UNAIDS/PCB(25)/09.18
2 October 2009

25th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
8-10 December 2009

UNAIDS SECOND INDEPENDENT EVALUATION 2002-2008 FINAL REPORT

Document prepared by the Evaluation Team

UNAIDS

Second Independent Evaluation

2002-2008

Final Report

Derek Poate, Paul Balogun and Kathy Attawell

September 2009

Table of contents

Tables

Figures

Boxes

Abbreviations and acronyms

AAVP	Africa AIDS Vaccine Programme
AFRICASO	African Council of AIDS Service Organisations
AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical, Research and Education Foundation
APN+	Asia Pacific Network of People living with HIV
ART	Antiretroviral therapy
ARV	Antiretroviral
ASAP	AIDS Strategy Action Plan service
ASEAN	Association of South East Asian Nations
AU	African Union
AVAC	AIDS Vaccine Advocacy Coalition
BPR	Business Process Re-engineering
BSS	Behavioural Surveillance Survey
CARICOM	Caribbean Economic Community
CBO	Community-based Organisation
CCA	Common Country Assessment
CCM	Country Coordinating Mechanism (GFATM)
CCO	Committee of Cosponsoring Organisations
CDC	Centers for Disease Control (US)
CDF	Comprehensive Development Framework
CEB	Chief Executives Board
CERPOD	Centre d'Etudes et de Recherche sur la Population pour le Développement
CGIAR	Consultative Group for International Agricultural Research
CHAT	Country Harmonisation and Alignment Tool
CIDA	Canadian International Development Agency
CND	Commission on Narcotics and Drugs
COATS	Coordination of AIDS Technical Support
CPA	Country Programme Advisor (UNAIDS)
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CRDA	Christian Relief and Development Association
CRIS	Country Response Information System
CSAT	Civil Society Action Team
CSO	Civil Society Organisation
CSP	Civil Society Partnerships
CSS	Community System Strengthening
CSTF	Civil Society Task Force
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
DOL	Division of Labour
DRC	Democratic Republic of the Congo
EBCA	Ethiopian Business Coalition Against AIDS
EC	European Commission
ECOSOC	Economic and Social Council of the United Nations
EDUCAIDS	UNESCO programme for education sector response to HIV
EIFDDA	Ethiopian Inter-Faith Forum for Development Dialogue and Action
EMSAP	Ethiopia Multi-Sectoral AIDS Programme (World Bank)
ERP	Enterprise Resource Planning
ESA	East and Southern Africa
ET	Evaluation team
ExCom	Executive Committee
FBO	Faith-based Organisation

FGD	Focus Group Discussion
FHI	Family Health International
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
FRESH	FRESH
GAMET	Global AIDS Monitoring & Evaluation Team
GAVI	Global Alliance for Vaccines and Immunisation
GCWA	Global Coalition on Women and AIDS
GEF	Global Environment Facility
GFATM	Global Fund to fight AIDS, TB and Malaria
GIPA	Greater involvement of people living with AIDS
GIST	Global Implementation Support Team
GLIA	Great Lakes Initiative on AIDS
GNP+	Global Network of PLHIV
GOE	Government of Ethiopia
GHAP	Global HIV/AIDS Plan (World Bank)
GPA	Global Programme on AIDS
GTT	Global Task Team
GTZ	Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
HAPCO	HIV/AIDS Prevention and Control Organisation
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
HR	Human resources
HSDP	Health Sector Development Plan
HSS	Health systems strengthening
IATT	Inter-Agency Task Team
IAVI	International AIDS Vaccine Initiative
ICASO	International Council of AIDS Service Organisations
ICPA	Inter-Country Programme Advisor
ICT	Inter-Country Team (UNAIDS Secretariat)
ICTC	International Centre for Technical Cooperation
ICW	International Community of Women Living with HIV and AIDS
IDU	Injecting drug user
IEC	Information, education and communication
IFC	International Finance Corporation (World Bank Group)
IFRC	International Federation of Red Cross
IGA	Income generating activity
IHP	International Health Partnership
ILO	International Labour Organisation
IPAA	International Programme for Aids in Africa
IPM	International Partnership for Microbicides
IPPF	International Planned Parenthood Federation
IR	Inception Report
ISTF	Implementation Support Task Force
ITPC	International Treatment Preparedness Coalition
IWHC	International Women's Health Coalition
LGBT	Lesbian, Gay, Bisexual, Transgender
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LICUS	Low Income Country Under Stress
M&E	Monitoring and evaluation
MAP	Multi-country HIV/AIDS Programme (World Bank)
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group of UNAIDS
MOE	Ministry of Education

MOH	Ministry of Health
MOT	Modes of Transmission
MOU	Memorandum of Understanding
MSF	Médecins Sans Frontières
MSM	Men who have sex with men
MTCT	Mother to child transmission
NAC	National AIDS Commission/Council
NACP	National AIDS Control Programme
NACS	National HIV/AIDS Council Secretariat
NASA	National AIDS Spending Assessment
NCPI	National Composite Policy Index
NEP+	Ethiopian Network of PLHIV
NGO	Non-governmental Organisation
NHA	National Health Account
NPF	National Partnership Forum
NSF	National Strategic Framework
NSP	National Strategic Plan
OC	Oversight Committee
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OECD/DAC	Organisation for Economic Cooperation/ Development Assistance Committee
OHCHR	Office of the High Commissioner for Human Rights
OSI	Open Society Institute
PAF	Programme Acceleration Fund
PAHO	Pan-American Health Organisation
PASDEP	Plan for Accelerated and Sustainable Development to End Poverty 2005/6-2009/10
PBS	Protection of Basic Services
PCB	Programme Coordinating Board (UNAIDS)
PEPFAR	President's Emergency Plan for AIDS Relief (US Government)
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission
PRSP	Poverty Reduction Strategy Paper
QA	Quality assurance
RC	Resident Coordinator
RCC	Rolling Continuation Channel (GF)
RDT	Regional Director Team
RFP	Request for proposals
RHB	Regional Health Bureau
RNE	Royal Netherlands Embassy
RST	Regional Support Team
SABCOHA	South African Business Coalition on HIV/AIDS
SADC	Southern African Development Community
SCF	Save the Children Fund
Sida	Swedish International Development Agency
SIE	Second Independent Evaluation
SMME	Small, medium and micro enterprises
SMPO	Social Mobilisation and Partnerships Officer
SPM	Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response
STI/STD	Sexually transmitted infection/disease
SWAA	Society for Women and AIDS in Africa
SWAp	Sector-Wide Approach
SWOT	Strengths, weaknesses, opportunities, threats
TB	Tuberculosis
TERG	Technical Evaluation Reference Group (Global Fund)

TOR	Terms of Reference
TSF	Technical Support Facility
TWG	Technical Working Group
UA	Universal Access
UBW	Unified Budget and Workplan
UCC	UNAIDS Country Coordinator
UK	United Kingdom
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDGO	United Nations Development Group Office
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNGASS	United Nations General Assembly Special Session on AIDS
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNITAID	An international facility for the purchase of HIV and other drugs
UNJIU	United Nations Joint Inspection Unit
UNODC	United Nations Office on Drugs and Crime
UNOPS	United Nations Office for Project Services
UNSIC	UN System Influenza Coordination
UNSSP	UN System Strategic Plan
UNTG	UN Theme Group
USAID	United States Agency for International Development
USG	United States Government
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

Acknowledgements

The evaluation team would like to thank the many people who contributed their time and insights to this evaluation. They include staff of UNAIDS Secretariat headquarters and country offices, cosponsors, government officials, representatives of donor agencies and civil society organisations and people living with HIV. Special thanks are due to UNAIDS Country Coordinators, secretariat country office staff and colleagues in joint teams for assisting with the logistics and organisational arrangements for the evaluation visits. The evaluation represents the combined effort of a large team including consultants who participated in the country visits and support staff at ITAD and HLSP. The list here does not do justice to their valuable contributions.

Derek Poate	Team Leader; Ethiopia and Vietnam country visits
Kathy Attawell	Deputy Team Leader HIV; Ethiopia and Swaziland
Paul Balogun	Deputy Team Leader governance and institutions; Ethiopia
Nel Druce	Ukraine
Nadia Gittins	Ukraine
Liliya Skotarenko	Ukraine
Roger Drew	Kazakhstan; Iran
Anya Sarang	Kazakhstan
Konstantin Osipov	Kazakhstan
Kamel Shadpour	Iran
Paul Janssen	Indonesia; India
Georg Petersen	Indonesia
Vidia Darmawi	Indonesia
Sonal Zaveri	India
Veronica Magar	India
Andrew Doupe	Pacific Region consultation; Vietnam
Nguyen Thi Thu Nam	Vietnam
Olivier Weil	Democratic Republic of Congo; Cote d'Ivoire
Roberto Garcia	Democratic Republic of Congo
Benjamin Marvard	Democratic Republic of Congo
Saïdou Souleymane	Cote d'Ivoire
Tia Yao	Cote d'Ivoire
Muriel Visser	Haiti; Peru
Rachelle Cassagnol	Haiti; Peru
Helmis Cardenas	Haiti
Mauricio Espinel	Peru
Alfred Mndzebele	Swaziland
Munirat Ogunlayi	Swaziland
John Mayne	Governance evaluation advisor
Corrie Bell	ITAD project manager
Daisy MacDonald	ITAD web surveys and administration support
Ben Clench	ITAD PCB web survey
Jackie Mundy	HLSP quality assurance
Bob Grose	HLSP quality assurance
Esme Mroz-Davies	HLSP administrative support
Dane Rogers	ITAD workshop facilitation support

Disclaimer

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

Terminology

For the purposes of this evaluation:

UNAIDS – UNAIDS refers to the secretariat and cosponsors unless specifically described as UNAIDS Secretariat. The joint programme also refers to UNAIDS.

Five-year Evaluation – This refers to the first evaluation of UNAIDS, conducted in 2001-2002 after the first five years of operation of the joint programme.

Health system – This uses the WHO conceptual framework, which identifies the six building blocks of a health system:

- **Health services** – Good health services are those that deliver effective, safe, good quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources
- **Health workforce** – A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible
- **Health information system** – A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status
- **Essential medical products and technologies** – A well-functioning health system ensures equitable access to essential medical products and technologies of assured quality, safety, efficacy and cost effectiveness
- **Health financing system** – A good health financing system raises adequate funds for health in ways that ensure people can use needed services and provides incentives for providers and users to be efficient
- **Leadership and governance** – Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight; coalition building; regulation; attention to system design; and accountability

WHO, in the 2008 World Health Report, also defined a health system as consisting of '*all the organisations, people and actions whose primary intent is to promote, restore or maintain health'*. A health system therefore includes non-state actors such as NGOs, FBOs and the private sector.

Civil society and civil society organisations (CSOs) – This refers to the range of organisations outside government involved in the HIV response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector, employers' organisations, trades unions and the media.

Key populations – The SIE Terms of Reference refer to 'vulnerable populations'. However, vulnerable populations can be very broadly defined and, in many countries, include a wide range of population groups. For the purposes of this evaluation, the term 'key populations' (sometimes defined as most-at-risk populations) is used and refers to male and female sex workers, injecting drug users, men who have sex with men and prisoners, for whom human rights are most often a critical issue.

Human rights – The evaluation framework was informed by UNAIDS' definition of a human rights-based approach to HIV which 'ensures:

- A focus on the vulnerable and marginalised in the epidemic
- Equality and non-discrimination in expenditure on HIV programmes and applications
- Programmes to empower those vulnerable to or living with HIV including law reform, legal aid, human rights education, social mobilisation and support for civil society
- Programmes designed to achieve human rights standards relevant to HIV

- Informed, active and meaningful participation of those affected by HIV in programme design, implementation, M&E
- Accountability mechanisms for governments, donors, inter-governmental organisations and the private sector'

Gender – This refers to the definition in the UNAIDS document Policy and Practice: Gender, which describes gender as comprising 'widely held beliefs, expectations, customs and practices within a society that define masculine and feminine attributes, behaviours and roles and responsibilities. Gender is an integral factor in determining an individual's vulnerability to HIV infection, ability to access care, support or treatment, and to cope when infected or affected by HIV. Gender norms define socially acceptable roles, behaviours and status for men and women and strongly influence men's and women's risk taking behaviour, expression of sexuality and vulnerability to HIV infection and ability to take up and use HIV prevention information and commodities as well as HIV treatment, care and support. Gender norms can also be the basis of discrimination and violence against MSM, lesbians and transgendered people placing them at higher risk of HIV infection and impact. Gender equality exists where both women and men are able to share equally in the distribution of power and influence, have equal opportunities, rights and obligations in the public and private spheres, equal access to quality education and capacity-building opportunities, equal possibility to develop their full potential; have equal access to resources and services within families, communities and society at large; and are treated equally in laws and policies.

Sexual minorities including men who have sex with men and transgender communities – The report uses this term as this was the wording used in the evaluation Terms of Reference and because, despite the emergence of some new forms of expression, the discussion group at the second stakeholder workshop noted that there are a wide range of definitions, including LGBT, LGBTI, sexual minorities and sexual diversity, none of which are universally agreed.

Budget terminology and funding of UNAIDS. The Unified Budget is funded from several sources. The Fund of UNAIDS, which is managed by the UNAIDS Executive Director, provides resources for the core budget for cosponsors, the secretariat, and interagency activities as well as the supplemental budgets of the secretariat and interagency activities. Resources for the Fund of UNAIDS come entirely from voluntary funds provided by donors (including from one cosponsor). Donations to the Fund are first used to finance the ***core*** budget. Should funding become available during the biennium in excess of core budget requirements, surplus funds will be applied by the Executive Director to the ***supplemental*** budget for the actions identified in the Unified Workplan.[1]

Cosponsors also provide funding for AIDS through their own budgetary and planning mechanisms. These include cosponsor global and regional resources, cosponsor "supplemental" resources, and cosponsor country-level resources. Cosponsors' global and regional resources are provided from the organisation's regular budget; cosponsors' supplemental resources are funded by voluntary contributions, raised by the organisation concerned and channeled through the organisations' own budgetary mechanisms.

Regular contributions are understood to be those contributions which, by reason of the relevant organisation's statutes and rules, are the mandatory contributions for each member and normally fund that organisation's regular budget.

Voluntary contributions are funds raised by an organisation which are voluntarily donated by member/donors apart from any mandatory contributions. It should be noted that not all of the cosponsor organisations have regular contributions and some may be entirely funded from

[1] Adapted from http://data.unaids.org/pub/BaseDocument/2006/Revised%202006-2007%20UBW.pdf page 13

voluntary contributions such as UNICEF for example. Similarly the funding for UNAIDS is entirely voluntary.

The ***Interagency*** budget is the budget which primarily funds activities and staff at country level which provide service to and support for cosponsor country level activities.

The ***Supplemental*** budget is additional to the ***Core*** to which funds raised are first assigned.

Cosponsors' country-level resources, which are formally considered to be outside of the Unified Budget, are provided through a combination of regular budget and voluntary contributions, according to the nature and practice of the organisation concerned.

Synopsis

This report presents the findings, conclusions and recommendations of the Second Independent Evaluation of the United Nations Joint Programme on HIV/AIDS (UNAIDS). Covering the period 2002 to 2008, the evaluation examines efficacy, effectiveness and outcomes. It is organised around 12 sets of questions designed to assess the performance of the UNAIDS Secretariat, ten cosponsoring UN agencies and the Programme Coordinating Board (PCB).The evaluation was based on a review of documentation; interviews with joint programme staff and a wide range of global stakeholders; visits to 12 countries in different regions of the world including meetings with national government and civil society stakeholders.

UNAIDS has been *successful* in working towards its objectives of global leadership and broad-based political and social mobilisation. It has been *mostly successful* in advocating greater political commitment at global and country level; and *partly successful* in promoting and achieving global consensus in policy and programmes and in strengthening capacity at country level.

The joint programme has adapted to a changing context; forged working partnerships with new bodies such as the Global Fund to Fight AIDS, TB and Malaria; and exploited synergies with partners.

The PCB is an innovative governing body that has successfully provided an opportunity for civil society to influence the work of UNAIDS. But it has not developed the necessary relations with the governing bodies of the cosponsors. A forward-looking orientation has left performance and accountability poorly defined and monitored.

Capacity within UNAIDS has increased markedly through expansion of staff in both the secretariat and cosponsors. Initiatives to create a division of labour to reduce duplication and overlap show signs of promise at country level, but have had limited impact globally. Management systems in the secretariat have not kept pace with the expansion of staff, and inefficiencies remain, such as having two separate administrative systems linked to WHO and UNDP.

The approaches adopted at country level depend more on the strength of commitment and orientation of local UN officials than on UNAIDS policy and guidelines. The joint programme is held back by incentive structures within the UN that militate against joint working.

Involvement of civil society and people living with HIV (PLHIV) has been a key achievement and is a unique feature of UNAIDS. Civil society influence at global level is clear, but it is harder to find good examples at country level. The Executive Director and secretariat have provided good leadership on HIV and human rights and have spoken out on issues of gender and HIV. But in all these areas there has been a lack of consensus and a common approach across the secretariat and cosponsors.

Provision of technical support is highly valued by recipient countries and there are examples of excellent work. But there is scope for better coordination to reduce duplication.

UNAIDS remains highly relevant. The programme should provide stronger global leadership and coordination on human rights, gender, and prevention. UNAIDS needs a leaner secretariat, better governance and clearer direction in light of the diversifying epidemic and changing aid architecture. More measurable objectives for the secretariat and cosponsors need to be supported by effective oversight by the PCB.

A total of 24 recommendations are set out in Chapter 11; grouped in five categories to make UNAIDS more focused, more strategic, more flexible and responsive, more accountable and more efficient.

Summary

INTRODUCTION

1 This report presents the findings, conclusions and recommendations of an evaluation of the UN Joint Programme on HIV/AIDS (UNAIDS). The evaluation was commissioned by the UNAIDS Programme Coordinating Board (PCB) and was carried out between September 2008 and August 2009.

2 The evaluation purpose was to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, cosponsors and PCB) at global, regional and country levels and specifically, the extent to which UNAIDS has met its ECOSOC mandate and the continuing relevance of its mandate and objectives in the current global environment.

3 Twelve detailed evaluation questions provided an organising framework around four themes: the changing context; how UNAIDS works; aspects of fulfilling the mandate; and future challenges for the joint programme.

4 The evaluation design was based on a set of frameworks which structure the evaluation questions and associated issues as indicators and sources of information. They helped to identify the range of documents to be reviewed and the key informants for each topic. Visits were made to 12 countries selected to illustrate differences between regions, in socio-economic characteristics and in the nature of the epidemic: Côte d'Ivoire; Democratic Republic of Congo; Ethiopia; Swaziland; Kazakhstan; Ukraine; Iran; India; Indonesia; Vietnam; Peru; and Haiti. Data were also gathered through a consultation in the Pacific region, review of secondary evidence in documents, semi-structured interviews and two questionnaire surveys conducted via the internet.

THE CHANGING CONTEXT

5 ***HIV remains a global health problem of unprecedented dimensions***. HIV has caused an estimated 25 million deaths worldwide and reduced life expectancy by more than 20 years in the most heavily affected countries. Sub-Saharan Africa and Asia are the most severely affected regions but the epidemic is also having a serious impact in Latin America and the Caribbean, Eastern Europe, Central Asia and North America.

6 Two thirds of the global total of 33 million PLHIV are in sub-Saharan Africa and three quarters of all AIDS deaths in 2007 occurred there. The epidemic has orphaned nearly 12 million children aged under 18. In Asia, an estimated 5 million people were living with HIV in 2007.

7 ***In the face of this challenge there has been a sustained and growing global response***. The evaluation period has seen a succession of initiatives. The UNGASS 2001 Declaration of Commitment was followed by significant new investment through the establishment of the Global Fund to Fight AIDS, TB and Malaria (Global Fund) in 2002, and the US President's Emergency Plan for AIDS Relief (PEPFAR) in 2003. Operational targets for access to treatment came through the WHO-led '3 by 5' initiative in 2003; and efforts to improve coordination at the national level through the 'Three Ones' in 2004. Together with the follow-up 2006 political declaration and commitment to Universal Access these represent considerable political commitment to address HIV and AIDS.

8 Resources allocated to HIV increased fifteen-fold from 2001 to 2008. Yet UNAIDS estimated that there was a shortfall of some US$ 6.5 billion in low- and middle-income countries in 2008.

9 ***Access to treatment has increased***. Expansion of access to treatment has been one of the success stories in the global response to HIV. Nearly 3 million people were receiving antiretroviral treatment in low- and middle-income countries at the end of 2007. But still, this represents only 31 percent of estimated global need.

10 ***For every two people who start taking antiretroviral drugs, another five are newly infected***. The HIV epidemic cannot be reversed without strong, sustained success in preventing new HIV infections. Prevention programmes need to become more strategically focused on people and communities with particularly high-risk sexual and drug-injecting behaviours.

UNAIDS has evolved

11 ***UNAIDS was evaluated in 2001-2002 after five years of operation***. The evaluation made 29 recommendations and these have had a major influence on the evolution of the joint programme. Recommendations that were under the direct control of the secretariat and for which resources were available have mostly been implemented. The Five-year Evaluation stimulated a reorientation of UNAIDS towards support at country level, but did not bring about reforms in governance that improve the way the cosponsors work together and with the secretariat.

12 ***UNAIDS and the Global Fund have worked together to build a constructive partnership***. The Five-year Evaluation of the Global Fund found that of all the Fund's partners, UNAIDS has the most systematic and closest partnership.

13 ***UNAIDS has had little influence over PEPFAR policy or programming***. The relationship between UNAIDS and PEPFAR varies from country to country and engagement with PEPFAR remains a challenge for UNAIDS.

14 ***Paris Declaration commitments have had little obvious effect on the way UNAIDS is viewed by partners or on the way it works at country level***.

15 ***UNAIDS needs to adapt its role according to country circumstances***. As the epidemic becomes more diverse and more information becomes available about drivers of the epidemic, so national policies have to adapt and change. The need for a strategic vision of UNAIDS' role is particularly important in middle-income countries as donors withdraw but the need for high value technical support remains.

16 ***UNAIDS has established strategic partnerships but needs to clarify partnership objectives and mechanisms.***

17 ***Some valuable synergies have been developed in the field of research and resource tracking*** where UNAIDS has been able to convene different interest groups and provide useful information for decision-makers.

18 ***Overall, UNAIDS leadership and support for effective HIV prevention policies and programmes has been inadequate.*** HIV prevention is acknowledged to be complex, requiring action by a range of sectors and actors, willingness to tackle the underlying factors that drive the epidemic and to address difficult, sensitive or taboo issues and a combination of contextually-appropriate interventions. UNAIDS has not been able to provide consistent and effective leadership in HIV prevention during the period covered by this evaluation. Evidence of what works has not been comprehensively applied. There has been under-investment in prevention. Much expenditure has been directed towards prevention activities that are not well-targeted but are often more politically acceptable, such as mass media and youth programmes.

19 Guidance on Intensifying Prevention, published in 2005, was seen as a

positive step, although it is considered by many to have been too general for countries to act on. More recently, UNAIDS has recognised the need for better evidence and to ensure that this evidence informs country decisions about prevention policies and programmes. This is reflected in the emphasis on 'know your epidemic, know your response' and related support for the Modes of Transmission initiative, spearheaded by the World Bank GAMET and the UNAIDS Secretariat.

UN reform

20 ***Three waves of UN reform dating back to 1997 have affected UNAIDS***. At global level these reforms have not significantly influenced the way in which the ten cosponsors and secretariat interact. At regional level, the establishment of Regional Directors' Teams (RDT) has not significantly improved the effectiveness of coordination mechanisms. Only reform at country level, with the introduction of joint teams, has fostered some improvements, but a lack of institutional incentives has held back progress. The UNAIDS approach has not been adopted more widely in UN programming.

Health systems strengthening

21 ***UNAIDS has not articulated a clear position on health systems strengthening and has had limited global influence.*** Lack of a common position and objectives has limited the scope for UNAIDS to influence the approach to health systems strengthening of major donors, Global Health Initiatives and national strategic planning processes.

22 ***The respective roles of the UNAIDS Secretariat, WHO and the World Bank are unclear***. The secretariat and cosponsors are agreed that strengthening health systems is critical to deliver HIV objectives. But global informants suggest that the 'division of labour' between the secretariat, WHO and the World Bank and between different departments within WHO and the Bank needs to be clarified.

23 ***Cosponsors have strengthened health systems through their mandates.*** In addition, UNAIDS has helped to ensure cross-linkages between national HIV and health strategies and plans, but there is limited evidence of the added value of the joint programme or of coherent approaches at country level.

24 ***Major donors have increased funding for health systems strengthening but tracking funding is a challenge***. And, despite a growing body of research, the evidence base on the extent to which HIV funding has strengthened or undermined health systems remains largely anecdotal and relatively weak.

HOW UNAIDS WORKS

Governance of UNAIDS

25 ***The ECOSOC objectives continue to be relevant and enable a flexible approach by UNAIDS***. The ECOSOC objectives have not constrained UNAIDS from adapting to changing circumstances. Indeed their flexibility has enabled UNAIDS to respond pragmatically to developments such as the creation of the Global Fund.

26 ***Operational objectives of UNAIDS are in effect set in global commitments***. Strategies have been updated frequently yet have not helped to improve prioritisation or performance reporting. The 2007-2010 Strategic Framework was designed in response to the 2006 Political Declaration. But increasingly, the UBW has become the principal mechanism for setting out objectives. The presentation and wording vary considerably over the years, with a substantial shift towards a more results focus only apparent in the last UBW of the evaluation period.

27 ***The diversity and changing nature of objectives has contributed to weak***

accountability. Whilst some consistency can be traced in the evolving strategic statements they have not helped the programme prioritise and focus on areas where the UN could bring added value. The changing structure over the years has undermined the ability of the PCB to track performance. Strategic frameworks have changed too often to be useful and have never provided a satisfactory framework to monitor performance. It is too early to judge the quality of reporting under the 2008-2009 UBW.

28 ***ECOSOC is mandated to provide oversight but is ineffective and current arrangements with the PCB leave a gap in accountability.*** ECOSOC retains formal governing responsibility in relation to UNAIDS at a broad oversight level. But, *de facto*, the oversight role has been delegated to the PCB. The PCB is unique in terms of UN governing bodies as it includes representation from cosponsors and civil society as well as member states. The UNAIDS Executive Director has no direct authority over the activities of the cosponsors, with each remaining accountable to their own governing boards.

29 Four of the cosponsors are UN programmes and funds and are subject to the authority of ECOSOC. But the other six are specialised agencies and the mandated role of ECOSOC in terms of oversight of these agencies is more limited. More broadly, the performance of ECOSOC was found to be ineffective when reviewed by the UN Secretary-General's High Level Panel, in 2006. There is no formal provision for ECOSOC or others to track performance of either the UNAIDS Secretariat or the Executive Director.

30 ***PCB focus is mainly on future actions and plans rather than performance***. Despite having a wide range of functions, the PCB tends to concentrate on future programming. Occasional references to performance reviews in PCB proceedings have not led to significant action.

31 ***Voice and influence in the PCB is affected less by voting rights than by other aspects of the way the PCB works.*** The PCB operates on consensus. However, there is a significant body of opinion that thinks that decisions of the PCB are predetermined by consultations among a small but influential group outside of the formal PCB sessions. The 'voice' of members is affected by the skills of the chair in managing meetings and calling on parties to speak; in the drafting group; and through the arrangements for cosponsor representation. There are concerns that moves towards more inter-sessional decision-making (which requires resources to engage and interact) and the absence of voting rights undermine the contribution of the NGO delegation. However, in practice, the PCB does not take a vote on issues and there is good evidence of the substantial influence of the NGO delegation; this evaluation therefore does not support previous recommendations for the NGO delegation to have voting rights.

32 ***The current arrangements are not an effective mechanism to link the PCB to governing boards of the cosponsors***. Influence by the PCB depends on the extent to which cosponsor boards act on PCB decisions. To date, no formal mechanism exists linking the work and decisions of the PCB with the work and deliberations of the governing bodies of the ten cosponsor agencies.

33 The primary link between the PCB and the cosponsors is supposed to be through the Committee of Cosponsoring Organisations (CCO), comprising the executive heads of the cosponsor agencies or their designated representatives

34 ***Despite concerns raised in the Five-year Evaluation and later, recommendations to reform the CCO have not been implemented and the CCO has never been fully effective against its intended functions.***

35 Meanwhile, the way of working of the CCO has evolved. There has been a gradual disengagement by the heads of agencies and increasing delegation to their global coordinators (senior appointments responsible for the joint programme). The emergence of global coordinators has established an effective working link between the cosponsors and the secretariat. But the CCO fails to perform its intended executive role.

Division of labour and joint working by the secretariat and cosponsors

36 ***Being a cosponsor has helped agencies keep HIV a policy priority and expanded cosponsor capacity***. The eight cosponsors at the start of the evaluation period – UNDP, UNICEF, UNFPA, WHO, UNESCO, ILO, UNODC and the World Bank grew to ten with the addition of WFP in 2003 and UNHCR in 2004. The cosponsors see clear and tangible benefits from being members of UNAIDS: the availability of funds through the UBW; the role of the secretariat and Executive Director in maintaining HIV as a high profile issue; greater awareness of global issues and trends; and, for the smaller agencies, a visible role and access to a wide range of expertise and networks.

37 A significant change since 2003 has been the growing importance of the global coordinators as policy entrepreneurs within their own agencies. The main indicator of this success has been the significant increase in HIV capacity at headquarters and regional level. Total cosponsor staffing at global and regional levels has increased by 70 per cent from 515 to 878 in the period 2004-2005 to 2007-2008; UNDP and UNFPA have tripled their numbers.

38 Growth in numbers has not been matched by clarity of accountability, which remains complex. Broad accountability rests with the heads of the cosponsor agencies. But only four of the ten translate that commitment into shared performance indicators from the Unified Budget and Workplan (UBW) in their own corporate results frameworks. Increasingly, there is a trend towards narrow accountability, linked to implementation of specific UBW objectives.

39 UBW funds support staff positions at headquarters, regional and country levels, to varying extents according to cosponsor agency policy. Capacity within the cosponsors is highly reliant upon funds raised and passed through the UBW. Cosponsors' own financial commitments rose across the period 2004 to 2007 but fell away again in the next biennium.

40 ***The UBW process has supported joint programming approaches at a global level.*** The UBW has enhanced coordination, consistency and compatibility of activities, but the transaction costs have been excessively high. The Five-year Evaluation of UNAIDS found that whilst the UBW was a valuable process it was difficult to understand and had a number of shortcomings. These have not changed much although successive UBWs have become simpler and clearer documents. Most positively, the UBW process has supported the adoption of joint programming approaches at a global level, which is almost unique within the UN. This is a solid achievement and one not seen in other work by the UN.

41 There is some evidence of the positive effects of the division of labour at global level in the evolution of agreed roles and responsibilities between the secretariat and the cosponsors, reflected in a series of 'informal agreements' between the global coordinators, such as in the area of PMTCT. But these examples apart, only limited progress can be seen in clarity over lead roles. The division of labour has had greater influence at country level, where it has been introduced in parallel with joint teams.

Joint teams at country level

42 At the start of the evaluation period, coordination at country level took place through the UN Theme Group on HIV/AIDS. Membership was at the UN Country Team (UNCT) level and theme groups were typically supported by one or more technical working groups. In 2003, the secretariat started to place senior staff at country level, as UNAIDS Country Coordinators (UCCs). This arrangement for coordination is almost unique to HIV.

43 ***Joint teams were introduced to change systems and processes for working on HIV under the Resident Coordinator (RC) System***. The joint team approach was introduced by the Secretary-General in late 2005 with detailed guidelines issued in 2006. Support at the highest level within the UN and arrangements grounded within the established coordination structure at country level made this an important initiative, much more so than the division of labour.

44 ***Team working at country level has improved but realisation of expected benefits shows a more mixed picture.*** It is too early to judge definitively whether joint teams will make a real difference in programming as many are still being established and a new round of UNDAF planning is needed to enable joint programmes to be prepared. Even so, UCCs detect better working as a team and movement towards 'delivering as one'. Survey results also indicate a majority view that team working has increased the efficiency and effectiveness of the UN's support to addressing HIV.

45 ***Further progress with the joint team approach is constrained by several challenges***. Evidence of the anticipated benefits was found for greater working together, increased external joint advocacy, a more coherent package of UN support, and acting as a repository of knowledge. However, transaction costs are high and there is confusion in some places about the continuing role of theme groups; leadership by the Resident Coordinator is essential; and there are inconsistencies between the expected role of the UCC and the heads of agencies at country level. The World Bank's way of working does not fit with this approach at country level and as a result the Bank appears to be much less engaged than all parties would like to see.

Division of labour and incentives for joint working at country level

46 ***Division of labour falls short of planned roles for lead agencies***. The GTT recommendation on division of labour was designed to create a system to improve the added value of UN support to the national response by building on the comparative advantage of the cosponsors and secretariat.

47 Evidence is mixed about improved clarity of roles at the country level. Concepts introduced by the GTT such as the lead agency, single point of entry and coordination of technical support have not been effectively implemented. No examples have been found of a coherent plan for technical support, nor of a joint team-wide analysis and plan for staffing. Incentives limit the managerial authority of the RC and UCC; heads of agencies have dominant power; and agency accountability is driven by headquarter strategies and corporate results frameworks. Only where corporate performance indicators are congruent with UNAIDS performance indicators are priorities and reporting compatible.

48 Accountability, performance reporting and financial administration systems focus on the needs of the individual agencies and are not harmonised, so increasing the costs of working together. Accountability systems and the performance monitoring systems of the agencies also do not recognise joint working, creating further disincentives to joint working and undermining both the joint team and division of labour initiatives.

49 Much is vested in the RC, but authority within the RC system is an area of contestation within the UN. The RC does not have the power to direct agency heads about what their agency should do and therefore has little direct authority. Similarly, the UCC has a facilitating role and there are no provisions for cosponsor staff to be accountable to the UCC.

50 ***Joint teams are an attempt to enhance accountability***. The joint team approach seeks a shift in accountability from individual agencies to the team. The extent to which members of joint teams are now accountable for that work (as well as their agency-specific tasks) is mixed. But the key weakness is that heads of agencies are not accountable for the work of their staff in the joint team. This is important, since it is the heads of agency that control resources, decide on staffing, and can reward staff.

51 ***Multiple funding sources at country level can create disincentives to working together***. Funding arrangements lead to fragmentation and competition between the cosponsors and the secretariat country office. Neither the joint team nor the division of labour initiatives tackle financial incentives though arrangements under UN reform might offer scope for change.

Administration of UNAIDS Secretariat

52 ***Complex administrative systems have reduced the efficiency of financial and human resource management.*** The secretariat operates different sets of staff regulations and rules, depending on whether staff contracts are with WHO (all internationally recruited and some country recruited staff) or UNDP (some staff recruited at country level). The secretariat also operates its own paper-based performance appraisal system, based on the International Civil Service Commission's framework.

53 In general, both WHO and secretariat interviewees agree that the relationship works relatively well and that a productive arrangement is in place, which has allowed the secretariat to maintain independence, despite it legally remaining part of WHO. However, administrative efficiency for work administered through WHO systems suffered a significant decline with introduction of WHO's new ERP in 2008 and still suffers in some areas. A revised MOU with UNDP in 2008 has solved most practical problems but there is still no service agreement specifying standards of support to be provided.

54 ***Using multiple administrative systems has considerable human resource and financial drawbacks.*** Issues highlighted include inefficiencies in using two systems to resolve problems and the perception that staff on WHO contracts have more rights and privileges than those on UNDP contracts.

55 ***The Programme Acceleration Fund (PAF) is an important and valued facility but is still undermined by slow transfer, overly time-consuming processes, slow speed of approval and weak monitoring.*** The PAF is a secretariat-managed facility used by UN organisations to make a strategic contribution to the national response. Approximately US$16 million of UBW funding has been allocated in each biennium since 2002-2003. Significant change in the approval process has occurred, engaging the cosponsors more and delegating approval authority first to regional and latterly to the country level. Establishment of Regional PAF Committees has also improved the quality of PAF proposals, so increasing the number of proposals accepted at the first review. But costs of transferring funds are high and there is little monitoring of the use of the funds.

56 ***A quadrupling of UNAIDS Secretariat staff numbers between 2002 and 2008 lacked oversight and did not follow good human resources practice***. As of early 2008, in addition to its Geneva headquarters, the secretariat maintained 3

liaison offices, had 7 regional support teams and a presence in 84 programme countries. These were staffed by 715 people on WHO contracts and a further 250 on UNDP contracts plus an unknown number employed through local arrangements at country level. The secretariat has more than quadrupled in size between 2002 and 2008 and has more staff working on AIDS at global and regional level (454 in November 2008) than any of the cosponsor agencies.

57 From the outset the expansion, prompted by the Five-year Evaluation, proceeded under the assumption that staff expansion should be in the secretariat rather than distributed among the cosponsors and secretariat. There is no evidence that the secretariat (or Executive Director) discussed the increase in the size of the secretariat presence at either regional or country level within the CCO nor did the PCB supervise the growth.

58 Expansion of the secretariat's country level presence was initially outlined in a global strategy document at the June 2003 PCB.[2] But this well-planned start was undermined by a subsequent lack of oversight by both the PCB and CCO. The rapid expansion of staff also happened without any systematic workforce planning process against the goals of the organisation or the joint programme objectives.

59 ***Administrative processes and management culture did not keep pace with the growth of the secretariat.*** However, new arrangements being introduced should result in improved human resource and financial management systems being put in place by the end of 2010.

[2] UNAIDS (2003) Directions for the Future: Unifying and Intensifying Country Support. A report prepared by the Country and Regional Support Department (CRD), UNAIDS Secretariat, June 2003.

HOW UNAIDS HAS ADDRESSED KEY ISSUES

Involving and working with civil society

60 ***There is no common approach to civil society involvement*** across UNAIDS. The secretariat developed a global strategy on partnership with civil society in 2003, which was revised in 2008. The secretariat also developed a strategic framework for civil society partnerships for the 2006-2007 and 2008-2009 biennia, in consultation with civil society and cosponsors, but these do not appear to guide the work of cosponsors or of the joint programme at country level.

61 ***The UNAIDS Secretariat leads on civil society engagement.*** The secretariat is viewed by civil society and some cosponsors as more inclusive, open to dialogue, flexible, responsive and non-bureaucratic than other parts of the UN system. Cosponsors are generally thought by other stakeholders to be less engaged than the secretariat.

62 Although partnerships is a core institutional priority for the UNAIDS Secretariat, the Civil Society Partnerships (CSP) team in Geneva is reported to be over-stretched, to lack institutional support and to have been marginalised by the recent restructuring of the organisation. The CSP Geneva budget is limited and has decreased during the period covered by this evaluation. However, during the last 4 years, there has been an increase in resource allocation at country level, mainly through the recruitment of Social Mobilisation and Partnership Officers (SMPOs).

63 ***UNAIDS advocacy for civil society representation has contributed to increased civil society involvement in policy, programming and M&E.*** However, government views about the role of civil society differ. While most governments recognise the role of civil society in service delivery, some are less comfortable with civil society engagement in advocacy.

64 There has been an increase in civil society representation in National Partnership Forums (NPFs), Country Coordinating Mechanisms (CCMs) and National AIDS Commissions (NACs). Increased representation has resulted in greater civil society involvement in policy and strategy development and in implementation of programmes and services. Civil society provided input in 82 per cent of countries reporting for UNGASS 2008 and participated in completing the National Composite Policy Index in 132 of 147 countries that reported.

65 Challenges to civil society involvement include limited donor support for civil society to play an advocacy and accountability role, weak coordination and networking structures, poor understanding of policy and legislation, limited capacity for participation in policy dialogue and strategic planning, and representation, governance and accountability issues.

66 ***Civil society involvement has had a positive influence but there is no consensus on the objectives of involvement and no systematic assessment of impact on national responses.*** At global level, civil society involvement is considered to provide an important reality check, to bring a different perspective to policy debates and to play an important role in agenda setting. Civil society involvement is cited as having been critical in ensuring Global Fund transparency, advocacy for treatment access and a comprehensive response to HIV, increasing the focus on key populations and maintaining an emphasis on human rights.

67 Assessing the impact of increased involvement and representation on the effectiveness of national responses is difficult as outcomes are not captured systematically at country level. National M&E frameworks lack indicators to measure civil society representation and participation in policy making and the impact of this.

68 ***UNAIDS has facilitated some increases in resource mobilisation for civil society and provided important support for civil society capacity building.*** At global level, one example is the Global Fund's shift to dual track financing, which is seen in part as due to UNAIDS' influence and experience. There is, however, no comprehensive overview of trends in funding for civil society organisations, so it is difficult to determine whether there has been an overall increase in funding.

69 UNAIDS Secretariat has provided capacity building support for regional and national civil society networks and organisations. However, lack of a clear strategy means that UNAIDS capacity building for civil society at country level tends to be fragmented, with the secretariat and cosponsors working individually with civil society partners through specific projects, rather than strategically. Secretariat capacity building efforts have tended to focus on civil society umbrella organisations and Global Fund recipients.

70 ***Representation and accountability are a challenge***. A common issue raised by almost all global and country informants is how civil society umbrella organisations and networks represented on global and national policy and decision-making bodies are selected and the extent to which they represent and consult their constituencies.

71 ***Some important sectors of civil society have received less attention***. UNAIDS has tried to be inclusive, but the secretariat and cosponsors are viewed as having reached out less effectively to some constituencies such as FBOs, trades unions, the private sector and the media, although engagement with FBOs has improved recently. A 2007 survey by the World Economic Forum identified four regional and more than 40 national business coalitions supporting the private sector to address HIV; UNAIDS, ILO and World Bank have supported these coalitions. However, there are concerns that the

establishment of business coalitions by the UNAIDS Secretariat has undermined or replicated employers associations rather than building their capacity.

Greater and meaningful involvement of people living with HIV

72 ***Increased PLHIV involvement is a key achievement of UNAIDS.*** There is clear evidence that UNAIDS' support has played a critical role in strengthening the capacity and leadership of PLHIV organisations and increasing PLHIV involvement in global, regional and national policy, programming and M&E. However, findings from country visits suggest there is limited evidence of PLHIV involvement in the design, implementation and M&E of UNAIDS programmes. And there is still more to be done to ensure that involvement is meaningful and to address the barriers to meaningful involvement.

73 ***The UNAIDS Secretariat has been most actively in engaged with PLHIV organisations.*** There is no common vision or strategy for PLHIV involvement across the joint programme or, at country level, across joint teams. Relatively few joint teams in the countries visited for the evaluation had a strategy or plan to define their engagement with PLHIV, although in several countries, cosponsors are actively working with the secretariat to support PLHIV organisations.

74 Cosponsors are perceived to have been less engaged and less open to PLHIV perspectives than the secretariat. Global PLHIV networks report that their influence on cosponsors is minimal, although networks such as GNP+ have been consulted by cosponsors during the development of guidance.

75 ***UNAIDS has provided important support for national PLHIV networks and organisations***. UNAIDS has provided support to strengthen the governance and institutional, financial and M&E capacity of PLHIV organisations (in particular those that are or soon will be Global Fund recipients). UNDP, through its leadership development programme, which builds bridges between PLHIV, parliamentarians and civil servants, has played a critical role in facilitating involvement in policy dialogue. But support is not consistent across countries and owing to its own capacity limitations, UNAIDS support at country level has mainly focused on national networks and umbrella organisations.

76 ***There is evidence of increased PLHIV involvement in policy development, programme implementation and M&E.*** At global level there has been significant improvement in PLHIV representation on policy and decision-making bodies. However, global PLHIV networks report that involvement is sometimes inconsistent and insufficient time is allowed for meaningful consultation.

77 UNAIDS' advocacy with governments is cited as having made an important contribution to increased PLHIV representation on national policy, decision-making and coordination bodies, such as CCMs and NPFs, with clear evidence of this in the recent evaluation of the Global Fund.

78 ***PLHIV leadership is stronger, but governance remains a challenge.*** In eight of the 12 countries visited, respondents stated that national PLHIV leadership has increased. Despite this, informants expressed concerns about: accountability of national networks and transparency of funding; relatively weak leadership or leadership centred on one organisation or individual; lack of representation of PLHIV whose behaviour is criminalised, for example HIV-positive sex workers or drug users; and conflict and competition for funds between PLHIV organisations.

79 ***PLHIV involvement has had a positive influence but the outcomes of involvement are not measured systematically.*** Although described in

guidance and tools developed by PLHIV organisations, there appears to be no common understanding of 'active' or 'meaningful' involvement, the objectives of involvement or how outcomes should be measured. While there are differences in views about the importance of this, without clear objectives, systematic measurement of the impact of involvement is difficult.

80 Nevertheless, there are a number of areas where PLHIV involvement is perceived to have had a positive influence. PLHIV involvement has enriched global debates and played an important role in influencing global policy, for example, getting access to treatment on to the agenda, influencing WHO and UNAIDS guidance on provider initiated testing and counselling, and highlighting sexual and reproductive health and rights issues from a PLHIV perspective.

81 In many countries, PLHIV involvement has helped to ensure the introduction of legislation to protect the human and legal rights of PLHIV, challenge legislation that would criminalise HIV transmission, reduce stigma and discrimination, increase treatment access and ensure provision of critical interventions such as opioid substitution therapy. The most tangible outcome is where representation on CCMs has enabled PLHIV organisations to access Global Fund resources.

Technical support to national AIDS responses

82 ***UNAIDS capacity to respond to requests for technical support has expanded***. The secretariat and cosponsors, such as UNFPA, have expanded country staff to increase capacity to provide technical support. Other steps have also been taken to respond to increased demand for technical support through structures established or supported by UNAIDS including the regional Technical Support Facilities (TSFs), AIDS Strategy and Action Plan Service (ASAP) based at the World Bank and WHO Knowledge Hubs, as well as technical support facilities for civil society. There has also been a considerable expansion of other providers since 2005 creating increased opportunities for countries to access support but also significant challenges for coordination.

83 Cosponsors are not always directly involved with the TSFs and some expressed concerns about a shift from the role originally envisaged for the TSFs. TSF staff report that it has sometimes been difficult to engage with cosponsors, many of which have their own technical support mechanisms at regional level, although there are exceptions.

84 The ASAP, established in July 2006 in response to the GTT recommendations, conducts confidential external reviews of draft national strategies and provides technical and financial support to assist countries to strengthen their strategic response. As of 2008 support had been provided to over 50 countries. ASAP responds to country requests and engages the UNAIDS Secretariat and five of the cosponsors (UNESCO, UNDP, UNICEF, ILO and WHO) in peer review processes and country missions. This is viewed positively by cosponsors.

85 The role of the Knowledge Hubs, which were established with GTZ support to support Global Fund implementation, is generally less well understood and there are some concerns about duplication, for example, with UNODC harm reduction work.

86 Informants reinforced concerns identified by the GTT independent review about proliferation of and competition between technical support providers and the respective roles and sustainability of these providers. UNAIDS lacks a coherent strategic framework for technical support, technical support is still prone to duplication

and competition, and initiatives are for the most part managed separately.

87 ***UNAIDS Secretariat and cosponsors have provided a wide range of technical support for national responses***. However, UNAIDS has no system for tracking technical support provided by UN agencies at country level, so it is difficult to assess the volume or quality of technical support delivered across the joint programme.

88 UNAIDS has provided critical inputs to Global Fund processes, providing technical support to 85 per cent of Global Fund Round 5 and 6 proposals. The secretariat estimates that 50 per cent of the level of effort of country offices is directed to providing support to Global Fund grants, and there are some concerns about the opportunity costs of this.

89 The Global Fund evaluation found an inadequate global partnership framework for provision of technical assistance in support of grant implementation and notes that a more coherent effort is required. The implications for UNAIDS of the Global Fund shift from round-based funding to support for validated National Strategic Applications and of dual track financing need to be considered. Specific issues are the potential conflict of interest between technical support for strategy development and for strategy validation and increased needs for technical support from civil society.

90 ***There is scope to improve planning and coordination of technical support.*** The Global Implementation Support Team (GIST) has played an important role in providing a link between the UN system and the Global Fund and improving global coordination of technical support. Meetings of UNAIDS global coordinators are also reported to have helped to improve coordination – examples cited include discussion of the role of ASAP and the division of work between UNDP and the World Bank in the area of national planning.

91 At country level, joint teams have improved information sharing about technical support, but have not functioned as intended as an entry point for, or noticeably strengthened planning and coordination of, technical support.

92 ***UNAIDS has strengthened the Three Ones and provided valuable technical support for M&E.*** Cosponsors have made important contributions to national strategy and planning, through ASAP, and UNDP and World Bank support for integration of HIV into Poverty Reduction Strategies in over 20 countries.

93 UNAIDS Secretariat M&E Advisors and WHO have played a critical role in developing and strengthening national M&E systems and UNGASS reporting. However, the calibre of WHO and UNAIDS Secretariat M&E staff appears to be mixed. The secretariat is developing a capacity development programme for M&E Advisors based on a competency framework.

94 UNGASS reporting has helped to strengthen M&E, although national AIDS authorities in some countries noted that Global Fund requirements have been a more important driver of improvements in M&E. Focus on the quality of M&E appears to be limited and there were few examples among the countries visited of data being used to change activities.

95 The Monitoring and Evaluation Reference Group, which brings together the secretariat, cosponsors and other expertise, is considered an effective forum for coordination that has made good progress, for example, towards harmonisation of indicators. However, M&E roles and coordination across UNAIDS need to be reviewed, in particular support provided by the secretariat, WHO and the World Bank GAMET in areas such as surveillance,

strategic information, M&E capacity building and expenditure tracking.

96 Lack of harmonisation in reporting is also an issue. Countries receive separate requests from UNAIDS Secretariat for UNGASS reporting and from WHO for health sector Universal Access reporting.

97 ***Technical support is on the whole timely, relevant and valued by national partners***. UN technical support is viewed as high quality and is valued by national government and civil society partners. But interviews and country visits highlighted two issues. First, UN technical support is still too often supply driven. Second, national partners see the UN as better at providing or brokering short term 'technical' inputs than longer term support for implementation, capacity development or systems strengthening.

98 ***UNAIDS technical support is not systematically monitored or evaluated at country level***. The TSFs and ASAP have been reviewed and the GIST has commissioned case studies to assess the effectiveness of Global Fund-related technical support. But at country level, technical support has been poorly tracked and monitored, with the exception of support provided by TSFs, and UN technical support is not well evaluated.

Human rights

99 ***UNAIDS has played a critical role in highlighting HIV and human rights.*** Most global informants consider that UNAIDS has provided effective global leadership on HIV and human rights – highlighting human rights issues, developing clear guidance and mobilising timely action. Much of this is attributed to the UNAIDS Secretariat and the former and current Executive Director.

100 Some global informants consider that cosponsors have a more limited understanding of HIV and human rights issues, have taken less action and are, as one noted '*less willing to speak out on controversial issues*'. But all cosponsors address human rights through their own mandates and mechanisms to some extent.

101 ***Leadership on the rights of key populations could have been bolder***. UNAIDS has been criticised by some commentators for taking insufficient action to address the rights of key populations. Efforts at country level have tended to focus more on advocacy for services for key populations than for their rights, although there are exceptions. Lack of consensus across UNAIDS, as well as between senior management and technical staff within UN agencies, particularly on issues such as harm reduction and sex work, has been an impediment to effective leadership.

102 The division of labour, which assigns lead agency roles for different key populations to different cosponsors, has contributed to fragmentation and made it difficult to develop coherent leadership and to address multiple needs, for example of sex workers who use drugs or MSM who sell sex. Blurred mandates and differences in approach have resulted in duplication and, on occasion, competition. For example, the relationship between WHO and UNODC with regards to harm reduction has on occasions been problematic.

103 ***UNAIDS needs to strengthen its capacity to address HIV and human rights***. The extent to which action has been constrained by inadequate financial and human resources for work on human rights and key populations is difficult to determine, since it is unclear whether resource requirements have been systematically assessed. UNDP now reports that it has a 'full complement' of HIV staff at HQ and in the regions, but its capacity at country level is variable. There is a consensus that UN staff require a better understanding of HIV and human rights issues and the skills to address contentious topics in a strategic manner at country level.

104 ***There is lack of clarity on the respective roles of the secretariat and UNDP***. Although UNDP assumed the lead agency role for human rights under the division of labour in 2005, the UNAIDS Secretariat still maintains a human rights team. There is a good working relationship and agreement has been reached about which aspects of human rights each will focus on. In principle, this division of labour has the UNAIDS Secretariat supporting global and standards work and UNDP supporting country technical work with partners on human rights and law.

105 However, some informants, especially those outside the UN system, remain unclear about their respective roles. The extent to which UNDP can provide leadership on human rights issues at country level is a concern, given limited UNDP capacity in some countries and the role of the RC.

106 ***UNAIDS country support is unstrategic and inconsistent***. UNAIDS has provided critical support for human rights and key populations in some countries, but has taken limited action in others, often because of government sensitivities and the difficulties of addressing behaviours that are criminalised. UNAIDS' concerns about taking a more active role were not borne out by interviews with some government respondents or by experience in some countries where the UN has been able to support effective human rights work through strengthening the evidence base, supporting civil society and taking a common position in policy dialogue.

107 Challenges to joint action by joint teams include a lack of common objectives related to HIV and human rights. This often means that action depends on individual commitment and the extent to which the RC and country heads of agency are willing to provide staff with political and moral support. This varies, reflecting differing views about whether or not the UN can or should challenge governments about sensitive topics.

108 ***Evidence of UNAIDS action to reflect the priorities of and empower key populations and to support their meaningful participation is mixed***. The need for stronger and more coherent UN support for action around key populations is clearly demonstrated by studies that have found that, while a high proportion of countries have plans to address populations most at risk from HIV, fewer than half have implemented prevention services for IDU, MSM or sex workers. An evaluation of World Bank assistance for HIV and AIDS (World Bank, 2005) noted that '*failure to reach people with the highest-risk behaviours has reduced the efficiency and impact of assistance*'.

109 Although UNAIDS has advocated for the inclusion of key populations, representation of these populations remains limited. At global level, MSM have a stronger voice than previously, but that there has been less progress in meaningful participation of sex workers and IDU.

110 ***There has been progress in efforts to tackle stigma and discrimination and strengthen legal frameworks.*** All categories of respondents to the evaluation survey rated the contribution of UNAIDS to addressing stigma and discrimination as moderate or strong. Efforts to address stigma and discrimination have clearly been more consistent and effective in some countries than others. To strengthen legal frameworks, UNAIDS has worked with parliamentarians and supported the review and development of laws. Efforts have also been made to work with justice and interior ministries and to establish partnerships with groups working on human rights to improve HIV-related laws and law enforcement. However, based on the countries visited, these efforts appear to have been somewhat fragmented.

Gender dimensions of the epidemic

111 ***UNAIDS global leadership on gender dimensions of the epidemic has been weak***. Although the UNAIDS Secretariat has been a strong champion for increased attention to women and girls in the response to the epidemic, '*there has been a lot of rhetoric, but this has not been matched by action at country level*' in the words of one cosponsor respondent.

112 Gender has been a contentious area where it has been difficult to achieve consensus across UNAIDS and among wider stakeholders. Concerns were expressed by some informants that the decision to concentrate on women and girls and on sexual minorities – in response to direction from the PCB – will result in continued failure to address gender dynamics, gender inequalities and gender norms that increase the risk of HIV infection. Global interviews also highlighted the lack of coherent UNAIDS global leadership on gender-based violence and HIV.

113 ***Progress in developing UNAIDS policy and programming guidance has been slow***. Some cosponsors criticise the lack of clear direction provided by the PCB, and others a general inability by UNAIDS to take this issue forward as the reason why there was little progress with global guidance until early 2009.

114 ***UN mainstreaming of, and capacity in, HIV and gender need to be strengthened***. Gender, like human rights, is an issue that cuts across all cosponsors and that should be mainstreamed into their work on HIV. While all cosponsors work on gender to some degree, gender staff noted that it is sometimes a struggle to get the issue addressed more widely within their agencies, highlighting resistance to undertaking genuinely transformative gender work and dealing with sexuality.

115 UNAIDS' capacity to address gender and HIV is limited at global level. The UNAIDS Secretariat, UNFPA, World Bank and WHO have a few staff dedicated to gender and HIV. Others have a focal point, but no staff for whom this is a primary responsibility.

116 UNDP has taken steps to increase its staff capacity supporting a full-time post in UNIFEM and strengthening its overall gender technical capacity by establishing a Gender Group at HQ and recruiting staff at HQ and regional levels. At country level, efforts have been made to strengthen the UN's capacity in gender, but there is less evidence of action to improve capacity in gender and HIV or of links being made between gender and HIV work.

117 ***The respective roles of UNDP, UNIFEM, UNAIDS Secretariat and the GCWA are unclear.*** UNDP sees its lead agency mandate as coordination and promotion of inter-agency collaboration. However, the respective roles of UNDP and the UNAIDS Secretariat are unclear and global informants expressed concerns about parallel structures and duplication of activities. The respective roles and responsibilities of UNIFEM vis-à-vis UNDP, and the relationship between UNDP, the secretariat and the Global Coalition on Women and AIDS (GCWA) also need to be revisited.

118 ***Engagement with organisations working on gender has been limited***. Respondents to the evaluation survey, especially bilateral donors and international funds and programmes, gave UNAIDS a relatively poor rating with regard to establishing global and country partnerships with gender-focused organisations.

119 ***UNAIDS support to countries to address the gender dimensions of the epidemic is not strategic***. There was little evidence in countries visited that UNAIDS has taken a consistent approach to analysis of the gender dimensions of the epidemic or

support for national policy development and implementation. UNAIDS effectiveness in supporting countries to conduct gender analysis and address gender in HIV policy, plans and programming was rated as relatively poor by respondents to the survey.

120 One consequence of the lack of a strategic approach is that national capacity on gender and HIV remains weak, gender issues in national HIV strategies are not linked to other national plans, and, while most countries refer to gender in HIV strategies and plans, few cost, or budget for, gender and HIV programming.

121 ***Work on gender norms and sexual minorities has received inadequate attention until relatively recently***. UNAIDS issued a policy brief on HIV and sex between men in 2006 and guidance on sexual minorities (MSM and transgender people) for applicants to the Global Fund Round 8 in early 2008, but MSM and transgender issues have, in general, not been well addressed across the joint programme until relatively recently. The evaluation survey indicates that UNAIDS has been more effective in work on sexual minorities than in work on gender norms but most respondents to the evaluation survey in all categories rated UNAIDS as only fairly effective.

122 Cosponsors are, however, agreed that UNDP has taken forward the agenda on sexual minorities in recent months. Since establishing a team of staff, UNDP moved quickly to establish an inter-agency working group, which includes UNESCO, UNFPA, UNODC and WHO, and to develop an action framework on universal access for MSM and transgender people.

CONCLUSIONS AND RECOMMENDATIONS

Performance of UNAIDS

123 Conclusions are given at the end of each chapter, reflecting the findings and evidence that has been presented, and are summarised in Chapter 9. Key points are:

- UNAIDS has responded to some aspects of the changing context but has been less successful at managing changes to the governance and management of the joint programme;
- UNAIDS has low efficiency in accountability and managing performance;
- UNAIDS remains highly relevant and has been effective in some key areas of the mandate

124 Six objectives were set out in ECOSOC resolution 1994/24. The performance of UNAIDS was assessed in the Five-year Evaluation and that assessment is revisited and updated in Table 12, drawing on the conclusions at the end of each chapter. Of the six, progress against two is rated as successful; one is mostly successful; and three are partly successful. Progress towards two: '*to promote broad-based political and social mobilization to prevent and respond to HIV/AIDS'*; and '*to advocate greater political commitment at the global and country levels including the mobilization and allocation of adequate resources'* is assessed as having improved since the Five-year Evaluation. Progress against the objective '*to achieve and promote global consensus on policy and programme approaches'* is assessed as less successful than at the time of the Five-year Evaluation.

125 A number of issues concerning future directions for the programme are explored in Chapter 10. The concept of AIDS 'exceptionalism' is still valid, given the specific factors that drive the epidemic and influence the response, and the impact of HIV in some regions, but a more nuanced approach is required that recognises the diversity of epidemics and configures support to country circumstances.

126 There is recognition of the need to strengthen health systems to deliver HIV treatment, but UNAIDS will need to maintain leadership and advocacy for a multisectoral approach that involves relevant sectors in HIV prevention.

127 The current global financial crisis appears likely to affect countries' abilities to sustain and expand treatment services and increase coverage with prevention services. But it may also bring opportunities to examine efficiency and effectiveness. An important role for UNAIDS will be to work with countries and donors to ensure that prevention efforts are well targeted and to ensure an appropriate balance of resource allocation between prevention, treatment, care and support.

128 In the early days of UNAIDS there were high ambitions for the joint programme to lead the way on UN reform. Experience shows that the underlying structural issues and incentives remain in place. Little further progress will be seen towards effective joint programmes at country level without more fundamental reforms in financing, and accountability and recognition of joint working in individuals' performance assessments.

129 The continuing epidemic shows that UNAIDS work is far from over but a new approach is needed to match UN support more closely to country needs and to improve the cost effectiveness of support by the secretariat at all levels.

List of recommendations

130 A total of 24 recommendations are set out in Chapter 11, grouped in five categories which depart from the structure of this report and seek to make UNAIDS more focussed, more strategic, more flexible and responsive, more accountable and more efficient.

Recommendation area 1: Improve the focus of UNAIDS

This first recommendation is an overarching one, to set direction for the next five years.

Recommendation 1 to the PCB: To develop a new mission statement with measurable and time-bound objectives supported by a new strategic plan which 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.[3]

Recommendation area 2: Be more strategic in approach

Recommendation 2 to the Executive Director: The secretariat to work with cosponsors to develop an overarching partnership strategy with clear and measurable objectives, including explicit provisions for working in partnership with the Global Fund and PEPFAR.

Subsidiary recommendations are:

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

Recommendation 3 to the CCO: To convene a time-limited working group

[3] This recommendation follows a similar orientation to recommendations 2.1 and 2.2 of the Five-year Evaluation of the Global Fund

with relevant cosponsors and the Global Fund, supported by the secretariat, to clarify an '*operational division of labour regarding the provision and financing of technical support for health systems strengthening*' to be put forward for endorsement by the governing boards of the relevant agencies.[4]

Recommendation 4 to the secretariat and cosponsors: The secretariat and cosponsors should bring to the 2010 meeting of the CCO, and then the December 2010 PCB meeting, 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; M&E at country level; operations research; and surveillance). This should include:

- **How the lead agency concept can be better operationalised at global level; and**
- **The degree to which these issues can be resolved using the IATT approach.**

Subsidiary recommendation to the PCB: To instruct the secretariat and cosponsors to develop a *modus operandi* for IATTs, 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.

Recommendation 5 to the Executive Director: To adjust the size, staffing and organisational arrangement of Secretariat offices at country level to reflect national needs and the implications of recommendation 1.

Recommendation 6 to the Executive Director: to make proposals to UNDG to develop revised joint team guidelines that are based on principles and support country- or regionally-determined approaches that reflect the needs of the epidemic.

Recommendation 7 to member states: Work with colleagues within their own governments to introduce decisions in the governing bodies of all the cosponsors that performance appraisal of heads of agency at country level include performance of the joint team, and support from the agency, where relevant.

Recommendation 8 to member states: To channel funding of HIV work by the UN at country level to support the joint teams rather than being managed bilaterally through individual cosponsors or the secretariat country office.

Recommendation area 3: Be more flexible and responsive

Recommendation 9 to the secretariat and cosponsors: 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.

Recommendation 10 to the secretariat: To strengthen evaluation at global and country levels. Specifically:

- **To convene a working group (possibly under the auspices of the MERG) 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.**
- **To plan, manage and budget evaluations jointly at country level, under the auspices of the joint team and working in collaboration with the Global Fund, other donors and**

[4] The wording in italics reflects Recommendation 3.2 from the Five-year Evaluation of the Global Fund.

national partners in accordance with the Paris Declaration commitments.

- **To cease further investment in or continuation of CRIS beyond its current use as a format for reporting.**
- **To make adequate provision for reporting on, dissemination of and policy engagement concerning evaluation findings.**

Recommendation 11 to the secretariat and cosponsors: To strengthen arrangements for technical support. Specifically:

- **To 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.**
- **To determine the role of UNAIDS in Global Fund-related technical support.**
- **To 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.**
- **To rationalise support for M&E between the UNAIDS Secretariat, World Bank GAMET and WHO.**
- **To consolidate technical support mechanisms established by UNAIDS as joint programme providers.**
- **To introduce systematic monitoring and evaluation of technical support provided by UNAIDS and UNAIDS-related technical support providers at country level.**

Recommendation 12 to the PCB and Executive Director: To continue the PAF facility and improve current operational practice. Changes would include:

- **Regular reporting on outcomes from utilisation of PAF funds to the PCB; and**
- **Proposals by the Executive Director and cosponsor heads of agencies at the December 2010 PCB to achieve cost-reducing efficiency gains in the transmission of funds by the cosponsor agencies.**

Recommendation 13 to the Executive Director: The RSTs should be tasked to (i) ensure that HIV is included in the deliberations of the developing Regional Directors Teams; (ii) focus on supporting development of UN capacity at country level that reflects a tailored response to the epidemic; (iii) build on the experience of the RST ESA and promote the use of gap analysis and 'know your epidemic'; and (iv) be configured to support all cosponsors, not just the secretariat.

Recommendation 14 to the PCB: To task UNAIDS with strengthening its focus on gender and human rights. Specifically:

- **To review the division of labour concerning cross-cutting issues of gender and human rights with a view to the secretariat taking the lead role in coordination in these areas across the joint programme.**
- **To clarify the respective roles of UNIFEM and GCWA with regards to work on HIV and gender.**
- **To strengthen the capacity of UN staff in HIV and gender and HIV and human rights.**
- **To support UNDP to take forward its lead role in work on MSM and transgender populations.**
- **To strengthen global leadership and advocacy with regards to key populations and convene an inter-agency task force involving UNODC, UNDP and UNFPA to ensure policy**

and programming coherence and effective coordination of work with key populations.

- **To determine clear overarching global objectives for work on HIV and gender, human rights and key populations and ensure that these objectives are included as a core component of joint team work at country level; gender and human rights analysis should be integral to 'knowing your epidemic' and to joint programmes of support for national responses.**
- **To focus UNAIDS' support for countries on translating frameworks and guidance into practical HIV and gender and HIV and human rights programming.**

Recommendation area 4: Improve accountability and governance

Recommendation 15 to the Executive Director, PCB and to all cosponsor heads of agency: Revitalise the role of the CCO, with one regular formal CCO meeting per annum, supported by:

- **Revision of the CCO *modus operandi* to reflect the de facto greater role for the global coordinators.**
- **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 PCB 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, to the extent practicable, 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.**
- **Building on the solid progress that has been made to ensure that HIV is part of the regular agenda for most cosponsor agencies. The PCB should work with the Executive Director and cosponsors to ensure, where possible, that these deliberations consistently include discussion of key PCB decisions.**

Recommendation 16 to the PCB: To take effective responsibility for oversight of UNAIDS, the PCB should refocus its work on ensuring:

- **Cosponsor and secretariat plans for provision of support at country level are based on epidemic priorities and the comparative advantages of the UN.**
- **Decisions of the Executive Director on the allocation of UBW 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.**
- **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.**
- **The secretariat does not assume roles that could be carried out by a cosponsor.**
- **The efficiency and effectiveness of the secretariat.**

Recommendation 17 to the PCB: To take effective responsibility for oversight of UNAIDS, the PCB should revise its working practices to improve the

effectiveness of its meetings. Changes would include the following:

- **Maintain the role of the PCB Bureau strictly as a coordination body and examine lessons from previous experience with inter-sessional working groups, as a precursor for increasing the use of such groups.**
- **Review the present 'hub and spoke' model by which the secretariat briefs separate constituencies before PCB meetings, with a view to greater investment in forging links and communication between constituencies before PCB meetings.**
- **Revise the current PCB *modus operandi* to formalise how PCB meetings are chaired and, while maintaining adequate voice across all major groups of participants, focus meetings on rapid and effective decision making.**
- **At the December 2010 PCB meeting, assess the effectiveness of the 2008 changes in the PCB *modus operandi*, and identify further modifications that will strengthen the efficiency and effectiveness of working practices. In particular this should assess the effectiveness of changes in how the Drafting Group operates.**

Recommendation 18 to the PCB: The PCB should hold the Executive Director accountable for the allocation of funds raised by the secretariat between the secretariat and the individual cosponsors. This would mean:

- **Future allocation of inter-agency funding should explicitly show the distribution among the secretariat and cosponsors.**
- **Allocation of UBW 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.**
- **Secretariat and cosponsor performance should be defined around commitments made on development of UN capacity at country level; this is what the PCB should hold the global coordinators, as the main representatives of their organisations, 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 to the PCB, secretariat and cosponsors: The role and contents of the UBW need to be revised 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.**
- **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.**

Recommendation area 5: Greater efficiency

Recommendation 20 to the PCB: 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 rationalisation of staff at global, regional country and levels linked to the strategy from Recommendation 1, taking account of the different regional needs of the epidemic.

Recommendation 21 to the PCB: While affirming the role of the secretariat as providing coordination support within the joint programme, and possibly the organisation to fill gaps that cannot be filled by the cosponsors, task the Executive Director with presenting recommendations on what the roles and staff complement should be over the medium term and how this would be delivered, at the June 2010 PCB.

Recommendation 22 to the Executive Director: Assuming that the WHO enterprise system is fully functional by end 2010, commission a review in early 2011 on the costs and benefits of moving to using the ERP of either UNDP or WHO for all administration across the organisation.

Recommendation 23 to the PCB: Task the Executive Director to present a report to the PCB at the December 2010 meeting presenting evidence of the extent to which financial and HR 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 organisation.

Recommendation 24 to the PCB: Request that the Executive Director: (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 PCB at its December 2010 meeting with detailed actions to ensure that the cadre of country staff have the required competencies.

A. Introduction and Context

1 Introduction

1.1 This report presents the findings of an evaluation into the efficacy, effectiveness and outcomes of UNAIDS – the secretariat, cosponsors and Programme Coordinating Board (PCB) – at global, regional and country levels. It was commissioned by the PCB and conducted between September 2008 and August 2009. The reference period of the evaluation was 2002 to 2008 but relevant events have been taken into account up to June 2009.

1.2 The evaluation team (ET) has been supervised by an Oversight Committee (OC) whose roles were to:

- review and finalise terms of reference for selection of the ET;
- participate with UNOPS in the review, selection, and contracting of the ET, subject to the endorsement of the PCB;
- provide guidance and directions to the ET;
- monitor and adjust, as required, timelines and budget (where necessary consulting the PCB), and other critical success factors;
- ensure that the guiding principles of independence, transparency, and involvement of stakeholders are respected through communication and consultative measures;
- inform the PCB through the OC Chair on progress of the evaluation and on any matters requiring PCB approval, endorsement or action;
- provide feedback on the evaluation process for the PCB and comments on the draft Final Evaluation Report;
- manage communication on the evaluation process between the ET and its interlocutors;
- mediate should conflicts or questions arise regarding outcomes and results between the ET and interlocutors; and
- take other actions as required for credibility of the evaluation process and product.

Evaluation objectives

1.3 The scope and objectives are outlined in Box 1. In support of the statement of purpose 12 detailed questions were posed for the evaluation to answer. These provided the organising framework for the investigations and the structure of this report.

Box 1: Evaluation Scope and objectives

The purpose of the second independent evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and cosponsors) at the global, regional and country levels and, specifically, to what extent UNAIDS has met its ECOSOC mandate for an internationally coordinated response to the HIV/AIDS pandemic with the following core objectives:

Box 1: Evaluation Scope and objectives

a) provide global leadership in response to the epidemic;
b) achieve and promote global consensus on policy and programmatic approaches;
c) strengthen the capacity of the UN system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at country level;
d) strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level;
e) promote broad-based political and social mobilisation to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions;
f) advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilisation and allocation of adequate resources for HIV/AIDS-related activities.

The evaluation should assess to what extent UNAIDS has met its objectives and the continuing relevance of its mandate and objectives in the current global environment.

The evaluation focuses on the following questions:

A. The changing context

- How UNAIDS has responded to the recommendations of the first independent evaluation
- The evolving role of UNAIDS within a changing environment
- Strengthening health systems
- Delivering as One (UN Reform)

B. How UNAIDS works

- The governance of UNAIDS
- The division of labour between the secretariat, cosponsors, agencies and countries
- The administration of the joint programme

C. Aspects of fulfilling the mandate

- Involving and working with civil society
- Gender dimensions of the epidemic
- Technical support to national AIDS responses
- Human rights
- The greater and meaningful involvement of people living with HIV

.

1.4 The conceptual framework for the evaluation organises these detailed questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS works; and how UNAIDS is fulfilling its mandate in the specific areas highlighted by the evaluation questions. In addition, it examines how past performance has prepared and enabled UNAIDS to deal with future challenges. The organisation of this report follows this conceptual framework. Chapters follow in direct response to the questions of the evaluation in parts A, B and C. Part D is forward-looking, assesses the challenges facing UNAIDS, sets out the conclusions of the evaluation and makes recommendations to consolidate and improve the performance of the joint programme.

Methodology

1.5 Details of the methodology are set out in Annex 2. The annex builds on the approach set out in the inception report, which is available on the

UNAIDS website.[5] The evaluation design was modified following a stakeholder workshop in September 2008.

Evaluation framework

1.6 The evaluation design is based on a set of frameworks developed from the questions in the terms of reference (TOR). These frameworks are listed at Annex 2, Section 3. The frameworks structure the questions and associated issues as indicators and sources of information. They identify the range of documents to be reviewed and key informants for each topic. The frameworks were used by the ET to develop interview topic guides and as a structure to record interview material and findings from reports of visits to case study countries. Examples of the way the frameworks were used can be found in Annex 2, Tables 7a and 7b. A full set of all completed frameworks from the country visits has been provided in confidence to the OC.

Country visits and regional consultations

1.7 In accordance with the TOR, visits were made to 12 countries. These were selected purposively in response to criteria set out in the TOR, to ensure broad geographical coverage and representation of a wide range of country circumstances. The 12 countries were:

- Côte d'Ivoire
- Democratic Republic of Congo (DRC)
- Ethiopia
- Swaziland
- Kazakhstan
- Ukraine
- Iran
- India
- Indonesia
- Vietnam
- Peru
- Haiti

1.8 Full details of the country selection and methodology of the country visits can be found in Annex 2, Section 4. In addition, a consultation was held with stakeholders in the Pacific Region (including a visit to Fiji) and meetings were held with headquarters and regional offices of the UNAIDS Secretariat, cosponsors and other regional bodies (Annex 2, Table 8). Short summary reports from all the country visits are available at the UNAIDS website.[6]

Data collection methods

1.9 Data collection was based around five tools or methods. **Semi-structured interviews using topic lists** of questions were carried out with a large number of respondents. Lists appear for each country in the country summary report and for global and regional interviewees in Annex 3. A

[5] http://data.unaids.org/pub/Report/2008/20081020_sie_approved_inception_report_en.pdf

[6] http://www.unaids.org/en/AboutUNAIDS/IndependantEvaluation/default.asp

mixture of **appreciative enquiry, force field analysis** and **focus group discussions** were used during the country visits as appropriate to the setting. **Policy timelines** were used, especially at country, level to record and analyse sequences of events. A large number of **documents** were reviewed for secondary data, in some instances against check-lists of questions drawn from the evaluation frameworks. A list of documents for each country appears as an annex to the country reports; a bibliography is also included in Annex 4. Two **questionnaire surveys** were conducted using a proprietary web-based software: one on a sample of key informants who are members of or work closely with the PCB; and another general evaluation survey of a wide range of stakeholders. Details of the samples are in Annex 2, Tables 9 and 10; the questionnaires and analysis of responses is available on the UNAIDS website.

Consultations during the evaluation

1.10 The ET used a number of consultations with stakeholders during the evaluation process:

- A stakeholder workshop in September 2008.
- A progress report to the OC in January 2009 to highlight early findings and the presentation of evidence and submission of all draft country summary reports for review and comment by the OC.
- A workshop in April 2009 for all the team leaders from the country visits to review the consistency and variability of findings and provide guidance for drafting the consultation document.
- A second stakeholder workshop in June 2009 to seek feedback on the consultation document on preliminary findings and identify evidence not seen by the ET; comments were taken into account when drafting the final report and details of how the ET responded to the feedback are with the OC.
- A review of the draft final report with the OC in September 2009, preceded by written comments on the report.

Evaluation analysis

1.11 Analysis of a complex evaluation such as this is challenging, not least because the information gathered is very diverse, of varying quality and robustness. To ensure a systematic approach that presents a logical sequence of findings, conclusions and recommendations, the ET handled this as follows (more detail is at Annex 2, Section 4):

1.12 ***Process***. The use of an evaluation framework ensured systematic coverage of the questions. The strength of finding against each question was interpreted according to the nature of the evidence and the triangulation of the finding.

1.13 ***Country data***. Because the countries were selected purposively and findings are not generalisable, evidence from the countries is quoted extensively in the report narrative.

1.14 ***Weighting of evidence***. As a general guide, evidence has been taken into consideration in the following way. Data such as staff numbers and financial expenditure are assumed to be factual. Secondary data from

independent reviews and evaluations carried out in a professional way by organisations that subscribe to internationally-accepted quality standards, such as the evaluation departments of the cosponsors and of donor agencies, and reports in peer-reviewed journals have been assumed to be of high probity. Next is information from routine administrative processes such as surveys of UCCs and general staff surveys, with more credibility given where methodology is explained and is robust. The second tier of evidence is the findings from the country visits and interviews with stakeholders, especially where supported by good documentary evidence. The third tier of evidence is the findings from the web-based surveys, which provide statistical support to the findings from interviews.

1.15 ***Strength of conclusions***. Where there is stronger evidence, the conclusion drawn can be stronger. A simple example is that the evaluation is able to draw strong conclusions about a topic such as joint teams at country level or the division of labour because there were clear objectives and benchmarks set for these initiatives, and the evidence is comprehensive from all the countries and widely triangulated with reference to interviews and independent reviews. In contrast, conclusions about the operation of theme groups are much less firm because the objectives and guidelines are weak, there is very little documentation and actual practice has been so diverse.

Quality assurance

1.16 In addition to reviews by the OC, the ET organised an internal quality assurance (QA) process for all the country reports, the report on the consultation in the Pacific Region and the draft final report. QA took the form of peer review by HLSP.

Limitations of available evidence

1.17 The evaluation had a broad mandate and substantial resources, but even so, it has not been possible to investigate all aspects of the joint programme in depth. An evaluation such as this relies on being able to synthesise the findings from more narrowly-focused reviews and evaluations as part of the secondary data. Extensive use has been made of studies that are available. However, there are substantial gaps, especially with regards to evaluating interventions at country level, and there is little evidence of a systematic and high-quality approach to evaluate different interventions, policies and strategies implemented across many partners.

1.18 This was also highlighted in the evaluation of the Global Fund, which recommended enhanced evaluation at country level.[7] The Five-year Evaluation of UNAIDS had recommended that the Monitoring and Evaluation Reference Group (MERG) should develop a programme of evaluation studies to look at issues of performance for the programme as a whole (Recommendation 29). This was not implemented.

1.19 A mixed picture emerges of support to evaluation of interventions, policies and strategies. Many countries have used evaluation for *ad hoc*

[7] Global Fund (2009) Technical Evaluation Reference Group Summary Paper. Synthesis Report of the Five-year Evaluation of the Global Fund

investigations into aspects of the national response and these are documented, for example, in Côte d'Ivoire, Kazakhstan, Ukraine, Haiti and Iran. Some good examples have been seen of the use of epidemiological syntheses by GAMET or of behavioural surveillance surveys in Ethiopia and Vietnam. Whilst not strictly evaluations of programmes or interventions, the findings have been presented in a clear way to inform national policy-makers. But examples also exist of studies such as the secretariat-supported mid-term review of the national AIDS programme in Kazakhstan where conclusions do not fully reflect the findings and there are no recommendations.

1.20 The cosponsors have undertaken evaluations of their technical and country programmes without any attempt at systematic coordination through the secretariat or the MERG. There is no consultation process on operational planning among the evaluation offices of the cosponsors (an example of how the remit of the joint programme does not extend far outside the dedicated HIV units) and nor have there been any joint evaluations at global level.[8] This is a significant weakness.

[8] A joint evaluation of the '*Joint UNDP/World Bank/UNAIDS Programme on Strengthening Capacity for Integrating AIDS into Poverty Reduction Strategy Papers and National Development Plans*' organised by UNDP, the World Bank and UNAIDS Secretariat is currently at a pre-implementation stage.

2 The changing context

2.1 This chapter deals with the way in which UNAIDS has responded to the changing epidemic and aid architecture. It starts with a brief review of the epidemic and the global response and then examines how recommendations from the Five-year Evaluation were implemented. Three further topics are explored: the evolving role of UNAIDS in a changing environment; the way in which UN reform has influenced the work of the joint programme; and the links between HIV work and efforts to strengthen health systems.

The evolving epidemic[9]

Summary of findings

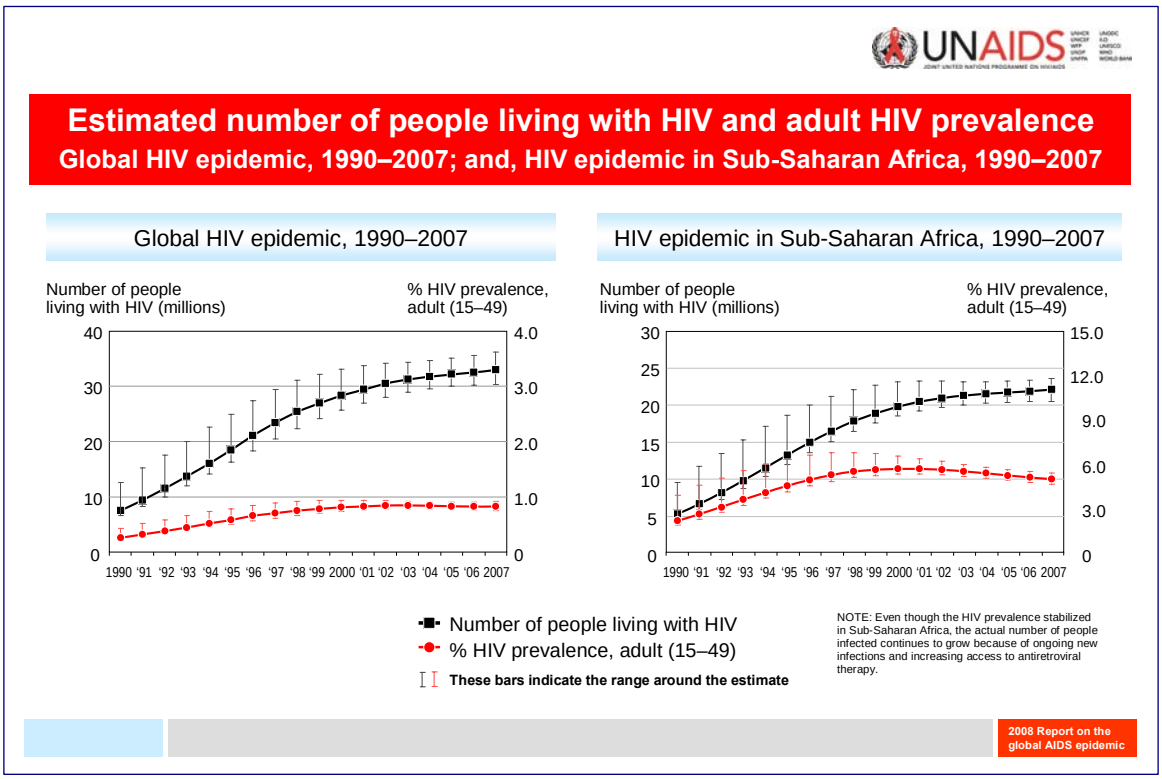
- HIV remains a significant global health problem
- The global response has been sustained
- Resources to tackle HIV and AIDS have increased considerably in recent years
- Access to treatment has increased
- For every two people who start taking antiretroviral drugs, another five are newly infected.

HIV remains a significant global health problem

2.2 Unknown 30 years ago, HIV has since caused an estimated 25 million deaths worldwide. Sub-Saharan Africa and Asia are the regions most severely hit but large numbers of people are affected by HIV in Latin America, the Caribbean, Eastern Europe, Central Asia and North America.

[9] This sections draws extensively on material in the UNAIDS 2008 Report on the Global AIDS Epidemic, including Figures 1 and 2

Figure 1: Estimated number of people living with HIV and adult HIV prevalence



2.3 By the end of 2007, an estimated 22 million people were living with HIV in sub-Saharan Africa (Figure 1). Two-thirds of the 33 million people living with HIV worldwide are in this region, where the majority of infection is due to heterosexual transmission, and three-quarters of all AIDS deaths in 2007 occurred there. However, the epidemic varies significantly from country to country. HIV prevalence in adults is below 2 per cent in several countries of West and Central Africa, as well as in the horn of Africa but, in 2007, exceeded 15 per cent in seven southern African countries and was above 5 per cent in seven other countries. In the region as a whole, women are disproportionately affected in comparison with men, with especially stark differences between the sexes in HIV prevalence among young people.

2.4 In virtually all regions outside of sub-Saharan Africa, HIV disproportionately affects injecting drug users, men who have sex with men and sex workers. Studies also show high infection rates among these populations in parts of sub-Saharan Africa.

2.5 In Asia, an estimated five million people were living with HIV in 2007. Infection rates are lower than in Africa, but HIV is likely to push an additional six million households into poverty by 2015 unless national responses are strengthened. Modes of transmission are diverse, with injecting drug use, sex work and unsafe sex between men driving the epidemic depending on the country. HIV infections among men who have sex with men are increasing rapidly in some parts of Asia.

2.6 Injecting drug use is the main risk factor in Eastern Europe and Central Asia. In other regions, such as Latin America, men who have sex with

men (MSM) are at particular risk. Infection rates in all regions are shown in Figure 2.

Figure 2: Regional HIV and AIDS statistics and features, 2007

World Health Organization

UNAIDS

Regional HIV and AIDS statistics and features, 2007

	Adults & children living with HIV	Adults & children newly infected with HIV	Adult prevalence (15–49) [%]	Adult & child deaths due to AIDS
Sub-Saharan Africa	22.0 million [20.5 – 23.6 million]	1.9 million [1.6 – 2.1 million]	5.0% [4.6% – 5.4%]	1.5 million [1.3 – 1.7 million]
Middle East & North Africa	380 000 [280 000 – 510 000]	40 000 [20 000 – 66 000]	0.3% [0.2% – 0.4%]	27 000 [20 000 – 35 000]
South and South-East Asia	4.2 million [3.5 – 5.3 million]	330 000 [150 000 – 590 000]	0.3% [0.2% – 0.4%]	340 000 [230 000 – 450 000]
East Asia	740 000 [480 000 – 1.1 million]	52 000 [29 000 – 84 000]	0.1% [<0.1% – 0.2%]	40 000 [24 000 – 63 000]
Latin America	1.7 million [1.5 – 2.1 million]	140 000 [88 000 – 190 000]	0.5% [0.4% – 0.6%]	63 000 [49 000 – 98 000]
Caribbean	230 000 [210 000 – 270 000]	20 000 [16 000 – 25 000]	1.1% [1.0% – 1.2%]	14 000 [11 000 – 16 000]
Eastern Europe & Central Asia	1.5 million [1.1 – 1.9 million]	110 000 [67 000 – 180 000]	0.8% [0.6% – 1.1%]	58 000 [41 000 – 88 000]
Western & Central Europe	730 000 [580 000 – 1.0 million]	27 000 [14000 – 49 000]	0.3% [0.2% – 0.4%]	8000 [4800 – 17 000]
North America	1.2 million [760 000 – 2.0 million]	54 000 [9600 – 130 000]	0.6% [0.4% – 1.0%]	23 000 [9100 – 55 000]
Oceania	74 000 [66 000 – 93 000]	13 000 [12 000 – 15 000]	0.4% [0.3% – 0.5%]	1000 [<1000 – 1400]
TOTAL	33 million [30 – 36 million]	2.7 million [2.2 – 3.2 million]	0.8% [0.7% - 0.9%]	2.0 million [1.8 – 2.3 million]

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

2008 Report on the global AIDS epidemic

The global response has been sustained

2.7 The period covered by the evaluation has seen a succession of initiatives in response to this global challenge. The pivotal event, the UN General Assembly Special Session on HIV/AIDS (UNGASS), occurred before this, in 2001. The Declaration of Commitment that emerged has provided the overarching framework for subsequent action. It was followed the same year by the Doha Declaration, allowing for wider access to HIV treatment through generic drugs. Key subsequent developments include:

- 2002 – The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) became operational and approved the first round of grants.
- 2003 – The US President's Emergency Plan for AIDS Relief (PEPFAR) was launched with an initial US$15 billion commitment.
- 2003 – WHO and UNAIDS launched the '3 by 5' Initiative to help low- and middle-income countries increase the number of people with access to antiretroviral therapy (ART) from 400,000 to 3 million people by 2005.
- 2004 – The 'Three Ones' principle (one national AIDS framework, one national AIDS authority and one system for monitoring and evaluation) – was agreed.
- 2005 – The G8 Summit and UN World Summit both pledged to come as close as possible to universal access to prevention programmes,

treatment, care and support by 2010; the Global Task Team (GTT)[10] was set up; and the Technical Support Division of Labour announced.

- 2006 – The UN General Assembly High Level Meeting on AIDS adopted the Political Declaration on HIV and AIDS and set a global objective of moving towards the goal of universal access by 2010

2.8 Collectively these represent a high level of political commitment to addressing HIV and AIDS which, as discussed below, has translated into a significant increase in resources.

Resources to tackle HIV and AIDS have increased considerably in recent years

2.9 Total annual resources available for AIDS have risen dramatically over the evaluation period, from an estimated US$1.6 billion in 2001 to US$15.6 billion in 2008. Table 1 summarises the make-up of that figure.

Table 1: Composition of resources available for AIDS 2008[11]

Source	US$ million
Bilateral ODA*	5,667.68
Of which US Government	*3,480.00*
Multilateral ODA*	2,155.08
Of which Global Fund	*1,700.00*
UNITAID	*265.30*
Philanthropic sector**	651.17
Domestic (public and private)***	7,156.00
Total	15,630.00

2.10 Two important points arise from these figures. First, the financial burden lies with countries themselves, with significant implications for sustainability. Second, there is still a shortfall of US$6.5 billion between what is available and the estimated US$22.1 billion per annum needed to address the epidemic in low- and middle-income countries.

Access to treatment has increased

2.11 The expansion of treatment, in large part due to the increase in resources for HIV, has been one of the great success stories of the global response during the evaluation period. Nearly 3 million people were receiving ART in low- and middle-income countries at the end of 2007. But, though a dramatic 45 per cent improvement over 2006, this still represents only 31 per cent of estimated global need. Children are not benefiting to the same extent

[10] The Global Task Team (GTT) on Improving AIDS Coordination Among Multilateral Institutions and International Donors was formed when leaders from donor and developing country governments, civil society, UN agencies, and other multilateral and international institutions met in London on 9 March 2005, and agreed to develop a set of recommendations within 80 days on improving the institutional architecture of the response to HIV and AIDS. The particular focus was on how the multilateral system can streamline, simplify and further harmonize procedures and practices to improve the effectiveness of country-led responses and reduce the burden placed on countries. The Final Report was published on 14 June 2005 with **r**ecommendations under four main headings:
1. Empowering inclusive national leadership and ownership; 2. Alignment and harmonization; 3. Reform for a more effective multilateral response; 4. Accountability and oversight.

[11] * KFF/UNAIDS for 2008; ** Combination of report from FCAA (2008) and EFG (2008); *** UNAIDS, 2008

as adults; in sub-Saharan Africa, children living with HIV are about one-third as likely to receive ART as adults.

2.12 Expansion of treatment coverage has been extraordinary in many countries. Namibia scaled up treatment coverage from 1 per cent in 2003 to 88 per cent in 2007, and Rwanda from 3 per cent to 71 per cent in the same period. Botswana has achieved one of the world's highest treatment coverage rates, delivering drugs to more than 90 per cent of those in need in 2007.

2.13 After decades of increasing mortality, the annual number of AIDS deaths globally has declined in the past two years, in part as a result of greater access to treatment.

2.14 Most countries have policies providing free antiretroviral drugs, although many patients have to pay 'out-of-pocket' costs for diagnostic tests, treatment for opportunistic infections and travel to health facilities. Sustaining free treatment will be a considerable challenge, as new infections continue to outstrip the number of people on treatment and the cost of providing treatment increases – for example, because of the need to provide more expensive second- and third-line regimens. In Brazil, the cost of providing drugs in 2008 was estimated at US$525 million – more than double the amount in 2004.

For every two people who start taking antiretroviral drugs, another five are newly infected

2.15 The HIV epidemic cannot be reversed unless there is greater progress in preventing new HIV infections. Although, according to UNAIDS 2008 Report on the Global AIDS Epidemic, the annual number of new global infections declined from 3 million in 2001 to 2.7 million in 2007, gains in some countries – where the rate of new infections has fallen – are offset by increases in new infections in other countries. In sub-Saharan Africa, most national epidemics have stabilised or begun to decline, but infections are rising in a number of countries outside Africa.

2.16 Existing prevention strategies can reduce the risk of infection but HIV prevention programmes still fail to reach many people who are most at risk of HIV. Prevention programmes need to become more strategic, focusing for example on sero-discordant and multiple concurrent partnerships in countries with generalised epidemics and reaching populations at greatest risk such as injecting drug users (IDU), sex workers and MSM in countries with concentrated epidemics.

How UNAIDS has responded to the Five-year Evaluation

Summary of findings

- Recommendations that were under the direct control of the secretariat and for which resources were available have mostly been implemented
- Implementation of recommendations has been less effective at country level

2.17 The Five-year Evaluation of UNAIDS in 2002 made 30 recommendations, which have had a major influence on the evolution of the joint programme in the intervening years. In response to the Five-year

Evaluation, UNAIDS prepared a document outlining how the recommendations would be taken forward. Annex 5, Table 1 summarises the ET's assessment of progress in implementing these recommendations. Of the 30 recommendations, 7 are assessed as having not been implemented, 8 have been implemented in part or with significant differences from the original recommendations (in some instances owing to the changing environment) and 15 have been implemented in full or in ways that exceeded the original recommendations. Some of the recommendations that have not been implemented are no longer relevant, but those concerning the work of the CCO and other aspects of governance remain highly relevant and are revisited in the recommendations of this evaluation.

Recommendations that were under the direct control of the secretariat and for which resources were available have mostly been implemented

2.18 The response to the recommendations of the Five-year Evaluation reflected the strong orientation of the evaluation to the secretariat, rather than the secretariat and cosponsors jointly.[12] More progress was made in areas under more direct control of the secretariat and where resources were available to facilitate actions. Examples include the shift to a stronger country orientation and recommendations concerning technical support, monitoring and evaluation (M&E) at country level; working with civil society; support to the Global Fund; global advocacy; regional initiatives; public expenditure monitoring; and the Programme Acceleration Fund (PAF).

2.19 Little or no progress was made with recommendations that dealt with governance and the workings of the PCB; the ECOSOC mandate; allocation of responsibilities among cosponsors (later addressed by the Global Task Team); reform of the Committee of Cosponsoring Organisations (CCO); revisions of the cosponsor Memorandum of Understanding (MoU); links from PCB to governing bodies; PCB agenda and budget scrutiny; impact evaluation; and expanding the influence of the Unified Budget and Workplan (UBW) over country level resources.

2.20 The reasons for this are varied but several issues are critical. First, the evaluation report was never discussed at the PCB, which only discussed the management response. Second, responsibility for implementing recommendations was not clearly specified, for example, recommendations on governance needed action by member states rather than the joint programme. Third, some recommendations were not accepted, for example, the secretariat and cosponsors did not accept the recommendations on reform of the CCO.

2.21 Perceptions about progress among the various constituencies of stakeholders who responded to the survey conducted for this evaluation reveal consistent views about the effectiveness with which the recommendations have been tackled. Implementation of recommendations to achieve more effective governance with clear roles and responsibilities for the secretariat and cosponsors and to create clear and monitorable objectives for the secretariat and cosponsors were reported as *'fairly effective'* by about half of respondents but between one quarter and one third regard progress as *'not*

[12] The terms of reference for the Five-year Evaluation excluded evaluating the activities of the cosponsors.

very effective'. Similarly, progress towards making the UBW more influential at country level and improving reporting and the transparency of financial information by the secretariat and cosponsors was judged *'not very effective'* by around 30 per cent. Respondents from within the UN viewed progress in these areas more positively than civil society, donors and other groups.

Implementation of recommendations has been less effective at country level

2.22 The ET identified 17 of the recommendations as being of particular relevance at country level. Each country report includes an assessment of progress in implementation. For UNAIDS as a whole, 12 of the 17 were assessed as fully implemented and the remainder as implemented in part. At country level, 7 of the 17 recommendations were judged to have made progress in line with, or better than at global level in half or more of the countries visited. The strongest performance was in the areas of support to the Global Fund, improved operation of theme groups and support to national M&E capacity. For the other 10 recommendations, progress was found to be less than the assessment made for UNAIDS as a whole, with lower performance concentrated in the PAF processes; OECD donors not linking funding to cosponsor efforts at joint programming and joint programmes; and UNAIDS (secretariat and cosponsors) not working strategically at country level. Many of these points are taken up later in the report.

The evolving role of UNAIDS

Summary of findings

- UNAIDS and the Global Fund have built a constructive partnership
- UNAIDS has had limited influence on PEPFAR policy or programming
- Commitments under the Paris Declaration have had little obvious effect on the way UNAIDS works at country level
- UNAIDS needs to adapt its role according to country circumstances
- UNAIDS has established strategic partnerships but needs to clarify partnership objectives and mechanisms
- Some valuable synergies have been developed in the field of research and resource tracking
- Overall, UNAIDS leadership and support for effective HIV prevention policies and programmes has been inadequate

UNAIDS and the Global Fund have built a constructive partnership

2.23 The evaluation period coincided with the creation of the Global Fund, one of the main global financing entities for HIV. UNAIDS' relationship with the Global Fund is generally regarded as positive by both parties and has improved considerably in recent years.

2.24 From the start, the Fund was designed to work closely with UNAIDS and to benefit from technical support provided through UNAIDS to help countries apply for and implement grants. Some secretariat staff at

country level have argued that the demands of providing support for development of proposals to the Fund or for Country Coordinating Mechanisms (CCMs) have been significant, and some cosponsors have referred to the technical support function as an 'unfunded mandate'. This view has never held with senior managers in the secretariat and relationships have been managed constructively. Part of the tension has arisen from uncertainty about the extent to which the Fund is only a financing entity and questions of division of labour, specifically with regard to the World Bank, arising from the Global Task Team (GTT) recommendations.

2.25 An independent review was commissioned to examine the roles of the World Bank and the Global Fund, which recommended adherence to the 'Three Ones' principles and that the Global Fund should focus on financing, leaving partners in UNAIDS to provide support for policy dialogue, analytic work and project support at country level.[13] Despite this, the recent Five-year Evaluation of the Global Fund recommended that the Fund's Board still needed to provide clear guidance about respective roles in relation to financing, policy and development and that the Fund should clarify roles and responsibilities and develop a division of labour with other partners.[14]

2.26 The Five-year Evaluation of the Global Fund found that, among the Fund's partners, UNAIDS has the closest and most systematic partnership with the Fund. It cited UNAIDS holding a non-voting seat on the Global Fund Board and membership of the Policy and Strategy Committee, portfolio review group and Technical Evaluation Reference Group (TERG) as supporting evidence.[15]

2.27 A new MoU between the Fund and UNAIDS was signed in June 2008 with a focus on three core activities: strategic analysis and policy advice; provision of technical support; and M&E. This was followed up by a thematic session at the December 2008 PCB meeting with the aim of exploring ways to better ensure that Global Fund and UNAIDS support to countries results in effective and equitable national responses to HIV.

2.28 Country visits for this evaluation reveal a good relationship in eight of the 12 countries, mainly through support for proposal development but also for strengthening CCM governance and, in some cases, for grant implementation.

UNAIDS has had limited influence on PEPFAR policy and programming

2.29 The relationship with PEPFAR has been more challenging for UNAIDS. This is not surprising since PEPFAR, as a programme funded by a bilateral donor, operates very differently from the Global Fund and the US Government sets the policy agenda for PEPFAR. As the largest single bilateral source of funds, providing 22 per cent of all HIV funding in 2008[16] PEPFAR also has an influence and leverage at global and country levels way beyond that of UNAIDS.

---

13 Shakow, A. (2007) Global Fund-World Bank HIV/AIDS Programs: Comparative Advantage Study

14 The Five-year Evaluation of the Global Fund, Study Area 2: Final Report III.C.1. and IV.C.2 respectively.

15 Ibid; Study Area 2: Final Report IV.D.1

16 US$3.951 billion of which 88% was to be disbursed through bilateral channels (UNAIDS/Kaiser Family Foundation 2008)

2.30 The US Government has endorsed the Paris Declaration commitments (see paragraph 2.34) and the 'Three Ones' principle, which imply coherence with other development partners and call for delivering results in ways that will enhance national capacity. Yet a 2007 evaluation of PEPFAR implementation found evidence in three key areas that worked against such harmonisation:[17]

- Barriers to coordination with partner governments and other donors arising from US Laws, constraints on use of medications and coordination of plans;
- Restrictions on means of prevention arising from the Leadership Act; and
- Rigid congressional budget allocations that restricted PEPFAR country teams' ability to integrate prevention programming.

2.31 Following recommendations made by the PEPFAR evaluation and subsequent changes in policy, many of these barriers are being overcome. But to a large extent harmonisation depends on local relationships among staff at country level.

2.32 Country visits found positive relations with PEPFAR in Ethiopia, India and Vietnam, but a more distant relationship in Haiti, Swaziland[18] and Côte d'Ivoire. But even where the relationship was described as positive, the extent to which there is a productive working relationship varies. For example, the relationship appears to be more productive in Vietnam than in Ethiopia. In some countries there are MoU between PEPFAR and the Global Fund or tripartite MoU with government, for example, in Ethiopia, but UNAIDS has little involvement in the process.

2.33 These findings are reinforced by responses to the evaluation survey. UNAIDS is judged to have been '*fairly effective*' or '*very effective*' in its relationship with the Global Fund by 80 per cent of all respondents. Responses were more ambivalent regarding PEPFAR, with 33 per cent recording 'fairly effective' and the rest split between 'very effective' and 'not very effective'.

Commitments under the Paris Declaration have had little obvious effect on the way UNAIDS works at country level

2.34 Commitments under the 2005 Paris Declaration were intended to improve country ownership, foster greater alignment with national policies, lead to harmonisation of donor efforts, and work through national systems wherever possible. But two independent reports on the implementation of the Paris Declaration[19,20] found that (as for the wider issues of UN reform) internal incentives are mixed and weak and do not foster change within UN (and other development partner) agencies.

---

17 Institute of Medicine (2007) PEPFAR Implementation. Progress and Promise. Chapter 3

18 Swaziland is not a PEPFAR focus country but does have a partnership framework

19 H. Wyss, J.M. Eriksen., and N. Matshalaga (2008) Evaluation of the UNDG Contribution to the Implementation of the Paris Declaration on Aid Effectiveness (First Phase). Report prepared for the Evaluation of the Implementation of the Paris Declaration, February 29, 2008. Paragraph 4

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

2.35 The main finding in most of the 12 countries visited was that there is little evidence that the implementation of commitments under the Paris Declaration has directly affected, or enhanced the effectiveness, of the work of UNAIDS at country level.

- In seven countries (Côte D'Ivoire, DRC, India, Indonesia, Iran, Swaziland and Ukraine) the Paris Declaration has not been a significant policy agenda. In most cases this is because these are middle-income countries with only a relatively limited number of donor agencies or are post-conflict countries where political commitment has yet to be translated into practice.
- Donor coordination and the Paris Declaration were an important policy issue in two of the case study countries, Vietnam and Ethiopia.
    - In Ethiopia, the impact of the new planning approach introduced by the Government, which builds on the Paris Declaration commitments, has already affected the way that the UN operates. In support of One Plan and One Monitoring approaches, new systems, championed by the Ministry of Finance, are already in place and were used for the first time in 2008. However, as these new systems are sector- and hence, agency-, based, they have tended to make it more difficult for the UN Joint Team on AIDS to engage as one with the government.
    - In Vietnam, the impact of the Paris Declaration[21] has been limited to date, but introduction of Harmonised Programme Management Guidelines in 2009 that prescribe how agencies interact with Government may, in future, significantly affect the way that the UN operates.

2.36 In the evaluation survey, whilst there was very low awareness about the implications of the Paris Declaration, most of those who expressed an opinion felt that it has enhanced the effectiveness of the joint team approach, though this was more marked among secretariat respondents than other categories (Annex 6, Table 1).

UNAIDS needs to adapt its role according to country circumstances

2.37 A key challenge for UNAIDS is the balance between being responsive to national policy or proactive in helping countries to develop more effective policies. As more information becomes available about the drivers of the epidemic in countries, so national policies have to adapt and change, and UNAIDS needs to provide normative guidance, technical support and advocacy to support national decision makers.

2.38 Despite the rhetoric to 'know your epidemic' as a basis for developing national strategy, there has been a lack of coherence among the cosponsors in promoting a systematic approach. The respective roles of the secretariat, UNDP and the World Bank in support to national planning have not been defined and agreed.[22]

---

21 The Paris Declaration has been reinterpreted for Vietnam in the Hanoi Core Statement, 2005

22 A RFP for Evaluating the Joint UNDP/World Bank/UNAIDS Programme on Strengthening Capacity for Integrating AIDS into Poverty Reduction Strategy Papers and National Development Plans was launched by UNDP on 29 June 2009

2.39 Cosponsors and the secretariat have, however, developed a number of well-regarded initiatives. These include: National AIDS Spending Assessments (NASA) initiated by the secretariat; epidemiological syntheses and Modes of Transmission (MOT) studies initiated jointly by UNAIDS Secretariat and the Global AIDS Monitoring & Evaluation Team (GAMET) at the World Bank; the AIDS Strategy and Action Plan (ASAP) service, also at the World Bank; and initiatives such as the Report of the Commission on AIDS in Asia.

2.40 These tools can help provide the information to inform national policy and guide resource allocation. Examples include: the development of a national prevention strategy in Kenya; use of findings to inform national strategy review in Lesotho, Kenya, Swaziland and Zambia; development of a prevention policy in Uganda, and the use of MOT synthesis findings to develop a new strategy for the Great Lakes Initiative on AIDS (GLIA) and to conduct and institutional assessment in Tanzania. However, analysis has not always consistently been followed by the necessary level of dissemination, policy dialogue and strategy reform to ensure that findings are used and to generate change.

2.41 The need for a strategic vision of UNAIDS' role is particularly important in middle-income and incipient middle-income countries. As donors withdraw, UNAIDS needs to clarify its role in supporting governments to sustain funding, and to focus on high value technical support. There is no clear global strategy to customise country presence and programmes to national circumstances. Country visits illustrated the challenges that UNAIDS faces in responding to the changing epidemic and aid architecture, as the examples in Box 2 show.

Box 2: What is UNAIDS' role in middle-income countries and those where significant funding is provided by PEPFAR and the Global Fund?

Country A - A critical issue is what is the role of the UN in a lower middle-income country with relatively high levels of technical competence? It appears that there is consensus that this is to provide focused, quality technical assistance in very specific areas. When the UN does this, this is highly valued by national counterparts and is seen as having led to improvements in service quality. However, when the UN behaves as if it is a financial donor, this is problematic with national counterparts, not least because the amounts of money are very small in comparison with domestic contributions. Strong concerns were raised that the UN should not treat A 'as a low-income hyper-endemic country'. However, the role of the UN, especially the secretariat, is seen as important by international partners in keeping HIV high on the agenda as, apart from the Global Fund, donors are not active in this area.

Country B – The National AIDS Council (NAC) raised questions about the role of UNAIDS since the advent of the Global Fund and PEPFAR, suggesting that UNAIDS is no longer a player in resource mobilisation or agenda setting and describing it as 'the tail wagging the dog.' However, it was acknowledged that there is a role for UNAIDS in strategic information and technical support. The UCC is of the view that the UN has been slow to respond to the changing environment and missed the opportunity to become the technical arm of the Global Fund - consequently the Fund is setting up parallel technical support activities and donors are funding other technical support providers to support Global Fund processes; the UN is good at convening but has not been as effective in coordinating, due to lack of resources and leverage; the UN remains too process-oriented and needs to increase its focus on deliverables and results or risk becoming less relevant and influential.

UNAIDS has established strategic partnerships but needs to clarify partnership objectives and mechanisms

2.42 The UNAIDS Strategic Framework 2007-2010 refers to the importance of partnerships, and makes specific reference to the centrality of partnerships with civil society and people living with HIV (PLHIV).[23] Review of PCB decisions highlights the importance of UNAIDS' role in strengthening and facilitating partnerships between governments, civil society, PLHIV and the private sector, strengthening leadership and advocacy, and strengthening the UN system to support partnership development. The new Executive Director has also highlighted optimising and expanding partnerships – with member states, civil society, PLHIV and health and development programmes – as a priority for UNAIDS.

2.43 The secretariat and cosponsors engage with technical experts, research institutions, implementing agencies and a wide range of civil society organisations including PLHIV organisations, NGOs, faith-based organisations (FBOs), advocacy groups, business coalitions, trades unions, private foundations, the private sector and the media. In addition to the involvement of partners in UNAIDS governance structures and in consultations on the development of policy and guidelines, discussed in other sections of this report, UNAIDS employs a range of partnership mechanisms including:

- **Inter-Agency Task Teams (IATTs)** – IATTs began as an interagency mechanism involving the UNAIDS Secretariat and cosponsors but some have expanded their membership to include donor, technical and implementing agencies and civil society organisations. Currently active are the IATT on education, which is coordinated by UNESCO, IATT on HIV and young people, coordinated by UNFPA, IATT on children and HIV and AIDS, coordinated by UNICEF, and the IATT on PMTCT and paediatric HIV, coordinated by UNICEF and WHO.
- **Reference groups** – Reference groups either bring together experts to advise UNAIDS, for example, the Human Rights Reference Group, which is jointly convened by UNDP and the UNAIDS Secretariat, or bring together cosponsors and experts and are more actively engaged in activities on behalf of UNAIDS, for example, the Monitoring and Evaluation Reference Group (MERG), which is convened by the secretariat and which has used a technical working group approach to take forward work in areas such as indicators.
- **Formal partnership and collaborating centre agreements** – The UNAIDS Secretariat reports that it currently has active collaborating centre agreements with the following organisations – International Planned Parenthood Federation, International HIV/AIDS Alliance, International Federation of Red Cross and Red Crescent Societies, International AIDS Vaccine Initiative, Instituto de Salud Carlos III in Spain, African Centre for HIV/AIDS Management and Health Economics and AIDS Research Division in South Africa, BRAC

[23] UNAIDS (2007) 2007-2010 Strategic Framework for UNAIDS support to countries' efforts to move towards universal access

University in Bangladesh and the Red Ribbon Centre in China – a mix of NGOs, international organisations and academic institutions. Agreements with a further seven centres have expired but are still active or are under consideration for renewal. An additional list of 24 inactive centres, which has not been updated since 2005, was also provided to the ET, and the current status of these is unclear.

- **Task teams** – These are time-limited structures which focus on a specific issue, for example, the International Task Team on Travel Restrictions, and which are viewed by many informants, including within UNAIDS as a particularly effective approach.

2.44 Key issues highlighted by interviews for this evaluation include:

- The need for transparency about the objectives, membership and activities of partnership mechanisms – informants highlighted the lack of a 'one-stop shop' where such information can easily be found by external stakeholders.
- The need for a clear rationale for determining formal partnership and collaborating centre agreements.
- The role of the UNAIDS Secretariat vis-à-vis cosponsors, with particular reference to the coordination and funding of IATTs.
- The importance of establishing a system for periodic review of the functioning and effectiveness of these mechanisms and evaluation of their impact to ensure that they represent the best use of time and resources invested.
- The respective roles of IATTs and regional IATTs.
- The relationship between IATTs and other UNAIDS and UN agency initiatives, for example between the IATT on education, EDUCAIDS, FRESH and Unite for Children, Unite against AIDS.

2.45 Perceptions about the effectiveness of UNAIDS in developing relationships with other partners are generally positive, but with some interesting variations. All respondents to the evaluation survey feel that the relationship with the private sector is weak, 36 per cent recording '*not very effective*' and 32 per cent, '*fairly effective'*. Development of relationships with NGOs is thought to be effective by most respondents, although 31 per cent of NGOs themselves consider UNAIDS to be '*not very effective'* at developing good working relations. In contrast, 68 per cent of PLHIV organisations thought UNAIDS was '*very effective'* or '*fairly effective'* at developing relations with PLHIV. Chapter 6 discusses partnerships with civil society and PLHIV organisations in more detail.

Some valuable synergies have been developed in the field of research and resource tracking

2.46 The secretariat and cosponsors have worked together to develop synergies in the area of interventions. Male circumcision is an example of concerted UN action,[24] on planning, improving safety of current practices and supporting anticipatory activities by countries. WHO and UNAIDS Secretariat

[24] But held up as an example by some critics, of the UN being slow to respond to epidemiological evidence. See The Lancet *Vol 372*, December 20/27 2008

are working together to undertake preparatory activities in anticipation of positive findings on new biomedical tools currently in trials, including pre-exposure prophylaxis and microbicides.

2.47 There has also been collaboration with regard to research. In 2007, the UNAIDS Secretariat with WHO published, '*Ethical considerations for biomedical HIV prevention research'*, an update of the UNAIDS guidance document from 2000. UNAIDS with the AIDS Vaccine Advocacy Coalition to publish the companion '*Good participatory practice guidelines for biomedical HIV prevention trials'*. Following a consultation on women and trials convened in Geneva in December 2007 by UNAIDS, the Global Coalition on Women and AIDS, the International Centre for Research on Women and Tibotec Inc., a research agenda and recommendations for policy and programming were developed. Among the recommendations were that trials should include women subjects in sufficient numbers to have the statistical power to analyse and report sex-disaggregated data. UNAIDS has also led working groups advocating for changes in research norms among medical journal editors, research agencies, researchers, pharmaceutical companies and regulatory authorities.[25]

2.48 WHO and the secretariat promote the development and availability of safe and effective HIV vaccines, including the availability of such vaccines in the public sector in developing countries on preferential terms. Their joint HIV Vaccine Initiative provided some start-up funding for what became the African AIDS Vaccine Programme (AAVP) and brokered support from Canada, Sweden and the International AIDS Vaccine Initiative (IAVI) beginning in 2003. This has enhanced research capacity through the establishment of four Centres of Excellence at African research institutions to implement AAVP activities.

2.49 Other synergies can be found in tracking HIV funding. Real time estimates of international global flows for HIV are conducted each year prior to the G8 summer meetings and produced in collaboration with the Kaiser Family Foundation. These estimates supplement the official OECD/DAC statistics and also include financing flows that are not included as ODA.

2.50 Non-commercial financing for vaccine and microbicide research and development is tracked through a collaborative working group involving UNAIDS, IAVI, AVAC and the Alliance for Microbicide Development. Financing flows from the philanthropic sector are tracked through collaborative agreements between UNAIDS and Founders Concerned about AIDS (for US-based foundations) and the European Founders Centre (for Europe-based organisations). UNAIDS fostered the creation of the working group for philanthropic HIV resource tracking.

2.51 A specific example is the Funders' Forum in 2005, which convened the heads of national development and research agencies to explore the potential contribution of HIV vaccine research to achievement of the Millennium Development Goals. UNAIDS presented figures on resources available for HIV vaccine research and resources required, based on gaps in the Strategic Scientific Plan of the Global HIV Vaccine Enterprise. The

[25] More information is available at: http://www.unaids.org/en/PolicyAndPractice/ScienceAndResearch/womenHIVtrials.asp

Forum resulted in Bill and Melinda Gates Foundation funding for a joint initiative with the European and Developing Countries Clinical Trials Partnership, Russian government investment of US$100 million in their HIV vaccine programme; and a joint investment by the Gates Foundation and the Canadian government in the US$111 million Canadian HIV Vaccine Initiative.

Overall, UNAIDS leadership and support for effective HIV prevention policies and programmes has been inadequate

2.52 HIV prevention is acknowledged to be complex. It requires action by a range of sectors and actors, willingness to tackle the underlying factors that drive the epidemic and to address difficult, sensitive or taboo issues, and a combination of contextually-appropriate interventions. Despite these challenges, there has been progress in countries such as Cambodia, Côte d'Ivoire, Thailand and Zimbabwe where effective approaches have been implemented.

2.53 But, evidence of what works has not been comprehensively applied. There has been under-investment in prevention – it is widely acknowledged that the focus of global and national effort in recent years has been on increasing access to treatment. Much expenditure has been directed towards prevention activities that are not well targeted but are often more politically acceptable, such as mass media and youth programmes. This view was reinforced by a recent series of articles in the *Lancet*, which noted that '*even after 25 years of experience, HIV prevention programming remains largely deficient*' and that despite the '*huge body of knowledge about HIV transmission and how to prevent it, every day, around the world, nearly 7,000 people become infected with HIV*' (Bertozzi et al, 2008; Piot et al, 2008).

2.54 UNAIDS – the secretariat and cosponsors – have supported a wide range of initiatives to inform prevention efforts and efforts to improve prevention programming. Information provided by cosponsor prevention focal points reveals a wide range of action on HIV prevention across the joint programme (this is discussed in more detail in Chapter 7, which deals with technical support to national AIDS responses).

2.55 UNAIDS has taken measures to raise the profile of HIV prevention, for example, developing guidance and increasing capacity. Guidance on Intensifying Prevention, published in 2005, was seen as a positive step, although it is considered by many to have been too general for countries to act on. UNFPA, for example, has increased HIV capacity at country and sub-regional level to enhance its contribution to HIV prevention within the scope of its mandate, notably sexual and reproductive health and condom programming and services for young people, women and girls, and sex workers, according to a recent external review (Chan-Kam et al, 2008). The review also noted that UNFPA's contribution cannot be dissociated from a robust and joint UN effort and recommended that UNAIDS and UNFPA take a strategic approach to make the best use of collective resources and consider interagency training and capacity building on HIV prevention across the UN as well as interagency reflection on allocation and use of UBW resources for HIV prevention.

2.56 More recently, UNAIDS has recognised the need for better evidence and to ensure that this evidence informs country decisions about prevention policies and programmes. This is reflected in the emphasis on '*know your epidemic, know your response*' and support for the MOT initiative, spearheaded by the World Bank GAMET and the UNAIDS Secretariat and the work of the Commission on AIDS in Asia. Box 3 provides an example.

Box 3: Improving the evidence base and using evidence to inform prevention policy and programming in East and Southern Africa

The UNAIDS RST for East and Southern Africa is focusing on HIV prevention, commissioning analytical work and working with partners in the region around 'knowing your epidemic'. Examples include a Think Tank meeting in Lesotho, joint work with the Reproductive Health Research Unit at Witwatersrand University to develop a framework for addressing the vulnerability of girls, a meeting of practitioners in Botswana to develop programming guidelines on concurrent partnerships, and joint work with CDC, WHO and UNICEF to develop a work plan on male circumcision and HIV prevention. The RST acknowledges that the key challenge is ensuring that this work informs national plans and programming and is therefore identifying opportunities for influence including UNDAF, National Strategic Framework (NSF), National Strategic Plan (NSP) and prevention strategy development timeframes and Global Fund and NSP annual review processes. Examples of where working jointly has been effective and added value include: a joint mission to Mauritius by a team from UNDP, UNAIDS Secretariat, UNODC, UNFPA and WHO which resulted in government commitment and action on drug use, sex work and prisons; and a meeting between the interagency working group on male circumcision (WHO, UNICEF, UNAIDS Secretariat, Gates and CDC/PEPFAR) and SANAC (the NAC) in South Africa which resulted in development of a national male circumcision strategy.

2.57 This is beginning to pay dividends – countries such as Lesotho and Thailand have used strategic information to re-orient responses. Analysis of the 2008 UCC survey shows that 42 countries were planning to review their national prevention responses in 2009. However, some commentators have noted that knowing your epidemic '*is unlikely to be sufficient to deliver evidence-informed responses'*, highlighting the importance of understanding and addressing the political determinants of whether and how evidence is used to guide policies and programmes (Buse et al, 2008) and the role of social and cultural factors (Piot et al, 2008).

2.58 Country visits for this evaluation illustrate differences in the extent to which evidence is used to inform responses. National strategies and government, UN and bilateral donor resource allocation in India and Indonesia prioritise targeted interventions for key populations, reflecting the epidemiology of the epidemic in these countries. In Swaziland, in contrast, the NASA concluded that '*spending on most at risk populations was almost nil'*. In Iran, while the government has allocated considerable resources to HIV prevention among IDU, only a quarter of the UN HIV budget for prevention is allocated to work amongst IDU – almost half is allocated to young people, adolescents and the general population – and it is acknowledged that this does not reflect the epidemiological situation and the extent to which HIV transmission is concentrated in IDU.

2.59 Despite UNAIDS' efforts, the UNAIDS Leadership Transition Working Group identified prevention as a gap in the current response, suggesting that it has taken a backseat to treatment in advocacy and funding and lacks a champion and clear normative policies at global level as well as

translation of global policy into customised strategies and clear leadership at country level, where '*nobody really knows who is in charge of prevention'* There is a consensus among global and country informants that UNAIDS has not been able to provide consistent and effective leadership in HIV prevention or to ensure that there has been an appropriate balance between prevention and treatment efforts during the period covered by this evaluation.

2.60 In 2004, a Mid-Term Performance Report of the UN System Strategic Plan for HIV/AIDS 2001-2005 found that '*UN system leadership in addressing the needs of populations at greatest risk of HIV infection remains uneven at best, with some population groups having no visible champion within the UN system*'. The review results indicated that the level of effort on HIV prevention depended on whether specific UN entities had taken the lead in the area. The GTT recommendations in 2005 resulted in allocation of lead agency responsibility for key populations to different cosponsors; some informants suggested that the division of labour has contributed to fragmentation and lack of clear overall leadership on HIV prevention.

2.61 Prevention debate has also been characterised by ideology and differing perspectives between donors, UN agencies and civil society organisations, and by what some informants described as unconstructive '*opposing positions'*, and this has also contributed to a lack of clear global leadership. The new Executive Director of UNAIDS highlighted the need to '*put our focus back on HIV prevention*' to '*ensure universal access to evidence-based prevention services'* in a speech to the June 2009 PCB.

UN Reform

Summary of findings

- UN reform has not significantly affected UNAIDS at global level, partly because the major focus of reform has been at country level
- It is too soon to tell whether Regional Directors' Teams (RDT) will support the UNAIDS approach
- The broader reform process has yet to directly enhance the effectiveness of UNAIDS at country level
- The UNAIDS 'model' has not been adopted more widely by the UN

2.62 This section examines the effects of UN reform at global, regional and country levels and briefly compares UNAIDS with alternative institutional models within the UN. The section starts by setting out the main UN reform initiatives that have potentially had implications for UNAIDS. It is important to note that UN reform is a broader agenda and is exogenous to UNAIDS, i.e. it influences the context within which UNAIDS operates not *vice versa*.

2.63 The first wave of reform, prior to the period covered by this evaluation, was the Secretary-General's 1997 report "*Renewing the United Nations: A Programme for Reform*" (A/51/950). This outlined proposals for a comprehensive reform process in the UN and provided the major rationale for

reform during the evaluation period. Key outcomes of the 1997 reform process included:

- Creation by the Secretary-General of the UN Development Group[26] (UNDG) as the Executive Committee for development cooperation to lead the process of reform, with the UNDG Office (UNDGO)[27] to fulfil the dual role of secretariat to the UNDG and its Executive Committee and to support UNDP as funder and manager of the Resident Coordinator (RC) system.
- Strengthening UN operations at the country level, and in particular improving policy and programme coherence by creation of:
    - The United Nations Development Assistance Framework (UNDAF)
    - The Common Country Assessment (CCA)
    - Moves to enhance harmonisation of procedures
    - Strengthening of the RC system
    - Rationalisation of administrative processes and services

2.64 Secondly, in September 2002 the Secretary-General's second major package of reform, '*An agenda for further change*', detailing proposals on aligning UN activities (meetings, reports, events) with the priorities agreed in the Millennium Declaration and other reforms.

2.65 Thirdly, the 2006 report '*Delivering as One*', which set out far-reaching proposals for a more unified, coherent UN structure at the country level. Although this last initiative is widely known it is important to note that the General Assembly has not issued a resolution supporting these proposals, in contrast to those proposed in 1997 and 2002. Despite this lack of endorsement, work on Delivering as One has been ongoing in eight pilot countries (see Annex 6 for more detail about the experience of Delivering as One in pilot countries, in particular in Vietnam, and Chapter 4 and Annex 9 for discussion of incentives for joint UN working).

UN reform has not significantly affected the work of UNAIDS at the global level, partly because the major focus of reform has been at country level

2.66 Effective coordination of UN operational activities for development is a complex task that involves balancing several objectives which are often difficult to reconcile. First, to support the voluntary and nationally-led nature of the policy coherence process. Second, to respect the mandates of the respective funds, programmes and specialised agencies. And third, to promote adequate intergovernmental coordination and guidance of UN system development priorities and objectives.

[26] UNDG was set up as a coordinating mechanism for the implementation of the Secretary-General's reform programme as adopted in Resolution 52/12B with the addition of UNESCO and FAO in 2001, and ILO and UNIDO in 2002, the UNDG now comprises all agencies with resident missions at the country level. The World Bank has joined as an observer. The Membership of UNDG is at present: UNFPA, UNICEF, WFP, UNDP, OHCHR, WHO, UNESCO, FAO, UNIDO, ILO, DESA, UNDPI, UNOPS, UNAIDS, UNCTAD, UN-HABITAT, UNIFEM, UNODC, UNHCR, UNEP, OHRLLS, IFAD, Regional Commissions. Observer status: Special Representative of the Secretary-General for Children and Armed Conflict, UNFIP, OCHA, Spokesman for the Secretary-General, Director - Office of the Deputy Secretary-General, and the World Bank.

[27] UNDGO was renamed, as part of a wider re-organisation within the UN, the UN Development Operations Coordination Office (DOCO) in 2008.

2.67 UNAIDS globally is influenced by ECOSOC and the Chief Executives Board (CEB), established in 2001. Neither of these has been the subject of reform and a 2006 report criticised them as *'lacking effectiveness and influence'* (ECOSOC) and having *'led to some improvement in interagency coordination'* but with *'under-exploited potential'* (CEB). [28]

2.68 The most recent consultation by the General Assembly during 2008 (see Annex 6, para 2.9) brought a consensus that the focus will be on greater efficiency and development effectiveness at the country level, which brings implications for building on the experience gained through UNAIDS.

It is too soon to tell whether Regional Directors' Teams will support the UNAIDS approach

2.69 Regional Directors' Teams (RDTs) have the potential to support UNAIDS but have not significantly influenced the effectiveness of coordination mechanisms at country level during the evaluation period. The RDT approach was developed as part of efforts to improve coordination at regional level, starting in Southern Africa in 2003, in response to the triple threat – AIDS, Food Security and Governance. It is important to note that the RDT is UN-wide unlike the RST, which is HIV-specific, although there is clearly scope for links between them. The approach was adopted by the CEB in 2005; six RDTs were created in 2005 and 2006 covering all other regions.

2.70 The influence of the RDTs has been limited so far, in part because it has taken so long for the arrangement to evolve and become established. Initially the RDTs only comprised regional directors from the four ExCom agencies (UNDP, UNFPA, UNICEF and WFP). Membership was expanded gradually to include regional directors from the specialised agencies between 2005 and 2009.

2.71 Despite having a regional focus, RDT Chairs are always the relevant UNDP Regional Director, all based in UNDP Headquarters in New York.

2.72 Major changes to give the RDT's more power, including formalisation of their role;[29] a system for holding the RDT accountable to the Chair of the CEB; strengthening of their quality assurance role with the UNDAF; and the annual performance assessment of the RC as a coordinator of the UN Country Team (UNCT), were all introduced only in 2008.

The broader reform process has yet to directly enhance the effectiveness of UNAIDS at country level

2.73 Progress has been made at country level, mainly in planning, programming, harmonisation and the RC system. But these have been held back by a lack of progress in creating institutional incentives for agencies to

[28] UN (2006) Delivering as One. Report of the Secretary-General's High-level Panel on UN System-wide Coherence in the Areas of Development, Humanitarian Assistance, and the Environment. Agenda Item 113 (A/61/583) of the Sixty-first Session of the General Assembly. United Nations, New York. November 2006

[29] Agreed roles from 2008 are: (i) provision of coherent technical support to RCs and UNCTs; (ii) quality assurance of the UNDAF/UN programme; (iii) performance management; and (iv) trouble shooting in difficult countries, dispute resolution, etc.

work together. An independent review in 2006 highlighted how the incentive structure has lagged behind reform of roles and responsibilities: [30]

- With the exception of changes related directly to the RC, recruitment policies, performance assessment and promotion continue to take little or no account of efforts by individual staff to promote harmonisation between UN agencies.
- Agencies tend to refer to their mandates when designing actions, as opposed to what is strategically best for the country, or for the UN as a whole at country level. UNCTs find it hard to take the difficult decisions regarding focus, prioritisation and sequencing of activities.
- Outputs of the UNDAF are often tied to individual agencies. Outcomes still remain too broad, and there is a minimal amount of strategic alignment, i.e. how far the UN is positioning itself relative to other development partners, and identifying where it has more critical mass or where it can work more effectively in areas compared with others.
- There is no pooling of funds and institutional systems do not encourage agency teams to pool funds.

2.74 While several of the country reports for this evaluation acknowledged that the rhetoric of UN reform supports the principle of greater cooperation and coordination, none of those interviewed in the 12 country case studies could identify evidence of the broader reform process having directly enhanced the effectiveness of UNAIDS at country level. .

Box 4: Little progress with incentives since the Five-year Evaluation in 2002

"Few cosponsors were able to report clear evidence of a changed way of working as a result of UNAIDS. There remains a small but significant view, both within the UN and by outside observers, that the cosponsors' programmes are still driven more by the policies of their headquarters than by the needs of countries.[31] The challenge is for the cosponsors to build on those areas where they possess genuine strengths, resolve lead roles and present a unitary front to government, rather than the divisive separate relationships with specific ministries." (Para 4.78, Five-year Evaluation of UNAIDS, 2002)

"Key informants identify a range of factors that limit cosponsor coordination. Direction from cosponsor headquarters is still not sufficiently clear that the performance of theme groups is a key measure of representatives' performance. There are no objective performance measures for the theme groups, nor is it clear who they are accountable to. Some of the UN agencies report feeling threatened by the collaborative working style; there are still instances where there is uncertainty about the role and mandate of the groups; there are no incentives for collaborative action other than personal compatibility and individual willingness; and financial arrangements still favour cosponsors working individually on programmes. Evidence from the countries visited is supported by the opinions reported from donor country offices, which characterises UN coordination at country level as weak. A key failure of UN reform thus far has been the inability to break fragmented preferential relations at country level in favour of a united, coherent UN presence." (Para 4.79, Five-year Evaluation of UNAIDS, 2002)

[30] Longhurst, R. (2006) Review of the Role and Quality of the United Nations Development Assistance Frameworks (UNDAFs). Overseas Development Institute. May 2006 page 18

[31] In a questionnaire to a sample of UNAIDS country and inter-country staff the following proportions of respondents considered programmes of the cosponsors to be entirely or mainly driven by their HQ: UNICEF 13%; UNDP 19%; UNFPA 22%; UNDCP 12%; UNESCO 28%; WHO 19%; ILO 15% and World Bank 38%. (n=32)

2.75 As the discussion in Chapter 4 of this report on the joint team concept shows, reforms have yet to significantly affect the rules that drive relationships between the UN agencies, perhaps with the exception of experience of the Delivering as One pilot in Vietnam (see Annex 6, Box 1). This finding, and evidence from country visits, suggests little progress has been made since the Five-year Evaluation (see Box 4). More generally, there is little evidence that member states are considering fundamental reform of the UN agencies and how they are coordinated but rather incremental improvement in how the present systems and procedures are applied.

The UNAIDS 'model' has not been adopted more widely by the UN

2.76 From the outset, UNAIDS has been viewed by some member states as an example of how UN agencies can reform to improve the effectiveness of their development work. The Five-year Evaluation noted that '*UNAIDS was promoted as a flagship of UN reform*' (para 3.17) and that '*supporters of UN reform believed that a multisectoral response could be made to work through joint programming and that such a programme offered an opportunity to demonstrate the potential of the UN*' (para 2.8).

2.77 A recommendation from that evaluation urged the Secretary-General to incorporate lessons from UNAIDS and '*promote reforms that: denote clear and visible lines of management authority with objectives and measurable indicators; create personnel and financial incentives for agencies to programme jointly; and shift the accountability of the country team to a demand-driven service to meet the needs of national stakeholders*' (para 8.14, Recommendation 4).

2.78 Yet there is no mention of UNAIDS in the 2006 Delivering as One report from the High Level Panel and the UNAIDS model has not been adopted for consultations on reform of the gender architecture. Two other models, OCHA and UNSIC [32] are described in Annex 6. UNAIDS' experience is cited in the evaluation of UNSIC, but mainly in the context of UNSIC not developing the same type of organisational momentum as the UNAIDS Secretariat. The recognition of Avian/Human Influenza as a multi-sector, global problem has some parallels with HIV (although influenza does not involve the same complex socio-cultural and behavioural issues as HIV). The creation of UNSIC prevented the issue being captured by a single UN agency (thus potentially avoiding the difficult transition experienced from the Global Programme on AIDS to UNAIDS) and created a light structure that '*could be closed down when it's purpose had been fulfilled*'. [33]

Health systems strengthening

Summary of findings

- UNAIDS has not articulated a clear common joint programme position on HIV and health systems strengthening and has had limited global influence

32 OCHA – Office for the Coordination of Humanitarian Affairs; UNSIC UN System Influenza Coordination

33 B. Willitts-King, Smith, A. And Sims, L. (2008) Evaluation of United Nations System Influenza Coordination (UNSIC). Final Report. Submitted 22 July 2008

- The respective roles of the UNAIDS Secretariat, WHO and the World Bank are unclear
- Cosponsors have strengthened health systems through their mandates but there is limited evidence of the added value of the joint programme
- UNAIDS has ensured cross-linkages between national HIV and health strategies and plans
- There is evidence of increased funding for health systems strengthening by major HIV donors but tracking funding is a challenge
- Despite a growing body of research, the evidence base for the impact of HIV funding and programmes on health systems remains relatively weak
- Strengthening systems in other sectors is also critical, in particular for effective prevention efforts

2.79 Commitments to Universal Access and, prior to this, 3 x 5, have put pressure on the international community to strengthen health systems in order to meet agreed targets. The Global Fund evaluation report comments that '*Disease specific responses focused on service provision alone will not prove to be sustainable or of sufficient health impact unless the underlying health systems supporting disease control programmes are well functioning'*. This has led some to argue that the response to HIV should be driven by the health sector and to question the rationale for UNAIDS. There has also been a long-standing debate about the effects of disease-specific initiatives on health systems, and this has resulted in debate about the impact of the significant increase in earmarked funding for HIV, in particular from the Global Fund and PEPFAR, on health systems. In response to these debates, the issue of HIV and health systems strengthening was included in the TOR for this evaluation, and is the focus of this section (a more detailed discussion of the issues is included in Annex 7).

UNAIDS has not articulated a clear common joint programme position on HIV and health systems strengthening and has had limited global influence

2.80 The UNAIDS Secretariat and cosponsors are agreed that strengthening health systems is critical to deliver HIV objectives and that the HIV response can make a significant contribution to strengthening health systems. The UNAIDS Secretariat reports that it has a clear position, set out in statements and speeches by the former and current Executive Director, but external awareness of this is limited, including among cosponsors. Individual cosponsors, such as WHO and the World Bank, have clear positions on health systems strengthening. However, there is no clearly articulated joint programme position or approach to HIV and health systems strengthening. Work has intensified more recently towards elaborating a UNAIDS position on HIV and heath systems strengthening, although much of this has taken place after the period covered by this evaluation. More details can be found in Annex 7.

2.81 At the 22nd meeting of the PCB, the former UNAIDS Executive Director stressed UNAIDS' engagement with the International Health Partnership (IHP) (see Box 5), Global Campaign for the Health Millennium

Development Goals (MDGs) and other initiatives to bring together those working to strengthen health systems and the response to AIDS. [34]

Box 5: UNAIDS and the International Health Partnership

The International Health Partnership (IHP), which was launched in September 2007 and aims to harmonise donor commitments and improve the way that international agencies, donors and developing countries work together to develop and implement national health plans, has also focused attention on health systems strengthening. UNAIDS is a signatory to the IHP global compact and the secretariat and cosponsors participate in IHP processes – the secretariat, WHO, World Bank, UNFPA, UNICEF and UNDP are partners – but not as a joint programme.

WHO and the World Bank provide joint leadership of the IHP through the interagency core team, which coordinates the work of international agencies and supports operations at global, regional and country levels. The secretariat, WHO and UNICEF are involved in the IHP Working Group on National Plans, Strategies and Budgets, and the secretariat, WHO, World Bank, UNFPA, UNICEF and UNDP are involved in the Working Group on Costing. The secretariat, UNICEF and UNFPA are represented on the IHP Task Force for International Innovative Financing for Health Systems, which is co-chaired by the World Bank and the UK. However, what the IHP means for UNAIDS at country level is unclear. In Ethiopia, which is an IHP compact country, the UNAIDS Secretariat is a signatory to the compact, but the process did not consider HIV issues and UNAIDS appears to have been unable to influence this.

2.82 More than 70 per cent of secretariat and cosponsor respondents to the evaluation survey consider UNAIDS to have made a strong or moderate contribution to global dialogue on HIV and health systems; other respondents, in particular bilateral donors, rated the contribution less highly. Measuring influence is difficult, but interviews with global informants and country visits suggest that lack of a common position and objectives has limited the scope for UNAIDS to influence major donors such as the Global Fund and PEPFAR, other Global Health Initiatives, and national strategic planning processes.

2.83 Global informants highlighted the need for UNAIDS to engage more effectively on aid architecture issues, to avoid parallel processes for Global Fund National Strategic Applications and IHP National Health Plans, and to strengthen links with action to achieve the health MDGs. Informants also highlighted the need for UNAIDS to strengthen engagement with non-state providers, in particular FBOs, which provide 40-70 per cent of health care in sub-Saharan Africa, on HIV and health systems strengthening issues.

The respective roles of the secretariat, WHO and World Bank are unclear

2.84 In 2008, the secretariat commissioned strategic research and, in 2009, established an internal working group to engage on health systems strengthening issues with regions and countries. The secretariat plans to develop guidance, in collaboration with WHO and the World Bank, on the use

[34] The IHP was launched in September 2007 and aims to harmonise donor commitments and improve the way that international agencies, donors and developing countries work together to develop and implement national health plans. UNAIDS is a signatory to the IHP global compact and UNAIDS Secretariat and cosponsors participate in IHP processes – the secretariat, WHO, World Bank, UNFPA, UNICEF and UNDP are partners – but not as a joint programme.

of HIV funding for non-HIV health systems strengthening. The secretariat also plans to recruit staff to increase its capacity to work on HIV and health systems issues and, specifically, to articulate a clear position, ensure cosponsor coherence, harmonise technical support, maintain an overview of evidence and initiatives, ensure synergies in M&E and strengthen coordination at country level. The approach taken will be similar to that for work on TB and with GAVI, areas where there has been good collaboration.

2.85 However, some secretariat staff, cosponsors and member states do not consider that there is, or should be, a role for the secretariat in health systems strengthening, and expressed concerns about duplication with the policy and technical work of WHO and the World Bank. Global informants for this evaluation suggested that the 'division of labour' between the secretariat, WHO and the World Bank and between different departments within WHO and the Bank needs to be clarified. The recent Global Fund evaluation also commented that there had been limited progress in defining the role of the Global Fund vis-à-vis UNAIDS, WHO and the World Bank with respect to health systems strengthening financing and technical support, identified the need for a clearer global 'division of labour' and suggested that WHO and the World Bank need to define their complementary roles

2.86 Other informants highlighted the need for a clear strategy and better coordination and information-sharing within and outside the UN system as the number of actors involved increases – for example, the Global Fund has established a health systems strengthening unit and GTZ plans to recruit additional staff to support work on HIV and health systems strengthening linkages – and suggested that UNAIDS should play this role. The World Bank acknowledges that while '*the secretariat does not play a leadership role in health systems strengthening, it has played an appropriate and important facilitative role'*. The UNAIDS Leadership Transition Working Group suggests that linking efforts to prevent and treat HIV to efforts to strengthen health systems more broadly, and promoting increased country financial commitment to health, will continue to be an agenda that UNAIDS must tackle.

2.87 Both WHO and the World Bank view health systems strengthening as a corporate priority. WHO has developed a conceptual framework that identifies six building blocks of a health system (see Annex 7, Box 1) and WHO HIV Department staff see WHO as the lead agency in this area. However they acknowledge that it needs to do more to articulate a clear global position and to improve understanding of health systems and of what needs to be done, as well as to improve coordination between WHO departments responsible for HIV and for health systems.

2.88 Health systems strengthening is one of five action areas in the World Bank's global strategy on HIV/AIDS. The Bank's 2007 Health Sector Strategy Paper identified health systems strengthening as one of the areas most in line with the World Bank's comparative advantage, while acknowledging that the Bank's capacity to contribute in this area requires further strengthening. Like WHO, the Bank also has an institutional separation of responsibility for HIV and health systems. UNICEF and UNFPA are also working on health systems strengthening to some extent, for example, UNICEF convened a meeting on HIV and health systems in Africa and

UNFPA is expanding its capacity to support linkages between HIV and sexual and reproductive health services

Cosponsors have strengthened health systems through their mandates but there is little evidence of the added value of the joint programme

2.89 Aside from involvement in the IHP, both WHO and the World Bank have been actively engaged in a range of work on health systems strengthening. WHO has developed guidance on priority interventions for HIV that include health systems strengthening and on issues such as human resources for health and task shifting. The Global Health Workforce Alliance, established by WHO in 2006 to provide a common platform to address the human resources for health crisis, has a task force that focuses on the human resources for health implications of Universal Access. WHO is also planning a global meeting together with PEPFAR on synergies between Global Health Initiatives and efforts to strengthen human resources for health. The WHO HIV Department focuses on the health sector HIV response, with a current emphasis on the AIDS medicines and diagnostics database (tracking prices and costs), Integrated Management of Adult Illness, human resources for HIV, and finance and costing. WHO has also defined core components of a health sector response to HIV (see Annex 7, Box 2), and there is clear evidence of secretariat and cosponsor support to strengthen these components (see Annex 7), although this is not done in a strategic or systematic way by the joint programme.

2.90 The World Bank has addressed health systems strengthening through its Multi-Country AIDS Programme (MAP) and its Strategy for Health, Nutrition and Population (HNP) and related Strategy on Health Systems Strengthening (2007). The MAP evaluation (World Bank, 2007) showed that support for systems strengthening in all sectors represented 41 per cent and support for the health sector represented 17 per cent of all MAP funding. However, an Independent Evaluation Group evaluation of World Bank support for HNP (World Bank, 2009) noted that the share of lending with objectives to reform the health system, which are central to the Strategy on Strengthening Health Systems, fell by 50 per cent, while there had been an increase in support for health SWAps and multisectoral projects addressing AIDS. The evaluation recommends that the Bank better define the objectives of efforts to improve the efficiency of health systems and assess decisions to finance communicable diseases programmes and the potential resulting distortions in heath systems.

2.91 Country visits found that secretariat and cosponsor staff were not aware of any global guidance on HIV and health systems strengthening. Few joint teams have developed a common approach to HIV and heath systems strengthening, although the team in Vietnam plans to do this in 2009. Health systems strengthening activities are implemented separately by cosponsors in line with their mandates (see examples in Box 6). In some countries there are areas of overlap, for example, in Iran, the UNAIDS Secretariat, WHO and UNFPA are all active in HIV- and health-related M&E and surveillance and both UNFPA and WHO have programmes to support STI management. A related issue raised by global and country informants, which needs to be better

addressed by UNAIDS, is the often poor coordination between HIV and STI programming at country level.

Box 6: HIV and health systems strengthening – UNAIDS at country level

In **Iran**, UNICEF is supporting the development of adolescent-friendly health services, UNAIDS Secretariat is working with the Centre for Communicable Diseases Control and the Iranian Medical Association on continuing education of doctors, nurses and midwives, UNFPA is establishing a surveillance system for STI through private physicians, UNODC has supported training on VCT provision in prisons, and WHO is supporting surveillance.

The joint team in **Peru** has not discussed health systems strengthening. One head of agency saw the issue as irrelevant '*This is not an African country where the health system is weak. I don't see the HIV response as a means to strengthen the health system. The health system is strong enough and can absorb the HIV response*'. However, a government respondent highlighted lack of action to strengthen health services as a weakness of UNAIDS.

In **Haiti**, the joint team does not have a common understanding of health system strengthening and has not discussed this. Agencies such as WHO support related activities, for example laboratory procurement and training. A key challenge is the lack of a harmonised approach to HIV training of health providers. While a PEPFAR-funded partner has developed an HIV/AIDS-specific curriculum which has been endorsed by the Ministry of Health, WHO is advocating for the Integrated Management of Adult Illness approach, and GHESKIO, which has a network of centres providing HIV care, uses its own curriculum to train public and private providers.

In **Swaziland**, there is no joint team approach to health systems strengthening, although the UNDAF includes health system strengthening relating to HIV. Secretariat, WHO and UNICEF staff are aware of WHO and Global Fund guidelines and recognise that UNAIDS has an important role to play in advocacy and in technical support to address health system weaknesses in documents such as the National Strategic Framework (NSF). WHO has been involved in assessment of human resource needs, setting up a monitoring system for drug resistance and developing guidelines on task shifting, while UNICEF has provided assistance to improve PMTCT and paediatric care.

In **Kazakhstan**, the issue of health system strengthening has not been discussed by the joint team and many UNAIDS respondents appear to view health systems strengthening as simply adding to the existing system, for example by improving counselling and introducing harm reduction services. There are some concerns that this approach may be weakening non-HIV areas of the health system by pulling staff into externally-funded projects, establishing activities that may not be sustainable in the longer term and unnecessary physical infrastructure, for example, construction of a separate HIV clinic for infected children and their mothers in Shymkent. UNICEF has made efforts to integrate HIV-related services into the health system, but WHO has almost no capacity on HIV or health systems, so has been largely '*absent*'.

UNAIDS has helped to ensure cross-linkages between national HIV and health strategies and plans

2.92 UNAIDS' contribution to ensuring health system strengthening is addressed in HIV strategies was rated reasonably highly by secretariat, cosponsor, NGO, FBO and PLHIV respondents to the evaluation survey but less so by other categories of respondents.

2.93 UNAIDS, WHO especially, has provided important policy and technical inputs to ensure cross linkages in many countries. In most of the 12 countries visited for the evaluation, there are links between HIV and health

strategies, and health systems issues are included in national HIV strategies and plans and HIV issues in health sector strategies and plans. Exceptions included Iran, Kazakhstan and Ukraine, although this may reflect the specific epidemic and health system context in these countries. The Pacific Regional Strategy on HIV and AIDS (2004-2008) includes a health sector strengthening component and UNAIDS Secretariat has worked closely with the Secretariat of the Pacific Community to develop the strategy and secure endorsement from national governments. Country visits did however, identify missed opportunities to ensure that health system issues are addressed adequately in Universal Access plans

2.94 National context, in particular institutional structures, is a critical factor in determining whether or not health systems issues are addressed in HIV strategies and *vice versa*. In countries where the national AIDS authority is under the auspices of the Ministry of Health, such as India and Ethiopia, health sector issues tend to be better reflected in HIV strategies. In Côte D'Ivoire, where the health sector is weak, health systems issues are less well reflected in the national HIV strategy and there is little detail in the health sector plan about how the sector will address HIV. In addition, in countries where there is a strong institutional separation between health and HIV, such as Ukraine and Kazakhstan, there are fewer opportunities for UNAIDS to influence.

2.95 Global and country informants highlighted the need for UNAIDS to tailor its approach to health systems strengthening to the epidemic and health system context. This was reinforced by findings in Iran, Ukraine and Kazakhstan (see Box 4, Annex 7), which indicated the need for guidance on integrating HIV services into health systems in a way that is relevant for countries with concentrated epidemics and with vertical structures.

There is evidence of increased funding for health systems strengthening by major HIV donors but tracking funding is a challenge

2.96 There is evidence of increasing funding for health systems strengthening by major HIV donors such as the Global Fund and PEPFAR, although the use of project funding modalities rather than support for national strategic plans remains a challenge. The Global Fund, GAVI and World Bank are also establishing a joint funding mechanism for health systems strengthening. PEPFAR is investing more systematically in health systems strengthening. These developments do not appear to have been influenced by UNAIDS. For example, Global Fund guidelines changed in 2007 and, since Round 7, the Fund has required countries to include health systems strengthening interventions in proposals, but this global policy shift is largely attributed to the influence of bilateral donors, countries and WHO.

2.97 Tracking the use of HIV funding for health system strengthening is challenging, reflecting the limitations of available data on funding for the health sector. The UNAIDS Secretariat has provided support for countries to conduct National AIDS Spending Assessments (NASA), although there is a perception that this is both resource intensive and potentially duplicative with National Health Account (NHA) processes.

2.98 Most secretariat, cosponsor and national government respondents to the evaluation survey rated UNAIDS' contribution to tracking use of HIV funding for health systems strengthening as moderate, but the majority of FBO, PLHIV, private sector and bilateral donor respondents considered that UNAIDS had played little visible role.

The evidence base for the impact of HIV funding on health systems is weak

2.99 Systematic analysis has been limited and the evidence base on the extent to which HIV funding has strengthened or undermined health systems remains largely anecdotal and relatively weak (Oomman et al, 2008; WHO, 2008).

2.100 The recent Global Fund evaluation suggests that its funding for HIV appears to have contributed to distortions and hindered as well as helped capacity development for procurement. Both Global Fund and PEPFAR funding are reported to have contributed to the establishment of parallel systems, for example for supply management and M&E, and crowding out of government funding allocations in some contexts. However, there are also numerous anecdotal reports of the positive effects on health systems resulting from increased investment in health through AIDS responses (see para 1.37, Annex 7).

2.101 Country visits confirm the need for better analysis. For example, in Kazakhstan, it is difficult to find hard evidence of the impact of increased funding for HIV on health systems, although the strengthening of the surveillance system and development of harm reduction services might be cited as examples. The increase in financial resources for HIV in Iran has largely resulted in provision of stand-alone services, but it is not clear if this has had negative effects on the health system. In Peru, there were differing views among government, donor and UN informants about whether HIV funding is strengthening or weakening the health system. The introduction of a system to prevent stock outs of ARVs that is being used for all drugs was cited as an example of where the health system has been strengthened. However, HIV funding from the Global Fund and PEPFAR is considered to have undermined national ownership of the response and the authority of Ministry of Health, created parallel systems, distorted service provision and adversely affected human resources for health due to incentives for public sector health providers working in HIV clinics and health workers leaving the public sector to work for NGOs that offer higher salaries.

2.102 Responses to the evaluation survey concerning collecting and sharing evidence on HIV and health systems strengthening also confirm the need for UNAIDS to play a more effective role in strengthening the evidence base. While most secretariat and cosponsor respondents rated the contribution of UNAIDS as moderate, most respondents outside the UN rated UNAIDS as having had no visible role.

2.103 The UNAIDS Secretariat, WHO and the World Bank have recognised that more needs to be done to document and analyse experience, taking forward a number of initiatives, although it is unclear how well these initiatives are linked or coordinated. For example, in March 2009, the secretariat published a report summarising the findings of a survey of UCCs

and a sample of national stakeholders, which concluded that the AIDS response has had a significant positive impact on global health governance but has in some instances undermined national government leadership and accountability. The World Bank GHAP is working with WHO, UNAIDS Secretariat, Johns Hopkins University and the Global Fund to build consensus on defining and measuring the impact of heavily-financed HIV programmes on health systems, to support more rigorous analysis and provide evidence to inform policy decisions. A WHO expert consultation in 2008, Maximising Positive Synergies between Health Systems and Global Health Initiatives, identified the need for a systematic framework with a focus on creating synergies rather than just mitigating potential adverse effects, and the WHO Maximising Positive Synergies Project presented its findings in mid-2009.

Strengthening systems in other sectors is also critical

2.104 An issue raised by many informants is the increased focus on health systems strengthening, in particular concerns that this will result in a shift towards a 'medicalised' response led by the health sector. While the health sector clearly has a pivotal role to play in expanding treatment access, successful HIV prevention requires the involvement of a wider range of sectors.

2.105 Some informants suggested that UNAIDS has not made a convincing case for a multisectoral response and that efforts to support mainstreaming, for example, by the World Bank, have not been very effective. This highlights the need for UNAIDS to identify priority non-health sectors that play a critical role in the HIV response, in particular in HIV prevention, such as education, social welfare and justice, and to advocate for and support systems strengthening in these sectors rather than mainstreaming in general. Informants also highlighted the need for more rigorous evaluation of the added value of a multisectoral approach.

Conclusions on the changing context

- The epidemic has remained at a large scale and continues to present an enormous global challenge with new infections outstripping expansion of treatment availability.
- The diversity of the epidemic at country level is becoming more evident, bringing greater recognition that country responses and support from development partners have to be tailored to specific national circumstances.
- Greater efforts are needed to provide effective leadership and support for HIV prevention policies and programmes.
- The Five-year Evaluation stimulated a reorientation of UNAIDS towards country-level support, but did not bring about reforms in governance that improve the way the cosponsors work together and with the secretariat.
- An effective relationship has been established with the Global Fund but UNAIDS' influence on PEPFAR has been limited.
- Partnership working is central to UNAIDS' approach, but diverse arrangements have flourished without clear objectives or measurable outcomes.
- The secretariat has been effective at exploiting synergies with other partners in the areas of research and resource tracking.

- UN reforms have not benefited UNAIDS at a global level and have been slow to bring about change at country level; the UNAIDS approach has not been adopted in more recent innovations in UN programming.
- Lack of a clear joint programme position on HIV and health system strengthening and of clarity of roles between the secretariat, WHO and World Bank has limited UNAIDS' influence; evidence about the influence of HIV funding and programmes on health systems is insufficient at present to be able to draw conclusions.

B. How UNAIDS works

3 The governance of UNAIDS

3.1 This section discusses the governance of the joint programme. Oversight of UNAIDS is vested in the Economic and Social Council (ECOSOC) of the UN General Assembly and the role of ECOSOC is reviewed first, following a brief overview of UNAIDS as an institution and a discussion of UNAIDS' objectives and strategies. The section then reviews the performance of the PCB and the Committee of Cosponsoring Organisations (CCO). Further details can be found in Annex 8.

UNAIDS, the institution

3.2 UNAIDS was established, on 1st January 1996, in response to a 1994 ECOSOC resolution,[35] as the successor to the WHO Global Programme on AIDS (GPA). This followed an external review in 1992 which concluded that improved collaboration among UN agencies at country level was needed if better support were to be provided to governments.

3.3 Starting with six cosponsoring UN agencies (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank) and a small secretariat, the programme has subsequently expanded to include a further four UN agencies – with the addition of UNODC in 1999, ILO in 2002, WFP in 2003 and UNHCR in 2004. UN agencies need to meet a number of criteria, last updated in 2004, to become and remain a cosponsor.[36]

3.4 ECOSOC retains formal governing responsibility in relation to UNAIDS at a broad oversight level. But, *de facto*, the oversight role has been delegated to the PCB. The PCB is unique as a UN governing bodies as it includes representation not only from the member states but also from the NGO sector and the cosponsors. Thus, in terms of representation, the PCB is closer to the governing boards of partnership-based institutions, such as the Global Fund and UNITAID, than a conventional UN agency.

3.5 No formal mechanism exists linking the work and decisions of the PCB with the work and deliberations of the governing bodies of the ten cosponsor agencies. At a strategic level, the primary link between the PCB and the cosponsors is supposed to be through the (CCO), the only Standing Committee of the PCB, which comprises the executive heads of the cosponsor agencies or their designated representatives.

3.6 The joint programme is headed by an Executive Director, at Under-Secretary-General level. The Executive Director has no direct authority over the activities of the cosponsors, with each remaining accountable to their own

[35] ECOSOC (1994) Joint and co-sponsored United Nations programme on Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). Resolution 1994/24, 44th plenary meeting, 26 July 1994; and subsequent Decision 1995/223 and Resolution 1995/2

[36] See http://data.unaids.org/Governance/PCB03/pcb_15_04_08_en.pdf

governing boards. During the evaluation period, programme activities and budgets have been developed and presented via the biennial Unified Budget and Workplan (UBW), which have been endorsed by both the CCO and PCB. A number of significant organisational changes have occurred during the evaluation period. These include:

- Development in the role of global coordinators in the cosponsors.
- A large increase in the number of headquarters and regionally based professional staff dedicated to HIV across the cosponsor agencies.
- Growth in the number of staff employed in the secretariat from around 250 in 2002 to approximately 1,000 in 2008.
- The decentralisation of functions within the secretariat including the development of regional structures. As of early 2008, in addition to its Geneva headquarters, the secretariat maintained 3 liaison offices, had 7 Regional Support Teams (RST) and a presence in 84 programme countries.
- A greater emphasis since 2005 on supporting national governments. The programme is unique within the UN in the level of resourcing invested in developing and sustaining country level coordination mechanisms – principally through establishment of joint teams on AIDS and the appointment of UNAIDS Country Coordinators (UCCs).

3.7 The establishment of UNGASS was a notable achievement of UNAIDS during its first five years. UNGASS sessions have been held annually ever since, with the most significant being in 2001 and 2006. These sessions review the state of the epidemic and progress towards commitments made by member states. They are not part of the governance of UNAIDS, although decisions by UNGASS have had a significant bearing on the work of the joint programme to support countries in monitoring and reporting on progress. The UNGASS process has also created a significant task for the secretariat, which provides much of the support to organise the UNGASS sessions.

Objectives and strategies

Summary of findings for objectives and strategy

- ❖ The ECOSOC objectives continue to be relevant and enable a flexible approach by UNAIDS
- ❖ Operational objectives of UNAIDS are in effect set in global commitments
- ❖ Increasingly, the UBW has become the principle organ for setting out objectives
- ❖ The diversity and changing nature of objectives has contributed to weak accountability

ECOSOC objectives continue to be relevant and enable a flexible approach by UNAIDS

3.8 Six objectives for UNAIDS were listed in the ECOSOC resolution:

- To provide global leadership in response to the epidemic
- To achieve and promote global consensus on policy and programme approaches
- To strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level
- To strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities
- To promote broad-based political and social mobilization to prevent and respond to HIV/AIDS
- To advocate greater political commitment at the global and country levels including the mobilization and allocation of adequate resources

3.9 With the exception of the second point, *to achieve … global consensus*, none are well framed as measurable objectives. They refer to what the programme would do, rather than what it was to accomplish, and there is no sense of the timeframe in which these objectives were to be realised. The Five-year Evaluation recommended that they should be replaced by a single goal supported by specific roles for the secretariat and cosponsors. This was not acted upon, a PCB working group arguing that the broad flexibility in the objectives was an advantage by not constraining the programme. Instead, the management response proposed that the PCB biannually make recommendations to ECOSOC as may be required to clarify or enhance the operations of the programme.

3.10 Clear examples of where the flexibility of the mandate has enabled UNAIDS to be responsive is supporting the Global Fund, responding to Universal Access objectives and working on health system strengthening.

Operational objectives of UNAIDS are in effect set in global commitments

3.11 UNAIDS is *"an innovative joint venture of the United Nations family, bringing together the efforts and resources of ten UN system organisations in the AIDS response to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic. UNAIDS helps mount and support an expanded response to AIDS – one that engages the efforts of many sectors and partners from government and civil society"*.[37] The operational objectives for UNAIDS are expressed in the MDGs, especially Goal 6, the 2001 Declaration of Commitment and the 2006 Political Declaration.[38] All are reproduced in Box 7.

[37] www.unaids.org – About UNAIDS

[38] In 2001, Member States unanimously embraced a series of time-bound targets in the Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2, annex). 2006 Political Declaration on HIV/AIDS (General Assembly resolution 60/262, annex),

Box 7: Millennium Development Goals and Declaration of Commitment

Millennium Development Goal 6:
Combat HIV/AIDS, malaria and other diseases

Target 1:
Halt and begin to reverse the spread of HIV/AIDS

Target 2:
Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

In 2001 Heads of State and Government Representatives of 189 nations gathered at the first-ever Special Session of the United Nations General Assembly on HIV/AIDS. They unanimously adopted the **Declaration of Commitment on HIV/AIDS**, acknowledging that the AIDS epidemic constitutes a "global emergency and one of the most formidable challenges to human life and dignity." The Declaration of Commitment covers ten priorities, from prevention to treatment to funding. It was designed as a blueprint to meet the Millennium Development Goal of halting and beginning to reverse the spread of HIV/AIDS by 2015.

In 2006 Member States restated in the **Political Declaration** their commitment to achieve the time-bound targets agreed on in 2001 and to move towards universal access to HIV prevention, treatment, care and support by 2010.

3.12 These objectives have been variously interpreted. The wording of the ECOSOC objectives contributed directly to influence the nascent UNAIDS Secretariat in defining the work of the joint programme. At the start of the period covered by this evaluation this was described as a set of functional areas consolidated into three clusters:

- Increasing awareness and commitment
  - Tracking the epidemic and responses to it
  - Advocacy, resource mobilisation and partnership building
- Expanding capacity and knowledge
  - Identification and dissemination of best practice
  - Technical resource networking
  - Direct support to countries and partners
- Coordination and better use of resources
  - Unified planning and support to national strategic planning
  - Policy and strategy analysis and development
  - Governance

3.13 The UNAIDS Mission Statement (see Box 8) set out a concise role for the joint programme, directed towards the goals of an expanded response.[39]

Box 8: UNAIDS mission statement 2002

As the main advocate for global action on HIV/AIDS, UNAIDS **leads, strengthens** and **supports** an expanded response aimed at preventing transmission of HIV/AIDS, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

[39] See UNAIDS/UBW/2000-01, para 3.1

3.14 A UN System Strategic Plan for HIV/AIDS (UNSSP) was prepared in 2001 following the first UNGASS.[40] Twenty-nine UN agencies or programmes signed up to the plan.[41] Nine areas of work were defined (see Box 9) and each area had a set of strategic objectives totalling 29 in all. The UNSSP was monitored for progress with a mid-term review in 2004. This gave a narrative presentation against the objectives in each area of work and identified gaps and challenges. The thrust of the UNSSP was inclusiveness and participation rather than prioritisation.

Box 9: UNSSP areas of work

1. Ensuring an extraordinary response to the epidemic
2. Cross-cutting issues in the expanded response
3. Protecting children and young people from the epidemic and its impact
4. Addressing those most vulnerable to and at greatest risk of HIV infection
5. Care and support to individuals, households and communities affected by HIV/AIDS
6. Operations and biomedical research
7. Human resource and institutional capacities in key sectors
8. Policies and programmes to address HIV/AIDS and its socio-economic impacts
9. Regional strategy development

3.15 Following the General Assembly High Level Meeting on AIDS in 2006, the PCB called on UNAIDS to develop a four-year framework to guide joint UN support to countries moving towards Universal Access as well as fulfilling other commitments made in the 2001 Declaration and the 2006 Political Declaration on HIV/AIDS.

3.16 In response, UNAIDS prepared a Strategic Framework for 2007-2010. This document was endorsed by the PCB at its 19th meeting in December 2006 as the principal guide to global, regional and country-level planning, implementation and monitoring progress of UNAIDS support. It was subsequently updated at the 23rd PCB for the period 2007-2011.[42]

3.17 The framework:

- Places universal access as the overarching objective of UNAIDS for the next four years;
- Re-affirms country support as a priority in UNAIDS joint planning and budgeting at all levels;
- Establishes a common set of Strategic Directions among Cosponsors and the Secretariat; and
- Brings longer-term direction, accountability and consistency to the joint work of UNAIDS at all levels

3.18 Strategic directions were defined as:

- Guiding the global agenda, increasing involvement and monitoring global progress;

40 UNAIDS (2001) UN System Strategic Plan for HIV/AIDS 2001-2005

41 This rose to 30 with the addition of the International Atomic Energy Agency

42 UNAIDS/PCB(23)/08.27 31 October 2008

- Technical support and capacity building to 'make the money work' for universal access;
- Human rights, gender equality and reduced vulnerability of most-at-risk populations;
- Re-emphasising HIV prevention alongside treatment, care and support; and
- Strengthening harmonisation and alignment to national priorities.

Increasingly, the UBW has become the principle organ for setting out objectives

3.19 The UBW appears to have taken on several roles, setting out objectives and strategies as well as functioning as a plan and a budget. However, this was not the original purpose of the UBW and, it is important to note that the UBW only applies to global and regional levels, not to country level. Annex 9, Appendix 1 sets out a comparative table of strategic objectives in the four successive UBW from 2002-2003 to 2008-2009. The 2002-2003 was the first to follow the UNSSP and used the same structure. Later UBW were framed around the global commitments. The presentation and wording vary considerably, with a substantial shift towards a more results focus only apparent in last UBW of the period.

3.20 The UNAIDS website currently sets out five focus areas for UNAIDS. These share some elements but are not synonymous with the 2008-2009 UBW.

- Mobilising leadership and advocacy for effective action on the epidemic
- Providing strategic information and policies to guide efforts in the AIDS response worldwide
- Tracking, monitoring and evaluation of the epidemic - the world's leading resource for AIDS-related epidemiological data and analysis
- Engaging civil society and developing partnerships
- Mobilising financial, human and technical resources to support an effective response[43]

The diversity and changing nature of objectives has contributed to weak accountability

3.21 There is no clear hierarchy of goals and objectives or clear link between ECOSOC objectives, the UNAIDS Mission Statement, five focus areas for UNAIDS and the UBW.

3.22 Whilst some consistency can be traced in the evolving strategic statements their prolificacy and diversity has not helped the programme to be clear about its objectives, to prioritise or to focus on areas where the UN could bring added value. The plethora of statements is confusing to partners outside the UN.

3.23 More importantly, changes in the way objectives have been framed over the years have undermined the ability of the PCB to track performance

[43] http://www.unaids.org/en/AboutUNAIDS/secretariat/default.asp

and the joint programme has never developed a core set of indicators for monitoring. The first report to the PCB on performance against a UBW results framework was in December 2008. While significant investment is taking place in 2009 to strengthen future reporting against the results framework, it is too early to tell whether this will enhance secretariat and cosponsor accountability to the PCB.

3.24 Evidence suggests variable progress in integrating UBW indicators into the corporate level results frameworks of individual cosponsor agencies, although in all cosponsors, when UBW funds are used, it is expected that those using the funds report against relevant UBW indicators. A major failing with indicators in all UBWs, including the results framework for the 2010-2011 UBW, is the lack of baseline data. And responsibility for delivery of each output is not yet explicitly attached to particular cosponsors or the secretariat.

ECOSOC and the PCB

Summary of findings on ECOSOC and the PCB

- ECOSOC is mandated to provide oversight but is ineffective
- Current roles and functions of the PCB leave a gap in accountability
- Delegates to the PCB bring relevant skills but little governing body experience
- Board focus is mainly on future actions and plans rather than performance
- Reforms have focused on operational aspects of PCB functions
- Voice and influence in the PCB is affected less by voting rights than by other aspects of the way the PCB works
- Follow through on board decisions has been a challenge for the PCB, but experience with the GTT shows a more systematic approach is possible
- Current arrangements are not an effective mechanism to link the PCB to governing boards of the cosponsors

ECOSOC is mandated to provide oversight but is ineffective

3.25 Every other year, ECOSOC receives an update from the UNAIDS' Executive Director, delivered on behalf of the UN Secretary-General, on the activities of UNAIDS and passes a substantive resolution on the global efforts to combat HIV/AIDS.

3.26 The performance of ECOSOC as an oversight body was reviewed by the UN Secretary-General's High Level Panel, reporting in 2006, which concluded that ECOSOC is ineffective. [44]

> *58. ECOSOC's mandate has been far greater than its exercise of it. Despite many attempts to strengthen its role, ECOSOC continues to lack effectiveness and influence. Its oversight of the funds and programmes remains perfunctory*

[44] UN (2006) Delivering as One. Report of the Secretary-General's High-level Panel on UN System-wide Coherence in the Areas of Development, Humanitarian Assistance, and the Environment. Agenda Item 113 (A/61/583) of the Sixty-first Session of the General Assembly. United Nations, New York. November 2006

and is almost nonexistent for the specialized agencies. ECOSOC needs to improve its operational and coordination functions with regard to the entire system.

3.27 The extent to which ECOSOC, and by extension the PCB, can exercise a governance in relation to the UNAIDS' cosponsors is limited. Four of the cosponsors are UN programmes and funds and are subject to the authority of ECOSOC. But the other six are specialised agencies and the role of ECOSOC, as mandated under the founding UN Charter, is more limited. It has no role in developing and approving guidance to the governing boards or management of the specialised agencies and is limited to coordination through consultation. This highlights the importance of having an effective mechanism for ensuring that PCB decisions are considered and acted upon by the governing boards of the individual cosponsors.

Current roles and functions of the PCB leave a gap in accountability

3.28 The 1994 ECOSOC resolution which established UNAIDS sets out the basic roles and responsibilities of the PCB, which were elaborated in what is termed the governing board's *modus operandi* (see Annex 8).

3.29 The description of roles and functions leaves a notable gap in accountability. The ECOSOC resolution makes no mention of the secretariat (the original concept had no sense of the secretariat growing beyond an office to support a coordinating Executive Director). Further, the PCB's *modus operandi* neither describes what the role of the secretariat, as distinct from the Executive Director, should be nor defines the role of the PCB in monitoring the performance of the secretariat. The *modus operandi* only states that '*The secretariat comprises the Executive Director and such technical and administrative staff as the Programme may require*'.

3.30 Following practice elsewhere across the UN, the Executive Director's performance is not assessed by the PCB and he or she is technically accountable only to the UN Secretary-General, although no formal system is used for assessing performance at this level. As such, who has formal responsibility for tracking performance of the secretariat, as opposed to UNAIDS as a whole, is not clearly defined, although both the PCB and CCO have a potential influence through their role in approving the overall budget of UNAIDS.

Delegates to the PCB bring relevant skills but little governing body experience

3.31 Four key constituencies are represented on the PCB: 22 representatives of member states distributed in regional groupings who have full voting rights; the ten cosponsors; the secretariat, which not only provides logistical and administrative support to the PCB but also brings draft policy guidance and other substantive material for consideration; and representatives from five NGO organisations, also representing regions, that act as the NGO Delegation. In addition, a significant number of people participate as observers and, when invited to do so by the chairperson, may participate in the deliberations of the PCB on matters of particular concern to them.

3.32 The PCB survey conducted for this evaluation indicates that representatives in general have engaged with the PCB over an extended period of time (longer than the nominal three-year rotation period), are well briefed by the secretariat, and often have strong relevant professional backgrounds. However, except for the member states, first-hand experience of how other UN governing boards operate is limited, and even within the member states, experience of international governing bodies is mainly of the World Health Assembly and/or WHO Executive Board.

Board meetings have evolved to include thematic segments

3.33 The PCB *modus operandi* states that PCB meetings will be held twice a year in principle, but the second session in odd years will be held only when there is a substantive need and if sufficient resources are available. Between 2003 and 2008, two meetings were held in four of the six years,[45] while only one meeting was held in 2003 and 2005. Practice has therefore followed that specified.

3.34 One change has been introduced in the organisation of the PCB meetings during the evaluation period, which deals with strengthening its role in reviewing and discussing policy guidance. This reflected a concern about UNAIDS' role in providing policy leadership, a concern also noted by many informants for this evaluation.

3.35 The use of thematic round tables or panel discussions on issues of strategic importance was introduced from the June 2004 meeting onwards. This was a movement to formalise and regularise the *ad hoc* process adopted in some previous meetings. As of the June 2008 PCB meeting, a 'Thematic Segment' was introduced, although not as part of the main PCB meeting and operating under different rules from those applied during the main meeting. These sessions, which occur the day before the PCB meeting, are intended to:

- Foster dialogue, facilitate shared learning and promote mutual accountability among different actors, thus strengthening global coordination on HIV.
- Bring broad-based, multi-stakeholder policy debates on key emerging themes to bear more directly on the operations of UNAIDS.
- Bring the vast expertise and know how developed within the joint programme to bear more directly on the work of a wide range of actors in the HIV response.

3.36 In the PCB survey for this evaluation, 80 per cent of respondents were supportive of the current three day format although a third of cosponsor global coordinators/focal points thought that PCB meetings were too long and a significant minority wanted fewer and shorter meetings. The value of thematic segments does not appear to have been evaluated, in particular whether these have enabled UNAIDS to play a stronger role in global policy leadership.

[45] In 2008, a third 'extraordinary' meeting was also organised, specifically to discuss the search and recruitment of a new Executive Director.

Board focus is mainly on future actions and plans rather than performance

3.37 The *modus operandi* sets out eight functions of the PCB, described in full in Annex 8. These functions, which have not been reviewed since they were established in 1996, cover policies, planning and execution, reviewing proposals, making recommendations to the CCO and review of progress, but the functions are defined in the broadest of terms, so allowing considerable latitude for the PCB to define how it chooses to deliver against them. This evaluation will be the second opportunity for the PCB to fulfil one of its eight functions: *'(viii) to review periodic reports that will evaluate the progress of the joint programme towards achievement of its goals'*.

3.38 Review of the agenda of PCB meetings also shows the growth of a function that was not originally specified. The *modus operandi* states that the PCB should be informed '*of all aspects of the development of UNAIDS.... the reports and recommendations of the CCO and the Executive Director, and appropriate reports and recommendations from UNAIDS scientific and technical advisory committees established by the Executive Director'*. The key point here is that the PCB should be informed but review of agenda and minutes suggests that discussion of such work has increasingly become an instance of micro-management by the PCB.

3.39 Responses to the PCB survey were overwhelmingly consistent that the major function of the PCB should be '*To establish broad policies and priorities for the joint programme, taking into account the provisions of General Assembly resolution 47/199'*. Of the 93 people answering this question, two-thirds judged that this was the primary function of the PCB.

3.40 Analysis shows that the PCB concentrates on oversight of what the joint programme commits to do. Review of financial audit reports has been complied with. Functions to review policy, planning, budgeting, financing and longer-term plans of action are in effect discharged through the UBW process, although this was not the intention of the UBW process. There is little evidence of the PCB making direct recommendations to the CCO, with the exception of the recommendations from the Global Task Team (GTT), discussed later.

3.41 The PCB has a serious and important role to play in executive decision making. That role depends on the quality of information that the board is provided with.[46] Between 2003 and 2008, the biennial UBWs, and supporting results frameworks, have been the main documents used for communicating to the PCB what the secretariat and cosponsors intended to do. Both the views of the PCB participants and review of what the PCB has actually engaged with over the evaluation period reveal a board that has focused primarily on future actions and plans of UNAIDS.

3.42 Ensuring effective follow-through on PCB decisions and monitoring their impact has been an ongoing challenge during the evaluation period. This issue was highlighted in recommendation 8 of the 2003 PCB Working Group on UNAIDS Governance:

[46] This discussion does not focus on the large amount of material presented to the PCB which deals with the epidemic or description of funding trends, which is key to the PCB fulfilling its important policy and advocacy roles. This is because the focus of this analysis is on the role of the PCB in the governance of UNAIDS.

"Requests systematic reporting from the secretariat on actions taken on the Decisions, Recommendations and Conclusions. The objective is systematic follow-up on PCB outputs."

3.43 In response, the PCB requested that regular reporting from the secretariat on actions taken on PCB decisions be reflected in the annual report of the Executive Director. But review of PCB documentation shows that:

- The PCB did not clarify which decisions it expected to be covered in the Executive Director reports.
- No Executive Director's report from 2004[47] onwards has included a systematic review of progress organised around specified PCB decisions.

3.44 Both the Executive Director and the chair of the cosponsors have presented annual reports to the PCB, but these have not been systematic reports of performance against the UBW. The cosponsors do not report individually to the PCB. An annual performance monitoring report has also been prepared and shared with the PCB, for information, in each year since 2001. However, the first systematic performance report against a UBW results framework and workplan to be discussed as an agenda item of the PCB was the report against the 2006-2007 UBW at the December 2008 PCB, at the very end of the evaluation period. The secretariat and cosponsors, in 2009, are also developing the first mid-term report against the UBW.

3.45 The veracity of information provided to the PCB is both sensitive and difficult to demonstrate, in a system in which nobody is clearly accountable for ensuring the quality of the information and where information is drawn from multiple agencies. Interviews with cosponsors and the secretariat reveal that there are no agreed rules for how work presented to the PCB will be quality checked. Quality control is challenging in a context where each individual agency has its own quality control system and is autonomous. It is therefore hardly surprising that, on occasion, this ambiguity has been a source of tension.[48]

3.46 Opinions among PCB participants surveyed for this evaluation suggest that, while the majority of respondents agree on the need to trust the secretariat on the quality of material provided, approximately half have reservations on whether enough supporting evidence is presented in the documentation. Some of these concerns were also highlighted in a recent assessment of UNAIDS by the Government of Sweden, which stated that:

"*So far, reporting from UNAIDS has been unable to give an account of the relationship between results and resources used. However, one deficiency of the new strategic framework is that the cosponsoring organisations' own actions to address HIV and AIDS at country level, which are almost five times larger than the scope of the UNAIDS Budget and Workplan, are not included*."[49]

---

47 Note that Executive Director's reports were produced until 2006. In 2007 and 2008, this report was replaced by the UNAIDS Annual Report.

48 For example, UNDP was the lead for development of the gender policy paper discussed at the December 2008 PCB meeting, but the secretariat said that the secretariat's gender person had to sign it off before it was sent to the PCB. On the other hand, the secretariat submits what are *de facto* policy documents to the Board that are not signed off by the cosponsors. The most significant example of this was the management response to the GTT recommendations, which was reportedly drafted by the secretariat without consultation with the cosponsors.

49 Government of Sweden (2008) Swedish Assessment of Multilateral Organisations – The United Nations joint programme on HIV/AIDS. October 2008.

Reforms have focused on operational aspects of PCB functions

3.47 Some five different sets of recommendations have been made following studies of the operation of the PCB during the period of the evaluation. These comprise the Five-year Evaluation of UNAIDS in 2002; the management response to the evaluation;[50] a subsequent PCB Working Group on Governance;[51] a PCB paper in 2007 *UNAIDS role in strengthening global coordination on AIDS and development of the Programme Coordinating Board*;[52] and the 2006 Review of NGO/Civil Society Participation in the PCB. Progress, as of December 2008, against the recommendations made in these reports is summarised below in Table 2.

Table 2: Progress, as of December 2008, in implementing recommendations on the operation of the PCB 2003-2008

Initiative	Number of recommendations		
	Fully implemented	Partly implemented	Not implemented
2002 Five-year Evaluation of UNAIDS[53]	1	2	3
Management Response to the 2002 Evaluation[54]	4	0	0
2003 PCB Working Group on UNAIDS Governance[55]	3	0	6
2006 Review of NGO/Civil Society Participation[56]	32	33	13
2007 UNAIDS role in strengthening global coordination on AIDS and development of the Programme Coordinating Board[57]	9	6	3

3.48 Recommendations that could be implemented largely by the secretariat acting alone have almost always been actioned. Many other recommendations have never been formally presented as an agenda item to the PCB (including for example, the question of the NGO Delegation having voting rights). Recommendations from the 2002 evaluation led to a review of CCO operations in 2005 but the recommendations from that were not implemented. Some other recommendations, such as those made by the 2002 evaluation to improve the ECOSOC objectives, were not supported by the member states.

50 UNAIDS/PCB(13)/02.3

51 UNAIDS/PCB (2003) Report of the PCB Working Group on UNAIDS Governance. Fourteenth meeting, Provisional agenda item 4, Geneva, 26–27 June 2003. Paragraph 10.

52 UNAIDS/PCB (2007) Decisions, Recommendations and Conclusions. 20th Meeting of the UNAIDS Programme Coordinating Board. FINAL Rev. Geneva, Switzerland, 25-27 June 2007. Paragraph 10.

53 Based on analysis of evaluation question (c): The response to the Five Year Evaluation of UNAIDS

54 Based on review of PCB documentation and analysis provided by secretariat.

55 Based on review of PCB documentation and analysis provided by secretariat against the 9 agreed recommendations.

56 Based on analysis provided by NGO Delegation's Communication Facility and secretariat.

57 Based on review of PCB documentation and analysis provided by secretariat.

3.49 Establishment of the PCB Bureau and regularisation of thematic round-tables were the significant changes triggered by the 2003 recommendations. Recommendations to enhance the capacity of the NGO Delegation were the main output of the 2006 review. The 2007 PCB review triggered a significant number of actions aimed at (i) enhancing the role of the PCB as a 'policy' forum and (ii) enhancing voice within PCB meetings.

Voice and influence in the PCB is affected less by voting rights than by other aspects of the way the PCB works

3.50 It is often assumed that a board that operates based on consensus, rather than voting power, gives more voice to those with less voting power and so ensures a peaceable and constructive atmosphere; a positive contribution to good governance. The fact that the PCB has never taken a formal vote, despite the option for member states to vote, suggests that this is the view of many PCB participants during the evaluation period. Responses to the PCB survey (see Annex 8, Table 7), suggest that while there is broad agreement that not voting increases voice, this opinion is not unanimous.

3.51 Results from the PCB survey suggest that views are mixed over the degree to which consultation takes place outside of the formal PCB sessions and therefore positions are agreed in advance of the PCB meetings. There is a significant divergence in opinions between cosponsor and secretariat respondents, in line with views expressed in interviews within these constituencies (see Table 3).

Table 3: The process of consultation is largely taken outside the formal PCB sessions, so positions are agreed in advance and decisions are predetermined

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Overall response (n=99)	6%	47%	36%	1%	9%
Member state responses (n=43)	9%	44%	40%	0%	7%
Cosponsor responses (n=17)	12%	64%	24%	0%	0%
Secretariat responses (n=14)	0%	36%	64%	0%	0%
Civil society responses (n=23)	0%	48%	22%	4%	26%
Responses by others (n=2)	0%	50%	50%	0%	0%

Source: PCB Survey

3.52 Most survey respondents think that, in practice, decisions are made by a small number of influential board members but views as to whether the reasoning behind decisions taken is transparent diverge between the secretariat and member states, who broadly think that it is, and the cosponsors and civil society where opinions are more ambivalent. Whilst not explored in detail, it is possible that the responses of different constituencies reflect the approach taken to consultation outside of the PCB meetings. This can be characterised as a 'hub and spoke' model, with the secretariat running separate consultation processes with individual constituencies, but little lateral consultation taking place among the constituencies.

3.53 Significant investment has gone into ensuring that representatives have an opportunity to participate in the working and deliberations of the PCB. This includes in the operation of the PCB Bureau (see Annex 8, Box 3, which was established in 2004 in response to a decision of the 15th PCB, includes representation from the member states, cosponsors and NGO Delegation and distributes papers to the wider group by e-mail. Initiatives to enhance the functioning of the PCB Bureau were accepted by the 20th and 23rd meetings of the PCB. However, comments in the PCB survey suggest that some respondents are wary of the Bureau assuming a more proactive decision-making role between sessions of the PCB. There are also concerns about 'mission creep', in particular whether the Bureau has taken on a secretariat function as the UNAIDS Secretariat has outgrown the role of being a secretariat.

3.54 PCB participants interviewed for the evaluation identified five areas of concern where voice remains a significant issue:

- The **skill of the chair** in managing the meeting and recognising different constituencies. Convention has established a hierarchy in which the member states speak first, followed by the cosponsors and then the NGO Delegation, but this is not actually prescribed in the *modus operandi*.
- Management of the **drafting group** to ensure balanced representation and avoid new issues being introduced. New arrangements including for the PCB Chair to play a more active role may resolve these concerns.
- Since 2004, **cosponsor representation** is limited to six at any one time although all ten attend, and one is nominated to speak on their behalf. This is felt by cosponsors to reflect a lesser voice compared with the secretariat and also has the effect of reducing the scope for individual cosponsors to be held to account.
- The **capacity and time** required for full participation in the work of the PCB is a constraint for the **NGO Delegation**. Extra support has been given for consultation through an independent communication and consultation facility but it is too early to assess the benefits.
- The NGO Delegation considers that **non-voting status** undermines the effectiveness of the PCB (see Annex 8, Table 11).

3.55 The Five-year Evaluation recommended that voting rights be given to the NGO Delegation and this issue was also raised by the 2007 Independent Review of NGO/Civil Society Participation in the PCB.[58] Neither report gives a clear rationale for the recommendation other than that not having voting rights appeared to be anachronistic in the context of governance arrangements for the Global Fund, GAVI and UNITAID, where civil society representatives have voting rights. However, this is not comparing like with like.

- The Global Fund was established as an independent Swiss Foundation governed by a board with representatives from donor and recipient governments, the NGO sector, the private sector (including businesses and philanthropic foundations) and affected communities.

[58] S. Middleton-Lee (2007) Independent Review of NGO/Civil Society Participation in the Programme Coordinating Board of UNAIDS. Report presented at the 20th Meeting of the PCB, UNAIDS/PCB (20)/CRP5, June 2007.

- UNITAID is a partnership that is hosted by WHO but does not report to the UN. The purpose of UNITAID does not directly focus on influencing or approving the work programmes of UN agencies.
- GAVI became a Swiss Foundation at the start of 2009. The Board's role is to maintain oversight of what is in the agreed work programme, which extends to a number of organisations that are not part of the UN.

3.56 These organisations are all designed to coordinate the activities of a wide range of stakeholders and are not inter-governmental entities. UNAIDS, in contrast, was primarily established to enhance coordination within, and increase coherence of the UN's response to the epidemic and is thus, in formal terms, an inter-governmental body. The principle with such bodies is that voting rights remain with the member states.

3.57 Notwithstanding the arguments put forward by the NGO Delegation that non-voting status undermines the effectiveness of the PCB, there is substantial evidence that civil society participation brings considerable benefits to the work of the PCB. A notable example is the development of the UNAIDS Prevention Policy Paper (see Chapter 6 and Annex 8, Box 5).

Follow through on board decisions has been a challenge for the PCB, but experience with the GTT shows a more systematic approach is possible

3.58 Despite limitations in reporting to the PCB noted earlier, implementation of the Global Task Team (GTT) recommendations has been followed up closely (see timeline in Annex 8, Table 12).

- Reporting to the PCB has focused on progress with implementation of the GTT recommendations and discussion of what has been done.
- Many of the recommendations have been interpreted as pointing towards internal reform (which has occurred), but the emphasis of the recommendations on country capacity building and increasing government capacity to hold donors to account has been overlooked in most reporting.
- The experience of the Reference Group for Oversight and Implementation of the Recommendations of the 2007 Independent Review has highlighted the difficulties that PCB members face in getting other parts of their own governments to comment on performance. [59]
- Reporting has not focused on identifying which cosponsors have delivered on commitments, beyond general discussion of the difficulty for either the secretariat or PCB to hold cosponsor agencies to account (found in the 2007 Independent Review).
- Barring discussion in the October 2007 meeting, CCO minutes show no substantive discussion of implementation of the GTT or PCB decisions.

3.59 The PCB has invested significant time and resources in tracking implementation of the GTT recommendations but this has not delivered a clear picture of progress against the recommendations as a whole. With hindsight, monitoring the wide range of recommendations would have been easier if: (i) the recommendations had been first summarised in a framework,

[59] Getting evidence on implementation against the GTT in 2008 was reportedly a significant challenge for the PCB's Reference Group for oversight and implementation of the recommendations.

which clearly specified responsibilities, expected results and agreement from implementers about what progress they would report, where and when; and (ii) there had been analysis of the risks and assumptions. This highlights weaknesses in planning and implementation discussed later in this chapter.

Current arrangements are not an effective mechanism to link the PCB to cosponsor governing boards

3.60 The original intent behind the membership of the PCB was that as representatives of member states also sit on the boards of cosponsors, this would ensure that those boards would mirror the decisions taken by the PCB. But, in practice, representatives on the other boards are usually different people, often reporting to different ministries in their government.

3.61 Given that accountability within the cosponsor agencies is to their own governing boards, strengthening linkages between the work of the PCB and agenda of the cosponsor boards has been a major concern. Table 4 summarises the status around four coordinating actions:

Table 4: Linkages between the PCB and cosponsor governing boards

Agency	Board discusses HIV on regular basis?	Board discusses PCB decisions?[60]	Board made decision[61] based on decision of the PCB?	Cosponsor shares same results indicators as UNAIDS UBW?
ILO	✓	X	X	X
UNDP	✓	✓	X	X
UNESCO	✓	X	X	X
UNFPA	✓	✓	X	✓
UNHCR	✓	X	X	X
UNICEF	✓	✓	X	✓
UNODC	✓	✓	X	✓
WFP	✓	✓	X	✓
WHO	✓	X	X	X
World Bank	X	X	X	X[62]

Source: Governing Board documentation

3.62 The governing boards of nine of the ten cosponsor agencies do discuss HIV work on a regular basis. The exception is the World Bank where discussions tend to be prompted by specific events such as new strategies and projects.

3.63 The Executive Boards of UNDP, UNFPA, UNICEF and WFP held a joint meeting in June 2003 to address the recommendations of the Five-year Evaluation of UNAIDS. Members of the Executive Boards proposed that follow-up to the UNAIDS PCB meetings be placed as a regular item on board agendas and this recommendation has been implemented. However, no

[60] Governing bodies of the following agencies have requested regular updates (an informal note) on implementation of the recommendations of the GTT – UNDP, UNICEF, UNFPA, WFP, WHO, UNODC.

[61] Boards use a range of language when communicating with their organisations, but in practical terms, when the statement starts with 'the Board decides.', this is a signal to the organisation that something should be done.

[62] For the 2008-09 UBW, in order to enhance alignment of the UBW PMEF with internal reporting requirements, UBW indicators are included in the Bank's internal trust fund reporting systems.

evidence has been found that any of these four boards has made a subsequent board decision based upon these discussions.

3.64 UNODC provides the only concrete example identified of a PCB decision directly affecting a decision made by a cosponsor governing board. UNODC Commission on Narcotics and Drugs (CND) Resolution 51/14 (March 2008) requested the Executive Director of UNODC to share relevant decisions of the PCB with the member states at each session of the Commission held in the first half of the year.

3.65 Nine out of the ten governing bodies formally adopted the GTT recommendations, with the World Bank being the exception. The governing bodies of ILO, UNHCR, WFP and WHO have discussed specific PCB decisions, in particular related to implementation of GTT recommendations, but this is not a regular agenda item.

3.66 A direct route to influencing what is done by the cosponsor governing boards would be through using the same results indicators for reporting as are approved by the PCB. At present this happens in the cases of UNICEF, UNFPA and WFP, three of the four ExCom agencies. This has not been possible for UNDP, the remaining ExCom agency, as the organisation has not had an agreed set of corporate level performance indicators since 2003. Among the specialised agencies, only UNODC uses the same indicators when reporting to its own Governing Board as are found in the UBW. ILO expects that there will be greater use of the UBW indicators in their own corporate level results framework for the 2010-2011 biennium.

The Committee of Cosponsoring Organisations

Summary of findings for the CCO

- The style of meetings has changed but the CCO has met consistently throughout the evaluation period
- Despite concerns raised in the Five-year Evaluation and a subsequent study, recommendations to reform the CCO have not been implemented
- The CCO has never been fully effective against its intended functions

The style of meetings has changed but the CCO has met consistently throughout the evaluation period

3.67 Although the CCO is the only Standing Committee of the PCB, the establishment of the CCO, in 1994, pre-dated UNAIDS and the PCB and developed from an existing UN Inter-Agency Advisory Group on AIDS.

3.68 Whereas the PCB establishes policies and priorities and approves plans and execution, the role of the CCO is to review those plans prior to submission to the PCB and to review the activities of each cosponsor to ensure consistency with the joint programme. It was designed to have a significant executive role between the cosponsors and Executive Director.

3.69 Before 2004, the CCO operated on an *ad hoc* basis, meeting as and when necessary. It was then decided that it should meet on a more regular

basis, for half a day before each meeting of the UN Chief Executives Board (CEB) and that there should also be an informal breakfast meeting. Meetings have therefore subsequently had two segments; a formal session with agenda and formal minutes attended both by the heads of agencies and their staff and an informal breakfast or dinner session, which allowed free discussion of issues but was not minuted and was only for heads of agency.

3.70 Analysis of attendance at CCO meetings, as shown in Annex 8, Table 13, suggests consistent attendance at most meetings by the heads of the cosponsoring agencies, with the exception of the World Bank.[63]

3.71 Formal reports from the Chair of the CCO were presented annually between 2002 and 2006, but there is no evidence of a formal report from the Chair to the PCB in either 2007 or 2008, when practice switched to use of an oral briefing. Review of PCB decisions and CCO minutes provide no evidence of why this decision was taken or if there was discussion of whether other arrangements needed to be put in place, to supplement the oral presentation.

Despite concerns raised in the Five-year Evaluation and a subsequent study, recommendations to reform the CCO have not been implemented

3.72 In 2002, the CCO was described by the Five-year Evaluation of UNAIDS[64] as having an ambiguous role, easier described by what it does not do that by what it does; more of an information forum than a decision-making body. The evaluation recommended reorganisation of the CCO into a management board, with representation wider than the UN agencies.

3.73 There is no evidence that the recommendation was actively considered by either the CCO or the PCB. However, the GTT recommended an '*independent review of the functioning of UNAIDS' governance structure, including the CCO*' which took place. Whilst the review's findings were discussed both within the CCO and at the December 2005 PCB meeting, the conclusions and recommendations have not been implemented.

The CCO has never been fully effective against its intended functions

3.74 A *modus operandi* sets out seven CCO functions including review of workplans, proposals and reports; making recommendations to the PCB; deciding on issues referred to it by the PCB; reviewing the activities of each cosponsor; and reporting on harmonisation by the cosponsors around UNAIDS policies and guidance (see Annex 8).

3.75 The CCO does not fully fulfil these functions. Interviews with the global coordinators and review of CCO minutes show a gradual disengagement by heads of agencies over the evaluation period and increasing delegation to the global coordinators. This was identified as a major concern by senior staff in the secretariat and most cosponsors.

---

63 In the World Bank's case, attendance by the Senior Vice-President, Human Development Network, was consistent until end 2005. Since then there has been no representation above the level of the Global Coordinator.

64 ITAD and KIT (2002) Five-year Evaluation of UNAIDS. Final Report. Paragraphs 6.5-6.7.

3.76 While the CCO's functions include review and endorsement of the UBW, they do not include review of results against what was planned under the UBW. Review of CCO minutes suggests that although the heads of the cosponsor agencies were actively engaged in review of the proposed 2004-2005 UBW, their engagement in reviewing the 2006-2007 and 2008-2009 UBW was less evident. In both cases, minutes state that the UBW was presented by a representative of the secretariat and unanimously endorsed.

3.77 Interviewees state that from around 2004, as UN reform and other issues such as climate change became more high profile, heads of agencies became less engaged with HIV. This seems to have underpinned the decision in June 2007 by the CCO to move away from regular formal meetings.

3.78 Lobbying by both the Executive Director and global coordinators has led to reconsideration of this decision and agreement to have one, rather than the former two, formal meetings per year. However, nine of the ten current global coordinators believe that the main value of the CCO formal meetings is the time it allows them with the most senior people within their organisation. Hence the concern expressed by most about the shift to informal breakfast and dinner meetings, since these do not involve the global coordinators, thereby losing them what is often their only opportunity to brief their heads of agency; to lobby for HIV as a continued policy priority within the organisation; and to get high-level buy-in to their work.

3.79 As such, reinstatement of annual formal CCO meetings is not enough to ensure that the CCO will move to fulfil the functions outlined in the *modus operandi*. The question therefore is the degree to which a CCO that doesn't fulfil its agreed functions has an adverse effect upon the oversight and governance of UNAIDS. In this context, responses to the PCB survey suggest that most participants, across all constituencies, see an active and engaged CCO as essential to the effective operation of the PCB.

Conclusions on the governance of UNAIDS

- ECOSOC objectives remain relevant and provide flexibility. However, the diversity and changing nature of objectives, in strategic frameworks, mission statements, focus areas and, more recently the UBW, has contributed to lack of clear direction and weak accountability.
- Formal arrangements between the PCB and cosponsor governing bodies remain weak and have undermined progress with accountability.
- The PCB is widely regarded as a reasonably effective example of a UN governing body, but could do more to direct its attention to performance of the joint programme and improve accountability structures.
- The emergence of global coordinators has established an effective working link between the cosponsors and the secretariat. The CCO fails to perform its executive role.
- Current practice has created a situation whereby cosponsors neither speak individually nor are held to account at PCB meetings. There are concerns that some procedures such as the drafting group can undermine the voice of participants at the PCB.
- Strategic frameworks have changed too often to be useful and have never provided a satisfactory framework to monitor performance. It is too early to judge the quality of reporting under the 2008-2009 UBW.

4 Division of labour and joint working

4.1 This section of the report examines in detail the components of UNAIDS, the operational relationships between the secretariat and cosponsors, the efficiency of the joint programme and how the introduction of joint teams and division of labour has affected working relationships at global, regional and country levels. The material summarised here is set out at length in Annex 9 with extensive references to supporting documentation and findings from the country and regional visits.

Division of labour at global level

Summary of findings

- Being a cosponsor has helped agencies keep HIV a policy priority
- Cosponsor funding commitments to HIV have declined since 2006-2007, meaning that UBW funds have become important in maintaining capacity at global and regional levels
- The Unified Budget and Workplan (UBW) process has supported joint programming approaches at a global level
- The division of labour has brought limited benefits at the global level

Being a cosponsor has helped agencies keep HIV a policy priority and expanded cosponsor capacity

4.2 At the start of the evaluation period there were eight cosponsors – UNDP, UNICEF, UNFPA, WFP, UNESCO, ILO, UNODC and the World Bank. WFP became a cosponsor in 2003 and UNHCR in 2004. There is significant variation across these ten organisations in planning and reporting cycles and approaches; the degree to which their operations are decentralised, they have representation at country level and authority is delegated; and the extent to which addressing HIV can be seen as part of their core mandate. This variation plays an important role in how innovations such as the division of labour are perceived and implemented, and how UBW funds are allocated.[65]

4.3 Cosponsors see clear and tangible benefits from being members of UNAIDS: the availability of funds through the UBW; the role of the secretariat and Executive Director in maintaining HIV as a high profile issue; greater awareness of global issues and trends; and for the smaller agencies, a visible role and access to a wide range of expertise and networks.[66] Indeed, the Executive Director is credited with significant influence over five of the cosponsors during the evaluation period either to remain as a cosponsor or to maintain the prominence of HIV in their strategies.

[65] The number of cosponsors and their diversity has led some reviews to call for a reduction in their number (see Yussuf, 2007)

[66] The smaller agencies are ILO, UNODC, WFP, and UNHCR.

4.4 Since 2003 the importance of the global coordinators has increased. At the start of the evaluation period, global coordinators were technical resource people (mostly at the P5/P4 level) but their role has expanded considerably. The posts are now all at D1 or equivalent level which increases their status and authority within their agencies. This, allied to access to funds from the UBW and the support of the UNAIDS Executive Director, has been key to their growing role as policy entrepreneurs within their agencies and in maintaining HIV as a policy priority. The main indicator of this success has been the significant increase in cosponsor HIV capacity at headquarters and regional levels (see Annex 9, Table 1), although this has not always been based on the use of UBW and internal funding. Total cosponsor staffing at global and regional levels has increased by 70 per cent from 515 to 878 in the period 2004-2005 to 2007-2008; UNDP and UNFPA have tripled their numbers.

4.5 This represents a significant change from the situation described in the Five-year Evaluation, which stated that *'Lack of money has frustrated the development of specific AIDS capacity in various agencies. Indeed, in many instances, the ability of cosponsors to adjust their capacities to the higher exigencies of the partnership is constrained by the availability of financial resources.*[67]

4.6 Growth in numbers has not been matched by clarity of accountability, which remains complex. Broad accountability rests with the heads of the cosponsor agencies who sign up to the UBW through the membership of the CCO, described in Chapter 3. But only four of the ten translate that commitment into shared performance indicators from the UBW in their own corporate results frameworks. Increasingly, there is a trend towards narrow accountability, with groups within agencies who receive money from the UBW being accountable for one or more specific UBW objectives. Such a 'contractual' approach may lead to strong accountability, depending upon the quality of internal systems, but does not provide strong signals to line managers that HIV is an agency priority. Indeed, because global coordinators are rarely line managers of staff at regional level and never at country level there is little corporate ownership of collective objectives.

4.7 UBW funding is a relatively small proportion of the money spent by most UN cosponsors on HIV at country level.[68] For six cosponsors, funding raised at country level is up to three times as great as the total found under the UBW. For WHO, the sums are roughly comparable. Only for UNHCR, ILO and UNESCO does UBW funding exceed that raised at country level. The global coordinators have often had to put specific systems in place to track what is happening to UBW funds at country level, as corporate level reporting systems are inadequate and country level funding is not managed from headquarters.

[67] Background Paper for the Five-year Evaluation of UNAIDS on 'organisation, management and governance of the joint programme', pages 35-36.

[68] A breakdown of funding for the 2010-11 biennium is at http://data.unaids.org/pub/InformationNote/2009/20090515_20102011_ubw_final_en.pdf, page 21. Breakdowns of country level funding by cosponsor are not available for previous biennia.

Cosponsor funding commitments to HIV have declined since 2006-2007, meaning that UBW funds have become important in maintaining capacity at global and regional levels

4.8 The secretariat raises funds that support the core budgets of cosponsors and the secretariat, the interagency budget and the supplemental budget of the secretariat and of interagency activities.[69] Cosponsors also provide funds from their own core budget (a requirement of being a cosponsor) and raise other funds. Cosponsor budgets at country level are provided through a combination of regular budget and voluntary contributions and are outside of the UBW.

4.9 UBW funds support staff positions at headquarters, regional and country levels, to varying extents according to cosponsor agency policy. Annex 9, Table 2 illustrates the diversity of practice. Capacity within many of the cosponsors is highly reliant upon funds raised and passed through the UBW.

4.10 Resources raised by the cosponsors at global and regional level, and core funds allocated by the agencies to supporting their work on HIV at global and regional levels over three biennia are shown in Table 5.

Table 5: Funding trends across the cosponsors by biennium

Cosponsor	Funding commitments from global, regional and supplemental budgets by cosponsor (US$ million) by biennium[70]			Cosponsor core funding allocated to AIDS (US$ million) by biennium		
	2004-2005	2006-07	2008-09	2004-2005	2006-07	2008-09
ILO	13	26	12	7	7	5
UNDP	36	21	14	9	13	7
UNESCO	11	21	8	7	9	5
UNFPA	36	75	65	13	17	9
UNHCR	-	23	5	-	3	3
UNICEF	34	258	155	16	19	10
UNODC	7	48	36	5	8	5
WFP	-	15	47	-	4	4
WHO	85	181	62	22	23	13
World Bank	30	41	13	7	11	6
Total	252	709	417	86	114	67

Source: Data provided by secretariat

4.11 Table 5 clearly shows a three-fold increase in funding commitments by the cosponsors, between the 2004-2005 and 2006-2007 biennia, followed by a significant decrease in the 2008-2009 biennium. The same trend can be seen in agencies' commitments of core funding although the increase in the 2006-2007 biennium was not as significant. In terms of sustainability, the most significant trend is the decline in core funding commitments across all cosponsor agencies between the 2006-2007 and 2008-2009 biennia, which

69 Budget terminology used by UNAIDS is explained in the section on technical terms at the front of this report

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

confirms the importance of UBW funding to maintaining capacity at headquarters and regional levels within the agencies. However, this decline should be viewed in the context of a UN in which core funding is low and declining as a share in the overall budget.[71]

4.12 Funding of the secretariat and cosponsors under the UBW is difficult to examine, since significant expenditure is aggregated within the interagency budget. Table 6 shows the split between the secretariat and cosponsors in the part of the budget that the secretariat commits to raise, after the interagency budget is allocated between the secretariat and cosponsors. The main finding is that the bulk of such funding is used by the secretariat, and the proportion allocated actually increased in the current biennium (2008-2009). Given that the original intent was that the secretariat should not become another UN agency, it is important to note that the secretariat's budget is comparable to, or even greater than, that of some of the smaller UN agencies, such as UNODC, UNCTAD or UN-Habitat.[72]

Table 6: Percentage allocation of funding raised by the secretariat by biennium

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

Source: Data provided by secretariat

4.13 Table 7 compares the proportion of the total UBW (including funds raised both by cosponsors and the secretariat) over the three biennia covered by the evaluation. Even in this case, the secretariat's share of the overall UBW budget is large.

Table 7: Percentage allocation of funding raised by both cosponsors and secretariat by biennium

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

Source: Data provided by secretariat

The Unified Budget and Workplan (UBW) process has supported joint programming approaches at a global level

4.14 The Five-year Evaluation of UNAIDS found that whilst developing the UBW was a valuable process, the UBW was difficult to understand and had a number of shortcomings: Cosponsor regular budgets was not included and nor was funding at country level. This has not changed. To examine how

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

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

the UBW have evolved, the UBW have been assessed against the purposes set out in the 2008-2009 UBW document. [73]

4.15 Six qualitative criteria were set out as objectives to improve the UBW: simplification; harmonisation; coherence; substance-led process and budget; joint programming; and accountability. Annex 9, Table 7 analyses performance against each criterion. Overall, a positive assessment is made for five of the six, with only limited progress is noted for accountability.

4.16 Successive UBWs have been both simpler and clearer documents, although results from the PCB survey for this evaluation suggest that the UBW still does not entirely meet PCB members' needs. The UBW process has also supported the adoption of joint programming approaches at a global level, which is almost unique within the UN. This is a solid achievement that is not seen for other priority issues within the UN.

4.17 However, those involved in the UBW process are also unanimous that the transaction costs of the UBW process are high and, after decreasing during development of the 2008-2009 UBW, these have increased again as the secretariat and cosponsors respond to the request from the PCB that the UBW become a tool for increased performance monitoring and reporting. However, the current UBW results framework will not identify the added value of UNAIDS as a joint programme, as compared to having ten separate cosponsor organisations.

The division of labour has brought limited benefits at the global level

4.18 The rationale for the Global Task Team (GTT) approach to division of labour was to address the lack of clarity about who should take the lead on which activities and the consequent difficulty in holding organisations to account. An example often quoted is that a country seeking technical support on prevention education for youth might end up talking to four cosponsors.

4.19 The argument was advanced that whilst the main objective was to ensure division of labour at country level, agreement at global level was a pre-requisite for its acceptance and implementation at country level. Despite that, none of the core GTT documents, the subsequent reports to the PCB or later independent reviews, clearly specify how the division of labour was to work at global level nor the linkages to country level.

4.20 That said, there is some evidence of the positive effects of the division of labour at global level. For example, there has been some evolution of agreed roles and responsibilities between the secretariat and the cosponsors, reflected in a series of 'informal agreements' between the global coordinators, such as in the area of PMTCT. Other examples include the development of ASAP and GAMET global services by the World Bank, and the clearer focus and expansion of staff by UNODC and UNFPA.

4.21 But these examples apart, only limited progress can be seen in clarity over lead roles (see paragraph 4.23 and Annex 9, Table 9) at global level and it is not clear that the division of labour has helped reduce tensions

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

any more than the work of the global coordinators or Inter Agency Task Teams. Lead roles are still felt to be primarily based on agency mandate rather than operational performance and the secretariat has no leverage to overcome duplication in roles or to hold a cosponsor accountable (see Annex 9, Table 8).

4.22 In view of the thrust of the division of labour in tackling relationships among the cosponsors and secretariat, it is interesting that it does not appear to have triggered a reappraisal of the functioning of the Inter-agency Task Teams, which in interviews with global level cosponsor staff were cosponsors are consistently cited as an important mechanism to manage relationships and the allocation of work at global level. A recent review of IATTs by the secretariat is critical of their scope, implementation and outputs.

4.23 Two key features differentiate a lead agency from the former concept of a convening agency: they are to serve as a single entry point at country level; and to coordinate the provision of technical support, again at country level. Both are explored later in this chapter.

4.24 The division of labour has had greater influence at country level, where it has been introduced in parallel with joint teams. The next section looks first at the advent of joint teams before returning to the question of division of labour.

The impact of joint teams at country level

Summary of findings

- Joint teams were introduced to change systems and processes working within the Resident Coordinator system
- Team working at country level has improved
- Realisation of the expected benefits of joint teams shows a more mixed picture
- Further progress with the joint team approach is constrained by several challenges

Joint teams were introduced to change systems and processes within the Resident Coordinator system

4.25 At the start of the evaluation period, the main manifestation of UNAIDS at country level was the UN Theme Group which was a forum to plan, manage and monitor a coordinated UN response to HIV. The theme group membership was at the UN Country Team (UNCT) level and the theme group was supported by one or more Technical Working Groups, composed of staff working on technical aspects of the UN's response. This organisational approach was similar to that used by the UN more generally for inter-agency coordination during this period,[74] barring one significant difference.

4.26 From 2003, the secretariat placed an increasing number of senior (P5/D1) staff at country level, as UNAIDS Country Coordinators (UCCs), to

[74] ACC Guidelines on the functioning of the RC system (1999), para.29-30; CCA/UNDAF guidelines for UN Country Teams (2004).

coordinate work on HIV. This appointment of a high level staff member to work directly on coordination within a specific area is unique to HIV. In other areas a single coordination officer supports the RC and UNCT as a whole.

4.27 The joint team approach was introduced with a letter from the Secretary-General in late 2005, which directed:

- The establishment of the joint team at country level, made up of operational staff working on HIV.
- Operation under the authority of the RC system and overall guidance of the UNCT, and facilitated by the UCC.
- A defined joint programme of support[75] and a defined technical support plan with a clear set of deliverables and detailed collective and individual accountability of the UNCT.

4.28 From the outset the concept was supported at the highest level within the UN and grounded within the established coordination structure at country level, not an independent initiative for UNAIDS, so very different from the division of labour. Responses to the 2007 UCC survey[76] indicate that UCCs saw the Secretary-General's letter as an indication of high-level support. Many also mentioned the need to increase efficiency and effectiveness within the UN system, and that a joint team was a logical extension of the technical working group structure that had been operating in many places.[77]

4.29 Introduction of the joint team concept was supported by the issuing of detailed guidelines in 2006[78] and 2008.[79] Annex 9, Box 2 sets out the provisions in some detail. In some regions, such as East and Southern Africa, the guidelines were supplemented by further guidance from the RST.[80]

4.30 Joint teams are an attempt to change systems and processes. As such, the guidelines follow a conventional approach specifying roles and objectives, but recognising limitations in the incentive systems within and between the cosponsors. A number of key features emerge from the approach:

- The theme group was to be retained, thus not rationalising existing structures.
- Objectives for the joint team were phrased around roles and responsibilities rather than monitorable outcomes.
- Agency responsibilities were to be determined in line with the division of labour.

---

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

76 Survey carried out by the secretariat on an annual basis.

77 In Iran, by contrast, there were concerns that the letter from the Secretary-General, requiring country teams to establish joint UN teams on HIV and AIDS, was problematic, because it represented a type of 'command and control' management style not usual within the United Nations.

78 UNDG (2006) Proposed Working Mechanisms for Joint UN Teams on AIDS at Country Level - Guidance Paper. Prepared by the UN DGO, May 2006.

79 UNAIDS (2008) Second Guidance Paper: Joint UN programmes and teams on AIDS. Practical guidelines on implementing effective and sustainable joint teams and programmes of support. UNAIDS, May 2008.

80 Toolkit for establishing Joint UN Teams on AIDS with a joint programme of Support, v.02.06, UNAIDS RST ESA, 2006, electronic files.

- A technical support plan was to be developed as part of the HIV programme.
- The programme would include arrangements for M&E to support monitoring of the UNDAF.
- The joint team was to consist of all staff working on HIV thus defining membership by inclusion and representation rather than prioritisation in line with country needs.

4.31 Moving to a joint team approach implied a significant change in the way that people work. However, as the concept was only operationalised in 2006, this evaluation is looking at a process that has been implemented over a three-year period, with joint teams being established in more or less all countries only by late 2008. All 12 countries visited for the evaluation had joint teams in operation; most had developed a joint programme of support.

Team working at country level has improved

4.32 It is too early to judge definitively whether joint teams will make a real difference in programming intentions, for two reasons. First, as shown by the countries visited, not all joint teams have yet developed their joint programme of support. In some countries that have joint programmes of support these are no more than compilations of existing work.[81] Second, as illustrated by the Delivering as One pilots,[82] the UNDAF process is the main opportunity to significantly change programming intentions within the UN at country level, and most countries have yet to carry out a new UNDAF planning process since having an operational joint team.

4.33 Even so, UCCs report better working as a team; simpler access to the team by country partners; and movement to 'deliver as one'. The majority of respondents to the survey conducted for this evaluation (see Annex 9, Table 12) think that there is evidence that the UN is increasingly working as a team on HIV at country level. This seems to hold irrespective of the background of the respondents, although a third of respondents with an NGO, CBO, PLHIV network or bilateral donor background did not support that view. Clear examples of better team working were found in seven of the countries visited and the Pacific Region consultation (see Annex 9).

4.34 Survey results also indicate a majority view that there is clear evidence that team working has increased the efficiency and effectiveness of UN support to address HIV, although support for this view was less strong than for evidence of the UN working as a team (see Annex 9, Table 13).

4.35 In eight of the 12 countries, the joint team approach appears to be a significant driver of the UN working together. The capacity and commitment of the UCC and the RC was an important factor in four of these countries – Ukraine, Iran, Peru and Indonesia – and was considered important by the

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

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

evaluators in several others. This finding about the importance of the UCC and RC is broadly supported by the 2008 Africa Review and underscores the difficulty of introducing reforms when personalities matter so much.

4.36 Two of the countries where the evaluation found no evidence of the joint team being a major driver of joint working – DRC and Côte d'Ivoire – are post-conflict countries, where the UN is transitioning from a mainly humanitarian and peace-keeping role. In India, the move towards greater joint UN working was perceived to be due to strong national leadership, together with the capacity of the then UCC, more than to the joint team approach.

4.37 Despite the evident improvements in team working, it is notable that none of the countries visited had conducted a mapping exercise of HIV-dedicated staff nor tried to prioritise skills needs and recruitment across the cosponsors and secretariat as a whole.

Realisation of expected benefits of joint teams shows a more mixed picture

4.38 Six potential benefits to processes were identified in the 2008 Guidance Note. Analysis of evidence from the 12 country visits shows the intended benefits being delivered in four of the areas, but no evidence of their being delivered in the other two areas. Evidence of the anticipated benefits was found in the following areas:

- **Greater working together** to prepare, implement, monitor and evaluate HIV-related activities aimed at effectively and efficiently achieving the MDGs. All 12 countries and evidence from the Pacific Region consultation and Papua New Guinea show teams where there is an increase in working together, in terms of sharing of information. There is however little evidence in most countries of implementing, monitoring and evaluating HIV-related activities as a team.
- **Increased external advocacy**, targeted at both national and international levels, around common statements/positions on policy issues was found in six of the 12 countries.
- In one case, Ukraine, there was evidence of a **more coherent package of UN-supported activities** based on the UN's comparative advantages and identified gaps in national capacity. However, as noted earlier, experience from the Delivering as One pilots is that this type of change is most likely to occur as part of the UNDAF development process, and none of the current joint programmes of support in the countries visited appear to have been developed as part of an UNDAF process.
- Becoming a **knowledge hub** that informs the UNCT and increases AIDS competence of all UN staff members. In DRC, a learning strategy was developed by the secretariat, but no evidence was found to show it is being implemented. In Haiti, it was reported that something analogous to a knowledge hub for AIDS functioned in 2006, but has since ceased to function. The secretariat maintains that there is evidence of more widespread work in this area. The main evidence presented is from the 2008 UCC survey, which shows that the Belarus, Burkina Faso, Cambodia, Egypt, Ghana, Mali, Mozambique, Nigeria, Rwanda, and Trinidad and Tobago teams have developed UN learning strategies.

4.39 No robust evidence of the anticipated benefits was found across the joint teams in the following areas:

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

4.40 The evidence of what is happening in these two areas is discussed in more detail later in this section in the context of the implementation of the division of labour at country level.

Further progress with the joint team approach is constrained by several challenges

4.41 Evidence from the country visits and from other studies identified a number of challenges to further progress with the joint team approach. These are described under five headings:

- UN theme groups and joint teams – maintaining separate roles and responsibilities
- The need for leadership
- The possibility of conflicts of interest – the role of the UCC
- The World Bank – the missing cosponsor at country level?
- The implications of technical support

4.42 The 2006 Guidance assumes that there will be both **UN theme groups and joint teams** at country level, and prescribes a clear and important role for the theme group. But two independent studies have identified the lack of clarity over the role of the theme group and the joint team as a challenge to implementation.[83]

4.43 Although the guidelines on establishment of joint teams provide clear direction, in some cases there appear to be differing understandings of the objectives of the joint team, and perceived overlapping roles in the practical workings of the theme group and the joint team.

4.44 Problems have arisen where the new guidelines were seen as weakening the authority of a well-functioning theme group. There are questions about the value added of maintaining both structures as the same staff often end up attending different meetings addressing the same issues. Some countries have argued there was insufficient clarity on the respective roles and functions of the RC and the Chair of the theme group in relation to the joint team, and this was also highlighted in situations where the government has emphasised that there should be one entry point in the UN system. In other cases, there was a perceived disruption to collegial relationships in the shift from agency staff reporting to the theme group, to staff reporting to the UCC as chair of the joint team. Similar findings emerged from the country visits.

[83] Independent Assessment of GTT implementation; Lessons Learned in Establishing Joint UN Teams with One Programme of Support on AIDS

4.45 The Second Guidance paper (2008) is quite explicit about the centrality of **leadership** if effective and sustainable joint programmes and teams are to be established. Leadership is also mentioned as key in all reviews of joint teams. The 2007 UNDP/UNAIDS-mediated e-discussion on joint teams and joint programmes concluded that '*The overwhelming factor identified for success of joint teams and programmes is the leadership of the RC and Theme Group Chair/Vice-chair'.*

4.46 Results from the past three annual UCC surveys do not suggest any decline in the level of engagement by heads of agencies in the theme group, but in six of the 12 country visits, leadership was identified as a challenge. There is an apparent trend towards folding the work of the theme group into UNCT meetings. As country visits showed, this may result in HIV becoming a topic discussed briefly among many others in a crowded UNCT agenda; the joint team becoming leaderless; and the heads of agency failing to play their key role in advocating joint UN positions with government and donors.

4.47 The **roles of the UCC** set out in the 2006 guidelines include: '*ensuring that the AIDS Team's annual work plan is implemented'*; and '*providing regular implementation reports to the HIV/AIDS Theme Group, and ensuring that their policy directives are carried out'*. These imply a level of authority and influence which the UCC does not have. In a joint programme, with contributions by a range of agencies, it is only the heads of agency that have the authority to carry out such functions.

4.48 As importantly, the roles as set out fail to address a central tension between being a convenor and leader within the joint team and also a potential competitor for funding with the other agencies, especially as the secretariat is the lead agency in a few specific areas under the division of labour. This has resulted in concerns being raised about the secretariat becoming an 'implementer' and about lines of accountability (see Box 10).

Box 10: Has the secretariat become a *de facto* agency? - Views from one country visit

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

4.49 The **World Bank** is the only cosponsor that contributes funds to the UNAIDS Fund as well as being an active cosponsor at the global level. However, evidence suggests that the Bank is less actively engaged in joint teams at country level. The 2007 Strategic Review of the RST-ESA[84] noted:

> *"the relationship between the Bank and the UN is an unequal one. This particularly applies to UNAIDS and the Bank; and is being seen in the development of joint teams and joint programmes – where the role of the Bank is both unclear and problematic"*

[84] Godwin, Peter (2007) *UNAIDS Regional Support Team East and Southern Africa (RST ESA) Strategic Review* para 3.3.15

4.50 The 'unequal relationship' between the Bank and the UN system is reflected in equivocal participation by Bank staff in joint team meetings and activities; and great difficulty in finding ways to include the Bank in joint programmes. Although the Bank is a member of the joint team in ten of the 12 countries visited, it is considered an active participant in only one. The RST review argued that *"a more explicit engagement and better delineation or specification of relationships … would be beneficial"*.

4.51 Problems with the operationalisation of the **technical support plan concept** were discussed in a recent review of experience in the Africa region, which found that this remains an area of considerable concern and confusion despite the division of labour supposedly providing a better entry point to technical support to the national response. [85]

Division of labour at country level

Summary of findings

- ❖ Division of labour falls short of planned roles for lead agencies

Division of labour falls short of planned roles for lead agencies

4.52 The GTT recommendation on the division of labour aimed to create a system to improve the added value of UN support to national responses by building on the comparative advantage of the cosponsors and secretariat.

4.53 Responses to the 2008 UCC survey suggest that solid progress has been made in implementing the division of labour at country level, with almost 90 per cent of UCCs reporting that most or all agencies are adhering to it and 80 per cent of UCCs reporting that joint team members have been designated to cover specific technical support areas.

4.54 However, the lead agency concept was quite elaborate. It specified the lead agency as: a single entry point for government and other partners; determining optimal provider and finance for the technical support; being accountable for quality; acting as a reporting point for the provider of support; and analysing data and preparing a results-oriented summary report to the theme group chair and UCC. Implementing this concept appears to be been difficult and none of the 12 countries visited showed any evidence of the concept being applied as intended (see Box 11).

Box 11: Challenges of implementing the lead agency concept – Experience from one country

In Country B, there are different understandings of what it means to be lead agency. Does it mean that a particular agency is the sole actor? Respondents would say not, yet there have been times when agencies have acted as if this were the case. Should it mean that a particular agency is the main UN actor? By implication, the answer to this would seem to be yes, as where an agency has lacked capacity to implement activities lead responsibility has been allocated to another agency or in some cases nothing has been done. Should the agency be coordinator of the actions of others? The RC reported favouring a cluster approach whereby there would be a

[85] Godwin, P. (2008) Lessons Learned in Establishing Joint UN Teams with One Programme of Support on AIDS. Report prepared for the UNAIDS Regional Support Team, East and Southern Africa. January 2008. Page 41

Box 11: Challenges of implementing the lead agency concept – Experience from one country

lead agency but other agencies could contribute. This is, indeed, how the division of labour is structured. However, it is difficult for the lead agency to play this coordinating role; for example, it has no power to ask for a report from another agency. Also, it has been difficult to ensure that the lead agency is the first point of contact for national partners on a particular issue. For example, although UNFPA is the lead UN agency for work with sex workers, national counterparts are still approaching other UN agencies directly for support in this area.

4.55 There is evidence of greater coordination of technical support in at least five of the 12 countries – Ukraine, India, Iran, Haiti, and Vietnam – but this does not appear to be because of the introduction of the division of labour (see Annex 9). Rather, greater coordination is being driven by the joint team and government interest in greater coordination.

4.56 Evidence is mixed on the degree to which roles are now clearer, and whether this is a response to the division of labour. Joint teams in all 12 case study countries state that the division of labour is in place, although in at least two teams, members were unaware of the detail. The global division of labour is used in four countries – Kazakhstan, Indonesia, Swaziland and Peru. In eight – Côte d'Ivoire, DRC, Ethiopia, Haiti, India, Iran, Ukraine and Vietnam – the global division of labour has been adjusted to reflect the country context. Examples of adaptation are included in Annex 9. In some countries the process of negotiating roles has been more important than the allocation. The most common domestication has been to re-allocate responsibilities of non-resident agencies or agencies that lack human resource capacity in country. In most cases the process has not been documented and so is difficult to evaluate.

4.57 Apart from covering for situations when the global lead agency has no country presence, agency mandates and what agencies are already doing appear to have been the major factors driving adaptation. This works against the intentions of the GTT and reflects a criticism voiced in the evaluation of the WHO '3 by 5' initiative, that the division of labour is entrenching historical roles rather than reconfiguring the UN to country needs.[86] This issue was seen in two of the countries visited (see Box 12).

Box 12: Agency mandates and historical roles still take precedence – Experience from two countries

In Country C, the UNAIDS guidelines on division of labour resulted in more agencies appointing focal points and appear to have resulted in inappropriate prioritisation and expenditure on activities likely to have little or no impact on the course of the epidemic. Examples include the considerable focus on PMTCT and paediatric AIDS, when only 1,500 paediatric cases have been identified, and on life skills education.

The division of labour follows the global guidelines in Country D and does not include specific adaptations. The process by which decisions were taken was not documented in the minutes of the theme group, but agencies report that the division of labour has clarified roles and reduced duplication. A recent consultancy examined the division of labour and concluded that, rather than

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

Box 12: Agency mandates and historical roles still take precedence – Experience from two countries

dividing the work among UN agencies, what was necessary was to develop a joint vision based on the epidemic and to identify practices within the UN system that stop agencies from working together. Such practices identified during the consultancy included agency mandates, limited discretionary funding and the fact that agencies respond to different entities within the country.

4.58 In the 12 countries there is also little evidence that the joint teams have invested in ensuring that other stakeholders are aware of the division of labour and therefore which agency should be approached for what types of technical support. External stakeholders continue to approach UN agencies, based on either the agency's mandate or past interactions, or approach several agencies, with the hope that one will provide the technical support needed.

4.59 In summary, there is little evidence to suggest that the division of labour has led joint teams to put in place the systems and structures for technical support proposed in the 2005 Division of Labour document. In at least two of the case study countries, the division of labour has had the perverse effect of expanding UN support into areas that are clearly not a priority, given the nature of the epidemic.

Incentives for joint working

Summary of findings

- Joint teams are an attempt to enhance accountability
- Different performance reporting systems increase transaction costs and focus staff on agency level priorities and mandates
- Financial systems and procedures create disincentives to working together

Joint teams are an attempt to enhance accountability

4.60 The introduction of joint teams was framed within the UN structure at country level: under the authority of the RC system and guidance of the UNCT; facilitated by the UCC; with a joint programme of support; and with a clear set of deliverables and detailed individual and collective accountability.

4.61 But this does not fully take account of realities. Much is vested in the RC, but authority within the RC system is a contested area in the UN. The RC does not have the authority to direct agency heads about what their organisation should do.[87] The UCC's role is also one of facilitation and there is no suggestion that agency staff should be accountable to the UCC.

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

4.62 Real power in the UN at country level rests with the heads of agencies who designate the work of their staff in the joint team, are responsible for job descriptions, determine performance evaluation mechanisms, are accountable for deliverables of their agency (but not the UBW), and through the UNCT contribute to overall policy and programmatic guidance.

4.63 The joint team approach seeks a shift in accountability to the team and acknowledgement of the role of agency staff within the team. The extent to which members of joint teams are now accountable for that work (as well as their agency-specific tasks) is mixed. The 2008 UCC survey suggested 72 per cent of joint teams have some or all of their members with joint team participation written into their job descriptions. Of the 12 case study countries only in Vietnam, a Delivering as One pilot, do has all staff who are members of the joint team have joint team working in their job description; in a further five countries some staff have.

4.64 But the key weakness is that heads of agencies are not accountable for the work of their staff in the joint team. This is important, since the heads of agency control resources, decide on staffing and can reward staff. At the time of the evaluation, only three cosponsors (UNFPA, UNICEF and WHO) had issued instructions from headquarters that joint working on AIDS should be included in the personal assessment frameworks of their heads of agency at country level, although it is unclear to what degree this has been acted upon.

Different performance reporting systems increase transaction costs and focus staff on agency level priorities and mandates

4.65 Nine of the ten cosponsors report annually against their own country programmes and work plans, using a structure that reflects their agency's global strategic plan or framework.[88] However, the timetables for reporting are not harmonised across the agencies. The ExCom agencies – UNDP, UNICEF, UNFPA and WFP – report against their country programme action plans (CPAPs), country programme documents (CPDs) and annual work plans of the UNDG Executive Committee (ExCom). ILO reports against its own biennial plan. Most agency country offices also have to report, via the UNCT, to the RC on progress against agreed results in the UNDAF.

4.66 Agency global mandates are the key drivers for agency country office programming and reporting, skewing incentives towards the need to reflect corporate level priorities in all results frameworks. Also, as highlighted in several 2008 reports on progress in the Delivering as One pilot countries, the duplicative nature of the annual planning and reporting process undermines staff support and morale as UN reform becomes an 'add-on' as opposed to 'added value'.

Financial systems and procedures create disincentives to working together

4.67 Current procedures for the management of funds make it difficult to adopt either joint programming approaches, or to implement a joint

[88] The exception among the cosponsors is UNODC. The UNAIDS Secretariat also does not report against a results framework.

programme which is based on significant working together rather than acting as a chapeau for separate and parallel streams of work. Box 13 illustrates this, drawing on an example from Ethiopia.

4.68 The Secretary-General's 2006 report on Delivering as One characterised the situation: "*Current funding practices also lead to competition and fragmentation, often with relatively small budgets per agency at the country level, while the common programme is left with insufficient resources. A review of 10 UN country teams found on average that only 40 per cent of their resources are mobilised through core resources*."[89]

Box 13: Procedures hinder working together – An example from Ethiopia

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

4.69 A funding innovation can be found in the pilot countries in the use of a so-called One Budget framework for pooled funding, in support of the One Plan, and approaches used to allocate funds within the pooled fund based on UN agency performance. But this has not yet been implemented in the context of joint teams.

4.70 Overall, considerable progress has been made in implementing the systems and approaches outlined in the 2006 Guidelines and UNAIDS should be seen as pushing reform as far as possible, within existing institutional incentives and constraints. However, despite significant investment, many of the expected benefits of joint teams have not been delivered and there is little evidence to suggest that they will be in the near future. The findings on the performance of joint teams illustrates the limited room for reform of the UN at country level without changing some of the fundamental incentives that affect the relationship between what are mandate driven organisations.

Conclusions on division of labour and joint working

- Cosponsors see considerable benefits to being a UNAIDS cosponsor. Being a cosponsor has helped to keep HIV as a policy priority within agencies and strengthened the capacity of some cosponsors; some have expanded staffing significantly at global and regional levels over the period covered by the evaluation and UBW funding has played a critical role.
- Progress has been made in joint programming at global level. This has come about through the combined effects of steadily improving structure and content of the UBW; some rationalisation of roles and responsibilities prompted by the GTT division of labour;

[89] UN (2006) Delivering as One. Report of the Secretary-General's High-level Panel on UN System-wide Coherence in the Areas of Development, Humanitarian Assistance, and the Environment. Agenda Item 113 (A/61/583) of the Sixty-first Session of the General Assembly. United Nations, New York. November 2006. Paragraph 80

and by the emergence of entrepreneurial global coordinators. Of the three factors, the global coordinators have been the most significant. Pre-existing arrangements such as the IATTs have not been so influential.

- The division of labour has not led to a process at any level by which staff numbers or their distribution among the cosponsors and secretariat has been rationalised against either comparative advantage or the strategic objectives of the UBW.
- The combined initiatives of joint teams and division of labour have led to better team working and perceived improvements in UN effectiveness and efficiency at country level. The influence of joint teams has been greater than that of the division of labour.
- Structural factors, such as the need for a new round of UNDAF planning to enable joint programming to take effect reveal the long time-lag inherent in systemic reform.
- At country level, concepts linked to the division of labour such as lead agency, single point of entry and coordination of technical support have not yet been effectively implemented. No examples were found of coherent planning for technical support or of a joint team-wide analysis of capacity and plan for staffing.
- The RC has little direct authority over heads of agency at country level and the there is no accountability for joint team working to the UCC; heads of agencies are accountable to their headquarters and action and accountability are driven by headquarter strategies and corporate results frameworks. Only where corporate performance indicators are congruent with UNAIDS performance indicators are priorities and reporting compatible.
- Funding arrangements lead to fragmentation and competition between the cosponsors and the secretariat country office. Neither the joint team nor the division of labour tackle financial incentives though arrangements in the Delivering as One pilot countries might offer scope for reform.

5 Administration of the UNAIDS Secretariat

Summary of findings

- Complex administrative systems have reduced the efficiency of financial and human resource management
- Using multiple administrative systems has considerable human resource and financial drawbacks
- The Programme Acceleration Fund is an important and valued facility but is still undermined by slow transfer, overly time-consuming processes, slow speed of approval and weak monitoring
- A quadrupling of secretariat staff numbers between 2002 and 2008 lacked oversight and did not follow good HR practice
- Administrative processes and management culture did not adapt quickly enough to match the rapid growth of the secretariat

5.1 This section reviews the human resources (HR) and financial management systems used by the UNAIDS Secretariat. Experience with both WHO and UNDP administrative systems is examined, followed by a review of the Programme Acceleration Fund (PAF) facility. The management of secretariat staff is reviewed next and the section ends with an assessment of the adequacy of the current administrative processes and management culture. Supporting detail is in Annex 10.

5.2 During the period covered by the evaluation, two key developments took place in the management and organisation of the secretariat.[90] First, the decentralisation of management and creation of Regional Support Teams in all regions in 2005 and 2006, replacing existing Inter-Country Teams. Second, the splitting of the Deputy Executive Director function into two branches in 2007: (i) Management and External Relations and (ii) Programme. The Programme Branch brought together the 'line' functions in technical and operational support to regional and country field operations with the reporting, research and M&E functions. Management and External Relations brought together the 'staff' functions that underpin all of UNAIDS' work including resource mobilisation, communication, and UN and Board relations with resource management functions of budget, administration and finance, HR management and information management and technology. The first change was accompanied by a rapid increase in staff numbers without any change in systems; the second was a reaction to the growth in the secretariat and was designed to improve efficiency.

Complex administrative systems have reduced the efficiency of financial and human resource management

5.3 The overall effectiveness of the secretariat's operations is linked to the efficiency with which its finances and HR are administered. However,

[90] See the management and organisation timeline in Annex 8

administration in the secretariat is complex and it is important to differentiate between the administrative systems used, those who use the systems and which administrative policies are applied.

5.4 The secretariat maintains its own cadre of staff, based in the Geneva headquarters and regional and country offices, who deal with HR and financial administration and therefore use the systems and policies.

5.5 The secretariat has administrative arrangements with both WHO and UNDP, which have never been evaluated. This means that the secretariat operates two sets of staff regulations and rules, depending on whether a staff contract is with WHO (all internationally recruited and some country recruited staff) or UNDP (some staff recruited at country level). It also means that moves to improve administrative efficiency or effectiveness requires negotiation with either WHO or UNDP, as they control how the systems are used. The secretariat also operates its own paper-based performance appraisal system, based on the International Civil Service Commission's framework.

5.6 **WHO** – UNAIDS was created from the Global Programme on AIDS within WHO. Activities and staff were shifted over to the new institution and protecting the acquired rights of former WHO staff was an important issue at the time.

5.7 Currently, administrative services provided by WHO, under a series of formal and less formal agreements include: pooled services such as building management, security and health; staff payroll and contract administration; finance, administration and legal services; and some IT network services (reducing as the secretariat takes over more functions). In general, interviewees in both WHO and the secretariat agree that the arrangement works relatively well and that a productive relationship is in place, which has allowed the secretariat to maintain independence.

5.8 The most important development in this relationship has been the introduction of an ERP[91] (the Global Management System) by WHO on 1st July 2008. This has changed how some of the services identified above are delivered, although UNAIDS Secretariat country offices still did not have direct access to the ERP as of the end 2008.

5.9 The transaction costs of adapting to WHO's new ERP have been high and in the short-term led to a significant degradation in administrative efficiency, although the situation is improving. Administrators in both WHO and the secretariat acknowledge there was insufficient understanding of the rules and procedures and too little investment in training staff. While progress has been made in training staff to use the financial systems according to rules and procedures and in provision of written guidance, there has been less progress in the area of HR, partly because the challenges have proved more daunting and partly because a significant number of positions within the HR department remained vacant as of the first half of 2009. Problems with the new system have severely affected recruitment of staff in Geneva and significantly delayed recruitment of both the new UCC and the M&E Advisor in at least one case study country.

[91] ERP stands for Enterprise Resource Planning and is a way to integrate the data and processes of an organisation into one single system with many components including hardware and software.

5.10 Frustration with how the ERP operates and the time required to correct faults was a common issue raised by secretariat staff in the 12 case study countries and at the secretariat headquarters.

5.11 However, by early 2009, administrative efficiency in processing financial requests reportedly exceeded that found before introduction of the ERP, although it had still to achieve the full anticipated efficiency gains. The real test of whether the ERP can deliver those gains will come in late 2009, with entry of data related to the 2010-2011 UBW. Introduction of the ERP does not appear to have been used as an opportunity to re-engineer and simplify business processes and is a missed opportunity.

5.12 **UNDP** – The secretariat needed a mechanism at country level to contract staff and manage their pay and benefits and to handle finances. Limited WHO country presence meant that it was not possible to use WHO's systems. It was therefore logical to use existing UNDP country office capacity, rather than create a new administrative apparatus. This is a common arrangement within the UN, with UNDP providing administrative services to most of the smaller UN agencies. The original agreement was signed in 1996, and updated in June 2008 – an unusually long period with no revision in the opinion of UNDP staff. There has never been a service level agreement between UNDP and the secretariat setting out the standards that UNDP would be expected to achieve in return for its fee.[92]

5.13 Administrative services provided by UNDP comprise: finance and administrative support including procurement; contracting and administration of locally-recruited secretariat personnel; and, since 2004, access to the ATLAS ERP system used by UNDP and its country offices. Under the original 1996 MoU, problems with the provision of administrative support by UNDP were identified in three areas: lack of clarity on respective roles and responsibilities; how UNDP would accommodate the varying level of services the secretariat required in countries and over time; and quality control of financial data in the UNDP ERP. Evidence from the 12 countries confirms that introduction of a revised MoU in 2008 has helped to clarify roles between the secretariat and UNDP management in most instances. However, in two of the countries visited, the revised MoU has still to be fully implemented and problems persist.

5.14 For most UNAIDS Secretariat country offices the remaining significant issue is the lack of direct access to ATLAS. Two country offices have appointed operations officers since 2006; these officers have direct access to ATLAS and this has significantly improved administrative efficiency. A third country office stated that the problems have been resolved as secretariat and UNDP staff are co-located.

[92] Whilst there was also no such service level agreement between WHO and the secretariat, there is between the secretariat and the commercial Service Centre based in Kuala Lumpur, which manages the WHO ERP.

Using multiple administrative systems has considerable human resource and financial drawbacks

5.15 The problem with two systems is more than just administrative efficiency. Issues highlighted by headquarters interviews and country visits included:

- Staff on WHO contracts are perceived to have more rights and privileges than those on UNDP contracts. This applies particularly in the area of staff recruited for programmes as technical personnel, as the secretariat has struggled to define and apply a consistent policy in this area.
- Difficulties encountered by staff when an activity requires using both administrative systems, for example:
    - Dealing with a case of harassment or discrimination between two staff members on WHO and UNDP contracts. In such cases, investigation involves running the process through both sets of administrative procedures and increases ambiguity since neither is designed to accommodate such a scenario.
    - The transfer of funds from Geneva to fund country level activities, which can incur administration charges for funds transfer under both the WHO and UNDP systems.
- Costs of developing training and guidance material for two different administrative systems.
- Lack of clarity over which administrative procedures to follow under which circumstances.
- The issue of 'double cost recovery' (see Box 14).

Box 14: Double cost recovery in the UN[93]

UNDP levies 5-7 per cent as managing agent for a joint programme. If UNICEF is participating and contributing from non-core resources, UNICEF headquarters would charge an additional 7-12 per cent in order to contribute to its support budget. However, if UNICEF core funds were available for the joint programme, there would be no initial recovery charged, and the total cost recovery would remain that recovered by UNDP, 5-7 per cent.

5.16 The secretariat plans to phase out use of the paper-based performance assessment system in the near future. Challenges with using the WHO ERP are likely to be temporary so, once this is fully operational, the rationale for maintaining agreements with both WHO and UNDP would become less valid, as the WHO ERP allows for long distance administration. At this stage, moving to a single system for the entire organisation would make sense, and address the challenge of using two different systems to manage staff at country level.

93 Example drawn from UNDGO (2006) Enhancing the Effectiveness and Efficiency of joint programmes - Lessons Learned from a United Nations Development Group Review. UNDGO, NY, March 2006, page 18.

The Programme Acceleration Fund is an important and valued facility but is still undermined by slow transfer, overly time-consuming processes, slow speed of approval and weak monitoring

5.17 PAF funds are designed to be used by UN organisations to make a strategic contribution to the efficient and effective scaling-up of the national response. Approximately US$16 million of UBW interagency funding has been allocated to the PAF in each biennium from 2002-2003 onwards, which, taking account of inflation, suggests a decline in the real level of PAF funding over the evaluation period.

5.18 Since the 2004-2005[94] biennium, PAF funds have been split between Part A and Part B funds, with the percentage of total funds allocated under Part A increasing from 50 per cent in the 2004-2005 biennium to 60 per cent in subsequent biennia. Countries identified as priorities are allocated a sum from Part A funds, subject to their proposal meeting the set criteria, but the number of priority countries increased from 55 in 2004-2005 to 78 in 2008-2009 (effectively most countries in which joint teams operate). All countries may apply for funds from the Part B allocation.

5.19 A Guidance Note is issued at the start of each biennium which lays out how the PAF process will be managed and administered and the criteria for use of PAF funds. However, despite this, some informants raised concerns about lack of transparency about how PAF funds are used. Recommendations made by the review of the PAF between 2002 and 2005[95] have been implemented.

5.20 Across the 12 case study countries, four reported that the PAF process was generally administered efficiently and there were no great problems. However, some countries reported problems that have been identified elsewhere. These include:

- The slow transfer of funds from Geneva and their disbursement at country level. This was highlighted in eight of the 12 countries.
- The system being too bureaucratic and time-consuming relative to the level of funds available. This was highlighted by cosponsors in seven of the 12 countries and has resulted in some cosponsors, most consistently UNICEF, not using PAF funds unless it is possible to secure over US$100,000.
- Speed of the approval process. This was highlighted in six of the 12 countries as an issue

5.21 Timely transfer of funds from the centre has been an ongoing concern throughout the period covered by the evaluation. Between 80 and 95 per cent of the PAF funds have been transferred using the RC channel.[96] Transfer of funds to the implementing agent, using this approach, is a complex process shown diagrammatically in Annex 10. The process involves the administrative systems of up to five different organisations – the secretariat,

94 In the 2004/05 there was also a small Part C component that was discontinued in later biennia.

95 HLSP (2007) Programme Acceleration Funds Review and Impact Assessment 2002-2005 – Synthesis Report. Report prepared for the Country and Regional Support Department, UNAIDS Secretariat, January 2007.

96 The alternative mechanism is for the funds to be transferred from UNAIDS, using WHO's systems, directly to the concerned UN agency.

WHO, UNDP, the recipient UN agency in country and the administrative system of the implementing partner in country. For channelling PAF type funds through the RC coordination account (SRC), UNDP will charge 2 per cent at headquarters level. UNDP country offices can charge up to a further 3 per cent to administer the funds. The designated UN agencies at country level normally charge 7 per cent as cost recovery. Therefore the total overhead can be up to 12 per cent. In situations where it is more efficient to transfer funds from UNAIDS Geneva directly to the headquarters of a designated UN agency – and there are no benefits or synergies from managing the PAF through the SRC – this is done. In such cases UN agencies will charge up to 13 per cent as cost recovery.

5.22 This fund transfer system has not altered substantively since 2003, although UNDP headquarters now inform the PAF Committee in Geneva when funds have been transferred to the country office, which in turn informs the UCC. This allows the UCC and others to follow up with the country office and so eliminates one blockage; previously UNDP country offices did not always inform the UCC that funds had been received. Records are unavailable on the average speed of transfer in the 2002-2003 and 2004-2005 biennia, but in the 2006-2007 and present biennium fund transfers have on average taken four weeks. The 2008 PAF Management Sheet reports that slow transfer of funds and slow disbursement of funds at country level remain an issue, but otherwise the administrative process works efficiently.

5.23 Significant change in the approval process has occurred since the 2002-2003 biennium, focused on engaging the cosponsors in the approval process and the delegation of approval authority initially to the regional and latterly to the country level. This was a response to the review of the PAF between 2002 and 2005. The PAF Management Sheet for 2008 reports that establishment of Regional PAF Committees has improved the quality of PAF proposals, respect for administrative requirements and increased involvement of regional cosponsors, thereby increasing the number of proposals accepted at the first review.

5.24 Slow approval and fund transfer processes have contributed to late reporting. Despite initiatives to link new grants to acceptable reports on past performance, and the development of a PAF monitoring database, there is no substantive analysis on PAF outcomes.

A quadrupling of UNAIDS Secretariat staff numbers between 2002 and 2008 lacked oversight and did not follow good HR practice

5.25 The evaluation period has witnessed an expansion of staff and decentralisation of functions. Expansion of the secretariat's country level presence was initially outlined in a global strategy document at the June 2003 PCB.[97] But this well-planned start was undermined by subsequent failures of oversight by both the PCB and CCO, and of workforce planning.

5.26 In December 2001, secretariat staffing was estimated at about 250, comprised of 129 international professional plus 50 support staff plus other

[97] UNAIDS (2003) Directions for the Future: Unifying and Intensifying Country Support. A report prepared by the Country and Regional Support Department (CRD), UNAIDS Secretariat, June 2003.

categories.[98] In November 2008, the secretariat reported that there were 715 staff on WHO contracts (see Table 8) and a further 250 on UNDP contracts. The secretariat has therefore quadrupled in size between 2002 and 2008 and the secretariat has more staff working on HIV at global and regional level (in November 2008 454 staff) than any of the cosponsor agencies. Evidence from the country case studies and interviews in Geneva also reveals that there is an unknown additional number of people carrying out what are effectively staff jobs but not registering under the systems above. Such staff are mostly either contracted on UNDP Special Service Agreements[99] or are Junior Professional Officers (JPOs) or similar (see Box 15). There is little evidence from PCB records of oversight of this dramatic expansion, beyond endorsement for the initial expansion in the secretariat's role at country level in 2003.

Table 8: Number of UNAIDS Secretariat staff on WHO contracts 2003-2008

	Geneva	*% increase over previous year*	RST	*% increase over previous year*	Country	*% increase over previous year*	Total	*% increase over previous year*
Apr-03	249		45		87		381	
Nov-04	216	*-13.2*	48	*6.6*	212	*143.7*	476	*24.9*
Nov-05	293	*35.6*	90	*87.5*	195	*-8.0*	578	*21.4*
Nov-06	301	*2.7*	87	*-3.3*	246	*26.1*	634	*9.7*
Nov-07	311	*3.3*	95	*9.2*	246	*0*	652	*2.8*
Nov-08	334	*7.4*	120	*26.3*	261	*6.1*	715	*9.7*

Source: UNAIDS Secretariat

5.27 The period of staff expansion was in part prompted by the recommendations by the Five-year Evaluation, which called for a greater focus on support at country level and an expansion in the numbers of Country Programme Advisors (forerunners of the UCCs) and development of support at regional level (Recommendations 21 and 15 respectively).

5.28 In 2001, 24 of the secretariat's 129 professional staff worked on regional issues, based in the Country and Regional Support Department in Geneva. As discussed earlier in this report, in 2005 and 2006 seven Regional Support Teams (Asia-Pacific, West and Central Africa, East and Southern Africa, Middle East and North Africa, Latin America, Caribbean, and Eastern Europe) were established to strengthen country support, and to decentralise oversight and support. In 2008, total staff numbers in secretariat regional offices were 120.

5.29 The global strategy document envisaged expansion of staffing in four main areas: UNAIDS Country Coordinators/Officers; M&E Advisors; Partnership Advisors; and Resource Mobilisation and Tracking Advisors. It was supported by roll-out plans for the 2004-2005, 2006-2007 and 2008-2009 biennia. The increase in country staffing is shown in Table 9.

[98] Report of the Five-year Evaluation, Annex 2. The higher total staff number includes the Junior Professional scheme, donor and agency secondments, savings from employing of nationals on international level posts, as well as positions paid from extra-budgetary resources. Core budget staffing had hardly changed from the first biennium when it was 170.

[99] An SSA is a contract for procurement of services and not the same as an employment contract.

Table 9: Secretariat professional staffing at country level 2003-2008

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

Source: Data provided by secretariat

* This excludes the national Country Coordinators.

5.30 In addition to this expansion in professional staff, and of administrative support staff, the secretariat has also experienced an expansion in the number of staff at country level working through project-funded contracts. Consequently, a country office might have up to 20 people working in it, substantially more than the core positions and not routinely monitored and reported to the PCB (see Box 15).

Box 15: Example of staffing of a UNAIDS Secretariat Country Office

Staff complement 19, of which:

- 5 core UNAIDS staff
  - 3 core UNAIDS fixed term through WHO
  - 2 UNDP fixed term (100 series) – admin assistant and driver
- 1 UNDP fixed term (100 series) - National Programme Officer (activity budget)
- 9 locally funded staff (PEPFAR and other extra-budgetary)
  - 7 on UNDP service contracts (5 G staff and 2 P staff)
  - 1 short term (TSF-funded)
  - 1 fixed term UNAIDS contract through WHO (EXB)
- 4 others including 1 VSO, 1 AYAD (Australian volunteer); 1 national UNV (for Joint UN Team on AIDS), 1 UNDP service contract paid for by Global Coalition on Women and AIDS-Gender Fund (for Joint UN Team on AIDS).

5.31 From the outset staff expansion proceeded under the assumption that this should be in the secretariat rather than distributed among the cosponsors and secretariat. There is no evidence that the secretariat (or Executive Director) discussed the increase in the secretariat presence at either regional or country level within the CCO or sought to explore other options, including some of the new functions being taken by the cosponsors.

5.32 Nor did the PCB ensure that these issues were raised in PCB meetings. There is no record of the secretariat reporting achievement against the actions identified in the strategy or of the PCB subsequently monitoring the growth in the number of staff. A paper explaining the rationale for expansion at regional level was sent to the PCB, as an information note, in 2005, but was not discussed in the PCB and has never been reported against.

5.33 The rapid expansion of staff was managed without a systematic and transparent workforce planning process, which looked at the balance between staffing at headquarters, regional and country levels against the goals of the secretariat. Nor was staffing linked to joint programme objectives; there is no evidence of the UBW planning process driving strategic decisions about

staffing composition and distribution. An independent review found that decentralisation to regional level was not well planned, in terms of the management or administrative implications.[100]

5.34 The expansion of staff numbers also took place in a context in which staff recruitment processes did not meet standards of good practice, i.e. clear rules on human resources that are understood by management and staff and are applied predictably.

5.35 In 2000, UNAIDS defined a set of Core, Managerial, and Functional competencies, which was updated in 2004. But these competencies were restricted to cross-cultural awareness, teamwork and sensitivity to HIV/AIDS and did not include broader technical and managerial aspects. They were used in Assessment Centres for P4 and P5 staff (UCC and M&E Adviser). Although the Assessment Centres were discontinued in 2006, competencies continue to be used in: (i) preparation of job profiles and vacancy announcements; (ii) the competitive selection process; and (iii) training programmes for staff.[101]

5.36 This process has not met standards of good practice for two reasons. First, the secretariat was aware that the competency set defined was incomplete but, during the evaluation timeframe, did not update them to cover the full range of competencies. Second, managers did not have the necessary skills to develop clear competency frameworks and the HR function did not move proactively to help managers to develop such skills. In addition, managers received insufficient training in how to run an effective and rules-based recruitment process.

5.37 The deficiencies in recruitment systems were also replicated in internal promotion processes. In the secretariat 2008 staff survey, 71 per cent of respondents reported that their job made good use of their skills, but only 7 per cent agreed that UNAIDS places the right people in the right roles.

5.38 The growth in the secretariat has significantly changed the balance between secretariat and cosponsors within UNAIDS and is a major reason for the perception that the secretariat has become a *de facto* UN agency.

5.39 Staff expansion has also brought a potential future problem for the secretariat in terms of HR planning and staff performance. For staff with less than five years' service, non-renewal of contracts is relatively straightforward. After five years' service, non-renewal of contracts becomes a long and complex process (especially if based on poor performance), which requires strict adherence to a complex process if it is not to be successfully challenged. Non-renewal of contracts also requires payment of significant compensation. As the secretariat expanded rapidly from 2004, a significant number of staff will reach the five-year threshold over the next two to three years, with implications for the secretariat's scope to change either the absolute number of staff employed or their composition. Consequently, the secretariat needs to address staff configuration and numbers as a matter of urgency.

---

[100] See Sow, A. (2007) organisational and Functional Review: Assessment of Internal Control Systems. Report prepared for the UNAIDS RST - Eastern and Southern Africa, December 2007.

[101] At the time of writing the secretariat has an exercise under way to revisit and strengthen the core competencies

Administrative processes and management culture did not adapt quickly enough to match the rapid growth of the secretariat

5.40 An independent review in 2006 carried out by the management consultancy firm Accenture concluded that management processes and culture had not adapted to the new needs of the secretariat.[102] This finding was accepted by management but there has been very slow progress in implementing the recommendations, which were mainly concerned with bringing administrative systems up to standards of good practice and changing the role of the administrative function, which it envisaged could be implemented over an 18-month period. As of early 2009, planning of responses to many of the challenges was either complete or planned, but implementation has barely started.

5.41 Lack of progress in implementing the recommendations has arisen partly because of turnover of senior administrative staff and partly the delayed introduction of and initial problems with the WHO ERP. If ongoing work is completed to schedule the secretariat will have a robust set of administrative systems in place by 2010.

5.42 The slow implementation of recommendations concerning management systems also indicates that such systems were not valued as management tools by senior managers within the organisation or they would have been introduced earlier. This reveals a problem with the management culture, which was also highlighted by the 2008 staff survey (see Table 10).

Table 10: Selected responses from the 2008 secretariat staff survey

Question	Percentage rating as:		
	Favourable	Neutral	Unfavourable
Rate UNAIDS on being effectively managed and well run	7	67	27
Trust and confidence in the decision-making of the senior management team (Executive and Deputy Executive Directors and Regional Directors)	21	64	14
Trust and confidence in the Director of your region (for RST and country-based staff) or the Director of your department (for Geneva and Liaison Office staff)	69	31	0
In UNAIDS, changes are driven by clear objectives	7	50	43
Communications are usually handled well when changes are made, so the staff know what is happening	12	29	59
I understand the results expected of me in my job	100	0	0
Your immediate supervisor: Establishing clear, specific goals and priorities for my job.	75	25	0
Your immediate supervisor: Providing me clear and regular feedback	56	31	13
Your immediate supervisor: Providing me	81	19	0

[102] Accenture (2006) Functional Review of the Program Support Department. Report prepared for the UNAIDS Secretariat, 23rd October 2006. Page 6.

Question	Percentage rating as:		
	Favourable	Neutral	Unfavourable
recognition for good work			

Source: Secretariat 2008 Staff Survey

5.43 The predominant culture within UNAIDS Secretariat is one of crisis management, perhaps reflecting the early days of UNAIDS, and this results in opposition whenever it is perceived that the introduction of rules or clear processes could potentially delay doing something. This is also reflected in the view, including of secretariat staff, that the UNAIDS Secretariat tends to focus on short-term action and to '*jump on every bandwagon that comes along*'.

Conclusions on administration of UNAIDS Secretariat

- UNAIDS Secretariat has been too passive in adapting to the administrative systems and new ERPs of both WHO and UNDP – it has not taken steps to maximise the potential benefits of introducing the ERP – and continues to have to cope with two parallel systems.
- Systems are relatively robust and efficient and there is evidence that systems for processing financial claims are more efficient since the introduction of the ERP; however, it will not be clear whether the ERP can deliver real efficiency gains until late 2009, with entry of data related to the 2010-2011 UBW.
- The PAF is an important, flexible facility that is found useful by most cosponsors. There is still scope to improve the speed and reduce the costs of transferring funds. Greater attention also needs to be given to evaluation of PAF outcomes.
- The secretariat has expanded dramatically and now has more staff working on HIV than any single cosponsor and in total about one third of all UN staff working on HIV at global and regional levels. UNAIDS was never intended to be another UN agency, but staff expansion means that it has become a *de facto* agency.
- The PCB failed in its duty of oversight of the expansion of secretariat staff at regional and country levels and HR systems do not meet normal standards of good practice. The secretariat needs to develop a clear HR strategy, which includes taking immediate action to address staff numbers and configuration, taking into account the implications of staff who will soon have five years' service.
- Changing the management culture of the secretariat represents a major challenge for the new Executive Director, and requires stronger oversight from the PCB to ensure that new administrative systems, due to be in place by 2010, deliver anticipated efficiency gains.

C. How UNAIDS has addressed key issues

This section examines some of the substantive areas where UNAIDS is mandated to provide leadership and support. Achievements are examined for work with civil society, the greater and meaningful involvement of people living with HIV, provision of technical support, and addressing the gender and human rights dimensions of the epidemic.

6 Involving civil society and people living with HIV

Involving and working with civil society[103]

Summary of findings on civil society

- There is no common approach to civil society involvement across the joint programme
- The UNAIDS Secretariat leads on civil society engagement
- UNAIDS advocacy for civil society representation has contributed to increased civil society involvement in policy, programming and M&E
- Civil society involvement has had a positive influence, but there is no consensus on the objectives of involvement and no systematic assessment of impact on national responses
- UNAIDS has facilitated some increases in resource mobilisation for civil society and provided important support for civil society capacity building
- Representation and accountability are a challenge
- Some important elements of civil society have received less attention

There is no common approach to civil society involvement across the joint programme

6.1 Working with civil society has been one of the success areas of UNAIDS but opportunities to maximise effectiveness have been missed because of the lack of a strategic approach across the joint programme. There is no joint programme framework or strategy for engagement with civil society and no shared objectives across UNAIDS. The secretariat developed a global strategy on partnership with civil society in 2003, which was revised in 2008. The secretariat also developed a strategic framework for civil society partnerships for the 2006-2007 and 2008-2009 biennia, in consultation with

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

civil society and cosponsors. But these do not appear to guide the work of cosponsors or of joint teams at country level.

6.2 Consequently, there are no joint team objectives or deliverables for work with civil society. As one global cosponsor respondent said, *"In principle, joint teams should be engaging with civil society in a coherent way but in practice they are not all working this way or working strategically with civil society…often individual agencies have their own networks and partnerships with civil society organisations"*. This makes it hard to identify the added value of the joint programme in regard to civil society involvement.

6.3 In most of the 12 countries visited, there is no joint team plan for working with civil society and cosponsors have their own plans for engaging with their civil society partners. For example, in DRC, each cosponsor has its own action plan for civil society and only PLHIV associations have obtained coordinated support from agencies. In Swaziland, UNAIDS has not had an explicit plan to work with civil society, but the planned joint programme of support is expected to result in a more coherent approach to engagement. Exceptions include Peru, where the joint team plan defines activities to strengthen civil society, and Haiti, where support for civil society (mainly PLHIV organisations) has been included in joint team plans. Civil society involvement in planning, implementation and M&E of secretariat and cosponsor activities and joint programmes of support appears to be limited.

The UNAIDS Secretariat leads on civil society engagement

6.4 The secretariat has recognised the role of civil society as implementing partners, and has supported civil society to play a critical accountability and watchdog role. As one cosponsor said, *"involvement of civil society has been a hallmark of UNAIDS Secretariat from the start and one of its main successes"*. The Civil Society Partnerships (CSP) team at the secretariat in Geneva currently has three formal partnership arrangements, with the International HIV/AIDS Alliance, IPPF and IFRC to, respectively, promote civil society leadership and involvement, scale up efforts on stigma and discrimination in collaboration with GNP+, and maximise HIV prevention, treatment, care and support in humanitarian crisis situations.

6.5 Cosponsors have different models of working with civil society and a range of partnerships with civil society networks and organisations depending on their mandate. For example:

- Civil society organisations are key implementing partners for WFP, UNICEF, UNFPA, UNHCR and UNDP at country level. UNDP has developed guidelines on operational engagement with civil society, including, for example, A Toolkit for Strengthening Partnerships (2006). UNFPA partners with global networks and national civil society organisations on sexual and reproductive health, youth and condom social marketing. UNICEF has expanded membership of the IATT on PMTCT and Paediatric HIV to include civil society organisations.
- WHO collaborated with civil society on the Preparing for Treatment Programme in 2004-2006 to define community indicators for treatment preparation and treatment literacy. WHO also works with NGO partners,

for example, the Harm Reduction Knowledge Hub supported by WHO EURO has its secretariat in the Eurasian Harm Reduction Network.

- UNESCO works with civil society through Education International, the Global Campaign on Education, teacher unions and the IATT on Education. ILO works with employers and trades unions at global and national levels and with the Global Business Coalition on AIDS and the World Economic Forum. The World Bank (IFC) is also actively engaged with the Global Business Coalition and the World Economic Forum, and collaborates with ILO on work with sectors such as transport.
- UNODC has had limited engagement with civil society, but the 2008-2009 work plan includes building civil society capacity to improve access to HIV prevention and care services for IDU, people vulnerable to human trafficking and in prison settings and working with civil society to support participation of these groups in development and implementation of HIV policies and programmes.

6.6 Civil society respondents, and some cosponsors, view the secretariat as more inclusive, open to dialogue, flexible, responsive and less bureaucratic than other parts of the UN system. There is a perception, among civil society and cosponsors, that cosponsor engagement has been poor or inconsistent, some cosponsors do not value and are not responsive to the views of civil society and, in some countries, compete with civil society organisations for programme implementation funds. One cosponsor noted: '*All cosponsors need to do better at identifying how they can involve civil society in a meaningful way'*. Another highlighted the positive role of the secretariat and that it '*needs to do more to encourage cosponsors to do likewise'*.

6.7 At country level, the secretariat has taken the lead in engagement with civil society. Social Mobilisation and Partnership Advisors have played a critical role. In many of the countries visited, cosponsors – with the exception of those that work through NGO implementing partners – are considered to view working with civil society as the role of the secretariat and to focus on engagement with government counterparts. In Kazakhstan, while UN staff formally recognise civil society as an important part of the response to HIV, the degree of genuine focus on and commitment to civil society is seen as highly variable. In contrast, in Cote d'Ivoire and Haiti, where government capacity is weak, civil society organisations are key partners for UN agencies.

6.8 Most respondents to the evaluation survey agreed with the statement that the secretariat has been able to support, engage with and address the concerns of civil society, but a significant proportion of NGO networks (28 per cent), FBOs (31 per cent) and PLHIV organisations (41 per cent) disagreed or strongly disagreed. In response to the same statement with respect to cosponsors, a slightly higher proportion – 37 per cent of NGO networks, 47 per cent of FBOs and 28 per cent of PLHIV organisations – disagreed or strongly disagreed.

6.9 Although partnerships is a core institutional priority for the UNAIDS Secretariat, the CSP team in Geneva is reported by staff and external stakeholders to be over-stretched, to lack institutional support and to have been marginalised by the recent restructuring of the organisation. The CSP Geneva budget is limited – for example, only US$100,000 is allocated to global work with FBOs during the current biennium – and has decreased

during the period covered by this evaluation (see Table 11). Figures provided are somewhat unclear – for example, funding for the Communications Facility and UN Cares is also reported to come out of this budget, but funds allocated to these two initiatives add up to more than the CSP budget for 2008-2009.

Table 11: UBW allocations for civil society and partnerships

Department	UBW	Planning figure (US$)	Funds allotted (US$)
Partnerships	2004-2005	2,132,371	2,234,371
Civil Society and Partnership	2006-2007	1,120,200	1,120,200
Civil Society Partnerships	2008-2009	1,570,600	932,766

6.10 But the CSP budget is not the whole picture. During the last four years, there has been an increase in resource allocation at country level, mainly through the recruitment of over 60 Social Mobilisation and Partnership Officers (SMPOs). This represents a significant financial investment, estimated by the secretariat at around US$22 million over the current biennium. Recruitment of SMPOs to secretariat country offices has strengthened capacity for engagement with civil society. Less has been achieved in countries that do not have a SMPO, such as Iran and Kazakhstan. However, SMPOs do not have consistent objectives and are reported not to have the same opportunities for skills development as M&E Advisers. A Partnerships Concept Note produced by the CSP team states that without clear guidelines, coordination, terms of reference, supervision, training and capacity building for SMPOs, the secretariat will be unable to maximise the potential of its considerable investment or assess the quality and effectiveness of partnership action being undertaken. The RSTs are reported to have a limited budget for civil society engagement. At country level, the secretariat does not have a dedicated budget and activities depend on securing PAF funds.

6.11 The Concept Note highlights the need for '*a clear internal and external strategy to accompany the UNAIDS 2007-2011 Strategic Framework'* that '*articulates core deliverables for the cross-cutting priority of partnership development and engagement in national and international responses'*, and includes *'plans to ensure that UNAIDS' partnerships work is fully resourced at global, regional and country levels with adequate human, technical and financial resources"*. It also proposes the establishment of a Global Partnership Reference Group to ensure quality, provide coordination and reduce duplication across the secretariat and among cosponsors.

6.12 Cosponsor resource allocation to work with civil society varies from country to country. In some, such as Kazakhstan, cosponsors including UNODC, UNFPA, UNESCO, UNICEF and the World Bank have financial resources but no human resources to work with civil society. In others, such as Swaziland, cosponsors have agreed to allocate staff time to working with civil society – UNDP the equivalent of one staff person, UNFPA half and UNICEF a proportion of all staff working on HIV.

6.13 World Bank MAP funding has been essential. Of the US$1 billion committed through the MAP during 2000-2006, nearly 40 per cent was

allocated to initiatives implemented by civil society organisations; thousands of NGOs, FBOs, PLHIV and community groups have received grants. Other cosponsor financial support for civil society is difficult to ascertain. The NGO Delegation has requested this information at PCB meetings but cosponsors report that tracking funding for civil society is a challenge.

UNAIDS advocacy for civil society representation has contributed to increased civil society involvement in policy, programming and M&E

6.14 The secretariat has championed civil society representation in policy- and decision-making bodies. DFID (2007) praises UNAIDS for global advocacy for civil society inclusion in policy debates. There is evidence that this has had a positive effect. The principle of civil society involvement is now widely accepted. Civil society organisations are represented on the boards of the Global Fund and global health initiatives such as GAVI as well as the PCB. The Global Fund evaluation notes that: "*UNAIDS, the first UN organisation to broadly involve civil society, set the stage for civil society involvement in the Global Fund*". Web survey respondents scored the secretariat's contribution to civil society representation on global policy-making bodies higher than its contribution to representation on regional or national policy-making bodies; 80 per cent of NGO and 75 per cent of FBO respondents agreed or strongly agreed that the secretariat had contributed to a wide range of civil society representation on global policy-making bodies.

6.15 UNAIDS also advocates for civil society participation in regional bodies, for example, meetings of the African Union; and the UNAIDS Suva Office helped to ensure that civil society was represented on the Commission on AIDS in the Pacific. The majority of respondents to the evaluation survey concurred with the statement that UNAIDS Secretariat support has contributed to a wide range of civil society representation in regional policy-making bodies – 64 per cent of NGO networks agreed or strongly agreed and 65 per cent of FBO networks agreed or strongly agreed. A lower proportion of these respondents – 10 per cent of NGO networks and 11 per cent of FBO networks – strongly agreed with this statement with respect to cosponsors' support.

6.16 Informants noted that the UN can help to strengthen the legitimacy and voice of civil society organisations representing key populations and support advocacy by these organisations. Cosponsors highlighted examples of where the UN has used its convening power to bring together different constituencies, citing a UNFPA consultation on sex work in southern Africa involving government and sex workers and a UNDP consultation with government officials and transgender groups in Panama.

6.17 In eight of the 12 countries visited, advocacy by the secretariat has helped to increase government recognition of the role of civil society in national responses. However, government views differ about what that role should be. While most recognise the role of civil society in service delivery, some are less comfortable with civil society engagement in advocacy.

6.18 Nevertheless, there is evidence of increased civil society inclusion in member state delegations to High Level Meetings, a development that UNAIDS has strongly supported. More than 700 civil society representatives attended the 2006 High Level Meeting. An independent evaluation of civil

society participation in the 2008 High Level Meeting found that participation was relatively strong and diverse, with progress in representation from PLHIV, sex workers and transgender communities, Latin America and the Caribbean. The Civil Society Task Force (CSTF), led by the International Council of AIDS Service Organisations (ICASO) and International Women's Health Coalition (IWHC) and initiated by the secretariat to facilitate civil society participation, "*represented a broad range of constituencies and regions and proved an effective mechanism for orchestrating civil society participation. The UNAIDS CSP team played an important role in supporting the CSTF and sharing knowledge of inter-governmental processes"*.

6.19 There has been an increase in civil society representation in National Partnership Forums (NPFs), Country Coordinating Mechanisms (CCMs) and National AIDS Councils (NACs) (see examples in Box 16). In responses to the evaluation survey, 40 per cent of NGO networks agreed or strongly agreed and 64 per cent of FBO networks agreed or strongly agreed that UNAIDS Secretariat support has contributed to a wide range of representation on national policy-making bodies. However, the Global Fund evaluation found that, while there had been improvement in NGO CCM representation, with 58 per cent of representatives selected through a transparent process compared with 27 per cent in 2005, this was not seen for FBOs or the private sector.

6.20 Increased representation has resulted in greater civil society involvement in policy and strategy development and implementation of programmes and services. Increased involvement in M&E is demonstrated by civil society inclusion in UNGASS reporting, which improved between the 2005 and 2007 rounds, according to the UNAIDS 2008 report on the global AIDS epidemic. Civil society provided input in 82 per cent of countries reporting for UNGASS 2008, participating in completion of the National Composite Policy Index (NCPI) in 132 of the 147 countries that reported.

Box 16: Civil society representation on national policy and decision-making bodies

In **Ethiopia**, NEP+ (the national PLHIV network), CRDA (the main NGO umbrella organisation), EIFDDA (the national inter-faith forum) are represented on the CCM and NPF, and NEP+ and CRDA participate in the committee overseeing the evaluation of the NSP.

In **India**, civil society organisations are represented on the CCM, participate in NAC (NACO) technical resource groups and played a critical role in development of the most recent national strategic plan (NACP III), helped by the leadership and facilitation of UNAIDS. The NCPI score for participation of civil society in the national response increased from 2 in 2005 to 5 in 2007.

In **Indonesia**, UNAIDS has strongly promoted the participation of civil society in the national response. Civil society (PLHIV, NGO, FBO, academia and private sector) representatives account for 16 of the 37 CCM members. Representatives of PLHIV and IDU networks are included in NAC working groups; UNAIDS has advocated for representation of MSM and waria groups. Civil society representatives were involved in the development of NSPs and participate in the national M&E working group. The NCPI score for the participation of civil society in the national response increased from 5 in 2005 to 7 in 2007.

In **Cote d'Ivoire**, PLHIV organisations, trades unions, traditional practitioners, women's and youth organisations, religious leaders and health worker associations are represented in the NAC (CNLS). The CCM is chaired by the private sector and includes PLHIV networks.

Box 16: Civil society representation on national policy and decision-making bodies

In **DRC**, civil society is represented on the CCM and NAC (CNMLS). UNAIDS has supported civil society participation in these forums and in development of the NSP. Some respondents noted that, while civil society has been able to exert political pressure, it has had less of a role in decision making, and highlighted lack of MSM, IDU and sex worker representation.

In **Haiti**, civil society has three (formerly one) of 30 seats on the CCM, with an additional three for PLHIV associations. There is evidence of broader representation. As one respondent said "*before it was always the same people who would represent these organisations, today we see other groups and new faces".*

In **Peru**, CONAMUSA provides the political space for civil society to work with the government and includes umbrella organisations such as Red SIDA and the platform of HIV NGOs, as well as MSM and sex worker representatives. All informants were agreed that UNAIDS played an important role in the creation of this space, through political advocacy and technical and capacity building support. NGOs, FBOs and academia are also represented on the CCM.

In **Iran**, NGOs are included in the CCM and the National AIDS Committee. NGOs are also involved in the NAC working group on M&E. NGOs and PLHIV were actively involved in UNGASS reporting and the civil society response to the NCPI indicated that the environment for civil society improved between 2005 and 2007.

In **Kazakhstan**, UNAIDS has played a significant role in creating working links between government and civil society, supporting civil society capacity building and familiarisation with the work of decision-making bodies. All umbrella organisations are represented in the CCM and UNAIDS provided support for the election process. The interests of sex workers and IDU are represented by service NGOs as there are no organisations of sex workers or drug users.

In **Swaziland,** the national NGO umbrella organisation, CANGO, stated that '*the role of UNAIDS was evident for NGO recognition as key player in HIV/AIDS response'.* NGOs, FBOs, PLHIV organisations, traditional healers and youth comprise 40 per cent of CCM members; civil society participates in the NAC (NERCHA); umbrella organisations are members of the NPF (SPAFA); civil society participated in the NSP Joint Review in 2008; the recent UNGASS report team included the national PLHIV network, business coalition and CANGO. But civil society NCPI responses showed no change in the score for participation between 2005 and 2007, recommending more involvement in decision-making forums, policy and planning processes.

In **Vietnam**, UNAIDS advocacy and capacity building has contributed to participation of a wider range of civil society organisations in policy making, increased representation on the CCM and greater involvement in UNGASS reporting. However, representation is still often based on a mix of appointment and election, and participation of organisations representing groups such as MSM in policy making is limited despite their active involvement in service provision.

6.21 However, country visits identified a range of challenges to civil society involvement including: limited support from donors for civil society to play an advocacy and accountability role; weak coordination, networking and governance structures; poor understanding of policy and legislation; limited capacity for meaningful participation in policy debates and strategic planning; and, as discussed later in this section, representation and accountability.

6.22 Although guidance has been produced on good practice and effective mechanisms for civil society involvement with support from UNAIDS, governments are sometimes unclear about how to involve civil society. A recent UNDP country office survey found that governments, in

particular in sub-Saharan Africa, were requesting support on how to deal with the plethora of civil society organisations and how to engage with large and small groups, including PLHIV support groups.

6.23 Meaningful involvement also depends on the effectiveness of mechanisms for participation. In Ethiopia, UN and donor informants described the NPF as an ineffective *"talking shop"* that lacks purpose and decision-making power and does not provide a mechanism for civil society to influence government policy. The Global Fund evaluation notes that governments are not always willing to share policy space and that civil society CCM members interviewed see CCMs as government, rather than country, owned and led.

6.24 A meeting between secretariat Regional Partnerships Advisors and the Geneva Partnerships Division in September 2008 also identified challenges to involvement. Internal challenges include *"varying degrees of willingness, capacity and attitudes among staff (including cosponsors) towards working with civil society, especially with sexual minorities, sex workers and people who use drugs. For this reason serious efforts should be made internally to address homophobia and other forms of prejudice or lack of sensitivity and awareness that exist within the programme"*. External challenges include: limited capacity; competition for funds; disconnect between advocacy groups and service providers; continuing high levels of stigma and discrimination and human rights violations; regional differences in access to technical support; lack of civil society independence in some political contexts; lack of emerging civil society leadership, with UNAIDS helping to perpetuate the 'same old faces' syndrome.

Civil society involvement has had a positive influence, but there is no consensus on the objectives of involvement and no systematic assessment of impact on national responses

6.25 At global level, civil society involvement is considered to provide an important reality check, bring a different perspective to policy debates and play an important role in agenda setting. It is cited as critical in ensuring Global Fund transparency and increasing the accountability of other global funding mechanisms, advocating for treatment access and a comprehensive response to HIV, increasing the focus on key populations and maintaining an emphasis on human rights. WHO specifically highlighted the contribution of civil society to securing political commitment to '3 x 5' and Universal Access and to treatment literacy and adherence work and delivery of HIV services.

6.26 The UNAIDS 2008 report on the global AIDS epidemic notes that civil society organisations have made an important contribution to advocacy for Universal Access and national target setting as well as monitoring government action to meet international commitments. Informants also highlighted the influence of civil society on the Summary Report of the 2008 High Level Meeting, which, as a result, included references to issues such as human rights, travel restrictions, gender equality and key populations. Many other examples of the value of civil society involvement were cited, including inputs to policies on prevention, HIV testing and refugees, Universal Access guidelines for governments and the work of the task team on travel restrictions.

6.27 Country informants also identified a range of tangible benefits resulting from increased participation in policy and decision-making bodies, in particular opportunities for dialogue and advocacy with government, But the extent to which this is translated into real influence varies. In Ethiopia, Swaziland and Vietnam, civil society organisations report that they have had limited influence on policy and programming. In contrast, in India and Indonesia, civil society reports that its influence has been greater. Nevertheless, country visits identified examples of influence, even in countries where organisations perceive this to be limited. In Swaziland, civil society played an important role in lobbying for government provision of treatment and in Vietnam had an important influence on the HIV Law. In Côte D'Ivoire, DRC and Haiti, civil society was instrumental in the introduction of treatment and legislation protecting PLHIV from discrimination.

6.28 Assessing the impact of increased involvement and representation on the effectiveness of national responses is difficult as outcomes are not captured or evaluated systematically. National M&E frameworks lack indicators to measure civil society representation and participation in policy making and the impact of this. To some extent this reflects the emphasis of UNAIDS and civil society on representation and voice and lack of consensus about the objectives of civil society involvement, a finding confirmed by assessments of World Bank assistance (see Box 17).

Box 17: World Bank assistance and civil society

An evaluation of the World Bank's assistance for HIV/AIDS control (World Bank, 2005) found that the capacity of civil society organisations was over-estimated and highlighted the need to invest in implementation capacity even in countries where civil society is strong. It concluded that the objectives of civil society engagement need to be more clearly articulated – for example, differentiating between political mobilisation and implementation of activities. The evaluation also found that Bank assistance had encouraged greater engagement of civil society, although this was limited by the capacity of civil society organisations and the Bank's procedures – but that the quality, coverage and efficacy of civil society efforts funded by the Bank is not measured. Similarly, an assessment of the results of the Africa MAP 2006-2008 (World Bank, 2007) found that civil society is engaged but the objectives of engagement are unclear. It also found that use of civil society funds was demand driven not strategic, activities were often not prioritised and cost-effectiveness was not considered.

UNAIDS has facilitated some increases in resource mobilisation for civil society and provided important support for civil society capacity building

6.29 UNAIDS, the secretariat especially, has facilitated increased access to funding for civil society. At global level, the Global Fund's shift to dual track financing (defined by the Fund as the inclusion of both government and non-government Principal Recipients in proposals for Global Fund financing) is seen, at least in part, as due to UNAIDS' influence and experience.

6.30 At regional level, the secretariat has provided funding through the RST budget, facilitated training for civil society in proposal development, and used the PAF to build the capacity of networks, so they are well positioned to be Global Fund recipients.

6.31 At country level, civil society representation on CCMs and UNAIDS' advocacy for inclusion of civil society organisations in Global Fund proposals, has paid dividends. The secretariat also supports the Civil Society Action Team (CSAT), which is assisting civil society organisations to access Global Fund grants. Cosponsors have played an important role in development of Global Fund proposals and in ensuring that civil society benefits from grants. For example, UNFPA is supporting country coalitions of civil society organisations to access Global Fund grants and ILO has provided support for Round 8 proposal development, sponsoring workshops and funding consultants to assist partners, especially trades unions, to access funding. UNAIDS has also supported civil society to access World Bank MAP funds, for example in DRC, and brokered links with other donors, in Swaziland.

6.32 Support for resource mobilisation has largely focused on umbrella organisations and networks; smaller NGOs report problems in accessing funding. In Swaziland, the main civil society recipients of Global Fund funds in 2006 were umbrella organisations and national NGOs and there are few mechanisms to enable grassroots organisations to access funding.[104] A review of funding for civil society in six southern African countries during 2001-2005 (Birdsall and Kelly, 2007) found that access to bilateral and multilateral funds was concentrated among 20 per cent of organisations surveyed – generally the most well-established national and international NGOs – and funding was not reaching smaller organisations.

6.33 There is no comprehensive overview of trends in funding for civil society organisations, so it is difficult to determine whether there has been an overall increase in funding. Funding is not tracked globally and capturing funding for civil society at country level, for example, through National AIDS Spending Assessments, is challenging. The Global Fund and PEPFAR have clearly contributed to greater funding for civil society. Birdsall and Kelly (2007) found that, in line with the overall increase in HIV funding in southern Africa, organisations' average annual spend on HIV tripled during 2001-2005, growing most rapidly after the start of Global Fund and PEPFAR funding. The Global Fund evaluation reports that civil society organisations represented 27 per cent of Principal Recipients signing agreements in the HIV/AIDS disease area in the 16 countries assessed, and support is set to increase through dual track financing. However, FBOs are recipients of only 5.4 per cent of Global Fund grants including sub-grantees, despite their significant contribution to health care provision in sub-Saharan Africa.

6.34 Global Fund Round 8 included a call for proposals for community systems strengthening (CSS) – initiatives that contribute to the development or strengthening of CBOs in order to improve knowledge of and access to health service delivery. UNAIDS developed guidance for inclusion of CSS in Global Fund proposals; 78 per cent of Round 8 proposals included CSS activities and 84 per cent of proposals recommended for funding by the Technical Review Panel included CSS activities.

6.35 Donor and national government funding for civil society varies between countries – 2008 UNGASS reporting indicates that civil society organisations have access to financial resources in only one in five countries –

[104] UNAIDS Accenture Financial Flow Project: Swaziland Findings and Recommendations (2007) Draft.

including those visited for the evaluation. In Haiti, 82 per cent of HIV funding, most of which is from external sources, goes to civil society organisations and in Ukraine, civil society is the main recipient of Global Fund support. While some governments fund civil society to deliver services, for example, in Ethiopia, Kazakhstan, India, Indonesia and Vietnam, others provide very limited support. There is a consensus that donors as well as governments focus on support for civil society for service delivery, not for advocacy. Birdsall and Kelly (2007) also highlighted concerns about limited funding for advocacy or rights-based work. This is an area where UNAIDS could do more to influence government and donor priorities.

6.36 The secretariat has provided support to build the capacity of regional civil society networks. In West and Central Africa, efforts focus on capacity building for regional networks of NGOs, women, PLHIV, religious and youth organisations. In the Asia-Pacific region, UNAIDS Suva Office supported the establishment of the Pacific Sexual Diversity Network and has provided ongoing capacity development. In East and Southern Africa, the RST has provided support to civil society organisations working at regional level, but a recent review (Godwin, 2007) suggests the need to focus on the environment, conditions and mechanisms that enable civil society engagement as a whole at regional level rather than direct support for specific organisations.

6.37 At country level (see Box 18), the secretariat has played a key role in civil society capacity building, with the PAF the main source of funding for this. Secretariat support has been critical for the establishment and registration of organisations and networks in Kazakhstan and Indonesia and the involvement of a wider range of organisations in Vietnam. The secretariat has provided support for civil society participation in national consultations on strategic planning in Côte D'Ivoire, Indonesia and Ukraine. Support for civil society participation in UNGASS reporting, in Swaziland, Ukraine and Vietnam, is also cited as an important. Cosponsors had also provided important support for civil society capacity building in many countries visited.

6.38 However, lack of a clear strategy for civil society capacity building and of a joint team approach means that UNAIDS' capacity building for civil society at country level tends to be fragmented, with the secretariat and cosponsors working individually with civil society partners through specific projects, rather than strategically. In Ethiopia, the NAC (NERCHA), PEPFAR and civil society noted that UNAIDS needs to work with NERCHA and civil society to develop a strategy for civil society capacity building, based on a comprehensive needs assessment and including Global Fund requirements.

6.39 Secretariat capacity building efforts have tended to focus, partly due to limited resources and limited sub-national presence, on civil society umbrella organisations and Global Fund recipients. In countries where the civil society sector is relatively strong, such as Côte D'Ivoire, Haiti and India, this is not an issue. But in those where civil society organisations have limited management, technical and financial capacity, for example, in DRC, Iran and Vietnam, UNAIDS needs to develop a clear strategy to address unmet capacity building needs. This should include an increased focus on brokering technical support from other partners. UN and UN-brokered technical support for civil society is discussed further in Chapter 7 of this report.

6.40 These issues were also raised by the RST ESA review (Godwin, 2007), which recommended stronger engagement with international NGOs that could play capacity building role for regional civil society organisations and more strategic engagement.

Box 18: Activities in support of civil society

In **Ethiopia** the secretariat focuses on advocacy for resource mobilisation for civil society, capacity building for networks and umbrella groups (concentrating on NEP+ and EIFDDA, the two civil society recipients of Round 7 funding), and support to the NPF. UNAIDS Secretariat and UNDP have provided technical and financial support to develop guidelines on partnership forums and the secretariat has funded the NPF and the HIV/AIDS NGO Forum to develop strategic plans. A joint UNICEF-UNFPA project funded by NORAD is expected to build the capacity of civil society to respond to HIV at woreda (district) level. The government is reported to be more supportive funding for civil society, in part due to advocacy by the secretariat.

In **India**, cosponsors, particularly UNDP, UNFPA and UNODC, are funding activities to strengthen civil society capacity to provide services. The secretariat employs two consultants to support CBOs and network development and staff to engage with FBOs. The secretariat has focused on building the capacity of national and state networks of PLHIV and MSM and assisting MSM and IDU groups to access Global Fund Round 8 funding. Informants noted that more could be done to strengthen the national sex worker network.

In **Iran**, UNAIDS, in particular the secretariat, UNODC, UNICEF and UNFPA, has supported civil society network formation and strengthened implementation capacity. The secretariat has been crucial in taking forward work with NGOs funded by the Global Fund. Government informants expressed appreciation for UNAIDS support for the involvement of civil society, which has enabled the government to work with NGOs on scaling-up harm reduction services with Global Fund support. While NGOs appreciate UN agency support, they also highlighted challenges including writing proposals in English, differences in UN agency administration and financial processes, delays in receiving payment, and lack of support for financial reporting.

In **Kazakhstan**, UNAIDS support for civil society is considered to have decreased and, for many, interaction is limited to the annual NGO forum, a meeting funded by the secretariat.

In **Swaziland**, secretariat efforts have focused on strengthening management, advocacy and technical skills of civil society and PLHIV umbrella organisations, as well as support for civil society involvement in UNGASS reporting and for government and civil society delegates to prepare for the HLM in 2008. NGOs appreciate UNAIDS' role in establishing and strengthening their organisations and facilitating engagement with government. NERCHA acknowledges that UNAIDS has played an important role in strengthening civil society networking and coordination and has asked UNAIDS to build the capacity of civil society vis-à-vis Global Fund processes.

In **Vietnam**, UNAIDS has supported civil society capacity for coordination, service delivery, resource mobilisation and participation in the national response, including the development of legislation, through the recently established Vietnam Civil Society Platform on AIDS (VCSPA). Limited capacity is a barrier to realising the full potential of civil society in policy making, and capacity building is the focus of UNAIDS strategy for work with civil society in 2009.

Representation and accountability are a challenge

6.41 A common issue raised by almost all informants at global and country level is how civil society umbrella organisations and networks represented on policy and decision-making bodies are selected, where their mandate comes from and the extent to which they represent and consult their

constituencies. There are particular concerns, discussed further in Chapter 8, about the representation of sex workers, IDU, prisoners and, to a lesser extent MSM. Some global informants also highlighted the need for more robust approaches to civil society accountability, especially as civil society organisations start to receive increasing funding from the Global Fund.

6.42 Representation and accountability are a particular challenge at global level, given the size and diversity of civil society. In most countries visited, civil society informants were either unaware of or had no communication with the PCB NGO Delegation. Ensuring representation of every sector of civil society in global bodies is likely to be difficult, if not impossible, to achieve, and civil society efforts are therefore focusing on improving accountability. Initiatives in this respect include the NGO Code of Good Practice and accountability frameworks and tools developed by the PCB NGO Delegation and the International HIV/AIDS Alliance.

6.43 The NGO Delegation is also strengthening consultation and feedback processes through the Communication Facility, which is funded by the UNAIDS Secretariat. Some donors and cosponsors questioned this, suggesting the need for "*a reality check on the amount of funding requested to support NGO Delegation participation in the PCB*". Global civil society and PLHIV organisation informants raised concerns about lack of commitment to funding civil society participation and, more specifically, the short timeframe for feedback they are often given by the secretariat and cosponsors, which does not allow for adequate consultation with their constituencies.

6.44 In some countries visited, such as Swaziland and Iran, civil society organisations that participate in national policy-making bodies were seen as largely representing their own organisation, and their capacity to represent the views of their various constituencies and to provide feedback to members about decisions and how these affect civil society is a concern. Issues identified in other countries include lack of a common civil society position and competition for resources in Kazakhstan, divisions between larger, national organisations and smaller regional and community organisations in Ukraine, and ineffective representation in India and Ethiopia.

6.45 The Global Fund evaluation identified similar challenges, including the "*sheer number and diversity of civil society organisations*" which requires a more nuanced view of what constitutes successful participation and the fact that civil society groups are often only marginally connected with their own constituents. While UNAIDS could do more to strengthen civil society governance and accountability, there is also recognition that it is unrealistic to expect UNAIDS to address issues that civil society itself cannot resolve.

Some important sectors of civil society have received less attention

6.46 UNAIDS has tried to be inclusive, but the secretariat and cosponsors are viewed as having reached out less effectively to some constituencies and to have avoided providing support for representation and capacity development for 'difficult' groups. Among the 12 countries visited, with the exceptions of India and Indonesia, few civil society organisations representing or comprising key populations such as sex workers, IDU and MSM are represented in national policy and decision-making bodies. As discussed in

Chapter 8, UNAIDS support for organisations of key populations varies – country visits found that considerable support has been provided in Indonesia and Vietnam, but limited support in Ethiopia, Kazakhstan and Swaziland.

6.47 UNAIDS is also perceived by some informants to have been less consistently engaged with some sectors of civil society, such as FBOs, trades unions, the private sector and the media and to have provided less support for participation and funding for these sectors (see Box 19).

Box 19: Lack of coherent engagement with some sectors of civil society in Swaziland

In **Swaziland**, the secretariat helped to establish the business coalition in 2003. ILO is implementing a separate joint ILO-US Department of Labor project with employers and trades unions. There does not appear to be much synergy between UNAIDS' work with the business coalition and the ILO project; in addition, the business coalition does not work with the trades unions and this is a challenge to ILO's tripartite approach. The business coalition expected the secretariat and ILO to facilitate negotiations with trades unions but this has not happened. Other sectors of civil society, for example, the traditional sector, trades unions, mission hospitals, youth organisations and the media, report little or no engagement with UNAIDS. The Media Institute of Southern Africa suggested that the media could play an important role in catalysing debate about cultural norms, stigma and discrimination and in monitoring reporting of HIV issues, but proposed collaboration with UNAIDS has made no progress.

6.48 However, there are examples of global and regional UNAIDS engagement with these sectors, discussed below. Country visits identified examples of UNAIDS' support, for FBO networks in Ethiopia, India, Swaziland and Ukraine, the business sector in Côte D'Ivoire, Swaziland and Ukraine, and the media in Côte D'Ivoire and Kazakhstan.

6.49 Global representatives of FBO networks agree that UNAIDS has recently stepped up efforts to work with FBOs. The strategy development meeting in April 2008, which involved the secretariat, cosponsors and FBO and PLHIV representatives and produced an joint UNAIDS strategy and established a working group to identify how to strengthen UNAIDS' partnerships with and support for FBOs, was cited as a positive development. .

6.50 The secretariat and cosponsors have engaged with FBOs on service provision and training for health professionals, supported action by religious leaders to address stigma and discrimination, and promoted FBO representation in the PCB NGO Delegation. The secretariat has a MoU with Caritas Internationalis and collaborates closely with networks such as the Ecumenical Advocacy Alliance, World Conference for Religion and Peace, Positive Muslims, Islamic Relief, the Buddhist Sanga Metta project and the Hindu Art of Living Foundation. Examples of cosponsor engagement include:

- UNFPA regional meetings with FBOs on sexual and reproductive health and population issues culminating in a global forum in October 2008
- UNDP HIV/AIDS Regional Programme in the Arab States work with religious leaders to reduce stigma and discrimination
- UNICEF work with Buddhist organisations in Asia
- WHO collaboration with FBO health service providers, for example, the African Religious Health Assets Programme which mapped FBOs HIV service provision in the region.

6.51 With respect to the private sector, a 2007 survey by the World Economic Forum identified four regional and more than 40 national business coalitions supporting the private sector to address HIV. UNAIDS, ILO and World Bank have supported these coalitions. Some are playing an important role, for example, the Malawi business coalition coordinates the private sector treatment programme and SABCOHA in South Africa has produced a toolkit to help SMMEs to develop workplace policies. At global level, UNAIDS is working in partnership with Accenture to leverage private sector expertise. At regional level, UNAIDS Secretariat, World Bank, ILO together with the Global Business Coalition and GTZ supported an HIV/AIDS Private Sector Mobilisation Forum for Francophone Africa in 2006. A UNAIDS case study collection published in 2007 cites examples of partnerships between cosponsors and a range of private companies.

6.52 ILO supports employers' and workers' associations to address HIV and their participation in national AIDS programmes and coordinating bodies. An independent review of the joint ILO-US Department of Labor project (MACRO, 2008) highlighted the credibility that a UN agency such as ILO can bring and the important influence of the ILO Code of Practice. The International Organisation of Employers and International Trade Union Confederation issued a joint statement on commitment to collaborative action on HIV in the workplace in 2003, and the International Trade Union Confederation has established a Global Trades Union AIDS Programme with strong links to NGOs through the World AIDS Campaign. UNAIDS Secretariat has funded the Global Trades Union AIDS Programme global coordinator for 2 years and this post is now being supported by ILO, but limited support has been provided for unions at country level.

6.53 However, the extent to which UNAIDS has succeeded in fully engaging the private sector is debatable. The UNAIDS publication 'AIDS is Everybody's Business' cites a World Economic Forum survey of nearly 11,000 business leaders in 117 countries, which identified concerns about the potential impact of HIV on operations but found that fewer than 20 per cent of firms had developed policies addressing discrimination and fewer than 10 per cent had conducted an HIV risk assessment.

6.54 Some informants expressed concerns that the establishment of business coalitions by the secretariat has undermined employers' associations rather than building their capacity. In their view, this has contributed to the exclusion of employers' associations from national AIDS decision-making bodies and to limited success in engaging the private sector. Challenges of private sector engagement were also identified by the Global Fund evaluation, which concluded that the full potential of the private sector contribution has not yet been realised, there has been ineffective and insufficiently consultative engagement with the corporate sector at global level, partnerships are weak and the private sector has limited CCM representation.

Greater and meaningful involvement of people living with HIV

Summary of findings on PLHIV

- UNAIDS has advocated effectively for the involvement of PLHIV
- UNAIDS Secretariat has been most actively engaged with PLHIV organisations
- UNAIDS has provided important support for national PLHIV networks and organisations
- There is evidence of increased PLHIV involvement in policy development, programme implementation and M&E
- PLHIV leadership is stronger, but governance remains a challenge
- PLHIV involvement has had a positive influence but the outcomes of involvement are not measured systematically

UNAIDS has advocated effectively for the involvement of PLHIV

6.55 Increased PLHIV involvement is a key achievement of UNAIDS. The principle of PLHIV involvement is now widely accepted. All stakeholders agree that PLHIV are better supported and more engaged than they would otherwise have been without UNAIDS. There is clear evidence that UNAIDS' support has played a critical role in strengthening the capacity and leadership of PLHIV organisations and increasing PLHIV involvement in global, regional and national policy, programming and M&E. However, country visits suggest there is more to be done to ensure that involvement is meaningful and to address barriers to meaningful involvement.

6.56 Within the UN system, the UNAIDS Secretariat has been proactive in increasing the visibility of PLHIV through the establishment of UN+ in 2005. Hosted by the UNAIDS Secretariat, UN+ represents and provides support for UN staff living with HIV. UN+ works in partnership with UN Cares, the UN system HIV workplace programme, to ensure all staff know about HIV and are aware of their rights. PCB NGO delegates view UNAIDS as a strong proponent of GIPA in the workplace, citing the establishment of UN+ and the presence of openly positive staff in secretariat and cosponsor workforces at global and country levels as important developments.

6.57 This has not been without its challenges. Establishing UN+ took some time; a significant factor was the reluctance of staff to be open about their status. Staff involved in UN+ report that it is still difficult to engage positive staff. The relatively small budget and staff allocated to UN+ and UN Cares limits the scope of activities. For example, the strategic review of the RST for East and Southern Africa notes that an excellent HIV+@WORK programme has been developed by regional UN agencies but support for UNCTs to develop HIV workplace and UN+ programmes has been weak.

6.58 There is limited evidence of PLHIV involvement in the design, implementation and M&E of UNAIDS programmes or of efforts to recruit

PLHIV as staff (with the notable exceptions, for example, of the RST for West and Central Africa and the UNAIDS Secretariat Indonesia office). That said, UNICEF reports that its efforts to recruit PLHIV had been unsuccessful as professionals are less willing to be open about their status now that treatment is more widely available, a view shared by other UN informants.

UNAIDS Secretariat has been most actively engaged with PLHIV organisations

6.59 There is no common vision for PLHIV involvement across the joint programme or, at country level, across joint teams. Cosponsors report that there has been global discussion of PLHIV involvement but that there is no overarching strategy. The extent to which regional and country teams have joint plans for PLHIV engagement and involvement varies. In relatively few countries visited for the evaluation, such as Haiti, did joint teams appear to have a specific strategy or plan to define their engagement with PLHIV, although in several, cosponsors are actively working with the secretariat to support PLHIV organisations.

6.60 Such engagement is most likely to be included in secretariat regional and country office plans. At regional level, for example, the RST for West and Central Africa has a plan for PLHIV engagement, which includes technical and financial support for PLHIV networks and organisations across the region, and engagement with PLHIV is included in the UNAIDS Secretariat Pacific Office 2008-2009 work plan. But this is not consistent across all regions.

6.61 Consequently, the secretariat has been most active in engaging with PLHIV organisations and has established good working relationships with global, regional and national PLHIV networks. These organisations value the secretariat's support and openness to dialogue and communication. At global and regional levels, the secretariat has provided important support. Examples cited include: the Policy Brief on GIPA, published in March 2007; convening a meeting in March 2006 between GNP+, ICW and ITPC and donors (one outcome of which was DFID agreement to provide core funding for these networks for three years); funding for GNP+ activities such as Valued Voices, the GIPA Toolkit and Report Card; support for the 2004 Nairobi Consultation on GIPA and the 2008 Positive Leadership Summit; and RST Bangkok partnership with and funding for networks in the Asia-Pacific region.

6.62 Cosponsors are perceived, including by some agencies themselves, to have been less engaged and less open to PLHIV perspectives than the secretariat. Global PLHIV networks report that their influence on cosponsors is minimal. However, networks such as GNP+ have been consulted by cosponsors, for example by WHO on the operations manual for Integrated Management of Adult Illness and by UNFPA on sexual and reproductive health and rights guidelines, and collaborated with UNHCR and the secretariat on a project documenting human rights violations against PLHIV. There are also many examples of cosponsor support to PLHIV:

- UNDP has provided leadership training for PLHIV
- ILO and UNHCR work closely with UN+
- ILO has implemented a range of activities to improve PLHIV employment opportunities

- UNICEF included PLHIV, in particular strengthening work with young PLHIV, as a critical area in its 2006-2009 Medium Term Strategic Plan
- UNESCO is providing support for organisations of HIV-positive teachers, bringing together teacher unions and organisations of positive teachers, and highlighting the needs of HIV-positive learners
- ILO and UNODC include PLHIV representatives in project steering committees

6.63 However, this is not consistent across countries. Country visits show that cosponsors have made efforts to involve and support PLHIV in some countries, such as Côte D'Ivoire, India, Indonesia, Swaziland and Ukraine, while in others, such as Ethiopia and Peru, there is little evidence that cosponsors address PLHIV involvement in their work.

UNAIDS has provided important support for national PLHIV networks and organisations

6.64 UNAIDS, in particular the secretariat, has provided critical support for the establishment of national PLHIV networks and umbrella organisations and for strengthening their member associations. The UNAIDS 2006 Annual Report highlights efforts to support PLHIV in many countries, including UNDP support for emerging associations of PLHIV across the Asia-Pacific region. This was confirmed during country visits to Côte D'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Swaziland and Vietnam (see Box 20), where UNAIDS works closely with national networks and umbrella organisations. In Iran, where there is no national PLHIV network, UNAIDS' approach has been to include positive clubs in NGO capacity building activities.

6.65 UNAIDS has also provided support in a number of countries to strengthen the governance, institutional, financial and M&E capacity of national networks, to promote coordination between PLHIV organisations and, where necessary, to mediate in conflict between them. UNDP, through its leadership development programme, which builds bridges between PLHIV, parliamentarians and civil servants, has played a critical role in strengthening capacity and facilitating PLHIV involvement in policy dialogue.

Box 20: UNAIDS support for national PLHIV networks and organisations

In **Indonesia**, the secretariat and cosponsors provided important early support for establishing national PLHIV networks, planning, training, leadership and PLHIV involvement in the national response, as well as for developing GIPA modules and conducting qualitative research.

In **Vietnam**, the secretariat was instrumental in establishing the national PLHIV network, VNP+, and is providing ongoing support for legal registration, development and implementation of an Action Plan, which includes skills building for leaders. In **Swaziland**, the secretariat was instrumental in the establishment of SWANNEPHA, providing seed funding, brokering links with other donors and supporting organisational development. UNDP is working with the secretariat to use the PAF to fund SWANNEPHA's plans to strengthen support groups.

In **Ukraine**, the secretariat and cosponsors have contributed technical and financial support, with a focus on advocacy and capacity building in financial management and M&E, for the All-Ukrainian Network of PLHIV, in relation to the Network's role as a PR for Global Fund Round 6. In **Kazakhstan**, UNAIDS is supporting the Union of PLHIV to access policy making platforms, for example, supporting it to speak in Parliament on issues including the human rights of PLHIV. The

Box 20: UNAIDS support for national PLHIV networks and organisations

Union is involved in cosponsor projects including training for journalists with UNESCO and development of educational materials for children with HIV with UNICEF.

In **Ethiopia**, the secretariat, WHO, UNICEF and WFP have provided significant support to the national network, NEP+, for Global Fund Round 7 proposal development and capacity building. PAF funding, managed by UNFPA, is being used to strengthen NEP+ institutional capacity and regional networks. UNICEF and WFP plan to assist NEP+ in Global Fund-related procurement, home-based care and nutritional support activities. In **India,** UNDP provided support to develop the national GIPA strategy and the secretariat, UNDP and UNICEF have provided support to strengthen the governance of PLHIV organisations.

In **DRC**, the creation of UCOP+ is the result of a forum organised, among others, by UNAIDS in 2007. In **Haiti**, PLHIV credit UNAIDS' support as instrumental in the growth of PLHIV associations from three to 13 in the past seven years. Similarly, in **Côte D'Ivoire**, the secretariat and cosponsors have contributed to strengthening the national PLHIV network, RIP+.

6.66 UNAIDS' support to strengthen governance of PLHIV organisations was not consistent across all 12 countries. Feedback to the evaluation survey reinforces this. While most respondents in all categories agreed that the secretariat has been effective in enabling transparent and democratic processes for selection of PLHIV representatives, a significant proportion of NGOs (28 per cent), FBOs (39 per cent) and PLHIV organisations (41 per cent) take the view that the secretariat has not been very effective.

6.67 There is no clearly articulated UNAIDS strategy for capacity building of PLHIV organisations and, as for civil society organisations more generally, support at country level has focused on networks and umbrella organisations. Scope for action is particularly limited in countries, such as Iran and Kazakhstan, where the UNAIDS Secretariat does not have a SPMO.

6.68 Key future challenges for UNAIDS will be meeting the growing demand for ongoing support in programme and financial accountability from PLHIV organisations that are Global Fund recipients and for capacity building from smaller PLHIV organisations and support groups with weak management, technical and financial capacity. Smaller PLHIV organisations in some countries visited recommended that UNAIDS "*reconsider its strategy of engaging only with umbrella organisations*". Increasing the capacity and participation of women living with HIV is also a challenge in countries where PLHIV networks and associations are still largely led by men.

There is evidence of increased PLHIV involvement in policy development, programme implementation and M&E

6.69 At global level there has been significant improvement in PLHIV representation on policy and decision-making bodies. For example, GNP+ is represented on the PEPFAR Implementation Committee and the PCB and works through the communities' delegation to the Global Fund Board to ensure PLHIV views are heard. However, PLHIV informants suggested that PCB representation should be formalised through allocation of a PLHIV seat, as is the case with the Global Fund Board. PLHIV involvement has also increased at regional level. For example, in the Pacific Region, PLHIV are

members of the regional CCM, Regional Response Fund Committee and the Commission on AIDS in the Pacific.

6.70 Global PLHIV networks report that involvement is sometimes inconsistent. For example, despite a good working relationship with the CSP team, the secretariat released several policy briefs relating to PLHIV after the Mexico Conference, but GNP+ was not consulted about these. Global networks noted that they are sometimes given inadequate time by the secretariat and cosponsors to consult their networks in developing countries, which means that consultation tends to be a "*rubber stamping*" exercise. PLHIV networks also highlighted instances where they have either not been consulted or their views have not been taken into account, including development of guidance on criminalisation and on male circumcision. There is a concern that technical cosponsors are still focused on a medical response and pay inadequate attention to support for PLHIV and communities to manage what is becoming a chronic illness.

6.71 UNAIDS' advocacy with governments is cited as having made an important contribution to increased PLHIV representation on national policy, decision-making and coordination bodies, such as CCMs and NPFs, in all 12 of the countries visited. There were examples of PLHIV involvement in national planning and delivery of services in all 12 countries, with the exception of Iran, which does not have a national network or organisation of PLHIV. There is, however, greater recognition in Iran of the value of involving PLHIV more in planning, implementing and reviewing the services that affect them. PLHIV organisations are involved in M&E of the national response in nine of the 12 countries, with no reported involvement in DRC, Iran or Peru. PLHIV organisations have been actively engaged in consultations on national strategy, Universal Access road maps, UNGASS reporting and external evaluation in the majority of countries visited.

6.72 Other sources confirm an increase in PLHIV involvement in decision-making bodies and M&E. The Global Fund evaluation found that the proportion of CCMs showing evidence of PLHIV membership had increased from 71 per cent in 2005 to 100 per cent in the evaluation sample countries. The 2008 UNAIDS Global AIDS Epidemic Update reports an increase in PLHIV inclusion in UNGASS reporting between 2005 and 2007 and PLHIV provided inputs in 75 per cent of countries reporting for UNGASS 2008.

6.73 However, in feedback to the evaluation survey, while most categories of respondents think that the UNAIDS Secretariat has been effective in supporting the involvement of PLHIV in global, regional and national policy making, PLHIV organisations take a less favourable view, with 41 per cent stating that the secretariat has not been very effective at global and regional levels and 36 per cent that it has not been very effective at country level. Responses about the effectiveness of the secretariat in supporting PLHIV involvement in implementation and M&E at global, regional and national levels were similar.

6.74 Despite progress, involvement at country level is still often less than meaningful. For example, while PLHIV organisations in Indonesia report that they are engaged as equals by government and other partners, organisations in India suggested that representation needs to be more meaningful and those in

Swaziland described their involvement as '*tokenistic*'. In the Pacific region, questions were raised about whether HIV-positive people have true representation. Challenges to meaningful involvement (see also Box 21) identified by PLHIV organisations in countries visited include:

- Poverty and limited education of most members of PLHIV organisations.
- Stigma and discrimination.
- Weak management and financial capacity, especially in smaller organisations.
- Lack of technical expertise, skills and understanding of processes.
- Tokenism and lack of government understanding of meaningful involvement.
- Language and logistical barriers.
- Lack of experience in advocacy and lobbying.
- No indicators in national M&E frameworks to measure PLHIV involvement.

6.75 The recent Global Fund evaluation also highlighted similar challenges to PLHIV participation, as well as factors such as the exclusion of rural groups and weak representation by national networks and organisations.

Box 21: Challenges to meaningful involvement of PLHIV

In **Vietnam**, PLHIV organisations require considerable investment in capacity building, particularly communication skills, if they are to play an active role in policy making, programme implementation, and M&E. One cosponsor noted that that PLHIV support groups participate in "*lower level decision-making processes"* and that the participation of PLHIV is tokenistic.

In **Kazakhstan** involvement is largely perceived as fulfilling a formal requirement rather than resulting in real influence. Likewise, in **Swaziland**, PLHIV perceive their engagement as largely tokenistic and that it has limited influence on policy and strategy; the NSP 2008 Joint Review noted that "*the full potential for involvement and participation by PLHIV had not been fully explored"*. In **Ethiopia**, NEP+ also reports that PLHIV influence on policy and strategy development has been limited and consultation usually takes place "*at the end of the process"*.

In **India**, PLHIV leaders reported that they are invited to meetings but rarely engaged in content in a meaningful way. As two representatives stated "*we have to justify what we want again and again. It's like they don't listen"*. In **Haiti**, PLHIV interviewed felt that their participation was at times a "*ticking of the box"* rather than true involvement, although overall there has been an improvement in the frequency and quality of participation.

PLHIV leadership is stronger, but governance remains a challenge

6.76 UNAIDS support has contributed to stronger PLHIV leadership. In eight of the 12 countries visited, respondents stated that national PLHIV leadership has increased, as evidenced by growing representation on national policy, decision-making and coordination bodies. PLHIV leadership is strong in Côte D'Ivoire, Indonesia and Ukraine and growing in Ethiopia, Haiti, India, Swaziland and Vietnam. But PLHIV leadership remains relatively weak in DRC, Kazakhstan and Iran (see Box 22).

Box 22: PLHIV leadership

In **Ukraine**, the All-Ukrainian Network of PLHIV has shown strong leadership. However, PLHIV and civil society respondents expressed concerns that representation is biased towards ex-IDU,

Box 22: PLHIV leadership

and other PLHIV such as sex workers, MSM, prisoners and ex-prisoners are not sufficiently represented, although there is growing involvement of HIV-positive ex-prisoners and MSM.

In **India**, PLHIV leadership is reported to be broadening to include HIV-positive women, IDU and sexual minorities. In **Haiti**, PLHIV leadership has grown and PLHIV are taking a more consolidated approach to advocacy on issues of common concern such as access to treatment for opportunistic infections and improved accountability for funding for the national response.

In **Vietnam**, the establishment of VPN+ and the election of office bearers as well as the self-selection of CCM members (replacing previous government-appointed ones) in 2008, signals the beginning of a more independent, coordinated PLHIV movement. The current process of gaining legal registration and implementing the Action Plan underscores the commitment of VPN+ and UNAIDS to the long-term leadership role of PLHIV in the national response.

In **Ethiopia**, donors raised concerns about the extent to which national PLHIV networks are representative of their members, inadequate governance and consultation with member associations. Leaders were described as "*professional representatives"* who are removed from the realities faced by most PLHIV.

6.77 Despite UNAIDS efforts to strengthen leadership and governance, and evidence of increased PLHIV leadership, global and country informants expressed concerns about a range of issues including:

- Selection of PLHIV representatives to national bodies, the extent to which national networks represent the wider PLHIV community and are accountable to their constituencies, and transparency of funding.
- Leadership centred on one organisation or individual and relatively weak leadership capacity of sub-national networks and local associations.
- Representation of PLHIV whose behaviour is criminalised, for example, sex workers, IDU and MSM.
- Conflict and competition for funds between PLHIV organisations.

6.78 The ICASO review of community sector involvement in the 2008 UNGASS review process also highlighted concerns about differences between countries in the extent to which PLHIV and key populations are involved, and variation in the support provided by UNAIDS, although in most countries it is acknowledged to have played a vital catalytic and facilitative role.

PLHIV involvement has had a positive influence but the outcomes of involvement are not measured systematically

6.79 Although described in guidance, there appears to be no common understanding of 'active' or 'meaningful' involvement of PLHIV, the objectives of involvement or how outcomes should be measured. There are different views about the importance of this. Some see involvement as an end in itself. Others see involvement more as a means to an end and highlighted the need for UNAIDS to work with PLHIV organisations to define clear strategic objectives and to institutionalise processes for involvement.

6.80 Without clear objectives, systematic measurement of the impact of involvement, for example, identifiable elements in policy and programming that have resulted from such engagement, is difficult. Nevertheless, global

interviews and country visits highlighted a number of areas where PLHIV involvement is perceived to have had a positive influence. There is a consensus that PLHIV involvement has enriched global debates and played an important role in influencing global policy. For example, it is viewed as a critical factor in getting access to treatment on to the agenda, in influencing WHO and UNAIDS guidance on provider-initiated testing and counselling, and in highlighting sexual and reproductive health and rights issues from a PLHIV perspective. PLHIV involvement is also seen as a model for involvement of groups such as sex workers and IDU.

6.81 At country level, involvement of PLHIV in policy and coordination bodies appears to have improved dialogue between PLHIV organisations and government and helped to increase understanding of the impact of the epidemic on communities. There has been some success in integration of GIPA principles in national HIV strategies and plans, and this is attributed to PLHIV involvement. But, putting these principles into practice is a challenge and many informants stated that GIPA has "*fallen off the agenda*".

6.82 In many of the countries visited, increased PLHIV involvement has variously helped to ensure the introduction of legislation to protect the human and legal rights of PLHIV, challenge legislation that would criminalise HIV transmission, reduce stigma and discrimination, increase treatment access and ensure provision of critical interventions such as opioid substitution therapy. The most tangible outcome of PLHIV involvement at country level is increased funding. Representation on CCMs has enabled PLHIV networks and umbrella organisations to access Global Fund resources in a wide range of countries, including some of those visited such as Ethiopia and Swaziland.

Conclusions on involving civil society and people living with HIV

- Engagement with civil society and PLHIV organisations has been a cornerstone of the UNAIDS approach and has contributed to their increased involvement in policy, programming and M&E at global, regional and country levels.
- Whilst there is good evidence of influence on policy-making at global level and to a lesser extent at regional level, the picture with regard to influence at country level is more mixed and barriers to meaningful involvement remain.
- Work with civil society and PLHIV is supported by cosponsors, but there is no common vision across UNAIDS or coherent engagement across joint teams. At country level the secretariat is seen as leading in this area, reinforced by a significant investment in Social Mobilisation and Partnership Officers.
- Support for resource mobilisation and capacity building has focused on national networks and umbrella organisations and capacity building and technical support from the secretariat and cosponsors has been fragmented and piecemeal. Demands for support are likely to increase as a result of Global Fund dual track financing and joint teams will need to respond.
- There are no agreed objectives for civil society or PLHIV involvement; without clear and measurable objectives it is difficult to assess impact of involvement.
- More attention needs to be given to engagement with the private sector.

7 Technical support

Technical support to national AIDS responses

Summary of 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

UNAIDS capacity to respond to requests for technical support has expanded

7.1 UNAIDS Secretariat and cosponsors have taken steps to increase their capacity to provide technical support during the period covered by the evaluation. For example, the secretariat has expanded country staff to include SMPOs and M&E Advisors. UNFPA has recruited additional staff to enable it to fulfil its technical support mandate under the division of labour – an external review of UNFPA's country and sub-regional support to national responses to HIV/AIDS in 2008 found that UNFPA had significantly increased its capacity at sub-regional and country level to provide support for HIV prevention. UNESCO has appointed four regional advisors and plans to recruit national programme officers in 2009 as part of a shift in emphasis to provision of support for country capacity building and implementation. As discussed in Chapter 8, UNDP has launched an initiative to improve the gender capacity of UN staff and technical support providers.

7.2 Other steps taken to respond to increased demand for technical support include the establishment of regional Technical Support Facilities (TSFs), the AIDS Strategy and Action Plan Service (ASAP) based at the World Bank and WHO Knowledge Hubs, as well as technical support facilities for civil society. There has also been a considerable expansion of other providers since 2005 – GTZ estimated that there were approximately 40 providers of HIV technical support (UN agencies, bilateral donors including GTZ and PEPFAR, private foundations and civil society organisations) – creating increased opportunities for countries to access support but also significant challenges for coordination.

7.3 The TSFs were established at the request of the PCB, which directed UNAIDS to address the lack of high quality and timely technical assistance to

countries to support scale up of national programmes in its work plan for 2004-2005. In 2005, UNAIDS established five TSFs, three in sub-Saharan Africa, one in South-East Asia and the Pacific and one in Brazil, the International Centre for Technical Cooperation (ICTC), to support Latin America and Lusaphone countries. The TSFs aim to: improve country partner access to timely and quality assured technical assistance in agreed priority areas; strengthen the capacity of country partners to manage technical assistance effectively; assist in professional development of national and regional consultants; and encourage a harmonised and collaborative approach to the delivery of technical assistance in support of country partner-owned and partner-led action plans. The TSFs, which are viewed by many as a UNAIDS Secretariat structure, have provided important technical support to NACs and CCMs for Global Fund processes, as well as for operational planning, M&E and Global Fund grant implementation. TSFs have provided relatively limited support for civil society, with the exception of the TSF for Southern Africa.

7.4 Cosponsors are not always directly involved with the TSFs or orientation of TSF consultants. Some expressed concerns about a shift from the role originally envisaged for the TSFs – providing support when cosponsors are unable to do so – and about TSF "*mission creep*", indicating the need for dialogue and more effective communication about the role of the TSFs. TSF staff report that it has sometimes been difficult to engage with cosponsors, many of which have their own technical support mechanisms at regional level, although there are exceptions. For example, the TSF in Southern Africa has established a productive working relationship with WHO AFRO in Harare, the TSF for West and Central Africa is used by UNICEF and WHO, and the TSF for South-East Asia and the Pacific has established an interagency oversight committee that involves cosponsors. Some cosponsors also raised concerns that the TSFs are subsiding technical support to countries, through the Technical Assistance Fund (TAF), undermining efforts to encourage national governments to use the technical support funding they receive, for example, as part of Global Fund grants. Others suggested that the TSFs are undermining other providers by paying higher rates to regional and national consultants.

7.5 The ASAP was established in July 2006 in response to the GTT recommendations. Services include confidential external reviews of draft national strategies, technical and financial support to help countries to strengthen their strategic response, development of tools to assist countries in their strategy and action planning work, and capacity building for policy-makers and practitioners in strategic and action planning. The ASAP progress report for 2006-2007 showed that support had been provided to 26 countries; as of 2008 this had increased to over 50 countries, and demand continues to grow. Requests for peer reviews and technical support came from 31 countries in 2008. ASAP engages the UNAIDS Secretariat and five of the cosponsors (UNESCO, UNDP, UNICEF, ILO and WHO) in peer review processes and country missions, and this is viewed positively by cosponsors. ASAP responds to country requests – the UNAIDS Secretariat promotes awareness of the service through the UCCs and RSTs – and works closely with UCCs, RSTs and the TSFs. ASAP also works with the Global Fund and PEPFAR through a working group established by the World Bank and those donors in January 2006.

7.6 The role of the Knowledge Hubs, which were established with GTZ funding to support Global Fund implementation, is generally less well understood. The approach is to identify and support regional and national institutions and networks of experts to provide technical support, for example, in adapting guidelines and tools and developing curricula and implementing training. The Knowledge Hubs are thematic, for example the hub in Kiev focuses on HIV treatment and the hub in Zagreb focuses on epidemiology and second-generation surveillance. There are some concerns about duplication. WHO's Knowledge Hub in Lithuania focuses on harm reduction and WHO plans to establish additional hubs in Iran, Morocco and Lebanon to support a harm reduction network and model harm reduction programmes, but it is unclear how these link to the harm reduction work of UNODC. WHO is planning to conduct a global mapping exercise in 2009 to assess technical support gaps and considering how it can link Knowledge Hubs with its Collaborating Centres to establish a network of technical support providers.

7.7 With respect to technical support for civil society, ASAP is piloting support to civil society organisations. ICASO is coordinating a technical support brokering service, CSAT, through its regional structures. The International HIV/AIDS Alliance is providing technical support to smaller NGOs and CBOs through technical support hubs, based within its regional Linking Organisations and the UNAIDS Secretariat is providing some funding for this work. The Alliance reports that good working relationships have been established between Linking Organisations and other technical support providers, such as the TSFs, in some regions but not in others, and highlighted the need for collaboration to develop a strategic approach.

7.8 Informants for this evaluation reinforced concerns identified by the independent assessment of the GTT about the proliferation of and competition between technical support providers and the respective roles and sustainability of these providers. The UNAIDS report '*What can UNAIDS do to make technical support work better and smarter for HIV responses*' (2008) noted that UNAIDS lacks a coherent strategic framework for technical support, technical support is prone to turf rivalries and duplication and fails to capitalise on available resources and that, while UNAIDS has supported several important initiatives which have made valuable contributions, these are for the most part divorced from one another and in some cases operate in competition. The World Bank ASAP assessment (2007) also raised the issue of the relationship between the ASAP and the TSFs. However, collaboration between ASAP and the TSFs has improved, and the UBW 2008-2009 proposes that ASAP will concentrate on strategic planning with the TSFs concentrating on operational planning and costing.

The secretariat and cosponsors have provided a wide range of quality technical support for national responses

7.9 UNAIDS has no system for tracking technical support provided by UN agencies to the national response, so it is difficult to assess the overall volume and nature of requests or volume and quality of technical support delivered across the joint programme. But country visits identified a wide range of quality technical support (see Box 23) in areas including: legislation, policies and standards; service mapping; improving access to and quality of

services; planning and strategy development; training and capacity building; development of civil society and PLHIV organisations; epidemiological research and surveillance; M&E and UNGASS reporting; and resource mobilisation. Areas where UNAIDS is considered to have been less able to provide effective technical guidance and support include multisectoral responses, prevention, costing and spending assessments and procurement and supply management.

7.10 HIV prevention in particular was highlighted by many informants as an area where UNAIDS needs to strengthen the effectiveness of technical support. However, efforts have been intensified more recently, particularly through support for MOT and 'know your epidemic' work. Data provided to the team indicates that UNAIDS has provided support for MOT or 'know your epidemic' studies in 26 countries, with further studies planned in a wide range of countries in 2009 and 2010, as well as support for HIV prevention assessments in more than 21 countries, with further assessments of the prevention response planned in 45 countries in 2009.

7.11 An outcome evaluation report (Kontio, 2009) found that the MOT studies have been valuable to countries, for example, in influencing the attitudes of policy makers, highlighting neglected aspects of the response, informing the research agenda and prompting discussion of resource allocation for HIV prevention, although in many countries it was too soon to assess the impact on policies and programmes. A report prepared by UNAIDS for the evaluation shows that, in East and Southern Africa, 14 countries are using MOT and 'know your epidemic' results for NSP review and development. It will be crucial for UNAIDS to provide technical support to ensure that better analysis is well disseminated and actually translates into more effective, targeted prevention policies and programmes.

Box 23: Examples of secretariat and cosponsor technical support to countries

In **Ukraine**, UNAIDS has provided technical advice for interventions and service provision, research methodology and M&E. Support for Global Fund processes has been critical and is one of the main areas where the secretariat and cosponsors have provided joint inputs, with the secretariat facilitating proposal development and consultants and WHO and UNICEF providing technical inputs. Another example of joint inputs is in technical assistance to the government in designing and conducting the comprehensive evaluation of the national AIDS response.

In **India**, much technical support is provided by UNAIDS jointly, individually or in collaboration with donors. UNAIDS has facilitated the contribution of smaller agencies such as UNIFEM, UNODC, UNCHR and WFP. WHO has supported the Ministry of Health on prevalence estimation, surveillance and ART roll out. UNICEF works with the Ministry of Education and NACO on the Adolescent Education Programme and, together with UNESCO supports the Life Skills Programme. UNODC is providing support to the prisons department.

In **Indonesia**, highlights of technical support provided in the period 2002-2008 include secretariat support for the NAC, notably for M&E, leadership, organisational strengthening and resource mobilisation; UNDP management and institutional strengthening and strategic planning support for the NAC, WHO support for the Ministry of Health, notably on methadone maintenance treatment for IDU, 100 per cent condom use and STI treatment for sex workers; ILO support for the Ministry of Manpower and Transmigration, chambers of commerce, employers and trade unions; UNICEF support for life skills education and development of PMTCT and paediatric AIDS management protocols; UNODC support for development of a training module on HIV prevention in prisons; and UNFPA support for NAC to develop a national strategy on young people and HIV.

Box 23: Examples of secretariat and cosponsor technical support to countries

In **Peru**, which has a joint team technical support plan, produced at the end of 2008, technical support is provided individually by agencies but coordinated through the joint team. The plan focuses on: elaboration of a common HIV message within the UN system; design and implementation of capacity building on rights and non-discrimination related to sexual orientation and HIV; establishment of a multisectoral agenda; assessment of legislation and equity; strengthening procurement of drugs, PMTCT, HIV prevention strategies, ART and comprehensive care; and improvement of national information systems and the M&E plan.

In **Kazakhstan**, examples of technical support include: secretariat support for the development of the National AIDS Programme and the National AIDS Law; UNFPA support for development of standards for peer education; UNICEF support on PMTCT; and UNODC support for work on prisons legislation and the introduction of pilot methadone programmes.

In **Swaziland**, examples include: support for the development of the Road Towards Universal Access and the preparation of UNGASS reports; secretariat support to NERCHA on strategic planning, organisational issues, resource tracking and M&E and, together with cosponsors, for the development of the NSF; WHO support to the Ministry of Health for Service Availability Mapping and M&E; UNICEF support for PMTCT and UNFPA support for sexual and reproductive health. WHO (together with USG and Italian Cooperation) played an important role in supporting the MOH to address conditions precedent with Global Fund Round 4, specifically to develop patient monitoring and drug resistance surveillance systems.

7.12 UNAIDS has also provided support at regional level, through the RSTs, for regional and national responses. For example, in West and Central Africa, the RST has an MoU with the African Development Bank to provide substantial technical and coordination support to countries covered by IFOC, a regional initiative, and has provided support to regional bodies such as ECOWAS to develop regional action and coordination capacity.

7.13 The MoU between UNAIDS and the Global Fund identifies support to CCMs to develop Global Fund proposals and support for implementation of funded programmes as a core function of UNAIDS at country level and support to the Global Fund technical review process as a core function at global level. The secretariat and cosponsors have provided significant technical support for CCMs and Global Fund processes and proposal development, both directly and through mechanisms such as the ASAP and TSFs. UNAIDS Secretariat and WHO provided technical support to 85 per cent of Global Fund Round 5 and 6 proposals; UNAIDS reports that the approval rate for proposals that received such support increased.

7.14 However, limited human and financial resources are cited as a challenge by the secretariat and cosponsors. Support for Global Fund processes has placed considerable demands on UNAIDS, in particular the secretariat, which estimates that 50 per cent of the level of effort of country offices is directed to providing support to Global Fund grants. Some cosponsors suggested that UNAIDS needs to work with the Global Fund to see how this support can be funded or how Global Fund-related transaction costs for countries and the UN can be reduced. The Global Fund Technical Evaluation Reference Group, however, has recommended that the Fund maintain the principle of funding country programmes. This means countries must include technical support in proposals and pay for technical support,

including from the UN, with grant funding, although there is a perception that countries are unwilling to pay for technical support, even when this is funded.

7.15 The Global Fund evaluation concluded that there is an inadequate global partnership framework for provision of essential technical assistance in support of the implementation of Global Fund grants, in part due to a lack of clarity about funding by the Global Fund and donors to the Fund. It notes that "*a more coherent effort is required to address the diverse expectations about the essential support countries need, which partnerships are expected to meet them and the financing sources and conditions for providing that support"*.

7.16 The implications of the Global Fund shift from round-based funding to support for validated National Strategic Applications and dual track financing for the future role of UNAIDS, ASAP, TSFs and civil society technical support providers also need to be considered. Specific issues of concern are the potential conflict of interest between technical support for strategy development and for strategy validation and the increased needs for technical support from civil society.

There is scope to further improve planning and coordination of technical support

7.17 At global level, efforts have been made by the UNAIDS Global Joint Problem Solving and Implementation Support Team (GIST), established in response to the GTT, to improve global coordination of technical support. There is a consensus that the GIST has played an important role in addressing management and implementation bottlenecks at global and country levels relating to Global Fund and World Bank procedures and in providing a link between the UN system and the Global Fund.

7.18 Following independent reviews (HLSP, 2007; Moodie, 2007), the GIST has been transformed into a technical support providers group (which includes the Global Fund, PEPFAR, GTZ, ICASO and the Alliance in addition to the UNAIDS Secretariat and cosponsors). This has a revised mandate that focuses on strengthening coordination and mutual accountability with respect to technical support, addressing systemic problems at global level, identifying good practices and disseminating lessons learned. The 2008 GIST work plan included: establishing a database of technical support providers and requests, developing minimum standards in technical support provision, and commissioning a state-of-the art report and in-depth country analyses. During 2008, the GIST developed an agreed set of principles, including roles and responsibilities of technical support providers and users, and established the Coordination of AIDS Technical Support (COATS) database, to improve the planning, coordination and monitoring of technical support. This is being rolled out in ten countries, initially through UCCs but with the intention that activities will ultimately be managed by NACs. There are some concerns about the value and sustainability of COATS since, like all such databases, it will depend on users keeping it up to date.

7.19 Meetings of UNAIDS global coordinators are also reported to have helped to improve coordination – examples cited include discussion of the role of ASAP, resulting in agreement on the division of work between UNDP and the World Bank in the area of national planning, and agreement to allow

cosponsors more time to consult regional and national colleagues on draft national strategies and plans as well as to access feedback to countries.

7.20 Efforts have also been made to improve coordination at regional level. For example, the RST for East and Southern Africa has established an interagency reference group of technical support donors and providers in the region to improve coherence. Although there are still concerns about multiple providers, coordination and clarity about respective roles is improving. In the Pacific region, there is a plethora of technical support providers but it is suggested that technical support is becoming better coordinated after a broad range of partners were involved in the Round 7 Global Fund proposal development process. In West and Central Africa, the RST has developed a joint road map for provision of technical support, holds annual technical support review meetings and initiated consultative meetings during the Global Fund Round 8 process, in efforts to improve coordination.

7.21 At country level, guidance is clear on the lead agency as the entry point for technical support within joint teams. In practice, while joint teams have improved information sharing about technical support, they have not functioned as an entry point for, or noticeably strengthened planning and coordination of, technical support (see also Chapter 4).

7.22 The UN technical support plan is, according to the Second Guidance Paper (UNAIDS, 2008b), a consolidated plan for addressing implementation gaps in the national strategic plan and should focus on the strategic support areas of the division of labour. The guidance states that *"this should be a demand-driven plan (based on a technical support needs assessment), not one that responds to the priorities of the technical assistance providers"*. However, of the 12 countries visited, only Ukraine and Indonesia have developed such a plan. Only India had conducted a technical support needs assessment but this was *"not a formal assessment"*, although technical needs assessments were conducted in two-thirds of Ukrainian regions in 2007-2008 by UNAIDS and GTZ and a joint technical support situation analysis was carried out in Papua, Indonesia in 2007.

7.23 The lack of a UNAIDS technical support plan is often due to lack of clarity about what such a plan would look like within a joint programme of support and the lack of a clear government plan – of the 12 countries visited, only DRC and Peru have developed a national technical support plan – as well as the difficulty of anticipating technical support needs. In Ukraine, the secretariat has intensified advocacy for the development of a unified national support plan and taken a lead in identifying technical support needs in areas such as HIV prevention among MSM, sex workers and IDU, STI care and rapid HIV testing. In Vietnam, UN and donor partners are working together to identify technical support needs of government ministries and agencies.

7.24 The GTT progress report to the 23rd PCB noted improving coordination of UN-supplied technical support but ongoing challenges related to limited country capacity to identify and articulate technical support needs and to develop plans based on demand rather than supply, and recommended a greater focus on empowering national partners. Lack of country capacity to manage technical support, resulting in *ad hoc* requests and for consultants at short notice to *"fix problems"* was raised consistently in recent TSF

evaluations (Godwin and Misra, 2008). An HLSP review of TSF support for Global Fund implementation also noted that TSF support is mostly directed to addressing operational bottlenecks (HLSP, 2008).

7.25 There is a consensus about the need for a more strategic, coordinated approach at country level that includes needs assessment and support for partners to plan and manage technical support. The TSF for Southern Africa has produced a guide to managing short-term technical assistance for HIV programmes for project managers and organisations. In West and Central Africa, UNAIDS is supporting the development of national technical support plans through training for consultants and workshops for NACs, and the roll out of technical support plans (in Burkina Faso, Côte D'Ivoire, DRC, Mali and Nigeria) based on assessment of needs for Global Fund grant implementation.

7.26 Evidence from country visits also suggests that while interagency efforts to support Global Fund processes are reasonably well coordinated, coordination of other technical support varies, as the examples in Box 24 illustrate. One cosponsor commented that coordination of technical support is one of the weakest areas of the joint programme, although better within UNAIDS than other parts of the UN system, and that "*UNAIDS functions as the secretariat and ten cosponsors*". Requests for technical support are based on agency mandates and existing relationships between national partners and individual cosponsors and, in many countries, are *ad hoc*. Consequently, provision of technical support is fragmented. In Ukraine, regular meetings of the joint team help to ensure that technical support provided is reasonably well coordinated, but neither the National Coordinator nor the UNAIDS Secretariat has an overview of requests for, or provision of, technical support.

Box 24: Coordination of UNAIDS technical support at country level

In **Haiti**, technical support requests are sent by partners to the secretariat or to UN agencies directly – if the secretariat is approached for technical support, the request is forwarded to the relevant cosponsor. Requests are received in an unstructured manner and this makes planning difficult. Technical support is not well coordinated and there is no UNAIDS overview of requests for technical support. There is some duplication – for example, technical support provided to the same target groups by different agencies and agencies re-training stakeholders because they did not agree with the approach that had been used in earlier training.

In **Ethiopia**, UNAIDS has tried to use the multisectoral strategic plan and the HAPCO (NAC) work plan to plan technical support but requests from HAPCO continue to be *ad hoc*. There is no consolidated technical support plan within the joint programme of support and no consensus among cosponsors about the need for this. Some view the joint programme of support as sufficient, seeing a separate technical support plan as potentially duplicative. Others see the work plans developed by the joint team's Implementation Support Task Forces as the technical support plan. Secretariat staff and some cosponsors think technical support is not well coordinated, for example, provision of long-term M&E support to HAPCO by WHO and the secretariat.

In **Iran**, there is evidence of more coordinated provision of technical support. One respondent commented that there has been a shift away from the UN as a "*supermarket*", where people browsed what was being offered and selected what they wanted. Given that Iran is a middle income country, the whole joint programme of support is considered to be technical support. This covers: creating an enabling environment, strengthening the national response and use of strategic information; intensifying prevention programmes; improving treatment, care and support of PLHIV.

7.27 The Global Fund evaluation noted "*an urgent need for systemic and strategic arrangements to secure reliable, timely and high quality technical assistance"* and that *"an effective and efficient system for technical support to Global Fund grants does not yet exist"*. It recommended that *"development and technical partners identify and enable a focal organisation or mechanism to coordinate and manage technical support"*, suggesting perhaps that that UNAIDS needs to intensify its efforts in this area.

UNAIDS has strengthened the Three Ones and provided important technical support for M&E

7.28 UNAIDS has provided support for national AIDS authorities, strategic plan development and M&E frameworks. Cosponsors have made important contributions to national strategy and planning, through ASAP and UNDP and World Bank support for integration of HIV into Poverty Reduction Strategies in over 20 countries. Support for national authorities and national M&E frameworks has mainly been provided by the secretariat, although the World Bank has made a significant contribution to M&E in countries such as Swaziland. This is reflected in responses to the evaluation survey, which identified the secretariat, World Bank and WHO as the three most effective providers of support for M&E within UNAIDS. However, as the country examples in Box 25 show, there has been mixed progress in establishing the Three Ones, including putting in place one national M&E framework.

7.29 UNAIDS Secretariat M&E Advisors have played a critical role in developing and strengthening national M&E systems in many of the countries visited, and in support for UNGASS reporting. However, the calibre of M&E Advisers is variable and the secretariat is developing a capacity development programme for these staff based on a competency framework. Recruitment is also an issue. For example, the M&E Advisor post has been vacant for six months in India and the M&E Advisor in Iran has been the acting UCC for nine months. A secretariat evaluation of the M&E Advisors, based on country assessments, confirms these findings. The evaluation found that advisors had strengthened national capacity, promoted harmonisation and increased the importance given to M&E by national counterparts, but highlighted challenges as including managing multiple demands, lack of consensus, and insufficient financial and human resources.

7.30 The extent to which the Country Response Information System (CRIS) has been implemented varies. CRIS is not used in Côte D'Ivoire, Peru or Haiti. In Indonesia it was abandoned for a simpler database, because of limited computer skills at local level and delays in receiving technical assistance from UNAIDS. In Ukraine, CRIS v2 was not seen as appropriate, but implementation of CRIS v3 is planned in 2009. CRIS is being used in Iran but only for UNGASS reporting. There have been delays in introducing CRIS in Kazakhstan, because the Russian translation of the latest version has not been available, and links with other databases have not yet been developed.

Box 25: Mixed progress in establishing one national M&E framework

In **Ukraine**, UNAIDS has been instrumental in promoting a unified M&E system among national and international partners, chairing the national M&E reference group and building M&E capacity. But parallel systems are still used by national agencies and some donors, there is still no one

Box 25: Mixed progress in establishing one national M&E framework

national M&E centre or database, and use of data to inform policy and programming is limited.

The efforts of the secretariat with UN agencies, CDC, donors and private foundations, together with NACO, are credited with transforming the M&E framework for the national response in **India**, harmonising indicators and coordinating the process that led to revision of HIV prevalence rates in 2007. Technical support and capacity building, including from the secretariat and WHO, has led to an increase in reporting from 35 to 75 per cent. However, momentum is reported to have been lost, as the secretariat M&E Adviser post has been vacant for six months.

In **Indonesia** the secretariat has provided a full-time advisor to develop the M&E system since 2003 and the country has had a national M&E framework since 2006. The secretariat has also provided support to prepare UNGASS reports and to develop and revise national indicators. WHO has supported the Ministry of Health on second-generation, behavioural and STI surveillance. The World Bank has provided support for improved analysis and use of surveillance data to strengthen strategic responses. UNAIDS has also supported operational and formative research, including a joint UNDP, ILO, UNODC, UNICEF socio-economic impact study and studies on PMTCT and paediatric HIV care and on barriers to care and support for PLHIV, supported by UNICEF and the secretariat respectively.

Ethiopia has an M&E framework, developed in 2003, but partners such as the Global Fund and PEPFAR use separate frameworks and the M&E system does not adequately capture the contribution of civil society or non-health sectors. The secretariat M&E Advisor is working with partners to address these challenges. Most progress with M&E has been made in the past 15 months since HAPCO established a dedicated M&E unit, which receives support from PEPFAR as well as from the UNAIDS Secretariat and WHO. But respondents report that support is not well coordinated with other development partners and is heavily geared toward health indicators. The 2008 World Bank-sponsored Synthesis of Epidemiological Data made an important contribution to understanding epidemic, but its influence on policy and programming is difficult to determine.

In **Côte D'Ivoire**, UNAIDS recruited an M&E Adviser in 2007 and around 60 per cent of PAF funding goes to M&E. However, UN agencies and partners take different approaches and the M&E system rolled out by UNAIDS is not used by all partners, including PEPFAR and the Global Fund. An assessment of the Three Ones in **DRC** conducted by the UNAIDS Secretariat in 2006 identified the main challenge as inadequate institutional infrastructure. There is an M&E framework but it is not yet operational and, although much effort was made to harmonise indicators, these remain cumbersome in practice. However, progress has been made towards joint supervisory missions by the Global Fund and World Bank MAP since 2007.

In **Haiti**, the secretariat, WHO, UNFPA and UNICEF have played an important role in assisting the government to develop the national strategic plan. The proposed national coordinating authority has not yet been established. UNAIDS has provided training on M&E but a national M&E framework is not yet in place. Renewed efforts to develop 'one M&E system' started in December 2007 with a workshop organised by the Sogebank Foundation (the Global Fund Principal Recipient). UNAIDS is represented on the steering committee for the work of the firm contracted to take this forward.

In **Iran**, provision of M&E support has been compromised as the M&E Adviser has been acting as the UCC for nine months. WHO has provided considerable support on surveillance through the Knowledge Hub in Croatia. Iran's report on the NCPI for UNGASS showed that the national M&E plan and budget for this plan is in progress, there is a functional M&E unit and a well-defined standardised set of indicators, guidelines on data collection, a strategy for assessing data quality and accuracy; and a data dissemination and use strategy. M&E data was used as a basis for developing harm reduction services and for developing both the NSP and the most recent application to the Global Fund. The rating of the national M&E system improved from 3 in 2005 to

Box 25: Mixed progress in establishing one national M&E framework

7 in 2007. Resources for M&E come both from the Global Fund and the national budget; this is reported to have increased considerably over the last five years.

Technical support provided by the UNAIDS Secretariat for M&E in **Kazakhstan** is appreciated. Support has been provided for UNGASS reporting, developing a national M&E system and publishing available data. However, respondents believe that UNAIDS support for M&E could have been stronger as not all agencies have agreed to use the emerging national M&E system.

UNAIDS has been instrumental in support for the Three Ones in **Swaziland**, including the establishment and development of the NAC (NERCHA), development of successive NSPs and the NSF 2009-2014, and strengthening national HIV M&E. The NCPI ranking of M&E improved from 4 in 2005 to 7 in 2007. Support from the secretariat and the World Bank has been pivotal in strengthening M&E. The Bank also helped to finance the development of the M&E system, including capacity building in M&E skills and revision of the health sector HIV M&E framework. WHO and UNICEF have supported revision and printing of tools and registers.

In **Peru**, there is no M&E framework and no common approach to M&E across the UN or donors, although efforts have been made to build consensus and build capacity for M&E.

7.31 UNGASS reporting has helped to strengthen M&E, although national AIDS authorities in some countries noted that Global Fund requirements have been a more important driver of improvements in M&E. National partners in some countries also view UNGASS reporting as a 'UNAIDS requirement' not a country M&E priority. UNAIDS plans to address these issues by merging MDG, UNGASS and Universal Access reporting frameworks and encouraging countries to recognise that reporting on these are global accountability mechanisms not UN-driven requirements.

7.32 Focus on the quality of M&E appears to be limited and, with the exception of Iran and Vietnam, there are few examples of use of data to change activities. The focus on 'know your epidemic' has increased demand for strategic information "*at a pace that national and international partners were not prepared for*" as one informant noted. UNAIDS has also been less successful in addressing the existence of parallel frameworks and indicators, although there has been progress – 2008 UNGASS country reports indicate that the proportion of countries where key partners endorse the national M&E plan increased from 54 per cent in 2005 to 78 per cent in 2007. The interface between health information and HIV M&E systems and coordination between health and HIV M&E units remain weak in many countries.

7.33 Inadequate funding for M&E is also a challenge. One in four countries does not have a costed M&E plan and one in three has not secured funding to implement the plan. In over 50 per cent of countries, HIV M&E activities are financed through external sources, but funding is not necessarily directed towards strengthening existing national M&E systems.

7.34 The Monitoring and Evaluation Reference Group (MERG), which brings together the secretariat, cosponsors and a wider range of expertise, is considered to be an effective forum for coordination that has made good progress, for example, towards harmonisation of indicators. However, M&E roles and coordination across UNAIDS need to be reviewed. The World Bank Global AIDS Monitoring and Evaluation Team (GAMET) aims to provide policy and technical advice to strengthen evaluation capacity at country level

and to strengthen evaluative knowledge of the epidemic and the effects of national responses. The work of GAMET covers, for example, epidemiological synthesis, cost effectiveness, expenditure tracking and M&E capacity building. In some regions, there is good collaboration. For example, the RST for East and Southern Africa has been working with GAMET for three years and jointly led the development of the 12 component framework on M&E and, together with other partners, is developing a regional generic training curriculum on M&E. However, it is not clear how the work of GAMET complements that of the UNAIDS Secretariat, which is also supporting expenditure tracking and M&E capacity building, and there appears to be less collaboration in other regions.

7.35 Although M&E is a lead agency function assigned to the secretariat and surveillance to WHO under the division of labour, global informant interviews and country visits highlighted tensions between the secretariat and WHO regarding surveillance, strategic information and M&E. for example, WHO has concerns about the reliability of UNGASS data reported by countries. National informants also suggested that UNAIDS could do more to reconcile different advice from the UNAIDS Secretariat, World Bank GAMET and other sources. Lack of harmonisation in reporting is also an issue. Countries receive separate requests from the secretariat for UNGASS reporting and from WHO for health sector Universal Access reporting. As one informant said: *"Parallel reporting has caused confusion and duplication of efforts at country level, with national programmes reporting on different sets of indicators for UNAIDS and WHO"*.

Technical support is on the whole seen as timely, relevant and is valued by national partners

7.36 Provision of technical support is a key expectation of UNAIDS in all countries visited. UN technical support is generally viewed as high quality and valued by government and civil society partners – the value of technical support from the UN is seen as related to standards and norms, credibility, technical expertise and as a neutral broker – and has resulted in positive outcomes, for example, a documented increase in successful Global Fund proposals. However, as discussed later in this section, national stakeholders in some countries visited questioned the relevance and responsiveness of UNAIDS technical support.

7.37 UNAIDS technical support has been influential in several countries. Technical support has played an important role in advances made by the Iranian government in their response to HIV, including expansion of harm reduction programmes for IDU in the community and in prisons. While recognising the leading role played by the Iranian government in establishing appropriate HIV prevention services in the country, one respondent commented that you can '*see the hidden footprints'* of UN technical assistance behind major policy and programming decisions, citing the example of technical support provided by UNODC to improve the quality of harm reduction services which led to changes in programmes. Similarly, support provided by the secretariat in Vietnam has been instrumental in creating dialogue on MSM-related issues and in the development and scale-up of pilot methadone maintenance therapy programmes.

7.38 Overall, respondents to the evaluation survey rated the UNAIDS Secretariat, UNICEF and WHO as the three most effective organisations within UNAIDS in terms of timely provision of technical support (bilateral donors rated the secretariat, WHO and World Bank most highly).

7.39 Country visits found a mixed picture with regard to procedures and processes for accessing technical support. While most national government respondents view procedures as flexible and use a range of entry points for accessing technical support from UNAIDS, often through existing bilateral relationships, some noted that not all UN agencies are equally flexible and mentioned lengthy bureaucratic processes as a challenge. As noted elsewhere, national partners are not always aware of the division of labour and it does not seem to have influenced how they engage with the UN.

Box 26: The value and relevance of UNAIDS' technical support

In **Ukraine**, technical support provided by UNAIDS is highly valued and seen as largely relevant by most national stakeholders. The Ministry of Family, Youth and Sport and Ministry of Education praised the approach of UNICEF, noting that discussions with UNICEF of technical support can serve as a capacity-building exercise. However, some national stakeholders suggested that UNAIDS could make greater efforts to assist in identifying requirements for technical support and raised concerns about the quality of some consultants. Technical support planning by UNAIDS is also not directly linked with the national HIV programme.

In **India**, government officials view UN technical support as mostly relevant to their needs and government and civil society informants acknowledge the value of the neutral perspective that the UN brings. Support from UNAIDS and donors for training manuals and guidelines for all areas of intervention, resulting in implementation standards, is viewed as a major achievement. While the joint team is seen as an important step forward, instances were cited of where UN agencies have provided technical support independently, without consulting or collaborating with cosponsors.

In **Indonesia**, UNAIDS' technical support is viewed as largely relevant to the needs of national government and NGO partners. All stakeholders see an increasing role for the UN in the context of Global Fund Round 8 implementation. Technical support has shifted from being supply to demand led, and the NAC has identified new ideas, resource mobilisation and assistance for implementing agencies as technical support priorities from UNAIDS.

In **Côte D'Ivoire**, technical support provided by UNAIDS has been well received by government and civil society, although donors are less convinced about the quality and relevance of UN technical support. In **DRC**, some national stakeholders suggested that UNAIDS is not well equipped to provide support in the context on DRC in areas such as management, and noted that the response to requests for technical support can take up to six months.

In **Haiti**, national stakeholders value technical support provided by UNAIDS and expressed satisfaction with the efficiency of technical support. However, some questioned the relevance of some technical support provided and would appreciate more follow up support for implementation of activities. For example, one UN agency told the Ministry of Social Affairs that they could only support training, so the Ministry accepted this support even though training was not a priority. Following this training, there was no follow-up support to enable those trained to apply what they had learned. Stakeholders also identified the need for UNAIDS to take a more strategic approach, for example, supporting government ministries that most need help and areas that are not addressed by major donors.

In **Peru**, respondents were pleased with technical support received, in particular from the TSF in Brazil, which has helped to promote collaboration and exchange of experience, and saw UNAIDS provision of support as timely.

Box 26: The value and relevance of UNAIDS' technical support

In **Iran**, UNAIDS technical support is highly valued by national stakeholders who refer to it as effective and vital. Examples cited include support for development of the NSP, NGO capacity building, evaluation of harm reduction activities and triangular clinics in prisons, work with 'positive clubs', participation in UNODC TreatNet which brings together a network of 20 treatment centres, and support from the secretariat, UNICEF and WHO for the Ministry of Welfare on, respectively, work among uniformed services, street children and social determinants of health. However, concerns were raised that technical support is not always well planned and is often delivered at "*the eleventh hour*".

In general, respondents in **Kazakhstan** were positive about technical support received from UNAIDS, for example, for the introduction of methadone pilot programmes, but there were also concerns that provision of support is largely driven by agency mandates and available resources.

In **Vietnam**, government, civil society and donor stakeholders praised UNAIDS technical support in a range of areas. Support from the secretariat on issues such as MSM and methadone therapy was highlighted as being instrumental in creating a dialogue on MSM-related issues and in the development and scale-up of pilot methadone programmes.

In **Swaziland**, technical support provided by UNAIDS is largely perceived to be relevant to the needs of the national government and civil society partners and the UN is generally seen to be reasonably quick to respond to requests. For example, the Ministry of Labour was positive about the ILO-US Department of Labor project and the Ministry of Education about support provided by UNICEF and UNESCO. However, some noted that support could be better coordinated as planning with and reporting to agencies individually increases transaction costs for recipients. NERCHA raised questions about the ability of UN agencies to respond to increased need for technical support for Global Fund grant implementation.

In **Ethiopia**, stakeholders perceive UNAIDS technical support to be efficient, although concerns were raised about the quality of some consultants provided by UN agencies and the TSF. Government officials indicated that they would appreciate a more strategic approach to technical support and highlighted priority areas as clear technical guidance for a multisectoral response and for an appropriate and more targeted approach to prevention and behaviour change, as well as to address gaps in information about the epidemic. The Minister of Health highlighted health systems strengthening as the priority for technical support but noted that UN agencies prefer to focus on specific issues such as PMTCT, ART, TB and reproductive health.

7.40 Technical support from UNAIDS is mainly seen as relevant by national partners. Survey respondents rated the secretariat, WHO and UNICEF as the three most effective organisations in meeting country needs. The secretariat, WHO and UNDP were rated most highly in support for national policy and strategic planning (bilateral donors rated the World Bank equally with UNDP). Scores for effective support for implementation were more evenly distributed across the secretariat and cosponsors.

7.41 However, global interviews and country visits (see Box 26) highlighted two issues. First, UN technical support is still too often supply driven. Review of the joint programme of support in Iran shows that, despite the value of much technical support provided, there is still a significant focus on the agendas of particular UN agencies, for example, prevention among young people in general, which does not correspond well with the epidemiological context in Iran or agreed national priorities.

7.42 Second, national partners see the UN as better at providing or brokering short-term inputs than longer-term support for implementation,

capacity development or systems strengthening. There is a perception among national stakeholders that UN agencies lack the understanding and expertise required for capacity building, tend to focus on training, workshops and developing manuals and toolkits, and are driven by technical staff who do not understand systems or capacity development.

7.43 This mirrors the findings of a GIST-commissioned mapping of demand for technical support in five countries (Burkina Faso, Indonesia, Peru, Rwanda, Zambia), which found that, while technical support focuses on short-term project deliverables, capacity building and system strengthening is where technical support is most needed, as well as greater attention to follow up and implementation (Garcia and Carasso, 2008).

7.44 As noted earlier, growing demand for implementation support for Global Fund grants and for systems strengthening also has implications for the future technical support role of the UN. The Global Fund evaluation comments that "*technical support provided by global technical partners has been, to date, heavily focused on proposal development, with little evidence of longer term capacity building*" and the Fund's Technical Evaluation Reference Group recommends a longer-term perspective in delivering technical support, in particular for human resources capacity development.

7.45 Feedback from a civil society rapid consultation on technical support, conducted by the International HIV/AIDS Alliance in 2005, highlighted the supply-driven nature of much technical support, lack of a coordinated approach to technical support for civil society, focus on short-term technical support over longer-term capacity building, variable quality and appropriateness of technical support, and the need to ensure technical support is adequately funded. The UNAIDS Leadership Transition Working Group recommends that UNAIDS "*reduce wasteful capacity building efforts by brokering higher-quality, long-term, locally demanded technical support*", clarify the roles of different technical support providers and address issues related to quality of technical support.

7.46 Informants for this evaluation also highlighted the need for UNAIDS to: be clear about technical support objectives and appropriate approaches, for example short-term versus long-term technical support, to achieve these objectives; identify the comparative advantage of the UN *vis-à-vis* other technical support providers; engage and coordinate better with other technical support providers at country level; and determine when it is appropriate to be a broker and when to be a provider of technical support.

Evaluations have been conducted, but UNAIDS technical support is not systematically monitored or evaluated at country level

7.47 Independent evaluations of four of the TSFs have been conducted. The review of the TSF for Southern Africa found that the TSF had been a useful, relevant and effective model for delivering short-term technical assistance, providing 2,000 days of technical support to 13 countries and establishing a database of 1,000 consultants. The TSF enjoys a good reputation and clients perceive services as useful, timely, reliable, client-friendly and largely meeting their quality definitions. Approximately 60 per cent of the TSF's work is in support for planning and M&E. The review of the

TSF for East Africa reached similar conclusions but also highlighted the issue of sustainability, in particular the reliance of clients on the TAF to pay for TSF services, lack of clarity about how TSFs relate to the Technical Support Platforms established by the RST, and accountability, since the TSFs have a contractual arrangement with UNAIDS Secretariat in Geneva but are managed by the relevant RST. The consolidated report of the four TSF external reviews (Godwin and Misra, 2008) identified the need to clarify the TSF 'business model', establish a clear set of norms and performance frameworks, define the role of the TSFs in provision of short-term *ad hoc* technical support versus long-term capacity building and clarify the relationship with RSTs, Technical Support Platforms, UNAIDS Secretariat country offices and joint teams.

7.48 ASAP has been reviewed by the World Bank and studies have been conducted to assess the extent to which ASAP feedback is reflected in revised national strategies. The 2007 assessment (Chan-Kam C *et al*) found that ASAP had met expectations in its 2006-2007 business plan in terms of quantity and quality of work and the overall quality of outputs was good, especially peer review of draft strategic plans, but it was too soon to assess impact on the quality of strategic planning. A more recent ASAP review of 24 NSPs indicated that plans could benefit from stronger analysis of the evidence base, better links between evidence and strategy, a focus on achieving results, more attention to gender and marginalised groups, and improved operational and HR planning – indicating where ASAP needs to adjust its support.

7.49 The GIST commissioned case studies in nine countries to assess the effectiveness of Global Fund-related technical support and the findings, reported in early 2009, are consistent with those of this evaluation, including:

- Much technical support is available, but it is mostly supply driven, mechanisms for accessing and paying for technical support are unclear, and access to technical support for grant implementation is limited.
- There is a lack of national mechanisms to identify capacity gaps and plan technical support, and a need for better technical support needs assessment.
- UN support for proposal development is widely recognised and has played a key role in strengthening CCMs, NACs and Principal Recipients.
- Cosponsors were felt to have provided appropriate levels of support, although users have low awareness of the division of labour and how it can facilitate access to technical support.
- There is little information about whether technical support provided by the UN system is delivering value for money.

7.50 A review of the joint UNDP, World Bank, UNAIDS Secretariat programme to strengthen capacity to integrate HIV into Poverty Reduction Strategy Papers (PRSPs) was conducted in seven of the 14 countries that participated in the programme. The review found that the programme enhanced the participation of stakeholders in PRSP formulation, enhanced integration of HIV in PRSPs, increased understanding of the links between poverty and AIDS and improved alignment of PRSPs and national AIDS strategic plans.

7.51 GTZ has conducted an evaluation of the Knowledge Hubs, to assess technical support requested and provided, and the report is expected to be available in 2009. The Alliance reports no formal evaluation of the technical support hubs, which have only been established for 18 months, but met with Linking Organisations in early 2009 to review progress and challenges.

7.52 At country level, however, technical support has been poorly tracked and monitored, with the exception of support provided by TSFs. TSFs use client feedback questionnaires and RSTs review and approve consultant reports before submission to country partners, in order to monitor the quality of technical support provided. But monitoring focuses on inputs. There is limited evidence of evaluation of the quality, effectiveness or outcomes of technical support in countries visited. Exceptions are Vietnam, where the quality and outcomes of technical assistance provided are reported to the relevant technical working group, and Peru, where an independent evaluation of technical support has been conducted. In the other countries there has been no systematic evaluation of UN support.

7.53 One UCC noted that it is considerably easier to evaluate the outcomes of some types of technical support, for example, for Global Fund proposal development, than the outcomes of other support, for example, for capacity building, and indicators and systems to evaluate the latter have not been established. Informants highlighted the need for greater emphasis on the quality of technical support, including common standards and approaches to quality assurance – currently different technical support providers and UN agencies use different tools to seek feedback on client satisfaction – and on supporting national partners to assess the usefulness of technical support.

Conclusions on technical support

- Technical support is the key interface between the UN and national HIV programmes and UNAIDS has taken steps to increase its capacity to provide technical support, both directly and through the establishment of technical support mechanisms. Much valuable technical support is provided, and the recent emphasis on MOT studies and 'know your epidemic' is a positive development.
- Some improvements have been made in the coordination of technical support at global level through the GIST and the global coordinators. However, there is a need for better coordination of technical support providers and of technical support provided by joint teams; there are few examples of UN technical support plans.
- UN technical support is valued by country partners but remains largely driven by agency mandates, rather than national priorities, and the division of labour has had little impact. Technical support concentrates on short-term issues; capacity and systems development are less well supported.
- UNAIDS support for M&E has been critical but there is a need to rationalise World Bank GAMET and UNAIDS Secretariat support for M&E.
- Reviews of technical support providers have been conducted but there has been poor tracking and evaluation of technical support at country level.

8 Human rights and gender

Human rights

Summary of findings on human rights

- Globally, UNAIDS, in particular the secretariat, has played a critical role in highlighting HIV and human rights issues but leadership concerning the rights of key populations could have been bolder
- UNAIDS needs to strengthen its capacity to address HIV and human rights
- There is a lack of clarity about the respective roles of UNDP and the secretariat
- UNAIDS country work on human rights is unstrategic and inconsistent
- Evidence of UNAIDS' action to reflect the priorities of and empower key populations and to support their meaningful participation is mixed
- There has been progress in efforts to strengthen legal frameworks and to tackle stigma and discrimination but enforcement remains a challenge

Globally, UNAIDS, in particular the secretariat, has played a critical role in highlighting HIV and human rights issues but leadership concerning the rights of key populations could have been bolder

8.1 Most global informants consider that UNAIDS has provided effective global leadership on HIV and human rights – highlighting human rights issues, developing clear guidance and mobilising timely action. Much of this is attributed to the UNAIDS Secretariat and the former and current Executive Directors. The secretariat plays an important political role, has the ability to raise issues in a way that cosponsors cannot, and has been willing to take on challenging issues and to promote the rights of population groups that governments would prefer to ignore. The human rights team at the secretariat is viewed by external stakeholders as having made a significant contribution, for example, on issues such as criminalisation of HIV transmission and travel restrictions, despite having limited staff and resources. UNAIDS, in particular the secretariat, has used a range of approaches. For example:

8.2 At global level:

- **Engaging high level support** – the former UN Secretary-General spoke out on human rights and sex work at the 2006 High Level Meeting and the current Secretary-General highlighted the issue of human rights at the Mexico International AIDS Conference in 2008.
- **Developing guidance** – the secretariat has produced a range of policy guidance and briefing notes on HIV and human rights including for national human rights institutions to take up HIV-related human rights issues, on HIV and MSM and on HIV and the law; a policy brief on criminalisation of HIV transmission; a handbook for parliamentarians,

and a briefing and technical update on human rights and the law to guide review of Global Fund Round 8 proposals.

- **Issuing statements** – UNAIDS' statement at the 51st Session of the Commission on Narcotic Drugs highlighted evidence and the rationale for a public health and human-rights based response and the human rights of drug users. Statements have also been issued by the UNAIDS Human Rights Reference Group, for example, the June 2008 Statement on Human Rights and Universal Access to HIV Prevention, Treatment, Care and Support.
- **Working in partnership** – UNAIDS and the UN Office of the High Commissioner for Human Rights (OHCHR) jointly issued International Guidelines on HIV/AIDS and Human Rights in 2006. OHCHR, UNAIDS and UNDP have strengthened the HIV capacity of national human rights institutions and developed an HIV module for the UN Common Learning Package for a Human Rights-based Approach to Development Programming.
- **Linking to key campaigns and events** – UNAIDS used the opportunity of the 60th anniversary of the Universal Declaration on Human Rights in December 2007 to highlight HIV and human rights issues and linked campaigning to the OHCHR campaign Dignity and Justice for All of Us.

8.3 At regional level:

- **Pacific region** – Human rights is covered under the UNAIDS Secretariat 2008-2009 Pacific Office Work Plan. The Suva Office shares an office with OHCHR, which has helped to build synergies and technical capacity. It also has a strong and ongoing partnership with UNDP and the Regional Rights Resources Team (RRRT), helping countries review and revise laws and policies HIV based on good practice. UNAIDS works with legal and rights bodies across the Pacific and supports and provides training on HIV and rights. In 2006, there was a large joint project between RRRT, Pacific Commission, UNDP and UNAIDS, including a human rights compliance review, training and instruction on legal drafting on HIV laws in 14 countries, and a ministerial-level meeting. In 2007, a large regional conference in Auckland was held with participants from Ministries of Health and Justice and Attorney Generals' Departments. Such regional meetings allow sensitive issues to be raised that could not be discussed at the country level.
- **West and Central Africa region** – UNAIDS organised a regional workshop on human rights and gender in national HIV-related legal frameworks in April 2008; conducted an assessment of national HIV-related laws and is supporting countries to review these laws to ensure they better address the needs of key populations.

8.4 Some global informants, including civil society representatives and members of the UNAIDS Human Rights Reference Group, consider that cosponsors have a more limited understanding of HIV and human rights issues, have taken less action and are *"less willing to speak out on controversial issues"*. However, all cosponsors address human rights through their own mandates and mechanisms to some extent. For example, UNHCR work on protection of refugees and internally displaced people emphasises the rights to confidentiality, non-discrimination, access to HIV care and protection

from sexual violence, while ILO promotes human rights in employment and UNESCO the rights of children affected by HIV to education.

8.5 With respect to whether the joint programme has strengthened leadership, the International Task Team on HIV-related Travel Restrictions was cited by many global informants as an example of how the UN can make a significant difference when it works in unison. There is also evidence of collaboration between cosponsors on specific issues. WHO and UNDP are collaborating on MSM issues, with WHO focusing on strategic information, surveillance and M&E, health services and models of service delivery and UNDP on broader advocacy, human rights and legal issues. WHO and UNODC have jointly developed an Evidence for Action series on harm reduction issues. Whether this collaboration is attributable to UNAIDS or has resulted in stronger leadership is, however, difficult to judge.

8.6 Despite these efforts, UNAIDS has been criticised by some commentators for taking insufficient action to address the rights of key populations, failing to challenge the criminalisation of homosexuality, exclusion of sex workers and IDU from health services and failing to pay attention to the epidemic in MSM (Das and Samarasekera, 2008). The UNAIDS Leadership Transition Working Group highlights inadequate country level advocacy and support for marginalised and at-risk populations as a gap in the current response and recommends that UNAIDS *"take a firm stand to promote policy guidance that is evidence based and centres on human rights"*. Similarly, in its recommendations to the new Executive Director, the Human Rights Reference Group highlights the fact that national responses continue to fail to address controversial issues such as sex work, MSM, drug use, stigma and discrimination, marginalisation and criminalisation of populations at risk, and to meet the needs of these populations (UNAIDS, 2008v).

8.7 Interviews with global informants and during country visits confirm that UNAIDS could have provided stronger and more consistent leadership on human rights and key populations. Advocacy efforts at country level have tended to focus more for services for key populations than for their rights, although there are exceptions, for example, support for MSM groups in Burundi, Nigeria and Senegal. In West Africa, UNAIDS has advocated for access to condoms in prisons in Côte D'Ivoire and for access to HIV counselling and testing for sex workers in Togo. In Ukraine, UNAIDS has advocated robustly with government regarding provision of services to key populations. In Swaziland, the secretariat and UNFPA have started to engage with sexual minorities, establishing links with GLAHA, a gay and lesbian group working on HIV issues, but again the focus is on access to services rather than broader rights or representation.

8.8 To some extent this reflects the limitations of UN agencies, as inter-governmental bodies, in challenging governments, and the need for UNAIDS to be more strategic in fulfilling its role in assisting governments to meet their international commitments, including human rights commitments. However, lack of consensus across UNAIDS, as well as between senior management and technical staff within UN agencies, particularly on issues such as harm reduction and sex work, has also been an impediment to effective and coherent leadership. For example, until relatively recently, it has been difficult

for UNAIDS to take a common position on harm reduction, as the extent to which UNODC (the lead agency for work on IDU issues under the division of labour) has been able to address harm reduction and human rights with respect to IDU has been constrained by the stance of the US government, a major donor for the agency. UNODC is still perceived by many informants to be split between the 'war on drugs' and a more progressive, public health approach. Likewise, the process of developing a common position and UNAIDS' guidance on sex work has been lengthy and fraught, reflecting differences of perspective within the UNAIDS family as well as between member states with regard to the rights of sex workers. Concerns were expressed by a range of informants about failure to consult sex worker networks adequately during the process.

8.9 The division of labour, which assigns lead agency roles for different key populations to different cosponsors, has contributed to fragmentation and made it difficult to address multiple needs, for example of sex workers who use drugs or MSM who sell sex. Blurred mandates and differences in approach have resulted in duplication and, on occasion, competition. For example, the relationship between WHO and UNODC has been problematic, as WHO worked on harm reduction guidelines and tools prior to the GTT and the allocation of the lead agency role to UNODC, and there has been tension between these two agencies in Vietnam on harm reduction issues. There are reported to be differences in perspective between WHO, the UNAIDS Secretariat and UNODC with regard to provider initiated testing and counselling in prisons. While WHO and UNDP are collaborating on MSM issues, it is unclear what role the UNAIDS Secretariat, which previously led on MSM, now plays.

UNAIDS needs to strengthen its capacity to address HIV and human rights

8.10 The extent to which work on HIV and human rights has been constrained by inadequate financial and human resources is difficult to determine, since it is not clear that resource requirements have been systematically assessed. But, as one human rights informant stated, "*institutional support for human rights needs to be manifested in adequate resources"* to enable a strategic approach rather than *"fire fighting"*, a view shared by other global informants. The UBW 2008-2009 budget shows that the proportion allocated to these areas is relatively low (Table 12).

Table 12: UBW 2008-2009 budget allocation for human rights and key populations

Principal outcome	UBW core	Total
Strengthened human rights based and gender-responsive policies and approaches	$25.41 million (5.9%)	$58.73 million (6.6%)
Increased coverage of programmes for those engaging in IDU, MSM, sex work	$15.47 million (3.6%)	$51.62 million (5.8%)

8.11 UNDP reports that it has a full complement of HIV staff at headquarters and in the regions, but its capacity at country level is variable. In Ethiopia, UNDP has one full-time staff person covering human rights, gender and governance. In Vietnam, UNDP is perceived to be weak and interviewees

suggested that a reassessment of UNAIDS' financial and human resources at country level as well as the commitment of UNDP to this area of work is required. UNDP leadership and contribution to 'up-stream' human rights issues in India has been limited by capacity constraints and a focus on projects. In Iran and Kazakhstan, UNDP is reported to give little attention to human rights and HIV. UNDP noted that it had experienced a reduction in country staffing during the period covered by the evaluation but can draw on regional staff working on governance, human rights and legal issues. The UNAIDS Secretariat has increased staffing by one Junior Professional Officer and shifted a P4 fixed term post that was allocated to work on care to human rights and law but still has a small team in Geneva.

8.12 There have been considerable efforts to implement human rights training across the UN system, although this has not necessarily had a specific focus on HIV and human rights issues. Findings from country visits include:

- The UN in Indonesia is introducing human rights based approaches and a UN Human Rights Adviser based in the RCO organised joint team training on the application of a human rights-based approach.
- In Vietnam, most members of the joint team have attended training in rights-based approaches and further strengthening of right-based approaches is included in the 2009 joint team work plan.
- In Ethiopia, orientation on human rights was conducted for UN staff during UNDAF preparation, although the UCC reports that more needs to be done to address the knowledge and attitudes of UNAIDS staff towards key populations.
- In Kazakhstan, some UNAIDS staff remain unconvinced about the value of harm reduction in the response to HIV, arguing inappropriately for a greater focus on young people, and see harm reduction as an approach to prevent a generalised epidemic rather than one that recognises the right to health and human dignity of IDU.

8.13 The UNAIDS RST for WCA noted that "*as human rights-related issues and challenges are increasing in the region, there is a need for the reinforcement of UNAIDS' capacity on human rights*". UNAIDS recognises the need to build the capacity of joint teams and that this requires improved training and support to enable staff to deal with sensitive political and legal situations and contexts.

There is lack of clarity on the respective roles of the secretariat and UNDP

8.14 Although UNDP assumed the lead agency role for human rights under the division of labour in 2005, the UNAIDS Secretariat still maintains a human rights team. There is a good working relationship and agreement has been reached about which aspects of human rights each will focus on. In principle, this 'division of labour' has the secretariat supporting global and standards work and UNDP supporting country technical work with partners on human rights and law. The secretariat and UNDP jointly support the convening of the UNAIDS Human Rights Reference Group. Joint work is ongoing to develop practical guidance on integration of human rights in HIV programming, for example, legal services for key populations and PLHIV and legislation to address discrimination, to support countries to cost human rights

interventions in national responses, and to generate evidence on the impact of rights-based approaches.

8.15 However, some informants, especially those outside the UN system, remain unclear about the respective roles of UNDP and the UNAIDS Secretariat with regard to HIV and human rights. Views about where responsibility for global and country coordination should reside are mixed. Some informants questioned whether a cosponsor should lead on human rights, since this is a cross-cutting issue that is part of the core mandate of all UN agencies, and suggested that it would make more sense for the UNAIDS Secretariat to coordinate and catalyse action on cross-cutting issues.

8.16 The extent to which UNDP can provide leadership on human rights issues at country level is also a concern, given limited UNDP capacity in some countries and the role of the RC. In the view of many informants, the fundamental basis of the RC system is not to challenge governments – in practice UNDP tends to work behind the scenes through discreet interventions by the RC – and UNDP may therefore not be the appropriate lead agency on HIV and human rights. A recent UNDP Policy Update (referred to in UNDP's News Brief, Volume 1, January 2009, Human Rights for Development), which sets out the role of the RC in mainstreaming human rights states that the RC has no role with respect to human rights monitoring, investigation or case work and the UNCT cannot be called upon to report and monitor human rights violations. There is therefore a rationale for the secretariat to maintain a role in responding to specific human rights violations.

UNAIDS country work on HIV and human rights is inconsistent and unstrategic

8.17 Strong leadership at global level needs to be complemented by strong and consistent leadership at country level. However, country visits show that UNAIDS has provided critical support for human rights and key populations in some countries, but has taken limited action in others. In Fiji, for example, the secretariat is reported to have provided effective leadership on HIV and human rights issues. Similarly, in Papua New Guinea, cosponsors noted that the secretariat advocates for HIV and human rights issues through donor partner forums, workshops and seminars and has been able to raise issues with ministers and the Special Parliamentary Committee on HIV.

8.18 Limited action on human rights is often due to government sensitivities and the difficulties of addressing behaviours that are criminalised, for example, in Ethiopia and Swaziland, or reflects the challenging context within which UNAIDS operates, for example, in Haiti. In the latter, interviews suggest that little has changed since the UNAIDS 2007 country report, which highlighted major gaps in mainstreaming AIDS in justice and law.

8.19 In some countries, UNAIDS is perceived to be less active than previously. For example, in Kazakhstan, UNAIDS was seen as a leading advocate for harm reduction programmes for IDU and sex workers during the early stage of the epidemic, but respondents suggested that efforts have decreased in recent years. One commented that "*UNAIDS has turned from an active advocate into an observer*". UNAIDS' concerns about taking a more active role were not borne out by interviews with government respondents

who emphasised that they would appreciate it if UNAIDS had a stronger voice and could provide technical guidance on issues such as harm reduction in prisons, as the UN is seen as able to speak on such topics and its international experience is respected and valued. Likewise, in Swaziland, informants from NGOs working with key populations stated that UNAIDS could use its comparative advantage to raise controversial issues and sensitise government in a way that they cannot.

8.20 Experience in other countries demonstrates that progress is possible, through coordinated UN action, policy dialogue and advocacy that is sensitive to the country context and based on sound evidence, and strategic support to civil society. For example, in Iran, many issues related to universal human rights are consistent with the teachings of Islam, and approaching them in this way – as well as focusing on evidence – has enabled UNAIDS to do a good deal of practical work within the field of human rights, particularly relating to the provision of harm reduction services for IDU. Lessons from these experiences could inform a more strategic approach to advocacy and influencing across countries.

8.21 Of the 12 countries visited, with the exceptions of Vietnam (where UNAIDS has taken a common position in advocacy with the government) and Ukraine (where UNAIDS has worked together effectively on issues such as sex work, harm reduction and prisons and the joint programme of support includes coordinated support for a range of actions), the UN is not acting in concert or speaking with one voice on HIV and human rights. In some cases there are contradictory positions within UNAIDS. In Kazakhstan, for example, UNODC is strongly supportive of scaling up methadone provision, but some secretariat staff are perceived as being opposed to this. In India, the effectiveness of UN policy dialogue with the Government of India on sex work has been reduced by conflicting positions and advice. While UNODC, UNICEF and UNIFEM have supported amendments to the Immoral Trafficking and Prostitution Act that would criminalise clients of sex workers, the UNAIDS Secretariat and WHO have taken a different position.

8.22 In most of the 12 countries, initiatives are pursued separately by the secretariat and individual cosponsors. As a result, support tends to be *ad hoc*, short term and fragmented rather than strategic. There is also limited evidence of a joint team approach to ensure that key human rights issues and populations are addressed. In Ethiopia, where UNODC does not have a presence, there is no evidence of joint team discussion about how UNAIDS can work together to address issues affecting prisoners and IDU. Similarly, in Côte D'Ivoire, where again UNODC does not have a presence, prisoners have received little attention.

8.23 The lack of common HIV and human rights objectives for joint teams and joint programmes of support often means that leadership and action depends on individual commitment. The extent to which the RC and country heads of agency are willing to provide staff with political and moral support is also a critical factor. Participants at the evaluation stakeholder workshop noted that UNAIDS staff can come up against opposition from senior country colleagues and need the political acumen to address difficult issues at the same time as maintaining relationships with stakeholders inside and outside government, since "*becoming 'persona non grata' is not a success measure*".

Participants at the workshop also highlighted the need to use the new UNAIDS Outcome Framework, and CCO consensus and support for this, to "*pull the UN in one direction at country level*".

8.24 Another constraint to joint UN action is lack of data. UNGASS reports for 2008 present some data on progress and outcomes for key populations and efforts are ongoing to increase reporting on these issues. The ICASO review of community sector involvement in the 2008 UNGASS process highlighted lack of appropriate indicators and data collection related to key populations most relevant to the dynamics of the epidemic, especially on human rights and legal protection, as a fundamental barrier to monitoring progress with implementing global commitments. Similarly, the Global Fund evaluation notes that the potential coverage and effects of interventions for key populations are not quantified in a way that allows comparison of trends over time, and identifies the need for better, less piecemeal, data collection.

8.25 The picture concerning UNAIDS support to strengthen the evidence base is mixed, with evidence of important initiatives in some contexts and of little action in others. For example, UNAIDS-supported MOT studies have played an important role in addressing data gaps in some countries. In Haiti, UNAIDS has supported studies on sex work and HIV and human rights in prisons and, in Swaziland, it is anticipated that action research on sex work funded by UNAIDS will support advocacy with government and other stakeholders. The Iranian government appreciates the support received from UNAIDS to conduct studies among IDU and non-injecting drug users. These and other UN supported activities are considered to have been very influential in the dramatic progress Iran has made in harm reduction services. But in Ethiopia, UNAIDS has been less proactive in addressing gaps in the evidence base and there is almost no evidence about prisoners, MSM, sex workers or IDU. In addition, studies do not always appear to be coordinated – WHO Ethiopia is reported to be funding a study on most at risk populations, while the secretariat plans a mapping exercise of services for the same populations.

Evidence of UNAIDS action to reflect the priorities of and empower key populations and to support their meaningful participation is mixed

8.26 The need for stronger and more coherent UN support for action around key populations is demonstrated by the findings of UNAIDS Progress Update and Lessons Learnt from Aid Effectiveness in AIDS Responses (based on UNAIDS country office reports in 2007 from 87 countries). These showed that, while a high proportion of countries have plans to address populations most at risk from HIV, fewer than half have implemented prevention services for IDU, MSM or sex workers. And an evaluation of World Bank assistance for HIV and AIDS (World Bank, 2005) noted that "*failure to reach people with the highest-risk behaviours has reduced the efficiency and impact of assistance*".

8.27 Although UNAIDS has advocated for the inclusion of key populations in policy and programming, representation remains limited. There is a consensus that, at global level, MSM have a stronger voice than previously, but that there has been less progress in meaningful participation of sex workers and IDU. This to some extent reflects differences in social class,

education, ability to work in English and organisational capacity between some organisations of MSM and organisations of sex workers and IDU. Participation of organisations representing IDU is considered to be ahead of that on sex work, partly because of the recent increased focus on harm reduction programmes, although limited attention is paid by many of these programmes to rights or empowerment. However, some countries, such as Côte D'Ivoire, Ecuador and Thailand, have been ahead of global action and have taken active steps to increase involvement of sex workers.

8.28 The UNGASS process has played an important role in building bridges between representatives of government and of key populations. For example, in Indonesia, organisations of key populations are involved in monitoring the national response through participation in UNGASS shadow reporting. UNAIDS has also used the convening power of the UN to promote dialogue. But, in most of the 12 countries visited, networks and organisations of key populations are not consistently involved in policy, implementation or M&E as examples in Box 27 show.

Box 27: Involvement of key populations in policy, programmes and M&E

In **Ethiopia**, organisations of key populations are not involved in policy, implementation or M&E or represented in the NPF. Donor and UN agency informants concur that there are few organisations representing these populations and that these organisations do not have a voice. In **Swaziland**, MSM, sex workers, IDU and prisoners are inadequately reflected in the draft NSF. Groups working with or representing these populations are not involved in policy, implementation or M&E. The 2008 NSP Joint Review noted that the "*participation of … groups such as sex workers was … inadequate*". In **Vietnam**, UNAIDS has supported the involvement of MSM, who were involved in the UNGASS process, but has been less active in promoting the involvement of networks and organisations of sex workers and IDU, whose activities are illegal, in policy, implementation and M&E.

In contrast, in **Indonesia**, organisations of key populations are involved in planning and implementation of the national response. Likewise, in **India**, organisations of sex workers, IDU, MSM and transgender populations were extensively engaged in developing NACP III, although their involvement in implementation has been limited. In **Haiti**, UNAIDS supported the involvement of key populations in the development of the National Multisectoral Plan, but organisations of sex workers, drug users, MSM, refugees and networks of women living with HIV have been poorly represented in national AIDS reviews. In **Kazakhstan**, the interests of key populations are represented by NGOs that provide services to these groups and, apart from the Union of PLHIV, there are no organisations that directly represent their interests. Neither UNAIDS nor funding mechanisms support advocacy for rights or building the capacity of groups able to conduct such work.

8.29 UNAIDS 2008 report on the epidemic states that stronger financial and technical support is needed for capacity building of organisations and networks of those most at risk of HIV infection. This was confirmed by country visits, which indicate that UNAIDS' support for capacity building varies. While support in some countries and for some populations has been highly significant, in others and for other populations it has been quite limited.

8.30 In Indonesia, the secretariat has provided considerable support to MSM, transgender and ex-IDU groups – strengthening the capacity of networks and NGOs through support for training, participation in international conferences and links to international networks. Increased service coverage for these groups is attributed to effective prioritisation of their needs by

UNAIDS and bilateral donors. In Vietnam, the secretariat has been instrumental in raising awareness of MSM-related issues, acting as convenor of the MSM technical working group at a time when other agencies were unwilling or unable to take on the issue. Many respondents also singled out UNAIDS' advocacy as crucial to the introduction and expansion of methadone maintenance pilot programmes in Vietnam. In contrast, in Ethiopia, there is little evidence of UNAIDS support to build the capacity of key populations.

8.31 In Swaziland, UNFPA is supporting some activities relating to sex work, and, as noted earlier, together with the secretariat, has started to engage with GLAHA, but little has been done to empower sex workers or MSM or to support their participation. UNFPA has provided support for sex worker NGOs in a range of countries including India and, in Haiti, the secretariat provides financial and technical support to the main sex worker NGO FORSREF. But, overall, UNAIDS support to enable sex work networks to develop the capacity of their member organisations has been limited. Some sex work organisations feel that there is a lack of genuine commitment within UNAIDS to sex worker participation and that UNAIDS has not invested adequate funding to support sex work networks at regional or country levels.

8.32 Although there is scope to improve the representation and involvement of organisations of key populations at global and country level, respondents to the evaluation survey acknowledged the important role played by UNAIDS. Over 70 per cent of NGO network, FBO and PLHIV organisation respondents rated the contribution of UNAIDS to empowering key populations as moderate or strong. Similar responses were received to the question about UNAIDS' contribution to meaningful participation, where the majority of respondents in all categories rated UNAIDS as having made a moderate or strong contribution, including 68 per cent of PLHIV, 60 per cent of FBO and 63 per cent of NGO respondents.

There has been progress in efforts to tackle stigma and discrimination and strengthen legal frameworks

8.33 UNAIDS' leadership and support for action on stigma and discrimination is perceived to have been strong. All categories of respondents to the survey rated the contribution of UNAIDS to addressing stigma and discrimination as moderate or strong. Significantly, the contribution was most highly rated by PLHIV organisations, with 50 per cent rating it as strong and 36 per cent as moderate.

8.34 UNAIDS Secretariat has also supported the development of a range of guidance and tools including guidance on inclusion of anti-stigma and non-discrimination programmes in national AIDS responses and the PLHIV Stigma Index. The latter, developed by GNP+ and ICW, is being used by PLHIV groups to document stigma and discrimination in countries such as Bangladesh, China, Ethiopia, Fiji, Kenya, Nigeria, Pakistan, Thailand and Zambia. UNAIDS Secretariat and UNDP have provided support to improve the response to stigma and discrimination among religious leaders. Individual cosponsors support efforts to tackle stigma and discrimination through their

specific mandates, for example, the ILO Code of Practice emphasises eliminating HIV-related stigma and discrimination in employment.

8.35 The challenge is to catalyse country action. In 2006, UNAIDS-facilitated consultations with governments and civil society organisations in 122 countries consistently identified stigma and discrimination as one of the top five barriers to achieving Universal Access and recommended action including legal measures, PLHIV involvement, treatment scale up and empowerment of populations most at risk. 2008 UNGASS reporting shows that, while 98 per cent of countries report that stigma and discrimination is addressed by their national HIV strategy, only 33 per cent use performance indicators or benchmarks for reduction of HIV-related stigma and discrimination. Latin America and the Caribbean is the only region where more than 60 per cent of countries have introduced mechanisms to report and address cases of discrimination. Of the 12 countries visited only Peru has introduced such as system.

8.36 Efforts to address stigma and discrimination have clearly been more consistent and effective in some countries than others, as the examples in Box 28 show. Some informants suggested that efforts need to be stepped up and that UNAIDS' 'campaign' approach needs to be complemented by practical action on stigma and discrimination linked to clear and achievable objectives, as set out in the guidance for national AIDS responses.

Box 28: UNAIDS support to tackle stigma and discrimination

In **Vietnam** UNAIDS has developed a draft advocacy strategy, which includes a focus on stigma and discrimination, and is mapping legal aid services for PLHIV following guidance provided by the secretariat in Geneva and with the support of the RST in Bangkok.

In **Iran**, UNAIDS as a joint programme has done a great deal to tackle stigma and discrimination, for example, through engagement with religious leaders.

In **Kazakhstan**, the wider policy environment is characterised by stigma, discrimination and rights violations for drug users. IDU and service providers report multiple and routine human rights violations, particularly by the police. As a result, drug users often spend time in prison, where clean needles and substitution treatment are not provided, violating the basic right to health. Prisoners and sex workers are reported to be tested for HIV without their consent and confidentiality is not respected. MSM, lesbians and transgender communities are highly stigmatised and cases of police harassment are not uncommon.

The NSP 2008 Joint Review noted that "*stigma is still persistent and prevalent in communities"* in **Swaziland** and the National Strategy on Stigma Reduction, developed with secretariat, UNDP and WHO support, is still in draft form. UNAIDS has supported efforts to address stigma and discrimination, for example, working with the Church Forum on the project Elimination of Stigma and Discrimination in Churches; an evaluation revealed that HIV is slowly changing from being 'taboo' in the church and the project has paved the way for more open discussion.

Almost all key informants report that stigma and discrimination towards PLHIV in **Ethiopia** has reduced, but remains significant. The HAPCO (NAC) Integrated Supportive Supervision 2nd Round Report (June 2008) notes that "*stigma and discrimination continue to limit access to treatment, care and support and that in many regions PLHIV feel compelled to hide their status"*. The report's finding that more affluent PLHIV conceal their status was reinforced by key informants. The secretariat and NEP+ are discussing application of the stigma index as little has been done to assess human rights and stigma, with the exception of qualitative studies by UNDP

Box 28: UNAIDS support to tackle stigma and discrimination

and a survey conducted by EIFDDA, which found that most religious leaders associate HIV with sin and high levels of HIV-related stigma and discrimination.

Although the secretariat has been instrumental in helping PLHIV to achieve more prominence in **Haiti**, UNAIDS has taken limited action on stigma and discrimination. In **Peru** and **Ukraine**, stigma and discrimination are still a significant problem, despite supportive legal frameworks.

8.37 To strengthen legal frameworks, support has been provided at global level for the Inter-Parliamentary Union and at regional and country levels for a range of initiatives. UNAIDS has worked with parliamentarians, supported the review and development of laws and made efforts to work with justice and interior ministries and human rights groups to improve HIV-related laws and law enforcement. Examples of initiatives include:

- Publication of a handbook for parliamentarians, a guidance note on addressing HIV-related law at national level and a CD-Rom of resources on HIV, human rights and the law.
- Collaboration in West and Central Africa between cosponsors and organisations of parliamentarians on HIV and human rights, in work with the Forum of African and Arab Parliamentarians on Population and Development and the Assembly of Francophone Parliamentarians. In addition, UNAIDS has supported review of national HIV laws, helping to improve the law in Togo, Liberia, Sierra Leone, the Gambia and Senegal.
- In the Middle East and North Africa, UNDP, UNHCR and ILO worked with the League of Arab States to develop and enhance implementation of HIV laws and policies through a series of workshops in 2006-2007.
- UNDP in particular has supported action to establish an enabling legal environment. Regional and national coalitions on law, rights and ethics supported by UNDP prior to 2002, such as the Lawyers Collective in India and Canadian Legal Network, have continued to play an important role in promoting legal rights and challenging bad laws.

8.38 Feedback to the UNAIDS 2007 UCC survey from 72 countries indicated that 68 per cent of countries had legislation to protect PLHIV from discrimination, but less than 20 per cent had legislation to protect people who use drugs, sex workers or people who identify as gay, lesbian, bisexual or transgender from discrimination. While most country plans included campaigns against stigma and discrimination (88 per cent), a relatively low proportion included training for judges or lawyers on HIV-related law and human rights (42 per cent) and legal aid services or programmes for PLHIV and those vulnerable to infection (47 per cent). Overall, 58 per cent of countries had laws, regulations or policies that present obstacles to HIV services for key populations but there was significant regional variation, ranging from 100 per cent of countries in the Middle East and North Africa and 82 per cent in Asia-Pacific to 43 per cent in East and Southern Africa and only 27 per cent in West and Central Africa.

8.39 Evidence from 2008 UNGASS reporting also suggests that, while there has been improvement, there is still more to be done to strengthen legal frameworks. Although 67 per cent of the 147 reporting countries reported the

existence of laws protecting PLHIV from discrimination, only 47 per cent reported support for legal services to help PLHIV use these laws to enforce their rights. Significantly, 63 per cent of countries reported having laws, regulations or policies that impede access to prevention, treatment, care and support among key populations. Only 26 per cent reported having laws that protect MSM, 21 per cent anti-discrimination laws for sex workers and 16 per cent laws that protect IDU from discrimination. Country visits confirm that the existence of protective legal frameworks is patchy (see Box 29).

Box 29: Legal frameworks are in place in some countries but not in others

Policy commitment to PLHIV legal and human rights in **Ethiopia** has not yet been translated into action, although draft legislation is with the Ministry of Justice. Ethiopia has established a Human Rights Commission and Ombudsman's Office and the UNDAF refers to UN support for these. The Human Rights Commission and Ministry of Women's and Children's Affairs are developing mechanisms to identify and address discrimination cases requiring legal support, but "*there are no benchmarks to monitor compliance with human rights standards in the context of HIV*".

In **Kazakhstan**, UNAIDS facilitated a review of legislation on HIV, including issues related to human rights. In 2009, the joint work plan envisages that a similar review will be repeated by UNODC, of legislation related to HIV prevention among IDU and prisoners.

In **India** there is no legal framework to protect the rights of PLHIV. An HIV Law is being drafted by the Lawyers Collective in consultation with UNAIDS and PLHIV groups. In **Haiti** there are no laws, regulations or policies specifically protecting PLHIV against discrimination. A report commissioned by UNDP in 2006 on rights and HIV catalysed UNAIDS' action, but informants expressed disappointment with lack of continuity of initiatives, which mainly rely on PAF funding.

In **Swaziland** there is, as yet, no policy or legislation to protect the rights of sex workers or MSM or in support of harm reduction for IDU or HIV prevention in prison settings. There is legislation to protect PLHIV from discrimination but most PLHIV are unaware of it and the law is not enforced.

In **Côte D'Ivoire**, a draft bill to protect PLHIV from discrimination has been submitted to parliament. UNAIDS provided an advisor to help the Justice Ministry to develop the legislation. UNAIDS lobbied for legislation to protect the rights of PLHIV in **DRC**, supporting parliamentarians and the national PLHIV network to draft the law, which was passed in July 2008.

In **Ukraine**, a legal framework is in place to protect the rights of PLHIV and vulnerable groups including the Law on Prevention and Control of AIDS (which is currently being revised) and decriminalisation of sex work and sex between men. UNAIDS is providing guidance to the government, taking a common position on proposed revisions to the Law.

8.40 UNAIDS has been criticised for not doing enough to challenge the introduction of poor legislation, for example, criminalisation of transmission. This is reflected in the evaluation survey response, which rated UNAIDS' contribution to action on legal frameworks to protect the rights of vulnerable populations less highly than its contribution to reducing stigma and discrimination. Although most respondents agree that UNAIDS has made either a moderate or a strong contribution, a substantial proportion of NGO networks (42 per cent), bilateral donors (41 per cent), national governments (35 per cent) and PLHIV organisations (32 per cent) thought UNAIDS had had little visible role in this area.

8.41 In countries that have developed supportive legal frameworks, implementation is often a challenge. In Vietnam, UNAIDS worked with the

government to promote law reform, providing inputs together with civil society to the 2005 Law on the Prevention and Control of HIV/AIDS, but implementation of the law is weak. In DRC, the law on discrimination, enacted in July 2008, is yet to be applied. Similarly, in Ukraine, enforcement of legislation is weak.

8.42 UNAIDS recognises the need to increase the focus on enforcement of legislation, although some steps have been taken to support this. UNAIDS has encouraged civil society to use existing laws. In 2006, together with the Canadian HIV/AIDS Legal Network, the secretariat published a collection of court cases highlighting how litigation has been used by advocates to advance the AIDS response. The secretariat has also mapped programmes that aim to increase access to justice in national responses in 56 countries to assess whether these are fully planned and budgeted, and developed draft guidance on legal services programming with the International Development Law Organisation. The secretariat and UNDP supported the development of AIDSLEX, a network and resource for HIV legal practitioners, and are promoting the inclusion of legal aid and other access to justice services in Global Fund proposals. Country visits also illustrate action in this area. In Swaziland, the secretariat, UNDP, UNICEF and UNFPA have funded NGO work on legal rights. In Peru, the secretariat, UNFPA and UNDP supported the Ombudsperson's Office to develop a National Plan which allows individuals who are discriminated against by civil service institutions to present their case and to receive legal assistance; this resulted in a doubling of complaints filed by PLHIV, MSM and sex workers between 2006 and 2007. .

Gender dimensions of the epidemic

Summary of findings on gender

- UNAIDS global leadership on gender dimensions of the epidemic has been weak
- Progress in developing UNAIDS policy and programming guidance has been slow
- UN mainstreaming of, and capacity in, HIV and gender need to be strengthened
- The respective roles of UNDP, UNIFEM, UNAIDS Secretariat and the GCWA are unclear
- Engagement with organisations working on gender has been limited
- UNAIDS support to countries to address gender dimensions of the epidemic is not strategic
- Work on gender norms and sexual minorities has received inadequate attention until relatively recently

UNAIDS global leadership on gender has been weak

8.43 In general, global informants were agreed that UNAIDS has failed to provide strong leadership on gender and HIV during the period covered by the

evaluation. Although the UNAIDS Secretariat, and the former Executive Director in particular, has been a strong champion for increased attention to women and girls in the response to the epidemic, *"there has been a lot of rhetoric, but this has not been matched by action at country level"* in the words of one cosponsor respondent. In 2005, Stephen Lewis, the UN Special Envoy for HIV/AIDS in Africa, expressed frustration at the slow pace, bureaucratic inefficiencies and lack of recognition of gender issues across the UN system. The IATT on Gender and HIV/AIDS, which produced some initial guidance was not effective and was described by secretariat and cosponsor informants as having 'died'.

8.44 The extent to which UNAIDS can or has been able to influence those outside the UN system is debatable. A review of the gender policies of the Global Fund, PEPFAR and the World Bank (Fleischman, 2008) found that all three have taken steps to promote gender sensitive responses. But Fleischman notes that the Global Fund's enhanced focus on gender is the result of *"pressure from donors and civil society"* rather than from UNAIDS.

8.45 Gender is also a contentious area where it has been difficult to achieve consensus among the wide range of stakeholders with an interest in the issue – views are not always consistent across UNAIDS or even within cosponsors – and where there are no commonly agreed definitions. Progress has been hindered by strategic differences, for example, about whether gender and HIV work should focus on women and girls or on gender dynamics between women and men, and lack of consensus about how broadly to define gender and HIV work. The concept of 'feminisation' has also been controversial, and UNAIDS' use of this term has been challenged by epidemiologists, who consider it inappropriate in concentrated epidemics. However, UNAIDS' move away from use of the term has been challenged by others, who view this as a sign of reduced commitment to women and girls.

8.46 Concerns were expressed by some informants that the decision to concentrate on women and girls and on sexual minorities – in response to direction from the PCB – will result in continued failure to address gender dynamics, gender inequalities and gender norms that increase the risk of HIV. This was confirmed by the evaluation survey, where all categories of respondents considered that UNAIDS has mostly made only a moderate contribution to addressing gender inequity (51 per cent of secretariat, 58 per cent of cosponsor, 59 per cent of national government, 44 per cent of NGO network and 69 per cent of bilateral donor respondents).

8.47 Global informants outside the UN system also highlighted lack of coherent UNAIDS leadership on gender-based violence and HIV. Cosponsors are supporting related activities – UNFPA recently commissioned a review; WHO has been working on aspects of gender-based violence, for example, sexual violence in conflict settings and violence towards female sex workers; UNDP and WHO are collaborating on work on gender-based violence; and UNHCR has developed gender-based violence guidelines – but these activities do not appear to be part of an overall UNAIDS strategy.

Progress in developing UNAIDS policy and programming guidance has been slow

8.48 Attempts to develop global guidance made little progress until early 2009. Progress has been hindered, in the opinion of some cosponsors, by the lack of clear direction provided by the PCB, but in the opinion of others, by UNAIDS' inability to take this issue forward. UNDP took on the role of lead agency on gender and HIV under the division of labour in 2005, but acknowledges that there was limited progress until recently when a team of staff was recruited. Global informants noted that, since this team has been in place, UNDP has established a consultation process – for example, an inter-agency meeting on women, girls, gender equality and HIV was held in early February 2009 – and started to move the agenda forward.

8.49 In 2006, the PCB requested UNAIDS to start work on draft gender guidance and to conduct a gender assessment of a sample of national AIDS plans. UNAIDS reported to the 20th PCB in June 2007 on action taken in response to these requests, including the findings of gender assessments of national responses in Cambodia, Honduras and Ukraine and a review of progress in implementing the recommendations of the Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa. The draft guidance took almost two years to develop, but was not accepted by the 22nd PCB meeting in April 2008, which requested UNDP to lead the development of separate guidance on women and girls and on sexual minorities.

8.50 Following the 22nd PCB, UNDP established an expert group and an interagency coordination group (with representation from UNDP, UNESCO, UNFPA, UNIFEM, WHO and UNAIDS Secretariat) to take forward action on women and girls including:

- Mapping existing gender guidelines and tools and global and regional secretariat, cosponsor and UNIFEM activities relating to women, girls and HIV. This exercise showed that the secretariat and cosponsors are engaged in a wide range of activities, but also demonstrated the need for better coordination, to avoid duplication and provide countries with clear guidance, as well as the need to assess the impact of these activities. As the mapping identified a significant amount of existing guidance on women, girls and HIV produced by UN agencies, the expert group will produce (i) an annotated compendium of tools and resources and (ii) step-by-step guidance for decision makers and programme managers on gender and HIV programming. The latter should help to address widespread frustration about the lack of practical guidance for countries to translate gender principles into practice. It will also be of use to UN staff, since country visits found that many UNAIDS staff do not use available global guidance and tools. The 2006 UCC survey also indicated that gender guidance was not widely disseminated or used and was not found to be relevant in many country contexts.
- Strengthening technical support. The need for a coordinated approach to technical support provision on gender and HIV and to strengthen the capacity of technical support providers was identified at a meeting convened by UNAIDS in 2008 to discuss future technical support for gender and sexual and reproductive health within Global Fund proposals.

The expert group convened by UNDP has issued a Request for Proposals to build the technical capacity of regional technical support mechanisms on gender, women and girls, and HIV. ASAP is providing support to integrate gender into strategic and action planning through peer reviews.

- Developing an action framework on women and girls in consultation with cosponsor, secretariat and UNIFEM gender and HIV staff and with PCB member states, PCB NGOs and other civil society organisations.

UN mainstreaming of, and capacity in, gender and HIV needs to be strengthened

8.51 Gender, like human rights, is an issue that cuts across all cosponsors and that should be mainstreamed into their HIV work. UNDP recognises that all cosponsors address gender within their mandates and sees its role as convening and coordinating UNAIDS action, ensuring that the UN speaks as one and uses its comparative advantage to encourage and support country action. Several cosponsors highlighted the need for clear agreement on what UNAIDS aims to achieve and the respective roles of cosponsors in gender and HIV work. They also stressed the importance of ensuring that the division of labour and lead agency arrangement is not used as a reason for other agencies not to work on gender or human rights.

8.52 Cosponsor gender staff noted that it is sometimes a struggle to get the issue addressed more widely within their agencies, highlighting resistance to undertaking genuinely transformative gender work and dealing with sexuality. While gender is reported to be mainstreamed in WFP and UNHCR programmes, WHO acknowledges that mainstreaming gender has been a challenge, although it has implemented a range of activities. These include a consultation and a review of evidence for links between gender and HIV in 2003, which resulted in development of a practical tool in collaboration with ICRW. An evaluation of gender mainstreaming in UNDP in 2005 found that "*gender mainstreaming has not been visible and explicit" and that "gender focal points have no clear job description, are often junior level staff and have other responsibilities"*. The evaluation *"did not find an explicit gender mainstreaming strategy for the HIV/AIDS practice area"* although it did find some excellent programmes. It also noted that the strength of programmes directed from headquarters did not seem to be matched by work at country level. The World Bank suffers from an institutional separation of gender and HIV, although recent attempts have been made to improve links. For example, priority has been given to gender in the Africa region HIV/AIDS Strategy for Action 2007-2011 (Fleischman, 2008).

8.53 UNAIDS' capacity to address gender and HIV is limited at global level. The UNAIDS Secretariat has three staff working on gender including with the Global Coalition on Women and AIDS (GCWA). UNFPA and World Bank each have two staff who, while not fully dedicated to gender and HIV, are largely focused on this issue. WHO has one staff person in the Gender and Women's Health team working on HIV and a focal point in the HIV team. Other cosponsors – UNESCO, UNICEF, UNHCR, ILO, UNODC and WFP – each have a focal point covering gender and HIV issues but no staff for whom this is a primary responsibility.

8.54 UNDP has taken steps to increase its staff capacity. At the time that UNDP assumed the lead role on gender, the organisation decided to support a full-time post in UNIFEM and to strengthen its overall gender technical capacity, establishing a Gender Group at headquarters and gender advisors in regional offices. In 2007, UNDP identified the need to recruit gender expertise to the HIV Group and appointed a full-time Senior Policy Advisor and a full-time Policy Analyst to work on gender and HIV at headquarters, as well as full-time dedicated posts on gender and HIV in the Asia-Pacific and Eastern-Southern Africa regional offices. UNDP therefore now has four full-time staff exclusively focused on gender and HIV at central and regional level. More recently, UNDP has created a further two posts focused on MSM and sexual diversity, at headquarters and the Asia-Pacific regional office. Gender has also been incorporated into the responsibilities of the Cluster Leader on Human Rights, Gender and Sexual Diversity and the Cluster Leader on Universal Access and MDGs. However, resource limitations prevent UNDP from expanding the number of regional advisors working on MSM and sexual diversity issues. Country staffing varies considerably and, in many of the countries visited, UNAIDS and UNDP rely on gender consultants provided by the TSFs to provide technical support to national counterparts.

8.55 At country level, efforts have been made to strengthen UN capacity in gender, but there is less evidence of action to improve capacity in gender and HIV. Although no formal assessment of gender and HIV expertise has been conducted, secretariat and cosponsor headquarters and regional staff agree that there is a need to strengthen the understanding and capacity of joint teams, which this evaluation found to be variable at country level:

- In Indonesia, the UCC is a gender specialist and cosponsors such as UNFPA have gender advisors. In May 2008, the joint team participated in training on human rights, gender and GIPA. However, the UN Theme Group on gender, chaired by UNFPA, has not been functioning well and is not supported by adequate gender expertise at country level.
- In Côte D'Ivoire, the World Bank and UNFPA have gender expertise; UNIFEM is also present. In June 2007, UNAIDS, UNDP and UNIFEM regional offices organised training on mainstreaming HIV and gender.
- In DRC, UNIFEM, UNFPA, UNICEF, UNHCR and the gender section of the UN Mission in DRC have technical capacity in this area and receive support from the RST. But, with the exception of UNIFEM, these capabilities have not been deployed in work related to HIV. UNAIDS staff have participated in training on planning gender programmes and a regional workshop on gender and sexual violence organised by UNIFEM and UNAIDS.
- In Kazakhstan, UNAIDS has limited capacity in gender and HIV, staff were unaware of global guidance available and had not received any specific training on the topic.
- In Iran, UNODC, UNFPA and UNICEF were considered to have some capacity for gender analysis. No specific training was reported, apart from general training on gender by UNFPA, which was described by some as "*superficial*", and UNAIDS staff appear to equate gender with women's issues.

- In India, cosponsors agree that more could be done to improve technical capacity in gender, although support has been provided by the RST regional gender advisor.
- In Haiti, efforts have been made across the UN to strengthen staff knowledge and understanding of gender, but there is no evidence of specific training on gender and HIV. UNIFEM leads the UN Gender Working Group, which includes UNDP, UNFPA, UNAIDS Secretariat, IOM, WFP, UNICEF and PAHO, but information describing the activities of the Working Group does not refer to gender and HIV.
- In the Pacific region, cosponsors including UNFPA, UNIFEM and UNDP have capacity to work on gender issues, but scope to provide assistance is limited by lack of human resources, and informants in Papua New Guinea highlighted lack of gender expertise as an issue.
- In Vietnam, gender focal points receive support from agency headquarters and regional offices and the RST. Gender issues have been taken into account in many projects where UNAIDS provides technical support and a gender-based approach is clearly articulated in the GIPA strategy. But internal capacity for gender analysis is limited and training in 2008 will be followed up by further training in 2009 for heads of agency and the joint team.
- In Ethiopia, UNFPA leads the UN Gender Working Group. Documents provided by UNFPA indicate considerable activity in 2006 and 2007, but not since. An independent assessment of UN human and financial resources allocated to gender in 2006 found that most agencies did not have specific staff or a clear strategy to mainstream gender in programmes and had limited skills for gender mainstreaming. A plan was developed to strengthen gender capacity and training on gender and gender mainstreaming was conducted in 2007. UNDP has inadequate capacity to fulfil its lead agency role and plans to appoint a gender focal person, although this person will also be responsible for work with civil society and on the MDGs. One of the four staff in the secretariat partnerships team has specific gender responsibilities. UNFPA has three staff working on HIV, but these focus on regional programmes, the joint team and a NORAD-funded joint programme with UNICEF.

8.56 These findings are reinforced by responses to the evaluation survey, which suggest that UNAIDS has had limited effectiveness in developing internal capacity on gender and HIV. Only 16 per cent of respondents rated UNAIDS as very effective and 45 per cent as fairly effective in this area. A significant proportion of respondents, including a third of those from within the UN, rated efforts to develop UNAIDS gender capacity as ineffective.

8.57 The secretariat conducted an internal mapping of gender and HIV activities in May 2008. Thirty-six of the 47 UNAIDS Secretariat country offices that responded indicated that they did not have adequate capacity to assist governments and other national partners on gender in the national response, and five of the seven RSTs responded likewise. Most cited financial resources (81 per cent), skills and additional capacity (79 per cent), and tools and guidelines (72 per cent) as requirements to enhance work on gender and HIV. The review of progress in implementing the recommendations of the

Secretary-General's Task Force also identified weaknesses in UN staff capacity to address gender and HIV. Similarly, Global Fund efforts to ensure that gender is integrated in proposals have highlighted the need for capacity building on gender and HIV for the UN, NACs, CCMs and civil society.

8.58 UNAIDS is taking steps to strengthen capacity. The RST for West and Central Africa has had a regional gender advisor since May 2006 to support country work, works with UNIFEM and UNDP regional offices to build capacity for gender mainstreaming into national HIV policies and programmes and uses PAF funds to support mainstreaming. Regional training has been held for secretariat, UNDP, UNFPA and UNICEF staff, government officials and civil society organisations in Southern Africa, as part of a joint initiative supported by UNDP and the World Bank to build a cadre of regional and country gender, human rights and HIV experts. UNAIDS, UNIFEM, UNDP and the World Bank also convened a regional meeting of government and UN gender focal points to ensure a common understanding of the epidemic in East and Southern Africa. In the Asia-Pacific region, the RST has established a regional gender network and provides training to country office focal points in partnership with UNIFEM, external partners and the GCWA.

The respective roles of UNDP, UNIFEM, UNAIDS Secretariat and the GCWA are unclear

8.59 The respective roles of UNDP and the UNAIDS Secretariat are unclear, especially to those outside the UN system, and global informants expressed concerns about parallel structures and potential for duplication of activities.

8.60 The role of UNIFEM also needs to be reviewed, in particular its relationship with UNAIDS and respective responsibilities vis-à-vis UNDP. UNIFEM has an 'autonomous association' with UNDP. It has a joint gender and HIV work plan with UNDP, receives US$350,000 from UNDP UBW funding for small-scale initiatives, and has established the gender and HIV evaluation portal. The evaluation of gender mainstreaming in UNDP states that UNIFEM's role is to be an "*advocate, watchdog and innovator"* but this is not what happens in practice, and highlights competition between UNDP and UNIFEM for limited resources. It also suggests that the perception that UNIFEM could deliver mainstreaming for UNDP may have undermined the gender unit in UNDP. A number of informants noted that UNIFEM has been hindered by the fact that it is not a cosponsor.

8.61 The GCWA, established in 2004, brings together UN agencies and civil society. Action to date has focused on global advocacy, evidence and policy development, and country support. The GCWA has produced a range of documents including *An Agenda for Action on Women and AIDS* and, together with UNFPA and IPPF, Report Cards on HIV Prevention for Girls and Young Women. GCWA has also funded research, for example by Help Age International and the Social Science Research Council research on older women caregivers and ICRW on women's property rights, and supported the establishment of country coalitions and leadership training for women.

8.62 However, views are mixed about the effectiveness of the Coalition, there are concerns about duplication with the UNAIDS Secretariat and UNDP,

and some informants questioned whether there is a need for the GCWA. Until very recently, UNDP has not been involved with the GCWA. Informants raised questions about the GCWA's relationship with the secretariat, which hosts and funds the Coalition, in particular the implications of this for GCWA's scope to challenge the UN. In May 2008, the GCWA convenors meeting agreed to review the GCWA structure, increase developing country representation and focus on global advocacy. This is seen as a step in the right direction, but it is too early to tell whether it will increase effectiveness.

Engagement with organisations working on gender has been limited

8.63 Respondents to the evaluation survey, especially bilateral donors and international funds and programmes, gave UNAIDS a relatively poor rating with regard to establishing global and country partnerships with gender-focused organisations, and a significant proportion of respondents in all categories – ranging from 25 per cent of secretariat respondents to 54 per cent of bilateral donor respondents – rating UNAIDS as not very effective.

8.64 While cosponsors such as UNFPA have their own networks of global partners, for example, organisations working on sexual and reproductive health, many informants suggested that the UNAIDS Secretariat and cosponsors have not reached out effectively to organisations working on gender. In particular, concerns were raised that women's organisations were not involved in consultations on the action framework and that women's organisations are not involved in UNGASS reporting processes in many countries. UNDP agrees that it could work more systematically with women's organisations, although the large number of organisations is a challenge, and sees UNIFEM as a potential bridge.

8.65 Efforts have been made at regional level. In West and Central Africa, for example, UNAIDS has mapped regional organisations working on gender and HIV and provided technical and financial support to regional and national women's organisations, such as SWAA, for programme implementation and participation in international and regional meetings.

8.66 In all 12 countries visited, apart from Indonesia, UNAIDS' engagement with ministries responsible for women and/or gender is confined to bilateral relationships with UNFPA. Engagement at country level has mostly been with networks of positive women or sex workers, although there are exceptions. In Indonesia, UNIFEM and UNFPA are engaged with a national organisation working on women's rights and Islam, in Kazakhstan, UNIFEM and UNFPA work with the Kazakhstan Association on Sexual and Reproductive Health and, in Vietnam, UNAIDS works with the Vietnam Women's Union. In Swaziland, cosponsors support women's groups working on gender-based violence and women's legal rights, but these groups noted that support is *ad hoc* and that more impact could be achieved if UNAIDS jointly supported a coherent programme of work rather than specific projects. Other organisations appear to have been more active than UNAIDS in supporting gender and women's organisations to access Global Fund grants. For example, the Open Society Institute (OSI) Southern Africa Foundation launched an initiative to provide financial and technical assistance for women's rights organisations to participate in country proposal development processes for Rounds 7 and 8.

UNAIDS support to countries to address the gender dimensions of the epidemic is not strategic

8.67 There was little evidence in the 12 countries that UNAIDS has taken a consistent approach to analysis of the gender dimensions of the epidemic or support for related policy development and implementation. In Ethiopia and Kazakhstan, for example, UNAIDS has done relatively little to support gender analysis of the epidemic. In Côte D'Ivoire, informants reported that socio-cultural factors influencing gender and HIV and the vulnerability of women are not properly considered. In contrast, in Ukraine, UNAIDS provided technical support for a Gender Assessment of HIV and convened stakeholder consultations in 2007 to make recommendations for an external evaluation and the new national AIDS programme.

8.68 Overall, respondents to the evaluation survey rated UNAIDS effectiveness in supporting countries to conduct gender analysis and address gender in HIV policy, plans and programming as relatively poor. There were differences between categories of respondent, with the most significant divergence of views between bilateral donors, with 62 per cent of respondents rating UNAIDS as not very effective, and national government staff, with 46 per cent rating UNAIDS as fairly effective and 19 per cent as very effective.

8.69 Support has been provided at regional level. For example:

- UNDP is working with UNIFEM and the secretariat to research and address links between HIV vulnerability and lack of property and inheritance rights in South Asia.
- The RST for West and Central Africa is working with cosponsors and the OSI to support integration of gender and human rights in HIV laws, organised a regional workshop on gender mainstreaming in PRSPs in 2008, provided technical and financial support for the development of the ECOWAS three-year strategic plan on gender and HIV in 2007, and has supported situational analyses on women, girls and HIV in countries such as Mali and Burkina Faso.
- The RST for East and Southern Africa has provided considerable support for analytical work on HIV and gender including a meeting to consider the vulnerability of young women and girls in the region held in South Africa in June 2008 and a range of related background papers published as a special supplement to *AIDS* (Buve and Newell, 2008). The issue of HIV vulnerability and young women and girls in Southern Africa has been linked with MOT work and 11 of 20 countries in the region are reported to be in the process of revising their national strategic plans and prevention strategies as a result of these UNAIDS-led initiatives. This work also informed a meeting convened by UNAIDS, World Bank and Harvard University in Botswana in January 2009 to review provisional guidelines on sexual networks and concurrency.
- In the Pacific region, UNAIDS has supported gender and HIV research and provided training on drafting legislation on gender-based violence, women's inheritance and property rights.

8.70 Responses to the internal mapping exercise in May 2008, from 47 UNAIDS Secretariat country offices and seven RSTs, showed that the proportion of country office work plans that included gender and HIV

increased from 87 per cent in 2007 to 98 per cent in 2008 and that all RST work plans included gender issues. The secretariat and cosponsors have provided considerable support for activities related to gender and HIV at country level, including strengthening the evidence base, supporting gender mainstreaming in national HIV and AIDS strategies and plans and in Global Fund proposals, and funding for projects. Country visits identified many examples of support but also found that gender and HIV activities are mostly implemented individually by the secretariat and cosponsors, rather than as part of a joint team approach, and are, therefore, fragmented and uncoordinated (see Box 30).

Box 30: Support on gender and HIV is fragmented

In **Indonesia**, the secretariat, UNFPA, UNDP and UNESCO supported development of the National Strategy on HIV and AIDS Control for Women 2007-2010. The secretariat also supported a gender review of the Global Fund Round 8 proposal, which led to inclusion of training on human rights and gender for all provinces in the work plan, and will do the same for Round 9. However, there is no strategic UNAIDS approach.

The UNAIDS Secretariat, UNDP, World Bank paper on mainstreaming HIV and gender into development plans and programmes has been used to develop national and regional HIV and AIDS operational plans in **Côte D'Ivoire**. In **Swaziland**, UNAIDS has provided support to strengthen gender mainstreaming in the NSF.

In **India**, UNIFEM and UNDP supported the development of a draft national gender policy, but NACO has been reluctant to integrate gender into NACP III. Further progress has been hindered by differences among UN agencies, ministries and civil society; UNAIDS is supporting NACO to address this through a gender focal person and is working with the joint team to try to develop a common UN position on gender issues. Other activities include secretariat support for a spousal-transmission report, UNIFEM, UNDP and secretariat mapping of successful interventions to inform policy and programmes, and UNICEF training tools to ensure gender sensitivity in adolescent health programmes.

In **DRC**, HIV and gender work, led by UNAIDS Secretariat, UNFPA and UNIFEM, has mainly focused on integration into wider UN activities to address gender-based violence.

In **Ukraine,** according to national partners, cosponsor work on HIV and gender is conducted in parallel, rather than in an integrated manner, and there is no overarching UNAIDS position or strategy. In **Haiti**, there is no joint team approach to gender and HIV analysis or policy development. UNAIDS has only recently started to consider gender issues, following a study commissioned by UNDP in 2006 on integration of gender equity in HIV programmes. In **Peru**, there is also no joint team approach, and civil society organisations report that other development partners such as USAID have been more engaged on gender issues. In **Vietnam**, there is no joint team approach to gender and HIV. UNIFEM is working on gender mainstreaming and UNFPA on linking gender and adolescent sexual and reproductive health.

In **Kazakhstan**, gender is not yet seen as an important dimension of the response to the HIV epidemic and the role of UNAIDS appears weak. UN agencies do support some gender-related activities, including small-scale prevention initiatives with MSM, and UNIFEM has provided training on gender, but these activities are not part of a coherent strategy on gender and HIV.

In **Swaziland**, there is no evidence that gender advisors in the various UN agencies are working together on HIV and gender to ensure that UNAIDS provides strategic, coherent analysis and support to national partners and that gender informs all areas of UNAIDS work. UNAIDS Secretariat and cosponsors have provided a range of support individually. UNFPA has a gender

Box 30: Support on gender and HIV is fragmented

advisor who works with the Gender Unit in the Ministry of Home Affairs and has worked with partners to support community dialogue on gender-based violence and women's vulnerability to HIV. WFP has a gender policy in place and employs a gender advisor to support implementation of the policy. UNESCO was working on gender prior to the joint team, training teachers to discuss gender roles and HIV. UNDP supported a study on Gender Focused Responses to HIV/AIDS. UNICEF is working on male involvement in PMTCT and funded a national NGO to implement a programme on gender-based violence.

In **Ethiopia**, donors and UNAIDS staff noted improvement in government policy frameworks, for example the development of a National Action Plan for Gender Equality and establishment of a Ministry of Women's Affairs, but that gender is still insufficiently reflected in national HIV policies and plans. The secretariat, UNDP and UNFPA have provided support to review the gender sensitivity of key policies and strategies. UNDP reports that it has not received an official request to provide further technical support but hopes to use development of the next NSP to ensure gender is adequately addressed. NAC considers that gender is not well addressed by the UN.

8.71 One consequence of the lack of a strategic approach is that national capacity on gender and HIV remains weak. Gender issues in national HIV strategies are not linked to other national plans and NACs and CCMs do not engage with ministries responsible for women and gender, although UNIFEM is working to link NACs to gender equality organisations. While most countries refer to gender in HIV strategies and plans, few cost, or budget for, gender and HIV programming. A range of sources highlight these issues:

- A Concept Note (Mainstreaming Gender in HIV/AIDS Interventions in the World Bank Operations in Africa) reflects a review of 12 MAP countries, which found that gender issues were not being adequately addressed and a "*substantial gap remains between acknowledgement of the gender dimensions of HIV and actual integration of gender issues into design and implementation of interventions*". The review concluded that action is needed to ensure that gender is meaningfully incorporated into national AIDS strategies. A rapid assessment of five countries in 2008 also found limited country understanding of gender-based risk and vulnerability and little evidence of strategies or good practices.
- UNAIDS Annual Report 2006 notes that women are "*largely absent*" from policy dialogue and are under-represented on CCMs; only half of proposals submitted to the Global Fund in 2006 included requests from women's organisations and only 20 per cent included engaging men, for example, in HIV care or violence prevention.
- Analysis of the UCC 2007 survey showed that 82 per cent of countries have a strategy on women's empowerment or gender equality; in 73 per cent of these countries, these strategies are integrated into or linked to the national HIV strategy and programmes. This integration is particular strong in West and Central Africa but is seen in only 50 per cent of countries in the Asia-Pacific, Eastern Europe and Central Asia.
- UNGASS 2008 reporting shows that, although 80 per cent of countries address women in their national HIV strategy, only 52 per cent report budget allocations for HIV-related programmes for women and girls.

- UNAIDS gender assessments of national HIV responses in Cambodia, Honduras and Ukraine identified challenges including: weak links between ministries responsible for gender equality and national AIDS authorities; lack of capacity to translate commitments into programmatic action; lack of strategic information on different risk taking behaviours and access to HIV services between men and boys and women and girls;, limited understanding of gender equality issues and knowledge of how to apply gendered approaches; and lack of attention in national plans to underlying structural issues.
- The UNAIDS review of progress in implementing the recommendations of the Secretary-General's Task Force found increased recognition of gender as a driver of the epidemic, progress in developing national action plans and increased funding for gender and HIV programme implementation. But it also found that gender and HIV action plans were not linked to wider planning and budgeting processes (of the seven countries with an action plan, three were only partially funded and four were unfunded), organisations addressing harmful gender norms were not well funded or included in national responses, gender experts lacked HIV expertise, and there had been a focus on policy and advocacy with insufficient attention paid to defining and supporting programmatic responses. Failure to include gender in Global Fund proposals was a major factor in lack of funding – only half of grants in Rounds 1-5 included any reference to gender.

8.72 UNGASS reporting by countries on indicators disaggregated by sex has increased. In most countries visited (see Box 31), indicators disaggregated by sex are included in national M&E frameworks, and this is attributed in part to UNAIDS' support. Survey responses confirm this, with most respondents in all categories rating UNAIDS as fairly or very effective in support for disaggregation of data by sex, although almost a third of bilateral donors and international funds and programmes rated UNAIDS as not very effective.

Box 31: Disaggregation of indicators by sex

In **Ukraine**, progress has been made in introducing gender-disaggregated data for M&E in UNGASS reporting, patient monitoring and in prevalence and behavioural research studies. However, this data is not always used to inform programming. For example, despite recent data concerning HIV and higher frequency of risk behaviours, such as sharing equipment, among female IDU, limited action has been taken to consider the implications of this for programming.

In **Vietnam**, UNAIDS among others provided technical support for the National M&E Framework for HIV Prevention and Control Programmes, launched in 2007. Of 54 indicators, 12 are disaggregated by sex. However, few programmes disaggregate data by sex and monitoring of gender-differentiated impact of programmes is limited.

In **Swaziland**, Universal Access indicators are disaggregated by sex, and other data sources such as the recent DHS provide information that is disaggregated by sex. It is difficult to comment on measurement of gender-differentiated impact of national programmes, since data collection focuses on activities not on impact and this is not an area where UNAIDS has been very active.

In **Ethiopia**, data are disaggregated by sex and gender indicators are included in M&E frameworks. Equality indicators are, however, less prominent. Gender focuses on women with little analysis, for example, of the impact of HIV programmes on men.

Box 31: Disaggregation of indicators by sex

In Indonesia, UNAIDS has helped to ensured UNGASS and NAC indicators are disaggregated by sex. In Iran, data for many indicators is disaggregated by sex, including for UNGASS reporting, but there has been relatively little monitoring of gender-differentiated impact of programmes. In Côte D'Ivoire and DRC, the national evaluation system and HMIS include indicators that are disaggregated by sex, but systems are weak and data is not always reliable.

In contrast, in Peru, there is no national HIV M&E framework. In UNGASS reporting, most indicators are not disaggregated because the information is not available. Some indicators are disaggregated by sex in the national multisectoral plan, but there are no gender equality indicators. Similarly, in Haiti, there is no national HIV M&E framework and no evidence of gender or equality indicators in national strategic plans, although UNGASS reporting is disaggregated by sex. In India, NACP III focuses on targeted interventions, which do not report sex disaggregated data. In Kazakhstan, sex-disaggregated data on key indicators is not available, for example, in the UNGASS report.

8.73 However, there is room for further improvement in disaggregation of data and monitoring the gender impact of programmes, as well as in use of data. In West and Central Africa, UNAIDS conducted a rapid assessment of the gender impact of national programmes in ten countries and, in collaboration with the World Bank, a gender impact analysis of HIV programmes in Côte d'Ivoire and Burkina Faso. These found that indicators are not systematically disaggregated by sex and identified the need to improve this in order to better track the gender impact of national programmes. The Global Fund evaluation found that few systems are in place at country level to monitor equity and "*gender-disaggregated data was difficult to obtain at the country level to assess current inequities in service coverage*".

8.74 These findings are borne out by survey responses regarding UNAIDS' support for monitoring the gender differentiated impact of programmes. Government respondents were fairly positive about the effectiveness of UNAIDS in this area, but bilateral donors less so, with 50 per cent rating UNAIDS as not very effective.

Work on gender norms and sexual minorities has received inadequate attention until relatively recently

8.75 UNAIDS issued a policy brief on HIV and sex between men in 2006 and guidance on sexual minorities (MSM and transgender people) for applicants to the Global Fund Round 8 in early 2008. But most global informants feel that MSM and transgender issues have not been well addressed by the joint programme until recently. UNAIDS Secretariat conducted an internal survey in 2008 to assess MSM and transgender activities; responses indicated that the range and scope of efforts had been limited compared with efforts focusing on women, girls and gender inequality.

8.76 There has been a range of policy and advocacy work by cosponsors, together with inclusion of MSM indicators in the UNGASS 2008-2010 reporting framework. Individual initiatives include, for example: UNESCO integration of MSM and transgender issues into its work on HIV education; WHO's Rapid Assessment and Rapid Response Adaptation Guide on Men who have Sex with Men and support for epidemiological surveillance and

service mapping. However, the "*overall results achieved have not yet reached the scope and scale necessary to reduce rates of infection and improve services for MSM and transgender persons"* and "*while a number of highly successful UNAIDS initiatives have been undertaken and supported, they have yet to be well integrated into agencies' overall HIV strategies"* (UNAIDS 2009d).

8.77 Cosponsors are agreed that UNDP has taken forward the agenda on sexual minorities in recent months. Since establishing a team of staff, UNDP moved quickly to establish an interagency working group, which includes UNESCO, UNFPA, UNODC and WHO, and to develop an action framework on universal access for MSM and transgender people. The framework builds on the UNAIDS policy brief, recommendations from a WHO consultation in September 2008 and consultations with governments and civil society. It sets out clear objectives and roles and responsibilities of the secretariat, UNDP and other cosponsors, and a series of practical actions, although how this will translate into accountability for joint programming at country level is less clear. UNDP also issued, in early 2009, a Request for Proposals to encourage UNDP and joint team work on MSM issues at country level.

8.78 There has been some good work on sexual minorities at regional level in recent years, although there are regional variations. Responses to the secretariat internal mapping exercise in 2008 highlighted limited engagement on MSM issues in West and Central Africa,. In contrast, in the Pacific region, UNAIDS has been instrumental in supporting the Pacific Sexual Diversity Network and, in Latin America and the Caribbean, supported a regional consultation in November 2008 and has supported legal reform and anti-homophobia campaigns in countries such as Mexico, Colombia and Brazil.

8.79 Evidence from country visits also shows differences in the extent of UNAIDS' support between countries and highlights the lack of consistent and coherent efforts in some countries. Some global and country informants also noted that UNAIDS is not consistently implementing its own Diversity Policy.

8.80 In Kazakhstan, UNAIDS has tried to support development of HIV-related activities among MSM, including a situational analysis and prevention training activities. In Vietnam, the secretariat has undertaken capacity building and a technical needs assessment on MSM and is implementing a capacity building plan. In Ukraine, UNAIDS advocated for MSM to be included in the Universal Access Road Map and consulted on the new national programme, and ensured MSM and transgender programme activities were included by both Principal Recipients in Global Fund Round 6. However, informants noted that UNAIDS has been less willing to support rights work and did not oppose a national decision to cut funding for MSM services in order to fund a project with street children.

8.81 Although Indonesia does not have a national strategy that addresses sexual minorities and HIV, the secretariat has helped to establish a MSM and Waria Group (GWL Ina) and to promote representation of sexual minorities. In India, UNAIDS facilitated consultation with MSM groups during the development of NACP III to ensure inclusion of policy guidance on sexual minorities and supported the establishment of MSM and transgender groups and their access to Global Fund Round 8 grants. UNAIDS has also supported

the efforts of the Lawyers Collective to change Indian Penal Code 377 which criminalises MSM. In Haiti and Peru, UNAIDS is working with MSM groups. In the latter, the joint team work plan includes work on prevention of discrimination based on sexual diversity and a study of the transgender population. A representative of the gay movement reported that UNAIDS Secretariat support had been instrumental in promoting national debate on gender, human rights and HIV and in creating space for participation.

8.82 In Côte D'Ivoire and DRC, there is little evidence of work on sexual minorities. In Ethiopia UNAIDS has only recently supported work to strengthen the evidence base, funding completion of an MSM study. The UCC reported that the Minister of Health is supportive in principle of addressing MSM and HIV issues but feedback from UNAIDS staff, donors and other key informants indicates that UN agencies are only tentatively raising MSM issues. In Swaziland, UNAIDS has only recently started to engage, convening a meeting with Gays and Lesbians Against HIV and AIDS (GLAHA); there is no reference to sexual minorities in the draft NSF and organisations of sexual minorities are not represented on national policy-making bodies. Visible representation is a challenge given that same sex relationships are illegal and highly stigmatised in Swaziland, but GLAHA reported that they would be willing to take a more visible stand if UNAIDS provided support for the group to register as a legal entity and to participate more actively.

8.83 The evaluation survey indicates that UNAIDS has been more effective in work on sexual minorities than in work on gender norms. Most respondents to the survey in all categories rated UNAIDS as fairly effective in its work on sexual minorities, although the response was more mixed with regard to supporting related policies and programmes. Work on gender norms was rated poorly by NGO networks, PLHIV organisations, bilateral donors, international funds and programmes and the private sector, with around 40 per cent of respondents rating UNAIDS as not very effective.

Conclusions on human rights and gender

- UNAIDS and in particular the secretariat and Executive Director are widely acknowledged to have provided good and diverse leadership on HIV and human rights and to tackle stigma and discrimination. Successful efforts have been made to involve key populations more in planning and decision making.
- A lack of consensus across the joint programme and at different levels of management within the cosponsors has impeded leadership in many areas, including harm reduction and the rights of sex workers. As a result, UNAIDS is criticised for not being bold enough to confront policies driven by ideology nor to tackle national responses that fail to address controversial issues.
- Work at country level suffers from poor statistical evidence, uneven and often weak capacity in the UN, and a lack of consensus over issues such as harm reduction and the rights of sex workers. The role and commitment of UNDP as lead agency for human rights needs to be reassessed.
- Resources devoted to human rights issues are inadequate. There is a general failure to reach people with the highest risk behaviour and prevention services are inadequate for IDU, MSM and SW groups.
- Governments respect technical guidance by the UN and NGOs look to UNAIDS leadership to raise controversial issues, yet there is a perceived decline in UNAIDS

adopting a proactive stance.

- Leadership by UNAIDS on gender has seen strong rhetoric but less action. The joint programme has found it difficult to resolve contentious views about the extent to which gender orientation deals with women and girls or with gender dynamics.
- UNDP was slow to respond to its lead role in gender and effectiveness is undermined by a lack of clarity about the respective roles of the secretariat, UNDP, UNIFEM and the GCWA. UNDP's ability to lead on human rights is uncertain owing to wider agency policy.
- Support at country level is fragmented and uncoordinated among the cosponsors, which have very varied performance at mainstreaming gender in their own operations.
- The fragmented and unstrategic approaches are especially prevalent in dealing with MSM and sexual minorities, although performance is better than for gender and UNDP has started to take the agenda forward.

D. Conclusions and Recommendations

9 Performance of UNAIDS

9.1 This chapter draws together the evidence presented in the report to make an overall assessment of UNAIDS performance, drawing on the conclusions at the end of each chapter and against the ECOSOC objectives.

Conclusions on the changing context

UNAIDS has responded to some aspects of the changing context but has been less successful at managing changes to the governance and management of the joint programme

9.2 HIV has remained a major global challenge but the diversity of epidemics at country level is becoming more evident, increasing awareness that support from development partners must be tailored to specific national circumstances if UNAIDS is to remain relevant. The ability of UNAIDS to adapt its approach to country contexts has been mixed.

9.3 UNAIDS has mostly been effective in developing relationships with partners, especially the Global Fund, but could benefit from a more coherent approach with clearer objectives for partnership working.

9.4 The Five-year Evaluation resulted in a reorientation of UNAIDS towards support at country level, but did not bring about improvements in the way the cosponsors work together and with the secretariat. Wider UN reform has been slow to stimulate change in how the UN works, and has therefore had little impact on UNAIDS, at country level.

9.5 Internal joint programme inefficiencies are evident, for example, in a lack of clarity in roles between the secretariat, WHO and World Bank which has limited the effectiveness of UNAIDS work on HIV and health systems strengthening.

9.6 Globally there has been considerable expansion in access to treatment, but prevention has lagged behind. Effective prevention depends on a multisectoral approach, which UNAIDS was established to promote. However, the period covered by the evaluation has seen inadequate leadership and investment in prevention, to ensure that national responses address the drivers of the epidemic and confront underlying social and cultural factors, and multisectoral approaches have been unfocused and poorly evaluated.

Conclusions on how UNAIDS works

UNAIDS has low efficiency in accountability and managing performance

9.7 The ECOSOC objectives do not provide a clear framework for performance and were not revised despite a recommendation in the Five-year

Evaluation. Strategic frameworks have changed too often to be useful, including in monitoring performance. It is too early to judge the quality of reporting under the 2008-2009 UBW.

9.8 The PCB could do more to provide oversight of the performance of the joint programme and to improve accountability. Formal arrangements between the PCB and cosponsor governing bodies remain weak and have undermined progress with accountability. The CCO has failed to fulfil its executive role although the emergence of global coordinators has established an effective working link between the cosponsors and the secretariat.

9.9 Although PCB meetings provide opportunities for all constituencies to interact, practice has resulted in a situation whereby cosponsors neither speak individually nor are held to account at the meetings. It is likely that more inter-sessional working will be required if the PCB is to improve effectiveness and procedures will need to be managed carefully to safeguard the voice of all constituencies.

9.10 Good progress has been made in joint programming at global level. This has come about through the combined effects of the steadily improving structure and content of the UBW; some rationalisation of roles and responsibilities prompted by the division of labour; and the emergence of entrepreneurial global coordinators. Of the three factors, the global coordinators have been the most significant. Pre-existing arrangements such as the interagency task teams have not been so influential.

9.11 The combined initiatives of joint teams and the division of labour have led to better team working and perceived improvements in effectiveness and efficiency at country level. The influence of joint teams, with sponsorship by the UN Secretary-General and arrangements linked to the RC system, has been paramount. Structural factors, such as the need for a new round of UNDAF planning to enable joint programming to take effect, reveal the long time-lag inherent in systemic reform.

9.12 The division of labour has not led to a process at any level by which staff numbers or their distribution among the cosponsors and secretariat has been rationalised, either against comparative advantage or the strategic objectives of UNAIDS. Staffing of the secretariat and some cosponsors at global and regional levels has increased markedly since 2003. The secretariat has more staff working on HIV than any single cosponsor and in total about one third of all UN staff working on HIV at global and regional levels as well as large numbers at country level.

9.13 Despite this expansion of staffing, the secretariat has failed to rationalise its administrative, financial and human resource management systems and the PCB failed in its duty of oversight of the expansion of secretariat staff at regional and country levels.

9.14 At country level, concepts linked to the division of labour such as lead agency, single point of entry and coordination of technical support have not yet been effectively implemented. No examples were found of a joint team-wide analysis and plans for staffing. The authority of the RC and UCC is limited with regards to heads of agencies and cosponsor agency accountability is driven by headquarter strategies and corporate results frameworks. These

are areas where UN reform has failed to bring about effective change. Only where corporate performance indicators are congruent with UNAIDS performance indicators are priorities and reporting compatible.

9.15 Funding arrangements lead to fragmentation and competition between the cosponsors and the secretariat country office. Neither the joint team nor the division of labour improve the management of money or tackle financial incentives. Arrangements in Delivering as One pilot countries might offer scope for reform.

Conclusions on how UNAIDS has addressed key aspects of the mandate

UNAIDS remains highly relevant and has been effective in some key areas

9.16 UNAIDS global leadership, advocacy, political and financial mobilisation has, in general, been highly effective. Effectiveness in relation to HIV prevention and, in particular key populations, has been less, although it is important to be realistic about the ability of the UN to challenge governments over policy and to reconcile divergent and deeply held moral and social views.

9.17 Engagement with civil society and PLHIV involvement has been a cornerstone of the UNAIDS Secretariat approach, and has contributed to increased involvement in policy, programming and M&E at global, regional and country levels. Whilst there is good evidence of influence at global level, the picture at country level is more mixed and barriers to meaningful involvement remain. Involvement has mostly been seen as an end in itself and there are no agreed objectives for civil society or PLHIV involvement; without clear and measurable objectives it is difficult to assess impact.

9.18 Work with civil society and PLHIV is supported by cosponsors, but there is no common vision across UNAIDS. At country level the secretariat is seen as having the lead role, reinforced by a significant investment in Social Mobilisation and Partnership Officers, and capacity building and technical support from the secretariat and cosponsors has been fragmented. Demands for support are likely to increase as a result of Global Fund dual track financing and joint teams will need to respond.

9.19 Technical support is the key interface between the UN and national HIV programmes. UNAIDS has taken steps to increase its capacity to provide technical support, both directly and through the establishment of technical support mechanisms. Much valuable technical support is provided, but this remains largely driven by agency mandates, rather than national priorities, and the division of labour has had little impact. Technical support also concentrates on short-term issues; capacity and systems development are less well supported.

9.20 Some improvements have been made in the coordination of technical support at global level through the GIST and the global coordinators. However, there is a need for better coordination of technical support providers and of technical support provided by joint teams. There are few examples of a systematic and strategic approach at country level and few UN technical

support plans, though in part this reflects the absence of clear government plans.

9.21 Support by the UNAIDS Secretariat has been very important for M&E, although the calibre of staff has been variable, and there is a need to rationalise UNAIDS Secretariat, World Bank GAMET and WHO support for M&E. Reviews of technical support providers have been conducted but there has been poor tracking and evaluation of technical support at country level.

9.22 UNAIDS, in particular the secretariat and Executive Director, are widely acknowledged to have provided strong leadership on HIV and human rights. But a lack of consensus across the joint programme and even within the cosponsors has impeded clear leadership in areas such as sex work and harm reduction for IDU. As a result, UNAIDS has been criticised for not being bold enough to confront policies driven by ideology and national responses that fail to address the needs of populations who are most at risk of HIV. Governments respect the UN's credibility, and NGOs look to UNAIDS to raise controversial issues, but UNAIDS is perceived to have become less willing to adopt a proactive stance in some countries.

9.23 Work at country level is fragmented, suffering from lack of a joint team approach to human rights and HIV, limited resources, and uneven and often weak UN capacity. The role of UNDP as lead agency needs to be reassessed, given the cross-cutting nature of human rights and the limitations of UNDP at country level, in particular the role of the RC.

9.24 There has been a general failure to reach people at highest risk and coverage with prevention services for IDU, MSM, sex workers and prisoners is inadequate. UNAIDS efforts to support organisations representing these key populations and to ensure that they are represented in policy, programming and M&E have been patchy.

9.25 UNAIDS leadership on gender has seen strong rhetoric but less action. The joint programme has found it difficult to resolve conflicting views about where work on HIV and gender should focus, and UNDP was slow to respond to its lead role on gender. Effectiveness is undermined by a lack of clarity about the respective roles of the secretariat, UNDP, UNIFEM and the GCWA. Greater efforts are required to support countries to analyse the gender dimensions of the epidemic and to implement HIV and gender programmes.

9.26 Action on sexual minorities and HIV has been limited, but UNDP has demonstrated stronger global leadership in recent months. However, at country level, UNAIDS work on HIV and MSM and transgender communities varies and support tends to be unstrategic and uncoordinated.

Performance against the ECOSOC objectives

9.27 Six objectives were set out in ECOSOC resolution 1994/24. The performance of UNAIDS was assessed in the Five-year Evaluation and that assessment is revisited and updated in Table 13.

Table 13: Assessment of UNAIDS performance against ECOSOC objectives

ECOSOC Objective & Five-year Evaluation Assessment	Second Independent Evaluation Assessment
To provide global leadership in response to the epidemic. Successful. A broad constituency of stakeholders find leadership in UNAIDS. The personal performance of the Executive Director, response by development agencies to the global strategy and endorsement by political and business leaders after UNGASS, all support this judgement.	**Successful** Global leadership has remained a significant area of achievement for the UNAIDS Executive Director, secretariat and to a lesser extent cosponsors. HIV has been kept on the global agenda. The joint programme is regarded as a source of high quality technical support. Civil society and PLHIV look to UNAIDS as a strong advocate on their behalf. There is also some evidence of improved advocacy through common joint team positions in some countries. The evaluation period has seen consistent and increased commitment by cosponsors, development partners, and philanthropic foundations. The main area where leadership has been less strong, as discussed below, is HIV prevention and related issues of key populations and human rights.
To achieve and promote global consensus on policy and programme approaches. Mostly successful. Advocacy about the need to strengthen and increase response has been effective. The global strategy framework is widely accepted outside the UN agencies. But more work is needed to clarify the operational meaning of an expanded response, over the handling of issues such as MTCT and ART and to tackle sensitive issues such as MSM and IDU.	**Partly successful** Performance against this objective has been downgraded primarily because of slow progress in several critical areas: o Configuring national responses by translating evidence into strategy at country level o Strengthening HIV prevention o Developing a coherent approach to work on key populations o Tackling gender dimensions of the epidemic o Maintaining a focused multisectoral response Weaknesses are also apparent in global influence – for example, loss of leadership of the policy and programme agenda to the Global Fund and PEPFAR and the Commission on Narcotic Drugs failing to recognise harm reduction – and in country influence – for example, political and ideological factors resulting in distortions in national policies and spending allocations.
To strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level. Partly successful. Good progress has been made with statistics of prevalence, but much less on behavioural change and knowing what interventions work and under what circumstances. A new system to monitor country response shows potential, but it	**Partly successful** Good support has been provided for M&E at country level through an expansion of technical support by the secretariat, WHO and the World Bank, and initiatives such as GAMET and MOT studies. Understanding behavioural change and knowing what interventions work and under what

ECOSOC Objective & Five-year Evaluation Assessment	Second Independent Evaluation Assessment
needs developing to provide objective measures of the nature and scale of response.	circumstances is still a challenge. There is a continuing lack of 'operations research', especially in the areas of prevention and behaviour change. CRIS has remained an under-performing facility and in version 2 has not helped countries manage their response. Despite progress towards joint programming, joint evaluation has lagged behind.
To strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities. Partly successful. National level strategies have been developed, but their translation into meaningful plans at sectoral and sub-national level needs more attention. The diverse and often sensitive nature of the changes that HIV/AIDS mainstreaming involves, and the difficulty of budgeting for such fluid changes, have been underestimated. Where new institutional structures were created specifically to deal with HIV/AIDS the process has been complex, and therefore slow. The UN does not yet demonstrate added value in this role. Integrated work plans reveal a lack of clarity about the UN support role alongside that of OECD donors.	**Partly successful** The assessment of performance remains at the same level. The introduction of the Three Ones helped create a practical framework for organisation at country level and has influenced donor support. National capacity has been undermined by inconsistent approaches between NACs and CCMs, and in some cases health ministries, and tensions between multisector and health sector driven responses. The distorting influence of large aid flows, in particular from PEPFAR, have hindered harmonisation and alignment in many countries, and UNAIDS has been unable to resolve this. UNAIDS technical support providers such as ASAP and the TSFs have helped to improve national strategies, but these strategies not always developed into costed plans. Despite efforts to assist countries to 'know your epidemic' including MOT studies, many countries continue to fail to prioritise services for populations at greatest risk of HIV.
To promote broad-based political and social mobilisation to prevent and respond to HIV/AIDS. Partly successful, although this process is one that needs continual emphasis and renewal. The work of UNAIDS to bring civil society, PLWHA and the private sector into dialogue with government has been an outstanding achievement. Efforts to support social mobilisation of important groups such as the churches have only recently started.	**Mostly successful** Performance in this area has improved during 2003-2008. The secretariat has continued to engage positively with civil society and PLHIV organisations and increased support for involvement of faith-based organisations. Philanthropic foundations have become increasingly involved and look to UNAIDS to provide policy guidance and advocacy. However, mobilisation of the private sector and the media has been less effective.
To advocate greater political commitment at the global and country levels including the mobilisation and allocation of adequate resources. Mostly successful at global and partly successful at country levels. Advocacy has been a strength of the secretariat in particular. Global commitment has come via UNGASS and the UN Security Council. Commitment at national levels can be fragile and needs constant renewal. Tangible examples of local good practice have helped, and can be promoted more. A substantial commitment of global resources has been achieved, possibly seven-fold on previous levels, but mainly during the past eighteen months.	**Mostly successful** Performance is assessed as mostly successful at both global and country levels. The succession of global commitments following UNGASS 2001 and significant expansion of resources through the Global Fund and PEPFAR demonstrates the high level of political commitment. Resource tracking reveals evidence of substantial domestic resources being committed where countries have the capability. But there are continuing pressures for attention to be diverted to other issues such as climate change and the joint programme will need to adapt to handle

ECOSOC Objective & Five-year Evaluation Assessment	Second Independent Evaluation Assessment
This has the potential to re-establish spending per HIV-infected person at levels not seen since the 1980s but depends, crucially, on country capacity to scale-up and implement.	more complex messages about the epidemic and to sustain momentum and flows of finance.

10 Future challenges

10.1 This chapter addresses some of the key challenges that UNAIDS will need to deal with in future.

A more nuanced approach to AIDS exceptionalism

10.2 The idea that AIDS is exceptional, in terms of the threat it poses, its complexity and the response required, has been fundamental to UNAIDS and to its success in generating political commitment and mobilising resources, but has been challenged. Although most do not dispute the exceptional nature of the epidemic, some commentators argue that the case for exceptionalism only holds in East and Southern Africa and that advocacy for exceptionalism in all epidemic contexts undermined the prospect for more focused regional responses. Those arguing for an end to 'exceptionalism' and for the response to be 'normalised' have used the lower revised estimates of global HIV infections in the UNAIDS 2007 AIDS Epidemic Update to argue that the epidemic is no longer a global emergency.

10.3 But in many respects AIDS is still exceptional. As the Leadership Transition Working Group noted: "*the AIDS epidemic is exceptional in the magnitude of its impact on development in many countries, especially because of its affect on working adults; its association with politically sensitive topics (sex and drugs) and stigmatised groups (sex workers, injecting drug users, and others); and its ambitious response (universal access to state-of-the-art treatment and prevention interventions). Addressing HIV and AIDS is not confined to the health sector"*. This alone highlights the importance of UNAIDS' continued success in keeping HIV on the global agenda.

10.4 At the same time, evidence is also growing to demonstrate the links between HIV, other development objectives, in particular those reflected in the MDGs, and broader socio-economic variables. For example, evidence now indicates that HIV is often a disease of inequality, associated with economic transition, rather than just a disease of poverty.

10.5 In the evaluation team's view, therefore, AIDS still warrants being treated as exceptional, provided that the response takes account of the diversity of epidemics between and within regions and countries.

Health system strengthening within a focused multisectoral response

10.6 There is growing recognition that strengthening health systems is essential to achievement of Universal Access, especially to treatment. The High Level Forum on Health MDGs noted that without "*increased support to help build health system capacity in almost all developing countries, the resources mobilised by global partnerships are unlikely to achieve their full potential*".

10.7 The extent to which UNAIDS has had a positive effect on health systems and, specifically, that HIV funding can be leveraged to strengthen health systems, as well as to accelerate progress towards Universal Access, needs to be better understood.

10.8 While clear gains have been made in ART provision through the health sector, there has been less progress in mainstreaming HIV by other sectors. This is a challenge for UNAIDS, which is mandated to lead and coordinate a multisectoral response. There are concerns about a shift to a health sector response and a reduction in non-health sector funding for AIDS as well as in efforts to engage sectors outside government. In the view of the evaluation team, strong health systems are essential to effective HIV responses. But, depending on the epidemic context, other sectors, such as education, justice and social welfare, also have a critical role to play in HIV prevention, care and support.

Sustaining financial and political commitment to HIV

10.9 The financial crisis has severely damaged the development gains of the world's poorest countries.[105] Global GDP growth, after a robust eight-year stretch, is now set to shrink by 1.7 per cent this year, with world output set to decline for the first time since World War II. This crisis will have long-term implications for low- and middle-income countries, and their social and economic prospects, and there is a significant risk that donor countries will reverse commitments on development aid.

10.10 Preliminary findings from a survey in 69 countries conducted jointly by the World Bank, UNAIDS and WHO show that eight countries already face shortages of ARVs or other disruptions to treatment. The survey also contends that 22 countries in Africa, the Caribbean, Europe and Central Asia, and Asia and the Pacific expect the financial crisis to adversely affect treatment programmes over the coming year. Together, these countries are home to more than 60 per cent of people worldwide on ARVs. This is a serious development and the global crisis could exacerbate the already considerable unmet need for treatment.

10.11 HIV prevention programmes are also in jeopardy. The report states that respondents in 34 countries, where 75 per cent of people with HIV live, expect prevention programmes for populations at higher risk (including sex workers and IDU) to be adversely affected as they are marginalised and tend to be given lower priority, and are harder to reach, than pregnant women for example.

10.12 The World Bank is concerned that the downturn will lead to cuts in health and education financing across the board, not only in HIV funding. The report also shows how previous downturns have forced countries to cut back on spending in these areas. Evidence from Argentina, Indonesia, Thailand, and Russia shows that governments were forced to cut health services as a result of shrinking budgets and that returning health spending to pre-crisis levels took up to 10-15 years.

10.13 Whilst action needs to be taken to maintain financing for treatment programmes, some observers suggest that budget constraints could be an opportunity to increase efficiency and cost-effectiveness in allocation of resources to HIV programmes. However, budget constraints will only improve

[105] This section draws on material from World Bank (2009) *Averting a Human Crisis During the Global Downturn: Policy Options from the World Bank's Human Development Network*

resource allocation if the budget is comprehensive.[106] Here UNAIDS needs to work with bilateral and multilateral donors to provide consistent advice to countries about prioritisation and targeting of national HIV responses and to ensure that both prevention and treatment are adequately funded.

10.14 If resources available decrease, UNAIDS will also have a key role to play in ensuring that funding for innovation, for example, vaccine and microbicide development, is sustained. Careful investment will also be required to, for example, identify strategies to prevent the widespread development of drug resistance and more effective approaches to behaviour change.

Dependence on wider UN reform

10.15 UNAIDS is dependent on UN-wide systems and reforms to bring about an effective joint programme, but experience shows that such reforms take a long time to take effect and thus far have not been accompanied by changes to incentive structures for accountability and finance.

10.16 Donors to the joint programme can support progress by ensuring that funds for the secretariat and cosponsors at country level are provided through joint teams and not individually to the cosponsors. This is in line with commitments under the Paris Declaration and is the subject of a recommendation of this evaluation.

10.17 Success so far has hinged on developing the joint team within the RC system. In countries where the epidemic justifies only a few cosponsors working on HIV, coordination could be as effective through the RCO as through a UCC and UNAIDS Secretariat country office. Thus, the coordination function of UNAIDS would revert to normal UN coordination mechanisms.

Planning for a new paradigm at regional and country levels

10.18 Institutions created to solve organisational problems need continually to test whether they are still required. The ongoing nature of the epidemic suggests that UNAIDS' work is not over. But the role of UNAIDS needs to be as diverse as the epidemic at country level. The approach required in East and Southern Africa is clearly not appropriate for the concentrated epidemics of Eastern Europe and Central Asia, or in fragile states or post-conflict settings. The joint programme needs to develop effective models that maximise the strengths and resources of the joint team while reducing the costs associated with the secretariat country presence.

[106] The term 'comprehensive' implies that all funding must pass through the budget system with no opportunity for extra-budgetary funds to be used.

11 Recommendations

11.1 UNAIDS remains highly relevant and has been effective in some key areas. In the view of the evaluation team, UNAIDS still has an important role to play in galvanising action by the UN. The work of the joint programme is essential in areas of advocacy, coordination of partners, and global leadership. The programme can and should provide stronger global leadership and coordination on human rights, gender, and prevention.

11.2 But UNAIDS needs a leaner secretariat, better governance and clearer direction in light of the diversifying epidemic and changing aid architecture. There is a need for more measurable objectives for the secretariat and cosponsors supported by effective oversight by the PCB.

11.3 New challenges highlight the need for increased attention to strengthening country responses and to helping countries to implement financially sustainable approaches and to prioritise evidence-based prevention programming. Country-level support must therefore remain central to UNAIDS' work.

11.4 The recommendations are structured around five core objectives for UNAIDS: to be more focused; more strategic; more flexible and responsive; more accountable; and more efficient.

Recommendation area 1: Improve the focus of UNAIDS

11.5 The present ECOSOC mandate is broad and comprehensive enough to allow UNAIDS to adapt to the evolving context and there is no value in returning to ECOSOC to amend it. UNAIDS remains relevant and the higher level concepts in the mandate of UNAIDS providing '*an internationally coordinated and multisectoral response*' are still valid.

11.6 The role for the UN in addressing the epidemic worldwide remains as important as ever, but the approach at country level needs to become more heterogeneous, reflecting the nature of the epidemic and the needs of governments and civil society. Middle-income countries look to different support from the UN than low-income countries. The 'know your epidemic' approach has to be operationalised and drive how the joint team is organised and what the UN actually delivers. This will require a more flexible approach whereby the cosponsors participate according to country priorities rather than mandate and historical relationships. UNAIDS needs to reaffirm the importance of a multisectoral approach as a means of strengthening prevention efforts.

11.7 This first recommendation is therefore the overarching one, to set direction for the next five years.

Recommendation 1 to the PCB: To develop a new mission statement with measurable and time-bound objectives supported by a new strategic plan which clarifies how the joint programme will position itself to refocus

support at region and country level to reflect the epidemic context and country needs.[107]

Recommendation area 2: Be more strategic in approach

11.8 To respond to the increasing complexity and diversity of the epidemic and the need to increase the focus on prevention to match successful efforts to expand access to treatment will require the joint programme to take a more strategic approach to partnerships and to working at country level.

11.9 *Manage partnership working*. Partnership working is central to the UNAIDS approach, yet arrangements lack a clear strategic direction and objectives. The secretariat, together with cosponsors, needs to develop a UNAIDS strategy to engage with partners in general and with explicit arrangements for some organisations such as the Global Fund, PEPFAR and UNITAID. The purpose is managed diversity rather than a single approach.

11.10 The relationship with the Global Fund needs to take account of new developments with dual track financing and support to validated national strategies. It should also take account of recommendations from the Five-year Evaluation of the Global Fund that are in accord with the findings of this report. This is particularly relevant to the generation and use of strategic information (including country surveillance, M&E and operations research), division of labour, the role of the Global Fund Secretariat and participation of civil society at country level.

11.11 The challenge with PEPFAR is to maximise coherence at country level so that bilateral initiatives are harmonised with the joint programme and aligned with national plans especially for technical support.

11.12 Engagement with civil society and greater involvement of PLHIV are cornerstones of UNAIDS' approach, and there has been significant progress in representation. However, this is not consistent across all cosponsors and has not always resulted in meaningful civil society and PLHIV participation or influence on policy and programming. Addressing increased demand for technical support to build the capacity of civil society and PLHIV organisations, in light of Global Fund dual track funding, will be a challenge for UNAIDS especially at country level.

Recommendation 2 to the Executive Director: The secretariat to work with cosponsors to develop an overarching partnership strategy with clear and measurable objectives, including explicit provisions for working in partnership with the Global Fund and PEPFAR.

Subsidiary recommendations are:

- **To develop a shared vision of the potential and expected benefits from civil society and PLHIV involvement, a clear set of objectives and a more systematic approach to documenting outcomes.**

[107] This recommendation follows a similar orientation to recommendations 2.1 and 2.2 of the Five-year Evaluation of the Global Fund

- **To develop a common approach across the secretariat and cosponsors to engagement with and capacity building support for civil society and PLHIV organisations.**
- **To increase support at global and country levels for empowerment and participation of key populations.**
- **To strengthen efforts to engage with the private sector, including addressing the respective roles of the secretariat and ILO.**

11.13 *Address global division of labour*. The interaction between work on HIV and work on strengthening health systems needs to be improved. A first step is to clarify the roles of the secretariat, WHO and World Bank alongside the Global Fund. This recommendation deliberately uses the same wording as Recommendation 3.2 from the Five-Year Evaluation of the Global Fund.[108]

Recommendation 3 to the CCO: To convene a time-limited working group with relevant cosponsors and the Global Fund, supported by the secretariat, to clarify an '*operational division of labour regarding the provision and financing of technical support for health systems strengthening*' to be put forward for endorsement by the governing boards of the relevant agencies.

11.14 It is unavoidable that agencies should approach their work in the context of their agency mandate. This brings strengths, but also weaknesses, especially where there is overlap, and the division of labour at global level has not fully resolved these problems. The indications from the UN General Assembly about UN reform are that priority will be given to country level working. Therefore, with some exceptions, to address overlaps identified by this evaluation, it would not be productive for UNAIDS to revisit the division of labour at the global level.

Recommendation 4 to the secretariat and cosponsors: The secretariat and cosponsors should bring to the 2010 meeting of the CCO, and then the December 2010 PCB meeting, 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; M&E at country level; operations research; and surveillance). This should include:

- **How the lead agency concept can be better operationalised at global level; and**
- **The degree to which these issues can be resolved using the IATT approach.**

11.15 Inter-agency task teams are an arrangement that pre-dates the creation of UNAIDS. At present their role is not widely understood and there is little coordination by the secretariat or oversight by the PCB. Yet they appear to play a constructive role in a few specific sectors.

Subsidiary recommendation to the PCB: To instruct the secretariat and cosponsors to develop a *modus operandi* for IATTs, drawing on the experience of other mechanisms such as the MERG and Task Team on

[108] Global Fund 2009, Summary Paper on the Five-Year Evaluation Synthesis Report. Technical Evaluation Reference Group

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.

11.16 *More strategic approach to joint teams at country level*. The future role of the secretariat at country level depends on the nature of the epidemic and the configuration of the joint team. In countries with a generalised or hyper-endemic epidemic, joint teams with broad participation by most or all cosponsors are likely to continue. Where the epidemic brings a major development challenge it is likely to be a strong feature in the UNDAF and therefore a prominent feature in the UNCT results framework. In such a situation the UCC could work directly to the RC and fulfil a coordination role in line with the overall thrust of UN reform. The practicality of this approach would depend on progress with improved accountability through joint team systems.

11.17 In countries with concentrated epidemics, prioritisation of the UN response is likely to lead to a smaller joint team with fewer agencies actively involved. The nature of the presence of the secretariat will depend on the need for advocacy, support for civil society and strategic information. For example, in some countries, the roles of the M&E Advisor might be undertaken by the RST, another cosponsor or even through a TSF arrangement. Appointment of a UCC may not be necessary if a cosponsor has capacity to lead the joint team.

Recommendation 5 to the Executive Director: To adjust the size, staffing and organisational arrangement of secretariat offices at country level to reflect national needs and the implications of recommendation 1.

11.18 A more differentiated approach to the epidemic will require a move away from the current guidelines on joint teams, which envisage a similar structure and approach in all contexts.

Recommendation 6 to the Executive Director: to make proposals to UNDG to develop revised joint team guidelines that are based on principles and support country- or regionally-determined approaches that reflect the needs of the epidemic.

11.19 The vision of the evaluation team is of a joint team at country level that reflects country needs, decides on UN staffing numbers and skills mix accordingly, makes staffing proposals, raises funds, manages a joint team budget, develops a work plan, allocates responsibilities, undertakes the work and holds staff accountable, without a veto by the country heads of agencies in which the joint team members are employed. In the UNDAF, responsibility for delivery of outcomes would be assigned to the joint team and not to individual agencies.

11.20 Working through joint teams shows potential to improve the effectiveness of the UN and bring benefits to countries. UNAIDS is mostly dependent on UN-wide reform to take this much further, but further advances can be made with the support of member states, especially among the donor community.

Recommendation 7 to member states: Work with colleagues within their own governments to introduce decisions in the governing bodies of all the

cosponsors that performance appraisal of heads of agency at country level include performance of the joint team, and support from the agency, where relevant.

Recommendation 8 to member states: To channel funding of HIV work by the UN at country level to support the joint teams rather than being managed bilaterally through individual cosponsors or the secretariat country office.

11.21 In this context, concerned member states should look for lessons from the One Budget approaches being trialled in the Delivering as One pilots and the extent to which UN support on HIV at country level can, and should be, increasingly funded using modalities such as the Expanded Delivering as One Funding Window for Achievement of the MDGs.

Recommendation area 3: Be more flexible and responsive

11.22 *A smarter joint programme*. At the core of a more flexible and heterogeneous approach is a smarter joint programme, making more use of research and evaluation. A valuable area of work where the secretariat has developed synergies with other partners is in research, knowledge management and resource tracking. This work should continue with greater focus on the drivers of the epidemic and on effective dissemination of knowledge and support for uptake and use of information.

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

11.23 Support for M&E by the secretariat has focused on strengthening UNGASS reporting, rationalisation of indicators, capacity building of national M&E systems, and development of tools such as CRIS. Less attention has been given to building capacity for operations research and systematic evaluation.

Recommendation 10 to the secretariat: To strengthen evaluation at global and country levels. Specifically:

- **To convene a working group (possibly under the auspices of the MERG) 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.**
- **To plan, manage and budget evaluations jointly at country level, under the auspices of the joint team and working in collaboration with the Global Fund, other donors and national partners in accordance with the Paris Declaration commitments.**
- **To cease further investment in or continuation of CRIS beyond its current use as a format for reporting.**
- **To make adequate provision for reporting on, dissemination of and policy engagement concerning evaluation findings.**

11.24 *Strengthening technical support*. Some of the best work undertaken by UNAIDS is found under the rubric of technical support. Initiatives such as the support for M&E at country level, the TSFs, GAMET and ASAP have produced first class work of strong potential value. However, there is a tendency for these initiatives to be managed in isolation without an overarching strategy. The distribution of assignments across the secretariat and cosponsors is not of itself a problem, as long as their application is managed in more a coherent and joint manner.

11.25 Improving the national response requires a strong evidence base about the epidemic, a national strategy that draws on that evidence, and spending that is allocated in line with the strategy. To stand any chance of countries being able to sustain the longer-term cost of HIV treatment and care it is essential that prevention starts to receive appropriate attention and the needs of key populations are addressed. UNAIDS needs to take a proactive stance in advocacy and technical support to assist countries to develop and implement effective national responses.

11.26 Improvements to the coordination of technical support through the joint team using division of labour concepts have not yet materialised owing to the dominance of mandates and historical relationships between cosponsors and government agencies. Improving accountability for work within the joint team and channelling support from donors through joint team approved budgets would help bring a more coherent approach. In the long run though, it is national governments who need to manage improved coordination of technical support so it is less supply driven. Some progress might come from linking country-led coordination on AIDS into the validation process for national AIDS strategies

Recommendation 11 to the secretariat and cosponsors: To strengthen arrangements for technical support. Specifically:

- **To 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.**
- **To determine the role of UNAIDS in Global Fund-related technical support.**
- **To 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.**
- **To rationalise support for M&E between the UNAIDS Secretariat, World Bank GAMET and WHO.**
- **To consolidate technical support mechanisms established by UNAIDS as joint programme providers.**
- **To introduce systematic monitoring and evaluation of technical support provided by UNAIDS and UNAIDS-related technical support providers at country level.**

11.27 The PAF should be continued with consideration given to increasing funding, as it is acknowledged as valuable in a significant number of countries and could support further work on 'know your epidemic'. But overheads are high and procedures should be reviewed to improve efficiency and measurement of outcomes.

Recommendation 12 to the PCB and Executive Director: To continue the PAF facility and improve current operational practice. Changes would include:

- **Regular reporting on outcomes from utilisation of PAF funds to the PCB; and**
- **Proposals by the Executive Director and cosponsor heads of agencies at the December 2010 PCB to achieve cost-reducing efficiency gains in the transmission of funds by the cosponsor agencies.**

11.28 *Orientation at regional level*. The secretariat has taken different approaches to working at regional level. The most effective approach appears to be where the RST provides capacity development support for countries in the region. However, the RSTs are widely perceived to be a resource of the secretariat. Joint team working does not function at regional level and should not be pursued, not least owing to the disparate regional structures of the cosponsors.

Recommendation 13 to the Executive Director: The RSTs should be tasked to (i) ensure that HIV is included in the deliberations of the developing Regional Directors Teams; (ii) focus on supporting development of UN capacity at country level that reflects a tailored response to the epidemic; (iii) build on the experience of the RST ESA and promote the use of gap analysis and 'know your epidemic'; and (iv) be configured to support all cosponsors, not just the secretariat.

11.29 *Attention to gender and human rights*. Cross-cutting issues of gender and human rights, in particular the practical application of gender principles based on analysis of the gender dimensions of the epidemic and the rights of key populations, need greater attention. During the period covered by this evaluation, the secretariat has advocated on behalf of key populations, but a bolder response is called for, especially to ensure that governments address issues such as harm reduction, sex work and men who have sex with men.

11.30 Secretariat leadership on human rights has been strong but the role of UNDP as the lead agency in this area needs to be re-examined. UNAIDS leadership on gender has been weak and, while there has been progress more recently, action to translate principles into practical programming at country level needs to be stepped up and there is a need to clarify the respective role of the secretariat, cosponsors and associated organisations.

Recommendation 14 to the PCB: To task UNAIDS with strengthening its focus on gender and human rights. Specifically:

- **To review the division of labour concerning cross-cutting issues of gender and human rights with a view to the secretariat taking the**

lead role in coordination in these areas across the joint programme.

- **To clarify the respective roles of UNIFEM and GCWA with regards to work on HIV and gender.**
- **To strengthen the capacity of UN staff in HIV and gender and HIV and human rights.**
- **To support UNDP to take forward its lead role in work on MSM and transgender populations.**
- **To strengthen global leadership and advocacy with regards to key populations and convene an inter-agency task force involving UNODC, UNDP and UNFPA to ensure policy and programming coherence and effective coordination of work with key populations.**
- **To determine clear overarching global objectives for work on HIV and gender, human rights and key populations and ensure that these objectives are included as a core component of joint team work at country level; gender and human rights analysis should be integral to 'knowing your epidemic' and to joint programmes of support for national responses.**
- **To focus UNAIDS' support for countries on translating frameworks and guidance into practical HIV and gender and HIV and human rights programming.**

Recommendation area 4: Improve accountability and governance

11.31 Overall governance and oversight, whilst improving over the past five years, remains a challenge. This relates to both what the PCB focuses upon and how the PCB then influences what is done by the secretariat and cosponsors. The recommendations address this through links between the PCB and cosponsor governing boards, arrangements for oversight by the PCB, working practices of the PCB and performance management.

11.32 *Strengthening links to cosponsor governing boards*. Formal arrangements between the PCB and the governing bodies of the cosponsors remain weak and do not adequately support the work of the PCB or UNAIDS. Progress has been made to ensure that HIV is discussed on a regular basis by most governing boards. This is an important achievement given the crowded agenda for board meetings. However, progress has not been made in ensuring that decisions of the PCB are adopted by the relevant cosponsor boards. Experience with UNODC demonstrates that it is possible for a governing body to adopt an active position regarding deliberations of the PCB. This should be extended across all the cosponsors. Closer working would also be facilitated by adoption of a common results framework.

Recommendation 15 to the Executive Director, PCB and to all cosponsor heads of agency: Revitalise the role of the CCO, with one regular formal CCO meeting per annum, supported by:

- **Revision of the CCO modus operandi to reflect the *de facto* greater role for the global coordinators.**

- **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 PCB 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, to the extent practicable, 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.**
- **Building on the solid progress that has been made to ensure that HIV is part of the regular agenda for most cosponsor agencies. The PCB should work with the Executive Director and cosponsors to ensure, where possible, that these deliberations consistently include discussion of key PCB decisions.**

11.33 *Strengthening oversight by the PCB.* There has developed a lack of clarity about what the PCB should oversee. The roles of the PCB outlined in the *modus operandi* do not need to be revised, but the PCB needs to reallocate time spent between them. A focus on the future is not wrong, but the PCB needs to focus as much effort on assessing and learning from past performance in order to assess the implications for future funding and performance.

Recommendation 16 to the PCB: To take effective responsibility for oversight of UNAIDS, the PCB should refocus its work on ensuring:

- **Cosponsor and secretariat plans for provision of support at country level are based on epidemic priorities and the comparative advantages of the UN.**
- **Decisions of the Executive Director on the allocation of UBW 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.**
- **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.**
- **The secretariat does not assume roles that could be carried out by a cosponsor.**
- **The efficiency and effectiveness of the secretariat.**

11.34 *Strengthening PCB working practice.* Strengthening and refocusing the PCB's role in oversight will mean more work. The previous recommendation cannot be implemented without either increasing the amount

of time that the PCB is in session or increasing the amount of inter-sessional work. There is not the scope to either move to three sessions per year or extend the length of the current sessions; nor is this needed. The PCB has the vehicle for coordinating work between sessions in the PCB Bureau, and experience is now being gained with the new sub-committee on the 2010-2011 UBW. Increased use of sub-committees may offer a practical solution. If the PCB is to fulfil its role, increasing the level of inter-sessional working is the way forward, but this raises challenges in ensuring adequate participation and voice across the membership in inter-sessional processes and the limited capacity of many PCB members to engage fully.

Recommendation 17 to the PCB: To take effective responsibility for oversight of UNAIDS, the PCB should revise its working practices to improve the effectiveness of its meetings. Changes would include the following:

- **Maintain the role of the PCB Bureau strictly as a coordination body and examine lessons from previous experience with inter-sessional working groups, as a precursor for increasing the use of such groups.**
- **Review the present 'hub and spoke' model by which the secretariat briefs separate constituencies before PCB meetings, with a view to greater investment in forging links and communication between constituencies before PCB meetings.**
- **Revise the current PCB *modus operandi* to formalise how PCB meetings are chaired and, while maintaining adequate voice across all major groups of participants, focus meetings on rapid and effective decision making.**
- **At the December 2010 PCB meeting, assess the effectiveness of the 2008 changes in the PCB *modus operandi*, and identify further modifications that will strengthen the efficiency and effectiveness of working practices. In particular this should assess the effectiveness of changes in how the Drafting Group operates.**

11.35 *Strengthening performance management*. This evaluation shows that tracking how decisions taken at the global level by either the cosponsors or secretariat affect UN support at country level is complex. UNAIDS is not a single organisation, with clear lines of management responsibility or accountability, and this needs to be recognised in how accountability and performance assessment is structured.

11.36 There needs to be a clearer hierarchy of objectives structured through a revised mission statement, new medium-term strategy and implementation plans in the UBW. Increasingly, UNAIDS priority setting has been manifested primarily through the UBW, although the UBW does not cover results and impact at country level. The results framework in the UBW should focus on delivery of support by the UN through the regional structures and joint teams. It is the indicators from this results framework which the PCB should then endeavour to have incorporated into the corporate level results frameworks (or the equivalent) across the cosponsors.

11.37 The UBW should be used by the PCB to hold the Executive Director accountable for the allocation of resources between the secretariat and the individual cosponsors. There is a need to move away from what has been an entitlement-based allocation approach, with some marginal changes in funding, to one in which allocations are based on epidemic priorities and comparative performance and take account of resources raised by the secretariat and individual cosponsors.

11.38 The UBW needs to show how funding (cosponsor global and regional funds and those raised by the secretariat) at global and regional level (i) enhances the UN's capacity at country level; and, (ii) that this capacity addresses the problems derived from a greater understanding of the challenges addressing the epidemic. As shown in this evaluation, the link between funding at global level through the UBW and what is actually done at country level is neither direct nor obvious. The PCB should hold both the secretariat and cosponsors accountable for the way UBW global and regional funding influences work at country level.

11.39 It is unrealistic to try to use the UBW to hold cosponsors to account for funding at country level, because such a large proportion is raised locally through donors. But donors can reform the way the UN is funded at country level, as discussed earlier in these recommendations.

Recommendation 18 to the PCB: The PCB should hold the Executive Director accountable for the allocation of funds raised by the secretariat between the secretariat and the individual cosponsors. This would mean:

- **Future allocation of inter-agency funding should explicitly show the distribution among the secretariat and cosponsors.**
- **Allocation of UBW 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.**
- **Secretariat and cosponsor performance should be defined around commitments made on development of UN capacity at country level; this is what the PCB should hold the global coordinators, as the main representatives of their organisations, 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 to the PCB, secretariat and cosponsors: The role and contents of the UBW need to be revised 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.**
- **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.**

Recommendation area 5: Greater efficiency

11.40 The evaluation period was characterised by an expansion of staff in the secretariat and all the cosponsors, but this expansion was never matched to comparative advantage or evolving needs. Also it was never reassessed in the context of a global division of labour. A capacity review process is needed to identify where capacity is most needed and which organisation is best placed to manage it.

Recommendation 20 to the PCB: 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 rationalisation of staff at global, regional and country levels linked to the strategy from Recommendation 1, taking account of the different regional needs of the epidemic.

11.41 The growth of the secretariat triggered in 2003 may have been justified given the levels of capacity then existing in the cosponsors. This situation no longer holds true. One of the successes of the joint programme over the past five years has been to build this capacity and there is little requirement for development of a UN agency specifically dedicated to AIDS. Yet, the secretariat already has an expenditure greater than that of some of the smaller UN agencies, and while not *de jure* an agency, is *de facto* moving rapidly in that direction.

11.42 It is now time to take a clear decision about the secretariat and confirm its role as a coordinating institution rather than an agency. That then will create the basis for defining the desirable size of the secretariat, both in terms of roles and staff numbers, and likewise the roles and capacities of the cosponsors. A decision about staffing in the secretariat cannot be put off without expensive consequences, owing to UN employment rules. Alongside a rationalisation in size there is a case to reform the current duplicative administrative systems.

Recommendation 21 to the PCB: While affirming the role of the secretariat as providing coordination support within the joint programme, and possibly the organisation to fill gaps that cannot be filled by the cosponsors, task the Executive Director with presenting recommendations on what the roles and staff complement should be over the medium term and how this would be delivered, at the June 2010 PCB.

Recommendation 22 to the Executive Director: Assuming that the WHO enterprise system is fully functional by end 2010, commission a review in early 2011 on the costs and benefits of moving to using the ERP of either UNDP or WHO for all administration across the organisation.

Recommendation 23 to the PCB: Task the Executive Director to present a report to the PCB at the December 2010 meeting presenting evidence of the extent to which financial and HR 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 organisation.

11.43 HR systems have lagged behind the progress made with financial systems. There is clear evidence that the calibre and capability of secretariat staff make a big difference to programmes at country level. So, it is essential that the secretariat rewards and retains the right people. The present HR system does not match needs with capabilities nor does it ensure that staff who do not bring the right mix of skills for UNAIDS way of working do not continue. The system needs to be reformed. Improvements will be of benefit to all staff in the secretariat but in view of the important role played by country-based staff some priority action is required.

Recommendation 24 to the PCB: Request that the Executive Director: (i) works 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 PCB at its December 2010 meeting with detailed actions to ensure that the cadre of country staff have the required competencies.

List of Annexes