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26th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
22-24 June 2010

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

Additional documents for this item: UNAIDS/PCB(26)/10.CRP.2

Action required at this meeting - the Programme Coordinating Board is invited to:
give its comments on, and note, the contents of this report.

Cost implications for decisions: *none*

I INTRODUCTION

1. At its 25th meeting in December 2009 the Programme Coordinating Board agreed 21 recommendations for action related to the outcomes of the Second Independent Evaluation of UNAIDS (SIE). The “*UNAIDS Response to the Report of the Second Independent Evaluation of UNAIDS*” (UNAIDS/PCB(25)/09.19), which was also presented to the 25th Board meeting included an undertaking by UNAIDS to provide the Programme Coordinating Board with regular information on implementation of the SIE: “12.7. *Regular updates on the progress of implementation will be provided to each Programme Coordinating Board meeting.*” This document, therefore, constitutes the first of such progress reports summarizing the views of the UNAIDS Secretariat on the status of the SIE implementation.

II THE NEED FOR A NEW UNAIDS TO MEET THE CHANGING CONTEXT

2. The UNAIDS 2009 SIE, alongside other analyses, such as the Centre for Global Development’s “*Preparing for the Future*” Report, provides new momentum for taking stock of the changes in the landscape since the “*2007-2011 Strategic Framework for UNAIDS support to countries’ efforts to move towards Universal Access to HIV prevention, treatment, care and support*” . Arguably seven sets of interconnected factors provide the framework within which the Joint Programme must now position itself:
 - a. **Universal Access: an unfinished agenda.** 2010 heralds the year set by the United Nations for achievement of Universal Access to HIV prevention, treatment, care and support. In defiance of its skeptics, the AIDS movement extended treatment access to over 4 million people living with HIV in low- and middle-income countries by 2008, up over 13 times since 2003. As a result, AIDS-related deaths dropped 10% from 2004. The rate of new infections is down by 17% over the past 8 years. Yet despite progress, an estimated 10 million people in need of treatment continue to lack access and for every two people newly on treatment, another five are newly infected. These figures underline the scale of the challenge—a scale likely exacerbated by demographic trends—reinforcing the need to move to a zero incidence paradigm and, in many contexts, from an emergency to a sustained response. The long-term sustainability of the response in many countries is under threat as the rapid expansion of available international funding slows—with implications for political commitment, scientific developments, governance, long term capacity development, shifts in the global architecture, and so on. The universal access agenda is far from over and calls out for renewed impetus, new ways of approaching the treatment time-bomb, new sources of funding and renewal of its leadership from the up and coming generation.
 - b. **Shifting epidemics:** modes of transmission analyses have revealed epidemic transitions over time in regions and countries. These transitions have not been sufficiently matched with resource re-allocation to those most-at-risk (be they sex workers and their clients, injecting drug users or older people in long-term relationships) and to the most cost-effective interventions as set out in a range of recent UNAIDS and Cosponsor strategies and guidelines. Strategic information needs to be better utilized to set agendas and frame policies so as to support countries mount more tailored and evidence-informed responses. The staff of the Joint Programme needs to be optimally deployed across countries with skills appropriate to the shifting epidemics.
 - c. **Risk of polarizing and self-defeating debates on the way forward:** in the context of an AIDS response which is being portrayed by detractors as competing with other

development and health priorities, there are internal debates which threaten to undermine progress towards universal access. Indeed, as the debate about the appropriate balance between bio-medical, behavioral and structural interventions evolves, in particular with respect to the ongoing discussion regarding the role of treatment for prevention and other technologies, it is critical to redouble efforts to avoid false treatment/prevention dichotomies from resurfacing and develop strategies that are responsive to country-specific epidemiological dynamics and realities. With a number of technological breakthroughs in the pipe-line, we can expect an intensification of debates and anticipate the need for better mechanisms for resolving them in such a way that encourages further investment in the AIDS response.

- d. **Punitive laws and stigma and discrimination:** the AIDS movement, particularly its vibrant civil society sustained by people living with HIV, continues to record victories, from the reading down of colonial laws on sodomy to the end of travel restrictions in the US. Nevertheless, punitive laws governing men who have sex with men, sex workers and their clients, and injecting drug users, as well as travel and residence restrictions based on sero-status, remain wide-spread—and, in many countries, on the rise. As a result, public health approaches, human rights and dignity are undermined. In this context there is an urgent need to refocus UN support for the alignment of politics to the evidence of what works to halt the transmission of HIV and to uphold human rights.
- e. **Calls for Reform:** the global AIDS response has been remarkably successful in mobilizing funding—yet the positive growth rate is uncertain to continue given global recession and what appear to be shifting development priorities and concerns—among them a crowded and unruly AIDS landscape. In this context, there is a need to make the case for investing in the AIDS response increasingly compelling. On the one hand, this can be achieved by demonstrating the contribution of the AIDS response to development outcomes, which include improved health, poverty reduction, gender equality and health systems strengthening. It requires leveraging the work of the Joint Programme to deliver all available synergies and renewing existing and fostering new partnerships. On the other hand, it comes from demonstrating an ability to work more effectively and efficiently to deliver results, for example through improved coherence and innovations in the UN Delivering as One—in support of countries and their financing partners.
- f. **Opportunities:** while aspects of the change we are seeing could undermine the AIDS response, recent developments also present major opportunities to be nurtured and seized. Novel biomedical interventions and their application, including microbicides, pre/post-exposure prophylaxis, suppression of HSV-2, male circumcision and treatment for prevention have the potential to vastly reshape HIV prevention approaches. The wide availability of short-course treatments, combined with safer infant feeding, has made the virtual elimination of mother-to-child transmission of HIV achievable, as well as optimizing the health of the mother through expanded access to full treatment regimens. Innovations in telecommunications are increasingly being harnessed to scale up AIDS responses—mobile and web-based technology is utilized to disseminate health messages as part of successful behavior change campaigns, train healthcare workers, support diagnosis and data collection and create spaces for information sharing and support. Further promise lies in the rise of a new, progressive and sophisticated generation of leadership.
- g. **Transition and consolidation:** UNGASS and the Political Declaration on HIV/AIDS focused minds and mobilized nations for global and national responses—and continue to serve as a beacon for action and accountability. Yet, with the Millennium Development

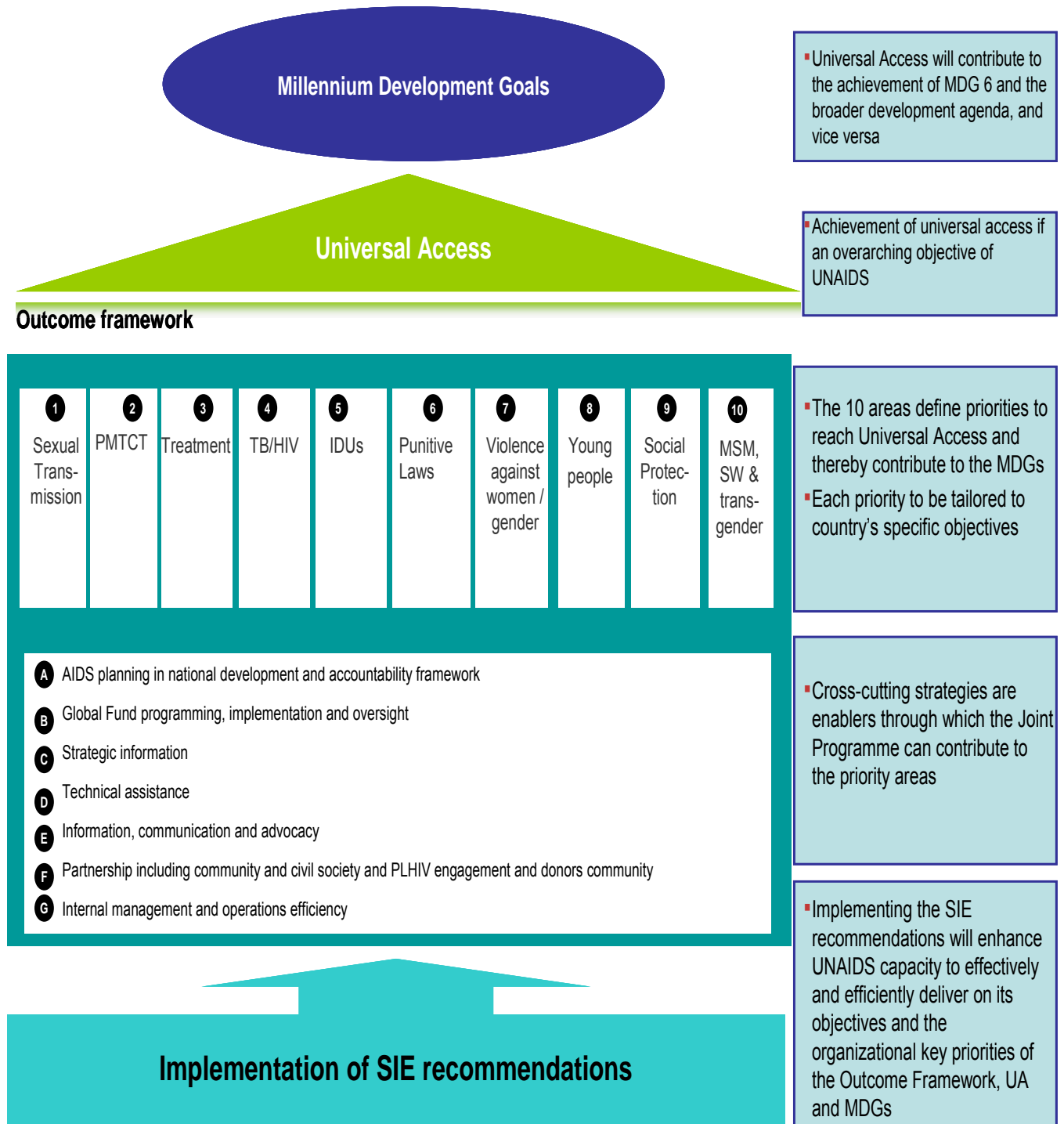
Goals increasingly serving a frame of reference for national planning and development cooperation, the benefits of more explicitly aligning the Joint Programme's five year strategy to the MDGs is compelling. UNAIDS Outcome Framework (2009-2011) set ambitious near-term objectives which can serve as milestones for the establishment of medium-term goals aligned with the MDG time frame—such as virtual elimination of mother-to-child transmission or the halving of TB mortality rates of those living with HIV. The UNAIDS strategic plan (2011-2015) thus provides an opportunity to lend increased coherence to the strategies outlined in the UNAIDS Outcome Framework, UNAIDS issue-specific strategies (for example: UNAIDS Guidance Note on HIV and Sex Work; International Technical Guidance on Sexuality Education) and those of the Programme's Cosponsors.

III THE SIE IMPLEMENTATION PLAN

3. The Implementation Plan summarizes the views of the Secretariat on actions/measures to accelerate the process of changes to be made as recommended by the SIE that will be of long term benefit for UNAIDS to effectively deliver on its mandate and mission. It is a living tool that drives the implementation process as well as acting as a baseline to measure progress. As such it will continue to evolve during the implementation timeline.
4. Preparation of the Implementation Plan has been supported by the Task Force that was created at the 25th Board meeting on issues dealing in a comprehensive way with all aspects related to governance in the follow-up of the Second Independent Evaluation of UNAIDS based on evaluation findings, recommendations, management response and discussions in the Board. Written comments on the Plan from constituents have been incorporated into the document as has feedback from UNAIDS staff. This has been a productive exercise of self-analysis allowing for participation of UNAIDS staff at headquarters and in the field and also other stakeholders that can result in strengthening UNAIDS as a whole. It has also allowed the UNAIDS Secretariat to look squarely at the issues, some of which we have been aware of but have perhaps not adequately addressed because of the need to give attention to other matters that seemed to have higher priority.
5. The SIE has reinforced UNAIDS thinking as to the priorities, the focus areas to be pursued , the strategic directions for the future and important changes that need to be made to strengthen UNAIDS management and operations efficiency. Work is already moving forward, along the lines recommended in the SIE, to redefine the primary role of UNAIDS, such as: the preparation of a mission statement; a re-focus towards universal access; development of the Outcome Framework priorities; strategic advocacy aimed at enhancing political leadership and commitment towards universal access; acceleration of the HIV prevention movement; and, ensuring protection of human rights. Efforts continue towards strengthening the management and operations of UNAIDS through the development of a change management plan, the Organizational assessment undertaken, and the strategic shift being made to improve UNAIDS Secretariat performance placing emphasis on accountability and results.
6. The Implementation Plan includes sections on: guiding principles, support to the implementation process; cross-cutting issues; timelines, communication; and budgets. The 21 recommendations are divided across 7 work streams:
 - Mission Statement and strategy development
 - Partnerships

- Global programmatic mechanisms
 - Delivery at country level
 - Financial architecture
 - Knowledge management
 - Organizational issues
7. An eighth work stream – Governance – will be completed after consideration of the report of the PCB Task Force on SIE follow-up related to all aspects of governance by the Board at its June 2010 meeting (document UNAIDS/PCB(26)/10.8).
 8. Each work stream is covered in detail in the Annex 2 to the Implementation Plan and includes information on key milestones and deliverables, assumptions, risks, objectives, deliverables, the consultation process, and resource requirements. As such these detailed plans form the basis on which progress is being reported to this Board meeting.
 9. Details of consultations on specific recommendations, such as the Multi-Stakeholder consultation held in Bangkok, Thailand in March this year, are reported under the relevant work stream below.
 10. The Implementation Plan for the Second Independent Evaluation of UNAIDS has been made available to the Programme Coordinating Board as a conference room paper. It has gone through a number of iterations incorporating the views and comments of stakeholders through its consideration by both meetings of the PCB Task Force on SIE follow-up. The most recent version includes, inter alia, diagrammatic timelines as well as a table showing the linkages (and complexities) between individual work streams.
 11. The Implementation Plan also gives more detail on cross-cutting issues and the relationship between the Evaluation and the UNAIDS Outcome Framework. If the Evaluation determines the “how” in UNAIDS programmatic delivery then the Outcome Framework would be the “what” i.e. the articulation of key priority areas by which the Joint Programme will deliver agreed, measurable results against resources, and which will make a real difference in the lives of those infected and affected by the epidemic. It is, therefore, of fundamental importance that the implementation of SIE and the operationalization of the Framework are mutually reinforcing. It is also important to note that the successful achievement of both these objectives will have much more far-reaching implications in positioning UNAIDS in its goal to expand the response to impact the broader development agenda (see diagram below).

An opportunity to strengthen focus, improve the way UNAIDS works, and enhance its effectiveness and efficiency



12. Another important step has been to articulate the linkages between the two:

Work stream	Key elements	Link with Outcome Framework
1 – Mission Statement and strategy development	<ul style="list-style-type: none"> • Mission Statement • Strategic Plan 	Mission Statement underpins programming in the short-medium term, UNAIDS' vision, and the Outcome Framework, and provides the core of the Strategic Plan
2 - Partnerships	<ul style="list-style-type: none"> • Partnerships strategy 	Enables the Outcome Framework to be successfully, efficiently and effectively implemented with the buy-in and ownership of stakeholders
3 – Global programmatic mechanisms	<ul style="list-style-type: none"> • Health Systems Strengthening • Inter-Agency Task Teams • Division of Labour 	Provision of the necessary global tools to maximize investments in the AIDS response and facilitates cohesive joint working required for successful implementation of the Outcome Framework
4 – Delivery at country level	<ul style="list-style-type: none"> • Joint Team guidelines • UN Joint Team funding • Technical Support Strategy • Programme Acceleration Funds • Regional Support Teams 	Provides a working mechanism at country level that is “fit for purpose” i.e. implementation of the Outcome Framework, in the most effective and efficient manner as possible, and which is implemented in support of national plans and priorities, through a coming together of agencies around key priorities and results based upon comparative advantage
5 – Financial architecture	<ul style="list-style-type: none"> • Allocation of funds • Revision of the Unified Budget and Workplan 	Provides the necessary and prioritized financial resources for Outcome Framework implementation, and measures results against resources
6 – Knowledge management	<ul style="list-style-type: none"> • Know Your Epidemic and Response • Strengthened evaluation 	Provides the evidence-base for Outcome Framework interventions and advocacy, allows for the measurement of success, and ensures targeted programming for impact

Work stream	Key elements	Link with Outcome Framework
7 – Organizational issues	<ul style="list-style-type: none"> • Secretariat role • Staffing and organization • Financial, administration and HR systems and policies 	Provides the necessary and appropriately targeted, capacity and resources for implementation of the Outcome Framework at global, regional and country levels
8 - Governance	<ul style="list-style-type: none"> • Revitalization of the CCO • Refocus of the work of the PCB 	Allows for oversight of the implementation of the Outcome Framework, and provides political endorsement of the priority areas by a broad range of stakeholders

IV PROGRESS REPORT BY WORK STREAM

Work Stream 1: Mission Statement and Strategy Development

13. As proposed in UNAIDS Response to the Second Independent Evaluation and also decided by the Programme Coordinating Board a revised mission statement is being presented to the 26th meeting of the Programme Coordinating Board for endorsement (UNAIDS/PCB(26)/10.9). The revised statement is the product of extensive internal and external consultations conducted over the past several months. Major components of the consultation process included: the “*Multi-Stakeholder Consultation on the implementation of recommendations of the SIE*”, held in Bangkok 27-29 March which was attended by governments (including Ministers from developed and developing countries), donors, private sector, philanthropic foundations, civil society including networks of people living with HIV, the UNAIDS Secretariat and all its Co-sponsors; professional message testing of opinion leaders in three regions; a survey of all-Secretariat staff and Cosponsors Global Coordinators and Focal Points, and; a Multi-stakeholder Reference Group which provided consultative and technical guidance to UNAIDS in producing the mission statement.
14. In order to provide context and direction to the new mission statement, UNAIDS has also developed a vision statement. Internal and external consultation on the content and final language of the vision statement was undertaken in tandem with that of the mission statement, and through the same process under the guidance of the Multi-stakeholder Reference Group.
15. As per the recommendation of UNAIDS Second Independent Evaluation, UNAIDS is developing a Strategic Plan for 2011-2015 to be presented to the 27th meeting of the Programme Coordinating Board. The Strategic Plan based on the 10 organizational priorities of the Outcome Framework will be a bold and visionary document, articulating UNAIDS future strategic directions in a concise and compelling format. Extensive consultation has been undertaken and is still underway, outcomes of which, in addition to Cosponsors’ strategic plans on AIDS and jointly developed issue-specific strategies, will inform the UNAIDS Strategic Plan. Major components in the consultative process include: the Multi-stakeholder Consultation on the Implementation of the Second Independent Evaluation; Virtual consultation through AIDSSpace with strategically selected informants; iterative Joint Programme-wide consultations; and a planned side-event on UNAIDS

Strategy at the International AIDS Conference in Vienna. A draft Strategic Plan, approved by UNAIDS Executive Director, will provide the basis for the consultations that will commence in early June.

Work Stream 2: Partnerships

16. The Partnership Strategy is being developed in conjunction with the mission statement, the strategic plan and the resource mobilization strategy, and the articulation of the Outcome Framework into specific results. To date, the process for developing the strategy has included consultation with Cosponsors in the context of Global Coordinators meetings to map out the process and timeline, as well as a literature review of previous frameworks and strategies of various partners and interviews with a variety of stakeholders.
17. The Bangkok Multi-stakeholder Consultation allowed a further analysis of the elements towards the strategy. The introduction to the partnerships session recognised that UNAIDS itself is a unique partnership with ten Cosponsor organizations and a Secretariat, and the first UN Programme to have civil society formally represented in its governing body. The Joint Programme works with multiple partners – sometimes as part of a partnership and sometimes as a convener or broker of partnerships. The Second Independent Evaluation had examined the strengths and weaknesses of UNAIDS partnerships to date and there was much evidence that UNAIDS has done well in relation to partnerships but that the Programme still faces many challenges.
18. Workshops convened at Bangkok explored opportunities for partnerships from global, regional and country perspectives. In addition to each group being asked to consider a set of specific issues all groups were requested to frame their discussions within a set of common themes:
 - What have been the successes of partnerships on HIV to date? How do we build on what works?
 - What challenges have there been and how can these be addressed?
 - To reach our vision, fulfill our mission and achieve the strategy discussed in the session on Strategy, what type of partners and partnerships will be needed?
 - What do we need to do collectively and individually to ensure that the Programme works collaboratively and effectively with key partners in government, civil society, the private sector and other major global players to achieve Universal Access?
19. The following conclusions were shared across the majority of the work shops in Bangkok:
 - Partnerships succeed on the basis of shared ownership, good communication, complementarity, mutual interest, respect and accountability;
 - UNAIDS is a unique forum for the participation of key affected populations. Meaningful participation and investment in capacity building of civil society is required;
 - Different partnerships require different strategies to balance global, regional and country perspectives;
 - Partnerships at country level must be driven in relation to sound epidemiological evidence;

- UNAIDS must reinforce its convening role with large funding institutions and other partners;
- Partnerships should be expanded to include new groups such as migrants, traditional and religious leaders, parliamentarians, human rights councils, ministers of justice, lawyers, transgender people, key affected youth and other relevant players;
- Partnerships should be cognizant of broader health concerns and MGD goals, but keep the cutting edge urgency that universal access requires;
- UNAIDS should map out, review and evaluate existing partnerships based on the goals and objectives outlined in the new UNAIDS Strategic plan; and
- The success of partnerships should be monitored and evaluated against agreed indicators.

20. Building on the work begun in Bangkok, a working group has been established to guide the refinement of the overarching framework for the strategy paper. The working group includes Cosponsors and staff from UNAIDS Secretariat, including from country and regional levels and will call on external stakeholders to discuss specific issues relevant to their constituencies. As a next step, an annotated outline of the Partnership Strategy will be developed, drawing on consultations to date. It is intended that the Partnership strategy will be presented to the Programme Coordinating Board at its 27th meeting as requested

Work Stream 3: Global Programmatic Mechanisms

21. Bold, steady and progressive action has been taken to advance implementation of the Evaluation recommendations relating to Work stream 3 that includes these three elements: Health system strengthening, Inter-Agency Task Teams; and, Division of Labour. This has resulted in achieving substantial milestones, especially in relation to recommendations 3 and 4, relating respectively, to Health Systems Strengthening and Division of Labour. The Bangkok multi-stakeholder consultation offered an excellent opportunity for a transparent and focused dialogue with a wide range of partners on matters pertaining to the Division of Labour, with nine key issues arising from the discussions:
- i. Moving from the Division of Labour to a clustering for results around priority objectives;
 - ii. Recognition that the Division of Labour does divide and creates problems: when looking at challenging issues – advocating around difficult issues requires all to work together and speak as one;
 - iii. ‘Lead’ versus ‘convening’ versus ‘entry point’ – how to make it work in a better way – need to be clear in the terminology and what it means;
 - iv. Need to locate the Division of Labour within country priorities and to firmly embed them. Country priorities need to be set by national leaders;
 - v. Need for focus within the work of the UN Joint Teams and UN Theme Groups to achieve specific aligned results;
 - vi. Need for mutual accountability that encompasses all stakeholders with a focus on delivery of results;

- vii. Need for incentives to work together to deliver results but incentives need to shift from financial incentives to other incentives. Incentives are currently related to the structure and implementation of the Unified Budget and Workplan and must shift to different mechanisms;
 - viii. Need for systematic communication and dissemination of information on the working of the Joint Programme; and
 - ix. The need for the UNAIDS Country Coordinator to be competent and knowledgeable about the country's epidemic and for defining the role of the Resident Coordinator within the response including the function of accountability.
22. An important step in the implementation of the Division of Labour recommendations was the full endorsement of the Committee of Co-sponsoring Organizations of the core principles and process to be followed in defining the Division of Labour matrix and its associated guidelines, which were based upon the outcomes above of the Bangkok consultation:
- Moving from the concept of Division of Labour to collaborating around priority objectives;
 - National ownership and country priorities should be the overarching rubric for harmonization and alignment, under which the Division of Labour coordination should occur, in the spirit of the Paris Declaration, the Accra Agenda for Action, and the “Three Ones”;
 - Assuring mutual and reciprocal accountabilities among co-sponsors and the Secretariat with a focus on delivery of results;
 - Clarity of terminology and operationalization of the concept of Division of Labour to ensure efficiency and effectiveness;
 - A differentiation of Division of Labour at global, regional and country levels, premised on the technical competency, leadership and facilitating roles of the Secretariat and the Co sponsors at the various levels and how these deliver results;
 - Allowing flexibility for the global Division of Labour to be adapted to individual Country circumstances, and defining a process to be followed by Joint Teams on AIDS and UN Theme Groups on HIV in making such adjustments, based on (i) the comparative advantage and core mandates of different co-sponsors; (ii) in country presence or non-presence of the Secretariat or agencies; (iii) existing national capacities; and (iv) 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
 - That roles and responsibilities of Cosponsors, as outlined 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 work plans, rather than based on the assignment of specific roles in the Division of Labour guidance.

23. With respect to Health Systems Strengthening a Working Group has been established and its terms of reference and work plan including clear deliverables endorsed by all members. A compilation and analysis of health systems actions have been included in nine of the ten UNAIDS Outcome Framework Business cases and a UNAIDS position paper on AIDS and Health Systems Strengthening is nearing completion. Support to the Global Work Health Force Alliance Task Force and Coordinated Procurement Planning group has been provided through recently held meetings and the draft prepared of a publication on linkages between HIV and maternal and infant mortality and an integrated approach to addressing them, building on ongoing work led by WHO Family and Community Health cluster.
24. At its meeting in Vienna in April 2010 the Committee of Cosponsoring Organizations also endorsed the process for a systematic comparative assessment of Inter-Agency Task Teams and recommend that a *modus operandi* for such teams come before the its next meeting (Autumn 2010) for consideration.
25. During the first half of 2010 two modules for training on human rights based approaches to HIV have been finalized – one for UN country teams and one for UN regional teams on HIV. The Working Group on the Outcome Framework priority supporting countries to “*remove punitive laws, policies, practices, stigma and discrimination*” finalized the Business Case for this priority, met to draft an operational plan, and chose 20 priority countries, while UN country teams in 63 countries also chose this area as one of their priorities. UNDP proceeded with preparations for the establishment of a Global Commission on HIV and the Law to be launched in Vienna in July. The UNAIDS Reference Group on HIV and Human Rights met from 21-23 April to review inter alia the Business Case and plans for the Commission.
26. A Toolkit on Legal Services for people living with HIV has been produced with partners. A call for proposals was issued in March for an institution which could analyze the programmatic aspects of programmes to build legal/rights literacy among people affected by HIV and programmes to reduce stigma and discrimination. The costing of such programmes and other that support human rights in the response to HIV is proceeding and should be finalized in September. Major efforts to support countries to remove restrictions on entry, stay and residence continued.

Work Stream 4: Delivery at country level

27. A desk review of barriers and bottlenecks that impede the effective implementation of the Joint UN Team concept at country level was carried out to determine the scope of the upcoming review. The Terms of Reference for the review are being developed in consultation with the Headquarters Regional Support Advisers and will be shared with Regional Support Teams and Country offices for input and finalized by mid-May. Following this, a new tool will be outlined and developed by June to support the review.
28. A review of existing tools is ongoing with relevant Headquarters’ units and in consultation with Regional Support Teams to assess the need to develop additional tools to support countries in undertaking gap analysis. A draft report on modeling incidence by mode of transmission in six countries in West Africa has been produced with options for its release

with RST Dakar being considered. Furthermore, KYE/KYR¹ reviews have been conducted in 26 countries.

29. The UNAIDS Technical Support Strategy working group has developed a draft technical support strategy based on extensive consultations with stakeholders. The strategy also influences and incorporates the Global Fund technical support options paper. The strategy is currently on hold as the technical support strategy will need to closely align and respond to the UNAIDS overall Strategic Plan (and also potentially the Partnership strategy). Therefore, It is proposed that the Technical Support strategy be reviewed and revised as appropriate once the UNAIDS Strategic Plan is developed and submitted to the Committee of Cosponsoring Organizations for approval as a sub set of the Plan.
30. The Program Acceleration Funds (PAF) Guidance Note, including country allocations, for the 2010–2011 biennium was revised to support implementation of the UNAIDS Outcome Framework and disseminated to Regional Support Teams and Country Offices. PAF is being used to for implementation of the ten priority areas of the Outcome Framework.
31. A joint letter from the UNAIDS Executive Director and the Chair of the UN Development Group has been sent to Resident Coordinators on the Outcome Framework urging them to engage the UN Country Team in the implementation of the Outcome framework and for the whole UN development system to focus its collective efforts on these priorities at the country level. A follow-up letter from the Executive Director to the Development Operations Coordination Office (DOCO) will be drafted in consultation with the Regional Support Teams to ensure that HIV is included in the deliberations of the Regional Directors Teams.

Work Stream 5: Financial architecture

32. The development of the Unified Budget and Accountability Framework and biennial budget for 2012-2013 will need to take account of a number of Programme Coordinating Board recommendations, for example: basing allocations on epidemic priorities; the performance of the Cosponsors and the funds raised by individual Cosponsors at global and regional levels; and, defining performance around commitments made on development of UN capacity at country level and also relevancy, effectiveness and efficiency of UN contribution to national response.
33. The development of the Unified Budget and Accountability Framework is also dependent on follow up to the Second Independent Evaluation in a number of areas, in particular the mission statement and strategic plan (rec.1); the capacity needs assessment (rec. 20); the updated Division of Labour (rec. 1); and the new Partnership and Technical Support Strategies (recs. 2 and 11). Other Evaluation recommendations upon which development of the Unified Budget and Accountability Framework is dependent include those on the roles and staff complement of the Secretariat over the medium–term. (rec. 21); Regional Support Team support to Cosponsors and Secretariat at country level (recs. 21 and 13); move to a one administrative system (rec. 22); and country-level organization of Secretariat offices (rec. 5).

Work Stream 6: Knowledge management

34. As previously mentioned under work stream 4 a draft report on modeling incidence by mode of transmission in 6 countries in West Africa has been produced. For the

¹ Know Your Epidemic / Know Your Response

International AIDS Conference, to be held in Vienna in July 2010, UNAIDS had a very active internal peer review process with the result that 37 scientific abstracts were accepted which represents a significant increase over the last IAC in 2008.

35. A formal assessment of the Thai HIV Vaccine Trial RV144 was conducted in Thailand through an international meeting convened by UNAIDS, WHO and the Global HIV Vaccine Enterprise. The meeting report is being drafted, Thai colleagues will present the results to the Thai Ministry of Public Health and National AIDS Committee in May, and a scientific publication is planned for mid-2010.
36. Briefing packs on PrEP and training guides are under development and the first regional consultation is planned for June in Dakar convened by WHO, UNAIDS, Georgetown, and Imperial College.

Work Stream 7: Organizational issues

37. Multiple activities have been implemented under the umbrella of work stream 7 in order to make the organization fit for its purpose. After consulting with the focal points of Cosponsors, organized into the task force, a data collection tool was designed to support the comprehensive capacity needs assessment across the entire Joint Programme, and is presently open to collect information by mid May (with 91 records loaded to date). The task force is now finalizing a tool for analyzing the staffing data by region and country, and UNAIDS is developing a process for undertaking the analysis collectively. This will most likely entail a number of regional meetings to be held to review the data and make recommendations on staffing, and one large meeting with field and headquarters staff of the Secretariat and the Cosponsors to review the regional analyses and make final recommendations.
38. With a view to UNAIDS having an administrative system which is aligned with organizational goals, UNAIDS has started the review on the costs and benefits of moving to a single administrative system for the UNAIDS Secretariat. A dedicated project team and a cross-organizational Steering Committee including representation from country and regional level as well as the UNAIDS Secretariat Staff Association have been established. Analyses are being made in all areas of administration of the current dual system. In the framework of internal consultations, an all-staff survey was implemented (with 525 responses received) and focus group sessions were held across the organization. The Project Team is now focusing on the analysis of the data and the identification of the requirements for the future administrative system.
39. With respect to the Human Resources Strategy for the UNAIDS Secretariat work is ongoing. A competency model to underpin the strategy has been developed after an extensively consultative process. The work has included extensive consultations with staff and the UNAIDS Secretariat Staff Association, a review of best practices to benchmark the strategy, and drafting of the elements. Further consultations will be required to finalize the strategy to be presented to the Programme Coordinating Board at its 27th meeting.

Work Stream 8: Governance

40. The "*PCB Task Force on SIE follow-up related to all aspects of governance*" was convened by the PCB Bureau on 27 January and met twice in Geneva on 24-25 February and 22-23 March. Its work was supported by the UNAIDS Secretariat and the report of the Task Force (UNAIDS/PCB(26)/10.8) will be considered by the Board under agenda item 4.2. It

contains four recommendations related to: revitalisation of the CCO; donor behaviour; refocusing of the work of the Programme Coordinating Board; and, working methods of the Board.

41. Following the outcomes of the Board discussion of the Task Force report and its recommendations the implementation plan for work stream on governance will be completed and added to the main Plan.

V IMPLICATIONS OF PROGRESS ON THE TIMELINE FOR SIE IMPLEMENTATION

42. Assessment of progress by work stream has resulted in some changes to the timeline for implementation of the whole Second Independent Evaluation, although the implementation completion date of the end of 2011 is maintained. Details of timelines by work stream can be found in Annex 2 of the Evaluation Implementation Plan.

Implementation Date	Decision Body	Recommendation(s)
2 nd quarter 2010	26 th PCB meeting	- Mission statement (1)
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)
4 th quarter 2010	Autumn CCO 27 th PCB meeting	- Division of Labour (4, 14), Heads of Agency appraisals (7) - Strategic Plan (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)

43. In conclusion UNAIDS recognizes the long term benefit that will be derived in fully implementing the SIE recommendations in terms of responding to the epidemic namely enhancing UNAIDS ability to effectively contribute to the national response in this changing environment. Every effort will be made to expedite the implementation timeline, thus enabling UNAIDS to deliver results on its mission and the organizational priorities.
44. **The Programme Coordination Board is invited to give its comments on, and note, the contents of this report.**

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