIDS Strategy 2011-2015 has been submitted to the 27th Programme Coordinating Board meeting for endorsement under agenda item “2.1 UNAIDS Strategy 2011-2015”.

III RECOMMENDATION AREA 2: BE MORE STRATEGIC IN APPROACH

Recommendation 2: *Requests* the UNAIDS Secretariat to work with Cosponsors to develop an overarching partnership strategy with clear and measurable objectives with distinct strategies for working with both civil society and people living with HIV, and for working with global health initiatives such as the Global Fund, PEPFAR and other bilateral and development partners.

Subsidiary recommendations are to:

- develop a shared vision of the potential and expected benefits from civil society and People Living with HIV involvement, a clear set of objectives and a more systematic approach to documenting outcomes;
- develop a common approach across the secretariat and cosponsors to engagement with and capacity -building support for civil society and organizations of People Living with HIV;
- increase support at global and country levels for empowerment and participation of key populations; and
- strengthen efforts to engage with the private sector, including addressing the respective roles of the secretariat and ILO

11. Partnership¹ is central to the mandate and modus operandi of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which is itself an innovative partnership bringing together the efforts and resources of ten UN organizations and the Secretariat. Yet revolutionizing prevention, catalyzing treatment and advancing human rights and gender equality will require a fundamental shift in the Joint Programme's approach to partnership. This shift will be marked by supporting a global compact of shared responsibility, increased selectivity and focus, and strengthening mutual accountability mechanisms for partnerships results. The present strategy provides guidance to the Joint Programme as a whole, harnessing the comparative advantage of co-sponsors and the Secretariat. It also builds on the partnership work of individual co-sponsors within the broader context of their respective mandates.
12. In today's challenging environment of economic downturn and donor fatigue, the long term success and sustainability of the HIV response requires a new global compact of solidarity and shared responsibility. Nations from both south and the north must unite in a common effort to achieve and sustain universal access, and they must listen to the diverse voices from the countries most affected by HIV. UNAIDS will leverage its comparative advantage as convener to assume a central role in brokering such a compact. High level advocacy will be deployed to encourage the continued commitment of the global North to support development efforts in the global South, with a renewed focus on long-term predictable financing, particularly through multilateral mechanisms.
13. This single global movement uniting governments, civil society, funders, private sector and other constituencies, and integrating AIDS responses across the entire spectrum of health and development efforts will need to extend to other key constituencies. Such constituencies include, for example, faith-based organizations, which often have pivotal influence on community norms, grassroots engagement, and individual behaviours and practices.

¹ UNAIDS has adopted a UN GA definition of as: "Voluntary and collaborative relationships between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and, as mutually agreed, to share risks and responsibilities, resources and benefits" (resolution 62/211 of 19 December 2007).

14. UNAIDS will intensify strategic partnerships with emerging economies including the so-called BRICS alliance of Brazil, Russia, India, China and South Africa. Recognizing the international influence of these countries—politically and economically, in trade and foreign affairs—UNAIDS will explore ways to enhance their leadership in the HIV response. Closer working arrangements will be sought with these countries in an effort to elicit their increased leadership through enhanced south-south cooperation on agenda setting, financing and technical support through regional and bilateral mechanisms to achieve the goals set out in this Plan. Working through mechanisms such as the G20, emerging economies will be encouraged to shoulder an increasing share of domestic HIV financing as well as contributing funding to international efforts.
15. UNAIDS will continue to work with least developed countries to ensure that their responses are evidence-informed and rights-based and benefit from external technical and financial support which builds and strengthens national institutions.
16. Leveraging the contributions from both the north and the south and increasing the weight accorded to voices from the south will help achieve a number of key results:
 - Country partners in the south will drive and implement human-rights based approaches to HIV prevention, treatment care and support;
 - Country partners in the south will accelerate country-owned HIV prevention strategies, with broad support by all partners, with an emphasis on rapid progress towards the virtual elimination of mother-to-child transmission, prevention of HIV infection among key populations, and reduction of HIV infections among young people;
 - Governments will effectively lead, and increasingly fund, their national HIV responses;
 - Private sector organizations and civil society, with particular emphasis on networks of people living with HIV and key populations at risk of HIV infection (such as men who have sex with men, sex workers and people who use drugs), will join governments, donors and other stakeholders as partners in the leadership, advocacy, resource mobilization, implementation, monitoring and evaluation of national HIV responses;
 - Joint UN teams will deliver as one, providing coherent and well-coordinated support to national responses;
 - International donors and funding partners will provide guidance and robust, predictable funding for national responses, including community systems strengthening, health systems strengthening and effective utilization of dual-track financing mechanisms; and
 - Technical support providers from the south will build capacity and support institutional development of state and non-state actors for scaled-up action towards universal access in their own regions.
17. For maximum impact, the Joint Programme needs to become increasingly focused and selective in its work with partners. Selectivity in partnership—and network building—will be exercised on the basis of the following criteria: the partnership's niche in filling an essential gap; a results-orientation; the extent to which UNAIDS adds value through complementarity and optimization of its comparative advantages, and the partnership's ability to deliver on the strategic directions of the Plan.
18. This strategy cannot be prescriptive as partnership opportunities are contextual and will emerge from the sub-national to the global level over the course of the related Strategic Plan's implementation. Specific examples can be found in the Strategic Plan under each of the three strategic directions.

19. Clear and transparent mechanisms are needed to hold partners accountable for delivering on their commitments. Shared responsibility for results must become the guiding framework for action, placing civil society, particularly People Living with HIV, at the centre of national responses. The HIV response consists of a complex set of overlapping and interlinked networks and relationships which can, at times, impede accountability for results. UNAIDS has an important role to play in supporting the development of mechanisms which increase transparency around resource commitments, flows as well as expenditure, and linking these to activities, outputs and outcomes through which all partners can be held more accountable for delivering on their respective commitments. At the country-level, such mechanisms must be built around robust results-oriented plans that have been developed through fully inclusive processes.

Governments as partners

20. The ultimate objective of all UNAIDS partnerships is to support strong national HIV responses. Consequently, governments have multiple partnership roles, creating enabling environments for partnerships, engaging partners to leverage technical and financial resources, and collaboratively articulating the national strategies to which all partners should align. Strong country ownership enhances efforts to promote harmonization and alignment of efforts in accordance with the Three Ones principles and to minimize parallel systems for procurement, financing, monitoring and evaluation.
21. The UNAIDS partnership agenda will place renewed emphasis on supporting governments to use strategic information and gap analysis to develop evidence-informed and rights-based responses thus ensuring the full involvement of people living with and affected by HIV in all facets of the response, supporting young people to exercise increasing leadership, ensuring more widespread use of strategic information to generate the highest returns on investment by the Global Fund as well as bilateral, philanthropic and private sector organizations, including faith-based ones, leveraging strategic and other investment analysis, working with new partners to harness the information revolution to multiply returns on the resources of the Joint Programme; strengthening the linkages between HIV and other MDG movements; as well as harnessing the respective mandates and networks of Cosponsors to work with civil society and other partners to leverage contributions from other sectors for the HIV response.
22. Governments supply essential financial and technical resources and ensure national adoption and implementation of evidence-informed policy and programmatic actions for effective prevention. Governments also create the necessary enabling political, social, economic, legal and judicial environment for the implementation of national legal frameworks that facilitate rights-based approaches, prevent stigma and discrimination, protect and promote human rights, strengthen national health and social protection systems, and mainstream HIV across all national development sectors.
23. Partnerships with parliamentarians and key sectoral ministries, including finance, social protection, education, gender, children and youth affairs, labour, and justice, will enhance access to quality HIV services for all those in need, optimize use of resources, and mobilize new domestic resources to strengthen and sustain national responses.
24. The Joint Programme will facilitate the establishment of a platform for dialogue and reporting, along with an accountability framework, to promote fulfillment of commitments made by Member States and partners in global and regional inter-governmental forums. OECD/DAC reports on financial assistance by high-income countries will be complemented

by transparent monitoring of resource flows from emerging donors as well as domestic spending in the south.

25. At the level of the Joint Programme, the enhanced division of labour will ensure more coherent and coordinated policy and operational response across the UN—including in particular through the work of the UN Country Teams and Joint Teams on AIDS as they continue to deliver as one. The Secretariat shall assume responsibility for enhancing and ensuring mutual accountability of the UNAIDS family for results.

Civil society, people living with HIV, and communities

26. UNAIDS will exercise its mission to support the people living with and affected by HIV to hold their governments to account for implementing the global compact for shared responsibility for HIV, leverage its normative clout to ensure that technical and financial partners work within the confines of national plans and budgets and step up its efforts to engage parliaments in enhanced oversight of national responses—supporting civil society to assume a watch-dog role where this might be necessary.
27. UNAIDS believes that the HIV movement's passion, enthusiasm and focus on practical results must be leveraged to generate a new, more integrated movement that situates the AIDS response within the broader context of health and development, supports broad-based progress across the full array of MDGs, and provides the means to create mutual accountability among partners.
28. Effective partnerships with PLHIV and broader civil society will strengthen community voices. They will also lead to improved policy development, strategic planning, establishment of programmatic agendas, service delivery, monitoring and evaluation and allocation of resources, at local, regional and global levels. With the aim of capitalizing on the wisdom, perspective and passion of affected communities, UNAIDS will reinforce and expand partnerships with key affected populations, including men who have sex with men, transgendered people, sex workers and people who use drugs. UNAIDS will increase its work in social protection, and support organizations and networks of caregivers, mothers and women's groups, particularly women living with HIV, as well as local community and faith-based organizations, to enhance service delivery, care and support. Great potential exists for the Joint Programme to leverage the work on the Agenda for Accelerated country action for Women, Girls, Gender Equality and HIV to cement synergies that exist between various constituencies working on MDG 3, 4, 5 and 6.
29. Furthermore, with their respective mandates and individual networks, cosponsors and the Secretariat have the potential to increase engagement by civil society groups working outside the HIV world in diverse fields such as education, nutrition, humanitarian settings, and maternal, newborn and child health. Such strategic partnerships will strengthen linkages between HIV and other MDGs, and contribute to the realization of a robust, sustainable global HIV movement.
30. The Joint Programme will harness the potential of young people as major contributors to prevention. In doing this, it will collaborate with sports, arts, entertainment industries, academia and health professional societies. UNAIDS will continue to engage national and global personalities in talking about norms and behaviors in public forums, and will work to expand the reach of traditional media, new media, and peer-driven campaigns.

Funding mechanisms: Global Fund to Fight AIDS, Tuberculosis and Malaria

31. As a global partnership of north and south, the Global Fund reflects and supports the vision of a single global movement on AIDS. The Global Fund plays a critical role in furthering UNAIDS' overriding aim to strengthen national AIDS responses, while the added value of UNAIDS helps to maximize the impact of Global Fund investments. The 2009 UNAIDS/GF MoU identifies five over-arching objectives, with specific activities in the core activity areas of strategic analysis and policy advice; technical support and monitoring and evaluation. With the change in the architecture of GFATM to National Strategy Applications and a "Single Stream of Funding" per disease and Principal Recipient, the Global Fund is poised to address key strategic priorities for UNAIDS, increasing the certainty of financing, contributing to improved harmonization and alignment, and strengthening health and community systems at the same time that Global Fund financing addresses AIDS, malaria and TB.
32. The partnership with GFATM benefits from UNAIDS representation on the Global Fund Board, providing the Joint Programme with opportunities to inform efforts to maximize investment impact through strategic guidance on GFATM resource allocation and improved alignment of results with resources. At the country level, UNAIDS provides technical support, monitoring and evaluation, and strategic information to inform planning, grant management, and operations of the CCMs.

Key bilateral and philanthropic donors, PEPFAR

33. Representing the largest single share of international HIV funding, bilateral donors are key strategic partners for UNAIDS. Donor countries have a powerful role in setting the global health agenda and giving priority to HIV in intergovernmental health and development forums. Their membership on various boards of multilateral institutions helps ensure the coherence of HIV-related commitments.
34. UNAIDS engages with bilateral donors and their respective health and development agencies to clarify policy issues; strengthen overall coordination, alignment, harmonization (i.e. in accordance with the Paris Declaration, Accra Agenda) and mutual accountability frameworks, and leverage partnerships with key stakeholders, including philanthropic bodies and banks to build national capacity.
35. Providing the largest bilateral commitment of any nation to fight HIV, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has played an unprecedented role in the provision and rapid scale-up of HIV prevention, care, and treatment programs. As with the Joint Programme's partnership with the Global Fund, PEPFAR and UNAIDS have a similarly symbiotic relationship. Areas of collaboration are currently under discussion and review, with the aim of building on prior successes and further strengthening this key strategic partnership around national ownership, prevention, treatment and care.

Private sector

36. To support broader and intensified engagement by the private sector, UNAIDS will strengthen its outreach, advocacy and technical support to scale up implementation of rights-based, evidence-informed HIV policies and programmes in the world of work to increase access of workers, their families and supply chains to HIV prevention, treatment, care and support services, and capitalize on the comparative advantage of ILO, the UNAIDS Secretariat and others key components of the Joint Programme.

37. UNAIDS has been in the vanguard of efforts to collaborate with the pharmaceutical and diagnostic industries to increase access to more effective and affordable antiretroviral medicines, through tiered pricing, bulk procurement and other efforts. Moving forward, UNAIDS will complement its work on pricing issues with increased attention to product design, technology transfer, quality assurance in drug production and procurement. Intensified efforts will also focus on research and development institutions, with particular attention to catalyzing increased research in the global South. Energetic outreach and advocacy with ministries of trade and finance will support further progress in reducing the prices of medicines and diagnostics and inform decision-making in resource-limited settings. UNAIDS will focus on efforts to accelerate the development of affordable new diagnostic tools to support clinical decision-making in low- and middle-income countries.
38. UNAIDS will act as a catalyst to generate greater contributions from the private sector and its associations, including pro bono contributions and cash donations for the scaling up of national HIV programmes and regional and global outreach to strengthen the private sector role in Global Fund processes. Here again, the BRICS can be influential allies and key providers of support for south-south cooperation – for example, in developing new technologies and generic commodities.

Operational considerations

39. This Partnership Strategy will be implemented incrementally, according to a timeline that takes account of the needs of individual partners and the above-noted principles for effective partnerships. Activities will vary across the Joint Programme, depending on the existing partnership strategies and activities of the Cosponsoring organizations and their review in light of this strategy.
40. A roadmap for implementation of the Partnership Strategy will be developed and finalized. Elements of the roadmap include among others simplified UNAIDS Secretariat guidelines for establishing, managing, tracking, evaluating, reviewing and renewing or discontinuing partnerships and collaborative relationships; a review of partnership agreements with possibilities for discontinuing ineffective arrangements; Progress and implementation of the Partnership Strategy will be reviewed periodically, along a set of tools to monitor and evaluate evolving partnership engagement.
41. The UNAIDS Joint Programme will identify opportunities and mechanisms through which to disseminate and promote the partnership strategy elaboration in various regional and national contexts.

Recommendation 3: *Requests the Committee of Cosponsoring Organizations to convene a time-limited working group with relevant Cosponsors, the Global Fund to fight AIDS, Tuberculosis and Malaria, and other key stakeholders including civil society, supported by the Secretariat, to strengthen collaboration and develop a joint agenda on HIV and global health cooperation in general and health systems strengthening in particular and, including a joint position statement and a work plan with clear deliverables*

42. As requested, a time-limited HIV Health Systems Strengthening (HSS) working group has been established composed of four UNAIDS Cosponsors (WHO, World Bank, UNICEF and

UNFPA), the Global Fund to fight AIDS, Tuberculosis and Malaria, the President's Emergency for AIDS Relief (PEPFAR), and the UK Department for International Development (DfID) on behalf of donors represented in the IHP+ (International Health Partnership), and Médecins Sans Frontières as the civil society representative. A work plan with clear deliverables has been elaborated and is now being implemented.

43. The working group was established in recognition of the following: i) evidence showing both positive and negative findings regarding the impacts of HIV focused Global Health Initiatives on national health systems; ii) that several UNAIDS priority outcome areas, including HIV and tuberculosis co-infection; Prevention of Mother-to-Child Transmission (PMTCT), and access to treatment, are highly dependent on functioning health systems and on specific health systems bottlenecks being addressed; iii) that key partners such as PEPFAR and the Global Fund had intensified their engagement in addressing health systems linkages while the Joint Programme was perceived to lack a coherent approach. A major focus of the group work plan has therefore been to: agree on a common approach, expressed in a position statement, on how to support health systems, while focusing on HIV; map out how UNAIDS Cosponsors and key stakeholders are addressing HIV HSS linkages; and, further generate, compile and review emerging evidence.
44. Working group members have; jointly shaped the agenda of a two-day pre-conference on HIV and health systems held before the Vienna International AIDS Conference; organized a specific satellite on HIV prevention and health systems strengthening at the Conference; conducted case studies on linkages in selected countries; and are now in the process of developing an agenda for further operational research. HIV HSS work plans of the various agencies have been shared and compiled, a preliminary analysis of health systems actions included in the UNAIDS outcome area business cases was carried out, and a joint position statement for UNAIDS has been drafted and is awaiting approval.
45. The working group and/or individual members have also contributed to ongoing work related to individual health systems components such as human resources, procurement and supply management systems, health financing and monitoring and evaluation, and supported countries in addressing HIV related HSS issues. Specifically, a briefing package on HIV HSS was developed before round 10 of the Global Fund, and a short list of countries for intensified support established, based on a matrix showing AIDS and health planning cycles, IHP+ compacts and priority countries for UNAIDS priority areas relating to co-infection, access to treatment and PMTCT.
46. Regarding individual health systems components, the Global Health Work Force Alliance Task Force on Human Resources for Health and Universal Access is in the process of publishing its final report including specific recommendations regarding the strengthening of human resource management and training capacity, as well as strengthening the prevention workforce. UNICEF and the UNAIDS Secretariat have joined the Coordinated Procurement Initiative, and UNICEF and WHO are developing a Procurement and Supply Chain Management tool kit for country level stakeholders. Contributions are also being made to the ongoing work of both the UNAIDS Economic Reference Group which is developing a policy around the inclusion of HIV into country risk pooling and social health insurance schemes, and to the UNAIDS Monitoring and Evaluation Reference Group (MERG), through a review of issues related to the measurement of HIV HSS linkages and the alignment of HIV monitoring and evaluation with national health information systems, respectively.
47. Upcoming work will include: collaboration with the Global Fund on the meta-analysis of integration case study findings; a compilation of best-practices and other key findings

regarding Mother and Child Health - Sexual and Reproductive Health - PMTCT integration; further work to map sources of technical support for addressing HIV health systems linkages and bottlenecks; and, the planned session on HIV HSS indicators and HIV monitoring and evaluation and health information system alignment at the MERG. It is anticipated that most, if not all, activities included in the agreed work plan will have been implemented by March 2011.

Recommendation 4a: *Requests* UNAIDS to bring to a 2010 meeting of the Committee of the Cosponsoring Organizations, and then the 27th meeting of the Programme Coordinating Board, a concrete proposal on how they will resolve overlaps and duplication (including but not restricted to support to: national planning and strategy development; human rights; gender; key populations; monitoring and evaluation at country level; operations research; increased accountability, joint programming at country level, the effectiveness of prevention efforts and surveillance). This should include

- how the lead agency concept can be better operationalized at global level; and
- the degree to which these issues can be resolved using the Inter-agency Task Team approach

48. Multi-pronged and methodical conceptual analyses as well as structured consultations, with relevant stakeholders, have been undertaken in the past ten months aimed at strengthening the overall work of the Joint Programme, to enhance efficiency and effectiveness, as well as mutual accountability in delivering collective results at country level. Consultations included:

- *March 2010*, “Multi-Stakeholder Consultation on the implementation of recommendations of the SIE” (Bangkok) - a Division of Labour workshop on “Global programmatic mechanisms, including Division of Labour at country level was conducted. In the run up to this meeting the Secretariat conducted a status assessment of the Division of Labour in 25 countries and prepared a background paper on its evolution to inform the Bangkok Consultation.
- *April 2010*, the CCO meeting agreed to a central structure and core principles for the review and revision of the Division of Labour matrix and streamlined guidance on its implementation. Core principles to include:
 - moving from the concepts of “Division of Labour” to collaborating around priority objectives;
 - national ownership and country priorities should be the overarching rubric for harmonization and alignment;
 - mutual and reciprocal accountabilities among cosponsors and the Secretariat with a focus on delivery of results;
 - a differentiation of “Division of Labour” at global, regional and country levels;
 - flexibility for the global “Division of Labour” to be adapted to individual country circumstances taking into account the comparative advantage and core mandates of different cosponsors; in country presence or non-presence of the Secretariat or agencies; existing national capacities; and availability of funding for different functions and priorities at country level;
 - identifying various incentives, other than financial ones, for the Joint Programme to work together to deliver results;
 - enhancing systematic communication and dissemination of information to stakeholders on the working of the Joint Programme; and

- roles and responsibilities of cosponsors as outline in the Division of Labour are based on agency mandates and comparative advantages. Flexibility should be maintained in the use of Joint Programme core funds, and that funding should be based on the relevance, potential impact and quality of specific workplans rather than based on the assignment of specific roles in the Division of Labour guidance.

The CCO also endorsed the establishment of an Inter-agency Working Group on the Division of Labour (cosponsors and Secretariat), to finalize the work.

- *May 2010*, the Working Group was established, coordinated by UNFPA, as the Chair of the CCO. Following several meetings, an inter-agency Draft Concept Note on the Division of Labour was developed mapping out key questions to be resolved; time lines, and possible areas of leadership by various entities.
 - *May 2010*, Secretariat Division of Labour strategic position paper developed.
 - *June 2010*, Global Coordinators discussed and endorsed the Division of Labour Concept Note, the proposed outline of the Division of Labour matrix and timelines, and the Secretariat core overall roles: of leadership and advocacy; coordination, coherence and partnership; and mutual accountability.
 - *May- July 2010*, three sub-working groups were created to focus on:
 - the Division of Labour categories and development of the matrix and Guidance Document (using the 2005 Division of Labour and the UNAIDS Outcome Framework)
 - roles and responsibilities of Conveners and Partners – at Global, Regional & country levels
 - coordination, reporting & accountability mechanism (including Inter-Agency Task Teams)
 - *August-September 2010*, working group, agency consultations and drafting of elements of final products:
 - Draft Division of Labour matrix; and
 - A consolidated Division of Labour Guidance Document focusing on: historical background; roles and responsibilities of partners (global, regional and country levels); operational guidance (domesticating Division of Labour at country level, coordinating mechanisms and complementary structures); and a mutual accountability framework.
 - *September 2010*, Global Coordinators meeting to finalise the revised Division of Labour matrix and consolidated Guidance Document.
 - *November 2010*, matrix and Guidance Document submitted to CCO for endorsement.
49. The analysis and dialogue particularly focused on resolving overlap and duplication in the operationalization of cross-cutting issues particularly in the areas of national planning, human rights, gender, and key populations and also in more clearly defining the roles and responsibilities of the Cosponsors and Secretariat, based on various operational, technical and human and financial comparative advantages. As mentioned above this work has culminated in two major products: i) an agreed Joint Programme revised Division of Labour Matrix; and ii) a single consolidated Guidance Document to regulate operations of the Division of Labour.

50. The reviewed Division of Labour consolidates ways in which the UNAIDS family will work collectively to take forward the agenda set out in the UNAIDS Strategy (2010-2015) and deliver results to achieve its vision of *Zero new infections. Zero discrimination. Zero AIDS-related deaths*. The approach for the Division of Labour is unique in that it is:
- all encompassing to cover policy, advocacy, standards, guidance and tool development, and management, brokering and delivery of quality technical support with roles and responsibilities for each varying at global, regional and country levels;
 - based on a “clustering” or “partnership” approach to unify and promote integration and synergy among the partner agencies to collectively deliver results and to strengthen partnerships, communication and the overall work of the Joint Programme, especially the operationalization of cross-cutting issues; and
 - premised on mutual accountability of Cosponsors and the Secretariat.
51. The reviewed Division of Labour optimizes priority areas of the *Joint Action for Results - UNAIDS Outcome Framework* to consolidate UNAIDS support to countries in fifteen key Division of Labour areas, namely:
- reducing sexual transmission of HIV
 - preventing mothers from dying and babies from becoming infected with HIV
 - ensuring that people living with HIV receive treatment
 - preventing people living with HIV from dying of tuberculosis
 - protect drug users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings
 - empowering men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy
 - removing punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS
 - meeting the HIV needs of women and girls and stop sexual and gender-based violence
 - empowering young people to protect themselves from HIV
 - enhancing social protection for people affected by HIV
 - addressing HIV in humanitarian emergencies
 - integrating food nutrition programmes within the HIV response
 - scaling-up HIV workplace policies and programmes and mobilize the private sector
 - ensure good quality education for a more effective HIV response
 - support to strategic, prioritised and costed multi-sectoral national AIDS plans
52. To strengthen oversight and accountability, each Division of Labour Key Area has one Convening Agency and in some cases two Co-Conveners from among the Cosponsors. The Convening Agencies will guide a given Key Area under the Division of Labour to ensure that the needs in that area are identified and addressed through collective work with designated cosponsoring agencies which have identified Key Areas of each Division of Labour Area where they could contribute, based on their comparative advantage and mandates. These Partners will collectively work with the Convening Agency in providing or brokering the required technical and financial programmatic support for that thematic area.
53. The criteria for designation of Convener and Partner/s includes:
- commitment of human and financial resources at different levels (global, regional and country);
 - mandate and strategic focus;

- technical expertise, ability and capacity to deliver on the area;
 - willingness to advocate at all levels of the organisation; and
 - engagement with civil society and other stakeholders.
54. In order to avoid duplication and overlap between the Secretariat and the Cosponsors the Secretariat shall not Convene or Co-convene on any of the 15 Division of Labour Key Areas. In the spirit of the original ECOSOC Resolution that created UNAIDS, the UNAIDS Secretariat shall primarily focus on its core mandate of coordination of the Joint Programme to maximize unity and efficiencies. Under the 2010 Division of Labour the UNAIDS Secretariat shall have overall responsibility for ensuring the functioning and accountability of the Division of Labour across all Key Areas of the Division of Labour and cross-cutting strategies on matters of:
- **Leadership and advocacy:** to influence the setting of a rights-based and gender-sensitive HIV political agenda for the three strategic directions outlined in the UNAIDS Strategy, in order to reposition the Joint Programme within a changing (aid and development) environment, based on the analysis of strategic information, including data on the current drivers of the HIV epidemic;
 - **Coordination, coherence and partnerships:** across all of the areas outlined in the Division of Labour matrix, to ensure delivery on the three Strategic Directions; and
 - **Mutual accountability:** to support mutual accountability of the Secretariat and Cosponsors to enhance programme efficiency and effectiveness and to optimally deliver on the shared Joint Programme Mission, Vision and Strategy, with measurable results.
55. This reviewed Division of Labour allows the differentiation of the coordination role of the Secretariat (emphasizing the coordination across the Division of Labour Areas and of cross-cutting strategies) from the convening role proposed for Key Area cosponsor conveners/co-conveners. Additionally, the Division of Labour is rooted in the new Strategy. Finally, it also helps define the specific roles of the Secretariat in gender and human rights.
56. Social determinants of the HIV epidemic are deep seated in gender and human rights inequalities. Gender and Human Rights issues, therefore, cut across all the 15 Key Areas in the Division of Labour and need to be implemented at all levels and continuously by the whole of the Joint Programme. However, in order to avoid overlap and duplication in these areas, the Division of Labour expressly defines specific roles of the Secretariat across the three UNAIDS Strategy directions to enhance the role that human rights and gender equality must play to improve the outcomes on prevention and treatment, care and support.
57. The Secretariat will, through inter-agency mechanisms, coordinate work in the three UNAIDS Strategy Directions across the Division of Labour Areas. It shall support all Cosponsors to deliver on, and indeed increase their action on, human rights and gender.
58. The above outlined the Division of Labour will not be rigidly applied at country level but serve as a flexible framework to assign roles and responsibilities within the UN system so as to maximize the effectiveness and impact of UN resources. This should be based on:
- the comparative advantage and core mandates of different cosponsors;
 - in-country presence or non-presence of the Secretariat or cosponsors;
 - existing national capacities; and

- availability of funding for different functions and priorities at country level.

59. As such, the country-level Division of Labour may depart from the global level in a number of ways, taking into account the presence and relative strength of individual cosponsors and the Secretariat on the ground.

Recommendation 4b: *Further requests* UNAIDS to develop a *modus operandi* for Inter-agency Task Teams, drawing on the experience of other mechanisms such as the MERG and Task Team on Travel Restrictions, with requirements for lead agencies to set task-based, time-bound objectives to manage their work with regular reporting back to the PCB on performance

60. The recommendations of the UNAIDS Second Independent Evaluation (SIE) emphasised the importance of internal communication and coordination within the Joint Programme. Building on findings of an external IATT assessment and other stakeholder inputs, the Cosponsors and Secretariat have agreed on core values of a new *modus operandi* for inter-agency mechanisms, with a clear focus (as recommended by the SIE) on the setting of task-based, time bound objectives and regular reporting on performance.

61. The proposed *modus operandi* is informed by past IATT experiences, successes and challenges, as well as by the experience of other coordination and task-related mechanisms. The proposed *modus operandi* is flexible and responds to the need to ensure policy and programme alignment, with clear focus on results, greater efficiency, effectiveness and accountability. The *modus operandi* aligns with the Strategy 2011-2015, Partnership Strategy, the revised Division of Labour and the respective responsibilities of Cosponsors and the Secretariat

62. The review of IATTs highlighted a number of issues relevant to the development of a future *modus operandi* for UNAIDS inter-agency work, pointing in particular to five core principles and values that should underpin all future arrangements.

- **Stronger governance and accountability:** with a clear focus on areas within the UNAIDS Division of Labour, a central role of the inter-agency mechanisms will be to ensure policy and programme alignment, monitoring of progress and achievements, and periodic review of progress and results achieved.
- **Clearer focus on results:** the areas outlined in the UNAIDS Division of Labour provide firm foundations for future success. To deliver this collective success, however, there should be a clearer focus on results, requiring strong UNAIDS coordination within and between the areas.
- **Leadership:** one or more convening agencies will be designated for each area, in line with the revised Division of Labour, and be accountable for coordinating work within the relevant inter-agency mechanism. It should be the responsibility of the convener/co-conveners, in close consultation with the other partner agencies, to marshal resources for the inter-agency mechanism and maximise synergy between agencies. Convening/co-convening agencies will be accountable to Cosponsor Global Coordinators and the Secretariat², for leadership and results within their area.

² Participants at the Global Coordinators forum typically include the Deputy Executive Directors of the Secretariat, along with the Cosponsor Global Coordinators and Focal Points.

- **Reporting:** all inter-agency mechanisms will have the same accountability requirements and report periodically (once a year), in detail, and in an outcome focused way, both to the Cosponsor Global Coordinators and the Secretariat and, where relevant, to the governing body of the convening/co-convening agencies, on progress, achievements, barriers and levers for success in global coordination within their area.
 - **Alignment of UNAIDS global coordinating and technical mechanisms:** to maximize efficiencies, inter-agency mechanisms should not be over-reaching in their work in-country. Country-specific implementation should fall to the UN Joint Teams on HIV AIDS and national partners with support from global and regional levels as needed and appropriate.
63. The convening/co-convening agencies in the Division of Labour will be responsible for ongoing monitoring and annual reporting to the Cosponsor Global Coordinators and Secretariat, in alignment with strengthened accountability being developed as part of the Unified Budget and Accountability Framework.
64. The convener/co-conveners and agency partners for each of the fifteen areas of the revised UNAIDS Division of Labour are expected to identify the most appropriate inter-agency mechanism to suit the needs of each area, on the basis of the five established core values. They may determine that an existing inter-agency mechanism, such as an IATT or Reference Group, is functioning well and will continue with current or revised terms of reference, membership and leadership or they may close down existing mechanism(s) and opt for another solution, allowing for flexibility to respond to the needs of the specific area.

Recommendation 6: *Recognizing* the promulgation of guidelines for Joint UN Programmes and Teams on AIDS in 2008 that advance and support country- and regionally-determined approaches, requests UNAIDS to review Joint Team performance to assess; barriers and bottlenecks that impede the effective implementation of the Joint Team concept at country level; the added-value of Joint Teams to the national response; and, to clarify the working relationship with key stakeholders in the national response

Recommendation 8: Using lessons learnt from existing Joint Programmes of Support and in pilot One UN countries, calls upon the members of the Committee of Cosponsoring Organizations to: implement incentives and eliminate disincentives for quality joint programming that adds value to, and is aligned to the national response; and, support their respective agency's participation in Joint Teams, with strengthened capacity, including development, implementation, and monitoring and evaluation of Joint Programmes of Support. Mechanisms for funding UN HIV work at country level should ensure the most efficient and effective engagement of cosponsors in joint programming around the national response

65. The establishment of Joint UN Teams on AIDS emerged within the larger context of both UN Reform and international efforts to improve aid effectiveness. The imperative to create Joint UN Teams on AIDS comes directly from the recommendations of the Global Task Team issued in June 2005. These recommendations were subsequently endorsed by the United Nations General Assembly during the September 2005 World Summit and the UN Secretary-General wrote to UN Resident Coordinators in December 2005 directing them “to establish a joint United Nations Team on AIDS with one Joint UN Programme of support”.

66. In view of the conclusions of the Second Independent Evaluation on Joint UN Teams and Joint Programmes of Support, the Programme Coordinating Board at its 25th meeting in December 2009 agreed to evaluate factors that contributed to cosponsors' engagement with the Joint UN Teams and the development of Programmes of Support on AIDS. This evaluation will be carried out through a country-level review, which will also draw on lessons learnt from Delivering as One pilot countries, including incentives for joint working and accountability for results.
67. The objectives of the country review is to, among other things, assess Joint Team and Joint Programme performance, document lessons learnt from existing Joint Programmes of Support, including Programmes of Support in One UN pilot countries, and assess barriers and bottlenecks that impede the effective implementation of the Joint Team concept in countries, as well as the added value of Joint UN Teams, going beyond their establishment and developing Joint Programmes of Support. In addition, the assessment will focus on the quality of UN system support to the national response, under four broad criteria: coherence, effectiveness, efficiency and relevance.
68. The Terms of Reference and questionnaire tool of the review have been developed with an input from UNAIDS Regional Support Advisers in Geneva. The terms of reference and tools will also be shared with UNAIDS Regional Support Teams and cosponsor focal points for their input in October 2010. It is envisaged that country missions will be undertaken in 21 countries from the end November through to March 2011. To ensure the usefulness of the country reviews, the review will also provide a country analysis and recommendations to help strengthen UN's response and engagement with national and development partners.
69. The expected outcome of the review is to document progress made, including specific added value areas, and propose recommendations to overcome barriers and obstacles that impede the Joint Team concept at country level. The conclusions of the review will be used to inform how to strengthen Joint Programmes of Support on AIDS and joint working and mutual accountability for results.

Recommendation 7a: Calls upon Member States to ensure the consistency of national positions on AIDS at the Programme Coordinating Board and the governing bodies of Cosponsoring organizations with a view to promoting results-based performance and joint UN programming at country level including harmonization and alignment to national HIV responses

Recommendation 7b: Calls upon the UNAIDS Executive Director to ask UNDG to provide appropriate incentives, including through performance assessments of Heads of Agency at country level to ensure joint UN programming, including harmonization and alignment to national HIV responses;

70. UNAIDS actively contributed to the development and finalization of the United Nations Development Group (UNDG) Management Accountability Framework of August 2008 and is implementing it at country level. As members of the United Nations Country Team, UNAIDS Country Coordinators participate in the 180-degree assessment system and feed into the evaluation of the United Nations Resident Coordinator to ensure mutual accountability for results on HIV/AIDS. The Directors of the UNAIDS Regional Support Teams are also members of the Regional UNDG Teams. The Regional UNDG mechanism provides oversight, leadership, strategic guidance, coherent technical support and performance

management to Resident Coordinators and UN Country Teams for the achievement of country level results.

71. In April 2010 the Executive Heads of UNAIDS and UNDP (the latter in her capacity of UNDG Chair) wrote a joint letter to all UN Resident Coordinators on the implementation of the Outcome Framework. Effective implementation of the Outcome Framework requires enhanced accountability for results at country level, and further reinforces UNDG Management Accountability Framework at country level.
72. Finally, UNAIDS will use the findings of review of Joint Teams on AIDS and Joint Programmes of Support on AIDS, carried out in response to recommendations 6 and 8 above, to present to the UNDG Chair and CCO proposals for further enhancing joint working and joint programming on HIV/AIDS, including incentives and accountability for results.

IV RECOMMENDATION AREA 3: BE MORE FLEXIBLE AND RESPONSIVE

Recommendation 9: Requests UNAIDS to strengthen joint work on research, resource tracking and knowledge management, with particular emphasis on information to support the 'know your epidemic' approach and improve evidence-based decision-making at country level

73. During 2009 and 2010 the UNAIDS Secretariat, together with WHO and UNICEF has worked with all countries to generate new epidemiological estimates. The emphasis in this work is shifting to information on trends in the epidemic, and towards the use of information that is programmatically relevant. This includes estimates of the number of people eligible for antiretroviral treatment (ART), the number of pregnant women in need of antiretrovirals for the prevention of mother-to-child transmission, and estimates and trends in incidence and the number of new HIV infections. The 2010 *Towards Universal Access* report included new denominator data for ART and PMTCT programmes, according to the 2010 WHO guidelines. In its "*Global Report: UNAIDS Report on the Global AIDS Epidemic 2010*" and accompanying materials, UNAIDS has reported incidence trends for 63 countries.
74. Within the "Know your Epidemic/Know your response" framework, UNAIDS has supported countries in conducting epidemiological syntheses and modeling of Incidence by Mode of Transmission, as well as in conducting "National AIDS Spending Assessments". The tools for modeling of incidence by Mode of Transmission and for National AIDS Spending Assessments (NASA) have been made available on the UNAIDS website. The tools for NASA have been improved by linking the spending categories to the categories in the Prevention Glossary. The NASA tools include a manual and software and guidance on classifications. The modeling of incidence by Mode of Transmission tools include a manual, the software, and a sheet for data collection. Both sets of tools are available in several languages.
75. During 2010, capacity building activities have taken place through national and regional workshops, and NASA's have been supported in 16 countries. During the 2010 UNGASS reporting round, 107 countries reported on UNGASS Indicator 1 ("AIDS Spending"). Modeling HIV incidence by modes of transmission was supported in all regions. Six country reports and a summarizing regional report on modeling HIV incidence by modes of transmission were produced in West-Africa. Results from Peru were used in the country and

presented at the international AIDS conference in Vienna 2010. Work is underway in 3 countries in sub-Saharan Africa, 2 countries in the Middle East and North Africa, 5 countries in Asia, 5 countries in Latin America and the Caribbean, and one country in Eastern Europe. In all countries where modeling of incidence by Mode of Transmission has been conducted, it has identified important data gaps that can be filled through data collection. A joint analysis, building on epidemiology data and spending data, has been produced in one country, as a direct input into the country's strategic planning.

76. UNAIDS' role as a knowledge translation organization has strengthened, with particular efforts to increase evidence-based decision making at country level. Two biomedical HIV prevention trials have recently reported encouraging 'proof of concept' results. UNAIDS moved quickly to examine the implications of the trial results for HIV prevention. This included setting a forward-looking research agenda to explain the results and confirm their repeatability, describing product development and regulatory pathways, and communicating about the results to a variety of audiences. A formal assessment of the implications of the Thai vaccine trial RV144 results was conducted for the Thai Ministry of Public Health by UNAIDS, WHO, and the Global HIV Vaccine Initiative. This large trial found a 31% lower risk of HIV acquisition among those who received this 2-vaccine prime-boost regimen. Within 5 weeks of the presentation of the CAPRISA 1% tenofovir gel trial results in Vienna showing a 39% reduction in risk for women after 30 months, a 'Next Steps for Tenofovir gel' meeting was convened in South Africa by WHO and UNAIDS. WHO and UNAIDS are advocating the funding and implementation of confirmatory trials with a wide range of stakeholders.
77. In anticipation of the results of the first oral Pre-Exposure Prophylaxis (PrEP) trials in late 2010/early 2011, UNAIDS (within a consortium of WHO, Georgetown University, and Imperial College, funded by the Bill & Melinda Gates Foundation) took the lead in convening scientists to model the cost and impact of PrEP and in supporting stakeholder consultations (2 country and 1 regional) in East Africa. Together there will be 8 country consultations and 5 regional consultations to help stakeholders anticipate the implications of PrEP trial results. A briefing note was sent to all UNAIDS staff to facilitate dialogue with country counterparts.
78. In addition to producing the science blog *HIV This Week* that comments on emerging science from the peer-reviewed literature, UNAIDS has assessed the relevance and feasibility of the creation of a new scientific journal focused on HIV-related implementation science, programme science, and service integration. This entailed a journal mapping exercise; an on-line questionnaire sent to UNAIDS staff, Co-sponsor global coordinators, PEPFAR staff, and Global Fund NGO principal recipients; a key informant survey, and interviews with publishing houses. A draft business plan is in preparation.

Recommendation 10: Requests the UNAIDS Secretariat to strengthen evaluation and knowledge management at global, regional and country levels, specifically to:

- convene a working group of relevant HIV and evaluation staff from the Secretariat, Cosponsors and the Global Fund to fight AIDS, Tuberculosis and Malaria, and drawing on relevant expertise from evaluators at country level to develop a coherent joint global evaluation plan structured around the priority areas of the epidemic;
- plan, manage and budget evaluations jointly at country level, under the auspices of the joint team and working in collaboration with the Global Fund to fight AIDS, Tuberculosis and Malaria, other donors and national partners in accordance with the Paris Declaration commitments;
- cease further investment in or continuation of CRIS beyond its current use as a format for reporting; and
- make adequate provision for reporting on, dissemination of and policy engagement concerning evaluation findings

79. In October 2010, UNAIDS, PEPFAR, the Bill & Melinda Gates Foundation, and the World Bank jointly organized a meeting to discuss methods for the evaluation of large-scale, complex, combination prevention interventions. The meeting covered broad methodological issues such as impact evaluation, adaptive study designs, causal methods for observational data and modeling both for planning interventions and as part of evaluation. The meeting is a pre-cursor to investments that will be made in supporting a select number of impact evaluations aimed at building a credible body of evidence of effects of HIV prevention interventions delivered in combination.
80. Over the past several months, Namibia, Thailand, South Africa, the Democratic Republic of Congo and Tanzania have held national consultations with representatives from research institutions, civil society organizations, multilateral and bilateral organizations and developed national evaluation agenda's for HIV. These agenda's prioritize key evaluation questions linked to the National AIDS Strategy. Similar agenda's are under development in Lesotho, Kenya, Uganda, Bolivia, Nicaragua, and Uruguay.
81. The Second Independent Evaluation of UNAIDS recommended that the UNAIDS Secretariat strengthen evaluation at global and country levels. One of the specific recommendations was to convene a working group of relevant HIV and evaluation staff from the Secretariat, cosponsors and the Global Fund to develop a coherent joint global evaluation plan structured around the priority areas of the epidemic. Between October and December 2010, UNAIDS in collaboration with DFID will conduct a 'stock-take' to map current investments in HIV evaluation and research, and opportunities and strategies to enhance collaboration. The findings of the stock taking exercise will inform the development of concept note on optimizing and expanding global partnerships on evaluation which will be discussed during the 13th Global meeting of the Monitoring and Evaluation Reference Group (MERG).
82. As recommended by the Evaluation UNAIDS will collaborate with PEPFAR and the Global Fund to strengthen the analytical capacity of a cadre of program managers of five countries to plan, design, manage, and utilize the evaluation study results to improve program effectiveness. The overall goal of the collaboration is to increase the number, quality and use of evaluation and operations research activities and findings.
83. An external independent evaluation of the Country Response Information System (CRIS) was conducted between July and October 2010. The evaluation has found that the tool is in use and has relevance to many low and low-middle income countries. Countries have reported that CRIS has increased their ability to collect data, provided a common platform for monitoring, and supported the harmonization of national monitoring systems. The technical support that has been provided to support CRIS has not only equipped countries with the necessary skills to customize CRIS for their needs, but has also built country capacity to improve Monitoring and Evaluation systems as a whole. UNAIDS is currently preparing a response to the CRIS evaluation recommendations that will drive the strategic direction of UNAIDS' support of data management tools within countries.

Recommendation 11: Calls upon UNAIDS to strengthen arrangements for technical support through the further development of a Technical Support Strategy, to be presented to the next meeting of the Programme Coordinating Board, to:

- clarify the comparative advantages and respective roles of the UNAIDS Secretariat, Cosponsors and other UN entities, as well as other technical support providers such as bilaterals and civil society organizations in the provision of short-term technical support and of long-term support for capacity development at country level;

Recommendation 11 continued

- determine the role of UNAIDS in Global Fund-related technical support;
- strengthen planning and coordination of UNAIDS technical support at country level, including ensuring that this reflects country needs and priorities rather than the agendas and mandates of UN agencies;
- rationalize support for monitoring and evaluation between the UNAIDS Secretariat, World Bank GAMET and WHO;
- consolidate technical support mechanisms established by UNAIDS as joint programme providers;
- introduce systematic monitoring and evaluation of technical support provided by UNAIDS and UNAIDS-related technical support providers at country level; and
- foster South-South collaboration in order to build capacity at country and regional levels using expertise from the South

84. Technical support is a core function of the UN and the UNAIDS Cosponsors and Secretariat are significant providers of HIV-related technical support. Country requirements for technical support have increased and recent years have seen a proliferation of technical support providers. However, there are still many challenges around the quality, timeliness and effectiveness of available technical support.
85. While UNAIDS Technical Support has been '*timely, relevant and valued by National Partners*' (SIE report), the need for improving coordination and effectiveness of technical support provided by the UN and other partners is critical for a sustainable response. The UNAIDS Technical Support Strategy (2010-2015) outlines key actions by the UN for scaling up technical support and strengthening the overall technical support marketplace.
86. The Strategy has been developed by the Joint Programme through extensive consultations with key stakeholders at country, regional and global level and in line with the UNAIDS vision of "*Zero new HIV infections - Zero discrimination - Zero AIDS-related deaths*". The Strategy is founded on lessons learned in technical support and capacity building over the last decade. It builds on achievements, reflects the changing economic and policy environment, shifts in the global health architecture, and responds to the findings and recommendations of the 2009 UNAIDS Second Independent Evaluation.
87. Recognising past and emerging challenges, the Strategy focuses on UNAIDS comparative strengths, both for orchestrating the UN response and for influencing non-UN providers of Technical Support. The strategy emphasises the need for improved efficiencies, effectiveness and longer term capacity development for a sustainable AIDS response.
88. Achievement of global commitments relies on more effective country responses, which in turn requires greater capacity in countries to plan and manage implementation of their national HIV responses. That capacity includes the ability to identify their specific needs for technical support, and to plan, manage and evaluate its quality and impact. Simultaneously, technical support providers need to be led by country demand and to coordinate closely with other providers to maximize quality and impact and avoid inefficiencies.
89. The new Technical Support Strategy's goal is to '*Increase the impact and sustainability of country HIV responses through the provision and use of quality technical support*'. This will be achieved by ensuring that:

- Countries have capacities and systems to lead the identification, planning, and coordination of high quality HIV-related technical support towards implementation of an effective and sustainable national response
- Technical Support from UN and other providers in country meets quality standards, is coordinated, efficient, demand driven, results oriented and mutually accountable

90. The Strategy emphasises the principles of country-led approaches and responsive, well-coordinated support from providers in line with international commitments on harmonisation, alignment, mutual accountability and the use of country systems.

91. The key shifts outlined in the updated Technical Support Strategy are:

- Focus on strengthening national capacities towards systematic, long term, needs based capacity and systems development and promotion of South-to-South Cooperation;
- Improved coordination and accountability of UNAIDS Secretariat and Cosponsors' Technical Support through the implementation of UNAIDS revised Division of Labour, which draws on the comparative advantages of each of the organizations;
- Better deployment of UNAIDS resources and use of country presence (including the UN Joint Teams on AIDS) to strengthen national ownership, transfer of skills and institutional development of partners;
- Rationalization of existing UNAIDS Technical Support Mechanisms to ensure efficient, cost effective technical support delivery and harmonization of systems;
- Clear communication to country partners about available Technical Support and the mechanisms for accessing it;
- Strengthened UNAIDS leadership in defining and setting standards for quality technical support and an enhanced coordination and brokering role for technical support at country level;
- Enhanced collaboration with key financing mechanisms (Global Fund, PEPFAR, and other bilateral partners) and non-UN TS providers to strengthen overall coordination, harmonization and alignment and ensure the use of mutual accountability mechanisms;
- Emphasis on scaling up implementation support to country partners in making the money work;
- Expand the capacities and quality of national technical support providers, especially national civil society organisations to deliver short-term support.

92. The Technical Support Strategy implementation is an integral part of the unified budget and accountability framework under development for 2011-2015 which is based on the UNAIDS Strategy and the revised Division of Labour. UNAIDS Secretariat and Cosponsors will use the framework reporting to account for the implementation of their respective technical support roles.

Recommendation 12: Calls upon Member States, civil society and UNAIDS to continue the Programme Acceleration Funds facility and improve current operational practice, changes to include:

- regular reporting on outcomes from the utilization of Programme Acceleration Funds to the Programme Coordinating Board through regular reporting mechanisms of the Unified Budget and Workplan; and
- proposals by the Executive Director and Cosponsor heads of agencies at the December 2010 Programme Coordinating Board to achieve cost-reducing efficiency gains in the transmission of funds by the cosponsor agencies

93. The revised Programme Acceleration Funds (PAF) guidance paper that was disseminated to countries is currently being implemented. A short report on the role of Programme Acceleration Funds in UNAIDS achievements in 2008-2009 was included in the 26th PCB meeting documents (UNAIDS/PCB (26)/10.CRP1 paragraphs 85-87). Future reports on outcomes from utilization of the PAF will be prepared for the Board through the reporting mechanisms of the Unified Budget and Workplan. Many methods of improving effectiveness and reducing costs through efficiency gains are being discussed with cosponsors, including the transmission of funds, as part of the future Unified Budget and Accountability Framework that will be presented to the Programme Coordinating Board in June 2011.

Recommendation 13: Calls upon the UNAIDS Executive Director to task the Regional Support Teams with: (i) ensuring that HIV is included in the deliberations of the developing Regional Directors Teams; (ii) focusing on supporting development of UN capacity at country level that reflects a tailored response to the epidemic; (iii) building on the experience of the Regional Support Team, Eastern and Southern Africa, and promoting the use of gap analysis and *'know your epidemic'*; and (iv) being configured to support all Cosponsors, not just the Secretariat

94. The United Nations Development Group (UNDG) Management and Accountability System of 2008 provide a pivotal role for UNDG Regional Director Teams, including quality support assurance, individual and mutual accountability for results for UN Country Teams (UNCTs) and UN Resident Coordinators. In this context, and as previously noted, the UNAIDS Executive Director and UNDG Chair sent a joint letter in April 2010 to all UN Resident Coordinators to encourage them to advocate and dialogue with governments to ensure national ownership and coordinated delivery of results in the Outcome Framework priority areas and use the Outcome Framework to inform reviews and updates of the United Nations Development Assistance Framework and other key UN planning documents at country level.

95. Effective implementation of the Outcome Framework requires enhanced accountability for results at country level. Directors of the UNAIDS Regional Support Teams are therefore engaging their respective Regional UN Development Group teams and providing leadership, strategic guidance and support for the achievement of country level results. The Regional UNDG Teams also play an oversight role by holding UN Country Teams and Resident Coordinators accountable for enhanced coordination and implementation of the Joint Programme of Support on AIDS.

96. To further ensure Outcome Framework implementation, UNAIDS has conducted a Capacity Needs Assessment. The capacity assessment of the UNAIDS at country and regional levels aims to gather an accurate, current snapshot of the number of people across the UNAIDS who are working in the field of HIV/AIDS; their expertise and area of work; as well as other pertinent information. The final report of the Capacity Needs Assessment is currently being drafted.

97. In addition, UNAIDS collects and collates strategic information on Know Your Epidemic (KYE) and Know Your Response (KYR) on AIDS to inform country support and ensure evidence-informed programming. Following KYE/KYR reviews in the Eastern and Southern Africa (ESA) region, other regions are carrying out similar analyses. Additionally, in ESA, further KYE/KYR analyses have been conducted beyond the initial round in South

Africa and Zimbabwe. Modeling of the new infections by Modes of Transmission is being done in the other regions: in West and Central Africa where it has been finalized in Benin, Burkina Faso, Côte d'Ivoire, Ghana, Nigeria, and Senegal; in Latin America and the Caribbean, where it has been finalized in Peru and is ongoing in Brazil, Mexico, Dominican Republic, and Guyana; in Eastern and Central Asia the study is ongoing in Moldova; in Asia it is ongoing in Philippines, Nepal, Indonesia, Myanmar, and Viet Nam and; in the Middle East and North Africa the study has been finalized in Morocco and is still ongoing in Iran.

Recommendation 14: Further requests UNAIDS to strengthen its focus on gender and human rights, specifically to:

- review the division of labour concerning all cross-cutting issues, in particular gender and human rights, with a view to strengthening the work of the Joint Programme;
- clarify the respective roles of UNIFEM and the Global Coalition of Women on AIDS with regards to work on HIV and gender;
- strengthen the capacity of UN staff in HIV and gender and HIV and human rights;
- support UNDP to take forward its lead role in work on Men who have Sex with Men and transgender populations;
- strengthen global leadership and advocacy with regards to key populations and convene an inter-agency task force involving UNODC, UNDP and UNFPA and other key stakeholders to ensure policy and programming coherence and effective coordination of work with key populations;
- determine clear overarching global objectives for work on HIV and gender, gender equality, human rights and key populations including women and girls and ensure that these objectives are included as a core component of joint team work at country level; gender equality and human rights analysis should be integral to 'knowing your epidemic' and to joint programmes of support for national responses; and
- focus UNAIDS' support for countries on translating frameworks and guidance into practical HIV and gender and HIV and human rights programming

98. Implementation of the first element of this recommendation, namely, "review the division of labour concerning all cross-cutting issues, in particular gender and human rights, with a view to strengthening the work of the Joint Programme" has been addressed under recommendation 4 (a), above, as part of the Division of Labour." The rest of the elements under recommendation 14 relating to human rights have been taken forward by UNAIDS in the context of two broad streams of work:

- building commitment and capacity to implement rights-based response to HIV, particularly supporting UN Country Teams on HIV and UNAIDS Secretariat country offices to do so; and
- fostering leadership, advocacy and evidence to remove punitive laws, policies, practices, stigma and discrimination that block effective response to HIV.

99. This work is done in coordination with UNDP as the lead in the Joint Programme on human rights. The Secretariat also supports the work of other cosponsors on human rights, as well as works with key actors outside the Programme, such as the Office of the High Commissioner for Human Rights.

100. In the course of this year (to August 2010), the following has been completed:

- **On Human rights capacity building:** 2 modules for training on human rights based approaches to HIV have been finalised: one for UN country teams on HIV and one for

UNAIDS Secretariat regional support teams; and 2 training sessions for new staff have been conducted.

– **On clear human rights priorities:**

- The Working Group on the Outcome Framework priority “*to remove punitive laws, policies, practices, stigma and discrimination*” finalised the Business Case for this priority; drafted an Operational Plan, and selected 20 priority countries; while UN country teams on HIV in 63 countries also chose this area as one of their priorities.
- The UNAIDS Reference Group on HIV and Human Rights met from 21-23 April IN New York at UNDP to review inter alia the Business case and the plans and strategies for the *Global Commission on HIV and the Law* which was launched in June and which is led by UNDP on behalf of UNAIDS.
- In June/July, the UNAIDS Secretariat held conference calls with countries from all regions to discuss how to take forward this priority.

– **On human rights programming:**

- A Toolkit on HIV-related Legal Services has been produced and disseminated by the UNAIDS Secretariat, UNDP and IDLO.
- A costing framework for programmes to support human rights in the response to HIV has been developed and guidance on these programmes should be finalized by the end of 2010.
- Guidance on programmes to reduce stigma and discrimination and on other human rights programming was developed and provided in the context of Global Fund Round Ten.
- UNDP, on behalf of UNAIDS, launched the *Global Commission on HIV and the Law* in June. The first meeting of the Commission’s Technical Advisory Group also took place in June and an open call for submissions from civil society was undertaken in July and August. At their first meeting in October in Brazil Commissioners endorsed the agenda proposed by the Commission’s Technical Advisory Group i.e. laws and practices criminalizing HIV transmission and exposure, sex work, drug use and same sex behaviours and practices; laws and practices which sustain or mitigate discrimination and violence as lived by women and girls; and laws and practices which facilitate or impede access to HIV-related treatment.
- In July, UNAIDS Secretariat supported the inauguration of the Beijing Red Ribbon Forum on Rights and AIDS (considered to be the first ever official body to address human rights in China), and delivered human rights and HIV trainings for staff of the National AIDS Programme and the UN Country Team staff in China.
- UNAIDS engaged in the human rights and law elements of AIDS2010 in Vienna (July 2010) and contributed to raising the profile on HIV-related human rights issues during the conference.
- UNAIDS finalised and launched a country-by-country matrix of protective and punitive laws in the context of HIV – “Making the law work for the HIV response” at the AIDS2010.
- The UNAIDS Secretariat with the participation of UNDP also convened an informal meeting of civil society groups working on issues of human rights and sexual orientation towards better and more strategic collaboration with UNAIDS and the HIV movement. Major efforts to support countries to remove restrictions on entry, stay and residence are ongoing and bearing results.

101. The Business Case/Operational Plan for the Outcome Framework priority “*removing punitive laws, policies, practices, stigma and discrimination*” has been completed. This has

helped to determine clear overarching global objectives for work on HIV and human rights. The time-frame for achieving significant results under these was initially envisaged for the end of this biennium, 31 December 2011. However, as much of this is long-term work, efforts will extend beyond this. The time-frame for completion of the substantive work and the regional policy dialogues of the *Global Commission on HIV and the Law* will also end December 2011, though it is expected that the recommendations will be formally issued in 2012.

102. Training and capacity-building in the human rights of UNAIDS Secretariat staff has been included as a standard part of new Staff Orientation. It is also occurring during some Regional Management meetings and on an ad hoc country basis. However, there is still no plan for systematic training of key staff. Inclusion of human rights and legal issues in “Know Your Epidemic and Response” analyses is proceeding. It is hoped it will be concluded by end of 2011.
103. Elements of recommendation 14 relating to gender are being taken forward guided by *The Agenda for Accelerated Country Action for Women and Girls and HIV* (Agenda for Women and Girls), which is the overarching operational plan for the work on gender and HIV. Details and an analysis of progress in the implementation of this work can be found in the paper for the 27th Programme Coordinating Board meeting on “*Gender-sensitivity of AIDS responses*” (UNAIDS/PCB(27)/10.21).

V RECOMMENDATION AREA 4: IMPROVE ACCOUNTABILITY AND GOVERNANCE

FROM THE 26TH PCB MEETING:

10.1 Requests the UNAIDS Executive Director, Programme Coordinating Board, and all UNAIDS Cosponsor Heads of Agency to revitalise the role of the CCO, with two regular formal CCO meetings per annum, supported by:

- Revision of the CCO modus operandi to reflect the de facto greater role for the global coordinators and to include decision 14.1 from the 15th meeting of the Programme Coordinating Board that: "14.1 decides that future proposals by UN-system organizations to join the Programme as Cosponsors should be reviewed by the Committee of Cosponsoring Organizations and then submitted to the Programme Coordinating Board for its consideration and approval";
- Greater investment by the global coordinators and secretariat in preparing the CCO agenda and background briefing material to ensure that deliberations of the heads of agencies are focused on (i) key decisions of the Programme Coordinating Board that need to be discussed with the governing boards of cosponsor agencies and (ii) progress towards the implementation of the new strategy and lessons for division of labour at country level;
- Strengthening accountability within the individual cosponsors by revising the CCO MOU to state that the cosponsors will ensure that the relevant objectives and indicators agreed in UNAIDS global level results frameworks are incorporated in the corporate results framework, or equivalent, of each cosponsor. This work should be closely linked to the evolution and development of the Unified Budget and Workplan;
- Enhancement of the role of the CCO in agreeing benchmarks for performance and measuring progress against them;
- Building on the solid progress that has been made to ensure that HIV is part of the regular agenda for cosponsor agencies. The Programme Coordinating Board should work with the Executive Director and cosponsors to ensure, where possible, that these deliberations consistently include discussion of key Board decisions;
- Guidelines to be prepared by the PCB Bureau on the content of the annual written Report of the CCO to the Programme Coordinating Board which is to be provided in advance of the relevant Board meeting, based on the need for more strategic reporting;
- Attendance of the CCO Chair at Programme Coordinating Board meetings to deliver an oral report; focus UNAIDS' support for countries on translating frameworks and guidance into practical HIV and gender and HIV and human rights programming;

10.2 Reiterates its commitment to the results of the Global Task Team Assessment which were adopted by the PCB at its 20th meeting in June 2007, in particular that: bilateral partners should fulfil their global commitments to the Rome and Paris Declarations and Global Task Team processes, ensuring that global and country level funding and programming is consistent with these global commitments and supports implementation of the Global Task Team recommendations. Of particular relevance is the need to shift away from funding individual UN agencies and individual programmes to funding Joint Programmes of Support that are consistent with national priorities and the UNAIDS division of labour, and to ensure coordination of technical support provision (Global Task Team recommendation 16);

10.3 *Recognizing* the need to support a strong Secretariat and avoid micro-management of the Joint Programme, and *taking* effective responsibility for governance of UNAIDS, *agrees* to refocus its work on ensuring:

- Cosponsor and Secretariat plans for provision of support at country level are based on epidemic priorities, whether generalized or concentrated, and the comparative advantages of the UN;
- standardised country case studies are included as a regular item at Programme Coordinating Board meetings;
- decisions of the Executive Director on the allocation of Unified Budget and Workplan money between the 11 organisations (ten cosponsors and Secretariat) are based on epidemic priorities and the comparative advantages of the UN;
- future plans reflect the previous performance of the Secretariat and Cosponsors;
- continuation of a standing invitation for all UN and related partners to attend the Programme Coordinating Board for relevant agenda items and the thematic session;
- commitments made by the 11 organisations on building relevant UN capacity at country level are met and taken into account in considering future roles and funding allocations;
- that the Secretariat does not assume roles that could be carried out by a Cosponsor; and
- the efficiency and effectiveness of the Secretariat;

10.4 *Requests* the Executive Director to provide the Programme Coordinating Board with a forward looking written report in advance of each Board meeting (as distinct from the Annual Report);

10.5 *Take* effective responsibility for oversight of UNAIDS, by revising the working practices of the Programme Coordinating Board to improve the effectiveness of its meetings, issues and changes to include the following:

- a. Role of the PCB Chair: that the role of Chair as a neutral moderator be formalized in a revision to the PCB Modus Operandi as well as greater clarity on roles of Vice Chair and Rapporteur. The role of the Chair to include, inter alia, to encourage participation by Executive Heads in the Programme Coordinating Board, to continue and explore further the current practice of pre-Programme Coordinating Board meetings with PCB NGOs, and to initiate similar meetings with Cosponsors;
- b. Capacity building and representation: provision, by the Secretariat, of greater support to delegations, especially African States (i.e. implementation of decision 9.1 of the 24th PCB), and that the speaking protocol to remain as Programme Coordinating Board members/participants followed by observers;
- c. PCB decisions and decision-making: building on previous agreement decisions should include costing, source of funds, responsible body and timeline; and those clearer principles for decision-making should be identified;
- d. Length of PCB meetings: Board meetings to remain at three days with the replacement of the thematic segment at the meeting when the draft Unified Budget and Workplan for the following biennium is scheduled for consideration (one in every biennium) with an extended discussion on budgetary and finance matters;
- e. Drafting group: strong discouragement of group sessions being run in parallel with Programme Coordinating Board plenaries but retention of the option for parallel working in exceptional situations;

- f. Thematic segments: continuation of thematic segments, except in the Board meetings where the draft Unified Budget and Workplan is scheduled for consideration, which were highly valuable and important; shifting the thematic segment to the final day of Board meetings, thus allowing for more time to summarize and feed into discussions at the next meeting, possibly supplemented by documentation prepared by the Secretariat;
- g. Civil society participation in the PCB: recognition of the increased coordination and participation of the PCB NGOs in Board meetings; the need to ensure adequate representation of the Middle-East and North Africa and other sub-regions and constituencies within each geographical region; and that the PCB NGOs work to enhance sub-regional representation considering diversity within regions and limitations such as language barriers;
- h. PCB Bureau: strong emphasis on the crucial role of the PCB Bureau in Programme Coordinating Board agenda setting; agreement on the value and continuation of face-to-face meetings; continuation of the role of the Bureau in implementing decisions delegated to it by the Board e.g. the establishment of working groups, recognising that the effectiveness of the Bureau in delivering mandates from the Board is dependent on good (clear) decision making by the Board;
- i. Inter-sessional working methods: inter-sessional activities should remain exceptional, upon the mandate of the PCB, with a view to facilitating and expediting the PCB decision-making process; there is a need to ensure appropriate representation, possibly through an expanded ad hoc Bureau structure for decisions. However, as a general rule, decision making should rest with the Board;
- j. PCB subcommittee on the UBW: that the subcommittee continue with a revised terms of reference, including an assessment of budgetary allocations to different cosponsors; and to encourage appropriate and full representation with qualified, engaged and financially-competent participants who have a working knowledge of the UN and preferably UNAIDS, also that the subcommittee would not be a permanent structure but will be convened when relevant to the preparation of the Unified Budget and Workplan;
- k. Consultation mechanisms: recognizing the scope for increased formal interactions between different constituencies (e.g. civil society being invited to attend Missions Briefings) a request to the Secretariat to provide more support to consultations for and between constituencies;
- l. Field Visits: recognizing that lessons have been learned from the lack of participation in field visits when they have been scheduled with past Programme Coordinating Board meetings outside of Geneva and the positive feedback from the recent pilot visit to Viet Nam suggest that future field visits should have stronger linkages with issues to be discussed at upcoming Programme Coordinating Board meetings, and that any future linkages to Board meetings held outside Geneva would need to be discussed and agreed by the Board in advance;

10.6 Requests the PCB Task Force to complete its work, with the assistance of relevant external expertise, and provide recommendations on the principles and processes for draft decisions and decision making and the role of the PCB Bureau, to the Programme Coordinating Board at its 27th meeting;

104. Following the agreement of a number of decisions (see above) related to the governance of UNAIDS at the 26th PCB meeting the Secretariat broke them down into a number of distinct points for action to be implemented:

Those that are/will remain ongoing:

- 2 CCO meetings per year; this remains an ongoing commitment by the CCO to meet twice yearly.
- Involvement of Cosponsors in the preparation of CCO agendas and briefing material; discussion of the CCO is a standing agenda item for Global Coordinators.
- Participation of CCO Chair in PCB meetings; a standing invitation exists for the CCO Chair to attend PCB meetings and the Secretariat works closely with the agency concerned to facilitate participation.
- Inclusion of country case studies in PCB meetings: the PCB Bureau has discussed the inclusion of country case studies and is considering the introduction of generic studies to be followed, at future Board meetings, with studies that are specific to agenda item.
- Invitation to UN and partners to attend PCB meetings; a standing invitation has been in place for several years and invitation letters are sent to partners who have participated in previous meeting as well as those who are thought would have specific interest in an agenda item.
- EXD to provide PCB with written reports; to be implemented from the 27th PCB meeting as an ongoing requirement.
- Support to African States; Secretariat has been working with African missions in Geneva to establish a methodology for enhanced support, a briefing meeting in the region for current and incoming African PCB members is planned for November.
- No drafting group in parallel with PCB plenary; this is an issue that is specific to individual PCB meetings and falls under the authority of the PCB Chair. The concept is already enshrined in the PCB Modus Operandi (paragraph 25).
- Continuation of thematic segments; themes have already been agreed for the 27th and 29th PCB meetings with the 28th meeting devoting a day to discussion of the draft UBW for the 2012-2013 biennium in lieu of a thematic segment.
- Face-to-face Bureau meetings; these are currently held at least twice yearly and usually in conjunction with other meetings to save on travel costs.
- Secretariat support to consultations between PCB constituencies; the Secretariat offers regular briefings to all constituencies and is available to respond to any further requests. It also encourages, and stands ready to support, consultations between constituencies, as requested.
- Continuation of PCB field visits; these are now held approximately every six months using the model of one participant from each regional grouping of Member States, the PCB NGOs from the respective region and are open to all Cosponsors. The next visit is planned for immediately before the 27th PCB meeting in The Netherlands.

Those that are not for direct action for UNAIDS other than if support is requested:

- Bilateral partners to fulfill commitments (decision point 10.2).
- PCB NGOs to ensure the representation of the Middle East and North Africa region, and sub-regions in their work.

Those that relate directly to the work of the *PCB Task Force on SIE follow-up related to all aspects of governance* and will be covered in the report of the group to the PCB under agenda item 2.3 (UNAIDS/PCB(27)/10.20):

- Production of guidelines on the content of the annual CCO report to PCB.
- PCB decision-making process.

Those that relate specifically to the draft UBW for the 2012-2013 biennium and are being implemented through the process to develop the new finance, workplan and accountability tool:

- Adaptation of the UBW into a governance instrument.
- Allocation of monies on the basis of epidemic priorities and agency comparative advantage.

Those that are currently under discussion with Cosponsors on mechanisms for how to proceed and are expected to be fully implemented in 2011:

- CCO to have benchmarks for performance measurement in its work.
- Agency boards to include a regular agenda item on AIDS.
- Working agreements to include text on the role of Global Coordinators, the process for the admission of new cosponsors, and the inclusion of shared indicators in agency performance management frameworks.

Those that require amendments to the PCB Modus Operandi. These changes will be brought to the 28th PCB meeting in June 2011 to allow for inclusion of any amendments related to PCB decision-making resulting from the work of the *PCB Task Force on SIE follow-up related to all aspects of governance*:

- Speaking protocol in Board meetings.
- PCB decision-making process.
- Desired content of PCB decisions e.g. cost, timeline, etc,
- Defined roles for PCB Chair, Vice Chair and Rapporteur.

Those that have been completed already:

- Shifting of the thematic segment to the end of PCB meetings; implemented in the agenda for the upcoming 27th Board meeting.
- UBW discussion to replace thematic segment in budget years; already reflected in the agreement of the PCB in June 2010 that the theme for the 28th meeting in June 2012 will be the draft UBW for the 2012-2013 biennium;
- Reconstitution of the PCB subcommittee on the UBW; the PCB Bureau agreed a new terms of reference for the subcommittee at its meeting on 8 July and a call for nominations for membership was sent out. The membership of the reconstituted subcommittee was agreed at the PCB Bureau meeting on 8 October as follows.

Recommendation 18: Calls upon all Programme Coordinating Board Members and participants to hold the Executive Director accountable for the allocation of funds raised by the Secretariat between the Secretariat and the individual Cosponsors, meaning the:

- future allocation of inter-agency funding should explicitly show the distribution among the Secretariat and Cosponsors;
- allocation of Unified Budget and Workplan funding raised through the Secretariat should no longer be based on entitlement and pro-rata increases, but on epidemic priorities, the performance of the Cosponsors, and the funds that individual Cosponsors raise at global and regional levels;
- consideration by the major funders of the UN's response at global level of: (i) whether funding through UNAIDS could increase in response to a shift to performance-based allocations; and (ii) the degree to which the Executive Director should take the lead in raising resources for the UN at global level or whether fund-raising should increasingly be a cosponsor responsibility; and
- Secretariat and Cosponsor performance should be defined around commitments made on development of UN capacity at country level; this is what the Programme Coordinating Board should hold the global coordinators, as the main representatives of their organizations, and the Executive Director (in his or her capacity as head of the secretariat) accountable for and hence should be what is reported against on an annual basis

Recommendation 19: Requests UNAIDS to revise the role and contents of the Unified Budget and Workplan from 2012 onwards to:

- focus on: (i) showing what capacity individual cosponsors and the secretariat intend to have at country level and (ii) the allocation of funding to ensure that planned capacity is in place; and
- include funding to evaluate the degree to which UN capacity established at country level is making a relevant, effective and efficient contribution to the national HIV response

105. The development of a Unified Budget and Accountability Framework to operationalise the UNAIDS Strategy has started in parallel with the finalisation of the Plan. The aim of the UBAF is to provide a simple and transparent mechanism to enhance management, monitoring and reporting on activities of the Joint Programme. It will:

- be country focused and based on epidemic priorities, as well as show UN system capacities at country level;
- present the expected results and contributions of the Cosponsors and the Secretariat;
- provide a basis to demonstrate the link between resources and results; and
- link logically to the Strategy with clear performance criteria, serving as a basis for resource allocations.

106. A timetable and plan of action has been agreed and is being implemented for the development of the Unified Budget and Accountability Framework. This includes a consultation process with stakeholders including the Cosponsors, the PCB ad hoc subcommittee on the Unified Budget and Workplan, Member States, donors, and civil society. The Unified Budget and Accountability Framework will be presented to the Programme Coordinating Board in June 2011.

107. To strengthen accountability, a group of monitoring and evaluation experts, the Cosponsor Evaluation Working Group (CEWG), has been reconstituted. The CEWG is providing expert advice on all aspects relating to accountability, including the definition of goals, targets, indicators, baselines and timelines.

108. In accordance with decision 10.5 (j) of the 26th Board meeting, the ad hoc Programme Coordinating Board Subcommittee on the Unified Budget and Workplan was reconstituted by the PCB Bureau with a revised terms of reference for the preparation of a Unified Budget

and Accountability Framework for 2012-2015 with the mandate to review in a general manner and make recommendations to the 28th Programme Coordinating Board meeting on:

- the overall priorities, scope and structure of the UNAIDS Budget and Accountability Framework, including an assessment of budgetary allocations of different Cosponsors;
- the expected results and broad activities of the Unified Budget and Accountability Framework;
- the performance monitoring framework, indicators, targets and financial implementation reports; and
- follow-up on implementation of the previous decisions on the Unified Budget and Accountability Framework.

109. In addition, the Subcommittee will also need to carefully consider the conclusions of the Programme Coordinating Board Task Force on Second Independent Evaluation follow-up related to Governance. It is expected that the Subcommittee will meet for the first time on 9 December 2010, and once or twice more before the June 2011 Programme Coordinating Board.

VI RECOMMENDATION AREA 5: GREATER EFFICIENCY

Recommendation 5: Requests the UNAIDS Executive Director to adjust the size, staffing and organizational arrangement of Secretariat offices at country level to reflect national needs and the implications of recommendation 1 from the Report of the Second Independent Evaluation of UNAIDS;

Recommendation 20: Requests UNAIDS to initiate a capacity needs assessment with the aim of taking stock and producing recommendations across the whole Joint Programme - Secretariat and all Cosponsors - for a collective rationalization of staff at global, regional country and levels linked to the strategy from recommendation 1 of the Report of the Second Independent Evaluation of UNAIDS, taking account of the different regional needs of the epidemic

Recommendation 21: While affirming the role of the Secretariat as providing coordination support within the Joint Programme, and possibly the Organization to fill gaps that cannot be filled by the cosponsors, *requests* the Executive Director to present recommendations on what the roles and staff complement should be over the medium term and how this would be delivered, at the 26th meeting of the Programme Coordinating Board;

Recommendation 23: Requests the Executive Director to present a report to the 27th meeting of the Programme Coordinating Board presenting evidence of the extent to which financial and Human Resource systems and policies have (i) been fully developed; (ii) are operational; and (iii) are being consistently and effectively used as intended by managers across the Organization

Recommendation 24: Requests the Executive Director to: (i) work to clarify a robust competency framework for these roles; (ii) ensure that all present staff are assessed against the competency framework; and (iii) report back to the Programme Coordinating Board at its 27th meeting with detailed actions to ensure that the cadre of country staff has the required competencies

110. Significant progress has been made towards greater efficiency and effectiveness in UNAIDS Secretariat organizational and staffing arrangements, as well as financial and human resource systems and policies. As noted earlier in this report, a number of corporate processes have been completed or are well underway which, together, will provide the strategic direction and information for the Executive Director to take the necessary

measures to ensure maximum efficiency and effectiveness of the UNAIDS Secretariat and to produce recommendations for the Joint Programme. These include the redefinition of the UNAIDS vision and mission, along with ongoing work on the UNAIDS Strategy, Division of Labour, and the partnership strategy. In the context of the rapidly changing UNAIDS operational environment and the strategic information emerging from these processes, the UNAIDS Executive Director has initiated a two-tiered review: the capacity needs assessment for the Joint Programme as a whole, and a process of change within the Secretariat to adapt and modernize staffing and organizational roles and arrangements, as well as financial and human resource systems at headquarters, regional and country levels. As indicated below a number of elements in the change process have been completed, while others are ongoing.

111. This section of the report presents an update on the progress of the capacity needs assessment (CNA) across the Joint Programme (Recommendation 20); the related developments with regard to staffing and organizational arrangements in UNAIDS country offices (Recommendation 5), staff roles and complement throughout the Secretariat (Recommendation 21), the UNAIDS Secretariat Competency Framework (Recommendation 24), and the development and use of financial and human resource systems, policies and strategies (Recommendation 23). The extensive follow-up on strengthening financial and human resource management and administration by moving to a single administrative system for the UNAIDS Secretariat (Recommendation 22) is presented at the end of this section.
112. The capacity needs assessment was initiated with the purpose of providing information to the Programme as a whole to analyze jointly the UNAIDS staffing at country and regional levels, and to launch a process for the collective rationalization of Joint Programme staffing. The capacity needs assessment was intended to reposition the Joint Programme to more effectively support the global response to AIDS, focusing on support to the priorities set out in the Outcome Framework and with context-specific responses in accordance with epidemic profiles and regional and country situations. The assessment was based on the comparative advantages of the Cosponsors and Secretariat and the convening and complementary roles set out in the Division of Labour. The methodology for this initial assessment included:
- collection of data on current staff deployments and fields of concentration through an electronic survey of all UNAIDS Cosponsors and UNAIDS regional and country offices;
 - verification of data by individual Cosponsors and Secretariat; and
 - seven regional consultations – Asia and the Pacific, Europe and Central Asia, Middle East and North Africa, West and Central Africa, East and South Africa, the Caribbean and Latin America – including Cosponsors and Regional Support Teams (RSTs) to analyze the data on a country and regional basis, understand the gaps or adjustments needed in terms of staff numbers and expertise, and make recommendations for a better rationalization and deployment of staff across the Joint Programme.
113. The capacity needs assessment marks the first comprehensive global mapping, undertaken jointly by all ten Cosponsors and the Secretariat, of human resources working on AIDS within the Joint Programme at regional and country levels. This innovative assessment has produced valuable data including: information on human resources capacity by agency, duty station or location, and areas of technical expertise. In addition to the quantitative data provided through the survey, the regional consultations are developing qualitative analyses of the extent to which the current size and profile of Joint Programme staffing matches country and regional needs. This ongoing work is providing UNAIDS with

lessons learned about staffing deployment and patterns, and are yielding information that will assist in collectively addressing gaps and concerns.

114. As a complement to the capacity needs assessment, the Secretariat is engaged in a number of ongoing processes to rationalize Secretariat staffing and organizational arrangements, including staffing complements, roles and competencies. These include the development of an integrated approach and methodology for deploying resources in UNAIDS country offices, an assessment and restructuring of UNAIDS Secretariat headquarters, completion of the human resources strategy underpinned by the new UNAIDS Secretariat Competency Framework, and the further strengthening of human resources and financial systems pending the finalization and implementation of the move to a single administrative system for the UNAIDS Secretariat.
115. In order to provide a basis for adjusting the size, staffing and organizational arrangement of Secretariat offices in line with the above, a methodology has been developed centred on a country typology and categorization system. The country typology is based on quantitative and qualitative indicators including an HIV severity score (based on HIV prevalence, number of people living with HIV, human development index), epidemic trends and response profile, the level of domestic and international financial resources, as well as the UNAIDS Cosponsor, Secretariat and other UN system capacity in country based on the updated Division of Labour. In an effort to standardize approaches, a categorization has been suggested for UNAIDS country offices based on the number and level of their professional staff and the scale of their programmes and budgets. The country typology and categorization methodology will be used to conduct country-by-country reviews with the aim of providing recommendations to the Executive Director with a view to adjusting the size, staffing and organizational arrangement of Secretariat offices at country level, including exploring ways for UCCs to be more effective members of the UN Country Teams and better support the Resident Coordinator system and UN reform. Once finalized, the typology is intended to be populated with new data on a biennial basis to inform the regular review of resource allocation. To further assist decision-making and facilitate the analysis of costs, a formula and approach were developed to guide allocation of resources to the UNAIDS country office work plans. Subsequently, a review will be undertaken to evaluate the roles and comparative advantages of the UNAIDS regional support teams.
116. In 2010 a restructuring process was initiated in the Secretariat headquarters in light of the changing UNAIDS operational environment and new corporate vision, mission, Outcome Framework and other emerging strategic directions. The restructuring benefitted from an external assessment focusing on key constituencies. A major driver for the restructuring was the need for headquarters to strengthen its links with and provide greater support to the work of UNAIDS regional and country offices. In a field-based organization such as UNAIDS, in which two-thirds of staff are based outside headquarters, an underlying aim of the headquarters restructuring is to refine and strengthen the provision of strategic political and programmatic direction, policy standards and guidance, technical support, as well as the full range of administrative support required for programme delivery at the field level. The headquarters structure was streamlined into fewer teams to increase internal communication and stronger collaboration between teams. The number of divisions within the five departments was reduced from 18 to 11 and the number of teams or units was reduced from 33 to 23, creating a flatter structure aimed at increasing internal communication, accelerating decision making, streamlining approval processes, and highlighting the clear focus on engagement with key constituencies which are now named in the titles of the organizational divisions. The Secretariat's five departments also were

redesigned to better reflect the priorities in the UNAIDS Outcome Framework, improve the delivery of administration services and the management of and accountability for resources.

117. During the past year, another key development was the elaboration of a comprehensive human resources strategy for the UNAIDS Secretariat based on the new UNAIDS Secretariat Competency Framework. The strategy was developed on a number of pillars that identify the most effective approaches to attracting and retaining the right people for the Secretariat's new vision and mission, fostering a supportive and productive working environment, and clarifying the roles of managers in setting and supporting staff to achieve high performance standards. The strategy is underpinned by the UNAIDS competency framework and integrates comprehensive approaches to workforce planning, recruitment and staffing, HR administration, staff and career development, performance management, and staff well-being. The Strategy was developed through a consultative process involving staff and the UNAIDS Staff Association, line managers and senior management from headquarters and the field. Related human resources policies are now being developed, with priority being given to the areas of selection and recruitment, promotion, mobility and people development. Recruitment is being strengthened through the use of standardized and updated job profiles to ensure a staffing skill mix that can take forward the key evolving priorities.
118. The UNAIDS Secretariat Competency Framework was completed through a broad consultative process with staff, and launched in July 2010. The framework outlines the values, skills, attributes and behaviours that Secretariat staff need to demonstrate in order to contribute to the delivery of the UNAIDS mandate.
119. The competency framework will underpin key human resources processes: recruitment, staff development, and performance management. All job profiles and vacancy announcements will contain the competencies, which will be integrated into staff development programmes (an e-learning portal is under development) and a new performance management system which will cover all Secretariat staff. The system will assess staff performance and development against the competency framework.
120. Another aspect of the Secretariat's ongoing efforts to strengthen its systems and policies for the management of resources is the revision of the financial regulations and rules³ to ensure compliance with the International Public Sector Accounting Standards (IPSAS). The adoption of IPSAS is expected to lead to improved quality, comparability and harmonization in the financial reports as well as more transparency and better accountability leading to better decision making and enhanced governance. It will also bring UNAIDS into line with recognized best practices in public sector financial accounting and reporting. Furthermore, the move to modern and widely accepted accounting standards will reinforce the results-based management framework by providing more complete and transparent information about the financial situation of the Programme.
121. Specific financial policies and procedures were updated and streamlined to reflect compliance with the new standards. Guidance notes have been developed and disseminated and new policies related to income, expenditure and fixed assets were successfully implemented. To further ensure understanding of the revised policies and procedures, the Secretariat plans to provide IPSAS training to key users during the last

³ The accounts of UNAIDS are maintained in accordance with the Financial Regulations and Financial Rules of WHO, which provides administration in support of UNAIDS as per ECOSOC resolution 1994/24, and Article XI of the Memorandum of Understanding among Cosponsors establishing UNAIDS.

quarter of 2010 and first quarter of 2011. Regional training plans, as well as the training of programmatic and operational headquarters staff, are currently under development.

122. To improve the tracking of budgets and expenditures and provide regular and timely financial information, taking advantage of UNAIDS Secretariat Enterprise Resource Planning system, budget implementation reports have been designed and are circulated to managers at the end of each month. These reports show the approved budget ceilings from all sources, amounts encumbered and expensed, budget implementation rates and remaining balances. These reports allow managers to monitor their budget allocations and expenditures much more closely than in the past. In order to improve business practices and to provide regional offices with more efficient tools to record and track their activities and ensure integration with ERP on a real time basis, a new automated system – known as E-Imprest – has been adopted. E-Imprest fulfils key strategic goals for UNAIDS by making available up-to-date financial information for decision making.
123. To facilitate the implementation of UNAIDS Outcome Framework at country level, ‘programme envelopes’ have been established for all UNAIDS country offices, which speed up the transfer of resources to countries. Efforts to ensure close monitoring of funds include financial management reviews of all UNAIDS Regional Support Teams as well as accountability enhancement reviews of 74 country offices (conducted by three companies: Deloitte, KPMG and PriceWaterhouseCoopers). The findings of the reviews indicate the need to consider and systematically address risks and improve accountability systems and management in a range of financial and operational areas.
124. In response to the reviews, in order to strengthen accountability and to ensure that systems and policies are consistently and effectively applied, workshops for country office administrative and finance assistants and operations officers have been conducted. These workshops have significantly increased the awareness and understanding of the country staff on UNAIDS financial policies and procedures as well as the management and accountability of funds at country level. In addition, UNAIDS Field Operations Manual has been updated with a view to support UNAIDS policies and procedures and to ensure efficient and effective operations at regional and country level.
125. Business practices have been reviewed to identify processes that can be re-engineered to achieve greater efficiencies and identify quick wins as well as longer term options for cost savings. A special effort to identify, realize and monitor cost savings in UNAIDS Secretariat operations includes the establishment of a travel monitoring system. In parallel, travel policies have been reinforced and guidelines issued to strengthen the resource management culture and to reduce costs of travel and meetings. In the area of leveraging information technology for greater efficiency, the Secretariat has ensured that all UNAIDS field offices have sufficient connectivity to access UNAIDS core information and communications services. The Secretariat has implemented an internal telephone network (Voice over IP telephones) to connect nearly all offices at very low cost. Likewise, the Secretariat’s headquarters, all Regional Support Teams and Liaison Offices can videoconference with each other at very low cost.
126. Increased programmatic effectiveness, operational efficiencies and cost savings will be critical for UNAIDS in the future. As outlined in this section, a number of steps are being taken for the Secretariat to be ‘fit-for-purpose’ both in terms of staffing as well as financial and human resource systems and policies to be able to deliver against the new mission, vision and Strategy. The overarching objective is to support and sustain an accelerated response to AIDS in the most cost-effective manner.

Recommendation 22: Requests the Executive Director to commission a review in 2010 on the costs and benefits of moving to a single administrative system for the UNAIDS Secretariat

127. Since its inception, the UNAIDS Secretariat has obtained administrative services from its Cosponsoring agencies.⁴ Administrative support presently is provided through a dual system based on two differing sets of financial and staff regulations and rules. WHO provides administrative services for UNAIDS headquarters, and in part for regional and country offices. UNDP also provides support for UNAIDS regional and country offices, particularly with respect to locally recruited staff.
128. The UNAIDS Second Independent Evaluation Final Report (SIE) noted the complexity of this dual administrative system. The SIE concluded that the dual system “reduced the efficiency of financial and human resource management” and “has considerable human resource and financial drawbacks”. In its management response to the SIE, the Joint Programme fully agreed with the SIE conclusions that the two administrative systems, with differing regulations and rules, “was no longer the most efficient and cost-effective way to administer the UNAIDS Secretariat, and it contributes to confused lines of accountability ...” UNAIDS fully committed itself to working towards a single administrative system in light of the SIE findings and the Secretariat’s long-standing interest to streamline, simplify and harmonize administrative support for the achievement of the goals and objectives of the Programme at country, regional and global levels.
129. At its 25th meeting in December 2009, the Programme Coordinating Board discussed the inefficiencies of utilizing two parallel systems for administrative support of the Secretariat and requested a “review ... of the costs and benefits of moving to a single administrative system for the UNAIDS Secretariat” (decision 4.12).
130. The analysis presented in this report concludes that the option that best meets UNAIDS needs is a single administrative system for the UNAIDS Secretariat within the framework of WHO regulations and rules taking into account the particular operational needs of UNAIDS. Under this option, the UNAIDS Secretariat would use the WHO electronic resource management platform and would continue to maximize efficiencies through seeking the most cost-effective provision of services.

Current dual system – review and analysis

131. Administrative services provided by WHO under the current dual system include building management, security, health, staff payroll and contract administration, finance, administration and legal services, as well as information technology (IT) network services. Services are supplied through written letters of agreement (signed in 2001 and 2004), along with an Administrative Services Agreement (ASA) detailing the specific services provided and costs. For most services, the cost is determined as a ratio of UNAIDS staff pro-rated to the overall WHO staffing complement, as well as through periodic negotiation of the ASA. The UNAIDS and WHO headquarters office premises are co-located on the same campus in Geneva. WHO utilizes its own financial and staff regulations and rules.

⁴ Such support was envisaged in the UNAIDS founding legal documents (ECOSOC Resolution 1194/24, 1994; Memorandum of Understanding on a Joint and Cosponsored United Nations Programme on HIV/AIDS, 1995)

132. UNDP provides additional administrative support in the field for UNAIDS country and regional offices. This includes human resources administration for most locally-recruited personnel, as well as financial transactions (e.g., disbursements covering local staff costs, rental or common premises costs, office equipment and supplies, local security and travel) upon written authorizations from UNAIDS. In 1996, UNAIDS and UNDP first entered into written working arrangements covering the provision of these services. The original written agreement was updated in 2008. Pricing for UNDP services is based on the UNDP Universal Price List for the actual services provided. UNDP operates under the United Nations staff regulations and rules and its own UNDP financial regulations and rules.
133. The UNAIDS Secretariat performs certain administrative functions itself in the area of human resources (e.g., recruitment and contract management), as well as in financial management, general services and IT. Some UNAIDS country offices are located in UN Common Premises and, in a few cases, in the office premises of UNAIDS Cosponsors.
134. An in-depth analysis was undertaken of the current dual administrative system, including the underlying legal framework and administrative services provided in the following areas: human resources, finance, general administration, information technology, and programme management.⁵
135. UNAIDS staff were consulted widely to ensure that the analysis of the current administrative system was informed by the views of those who manage, operate and use the services. A detailed all-staff survey was conducted in March 2010.⁶ Focus group sessions were held across the organization, along with briefings and discussions with the UNAIDS Staff Association (USSA) and exchanges with Regional Support Team Directors. A steering committee with diverse representation including from country and regional levels as well as the USSA, and a dedicated project team with varied management and administrative experience, were established to take the review forward.
136. The analysis of the current dual system and consultations with staff identified and reconfirmed major problems and inefficiencies with the dual system. The staff survey and focus group discussions revealed concerns particularly with regard to inefficiencies and “double work” required to track and reconcile information from two different electronic platforms; duplication in maintaining, keeping updated on and ensuring compliance with two different sets of staff and financial rules; and perceptions of inequity, particularly by field staff on UNDP contracts.
137. Problems with the dual system were identified in business functions and work flows in virtually all administrative areas: human resources, finance, general administration, information technology, and programme management. Inefficiencies result, in particular, from the use of two different electronic platforms for enterprise resource planning (ERP): the WHO ERP known as GSM (Global Management System) and the UNDP’s ATLAS ERP. The WHO ERP transactions are processed through the centralized Global Service Centre in

⁵ The administrative sectors cover a wide range of services and business functions, including: (i) human resources – selection and recruitment, reclassification and promotion of staff, contract management support, staff learning and performance appraisal, separation, and administration of justice; (ii) finance – financial resources management and reporting, including income and award management and chart of accounts, treasury services and bank account management, asset management, procurement services, payroll services and expenditure management; (iii) general administrative services – building management, facilities and conference services, document production, translation and distribution, transportation services, travel, and safety and security; (iv) information technology – IT infrastructure, software licenses, applications, data handling, storage and security, as well as training, support and governance; and (v) programme management – budgeting and programme implementation monitoring and reporting.

⁶ A total of 525 responses were received to the all-staff survey, corresponding to a 60 percent response rate.

Kuala Lumpur. ATLAS operates in a decentralized manner through which staff in UNDP country offices issue and process their own transactions.

138. In the area of human resources administration, UNAIDS staff are governed by different sets of staff regulations and rules and are issued employment contracts by different organizations. Some two-thirds of UNAIDS staff are administered under the WHO staff regulations and rules and approximately one-third under the UN staff regulations and rules administered by UNDP. This situation has created a lack of parity and equity among UNAIDS staff, a serious concern for both UNAIDS management and staff. Administrative processes and procedures differ in the areas of staff selection and recruitment, reclassification and promotion, performance appraisal and accountability, and separation policies, as well as matters such as health insurance, medical leave and evacuation, travel, administration of justice and career development opportunities. For example, although the UNAIDS Executive Director is responsible for human resources decisions including the supervision, promotion and termination of all Secretariat staff, performance appraisals for UNAIDS staff on UNDP contracts are conducted in the UNDP performance appraisal and review committee process rather than the UNAIDS Secretariat system, which results in duplication of efforts and record-keeping.
139. In the area of financial management, UNAIDS headquarters and regional support teams utilize WHO's ERP system for financial transactions, monitoring and reporting, while UNAIDS country offices use the UNDP ATLAS (with varying degrees of access). Because the two ERP systems are not compatible, all financial data from country offices must be reviewed, verified and manually uploaded into the WHO-provided ERP so that the UNAIDS Secretariat can generate financial statements and reports. Training of staff in the capacities and use of the different electronic platforms, in particular ATLAS with limited UNAIDS staff access, is challenging. The current dual system limits the efficiency and coherence of financial management, monitoring and reporting and creates unnecessary duplication with the need to reconcile two separate sets of financial data, operating under different financial regulations and rules, as well as different ERPs. This makes ensuring accountability through financial reporting more time-consuming and difficult. Extensive efforts are required to track expenditures by country offices and reconcile expenditures in the two systems. UNAIDS financial accounts and transactions are subject to two different sets of internal and external auditors and audit procedures.
140. UNAIDS headquarters general administrative services – building management and facilities services, security, distribution services, vehicle management, travel services, conference services and procurement – are closely linked to the Secretariat's co-location on the WHO-UNAIDS campus in Geneva. At the field level, the extent of UNDP's provision of general services varies between UNAIDS country offices. Some UNAIDS country offices obtain comprehensive administrative support from UNDP; in others UNAIDS staff are more extensively engaged in procurement and delivery of general administrative services, with different standards and practices sometimes applied. Operating under two sets of regulations, rules, policies and procedures for general services such as procurement and travel creates confusion, inconsistency between UNAIDS staff, and above all inefficiencies due to duplications in systems, processes and, incompatibility of electronic tools.
141. The Secretariat procures Information Technology (IT) goods and services from WHO, UNDP and other Cosponsors, and local providers based on availability, quality and cost of services. Administrative data and records are stored in two different electronic databases, the WHO-provided ERP for the majority of human resources, finance, payroll and procurement), while data for personnel on UNDP contracts (e.g., contract and payroll

records) are maintained in the UNDP ATLAS. UNAIDS headquarters staff do not have access to ATLAS. Management information must be extracted from the two different electronic systems and the links between the Secretariat and the two systems must be maintained over time, resulting in unnecessary duplication of activities. Data from one electronic system must be synchronized with information in the other system (e.g., information regarding staff on UNDP contracts must be obtained manually and synchronized with Secretariat systems for the creation of common UNAIDS services, such as e-mail accounts, telephone directories, etc.). Even UNAIDS IT field support personnel on UNDP contracts do not have the necessary access to all WHO-provided ERP modules that they are required to support.

142. Programme management – including work planning and budgeting, and related monitoring and reporting – also is hampered by the dual system. UNAIDS staff on UNDP contracts do not have direct access to the WHO-provided ERP and therefore their efforts to support programme management and implementation reporting at country level are impeded. As noted above, management and administrative staff not on UNDP contracts (at headquarters, regional and country levels) do not have access to the UNDP ATLAS and, therefore, their capacity to monitor and report on programme implementation at country level is constrained.
143. In sum, the dual system is administratively complex and time-consuming, requiring UNAIDS managers and staff to gain knowledge and understanding of two different sets of administrative regulations, rules, policies, procedures and practices, along with different electronic resource management platforms. The analysis reconfirmed the conclusions of the SIE and found that that the current dual administrative system - with differing sets of financial and staff regulations and rules - results in unnecessary operational inefficiencies and inequities, no longer satisfies UNAIDS administrative requirements or the needs of UNAIDS staff, and thus is no longer an appropriate administrative model for the UNAIDS Secretariat. Therefore, the status quo is not an option for the future and only serves as a benchmark for assessing other options.

Single administrative system – overview, requirements and options

144. Further strengthening UNAIDS operational effectiveness, efficiency and accountability requires a single, cohesive administrative system for the UNAIDS Secretariat. A crucial requirement, indeed the linchpin of any administrative system, is a single set of financial and staff regulations and rules that can be adapted to UNAIDS needs and can be used to govern UNAIDS Secretariat administrative policies and processes in a coherent manner.
145. On the basis of lessons learned from the current dual system and consultations with staff, a number of requirements have been identified that the single administrative system must satisfy to enable UNAIDS to carry out its mission and mandate most effectively and efficiently. The single administrative system should:
- Strengthen the overall delivery of administrative services in support of the UNAIDS mission;
 - Harmonize management processes and administrative support at country, regional and headquarters levels to enhance performance;
 - Strengthen transparency and accountability for all UNAIDS resources by using a single system for financial management, monitoring and reporting, with the capacity to track expenditures at all organizational levels in the same electronic management platform (ERP), eliminating the duplication of reconciling data between two systems;

- Simplify and strengthen efficiency of financial administration, including procurement, financial reporting including to donors, and other business functions by relying on a single set of financial regulations, rules and procedures suited to UNAIDS operational needs;
- Retain flexibility in operational arrangements to ensure rapid and responsive decision-making and action in delivery of administrative services to support the programme, including the capacity to sub-contract the most cost-effective providers of administrative services;
- Provide for all staff to be on UNAIDS contracts and subject to the same set of staff regulations and rules adapted to UNAIDS needs, thereby promoting equity and a single UNAIDS identity for all staff at country, regional and headquarters levels;
- Promote consistent organizational policies and values and continue to foster a culture of teamwork and performance, including through harmonized performance appraisal
- Improve organizational efficiency and effectiveness by facilitating training of all UNAIDS staff in the same regulations and rules and ERP: and
- Be implemented in a timely manner with the least possible disruption to programme delivery during the transition.

146. Four scenarios for moving to a single administrative system for the Secretariat were considered as options and are summarized below.

- a. **Administration as an independent entity (for administrative purposes)** – Under this scenario, UNAIDS would develop and operate its own fully autonomous administrative framework and infrastructure, including promulgating its own regulations, rules, policies and procedures, and designing and procuring its own ERP platform, banking network and other facilities. Different models for an independent entity were examined, including the approaches taken by GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the semi-autonomous International Agency for Cancer Research (IARC). UNAIDS would be required to revert to its governing bodies to establish independent legal status and identity, and the scope of its legal capacity and authorities. All staff would be issued employment contracts directly by UNAIDS. The UNAIDS Secretariat would directly provide, through self-administration, outsourcing, or subcontracting with external vendors, all administrative services. Current agreements for administrative services with WHO and UNDP would be terminated or amended, with flexibility retained to sub-contract services from both WHO and UNDP, as well as other providers.
- b. **Administration within the framework of the regulations and rules of another UN system or multilateral entity** – Under this scenario, UNAIDS would identify another UN system organization or multilateral entity to provide the single administrative system for UNAIDS Secretariat. Administrative arrangements – including adoption of that entity’s regulations and rules, use of its electronic operating platform, fees and charges – would be agreed. Recourse to the UNAIDS governing bodies would be required to amend the provisions for administrative services in the founding documents. Current agreements for working arrangements and administrative services with WHO and UNDP would be terminated or amended. Current agreements for administrative services with WHO and UNDP would be terminated or amended, with flexibility retained to sub-contract services from both WHO and UNDP, as well as other providers.
- c. **Administration within the framework of UN and UNDP regulations and rules** – The single administrative system would be established using the framework of the UNDP administrative regulations and rules. UNAIDS would expand the applicability of UNDP’s

regulations and rules – specifically the UN Staff regulations and rules and the UNDP financial regulations and rules – to UNAIDS headquarters and regional levels, as well as country offices. The UNDP ERP (ATLAS) would serve as the single electronic operating platform throughout the UNAIDS Secretariat. UNDP administrative policies and procedures would be applicable to all UNAIDS Secretariat administrative transactions. Self-administration in the areas of human resources, finance, general services administration and IT would be determined. The UNDP service centre in Copenhagen would become the main administrative service provider for all routine and back-office tasks, in coordination with UNAIDS Secretariat departments and divisions providing administrative services. All UNAIDS staff would be issued UNDP contracts, with service limited to UNAIDS. Flexibility to sub-contract specific services from other service providers (e.g., WHO for certain headquarters premises services) would be required.

- d. **Administration within the framework of WHO regulations and rules** – The single administrative system would be established using the framework of WHO administrative regulations and rules. The applicability of WHO financial and staff regulations and rules⁷ would be extended beyond UNAIDS headquarters and regional levels to include country offices. All UNAIDS staff would be issued UNAIDS contracts. The WHO-provided ERP would serve as the single electronic operating platform throughout the UNAIDS Secretariat. WHO administrative policies and procedures would be applicable for all UNAIDS administrative transactions with the operational flexibilities set out in the Cosponsor MOU. Self-administration in the areas of human resources, finance, general services administration and IT would be retained as appropriate. The WHO Global Service Centre in Kuala Lumpur would provide administrative processing for UNAIDS Secretariat financial and human resource transactions, including for UNAIDS country offices. Flexibility to sub-contract specific services from the most cost-effective service providers (e.g., UNDP for certain field services) would be retained.

Single administrative system – benefits and costs

147. In determining the potential of the four scenarios to serve as the framework for the single administrative system for the UNAIDS Secretariat, the scenarios were assessed in light of the above-mentioned UNAIDS system requirements. In view of these requirements, it was concluded that two of the four scenarios – administration of UNAIDS as an independent entity and administration using another UN system or multilateral entity – clearly did not meet UNAIDS needs. Two of the scenarios – administration under the regulations and rules of the UN and UNDP, and administration under the regulations and rules of WHO – were reviewed in depth. The analysis of these scenarios is summarized below.

- **Administration of UNAIDS as an independent entity (for administrative purposes)** was not considered desirable in the context of the Joint United Nations Programme. While self-administration as an independent entity would provide autonomy in the design and operation of a single administrative system, allowing the system to be tailored to the specific administrative and operational requirements of the UNAIDS Secretariat, it would run counter to the spirit of the Joint Programme. It also would require recourse to governing bodies in order to amend the current provisions for administrative arrangements. Initial start-up costs would be high and significant disruption to UNAIDS business during the administrative transition phase would be expected. Incorporation of

⁷ Throughout this document, references to the WHO regulations and rules are in the context of UNAIDS constitutive documents, in particular the Cosponsor Memorandum of Understanding, section XI, Administration of UNAIDS, paragraphs 11.4 and 11.6.

UNAIDS as a separate entity under Swiss national law (e.g., Global Fund and GAVI) was considered incompatible with the status of a Joint UN Programme.

- **Administration under the regulations and rules of another UN system or multilateral entity** was not retained in view of the lack of documented comparative advantage over UNAIDS current administrative service providers, as well as the cost and disruption anticipated in moving to an entirely new administrative framework. Extensive additional analysis and negotiations would be required in order to move to a new set of UN system administrative regulations and rules. The costs of converting all UNAIDS staff to new contracts, and training them in new rules and regulations, a new ERP and applicable administrative procedures are not supported by the expected benefits. Finally, this scenario would require amendment of UNAIDS constitutive documents through recourse to governing bodies. A long transition phase would be required, with potential risk of slippage in standards of administrative support which could affect programme delivery.
- **Administration within the framework of UN regulations and rules (through UNDP)** was reviewed in detail and the benefits and costs were analyzed. UNDP is currently providing administrative services to UNAIDS for some 300 staff in country offices, along with a range of financial and general administrative services in country offices.

The main benefits of the UN/UNDP scenario include the possibility to build on an existing relationship and existing agreements for the provision of administrative services at country level, UNDP's wide field presence and capacity to support UNAIDS as an increasingly field-oriented programme, as well as a cost reimbursement structure based on payment for actual services delivered. The UNDP ATLAS ERP system is well established and has been in use for almost ten years.

Use of the UNDP ATLAS ERP as the single electronic management platform would facilitate transparency and accountability for all UNAIDS resources by integrating tracking of income and expenditures at all organizational levels – country, regional and headquarters – in one ERP. This would eliminate the duplication of efforts caused by the need to reconcile data from two electronic systems for purposes of financial management, monitoring and reporting.

However, the UNDP scenario would not meet the identified requirements in a number of important ways. In view of the express provisions setting out administrative arrangements in the UNAIDS founding documents, recourse to governing bodies would need to be considered before the UNDP option could be advanced. The complexity and costs of converting some 600 UNAIDS staff to new employment contracts and the training of these staff required for the use of a new electronic operating platform (ATLAS) and new systems are significant. With regard to promotion of UNAIDS staff identity, no precedent exists for the issuance of UNAIDS contracts under the UN staff regulations and rules. The architecture of the UNDP ERP – ATLAS – was designed some ten years ago. While operational software bugs have long been addressed, ATLAS is project-oriented, and was not designed and must be updated to be compatible with the International Public Sector Accounting Standards (IPSAS). Moreover, in adopting ATLAS, the UNAIDS Secretariat would be dependent upon an externally developed ERP with limited or no capacity to modify it to meet UNAIDS specific needs.

The recurrent costs for a single administrative system within the framework of the UN regulations and rules and UNDP providing administrative services are estimated to be

approximately USD 9.7 million for the biennium.⁸ Start-up costs for the transition to a new UNDP system are estimated at USD 5.5 million.⁹

- **Administration within the framework of WHO regulations and rules** was reviewed in detail and the benefits and costs were analyzed. WHO is currently providing administrative services for some 600 UNAIDS staff in headquarters, regional and country offices, along with a range of financial and general administrative services.

The WHO option presents a number of important benefits. In view of the administrative arrangements envisaged in ECOSOC resolution 1994/24 (*“the World Health Organization is to be responsible for the administration in support of the programme ...”*) and the Cosponsor MOU (e.g., *“WHO shall provide administration of UNAIDS”* with *“special arrangements to take into account the particular operational needs of UNAIDS ...”*), recourse to governing bodies and amendment of founding documents would not be required. Use of WHO financial and staff regulations and rules and administrative services provided by WHO, extended to all staff and in accordance with UNAIDS founding documents, provides the UNAIDS Secretariat with the necessary operational arrangements, and the UNAIDS Executive Director with the necessary authority, to ensure rapid and responsive decision-making and action to achieve the goals and objectives of the programme accompanied by the necessary transparency and accountability for UNAIDS resources. This also avoids a potentially lengthy and complex process that would be required to reconsider and amend the legal basis (e.g., ECOSOC Resolution, Cosponsors MOU) under which UNAIDS operates.

Second, the provision of the single administrative system by WHO offers practical advantages of co-location at headquarters (e.g., more direct professional relationships and face-to-face interaction), with continuity of a number of shared services (e.g., security, building maintenance, data centre sharing, etc.) that are optimally provided by, or in concert with, WHO. As noted above for the UNDP scenario, adoption of the WHO ERP as the UNAIDS Secretariat’s single electronic platform also will advance transparency and accountability for UNAIDS resources by harmonizing data and permitting more precise and real-time tracking of funds, including in UNAIDS country offices. The WHO ERP is comprehensive (including both human resources and financial information, along with programme management) and was designed with IPSAS compliance in mind.

Thirdly, all UNAIDS staff can be issued UNAIDS contracts through WHO, thereby promoting a single UNAIDS identity at country, regional and headquarters levels. The conversion of some 300 UNAIDS staff on UNDP contracts to WHO contracts and the WHO-provided ERP would be substantially less complex and expensive than any alternative scenario.

⁸ Recurrent costs for UNDP for specific services (e.g., travel, procurement) were derived by projecting the volumes of administrative transactions (using 2009 as the base year) in UNAIDS headquarters and field offices, with costs calculated on the basis of the UNDP Universal Price List. UNDP costs are based on charges for actual services to be provided. Costs for certain global services for which information is not yet available (e.g., treasury, payroll, ombudsman, etc.) were extrapolated on the basis of the known WHO costs for such services, on the assumption that the two agencies’ costs for such services are close to par.

⁹ Start-up costs for the transition to the UNDP option were calculated on the basis of best estimates of transition staffing and activity requirements in the areas of human resources (e.g., conversion of some 600 staff contracts); IT set-up, connectivity, licensing, training and adaptation; additional ERP costs during the transition; transfers of records and data; change management, communications and training; and finance support to field offices.

However, the WHO option also presents some challenges. The WHO ERP was launched relatively recently (July 2008), is still being rolled out in WHO regional offices (i.e., WHO AFRO), and certain design defects and software bugs continue to require attention. In adopting the WHO ERP as its single electronic platform, the UNAIDS Secretariat will be dependent upon an externally developed ERP with limited capacity to customize it to meet UNAIDS specific needs. Estimated service costs for the WHO ERP are relatively high, and the UNAIDS Secretariat may face challenges in negotiating the pricing of the ERP, along with other administrative services.

The estimated recurrent costs for a single administrative system within the framework of the WHO regulations and rules and with WHO as host are USD 9.8 million for the biennium.¹⁰ Start-up costs for the transition to a single administrative system under the WHO scenario are estimated at USD 2.7 million.¹¹

148. **Costs.** The recurrent costs of moving to a single administrative system under the WHO and UNDP scenarios are comparable (estimated at USD 9.8 and 9.7 million, respectively, for the biennium). This compares to the projected costs of USD 8.1 million for the current dual system over the biennium. It should be emphasized that these cost projections for the current dual system are conservative and do not include, for example, the costs of staff time diverted to data reconciliation and other inefficiencies under the dual system, which are difficult to quantify. In the case of the WHO scenario, additional recurrent costs are largely attributable to the addition of 300 UNAIDS field staff to the cost calculation for the Administrative Services Agreement, in particular the additional cost of providing these staff with access to the WHO-provided ERP. The additional recurrent costs under the UNDP scenario are due largely to additional field support required for data entry and financial transactions in country offices under UNDP's decentralized system. The recurrent costs estimated for the WHO and UNDP single system scenarios do not include future cost efficiencies that both may achieve in the coming years, nor do the WHO and UNDP cost projections include efficiencies that the UNAIDS Secretariat expects to achieve through sub-contracting, out-sourcing or self-administration of services based on cost-effectiveness.

149. The estimated UNDP non-recurrent start-up costs of USD 5.5 million are significantly higher than the USD 2.7 million in non-recurrent start-up costs projected for the WHO scenario. This difference is due largely to the fact that, under the dual system, WHO currently provides significantly more administrative services than UNDP, and greater systems migration, contract conversion, and training and support would be required to move to a single system using the UNDP scenario.

150. The Secretariat would retain the flexibility to contract the most cost-effective providers for specific administrative services. This would include the flexibility to continue to benefit from UNDP's extensive field presence and administrative expertise in support of UNAIDS country offices, as needed. The UNAIDS Secretariat would continue to contract other administrative service suppliers on the basis of quality and cost, pursue outsourcing and out

¹⁰ For global services such as the ERP, the projected recurrent costs of the WHO option were calculated using the current WHO costs methodology on the basis of the relative number of UNAIDS staff as a proportion of WHO's overall staffing complement. Costs for other specific services were based on the current Administrative Services Agreement between WHO and UNAIDS for the 2010-2011 biennium.

¹¹ Start-up costs for the transition to the WHO option were calculated in the same way as for UNDP, on the basis of best estimates of transition staffing and activity requirements in the areas of human resources (e.g., conversion of some 300 staff contracts); IT set-up, connectivity, licensing, training and adaptation; additional ERP costs during the transition; transfers of records and data; change management, communications and training; and finance support to field offices.

posting, as well as provide self-administration where appropriate. The pricing of WHO services also may be addressed through continuing cost efficiency efforts by WHO.

151. The non-recurrent start-up costs and additional recurrent costs for the single administrative system will be absorbed within the Secretariat's budget.

Conclusion

152. After assessing the benefits and costs of each scenario against the key single system requirements, the Executive Director has decided that the option that best meets the requirements of UNAIDS is administration within the framework of the WHO regulations and rules taking into account the particular operational needs of UNAIDS, using the WHO electronic resource management platform, and maximizing efficiencies through seeking the most cost-effective provision of services.
153. The move to a single administrative system for the UNAIDS Secretariat will reinforce the Secretariat's ability to support the Joint Programme at global, regional and country levels to strengthen national responses to AIDS and to carry forward UN reform.
154. UNAIDS will consult closely with WHO on operational working arrangements relating to implementation and on concrete next steps in the process.
155. Implementation will be phased in 2011 on the basis of a detailed implementation plan.
156. **The Programme Coordinating Board is invited to take note of the decision of the Executive Director to move to a single administrative system for the UNAIDS Secretariat and to encourage the ongoing efforts of the Secretariat to use the most effective administrative policies suited to its operational needs and to minimize administrative costs by seeking the most cost-effective provision of services.**

VII IMPLICATIONS OF PROGRESS ON THE TIMELINE FOR SIE IMPLEMENTATION

157. At the time of the preparation of this report all recommendations were on schedule for implementation, recognising that many have ongoing operational elements, as per the below timeline:

Implementation Date	Decision Body	Recommendation(s)
2 nd quarter 2010	26 th PCB meeting	- Mission statement DONE
3 rd quarter 2010	Joint Programme	- Knowledge management (10 CRIS evaluation), - Health Systems Strengthening (3), Technical Support Strategy (11), Joint Teams (6, 8) Regional Support Teams (13), Programme Acceleration Funds (12), Knowledge management (9, 10 evaluation plan) DONE
4 th quarter 2010	Autumn CCO 27 th PCB meeting	- Division of Labour (4, 14), Heads of Agency appraisals (7) DONE - Strategy (1), partnerships (2), organizational issues (5, 20, 21), Secretariat issues (22, 23, 24)
1 st quarter 2011		
2 nd quarter 2011	28 th PCB meeting	- UBW (UBAF) for 2012-2013 (18, 19)

[Annex follows]

ANNEX

UNAIDS TECHNICAL SUPPORT STRATEGY 2011-2015

UNAIDS' Vision: Zero new infections. Zero discrimination. Zero AIDS-related deaths

UNAIDS Global Commitments

- Achieve Universal Access to HIV Prevention, Treatment, Care and Support by 2015
- Halt the Spread of HIV and Contribute to the Achievement of the MDGs by 2015.

Achievement of global commitments and UNAIDS¹² vision relies on more effective country programmes, which in turn requires greater capacity in countries to plan and manage implementation of their national HIV responses. That capacity includes the ability to identify their specific needs for technical support, and to plan, manage and evaluate its quality and impact. This defines the demand side of the technical support marketplace. Simultaneously, technical support providers need to be led by country demand and to coordinate closely with other providers to maximize quality and impact and avoid inefficiencies. This defines the supply side of the marketplace. The Technical Support Strategy's goal and objectives are based on the principles of country-led approaches and responsive, well-coordinated support from providers in line with international commitments on harmonisation, alignment, the use of country systems and mutual accountability.

Goal of the Technical Support Strategy

- To increase the impact and sustainability of HIV country responses through the provision and use of quality technical support.

To be achieved through two objectives

1. Countries have capacities and systems to lead the identification, planning, and coordination of high quality HIV-related technical support towards implementation of an effective and sustainable national response
2. Technical Support from UN and other providers in country meets quality standards, is coordinated, efficient, demand driven, results oriented and mutually accountable

The term "technical support"(TS) refers to a spectrum ranging from short-term, one-off technical assistance to more substantial capacity development that enables countries to develop and run sustainable, effective programmes in the long term. The Strategy is founded on lessons learned in technical support over the last decade. It builds on achievements, reflects the changing economic and policy environment and shifts in the global health architecture, and recognises past and emerging challenges. It focuses on UNAIDS comparative strengths, both for orchestrating the UN response and for influencing non-UN providers of TS; and it emphasises the need for improved efficiencies, effectiveness and impact.

The Strategy outlines some key shifts to UNAIDS Technical Support provision. These include:

1. **Focus on strengthening national capacities** towards systematic, long term, needs based capacity and systems development and promotion of South-to-South Cooperation;

¹² The term 'UNAIDS' refers throughout this document to UNAIDS Cosponsors (ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, World Bank, WFP and WHO) and the Secretariat unless otherwise specified.

2. **Improved coordination and accountability of UNAIDS Secretariat and Cosponsors' Technical Support** through the implementation of UNAIDS Division of Labour, which draws on the comparative advantages of each of the organizations;
3. **Better deployment of UNAIDS resources and use of country presence** (including the UN Joint Teams on AIDS) to strengthen national ownership, transfer of skills and institutional development of partners;
4. **Rationalization of existing UNAIDS Technical Support Mechanisms** to ensure efficient, cost effective technical support delivery and harmonization of systems;
5. **Clear communication** to country partners about available Technical Support and the mechanisms for accessing it;
6. Strengthened UNAIDS leadership in **defining and setting standards for quality technical support** and an enhanced coordination and brokering role for technical support at country level;
7. **Enhanced collaboration with key financing mechanisms** (Global Fund, PEPFAR, and other bilateral partners) and non-UN TS providers to strengthen overall coordination, harmonization and alignment and ensure the use of mutual accountability mechanisms;
8. **Emphasis on scaling up implementation support** to country partners in making the money work;
9. **Strengthen the capacities and quality of national technical support providers**, including national civil society organisations to deliver quality support.

The Strategy responds to the changed global environment and priorities for technical support, findings and recommendations of the 2009 UNAIDS Second Independent Evaluation and is an integral part of UNAIDS Strategy 2011-2015.

1 THE RATIONALE FOR A NEW TECHNICAL SUPPORT STRATEGY

Introduction

The UNAIDS Programme Coordinating Board (PCB) 23rd meeting in December 2008 recommended that '*UNAIDS update its technical support and capacity development strategy through an inclusive process involving implementing countries and civil society*'. A Technical Support Strategy Working Group, established by UNAIDS in early 2009, with representation from all Cosponsors, assisted with the development of this strategy. UNAIDS conducted country surveys, studies and broad stakeholder consultations with country, regional and global partners, drew on the preparation process of the UNAIDS Partnership Strategy, Division of Labour (DoL), Unified Budget and Accountability Framework and Resource Mobilisation Strategy, and ensured its harmonisation with the UNAIDS Five Year Strategy.

In recent years, country stakeholders and the international community have gained substantial experience on the provision and use of technical support for strengthening national responses to HIV. Responding to developments in the global economy, the decreasing resource envelopes, a changing international health and AIDS architecture, and countries' and organisations' policies all continue to affect the need for support and calls for new thinking in the way it can be delivered. The time is therefore right for countries, technical partners and organisations to re-examine the demand for, and provision of, technical support. UNAIDS Technical Support Strategy seeks to effectively meet countries' needs and ensures that UNAIDS' response is relevant, efficient, effective, feasible, and focused on results. The Strategy provides a framework to assist countries to plan and manage their national response to HIV including strengthening country capacity to identify and manage technical support.

Box 1: Definition of technical support and capacity development

For the purposes of this strategy **Technical Support (TS)** refers to activities that contribute to a systematic, timely and demand-driven response to capacity needs at country level. Technical support, unlike shorter-term technical assistance, assists in strengthening individuals in their specific areas of expertise, makes organizations more effective and helps to improve the implementation of the national AIDS response. **Technical support includes both technical assistance and capacity development.**

Capacity is the ability of people, institutions and societies to perform functions, solve problems and set and achieve objectives (UNDP, cited in OECD 2006, below).

Capacity development (CD): The process by which partner countries are enabled to make better use of existing capacities and to further develop capacities at three levels: i) the individual level, ii) the level of organisations; and iii) the institutional and political level (OECD: Harmonising Donor Practices for Effective Aid Delivery vol2, 2006)

The strategy is driven by the importance of capacity development for countries' ability to lead their responses to their own epidemics. Central concepts which underpin the strategy include UNAIDS' role in influencing other technical-support providers to ensure high quality supply; the importance of countries taking the lead on the technical support demand side, and the need for the UNAIDS family (and those they influence) to respond to that lead rather than take a supply-driven approach. The strategy's central focus lies on technical support demand and is reflected in the concept of the technical-support marketplace.

The changing environment

Over the last decade, spending on AIDS has doubled every 2-3 years. The launch of the World Bank Multi-country AIDS Program (MAP) in 2000, the Global Fund in 2002 and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, along with increased bilateral and domestic spending on HIV, has contributed to this growth. While increased funding has enabled the scale up of essential HIV prevention, treatment, care and support services, absorbing these resources effectively has strained country systems and capacities, increasing demand for rapid, flexible, high quality technical support.

To meet this demand, major funding agencies have provided financial and technical assistance, leading to the growth of a significant HIV technical support "industry". At the same time, the international architecture has seen an increased focus on health system strengthening. While HIV has been formerly addressed as a global emergency, the growing international recognition that health system strengthening and the MDGs, particularly MDG 4, 5 and 6 cannot be achieved without tackling HIV, and the continued emphasis on Aid Effectiveness implies that different and longer-term technical support approaches will be required.

All of these provide a consistent policy environment for the Technical Support Strategy; all promote the same principles of 'joined-up working' under national leadership.

UNAIDS Technical Support to date

UNAIDS Secretariat and Cosponsors are significant providers of HIV-related technical support, delivering an estimated 43% of all technical support to countries in 2008¹³. Recent reports and evaluations indicate that the growth of UNAIDS technical support, alongside that of other providers, has made valuable contributions to improving the quality of national strategic plans, the rapid scale-up of antiretroviral therapy programmes, expanding programmes for preventing mother-to-child transmission, and improving HIV surveillance and monitoring and evaluation systems.¹⁴

In addition, Joint UN Teams on AIDS have been established to help countries access coherent, effective and unified UN support for AIDS based on the Division of Labour.¹⁵ Joint UN Teams on AIDS have been an important pathfinder for broader UN reform and harmonisation and alignment efforts. Better-coordinated UN support has reduced country transaction costs by providing a single access point to a range of UN and non-UN supplied services.

The quality and effectiveness of UN technical support has improved over recent years. The UNAIDS Second Independent Evaluation confirmed that the range of available UN technical support mechanisms has expanded UNAIDS capacity to respond to country requests¹⁶; on the whole, the technical support is considered timely, relevant and valued by country partners.

Box 2: Summary of UNAIDS Second Independent Evaluation findings on technical support

- UNAIDS capacity to respond to requests for technical support has expanded
- The Secretariat and Cosponsors have provided a wide range of quality technical support
- There is scope to further improve planning and coordination of technical support
- UNAIDS has strengthened the Three Ones and provided important technical support for M&E
- Technical support is on the whole timely, relevant and valued by national partners
- UNAIDS technical support is not systematically monitored or evaluated at country level

Recent years have seen a scaling up of civil society access to technical support to enable organisations to carry out their functions effectively. There has also been more focus on promoting civil society organizations as *providers* of technical support.

Similarly, there is now a greater emphasis on the multi-sectoral content of technical support. Early responses to HIV were predominantly medicalized. UNAIDS has enabled increased emphasis on and strengthened capacities across different sectors to ensure a multi-sectoral and multi-stakeholder response. UN presence at the country level also places it in a unique position to focus on building long term national capacities across diverse sectors for a sustainable response.

¹³ survey conducted by UNAIDS in July-August 2009 among national partners including National AIDS Commissions, civil society, bilaterals, UN and international non-governmental organisations

¹⁴ See list of reference documents at the end of the strategy.

¹⁵ The Division of Labour identifies convening and partner agency roles and responsibilities, based on their comparative advantage, across multiple areas of their AIDS related work.

¹⁶ See summary of UNAIDS Secretariat and Cosponsors Technical Support Mechanisms at the end of the document

Although UNAIDS has played an increasingly significant role as provider and broker of technical support, a number of challenges remain. For example,

- **Scale:** Despite dramatically scaled up funds for HIV, funding for technical support, including for the multilateral system, has not increased sufficiently to keep pace with country demand.
- **Short term results:** International support has focused on the delivery of technical inputs to deal with immediate needs, with mixed results. While some short term Technical Support is needed, a more strategic approach to building sustainable in-country capacity is long overdue. Weak capacity to articulate needs and manage technical support by countries and development partners (including the UN) continues to result in poor use of technical support and limited impact. In addition, unpredictable funding has hampered long term capacity development of country partners and systems.
- **Supply driven approaches:** Technical support can often be supply driven, controlled by many external providers, reducing country ownership and leading to weak coordination, fragmentation and high transaction costs.
- **Limited use of local and regional expertise:** Technical support has traditionally been provided mainly by international specialists. There is a need to use more national/local and regional expertise to contribute to sustainable capacity building and national stakeholders' ownership and control of the response.
- **Changing nature of demand:** While the UN has a significant role in developing normative and policy guidance at the global level, capacities within the UN to support countries in translating and adapting guidance and matching local demand, is varied. Further, technical support for performance based funding mechanisms has focused largely on management and implementation, accentuating disconnects between UNAIDS' core expertise and country demands.
- **Limited coordination and synergies:** Sometimes the existing UNAIDS technical support mechanisms compete to provide similar support, creating confusion and limiting impact. Efficiency gains are lost through poor coordination across the different UN organisations at country level and varied presence or capacities of Cosponsors to deliver the agreed Division of Labour.
- **Access is still cumbersome:** The number of UNAIDS mechanisms in place and limited communication about available services has hampered the access of country partners, including civil society, to technical support. Furthermore, bureaucratic systems and lengthy procurement processes continue to lengthen UNAIDS response times to requests for technical support.
- **Limited influence on the wider TS market:** Lack of effective systems to monitor and report on the quality and effectiveness of technical support provided by UNAIDS and other partners has limited the UN's influence on the wider Technical Support market place.
- **Weak accountability and quality assurance mechanisms** also reduce the potential impact of support.
- **Limited demand for long term capacity development:** country requests are mostly limited to urgent short-term support that often do not address local capacity constraints.

While UNAIDS' capacity to respond to requests for technical support has expanded, the Secretariat and Cosponsors have struggled to keep pace with growing and changing country

demand, and there is broad consensus among UNAIDS stakeholders that UN-provided technical support needs further strengthening and scaling up.

2 UNAIDS TECHNICAL SUPPORT STRATEGY

UNAIDS Strategy 2011-2015

The Technical Support Strategy is harmonised with the UNAIDS Strategy, which sets out the Joint Programme's medium term priorities. It takes into account the changing context and priorities for technical support and emphasises the need for improved efficiencies, effectiveness and impact, both for UN and non UN providers. It recognises variations and differences in capacities across regions and contexts. The Strategy also responds to findings of the Second Independent Evaluation, which recommended that UNAIDS should be more focused, strategic, flexible and responsive, efficient and accountable.

The Technical Support Strategy is derived from UNAIDS vision of Zero New Infections, Zero AIDS-related Deaths and Zero Discrimination. The Technical Support Strategy supports the achievement of the three strategic directions of UNAIDS overall Strategy by prioritizing technical as well as programmatic support and capacity development in the areas of HIV prevention, treatment, care and support as well as human rights and gender equality.

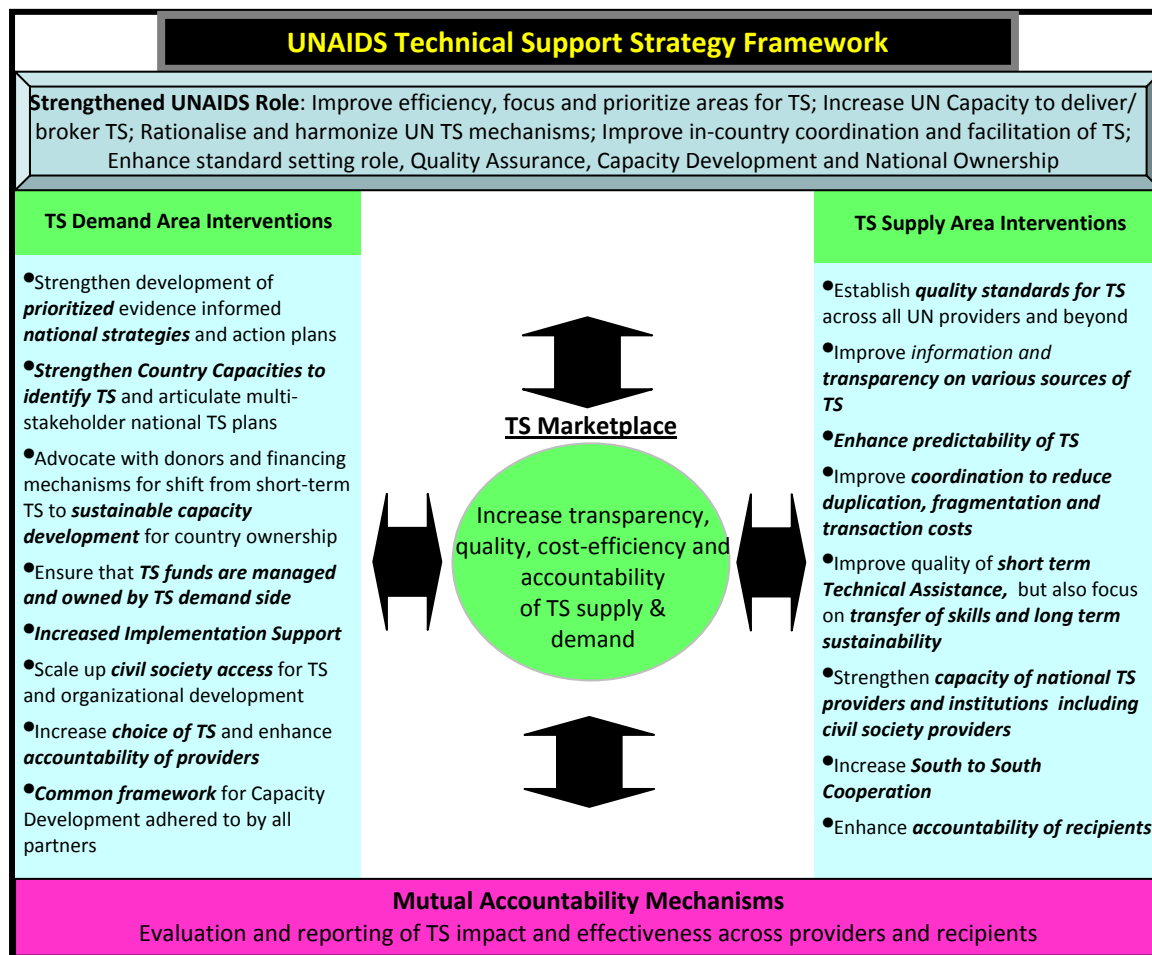
The three over-arching guiding themes of the UNAIDS Strategy underpin the Technical Support Strategy: increased focus on country ownership and sustainability of the HIV response; people at the heart of the response (which includes GIPA); and HIV synergies with broader MDG and human development efforts.

The Technical Support Strategy has thus to be read within the context of UNAIDS Strategy 2011-2015.

A Technical Support “Marketplace”

The Strategy focuses on both the demand and the supply side of technical support. On the demand side it deals with assisting countries to identify their needs for technical support and to manage it; and on the supply side it focuses on strengthening the provision of effective technical support. Implementing the Strategy will, in effect, help to stimulate the marketplace for technical support. It will increase the information available to users and suppliers and therefore the transparency of both demand and supply. By strengthening countries' ability to identify, plan, implement and manage technical support, and by improving the way that supply is organised within and beyond the UN, UNAIDS will increase the effectiveness of the marketplace. Through the efficiencies gained by better coordination, reduced duplication, and more accurate targeting on countries' needs, UNAIDS will improve the cost effectiveness of technical support.

This is illustrated in the diagram below, which shows how demand-side and supply-side interventions, combined with initiatives to strengthen UN effectiveness and under-pinned by a set of accountability mechanisms, will lead to greater impact at country level.



Two Strategic Objectives

The **goal** of the Technical Support Strategy is to increase the impact and sustainability of HIV country responses through the provision and use of quality technical support.

The concept of the marketplace is reflected in two strategic objectives, the first related to demand and the second to supply:

1. **Countries have capacities and systems to lead the identification, planning, and coordination of high quality HIV-related technical support towards implementation of an effective and sustainable national response**
2. **Technical Support from UN and other providers in country meets quality standards, is coordinated, efficient, demand driven, results oriented and mutually accountable**

UNAIDS will draw on its comparative advantage, priority areas of the Outcome Framework, the Division of Labour areas which defines respective roles and responsibilities in technical support to achieve these objectives and against which success will be measured.

Achieving the Objectives by improving the Technical Support Marketplace: Context, Challenges and Commitments

Objective 1. Countries have capacities and systems to lead the identification, planning, and coordination of high-quality HIV-related technical support towards implementation of an effective and sustainable national response

Externally-driven technical support often bypasses domestic systems and capacities, reducing country ownership and coordination and limiting the accountability of both providers and recipients. An effective and sustainable response is more likely to be reached if recipients of technical support play a greater role in the identification and definition of their needs, and in the procurement and management of appropriate technical support. This demand side of the technical support marketplace depends crucially not only on the availability of transparent information, but also on the capacity of the users of technical support to clearly define their needs, specify and commission what they require, and to manage a wide variety of Technical Support suppliers.

UNAIDS will therefore work with its partners to strengthen country capacities and institutions to enable better identification of relevant technical support and proactive management and implementation of technical support plans to which donors should align. UNAIDS will further scale-up investing resources towards systematic, longer term, needs-based capacity development. Beyond its own resources, UNAIDS will encourage external partners and funding mechanisms to invest in technical support approaches that build sustainable national capacities particularly of government and civil society. UNAIDS will coordinate with key national and international providers of technical support and capacity development towards developing common tools and approaches for capacity development and to avoid duplication.

Technical Support is often externally driven as the funds are tied to specific Technical Support providers and technical areas, not necessarily based on country priorities. UNAIDS will advocate that technical support funds are owned and managed by the country partners. At the same time UNAIDS will work with Technical Support recipients to increase their engagement, ownership and accountability for results. UNAIDS will encourage use of available in-country Technical Support resources (e.g. national budgets, Global Fund grant TS plan and budget) prior to the seeking use of additional external funding.

Responding to the reduced resources, shifting global priorities, it is essential to generate efficiencies and achieve highest impact with available resources. UNAIDS will thus strengthen implementation support to address current bottlenecks and support countries in reaching higher value for their money. As articulated in the UNAIDS Strategy, Technical Support will be prioritized for countries implementing effective national responses for HIV prevention, treatment, care and support as well as human rights and gender equality. This will include both technical guidance and support as well as programmatic support. UNAIDS key action areas for the development of capacities are focused at country level, backed up as necessary by support, tools and action at regional and global levels.

UNAIDS ACTION AT COUNTRY LEVEL

Improved situation analysis to inform NSP and TS and CD planning process

- Enhance support to country partners and to strengthen capacity and systems to collect and apply strategic information for situation analysis, including support to conduct KYE/KYR and the Modes of Transmission Studies
- Support countries to map and strengthen capacities to develop, manage and implement NSP including multi-stakeholder TS and capacity development plans

Strengthened capacities to develop costed National Strategic and operational plans as basis for a demand driven technical support

- Strengthen country capacity to use strategic information to inform National Strategic Plan development
- Ensure countries receive increased support for strategic and operational planning through Cosponsors at country level (e.g. WHO's planning guide for the health sector response to HIV, the AIDS Strategy and Action Planning service, and other regional TS mechanisms)
- Provide support to ensure broader development linkages and achieve sustainability through mainstreaming HIV in national Poverty Reduction Strategy Paper and other national development plans and frameworks

Strengthened capacities to develop a joint multi-stakeholder national Technical Support/ Capacity Development plans

- Scale up support to country to enhance partner capacities in defining priority Technical Support areas and to manage Technical Support providers through multi-stakeholder technical support and capacity development plans. Technical Support/Capacity Development plans will clearly articulate capacity and systems development needs, based on capacity needs assessments, and prioritize investments for a sustainable response
- Scale up technical support for civil society to ensure they can actively participate in the development of National Strategic Plans and access relevant Technical Support
- Where necessary, help countries to convene stakeholders to develop country and regional specific long-term capacity development strategies

Improved implementation of National Strategic Plans through better coordinated Technical Support

- Strengthen management capacities (financial, human and other resources) of national partners to lead, manage and oversee programmes
- Support countries to analyze blockages to improving implementation and impact of national AIDS programmes, to ensure that Technical Support is appropriately deployed
- Support countries in development of mechanisms to oversee the implementation of Technical Support plans and coordinate partners in-country

Improved country capacity to access financial resources

- Provide technical support to country partners to strengthen their capacity in resource mobilization through funding mechanisms including the Global Fund, PEPFAR and other partners as appropriate. (see link below for the UNAIDS- Global Fund Memorandum of Understanding¹⁷ and the UNAIDS-PEPFAR collaboration at the country level outlined at the end of the document).
- Work with country and development partners to develop and take advantage of incentives to use technical support, for example, the introduction of technical support

¹⁷ See the Global Fund-UNAIDS Memorandum of Understanding
http://data.unaids.org/pub/Manual/2008/20080601_global_fund_mou_en.pdf

funding as part of the Global Fund application process (see Box 5 on UNAIDS support to Global Fund processes)

UNAIDS ACTION AT REGIONAL LEVEL

- Adapt global capacity development guidance and tools for strategic and operational planning to regional and country needs and ensure its dissemination
- Assist countries in adapting tools for operational planning, costing and guidance (based on standardized unit costs for various components of the national response)
- Develop regional long-term capacity development strategies that support national needs and facilitate inter country expertise exchange within the regions
- Coordinate regional peer reviews of Technical Support provision and its quality

GLOBAL LEVEL

- Norms and standard-setting, tool development
- Policy and strategy development
- Establishment of the www.aidsta.org to support countries access, report on quality and effectiveness of Technical Support received from different partners

UNAIDS Support to Making the Global Fund Investments Work

UNAIDS and the Global Fund have entered into a MoU that highlights the specific roles and expectations of each other. UNAIDS presence at the country level is a critical resource for country partners in understanding the Global Fund policies and in translating them to country realities. UNAIDS provides critical insights and intelligence that reflects the expectations of the countries and ensures that these are reflected at global decision making processes. UNAIDS also provides Technical Support for effective implementation of Global Fund grants at the country level – this includes support to Country Coordinating Mechanisms (CCM) in their functioning, capacity building for effective oversight and governance. Direct support to Global Fund Principal and Sub- Recipients in implementation of grants and in unblocking technical and programmatic bottlenecks have been highly valued. While a majority of the Technical Support provided is still short term (eg. proposal development), aimed at meeting performance targets, UNAIDS strategy aims to strengthen longer term solutions and building sustainable capacities. UNAIDS will further enhance its technical support to the Global Fund and the Implementing partners through

- **Effective investment advice:** UNAIDS will provide analysis and intelligence based on country level realities, epidemic trends and in country priorities for ensuring that Global Fund investments are fine tuned to respond to the needs and are invested for maximum impact.
- **Improved efficiency:** UNAIDS will support the Global Fund Board and the Secretariat for improved efficiency through support at the country level for grant consolidation, increased synergies between the Global Fund investments with other large funding (eg. with PEPFAR) and reprogramming of grants (e.g. Significant efficiency gains and savings potentially achieved through a reprogramming of PMTCT grants in the 22 highest burden countries).
- **Increased implementation support at the country level:** UNAIDS has been playing a significant role in strengthening capacities of different constituencies in better participation at the CCMs and other decision making bodies. UNAIDS will scale up its implementation support across the grant life cycle to ensure increased efficiencies and higher impact through available resources (eg. strengthening CCM capacities to review appropriateness and effectiveness of Global Fund financed programmes on a regular basis and within the national context). UNAIDS will further strengthen its support on recurrent bottlenecks impeding effective implementation (eg. procurement and supply management).
- **Increased capacities, ownership and sustainability:** UNAIDS will further scale up organizational development support to country implementers particularly civil society partners for improved grant implementation. UNAIDS will strengthen focus on long term sustainability of the AIDS responses and strengthen the capacities and systems through the use of Global Fund grants. UNAIDS will also work with different national stakeholders to enhance their understanding and engagement on Global Fund processes and programmes at the country level.
- **Improved Accountability:** UNAIDS will work closely with the Global Fund Secretariat in strengthening capacities of country partners around accountability. This will include greater emphasis on building in country management capacities (including financial management) and establishment of systems for enhanced transparency and accountability. At regional level, the Joint Operational Plans will provide the accountability framework for the work with Global Fund and Partners.
- **Support the Reform agenda:** UNAIDS will work closely with the Global Fund Board, the Secretariat and country partners to ensure that the Global Fund reform results in an effective financing instrument that responds to country needs effectively and has maximum impact on the three diseases and transitions from an emergency to a sustainable response.

1) WHO, the World Bank and UNAIDS are Ex Officio Members of the Global Fund Board.

Objective 2. Technical support from UN and other providers in-country meets quality standards, is coordinated, efficient, demand-driven, results oriented and mutually accountable

Improving the efficiency and effectiveness of Technical Support Provision is a core component to achieve a more balanced and effective Technical Support Market. Influencing Technical Support supply looks at both, UNAIDS comparative advantages in Technical Support provision and required adoptions to needs, as well as UNAIDS role in coordinating and influencing other Technical Support providers.¹⁸

UNAIDS recognizes that it cannot be all things to all people. UNAIDS will prioritize and strengthen its own technical support resources and limit its involvement in areas where UN support does not have an obvious comparative advantage (and can often be readily provided by other partners at less cost). This means drawing on the comparative advantages of each Cosponsor as defined by the Division of Labour and different technical support mechanisms and using the synergies arising from joint UN action to enhance UN coordination and more effectively respond to country needs.

The wider Technical Support supply will be optimized by broadening the provider base, and establishing quality assurance and accountability mechanisms. UNAIDS will strengthen its role in facilitating the provision of technical support through other organisations.

Scaling up Civil Society Technical Support

Civil society organisations (CSOs) have demonstrated their role as vital partners in the AIDS response, as strong advocates, as implementers of AIDS programmes and as technical experts at country, regional and global level. Despite increased recognition of the need for scaling up technical support to civil society, numerous barriers prevent CSOs accessing quality technical assistance and capacity development support. For instance, TS Providers do not always understand their needs; asking for support can foster stigma; and support for CSOs is often poorly coordinated.

The Strategy explicitly includes civil society as beneficiaries of capacity development (objective 1) and as a resource for the provision of technical support nationally and internationally (objective 2). In both contexts, civil society will feature in UNAIDS' efforts to ensure that demand for technical support is well-defined and clearly articulated, and that its provision is effectively coordinated and managed. UNAIDS will work with civil society partners to define the priority needs, develop clear approaches to CS Technical Support and capacity development and strengthen existing coordination mechanisms for CS technical support.

UNAIDS has a strong track record in influencing the ways that agencies and organisations within and outside government respond to HIV. It will develop quality standards and will use similar standard-setting, guidelines and negotiation to advocate for increased adherence to quality standards, the Paris Declaration on harmonisation and alignment and the Accra Agenda for Action.

A larger pool of local Technical Support providers will be fostered by UNAIDS' investment focus on building national practitioners and institutions. Investments for use of non-traditional providers of technical support including civil society, community groups and the private sector will be scaled up. The promotion of South-to-South Cooperation aims at enhancing national providers, ensuring 'experiential learning' and a levelling of the market prices for Technical Support.

¹⁸ UNAIDS Second Independent Evaluation identified the need for "better coordination of technical support providers" and recommended UNAIDS should 'clarify the comparative advantages and respective roles of the UN, UNAIDS-related technical support mechanisms and other technical support providers in provision of short-term technical support and of longer-term capacity building support at country level'.

The Second Independent Evaluation of UNAIDS identifies the need to *'introduce systematic monitoring and evaluation of technical support provided by UNAIDS and UNAIDS-related technical support providers at country level'*. Over the medium term, UNAIDS will strengthen the reporting on accountability and results of its technical support at the country level. Challenges to holding providers accountable include current lack of agreed minimum standards for technical support, lack of recipient capacities to enforce standards, and poor lines of accountability around reporting. Lessons can be learned from Technical Support provided in the Monitoring and Evaluation Area. Through the Monitoring and Evaluation Reference Group (MERG) joint frameworks and tools across all key stakeholders, including Technical Support suppliers and recipients, have been established. UNAIDS will draw on MERG to use its approach in different Technical Support areas. While emphasis is usually placed on the accountability of providers, it is also critical that the principle of mutual accountability¹⁹ applies – recipients must also be accountable for the technical support they receive and how they use it. While the actions below refer mainly to reforms on the accountability of suppliers, UNAIDS will also work jointly with recipients, increasing their engagement, ownership and accountability for results.

Improve the efficiency and effectiveness of UNAIDS Technical Support Provision

Focus on UNAIDS comparative strength

- Focus on high impact technical support areas such as programme design, policy and normative guidance, standard setting, strategic information and needs identification
- Based on the UNAIDS Division of Labour, scale up provision and brokering of technical support, including development of sustainable capacities and systems, in identified priority areas to support achievement of results outlined under the UNAIDS Strategy
- Draw on its comprehensive in-country presence, capacities and neutrality to coordinate long term sustainable capacity development of national partners.
- Scale back involvement in non-strategic technical roles and where other partners have comparative advantage and can deliver more cost effectively
- Utilize UNAIDS' convener role to broker and facilitate non-UN Technical Support

Improved Coordination and reduction of transaction costs

- Improve UNAIDS TS coordination through the Division of Labour. Review areas of the Division of Labour where Cosponsors will provide direct technical support and strengthen arrangements for brokering relevant TS in areas where gaps exist.
- Continue to promote Joint UN Teams on AIDS at country level as single entry point for UN technical support²⁰ UNAIDS technical support plans at country level will be strengthened as part of the Joint Programme of Work implemented by the Joint UN Teams on AIDS
- Rationalize existing technical support mechanisms to ensure efficient, cost effective Technical Support delivery and harmonization of systems (e.g. GIST has achieved the initial purpose for which it was established and is proposed to be disbanded)
- UNAIDS engages with the Global Fund, bilateral donors, e.g. PEPFAR, and other partners at country, regional and global level to clarify policy issues, strengthen overall

¹⁹ See GIST established 'Principles of Technical Support' at http://data.unaids.org/pub/Manual/2008/gist_technical_support_poster_en.pdf

²⁰ See UNAIDS Division of Labour 2010, Consolidated Guidance Note. Every Joint UN Team on AIDS functions as the entry point for appropriate technical assistance and partnership with government and local civil society groups. Several options exist how technical assistance can be managed. One option could be an entry via the UNAIDS Country Coordinator/UNAIDS Country Office who in turn brokers the role of the Cosponsors, another option may be via convening agencies.

coordination, harmonization and mutual accountability frameworks to ensure that their investments better align with national strategic priorities.

Better Technical Support Services, higher quality

- Set minimum standards and guidance for effective country response based on the Division of Labour (i.e. the Interagency Task Teams currently provide some guidance, but could be systematic in provision of these standards).
- Rationalize UNAIDS Technical Support mechanisms to optimize Technical Support provision and adapt to current market needs. Review roles of ASAP, the WHO Knowledge Hubs and Collaborating Centres and UNAIDS Technical Support Facilities to ensure coherence and harmonization and avoid duplication.
- Increase technical support in priority areas at the country level through Joint UN Teams on AIDS.
- Continue to align Joint Programme of Work to country needs (rather than organizational mandates and historical relationships) and strengthen focus on clear measurable results.
- Strengthen communication on how the Division of Labour is operationalised at the country level.
- Scale up technical support for civil society and private sector at regional and national levels
- Ensure country and regional adaptation of norms, standards and tools.
- Facilitate greater use of UNAIDS' global network of partners and mechanism to promote learning across countries.
- Ensure Cosponsor staff capacity is adequate for taking on new roles in the Division of Labour and identified country priorities building on current staff training initiatives.

UNAIDS Technical Support Accountability

- Commission independent evaluations (every 3 years) to review the appropriateness, adequacy and effectiveness of technical support provision by UNAIDS and other national and international providers. Evaluation reports to be made available to the PCB, donors, providers and other policy making/ financing bodies. At country level, the national Technical Support Plan will be the basis for holding partners accountable.
- Information on UNAIDS provided technical support will be made available on www.aidsta.org and enhance transparency and accountability.
- Regional Joint Operational Plans with the Global Fund will be used as one of the tools to monitor provision of specific Global Fund related Technical Support.

Strengthen the efficiency of the Technical Support Market

Enhance market transparency

- Map and assess the availability of Technical Support and Capacity Development supply and resources at global, regional and country levels.
- Improve free flow of information on Technical Support providers and tools via the web-based portal www.aidsta.org which will promote direct access to the marketplace encourage transparency on technical support pricing and costing.
- Ensure that civil society and private sector have access to relevant Technical Support information and tools.
- Promote the GIST 'Principles of Technical Support' to ensure that providers, recipients and donors adhere to a minimum code of conduct in technical support transactions.

Improve Technical Support market providers

Diversify technical support providers to increase Technical Support choice

- Develop partnerships and investments to expand the pool of national providers, e.g. Academic institutions, local national statistics bureau, civil society and the private sector, research organizations.
- Proactively guide UN and development partner investments in supporting civil society capacities at regional and national level to enhance use of Civil Society as Technical Support providers.
- Develop a systematic plan for promoting South to South exchanges. Secretariat and Cosponsor Regional offices promote regional learning and exchange platforms.

Improve quality of Technical Support supply

- In consultation with partners, establish mechanisms and advocate for use of minimum quality standards in priority areas (e.g. draw on MERG mechanism which developed standard national M&E frameworks).
- Ensure feedback mechanisms on the quality of technical support provided are widely available on www.aidsta.org. Develop this platform to enable users of technical support to share feedback, exchange information and promote peer support across countries.
- Prequalify providers for specific areas of technical support.

Influence Technical Support market through advocacy and brokering to strengthen demand side

- Facilitate access to and broker technical support by non-UN providers. The UN Country Team is well placed to be the neutral facilitator and coordinator in supporting country partners in the identification of bottlenecks.
- Work closely with country partners and providers of technical support to ensure that short term technical support has a long term vision to improving country capacities.
- Advocate with donors and providers of technical support to systematically invest in longer-term skills transfer.

Improve accountability in Technical Support market

- Develop and/or strengthen technical support accountability mechanisms at country, regional and global level building on existing structures. The monitoring and evaluation of the implementation of national technical support plan will be the basis for holding partners accountable.
- Work with Technical Support recipients to increase their engagement, ownership and accountability for results.

3 IMPLEMENTING AND FINANCING THE TECHNICAL SUPPORT STRATEGY

The Implementation of UNAIDS Technical Support Strategy will be closely linked to the operationalization of UNAIDS Strategy 2011-2015. The Technical Support Strategy implementation is an integral part of the UBAF 2012-2015.

At country level, the strategy will guide the development of the annual plans of the Joint UN Teams on AIDS. This will ensure that the plans respond to the local context, capacities and priorities and enable effective operationalization of the Division of Labour. It also provides a single entry point for country partners to UN technical support. The Joint Teams will focus on building and 'empowering' national partners' capacities to lead and coordinate the different technical support providers. The Joint Teams will also help identify gaps in capacities in

country (including capacity gaps within the UN) and develop strategies for long term capacity development of in-country stakeholders.

The work plans of the Joint UN Regional Team on AIDS which have been established in some regions will reflect the Technical Support Strategy and will support the operationalization of the country plans of the Joint Teams and facilitate cross country learning and promote regional collaboration. It will lead the development of a Joint Capacity Development Framework with key donors including PEPFAR and the Global Fund. The framework which will be based on country needs will ensure development of common tools and approaches in priority areas that are relevant across the region, enhance overall coordination, reduce potential duplication and maximize impact. Existing regional mechanisms such as the Joint Regional Operational Plans with the Global Fund will be used and expanded where needed to ensure participation and coordination of all relevant stakeholders.

While the UNAIDS Secretariat will play predominantly a coordination and facilitation role at global, regional and country level, UNAIDS Cosponsors and its relevant technical support mechanisms will lead in the provision of technical support in accordance with the Division of Labour.

At country level, monitoring of national technical support plans will be part of the ongoing annual country review process led by national stakeholders. Ongoing nationally led Annual reviews (e.g. Joint Annual Reviews of the National Operational Plan) will assess what technical support has been provided, its relevance, efficiency, effectiveness and impact. These reviews will also assess how well technical support is being coordinated amongst development partners and thus ensure mutual accountability in Technical Support planning and quality of provision.

Monitoring and evaluating the influence and impact of the Technical Support Strategy on the wider Technical Support Market will be done through an independent global report (proposed every 2-3 years). UNAIDS Secretariat will commission these Technical Support Market Status reports and ensure wide public distribution.

Financing Technical Support

Technical support is a core role of UNAIDS. A significant part of UNAIDS resources – staff and financial – are devoted to providing or facilitating country partner access to quality technical support. This strategy aims to maximise the impact of these investments and improving the efficiency and effectiveness of Technical Support.

A three pronged approach to financing technical support is envisaged

1. *Financing UNAIDS Provision and Facilitation of Technical Support and Capacity Development:* UNAIDS will continue to invest a significant proportion of its own resources through the UBW/UBAF for scaling up technical support in priority areas and for building sustainable capacities for achieving the results outlined in the UNAIDS Strategy. While the UBAF will cover a significant proportion of the UNAIDS technical support role, it is anticipated that additional resources will be required to ensure that technical support and capacity development for country partners is scaled up. UNAIDS will develop clear plans with partners to mobilize additional resources to fill potential gaps in country level Technical Support.
2. *Financing Country Technical Support and Capacity Development:* Country partners have highlighted the need for predictable and reliable funding for accessing technical support

and capacity development. Multi-stakeholder National Technical Support Plans will form the basis of costing technical support and capacity development resource needs. Based on the TS plans and identified resource gaps, UNAIDS will work with donors in mobilising required resources for technical support. The Global Fund Board decision to include Technical Support plans as part of Global Fund proposals is anticipated to help make available critical resources for scaling up Technical Support. UNAIDS will work further with the Global Fund, PEPFAR and other donors at global and country level to ensure that investments are scaled up for building systems and capacities for country ownership and leadership.

3. *Maximising Return on Investment.* UNAIDS estimates that better coordination and harmonisation of technical support will result in significant efficiency gains and savings which may be reinvested in the scale up of national AIDS responses. Also, UNAIDS will work closely with key donors including the Global Fund and PEPFAR in promoting reforms in the technical support marketplace (e.g. rationalise cost of technical support that is varied currently with little consistency on value for money) and in monitoring and reporting on the efficiency gains as part of the progress report on the implementation of the Strategy.

Implementation and operationalization of the Technical Support Strategy via the UBW/ UBAF ensures clear accountability for outcome areas. UNAIDS Secretariat and Cosponsors will use the UBW/UBAF reporting to account for the implementation of their respective technical support roles.

Additional Background Materials for the Technical Support Strategy

1: Key Documents relating to Technical Support

- A Strategic Approach: HIV & AIDS and Education, IATT, 2009.
- Accelerating Action, a technical support guide to develop capacity and to benefit from global health financing, GTZ, 2007.
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- Assessment Report, Prevention and mitigation of HIV/AIDS Labour and socio-economic impact in the world of work, International Labour Office, 2006.
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- Briefing notes on Technical Assistance at the 19th Global Fund Pre-Board Meeting, McKinsey, 2009.
- Cost of Providing Nutritional Support for: People living with HIV, Adults receiving TB Treatment, Orphans and Vulnerable Children and Pregnant Women, Centre for Global Health, WFP, UNAIDS, 2010.
- Co-trimoxazole prophylaxis for HIV-exposed and HIV-infected infants and children: Practical approaches to implementation and scale up WHO, UNICEF, 2009.
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- Food Assistance Programming in the Context of HIV, WFP, 2007.
- Food Assistance Programming in The Context of HIV: Ration Design Guide, WFP, 2008.
- Food by Prescription: A Landscape Paper, WFP, 2009.
- Getting Started: Programming Food Assistance for Orphans and Vulnerable Children, WFP, 2008.
- Getting Started: Running a Junior Farmer Field and Life School, WFP, FAO, 2007.
- Getting Started: WFP Food Assistance in the Context of Tuberculosis Care and Treatment (English and French), WFP, 2007.

- Getting Started: WFP Support to HIV/AIDS Training for Transport and Contract Workers, WFP, 2006.
- GIST review 2007, Rob Moodie, 2007.
- GMS travel report, USAID, 2008.
- Good Policy and Practice in HIV & AIDS Education, Booklet 1, Overview, UNESCO, 2008.
- Good Policy and Practice in HIV & AIDS Education, Effective Learning, Booklet 5, UNESCO, 2008.
- Good Policy and Practice in HIV & AIDS Education, HIV & AIDS and Educator Development, Conduct and Support, Booklet 3, UNESCO, 2008.
- Good Policy and Practice in HIV & AIDS Education, HIV & AIDS and Save, Secure Learning Environments, Booklet 2, UNESCO, 2008.
- Good Policy and Practice in HIV & AIDS Education, Partnerships in Practice, Booklet 4, UNESCO, 2008.
- Grant Management Solutions Project, semiannual report, USAID, 2008.
- GTT Oversight Reference Group Progress Report to the 23rd UNAIDS Programme Coordinating Board, GTT Oversight Reference Group, 2009.
- Guidance document – Developing and operationalizing a national monitoring and evaluation system for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS, UNICEF, 2009.
- Guidance note on intensifying technical support to countries, UNAIDS, 2007.
- Guidance on Global Scale Up of the Prevention of Mother-to-Child Transmission of HIV, WHO, UNICEF, 2007.
- Guidance on Provider-Initiated HIV Testing and Counseling in Health Facilities, WHO, UNAIDS, 2007.
- Haiti, Governance and the AIDS response, UNDP, 2006.
- HIV/AIDS at workplace in Central Asia - Support for AIDS National Programmes in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, Project outline, International Labour Office, 2008.
- Improving the Education Response to HIV and AIDS, IATT, 2008.
- Lessons learned from four external assessments of the TSFs: A consolidation, Peter Godwin, Sujaya Misra, 2008.
- Malawi Governance and AIDS Diagnostic Paper, UNDP, 2006.
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- Overview co-operatives response to HIV/AIDS: A case study of the Kilimanjaro native co-operative union in Tanzania, International Labour Office, 2009.
- Policy Requirements for HIV Testing and Counseling of Infants and Young Children in Health Facilities, WHO, UNICEF, 2009.
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- Principles for Technical Support, UNAIDS, 2008.
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- Providing Improved Technical Support to Enhance the Effectiveness of Global Fund Grants, Aidsplan White Paper, 2008.
- Providing more sick leave in Swaziland, Information sheet, International Labour Office.
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- Radiating Knowledge - WHO Collaborating Centre Knowledge Hub for Capacity Development in HIV Surveillance, GTZ, 2009.
- Regions of expertise: How Knowledge hubs are boosting HIV prevention, treatment and care across whole regions, GTZ, WHO Europe region, 2010.
- Rapport thématique, gouvernance économique, UNDP.
- Report on Study of Governance of HIV/AIDS in, Margaret P. Price and Saihou Ceesay, 2007.
- Report on the assessment of governance and the HIV/AIDS response in the OECS, UNDP, 2007.
- Review of ongoing and recently completed evaluations and studies of technical support to AIDS programme implementation, UNAIDS, 2008.
- Sauver des vies, protéger les employés, International HIV/AIDS Workplace Education Programme, Deuxième Rapport, International Labour Office, 2008.
- Sauver des vies, protéger les employés, International HIV/AIDS Workplace Education Programme, Rapport intermédiaire, International Labour Office, 2006.
- Saving lives, protecting jobs, Intermediate report, International HIV/AIDS Workplace Education Programme, International Labour Office, 2006.
- Saving lives, protecting jobs, International HIV/AIDS Workplace Education Programme, Second report, International Labour Office, 2008.
- Scale up of HIV-related prevention, diagnosis, care and treatment for infants and children: A Programming Framework Expanded Inter-Agency Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers and their Children, June 2008.
- Scaling Up to Meet the Need: Overcoming barriers to the development of bold Global Fund-financed programs, Aidsplan White Paper, 2008.
- Second Independent Evaluation of UNAIDS Oversight Committee Stakeholder Consultation, Document on Preliminary Findings (May 22, 2009), Summary, 2009.
- Second Independent Evaluation of UNAIDS, Progress Report, Preliminary findings, Extract on Technical Support to National AIDS Responses, 2009.
- SHARE - Strategic HIV/AIDS Responses by Enterprises, International HIV/AIDS Workplace Education Programme, Final Evaluation Barbados, International Labour Office, 2008.
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- Technical Support Facilities Supporting Global Fund Implementation, Good News Case Studies, UNAIDS, 2008.
- Technical support mechanisms for Global Fund processes, A qualitative study, GTZ, 2008.
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- What UNAIDS Can Do to Make Technical Support Work Better and Smarter for HIV Responses, Hein Marais, 2008.
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2: UNAIDS Cosponsors Global Technical Support Mechanism

UNAIDS technical support mechanisms

AIDS Strategy and Action Plan (ASAP) – A UNAIDS one stop shop hosted by the World Bank to assist countries with advice and technical support on strategic and action planning for HIV/AIDS. ASAP has developed tools and guidelines to help countries strengthen plans, facilitates peer review of AIDS plans, provides technical support and financing for developing strategies and action plans, and provides training in strategic planning for policy makers and practitioners

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTHIVAIDS/0,,contentMDK:20974001~menuPK:2754898~pagePK:210058~piPK:210062~theSitePK:376471,00.html>

Technical Support Facilities – UNAIDS has established “Technical Support Facilities” across the world covering over 80 countries. The Technical Support Facilities help to meet countries technical assistance needs using well suited technical assistance in the form of individuals and/or companies. Operating through small offices, the Technical Support Facilities have extensive databases with 350-400 quality-assured national and regional consultants.. The Facilities provide experienced, quality-assured consultants to design programmes and solve problems in the areas of strategic planning, communications, resource mobilization and tracking, monitoring and evaluation, management and thematic areas such as gender, injecting drug use, migration and others.

<http://www.unaids.org/en/CountryResponses/TechnicalSupport/TSF/default.asp>

TSF Southern Africa : <http://www.tsfsouthernafrica.com/>

TSF Eastern Africa: <http://www.tsfeasternafrica.org/>

TSF Western & Central Africa: <http://www.tsfwca.org/>

TSF South East Asia & the Pacific: <http://www.tsfseap.org/>

TSF South Asia: <http://tsfsouthasia.org/>

ICTC (TSF Brazil): <http://www.cict-aids.org/>

ILO Technical Support Network (TSN) - The ILOs’ TSN is a network with 8 sub-regional contact points, across all regions, providing technical assistance for HIV/AIDS and TB and the world of work. The TSN supports the scaling up of HIV/AIDS and TB workplace programmes and policies at all levels at the national level. It contributes to strengthening the ILOs’ support to its constituents- governments including the ministries of labour, and employers and workers organisations - in the field and also elevate the profile of the world of work in the multisectoral national response to HIV/AIDS. The network includes consultants with wide ranging expertise including Research, Resource mobilization, Results-based management, Gender, Marketing & Communications, Employment, Social Protection, Social dialogue and Monitoring & Evaluation. The TSN is country owned and demand driven and aims to build the capacities of national/local institutions. <http://www.unaids.org/en/Partnerships/Private+sector/ILOPartnership.asp>

UNDP Regional Services Centre –UNDP has established six Regional Service Centres in Bangkok, Bratislava, Cairo, Dakar, Johannesburg and Panama City. Sub-Centres are also operating in the Pacific (Suva) and the Caribbean (Port of Spain). A main priority of regional service centres is to provide UNDP country offices with easy access to knowledge through high quality advisory services based on global applied research and UNDP lessons learned. The second priority is to build partnerships and to promote regional capacity building initiatives, which allow UNDP, governments and other development partners to identify, create and share knowledge relevant to solving urgent development challenges.

HIV Knowledge Hubs – There are eight WHO and GTZ supported Knowledge Hubs in Eastern Europe, Africa and the Middle East. They aim to support countries in making optimal use of their human, financial and institutional resources through the development of regional technical capacity to scale up comprehensive national HIV responses. Knowledge Hubs provide specifically targeted services which take into account the available resources and the capacities of organizations in the region. They aim to support the development of in-country education and training curricula, and to strengthen the capacity of affiliated institutions and academic faculties. <http://www.euro.who.int/en/what-we-do/health-topics/diseases-and-conditions/hivaids/partners/knowledge-hubs-and-collaborating-centres>

WHO Collaborating Centres - WHO Collaborating Centres are institutions such as research institutes, universities or academies, which are designated by the Director-General to carry out activities in support of the WHO's programmes. Currently there are over 900 WHO Collaborating Centres in 99 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies. Approximately 35 of these centres work on HIV/AIDS. <http://apps.who.int/whocc/>

UNAIDS Inter-Agency Task Team (IATT) on HIV and Young People - The UNAIDS Inter-Agency Task Team (IATT) on HIV and Young People was created in 2001 to support an accelerated, harmonized and expanded global, regional and country-level response to increase young people's utilization of HIV prevention, treatment, and care services. Membership includes the UNAIDS Secretariat and UNAIDS co-sponsors (UNHCR, UNICEF, WHO, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, World Bank), along with a growing number of youth networks/associations, donors, civil society, and research institutions. The task team, which is convened by UNFPA, is one of four that have been created within UNAIDS to foster cooperation among the many agencies and partners responding to the AIDS pandemic in specific technical and sectoral areas. UNFPA's role is to facilitate policy discussions and coordination and to provide programmatic advice and strategic guidance, in addition to acting as the IATT secretariat. <http://www.unfpa.org/public/site/global/lang/en/iattyp>

UNAIDS Inter-Agency Task Team (IATT) on Orphans and other Vulnerable Children In 2001, the UNAIDS Committee of Cosponsoring Organizations (CCO) called for the creation of a partnership of researchers, program implementers, advocates and policy-makers to support a coordinated, accelerated and expanded response for the protection of children affected by HIV and AIDS. The inter-agency task team (IATT) on Orphans and other Vulnerable Children, led by UNICEF, was charged with setting goals and targets for the response; identifying key strategies for scale up; agreeing on principles to guide programming; and setting expectations for inter-agency partners. In 2004, the Inter-agency partnership became known as "Children and HIV and AIDS," to reflect a broader understanding of how AIDS affects children. The work of the IATT is guided by recommendations from the Global Partners Forums (GPF). During 2006-2009 the IATT also worked closely with the Joint Learning Initiative on Children and HIV/AIDS (JLICA) which engaged practitioners, policymakers, and scholars in collaborative problem-solving, research, and analysis to address the needs of children living in the context of

HIV/AIDS. Currently there are 3 working groups: 1) Monitoring and Evaluation, 2) Social Protection and 3) Communities and Resource Tracking. The IATT steering committee represents the overall IATT and coordinates the working groups' functions. The steering committee is made up of facilitators of the working groups and focal points from regions including regional IATT's.

<http://www.iattcaba.org/web/quest/home>

UNAIDS Inter-Agency Task Team on the Prevention of HIV transmission to pregnant women, mothers and their children was established in its initial form in 1998. Originally comprised of UN agencies, the group has grown to include 23 leading UN agencies, donors and service provision organizations working on PMTCT and paediatric AIDS. UNICEF and WHO co-convene the IATT which purpose is to help scale-up programmes that prevent HIV infection in women, mothers and their children, in line with UNGASS resolutions, as well as expand the UN comprehensive approach to PMTCT. This approach includes:

- 1) Primary prevention of infection in women of childbearing age;
- 2) Prevention of unintended pregnancies in women living with HIV;
- 3) Prevention of HIV transmission from an HIV infected woman to her infant; and
- 4) Provision of treatment, care and support to HIV-infected women, their children and families.

The IATT accomplishes this by assisting in the development of policy and operational guidance as well as providing technical assistance to national governments. It presently operates six technical working groups (primary prevention and prevention of unintended pregnancies; paediatric; early infant diagnosis and laboratory; monitoring & evaluation; infant feeding and scale-up); holds monthly steering group teleconferences and convenes an annual meeting to report on results, discuss strategic priority areas and set work plans.

UN Global Implementation Support Team (GIST) - The Global Implementation Support Team (GIST) was formed in July 2005 following the Global Task Team (GTT) recommendation that: "The multilateral system establish a joint UN system-Global Fund problem-solving team that supports efforts to address implementation bottlenecks at country level." The overarching purpose of the GIST is to "make the money work" by supporting country partners to make effective use of the increasing amounts of large funds being made available at the global level. Initially composed of seven partners (WHO, UNFPA, UNICEF, UNDP, the World Bank, the UNAIDS Secretariat and the Global Fund) the GIST membership was expanded in December 2006. Its membership includes the United States Government (PEPFAR), the German Government's Gesellschaft für Technische Zusammenarbeit (GTZ), the International Council of AIDS Service Organisations (ICASO), the International HIV/AIDS Alliance, the International Coalition on AIDS and Development (ICAD) and the Brazilian International Centre for Technical Cooperation (ICTC). The Technical Support Strategy recommends to formally close GIST which has not been active for the last 12 month.

<http://www.unaids.org/en/CountryResponses/TechnicalSupport/gist.asp>

3: PEPFAR-UNAIDS collaboration at the country level: Developing capacity for a sustained, country-owned response to HIV

There is a very high level of concordance between the vision and goals articulated in PEPFAR's Phase 2 strategy (2010-2014) and those outlined in UNAIDS Outcome Framework (2009-2011). Moreover, efforts to achieve Universal Access to HIV prevention, treatment and care services will make important contributions towards achieving MDGs 4, 5 & 6.

In addition to the similarity in vision and goals, there is also a very high level of potential synergy between PEPFAR and UNAIDS that can be realized by building on the strengths of both organizations at the country level. PEPFAR has significant levels of financial and technical resources that can be used to rapidly scale-up HIV prevention, treatment and care services and at the same time help develop national capacity for a sustainable response. UNAIDS has the mandate for providing normative, strategic and technical guidance and sharing best practices for responding to HIV. Moreover, it is seen as an "honest broker" and has developed privileged relationships with both governments and civil society. UNAIDS' convening power allows it to bring together a wide variety of domestic and international actors involved in the HIV response. By combining forces in a strategic manner, PEPFAR and UNAIDS can have a greater impact than either organization could achieve working alone.

The overarching goal of a strengthened PEPFAR-UNAIDS collaboration will be to work closely with country partners to promote country ownership and develop capacity for an effective and sustainable response to HIV. Potential areas for PEPFAR-UNAIDS collaboration in supporting national HIV responses include:

- Strengthening the collection, analysis and use of strategic information
- Developing country capacity for robust, harmonized strategic planning
- Assessment of technical support and capacity development needs
- Enhancing country stewardship and governance of the HIV response
- Strengthening country-led HIV/AIDS multi-stakeholder national partnerships
- Supporting development of PEPFAR Partnership Frameworks
- Jointly supporting Global Fund processes
- Establishing baseline measures for monitoring progress towards achieving the goal of "country ownership"

Expected outcomes of the enhanced PEPFAR-UNAIDS collaboration include:

- Countries will have improved understanding of HIV transmission patterns and epidemiology
- Countries will have the capacity to develop strong national strategic and operational plans that are fully appropriate to their epidemiologic profile
- Countries will have developed national technical support and capacity development plans
- Countries will be better able to lead and coordinate multi-stakeholder national partnerships
- Countries will be capable of working effectively with the Global Fund and leveraging additional financial resources from domestic and international sources
- Countries will have concrete financial sustainability plans
- Health systems and key national institutions will have increased capacity to support the national HIV response
- The HIV response will be fully integrated into broader health and development goals

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