

The Second Independent Evaluation of UNAIDS

2002-2008

Stakeholder Consultation Document on Preliminary Evaluation Findings

Submitted by



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Acronyms and abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
ASAP	AIDS Strategy and Action Plan
COATS	Coordination of AIDS Technical Support
CBO	Community based organisation
CCA	Common Country Assessment
CCM	Country Coordinating Mechanism (Global Fund)
CCO	Committee of Cosponsoring Organisations
CDC	Centers for Disease Control and Prevention
CEB	Chief Executives Board
CHAT	Country Harmonisation and Alignment Tool
CPA	Country Programme Advisor (UNAIDS)
CRIS	Country Response Information System
DaO	Delivering as One
DFID	Department for International Development (UK)
DOCO	UN Development Operations Coordination Office
DOL	Division of Labour
DRC	Democratic Republic of Congo
EC	European Commission
ECOSOC	Economic and Social Council of the United Nations
ERP	Enterprise Resource Planning
ET	Evaluation team
ExCom	Executive Committee
FBO	Faith based organisation
GAMET	Global AIDS Monitoring and Evaluation Team (World Bank)
GAVI	Global Alliance for Vaccine and Immunisation
GC	Global Coordinator
GIPA	Greater involvement of people living with HIV and AIDS
GIST	Global Joint Problem Solving and Implementation Support Team
Global Fund	Global Fund to fight AIDS, TB and Malaria (GFATM)
GNP+	Global Network of PLHIV
GTT	Global Task Team
GTZ	Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
H8	Health 8
HIV	Human Immunodeficiency Virus
HoA	Head of Agency
HR	Human resources
HSS	Health systems strengthening
HQ	Headquarters
IATT	Inter-Agency Task Team
IDU	Injection drug user
IHP	International Health Partnership
ILO	International Labour Organisation
IR	Inception Report
M&E	Monitoring and evaluation
MAP	Multi-country HIV/AIDS Program (World Bank)
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group (UNAIDS)
MOE	Ministry of Education
MOH	Ministry of Health
MOT	Modes of transmission
MOU	Memorandum of Understanding
MSM	Men who have sex with men

NAC	National AIDS Council/Commission
NAP	National AIDS Programme
NASA	National AIDS Spending Assessment
NCPI	National Composite Policy Index
NGO	Non government organisation
OC	Oversight Committee
ODA	Official Development Assistance
OECD/ DAC	Organisation for Economic Cooperation and Development/ Development Assistance Committee
PAF	Programme Acceleration Fund
PCB	Programme Coordinating Board (UNAIDS)
PEPFAR	President's Emergency Plan for AIDS Relief (US)
PLHIV	People Living with HIV
PMTCT	Prevention of mother to child transmission
PRSP	Poverty Reduction Strategy Paper
RC	Resident Coordinator
RDT	Regional Directors Team (UN)
RFP	Request for proposals
RST	Regional Support Team (UNAIDS)
SIE	Second Independent Evaluation
STI	Sexually transmitted infection
TB	Tuberculosis
TOR	Terms of reference
TSF	Technical Support Facility
TWG	Technical Working Group
UA	Universal Access
UBW	Unified Budget and Workplan
UCC	UNAIDS Country Coordinator
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
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on AIDS
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNOPS	United Nations Office for Project Services
UNTG	United Nations Theme Group
USG	United States Government
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

Introduction

This report presents a preliminary set of findings from the evaluation against each of the main evaluation questions. The presentation is structured according to the conceptual framework in the Second Independent Evaluation (SIE) Inception Report:

- ❖ Implementation of recommendations from the Five-Year Evaluation (Question c)
- ❖ Responding to the context
 - Question a) The evolving role and priorities of UNAIDS
 - Question e) Strengthening health systems
 - Question g) Delivering as One
- ❖ How UNAIDS Works
 - Question b) Governance
 - Question d) The division of labour
 - Question f) Administration of the joint programme
- ❖ Fulfilling the mandate
 - Question h) Involving and working with civil society
 - Question i) Gender dimensions of the epidemic
 - Question j) Technical support to national AIDS responses
 - Question k) Human rights
 - Question l) Greater and meaningful involvement of people living with HIV

The analysis presented here draws on written reports; findings from the twelve country visits and consultation with countries in the Pacific Region; interviews with cosponsors, donors and other stakeholders; interviews at the regional offices of the secretariat and cosponsors; and results from two internet surveys, one directed at PCB members and colleagues, the other a general survey of over 500 respondents drawn from all stakeholders. A description of the approach and methodology for the evaluation can be found in the Inception Report, available at:

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

The reader is advised to exercise caution over the findings. They are a preliminary assessment before all the information that has been gathered has been fully synthesised and cross-checked. Conclusions may change in the process of drafting the final report.

This report will be used as a discussion document for the forthcoming Second Stakeholders' Workshop on 3rd and 4th June 2009. That workshop is part of the evaluation data gathering process and the presentation in this report is designed in part to stimulate discussion and feedback by the participants.

Recommendations from the Five-Year Evaluation

Q (c) RESPONSE TO RECOMMENDATIONS FROM THE FIVE-YEAR EVALUATION

TOR QUESTIONS

Assessing the extent to which UNAIDS has been able to respond to the recommendations and proposed activities that emerged from the Five Year Evaluation based on the PCB decisions.

Review of factors which may have facilitated or limited UNAIDS' implementation of these recommendations such as national capacities, availability of resources and resource gaps.

Hypothesis: UNAIDS responded satisfactorily to recommendations from the Five Year Evaluation and has improved performance within the framework of its ECOSOC objectives

Finding: Most recommendations have been implemented in full or in part. Less progress has been made a) with those dealing with governance and financial management and b) in implementation at country level.

Preliminary findings

Table 1 on page 5 summarises the assessment by the evaluation team of progress towards the recommendations. In response to the first evaluation UNAIDS prepared a document outlining how the recommendations would be tackled and these have been followed up and mapped back to the original recommendations. Of the 30 specific 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 exceeding the original recommendations.

- **Most recommendations dealing with objectives, governance and management were not implemented**

The following recommendations were either not acted upon, or if there was a response, progress has been slight and the intended effects not achieved.

1 The current ECOSOC objectives should be replaced by a single goal supported by specific roles.

4 The Secretary General and UNDG take note of the UNAIDS experience 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.

5 The PCB reviews and adopts an expanded model of governance, ..., in order to focus all actors on boosting the complementarity of their actions to supporting the global expanded response. Most significant, at global level, is to replace the CCO with a Management Board with wider representation than the current cosponsors. The PCB is urged to implement a rapid process, similar to the creation of the GFATM, in order to accomplish the change within a short period.

6 A new Memorandum of Understanding should be drawn up for all the cosponsors. It should state clearly the goal and roles of UNAIDS (the subject of Recommendations 1 and 2); it should set out the obligations of each cosponsor; the obligations of the secretariat; and set objectives and indicators for the secretariat and each cosponsor both in terms of substantive progress towards the UNAIDS goal, and process objectives of being a member of the joint programme at global and national levels.

7 The status of NGO members of the PCB be changed to full voting members.

9 b) The PCB delegates the roles of budget scrutiny and performance assessment to the Management Board or designated sub-committees.

29 The MERG should develop a programme of evaluation studies to look at issues of performance for the programme as a whole, as a set of building blocks to contribute to a global evaluation of UNAIDS five years after this study is presented to the PCB, in 2007.

As Table 1 shows, little or no progress was made with those objectives that dealt with governance and the workings of the PCB; the ECOSOC mandate; allocation of responsibilities among cosponsors (later approached through the GTT initiative); reform of the CCO; revisions of the cosponsor MOU; links from PCB to governing bodies; PCB agenda and budget scrutiny; impact evaluation; and expanding the influence of the UBW over country level resources.

Perceptions about progress among the various constituencies of stakeholders who responded to the web survey 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 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 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 percent. Respondents from within the UN viewed progress in these areas more positively than civil society, donors and other groups.

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

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.¹ 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 those recommendations concerning technical support, M&E at country level; working with civil society; support to the Global Fund; global advocacy; regional initiatives; public expenditure monitoring; and the PAF.

¹ The terms of reference for the Five-year Evaluation excluded evaluating the activities of the cosponsors.

- **Implementation of the recommendations has been less effective at country level**

Some 17 of the recommendations were identified by the evaluation team as being of particular relevance at country level. Each country report includes an assessment of progress in implementation. For the programme as a whole, 12 of the 17 were assessed as fully implemented and the remainder as implemented in part. For 7 of the 17 recommendations half or more of the countries showed progress in line with or better than the global assessment. For the other 10 recommendations, progress was found to be less than the assessment made for UNAIDS as a whole.

Table 1 Assessment Summary – Response to recommendations of the Five-year Evaluation of UNAIDS

UNAIDS response mapped to evaluation recommendations		Categories of recommendations						
5 year Evaluation Recommendations UNAIDS/PCB(13)/0 2.2	UNAIDS Response Actions UNAIDS/PC B(13)/02.3	Objectives, roles, management	Governance	Finance & planning	Advocacy	Country/ Region	Information/ M&E/ Research/ Impact evaluation	Humanitarian
1	1	◆						
2	2	□						
3	3					○		
4	4	◆						
5	38		◆					
6	39	◆						
7	nsa		◆					
8	nsa		□					
9a	nsa		○					
9b	nsa		◆					
10	28,29,36				○			
11	18,32,33,34						□	
12	30,31						□	
13	11,12,13,35						□	
14	9,37			□				
15	27					○		
16	19,20							○
17	9			□				
18	5			○				
19	7,8			○				
20	21			○				
21	23,24					○		
22	22,25					□		

UNAIDS response mapped to evaluation recommendations		Categories of recommendations						
5 year Evaluation Recommendations UNAIDS/PCB(13)/0 2.2	UNAIDS Response Actions UNAIDS/PC B(13)/02.3	Objectives, roles, management	Governance	Finance & planning	Advocacy	Country/Region	Information/M&E/Research/Impact evaluation	Humanitarian
23	22					○		
24	11,12,13						○	
25	6						○	
26	15,16,17,26				○			
27	14,15					○		
28	14,15					○		
29	nsa						◆	

Notes: nsa – no specific action proposed in the management response

Key:

- ◆ Not implemented
- Implemented in part or with significant differences from the recommendations
- Implemented in full or exceeding recommendations

Responding to the Context

Q (a) EVOLVING ROLE OF UNAIDS

TOR QUESTIONS

Given the changing global, regional and country environments, the evolving role and priorities of the Joint Programme needs to be clearly defined, especially concerning working relationships with institutions like the Global Fund, PEPFAR, UNITAID, bilateral donors, private sector, civil society, regional organizations and others, all of which have grown in importance since the Five Year Evaluation.

To what extent does UNAIDS generate and take advantage of synergies with its partners including HIV vaccine and other appropriate technologies, advocacy, and development partners and organizations of vulnerable populations and people living with HIV?

A special focus will be placed upon the role of UNAIDS in monitoring and evaluation of different interventions, policies and strategies implemented across many partners.

Hypothesis: UNAIDS has evolved in response to the changing global environment and has remained relevant and effective

Finding: UNAIDS has evolved in response to the changing patterns of global finance and has generally been effective at developing relationships. Some examples of synergy can be found. Evaluations are undertaken but tend not to be planned systematically across the cosponsors.

Preliminary findings

- **UNAIDS has adapted to a new funding environment and developed strong and positive relationships with the Global Fund and PEPFAR**

UNAIDS' relationship with the Global Fund is seen as positive in 8 countries, mainly through support for development of proposals but also for strengthening CCM governance and, in some instances, for implementation. The relationship with PEPFAR is much more varied from country to country. Positive relations with PEPFAR are reported in Ethiopia, Ukraine, Vietnam, Indonesia, Kazakhstan and Peru, and a more distant relationship in Swaziland and Cote d'Ivoire. But even where described as positive, influence varies. In Ethiopia it was evident that UNAIDS has had little influence over PEPFAR policy and programming, whereas in Vietnam there is a closer and more productive working relationship. In some countries there are MOU between PEPFAR and the Global Fund or tripartite MOU with government, but UNAIDS has little engagement or influence in that process. These findings are reinforced by response to the web survey. UNAIDS is judged to have been 'fairly effective' or 'very effective' in its relationship with the Global Fund by 80 percent of all respondents. Judgements were more ambivalent regarding PEPFAR, with 33 percent recording 'fairly effective' and the rest split between 'very effective' and 'not very effective'.

- **UNAIDS needs to clarify its role as a proactive source of technical support to countries**

UNAIDS joint teams and in particular the secretariat at country level have been closely associated with the establishment and strengthening of national coordinating bodies over the evaluation period. Close relationships have been forged and now in many countries the joint team needs to develop a clear vision of how that relationship should continue. The challenge is the balance between being responsive or proactive. 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 the normative guidance, technical support and advocacy to enable national decision-makers to act.

Despite the rhetoric to ‘know your epidemic’ 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 over support to national planning have not been defined and agreed. Cosponsors and the secretariat have developed or initiated a number of well-regarded initiatives. For example: National AIDS Spending Assessments (NASA); Epidemiological syntheses and Modes of Transmission (MOT) studies by GAMET at the World Bank; the AIDS Strategy and Action Plan Service also at the World Bank; and the Report of the Commission on AIDS in Asia. These tools can help provide the information to inform national policy and guide resource allocation. But analysis has not yet been followed by the necessary level of dissemination, policy dialogue and strategy reform to generate change, although some isolated examples can be found such as the Great Lakes Initiative on AIDS (GLIA) which has redefined their role and developed a new strategy and in Tanzania, which is conducting an institutional assessment, both based on the information revealed in the MOT synthesis.

The need for strategic vision about UNAIDS role is particularly important in middle income and incipient middle income countries. As donors withdraw, UNAIDS needs to clarify its role to support governments to sustain funding, and to focus on high value technical support (Iran, Kazakhstan, Vietnam).

- **UNAIDS has been effective at developing relationships with partners**

Perceptions about the effectiveness of UNAIDS in developing relationships with other partners are generally positive, but with some interesting variations. All respondents feel that the relationship with the private sector is weak, 36 percent recording ‘not very effective’ and 32 percent, ‘fairly effective’. Although development of relationships with NGOs is thought to be effective by most respondents, 31 percent of NGOs themselves consider UNAIDS to be ‘not very effective’ at developing good working relations. In contrast, 68 percent of PLHIV organisations thought UNAIDS was ‘very effective’ or ‘fairly effective’ at developing relations with PLHIV.

- **Synergies have been developed in the field of research and resource tracking**

One active area of work by the secretariat has been to improve the conduct of biomedical HIV prevention trials. UNAIDS with WHO published in 2007 *‘Ethical considerations for*

biomedical HIV prevention research' an update of the heavily used UNAIDS guidance document from 2000. UNAIDS with AVAC (AIDS Vaccine Advocacy Coalition) published the companion UNAIDS/AVAC Good participatory practice guidelines for biomedical HIV prevention trials. It provides systematic guidance on the roles and responsibilities of entities funding and conducting biomedical HIV prevention trials towards participants and their communities.

WHO and UNAIDS Secretariat promote the development and availability of safe and effective HIV vaccines for public use, including the availability of such vaccines in the public sector of developing countries on preferential terms. UNAIDS and WHO through 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 IAVI beginning in 2003. This has had a positive benefit on enhancing research capacity through the establishment of four Centres of Excellence (Coordinating and Resource Facilities) at African research institutions, to act as the principal mechanism for implementation of AAVP activities. These are Biomedical Research (Dakar, Senegal, Souleyman M'Boup), Communications and Media (Nairobi, Kenya ACEcom), Regulatory (under discussion) and Ethics, Law and Human Rights (Doug Wassenaar, University of Kwa Zulu Natal, Durban).

Other synergies can be found in the monitoring of finance for research and development. 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 in being produced on average 6-9 months earlier than the official statistics and they are different by including other financing flows not included as ODA.

Non-commercial financing flows to support research and development for vaccines and microbicides have been tracked in a collaborative arrangement of UNAIDS with IAVI, AVAC, and Alliance for Microbicide Development by constituting the "Resource tracking working group for vaccines and microbicides". There have been annual publications since 2004 as well as regular publications in international scientific meetings.

The financing flows from the philanthropic sector have been followed up through collaborative agreements between UNAIDS and the Founders Concerned about AIDS (FCAA) for US based foundations and by the European Founders Center (EFC) for Europe based organisations. UNAIDS has fostered the creation of the working group for philanthropic HIV resource tracking. There have been produced annual or biannual publications and methods have been aligned to make results comparable across organisations.

- **Synergies have been generated among development partners and organisations of vulnerable populations and people living with HIV**

Widely identified synergies have arisen where UNAIDS has interacted with civil society organisations and PLHIV. The most significantly quoted examples are where:

- The secretariat has acted as an advocate for e.g. greater civil society representation on the CCM (Haiti)
- The secretariat has been a broker to resolve conflicts between rival networks (DRC); to enable forums of PLHIV to interact (with the Global Fund sub-recipients forum in Haiti); and to resolve conflicts by chairing the CCM in Peru
- Where support has been given to national networks of vulnerable populations and PLHIV (Indonesia, Peru, Swaziland, and Ukraine)

Other notable examples are the ability of UNAIDS to bring technical support to complement donor finance. Examples have been quoted from: Cote d'Ivoire – technical support from the RST to complement funding from PEPFAR; India – support from DFID for the secretariat country office functions; Indonesia – technical coordination by the UNAIDS Secretariat complementing a multi-donor trust fund financed by AusAID and DFID; and Iran – collaboration with the Global Fund and Ministry of Health to support 'positive clubs', with the Dutch Embassy for capacity building of NGOs; and timely provision of technical support to help seed ideas about implementation strategy, also in Iran.

- **Whilst there has been good support to develop national M&E capacity (see findings under Question J, Technical Support) there is little evidence of a systematic and good quality approach to evaluate different interventions, policies and strategies implemented across many partners**

The focus of support for M&E from the secretariat headquarters has been for the development of sound indicators and for national capacity building in M&E. This is discussed under Question J, Technical Support to National HIV Responses. UNAIDS has focused on monitoring, and evaluation has been somewhat neglected.

A very mixed picture emerges of support to evaluation of interventions, policies and strategies. Many countries have used evaluation for *ad hoc* investigations into aspects of the national response and these are documented, for example, in Cote d'Ivoire, Kazakhstan, Ukraine, Haiti and Iran. A few good examples have been seen of the use of epidemiological syntheses by GAMET or of behavioural surveillance surveys in Ethiopia and Vietnam, where 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.

Although UNGASS reporting has in most countries been recognised as a positive influence to a more systematic and transparent use of information, the CRIS system

developed by the secretariat has not been used at country level much beyond basic reporting.

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 and nor have there been any joint evaluations at global level.

Q (e) STRENGTHENING HEALTH SYSTEMS

TOR QUESTIONS

To what extent have the secretariat and cosponsors strengthened health systems through their work; and to what extent has others' work on health system strengthening supported the achievement of UNAIDS' objectives?

Hypothesis: UNAIDS has taken a constructive approach to incorporating health system issues in overall strategy and in the support it provides at country level

Finding: No significant added value of UNAIDS as a joint programme as yet. Increased funding of health systems strengthening by major HIV donors and inclusion of health systems issues in national AIDS strategies is difficult to attribute to UNAIDS.

Preliminary findings

- **UNAIDS approach to health systems strengthening and role vis-à-vis global initiatives is not clearly articulated**

All stakeholders agree that strengthening health systems is critical to deliver HIV objectives, but there is no clearly articulated UNAIDS position (although a recent meeting of the secretariat and cosponsors in Washington DC reviewed this). There is reported to be a clear position within the secretariat, set out in statements and speeches by the Executive Director, but external awareness of this is limited.

Most secretariat and cosponsor respondents to the web survey consider UNAIDS to have made a strong or moderate contribution to global dialogue on HIV and health systems, but other respondents rated the contribution less highly. Interviews with global informants and country visits indicate 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

The respective roles of the secretariat, WHO and the World Bank have not been defined and agreed. The comparative advantage of the secretariat is unclear and there is a perception that the secretariat has been cautious about engaging in the issue, since WHO considers health systems strengthening as falling within its mandate. The WHO HIV Department has developed technical guidance, for example, on priority interventions for HIV that include health systems strengthening and on issues such as human resources for health and task shifting, but acknowledges that it needs to do more to articulate a clear position and to improve understanding of health systems and of what needs to be done to strengthen health systems. This is, however, complicated by the separation of responsibility for HIV and health systems within WHO. The World Bank, which also has an institutional separation of responsibilities for health and HIV, has had limited engagement on the issue of HIV and health systems strengthening although the HIV team

is doing some useful work on developing a programmers guide to the relationship between HIV and health systems strengthening. Weak links between HIV and health work within cosponsors was highlighted as an issue by many informants.

The secretariat plans to recruit staff to increase its capacity to work on HIV and health systems issues, specifically to articulate a clear position, bridge the gap between health systems strengthening and AIDS exceptionalism advocates, ensure cosponsor coherence, harmonise technical support and strengthen coordination at country level. The approach taken will be similar to that for work on TB and engagement with GAVI, both areas where there has been good collaboration, for example, WHO and the secretariat have established a common position for engagement with GAVI.

The UNAIDS Secretariat and Cosponsors participate in IHP processes, but not as a joint programme. For example, the secretariat, WHO and UNICEF are involved in the IHP working group on validation of national health plans and the secretariat, UNICEF and UNFPA are represented on the IHP international financing task force for health. The secretariat supports WHO and World Bank work in this area and is a signatory to the IHP+ global compact, which brings together H8 agencies and others. What this means for UNAIDS at country level is unclear. In Ethiopia, for example, which is an IHP compact country, the UNAIDS Secretariat is a signatory to the compact, but the implications of this for the work of the secretariat or the joint team do not appear to have been defined.

Global informants highlighted the need for UNAIDS, and the UN general, 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 Millennium Development Goals.

- **UNAIDS has not had a substantial influence on HIV and health systems strengthening at country level**

Country visits suggest that UNAIDS as a joint programme has had limited influence at country level. Few joint teams have developed a common position on health systems strengthening – although the team in Vietnam plans to do this in 2009 and the secretariat and cosponsors played an important role in development of the health sector HIV response Road Map in Ethiopia. The secretariat is documenting good examples and analysis of responses to a question about UNAIDS work in health systems strengthening in the 2008 questionnaire sent to UNAIDS Country Coordinators will be available in mid-2009.

Health systems strengthening initiatives are mainly implemented by individual cosponsors. Cosponsors have made an important contribution. For example, WHO has used HIV-related issues as a platform to promote health sector reforms and to strengthen aspects of health systems such as human resources, laboratory services and drug resistance surveillance, and UNFPA has provided considerable support to strengthen convergence between HIV and sexual and reproductive health services.

Lack of a common UNAIDS approach at country level reflects the lack of a clear global position and limited expertise. UNAIDS Secretariat and Cosponsor staff were not aware of any guidance from secretariat or cosponsor HQ on HIV and health systems strengthening. Staff are also poorly informed by HQ about developments in global aid architecture such as the IHP and about developments in policy and financing by the Global Fund, PEPFAR and other global initiatives. The secretariat has recognised the need to bring UNAIDS Country Coordinators up to speed on these issues and to ensure that their role is clear.

- **Health system issues are, by and large, included in national HIV strategies**

In most of the 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. UNAIDS' contribution to ensuring health system issues are addressed in HIV and AIDS strategies was rated reasonably highly by secretariat and cosponsor respondents to the web survey but less so by other categories of respondents.

National context – in particular institutional structures – appears to be a more important factor in determining whether or not health systems issues are addressed in HIV strategies than the influence of UNAIDS. In countries where the National AIDS Council is under the Ministry of Health, health sector issues tend to be well reflected in HIV strategies. In Ethiopia, for example, health systems issues are included in the national HIV strategy, reflecting the strong health sector lead of the HIV response. In Cote D'Ivoire, where the health sector is weak, health systems issues are less well reflected in the national HIV strategy. In countries where there is a strong institutional separation between health and HIV and systems are highly vertical, such as India and Ukraine, there are fewer opportunities for UNAIDS to influence. Country visits identified missed opportunities to ensure that health system issues are addressed adequately in Universal Access plans.

Informants and country visits also highlight the need for UNAIDS to tailor its approach to health systems strengthening to the epidemic context. For example, generic health systems strengthening is less relevant in countries with a concentrated epidemic, such as Ukraine and Iran, where specific targeted services may need to be provided in parallel.

- **Major HIV donors have increased allocation of funds for health systems strengthening**

There is evidence of increasing funding for health systems strengthening by major donors such as the Global Fund and PEPFAR. Global Fund guidelines changed in 2007 – this policy shift is largely attributed to the influence of bilateral donors, countries and WHO rather than to UNAIDS – and most proposals now include health systems strengthening. In Ethiopia, for example both the Global Fund and PEPFAR are providing significant funding for health systems strengthening, although this is due to the strong leadership of the response by the Ministry of Health. Indonesia's Global Fund Round 8 and 9 proposals include health system strengthening, but again UNAIDS influence on the inclusion of health systems issues appears to have been limited. However, UNAIDS, WHO in

particular, has provided important technical support for the health systems strengthening component of Global Fund proposals.

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

WHO is doing some work on how HIV funding can strengthen health systems through its Positive Synergies initiative. Both the secretariat and WHO acknowledge that the evidence base on the extent to which HIV funding has strengthened or undermined health systems is weak – for example, there is limited evidence about which areas of health systems HIV funding has strengthened or about diversion of staff from public health services to HIV-specific programmes – and that more needs to be done to document and analyse experience. This is confirmed by the response to web survey questions about collecting and sharing evidence on HIV and health systems strengthening. While most secretariat and cosponsor respondents rated the contribution of UNAIDS as moderate, respondents outside the UN mostly felt UNAIDS had had no visible role.

- **Strengthening systems in other sectors is also critical**

Although the evaluation design does not specifically refer to UNAIDS' role vis-à-vis a multisectoral response, this issue was raised in relation to concerns about a shift towards a 'medicalised' response led by the health sector. Informants highlighted the need for ongoing support for the engagement of non-health sectors and for UNAIDS to advocate for strengthening systems in sectors that also play a critical role in the HIV response such as education and social welfare. Concerns were expressed that UNAIDS has not made a convincing case for a multisectoral response and that efforts to support mainstreaming, for example, through the World Bank MAP, have not been very effective. Related to this, UNAIDS needs to identify and focus on priority sectors rather than mainstreaming in general and to evaluate the added value of a multi-sectoral approach.

Q (g) DELIVERING AS ONE

TOR QUESTIONS

Assess the impact of UN Reform, Global Task Team (GTT) and the Paris Declaration on Aid Effectiveness on how UNAIDS is viewed (by countries, co-sponsors donors and staff) and on how it works to meet its mandate (particularly in countries). Implications and choices for the future should be identified.

Hypothesis: The broader UN reform process and implementation of the Paris Declaration on Aid Effectiveness has fostered greater acceptance of UNAIDS' approach both within the UN and by the wider range of stakeholders at country level.

Finding: Neither UN reform nor commitments made under the Paris Declaration have significantly affected the way UNAIDS works, though some benefits have arisen through joint teams at country level.

UNAIDS is best understood as an institution comprised of eleven organisations, the cosponsors and secretariat,² which has great implications in terms of understanding how it can be expected to work. As well as looking at the internal processes within each organisation it means a need to understand the formal and informal rules and conventions that dictate how these organisations relate to each other and how these rules are enforced. The key question with UN reform and Paris therefore is the degree to which they have affected how the ten cosponsors and secretariat interact with each other and collectively with external stakeholders, and enhanced the effectiveness of UNAIDS as an institution.

The Secretary-General has launched three sets of proposals on reform of the UN and how the agencies relate to each other, in 1997, 2002 and 2005. Those implemented in 1997 are the most relevant to inter-agency coordination.

Preliminary findings

Has UN reform enhanced the work of UNAIDS at the global level?

- **UN reform has not significantly affected the rules and conventions that dictate how the ten cosponsors and secretariat, interact with each other and collectively with external stakeholders at the global level. This is partly because the major focus of reform has been at the country level.**

Dealing first with oversight, while not itself a major focus of UN reform, the Economic

² An organisation is a social arrangement which pursues collective goals, which controls its own performance, and which has a boundary separating it from its environment. The ten Cosponsor agencies and the secretariat would be defined as separate organisations. The concept of the institution extends the analysis beyond the boundary separating an organization and individuals within the organization from the external environment to include the formal constraints (e.g. rules, laws, constitutions), informal constraints (e.g. norms of behaviour, conventions, codes of conduct), and their enforcement characteristics which influence what an organization does. Thus UNAIDS is an institution.

and Social Council (ECOSOC) is mandated to provide *coordination* and *guidance* to the UN system including for implementing the policy guidance of the General Assembly established in the triennial comprehensive policy review.³ However, as noted under evaluation question (b) on governance, neither ECOSOC nor the PCB can direct the specialised agencies in what they should do, although it can do so for the ExCom agencies (UNDP, UNFPA, UNICEF and WFP). The Secretary-General's High Level Panel, reporting in 2006, concluded that ECOSOC is ineffective.⁴

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

Strengthening of programmatic cooperation and common approaches between UN agencies was central to the 1997 reorganization. At global level, this led to the creation of the UN Development Group (UNDG), chaired by the Administrator of UNDP, which has mostly focused on coordination at country level. It also led to establishment of the Chief Executives Board (CEB) in 2000, which meets regularly and is supposed to take a strategic lead in fostering coordination and cooperation on a whole range of substantive and management issues facing United Nations system organizations. The evaluation has found no evidence to disagree with the conclusions of the 2006 Report of the Secretary-General's High-Level Panel on the operation of the CEB:

63. The UN Chief Executives Board, established in 2000, has led to some improvement in interagency coordination. The High-level Committees on Programmes and Management have developed more coherent approaches to system-wide themes and coordinated approaches to reform business processes. But the Board's potential has been underexploited, its decision-making role underused. An effective results-oriented Chief Executives Board as a counterpart to a better functioning Economic and Social Council would enhance coherence throughout the system.

The degree to which the member-states are willing to initiate more fundamental reform of how the agencies will interact and coordinate with each other was summarized during an informal consultation of the General Assembly (GA) on governance on 17 April 2008.⁵ In terms of UNAIDS and its operation, the consensus provides little evidence that the 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. This would include increased harmonization of business practices across UN agencies, strengthening the functioning of ECOSOC, and use of the

³ Some aspects of reform are reflected in the triennial comprehensive policy review, but only at a broad level of principles.

⁴ 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

⁵ <http://www.un.org/ga/president/62/issues/resolutions/FinalConcludingStatement.pdf>

comprehensive policy review process. There is little evidence of an intention to significantly enhance the incentives for UN agencies to coordinate their work at global level.

Has UN Reform enhanced the role of the regional functions in inter-agency coordination?

- **The Regional Directors' Team (RDT) approach did not significantly affect the effectiveness of coordination mechanisms at country level during the evaluation period**

Reform has centred on the Regional Director's Team (RDT) approach, adopted by the Chief Executives Board (CEB) in 2005, and implemented from 2005. Note that this approach is not specific to AIDS but covers all areas of work of the agencies participating.

In the context of the RDTs providing a stronger oversight role of coordination and holding country level heads of agencies accountable for enhanced coordination, the overall conclusion is that the RDT approach did not significantly affect the effectiveness of coordination mechanisms at country level during the evaluation period. This is because the RDT approach was not fully operational and inclusive of all major UN agencies.

The overall reform process has also high-lighted the role of the regional function in quality assuring joint planning processes by the UN at country level. Evidence from all 12 of the country case studies was consistent that this had not happened. The evaluation has found no evidence from review of other documentation that suggests that this finding is not applicable for all the countries where UNAIDS is active.

Has UN reform enhanced the work of UNAIDS at the country level?

- **Reform at country level has fostered new working methods in joint teams but a lack of institutional incentives has held back progress**

The Secretary General's reforms of 1997, including establishment of the UN Development Group (UNDG) charged with supporting greater coordination at country level and operationalisation of the CCA and UNDAF processes have increased awareness among UN Country Teams (UNCTs) of the need for joint working.

These reforms and other support/guidance issued by the UNDG facilitated acceptance of the HIV/AIDS Theme Group approach, which was UNAIDS' main approach at country level until 2006. This initial reform, allied with the Secretary-General's letter of 2005 mandating creation of joint teams for AIDS, undoubtedly increased the rapid acceptance of the joint team concept at country level.

There is however little evidence that broader UN reform has enhanced the effectiveness or speed with which the joint team concept has been operationalised at country level. The fundamental problem has been that the reform process has not significantly enhanced the incentives for UN agencies to work together at country level or addressed the

constraints and difficulties of working as one. Barriers to working together identified in the 12 country case studies included:

- Active support and engagement is required from the heads of agencies at country level, yet increased coordination and joint working is not included in their performance assessment frameworks. Instead, these frameworks are still focused on meeting the needs and goals of the individual UN agencies as reflected in their individual mandates and corporate results frameworks.
- Corporate mandates and the need to be visible are still highly important and re-enforced by corporate reporting systems which are designed to meet HQ needs. Quality control mechanisms within agencies, which are run from headquarters or regional level, invariably focus on such issues when reviewing country level planning documents and results frameworks.
- Each agency has its own set of business and administrative systems, with different requirements and terminology for work planning and reporting and differing lengths of planning cycle. Staff are compelled to meet these internal requirements, which inevitably means that joint working requires running two sets of procedures and increases transaction costs. Some modest harmonization of planning cycles and business practices (such as the Harmonised Cash Transfer system) have been introduced across the ExCom agencies.
- Competition for funding between UN agencies persists and agencies have not allocated budgets for joint working.
- Pooling money from individual UN agency budgets is administratively difficult and therefore joint activities are almost always still managed as separate but parallel projects.

There are currently four areas in which on-going work may in future affect the incentives for working together at country level. These are:

- 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.”⁶ The RC is also responsible for coordination of the UN Country Team 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. An RC able to fulfil these roles effectively would therefore significantly enhance the incentives for UN agencies to work together. Development of the fire-wall concept, which strives to separate the Resident Coordinator (RC) from their role as head of UNDP in-country should bolster the perception from other UN agencies of their impartiality and enhance their capacity to fulfil their role as a coordinator.
- Assigning accountability to the RC for developing fund allocation criteria for Joint Programmes under the new RC Accountability Framework agreed in August

⁶ ACC Guidelines (1999), para 9, RC Job Description and Principles of Accountability

2008 allows the possibility of the RC having some leverage on prioritizing what the UN does at country level and enhance moves towards development of coherent and prioritized programmes of UN support at country level.

- Work on-going by key member-state governments on changing how they fund the UN and structuring future funding to encourage joint programming at country level.⁷
- The plan of action for the harmonization and reform of Business Practices in the UN system developed by the High Level Committee on Management and recently approved by the CEB, which focuses on (1) achieving efficiencies and (2) promoting the concept of delivering as one at the country level.⁸

Many of the challenges for getting the UN agencies to work together were also identified as challenges to the bilateral donor agencies in implementation of the Paris Declaration by a 2008 independent evaluation of the Declaration.

Has the Paris Declaration on Aid Effectiveness impacted on how UNAIDS is viewed (by countries, co-sponsors donors and staff) and on how it works to meet its mandate

- **There is little evidence to suggest that the implementation of the Paris Declaration has directly affected, or enhanced the effectiveness, of the work of UNAIDS at country level.**

The most obvious affect of the 2005 Paris Declaration on the work of UNAIDS at country level would be through enhanced acceptance of the 3 Ones (launched 2004):

- **One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners.
- **One** National AIDS Coordinating Authority, with a broad-based multisectoral mandate.
- **One** agreed country-level Monitoring and Evaluation System.

One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners closely accords with the Paris Declaration principles of ownership by countries and alignment with countries' strategies, systems and procedures. One agreed country-level Monitoring and Evaluation System, in turn, accords with the Paris Declaration principles of managing for results and mutual accountability. However, Paris is silent on the issue of multisectoral coordination.

In terms of internal incentives for UN agencies and staff to engage in the PARIS agenda, the 2008 Evaluation of the UN's contribution to the implementation of the Paris Declaration on Aid Effectiveness⁹ found that "*When assessing incentive systems in place, the findings are discouraging. Those who are expected to take primary responsibility in*

⁷ See Expanded 'Delivering as One' funding window for achievement of MDGs and Multi-donor Trust Funds at <http://www.undg.org/>

⁸ <http://hlc.unsystemceb.org/hlcmdocs/03/>

⁹ H. Wyss, J.M. Eriksen., and N. Matshalaga (2008) Evaluation of the UNGD 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

implementing the Paris Declaration, the Resident Coordinators, find incentives specific to this endeavour weak. The performance evaluation of Resident Coordinators (which include an assessment from agencies forming part of UNDG) directly addresses Paris Declaration-related responsibilities. However, for the many other UNDG member staff involved in the implementation of the Paris Declaration, this dimension is assessed in their performance evaluation only indirectly, mainly through agreed work programmes. Incentives to implement the Paris Declaration to become effective therefore cannot only rely on traditional incentive systems focusing on the immediate actors concerned; the approach to incentives requires a broadening through addressing directly the factors that stand in the way of greater progress, especially with respect to harmonization.” These findings echo many of the findings on the status of incentives for enhanced cooperation and coordination between UN agencies at country level found in this evaluation.

The main finding from the 12 case studies was that there was little evidence to suggest that the implementation of the Paris Declaration has directly affected, or enhanced the effectiveness, of the work of UNAIDS at country level. In 10 of the 12 case study countries, the Paris Declaration has not been a significant policy agenda. In most cases this has reflected the fact that these were middle-income countries with only a relatively limited number of donor agencies or that the country is in a post-conflict situation and therefore political commitment has yet to be translated into operational differences. In those countries where Paris was an important policy agenda, this policy focus pre-dated agreement of the Paris Declaration.

Have the recommendations of the GTT impacted on how UNAIDS is viewed (by countries, co-sponsors donors and staff) and on how it works to meet its mandate

This issue is addressed under other evaluation questions. How the PCB has tracked the implementation of the recommendations and the responses of the cosponsors and secretariat are covered under question (b): Governance of UNAIDS. How the GTT recommendations have affected the way that UNAIDS works is covered under question (d): The Division of Labour between the secretariat, cosponsors, Agencies and Countries.

How UNAIDS Works

Q (b) GOVERNANCE OF UNAIDS

TOR QUESTIONS

A review of the governance and accountability structures of UNAIDS (Program Coordinating Board, Committee of Cosponsoring Organizations and the Unified Budget and Workplan), and its relationships with the cosponsors and other UN bodies.

Progress on recommendations of the Global Task Team (GTT) review and the Review of NGO/Civil Society Participation in the Programme Coordinating Board

Hypothesis: Governance of UNAIDS has responded to the recommendations of analytical reports, and has enabled the development of improved accountability and performance in line with the objectives of UN Reform.

Finding: Governance of UNAIDS has not improved during the evaluation period.

Preliminary findings

Governance oversight

- **Neither ECOSOC nor the PCB has authority over the cosponsors**

UNAIDS was established under an ECOSOC resolution and ECOSOC still retains formal governing responsibility in relation to UNAIDS. But that function is exercised at a broad oversight level and oversight has been delegated to the PCB. However, the extent to which ECOSOC, and by extension the PCB, can exercise a governance role in terms of the UNAIDS' Cosponsors is limited. This reflects the way in which the UN was established. For the ExCom agencies – UNDP, UNICEF, UNFPA and WFP – the executive boards are subject to the authority of ECOSOC and are expected to bring to the Council's attention issues requiring its guidance. ECOSOC's role relative to what are termed the specialised agencies,¹⁰ as mandated under the founding UN Charter, is more limited. ECOSOC's role is limited to the coordination of the activities of the specialised agencies through consultation. Therefore unlike for the ExCom agencies, it has no role in developing and approving specific guidance to the governing boards or management of the specialised agencies. This role remains entirely with the Governing Boards of the individual specialised agencies. In simple terms, neither ECOSOC nor the PCB can therefore direct the specialised agencies in what they should do.

¹⁰ The term "specialized agencies" refers in this document to those agencies mentioned in article 57 of the UN Charter that have been brought into relationship with the UN under agreements approved by the GA. Six of the ten Cosponsors are specialized agencies: ILO; UNESCO; WHO; UNHCR; UNODC and World Bank. The rest are classified as Programmes and Funds.

- **Influence by the PCB depends on the extent to which cosponsor boards act on PCB decisions**

If governance of the individual cosponsors lies with their individual governing boards, ensuring that PCB recommendations and decisions are considered by the individual governing boards is important. But experience to date, shows that this has been difficult. (Table 2)

Table 2

Agency	Governing Boards discuss HIV on regular basis?	Governing Boards discuss decisions of the PCB ¹¹	Governing Boards have made a decision based on a decision of the PCB?	UBW and corporate results frameworks share same results indicators?
ILO	✓	X	X	X
UNDP	✓	✓	X	X
UNESCO	✓	X	X	X
UNFPA	✓	✓	X	✓
UNHCR	✓	X	X	X
UNICEF	✓	✓	X	✓
UNODC	✓	✓	✓	✓
WFP	✓	✓	X	✓
WHO	✓	X	X	X
World Bank	X	X	X	X

Source: Governing Boards' documentation

With the exception of the World Bank, governing boards do discuss HIV and performance of the concerned agency. However, only the ExCoM agencies consistently discuss decisions of the PCB, although most of the boards have discussed implementation of the GTT recommendations. No cosponsor governing board has made a decision based on a decision of the PCB and therefore while discussion of AIDS by these boards may be a signal to management of the concerned agency that it is a policy priority, other governing boards have not moved to actively direct what the cosponsors actually do in the area of HIV/AIDS. An alternative approach to strengthening the linkage would be to ensure that individual cosponsor agencies use the same indicators in their own corporate results framework as are found in the UBW, as this would serve to strengthen accountability of the individual cosponsor agencies. We find that four cosponsors do share common indicators, but the other six do not and the opportunity to do so in these other agencies is limited.

- **There is no formal provision to track performance of either the UNAIDS Secretariat or the Executive Director**

The ECOSOC resolution establishing UNAIDS makes no mention of the secretariat. Further, the PCB's *modus operandi* describes neither 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*

¹¹ 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.

as the Programme may require'. As such, there appears to be a gap in terms of defining who has formal responsibility for tracking performance of the secretariat, as opposed to UNAIDS as a whole, although both the PCB and CCO have a potential influence through their role in approving the overall budget of UNAIDS. In this context, it is also important to note that, as with all heads of UN agencies, there is no formal system for assessing the performance of the Executive Director of the UNAIDS Secretariat.

- **The PCB concentrates on policies and priorities for future action rather than reviewing past performance and linking that to future plans**

Moving to the role of the PCB in governance of UNAIDS, eight functions are identified and there is evidence that the PCB does cover all eight. However, responses to the PCB survey conducted as part of this evaluation 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 (Function 1)'*.¹² These responses are in accord with evidence from review of PCB agenda over the evaluation period, which suggest a board that has focused primarily on future actions and plans of UNAIDS.

But in fulfilling this role there are significant concerns among PCB participants that there is a lack of clarity over what the cosponsors plan to do; what they have actually achieved; and in particular the degree to which what they do is based on a comparative advantage of one cosponsor relative to the other cosponsors and the secretariat.

Perhaps surprisingly, the evidence shows little focus by the PCB on the review of past performance and the implications for future plans. A particular gap in performance monitoring has been the lack of attention on assessing the added value of having a UNAIDS joint programme rather than a loose collection of ten UN agencies, given that this is the *raison d'être* of the institution.

- **The UBW process lacks transparency and does not influence the programming intentions of the cosponsors**

The main tool available for the PCB to affect the broad policies and priorities of the cosponsors is the UBW. While UBW language may be shifted in response to PCB decisions and discussion, little evidence was found showing a direct and transparent link between PCB decisions and programming intentions defined in the UBWs. Interviews with those involved in the UBW process were clear that the UBW process itself does not significantly affect initial programming intentions and that there is a tension between developing a document useful for communicating with the PCB and a tool for internal planning within the individual agencies. If there is a link, it is therefore either because

¹² Functions (ii) and (iii) were also high-lighted in responses, but these can be seen as aspects of function (i). Function (ii): To review and decide upon the planning and execution of the Joint Programme. For this purpose, it shall be kept informed of all aspects of the development of the Joint Programme and consider reports and recommendations submitted to it by the CCO and the Executive Director; Function (iii:) To review and approve the plan of action and budget for each financial period, prepared by the Executive Director and reviewed by the CCO.

PCB decisions affect programming intentions of individual cosponsors outside of the UBW process or as part of the UBW consultations which are held with the various constituencies within the PCB. The implication therefore is that the link between programme intentions and PCB decisions is not transparent.

Review of the agenda of the PCB meetings also shows a growing focus on technical, rather than oversight, issues on the PCB agenda. This does not accord with the prescribed functions, which describe a Board focused on management oversight, rather than technical issues. However, the technical focus does play to the strengths of the PCB participants and is an area in which there is evidence of the PCB affecting what cosponsors do. Global coordinators were split equally between those who could identify policies endorsed by the PCB that had significantly affected what the agency had done and those who could identify no policy that affected what the agency had done.

PCB capacity and working

- **Members of the PCB believe it is managed efficiently and there is little interest in reforming the process**

Participants of the PCB in general have engaged with the Board over an extended period of time, are well briefed, and often have strong relevant professional backgrounds. However, excepting for the member-states' participants, first-hand experience of how other UN Governing Boards operate is limited, and even within the member-states, experience is mainly with how the World Health Assembly/WHO Executive Board operate.

PCB participants believe that the setting of the agenda has been managed in an efficient and effective manner. Significant majorities of participants also agree that the present frequency of PCB meetings and the three-day format are adequate.

Recommendations on the working of the PCB have been made on several occasions that would have required member-states to take the issue to the ECOSOC for a decision. On no occasion have such recommendations been discussed in a PCB plenary and there is no evidence that member-states see great need to bring the issues of amendment of either the UNAIDS mandate or membership of the PCB to ECOSOC.

The main focus of recommendations to enhance the working of the PCB that have been taken forward has been on the operational aspects of how the PCB has functioned, and in particular, on how to enhance coordination and participation both between and during PCB meetings and monitoring follow-up on Board decisions. In terms of capacity between meetings, the experience of the GTT Reference Group shows that capacity to expand work demands between sessions remains limited.

- **Influence of the NGO Delegation is not undermined by not having voting rights; voice is undermined more by other arrangements in the PCB**

Experience has shown that the NGO Delegation plays an important role in the working of the PCB. However, recommendations to give voting rights to the NGO Delegation have

neither been systematically discussed within PCB meetings nor by the member states that are members and observers to the PCB. Review of the recommendations endorsing extension of voting rights shows that these do not analyze the context of governing boards where NGOs and others do have voting rights. Review of organizations such as UNITAID and the Global Fund, which are normally quoted as the precedents for extending voting rights on the PCB, shows that these organisations focus on coordinating the work of a wide range of partners, of which only some are from the UN. Therefore, they have been established on a different legal basis, as independent Swiss Foundations, and there is no expectation that they fit within the standard UN accountability systems. By contrast, UNAIDS was established as a joint and co-sponsored United Nations programme and the function of the PCB is management oversight of this programme. Voting rights for NGOs are therefore neither necessary nor relevant under the present legal basis and as long as the purpose is oversight of a joint programme of UN agencies rather than a mix of UN and other organisations.

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 within institutions; a positive contribution to good governance. The fact that the PCB has never had a formal vote, despite the option for member-states to vote, suggests that this is the view of many of the PCB participants over the evaluation period. While significant investment has been made in enhancing voice among participants, challenges to effective voice remain in several areas, including that:

- Voice is affected by the style in which PCB meetings are chaired.
- Management of the drafting group process remains a challenge.
- The informal agreement that only one cosponsor should speak on an issue.
- Whether participants have sufficient capacity and time to participate fully in the work of the PCB.

Follow-up of Board decisions – the example of the GTT recommendations

- **The PCB has tracked implementation of some GTT recommendations but not the degree to which PCB decisions, as opposed to GTT recommendations, have been reflected in the work programmes of the cosponsors and secretariat.**

The PCB has persisted at tracking aspects of implementation of the GTT recommendations. This work has been incomplete as there has been little systematic reporting of progress against recommendations relevant to the Global Fund, and to a lesser degree the World Bank, and the implications of Global Fund commitment and delivery against the GTT for the effectiveness of work carried out by UNAIDS.¹³ Within this context, progress against the GTT recommendations has never been discussed by the World Bank's own Executive Board. Reporting to the PCB has focused on progress towards implementation of the GTT recommendations and discussion of what has been done. There has been no systematic monitoring of the degree to which PCB decisions, as opposed to GTT recommendations, have (i) been reflected in the work programmes of the

¹³ 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.

cosponsors and secretariat or (ii) the implications, if PCB decisions are not acted upon by either the organisations within UNAIDS or those more widely, including national governments and the Global Fund.

The PCB requested regular reporting from the secretariat on actions taken on PCB decisions to be reflected in the annual report of the executive director. In terms of whether this request was operationalised, findings from review of PCB documentation are that: (i) The PCB did not clarify which decisions it expected to be covered in the Executive Director reports; and (ii) No Executive Director report from 2004¹⁴ onwards has included a systematic review of progress organised around specified PCB decisions.

The role of the CCO

- **The Heads of Agencies of the cosponsors are increasingly disengaged from the work of UNAIDS and the CCO does not perform the function for which it was created**

The CCO is the only standing committee of the PCB.¹⁵ There is little evidence that the CCO fulfils the roles assigned to it under the PCB *modus operandi*.

Interviews with the cosponsor global coordinators (GC) suggest that such work has increasingly been delegated to the global coordinators. Concern over the gradual perceived disengagement at the heads of agencies over the evaluation period was consistently identified as a major issue by senior staff in the secretariat. Interviewees state that from around 2004, as UN reform and other issues, such as climate change and what to do about reforming how UN's gender support is organised, became more high-profile, heads of agencies became less engaged with AIDS. This diminishing level of engagement and a failure to identify a new role seems to have underpinned the decision in June 2007 by the CCO to move away from regular formal meetings.

Nine of the ten present global coordinators believe that the main value of the CCO formal meetings is the time it allows them with their head of agency, to both brief them and lobby to keep AIDS as a policy priority. The role of the GC is discussed further in the next section under question (d) the division of labour.

¹⁴ Note that Executive Director's reports were produced until 2006. In 2007 and 2008, this report was replaced by the UNAIDS Annual Report.

¹⁵ Prior to the decision at the 23rd PCB for 'establishment of a subcommittee ad interim of the Programme Coordinating Board for the preparation of the 2010-2011 Unified Budget and Workplan...'

Q (d) THE DIVISION OF LABOUR BETWEEN THE SECRETARIAT, COSPONSORS, AGENCIES AND COUNTRIES

TOR QUESTIONS

Evaluating the efficiency of the Joint Programme in terms of coordination, consistency and compatibility of activities and programmatic strategies and, how the 'Division of Labour' (DOL) has affected working relationships in country, taking into account the perspective of national governments.

Does UNAIDS fulfill its global coordination role on AIDS?

Hypothesis: Division of Labour has led to a more focused relationship by the secretariat and cosponsors and reduced duplication and overlap of activities and functions

Finding: There is evidence of some minor reduction in duplication between agencies at the global and country levels, but little evidence that this is due to the Division of Labour. Being a member of UNAIDS doesn't change *what* UN agencies do so much as *how* they do things.

Preliminary findings

This section is divided into five topics dealing first with the cosponsors, then the secretariat followed by the UBW and the division of labour process. A note on the GTT recommendations ends the section.

The cosponsors

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 organizations, ranging from what they do (lend money, provide food or development of normative guidance and support to building capacity to implement the normative guidance at member-state level), the degree to which their operations are decentralized and authority is delegated, and the degree to which addressing AIDS can be seen as part of their core mandate.

- **Being a cosponsor has stopped some agencies from downgrading their focus on AIDS and kept it as a policy priority across the cosponsors**

Evidence suggests that the intervention of the executive director has been central to at least three of the cosponsors maintaining AIDS as a policy priority, and in at least one other case ensuring that it was not downgraded through internal re-organisation.

- **The evaluation period has seen a growing prominence of the global coordinators and their role as policy champions within their own organizations.**

At the start of the evaluation period, global coordinators (GC) were technical resource people within their own agencies, but their role has expanded considerably during the evaluation period. Key to this has been a change in the grade of the global coordinators, who are now all D1 grade staff members, which gives them greater status within their own organizations. However, the growing role of the global coordinators within UNAIDS is neither formalised nor systematically considered. For instance, CCO minutes from 2006 make reference to ‘empowered global coordinators’ but do not define what empowerment would mean and there is no evidence that this commitment was ever followed up.

- **There has been a significant increase in the capacity dedicated to work on AIDS at central and regional country level, which has often depended upon the availability of UBW funding.**

This increase in status, allied to access to funds from the UBW and the support of the UNAIDS Executive Director, has been key to the GC’s growing role as policy entrepreneurs within their own agencies and maintaining AIDS as a policy priority. The evaluation period has also seen a significant increase in AIDS capacity at headquarters and regional level for several of the cosponsors, as shown in Table 3.

Table 3: Full time equivalent staffing by cosponsor in 2003-04 and 2006-07 biennia¹⁶

Cosponsor	2003-2004			2006-07		
	Global	Regional	Total	Global	Regional	Total
ILO	15	15	30	33	10	43
UNDP	6	10	16	26	26	52
UNESCO	27	25	52	23	25	48
UNFPA	22	29	51	36	118	154
UNHCR	0	0	0	5	7	12
UNICEF	26	35	61	9	88	97
UNODC	9	12	21	11	12	23
WFP	15	12	27	7	6	13
WHO	105	80	185	146	175	321
World Bank	43	29	72	62	53	115
Total	268	247	515	358	520	878

Source: Data provided by the secretariat

¹⁶ The data presented in the table is the best available but should be interpreted with care as it includes estimates of both full-time equivalents and actual staff.

- **But there are limits to the degree to which cosponsors can realistically commit to delivering against the UBW results framework, especially at country level.**

Whilst the cosponsor heads of agency can be said to commit to delivery of outputs identified in the UBW, this needs to be considered against a background in which the heads of agencies have progressively delegated more of the work to the global coordinators and the UBW itself is too highly aggregated to practically identify what agencies commit to deliver. For example, the cosponsors and secretariat do their actual planning concurrently with the UBW process rather than through it. Results from the PCB survey and interviews with PCB members strongly signal that the UBW is not an adequate tool for explaining what the cosponsors are actually doing. Therefore, there is ambiguity over what cosponsor agencies actually have committed to deliver.

At the corporate level within an individual cosponsor agency, accountability is to its governing board for delivery against what is specified in the corporate results framework, or equivalent. Yet, for only five of the ten cosponsors, are the same indicators used in the UBW as used in the agency's own corporate results framework.

It is the Global Coordinators who are responsible for delivery of commitments in the UBW within a context where:

- Global coordinators are line managers of AIDS-dedicated staff at the headquarters and possibly regional level, but not at the country level. Only two cosponsors – UNESCO and UNFPA – directly fund staff at country level out of UBW funding.
- Line managers of AIDS dedicated staff at regional and country levels, and those who decide staffing levels at country level, are not accountable for delivery against the UBW.
- The ability of global coordinators and staff at the headquarters and regional level to interact with staff at country level is severely limited in some agencies.
- Strategic results frameworks are often used by the cosponsor headquarters to communicate priorities to the country level, yet there is very little evidence that the UBW is used in such a way at country level either by the secretariat or the cosponsors.
- UBW funding is a relatively small proportion of the money spent by most UN agencies on AIDS at country level.

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

- Ensuring that strong signals are sent from senior management to country level staff that AIDS is a policy priority.
- Ensuring that there are sufficient competent staff to carry out effective policy advocacy within the cosponsor at global and regional levels.
- Development of the normative guidance and supporting material which allows staff at country level to be credible with other stakeholders at country level.

- Using the UBW funds as seed money to compete for the allocation of other funds available within the organisation.

The secretariat

- **The role of the Executive Director as a AIDS champion within the UN has been vital**

There is clear agreement across the cosponsors of the importance of the Executive Director in keeping AIDS a high policy imperative within the UN agencies and for raising UBW funding.

- **There has been little oversight of the quadrupling in size of the secretariat's staffing in six years**

The role of the secretariat is not explicitly defined in any documentation. The evaluation period has witnessed the decentralisation of functions within the secretariat and 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. As of November 2008, the secretariat also reported that there were 715 staff on WHO contracts and a further 250 on UNDP contracts. The secretariat has therefore quadrupled in size between 2002 and 2008 and the secretariat has more staff working on AIDS at global and regional level (in November 2008 454 staff) than any of the cosponsor agencies. However, there is little evidence from PCB records of oversight of this dramatic expansion, beyond endorsement for the initial expansion in the secretariat's role at country level in 2003.

What impact has the UBW had as a tool to enhance coordination, consistency and compatibility of activities and programmatic strategies at the global level within UNAIDS?

- **The UBW process does not significantly change what cosponsors intend to do but rather the way that they do it**

During the evaluation period, three UBWs were developed, for 2004/05, 2006/07 and 2008/09. The UBW process does include some analysis of the context but is not actually a conventional planning process, which would start from an analysis of the situation and then identification of the priority actions against the situation analysis, based on capacity and resources available. Rather, the UBW represents a compilation of what the individual agencies already intended to do. Interviewees at the cosponsors were consistent in their views that the process does not significantly affect their initial programming intentions.

Simplification of what is presented in the UBW document has been a consistent theme over the evaluation period. This has mostly been reflected in the shift to using OECD-DAC terminology and a reduction in the number of outcomes and outputs over the three UBWs agreed. The UBW process has been a key opportunity for the cosponsors and secretariat to explain to the PCB members, and in particular those who are funding what is a voluntarily funded institution, via informal briefings, what they intend to do. However, evidence presented elsewhere suggests that PCB members still find it challenging to see exactly what individual cosponsors are intending to do.

In this context, the move in recent UBWs to include a programmatic budget, but no functional, budget has decreased transparency over what the money is actually used for and the differences in what the cosponsors do with their share. Moves to simplify the UBW have also decreased its relevance as a document for internal planning within the individual organisations, as it is not detailed enough for internal planning processes.

- **There is some evidence that the UBW has enhanced coordination, consistency and compatibility of activities, but the transaction costs have been high.**

Cosponsor and secretariat staff identify a modest number of cases in which the UBW process has led to slight changes in what they planned; to avoid duplicating the activities of another cosponsor. Interviews with cosponsor and secretariat staff involved in the process are consistent that the major benefit of the process is that it brings the cosponsor focal points and to some degree global coordinators together more frequently and provides a framework within which they get a better over-view of what the UN is doing and emerging issues. This makes it easier to identify who should work with whom to achieve the individual agencies' aims. There are also some who think that the increased interaction works to build trust between members of this group.

Therefore, as stated by many of those interviewed, the UBW process doesn't change what they do, but how they do it, through:

- Using evidence and guidance from another agency to adapt the approach to delivering an output;
- Developing better coordination with another agency on delivery of an output;
- The fact that there is potential for the cosponsors to develop a single consistent message on a particular issue.

Those involved in the UBW are unanimous that the transaction costs of the UBW process are high and increasing, in response to the need to use the UBW as a tool for performance monitoring and reporting. As the UBW document is too high-level to be operationally useful for annual planning within the individual organizations, this has also increased transaction costs to the cosponsors and secretariat, since the work on the UBW does not substitute for work required for internal planning processes, but is instead a separate and unrelated process.

- **The present approach to performance monitoring and reporting doesn't pick up on the added value of having UNAIDS at a global level**

If the added value from having UNAIDS at the global level lies in changing how the cosponsors and secretariat do things rather than what they do, the present approach to performance monitoring and reporting won't pick on such benefits. This is because the results framework focuses on *what* will be done, rather than *how* it will be done.

- **Resource allocation of UBW funding is not based on a transparent set of criteria, including past performance and results delivered.**

The core of a transparent system is that resources are allocated based on (i) priorities and (ii) past performance. Prioritisation is a problem because the desire for ‘agency visibility’ is overriding and there are no rewards for giving up funds to other agencies. Individual performance assessment is based on agency, not UN or joint programme, performance and most funds are raised by the individual agencies, thus further strengthening the pressure for agency individuality. In practice the UNAIDS Secretariat Executive Director has acted as arbiter of priorities and performance by deciding funding allocations. Stakeholders involved would agree that the executive director is probably the only person who could make this decision. However, these decisions have not been made using a transparent and agreed set of criteria.¹⁷ The difficulties with the present approach are two-fold. First, the PCB doesn’t ask the executive director to justify the allocation or monitor the implications of his decision. Second, without clear criteria and data, it is difficult to judge where the balance has been struck between allocating funding to ensure inclusiveness across the 10 cosponsors and funding to achieve the highest priorities and most cost-effective interventions.

The impact of the Division of Labour (DoL) as a tool for allowing UNAIDS to fulfil its global coordination role

- **There is little evidence to suggest that the DoL has had a significant impact on coordination at global level**

The Division of Labour was agreed in August 2005 but was intended primarily to impact at country, and not global, level. However, introduction of the Division of Labour has revealed a number of accommodations and continuing challenges at global level:

- Interviews with the secretariat and cosponsors revealed a diversity of opinions on what impact of Division of Labour at corporate level has had.
- Since agreement of the DoL, there has been some evolution of roles and responsibilities and these have been reflected in a series of ‘informal agreements’ made between the Global Coordinators.
- In cases where the DoL assignment of role falls clearly within the mandate of a single agency, the DoL is clear. The handing over of work on IDUs in Eastern Europe to UNODC is an example of this. However, there is little evidence that it was the DoL itself that drives such processes.
- The DoL is also seen by several of the smaller cosponsors as a clear and symbolic statement that their mandate is relevant to addressing the epidemic.
- The challenge with the DoL lies in areas where work cuts across the mandates of two or more agencies, such as in the area of PMTCT or youth. There is little evidence that the DoL and the lead agency concept have helped to manage tensions in these cases, and the evidence suggests that solutions have been more reliant upon the personalities of the people involved, than the DoL and relations between agencies/within the inter-agency task teams.

¹⁷ The exception is under the latest UBW where funding transfer is contingent on spending of the previous allocation.

- vi. The status of the DoL within the cosponsors is ambiguous and agreement on the DoL appears confined to those who work on AIDS. On occasions when the DoL has impacted on relationships with others in the organisations that don't work on AIDS, the evidence is that they have not regarded the DoL as binding.
- vii. UNAIDS has not invested significantly in communicating the implications of the DoL to other stakeholders at global level.
- viii. Those involved in development of the 2008/09 UBW were unable to show evidence of the DoL affecting the content in that document.

The impact of the Division of Labour as a mechanism for enhancing coordination and coherence within the UN's support to addressing the epidemic at country level.

The document summarizing the rationale and how it should work at country level was distributed to all UCCs by the secretariat in the latter part of 2005. There is mixed evidence of the degree to which the headquarters and regional functions of the individual cosponsors reinforced the message and commitments through their own internal communication systems. Cosponsor reporting systems are also not designed to pick up whether country based teams are conforming to the DoL and the Global Coordinators/Focal Points have found it a challenge to gather information on this issue through direct approaches to the country level staff.

- **Evidence from the case study countries is that the DoL is known about by the AIDS Joint Teams and they would claim that it is being applied.**

Evidence from the 12 case studies show that all teams are aware of the DoL and have accepted the broad principles although in two teams, at least, awareness across the team was variable.

- **There is little evidence from the case study countries that the DoL has significantly impacted on programming intentions of the individual UN cosponsors.**

All twelve case study joint teams were consistent however that the DoL had had little or no influence on their programming intentions or what they perceived as their role relative to other UN agencies. In some countries, teams reported instances of agencies moving to clarify their relative roles in specific areas of work, but no evidence was presented to suggest that such agreements had been initiated by the direct application of the DoL concept at country level. In only one case study was evidence found that application of the DoL had led either the teams, or individual agencies, to adjust either their staffing levels or the competencies of staff recruited.

- **There is little evidence from the case study countries that the DoL is known and understood by stakeholders external to the UN or has been useful to them.**

Little evidence was found of significant investment by the joint teams in communicating the DoL concept to external stakeholders. A consistent finding of interviews with external stakeholders was that they had no idea how the DoL was supposed to enhance their interaction with the UN.

The impact of the introduction of the joint team concept as a mechanism for enhancing coordination and coherence within the UN's support to addressing the epidemic at country level.

The introduction of the joint team concept from early 2006 needs to be seen in context. At the start of the evaluation period, the main manifestation of UNAIDS at country level was the UNAIDS Theme Group, which was a forum to plan, manage and monitor a coordinated UN response. The Theme Group would be at the head of agency level and would be supported by a technical working group that was composed of those who worked on the technical aspects of the UN's response. This organisational approach was similar to that used by the UN more generally for inter-agency coordination during this period, barring one significant difference. From 2003, the secretariat placed an increasing number of senior (P5/D1) staff at country level, as UCCs. The placing of a high level staff member to work on coordination within a specific area is unique to AIDS. The joint team approach was introduced with a letter from the Secretary-General in late 2005, and supported by the issuing of guidelines on the joint team in 2006 and 2008. The first guidance paper, which is extremely thorough, outlines the basic approach and identifies a number of fundamental non-negotiables in terms of what should be put in place, while the second guidance paper is more permissive and identifies approaches to implementation and options, based on feedback from the first established teams. As of March 2009, there are 80 AIDS Theme Groups and 85 joint teams in existence.

- **There is evidence of UN staff working together effectively at country level**

Joint teams are in place in most countries but it is too early to judge whether they will make a real difference in programming intentions, for two reasons. First, as illustrated in the case study countries, not all joint teams have yet developed and agreed their joint programme of support or if they have, it is a compilation of existing work. Second, as illustrated with the DaO pilots, the UNDAF process is the main opportunity to significantly change programming intentions.

However, the case studies also indicate at least three countries in which the joint team has made significant progress in changing the way in which they work and, in at least one case, what they will deliver. In these cases, the evidence suggests that it isn't the joint team approach that has driven this but rather the character and capacity of those people involved.

- **But there is no evidence from the case study countries of the joint team approach or the Division of Labour influencing staffing decisions across the agencies**

Mapping of capacity across the joint team has been done in several of the case study countries, but decisions on AIDS-dedicated staffing, and the decision over the competency required by those staff, remain an agency prerogative. There is no evidence of mapping exercises becoming an entry point into a process of prioritizing skills needs across the joint team as a whole and reflecting this in the recruitment processes of the individual staff. Mapping exercises also highlight the rapid turn-over of international staff.

- **There is little evidence that the expected benefits of the joint team approach have been captured yet**

Six benefits of the joint team approach were identified in the 2008 guidance and Table 4 below summarises progress in achieving these across the 12 case study countries:

Table 4

Benefit	Achievements to date
Led to greater working together to prepare, implement, monitor and evaluate AIDS-related activities aimed at effectively and efficiently achieving the Millennium Development Goals?	Overall finding: Some progress and may be achieved. All twelve cases show teams where increase in working together, in terms of sharing of information. Little evidence in most countries that implementing, monitoring and evaluating AIDS-related activities as a team.
Produced a coherent package of UN-supported activities that will provide the most effective support to the national response based on the UN's comparative advantages and identified gaps in national capacity.	Overall finding: Limited progress to date and will be contingent on developing JPSS that product of joint programming approach. Some evidence of joint initiation and planning of work together in three countries and development of joint projects. Joint Programmes of Support developed in eight of 12 cases, but in most cases a compilation of previous activities and projects of the individual agencies and not reflection of joint programming approach. Possibly achieved in one country.
Been an entry point for harmonization of national and external stakeholder support	Overall finding: Progress towards achievement in six of twelve countries, but little evidence that focus in other six.
Been a knowledge hub that informs the UN country team and increases AIDS competence of all UN staff members.	Overall finding: No progress Focus of the joint teams has been on information sharing and training within the team. No evidence that moved to increase awareness or knowledge in wider UN country team or that planned as yet.
Been recognized by partners and used as the entry point for technical support to the national response.	Overall finding: Some progress in five countries. Some progress in five countries that team recognized as the entry point. In other cases, either approaches made to the secretariat or individual cosponsors but not then considered as a team.
Increased external advocacy, targeted at both national and international levels, and focused on raising awareness of joint programming efforts, achievements, and opportunities to support joint programmes. Examples might include tracking the UN contribution to the national response, dissemination of the UN workplan, or development of common statements/positions for advocacy on policy issues.	Overall finding: No progress Across all cases, no evidence of joint advocacy activities.

- **Incentive systems across the UN and in the wider environment still don't reward joint working**

The challenges of changing incentive systems to foster greater working together have been extensively documented (as in the 2008 evaluation of the Paris Declaration for example). Introduction of the joint team approach attempted to address one such incentive, by making the members of the joint teams accountable in their annual performance assessments for their work on the joint team. This is unique across the UN at country level. In the 12 case studies, progress in achieving this has been mixed. In four of the countries, work in the joint team is now included in the ToRs of some team members (in only one country does it appear that it is reflected in the ToRs of all members), but there is little evidence that this has actually affected accountability as yet. However, as pointed out by several respondents, Heads of Agencies are not accountable for the work of their staff in the joint team (UNFPA may be the exception) and this is the key weakness, since it is the Heads of Agency who ultimately control resources, decide on staffing, and can reward staff.

Areas in which incentives also militate against working as a team that were identified by respondents included:

- Different agency agenda and mandates are sometimes complementary but can be competitive and nobody, outside of the agency, has the authority to impose discipline.
- Most resources for AIDS currently flow through agency systems which creates positive disincentives for working together (See Box 1).

Box 1 Procedures make working together challenging – An example from Ethiopia

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

(Source: Evaluation interviews)

- Agencies have different planning cycles, with some planning annually and some biennially.
- Most agencies use different financial reporting systems with different requirements.

- Agencies diverge significantly in the degree of flexibility within plans. Some agencies have to stick quite rigidly to their annual plans, whilst others have more flexibility to adjust plans
- It is easier, and rewarded, to raise funds as an individual agency.
- Joint programming leads to higher transaction costs, as it requires more meetings.

Impact of the GTT recommendations on operation of the joint teams

- **Case studies suggest variable implementation of GTT recommendations on the operation of the joint teams and little evidence that these recommendations have eased operationalisation, or enhanced effectiveness, of the joint team concept.**

Four recommendations were made under the GTT report that focus directly on the working of the joint teams at country level. Progress across the 12 case study countries in implementing these recommendations is summarised in Table 5 below:

Table 5

Recommendation	Progress to date
<p>1a. Joint UN Country Teams on AIDS to institute Annual Reviews of their Programme of Support, to assess progress and impact of the joint programme, its effectiveness in support to national AIDS response, and the resources required to fulfil their Division of Labour responsibilities.</p>	<p>Not implemented in 5 of 12 countries; in 4 of these cases because Joint Programme of Support not yet agreed or just agreed. In countries where implemented, used as a reporting rather than management exercise and little evidence that used to affect what UN is doing, which suggests that little opportunity for these to have immediate impact upon what done.</p>
<p>1b. These Annual Review reports will be fed back by the RCs to the Regional Directors Teams who will ensure a quality oversight role for the countries in their region, and also to UNAIDS Secretariat in Geneva and the Cosponsor Global Coordinators.</p>	<p>In seven countries that have produced annual reports, some information submitted to RC Offices, but no evidence of it being used by Regional Directors Teams or of feedback from headquarters and regional levels. Interviewees in UN DOCO state that development of the quality oversight role hasn't yet started and will initially focus on quality of UNDAF.</p>
<p>2. The UNAIDS Secretariat and Cosponsors, at regional and HQ level, will perform a quality assurance role regarding Joint UN Team on AIDS Annual Reviews.</p>	<p>No evidence of this recommendation being implemented as yet.</p>
<p>4. Cosponsor Heads of Agency at country level to apply the guidance, process and inclusion of appropriate text in Job Descriptions and performance appraisals, ensuring enhanced harmonization and incentives for joint team collaboration.</p>	<p>In seven of the case study countries, included in performance appraisals of staff from some, but not all, agencies. In other cases, planning to include (n=2) or have decided that not feasible as staff regionally based (n=2). For teams where recommendation has been implemented, UCC participation in performance appraisal of team members is rare and dependent on discretion of heads of agencies. Major gap identified is in terms of lack of accountability of heads of agencies for joint programme of support or coordination within UN country team.</p>

Q (f) THE ADMINISTRATION OF THE JOINT PROGRAMME

TOR QUESTIONS

How the administration and business practice of the UNAIDS Secretariat has evolved since its creation, including its institutional relationships with WHO and UNDP, and whether it has been flexible and creative enough to keep up with the changing pace and types of demands that have emerged over time, including transfer of resources to countries.

Patterns and processes of staff deployment and management will be examined.

Hypothesis: The Joint Programme has evolved to take account of the changing environment and developed improved ways of managing its institutional relationship with the cosponsors

Finding: Systems have slowly improved over the period of the evaluation but do not yet meet adequate standards of efficiency

Preliminary findings

- **Staff working for the secretariat have to deal with three differing administrative systems**

The secretariat maintains its own cadre of staff, based in the Geneva headquarters and regional/country offices, which deals with both human resource (HR) and financial administration and therefore is the user of the administrative systems. However, these administrators are reliant on three differing administrative systems, each based on its own rules and regulations. Currently, the secretariat has agreements with both WHO and UNDP, which provide access to a range of administrative services. In simple terms, WHO systems are used at corporate level and for issues related to international staff. UNDP systems are used at country level, to support employment of national staff, administration of the secretariat office, and country level projects. These arrangements are “historic” and have never been properly evaluated or questioned. This means that the secretariat operates two sets of staff regulations and rules for staff working for the secretariat, depending on whether they are on a WHO or UNDP based contract. It also means that moves to improve administrative efficiency or effectiveness require negotiation with either WHO or UNDP, as they would require changes in how the basic systems are used or accessed. In addition, the secretariat uses its own paper-based administrative system for assessing staff performance.

Findings on use of WHO administrative systems

- **In general, both WHO and secretariat interviewees agree that the relationship works relatively well and that a productive *modus operandi* is in place, which has allowed the secretariat to maintain independence, despite it legally remaining part of WHO.**

Many staff see WHO rules and regulations as being inflexible, although in reality these do not diverge significantly from those applied across all UN agencies. The reality is that:

- WHO's senior administrators state that the rules and procedures have developed organically over an extended period of time, have not been rationalised or fully documented, and are overly complex.
- Senior administrators in both WHO and the secretariat believe that introduction of the ERP¹⁸ in 2008 showed that only a small cadre of Administrative Assistants had a detailed understanding of the rules and procedures.
- Neither WHO nor the secretariat had provided adequate written guidance to secretariat staff on how rules and procedures should operate until late in the evaluation period.

In the short-term, introduction of WHO's ERP in mid 2008 undoubtedly led to a significant degradation in administrative efficiency across the secretariat. With hindsight, given that WHO initially rolled out the ERP in only one of its six regions, the decision to move the secretariat onto the ERP from the start may have been a mistake. However, given this decision, while the secretariat could have smoothed introduction of the ERP, if it had invested more in providing the necessary training and guidance material to its own staff, greater responsibility for the problems lie with WHO, which introduced the ERP before it was fully ready, and the Service Centre contracted to run the system. As of 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. Efficiency gains for administration of HR activities are unlikely before late 2009 at the earliest.

The real test of whether the ERP can deliver the anticipated efficiency gains will come in late 2009, with entry of data related to the 2010/11 UBW.

Findings on use of UNDP administrative systems

- **A revised MOU in 2008 has solved most practical problems but there is still no service agreement specifying standards of support to be provided by UNDP**

UNDP provides administrative support to many UN agencies. The original Memorandum of Agreement (MoU) between the UNDP and the secretariat was signed in 1996. It was only updated in June 2008. Throughout the period, and against what could be considered good practice, there has been no Service Level Agreement between UNDP and the secretariat setting out the service standards that UNDP would be expected to deliver in return for its fee.

Staff interviewed at the Geneva and New York headquarters of the two organizations believe that the new 2008 MoU will address most of the problems found under the original 1996 MoU – these have mostly reflected conflicts over the relative management

¹⁸ ERP stands for Enterprise Resource Planning and is a way to integrate the data and processes of an organization into one single system. Usually ERP systems will have many components including hardware and software, and in order to achieve integration, most ERP systems use a unified database to store data for various functions, such as HR and financial administration, found throughout the organization.

roles of the UCC and UNDP at country level. Evidence from the 12 case studies confirms the belief of headquarters level staff that the new MoU has helped to clarify roles between the secretariat and UNDP management in most country cases. UNAIDS Country offices report that the lack of direct access to UNDP's ERP (ATLAS) is the remaining significant issue, as staff remain reliant on UNDP to enter the data into the ERP, which slows down the process, increases the incidence of data entry errors and makes the process of correcting errors more complex. Secretariat senior management should therefore endorse funding¹⁹ full access to ATLAS for country based staff as a matter of urgency.

The costs of having multiple administrative systems

- **Multiple administrative system bring inefficiencies**

Present plans are that the paper-based administrative system for assessing staff performance will be phased out over time, which will still leave two administrative systems. Evidence confirms the burdens to the secretariat of having two major administrative systems. Issues include:

- That those on WHO contracts are perceived as having more rights and privileges than those on UNDP contracts. This obviously has effects on both motivation of some staff and staff retention.
- Dealing with processes that require using both administrative systems and ensuring a smooth transfer from one to the other are complex and inefficient.
- The costs of developing training and guidance material for two different administrative systems.

Transfer of resources to the country via the Programme Acceleration Fund (PAF) modality

- **Efficiency of administration of PAF funding has improved but it is still weak**

The allocation and transfer of PAF funds has been an on-going issue since they were first used. Problems that are consistently identified include:

- Speed of the approval process.
- The slow transfer of funds from Geneva and their disbursement at country level.
- The system being too bureaucratic and time-consuming relative to the level of funds available; and
- Weak monitoring at all levels.

While data from the secretariat shows that the situation is improving, evidence from the case study countries provide significant evidence that the efficiency of the systems is still adversely affecting the usefulness of this funding source.

¹⁹ UNDP pays a license fee to People Soft, the company owning the basic software in the ERP, which is based on the number of people using the ERP. Therefore, allowing secretariat staff direct access would mean that UNDP would need to pay more for the license and under their rules, the secretariat must bear this marginal cost increase.

Improvements in administration have mostly come from clarification of roles and responsibilities in the allocation process, gradual moves to devolve authority in allocation decisions, and increasing communication on when funds have been transferred between parties. However, the efficiency of PAF transfers is inevitably adversely affected by the inherent problems of transferring money between the financial administration systems of differing UN agencies, which weren't designed with this in mind. Unfortunately, addressing this issue is beyond the reach of the secretariat to affect, but may be addressed as part of the plan of action for the harmonization and reform of Business Practices in the UN system recently endorsed by the Chief Executive Board of the UN.

Staffing and the efficiency and effectiveness of HR management

- **Expansion of staff numbers, which was recommended in the 5-year evaluation, has taken place with little formal planning, weak human resource management and no oversight by the PCB**

As of November 2008, the secretariat reports that there were 715 staff on WHO contracts and a further 250 on UNDP contracts. The secretariat has therefore quadrupled in size between 2002 and 2008. As reported in the case study countries, staff being on different terms and conditions is a significant source of tension within the secretariat. There are also probably significant numbers of Junior Professional Officers and *de facto* staff that work on consultancy type contracts²⁰ but identifying such staff using present information systems is extremely difficult.

The increase in staffing of the secretariat should be seen in the context of significant increases in levels of staff dedicated to work on AIDS across all of the cosponsors during the same period.²¹ However, given that the intent when UNAIDS was established was not to create a new UN agency, the lack of over-sight of the expansion of the secretariat is notable. The evaluation finds no evidence of a strategic discussion of: (i) what the comparative advantage of the UN is and therefore the implications for which agencies should see the most significant increases in staffing; (ii) whether capacity should, and can, be developed in which UN agency, as implied by the original mandate of UNAIDS; and (iii) when the secretariat should develop capacity because it can't be developed in an existing cosponsor.²²

Good practice in HR would be for staffing increases and composition to have been a reflection of a medium term work-force planning exercise, based on an assessment of the

²⁰ At country level, UCCs have had considerable latitude to raise project funding and employ staff using this funding (normally under UNDP Special Service Agreements). Under such contracts, people accrue neither pension nor other benefits and are not subject to the usual HR procedures yet such staff may actually be performing work which is the same as others who are on straight employment contracts.

²¹ Discussed under Evaluation question (d) The Division of Labour between the secretariat, Cosponsors, Agencies and Countries.

²² See for example paragraph 9 of the annex to the ECOSOC resolution 1994/24, which states: 9. *The programme will build on the capacities and comparative advantages of the co-sponsors. At the global level, the programme will provide support in policy formulation, strategic planning, technical guidance, research and development, advocacy and external relations. This will include normative activities relating to HIV/AIDS in areas such as social and economic planning, population, culture, education, community development and social mobilization, sexual and reproductive health, and women and adolescents.*

goals of the organization and therefore what staff were required and the resource implications. There is no evidence that such an approach was used in this case. This does not mean that the expansion of the secretariat was totally unmanaged or unintentional²³, but rather that the expansion was not based on the consistent and predictable use of planning tools, and instead was driven by untransparent decisions of the senior management, with little apparent oversight. As concluded in a functional review of the secretariat carried out by the management consultancy company Accenture²⁴ in late 2006:

“During the last years, the resources under secretariat’s control (money, people, technology) have grown and evolved but the management processes and culture within the secretariat have not adapted to the new needs”.

The evaluation has found no evidence to contradict this 2006 assessment.

Key evidence for these findings include that:

The lack of operational strategies and planning

- There is no evidence that the secretariat has had any systematic and transparent workforce planning process, which looked across the secretariat as a whole and the balance between staffing at central, regional and country levels.
- Development of the Directions for the Future: Unifying and Intensifying Country Support paper (2003) was an example of good HR practice, in that at a macro level it made the case for what the goals and objectives of the organisation would be at country level and included objectives to be achieved. However, there is little evidence of it then being used to guide the actual expansion in anything but the broadest terms.
- There is no evidence that the secretariat developed a comparable analysis for planning its expansion at regional level. There is also evidence that decentralisation to regional level was not well planned, in terms of considering the management or administrative implications.
- There is no evidence that the growth of staff and their composition was based on an explicit analysis of what the role and objectives of the headquarters should be and therefore the required staffing complement.
- There is no evidence of the UBW planning process driving strategic decision-making in terms of staffing complement of the secretariat.

Poorly developed HR management systems

- The expansion of staff numbers took place in a context in which staff recruitment systems did not meet what would normally be standards of good practice. For example, recruitment has not been based against clear competency frameworks. Managers have not had the necessary skills to develop clear competency frameworks and the HR function has not moved

²³ For instance the expansion at country level was in response to recommendations of the First Independent Evaluation and, in broad terms, this expansion was approved by the PCB.

²⁴ Accenture (2006) Functional Review of the Program Support Department. Report prepared for the UNAIDS Secretariat, 23rd October 2006. Page 6.

proactively to help managers to develop such skills. In addition, managers have not had enough training in how to run an effective and rules-based recruitment process. The deficiencies in the recruitment systems were also replicated in the internal promotion processes. In its 2008 Staff Survey, while 71 percent of respondents reported that their job made good use of their skills, only 7 percent agreed that UNAIDS places the right people in the right roles.

The lack of oversight

- The PCB, which is the executive board to which the secretariat works, at no stage during the evaluation period actively engaged with the secretariat to clarify and endorse what the medium term objectives of the organisation should be and the implications for the size and composition of its staff.
- 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 and sought to assess whether there were alternative options, in which some of the new functions were taken by the cosponsor agencies. As importantly, in terms of its oversight role, nor did the PCB ensure that these issues were raised in PCB meetings.

In terms of man-power planning and staff performance, it is also important to consider the change in employment status of those staff with more than five years of contracted service. Prior to this, non-renewal of contracts for non-performance 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, the implication is that a significant number of staff will reach the five year threshold over the next two to three years, with obvious implications on the feasibility of changing either the absolute number of staff employed or their composition. It is therefore notable that the secretariat has no system in place to review performance of all staff before they issue a new contract taking the staff member over the 5 year hurdle.

Are the secretariat's administrative processes and management culture adequate?

- **New arrangements should result in improved human resource and financial management system in place by the end of 2010**

Assuming that the on-going work is completed to schedule, it can be expected that the secretariat would have a robust set of HR and financial administrative systems by end 2010. However, although present senior managers covering HR and financial management are competent and understand what needs to be done, putting these new systems in place assumes enough staff are in place to develop, introduce and provide the needed training across the secretariat needed to introduce the needed systems by end 2010. As of early 2009, they were not. With the change of Executive Director in 2008 and the delay in appointing the two new Deputy Executive Directors, it is outside the scope of the evaluation to comment on the potential for successful change.

Fulfilling the Mandate

Q (h) INVOLVING AND WORKING WITH CIVIL SOCIETY

TOR QUESTIONS

The extent to which UNAIDS has been able to support, include, engage and incorporate in a meaningful and measurable way the concerns and capacities of civil society, and what types of functional relationships and partnerships have evolved at different operational levels

Hypothesis: Inclusion of civil society has improved the orientation and effectiveness of the national response and helped guide regional and global policy-making

Finding: Civil society involvement in policy, programming and M&E has increased and UNAIDS, in particular the secretariat, has played an important role in support for this. Limited evidence makes it difficult to assess systematically the impact of civil society inclusion on national responses.

Preliminary findings

- **There is no common UNAIDS vision or strategy for civil society involvement**

It is difficult to identify the value added of UNAIDS as a joint programme or of joint teams with respect to civil society involvement. At global level there is no overarching UNAIDS vision, framework or strategy for engagement with civil society and no shared objectives across the joint programme. At country level there are no common objectives or deliverables relating to civil society engagement for joint teams and UNAIDS does not engage with civil society in a coherent manner. The extent to which civil society is reflected in the UNDAF or Joint Programme of Support varies. In Ethiopia, Indonesia and Vietnam, for example, there is no joint team plan for working with civil society. Working with civil society is included in the UNDAF in Indonesia but not in Ethiopia. In some countries visited for the evaluation, for example, Ethiopia and Swaziland, civil society engagement is only included in the work plan for the secretariat. The extent to which civil society is involved in the planning, implementation and M&E of UNAIDS Secretariat, Cosponsor or joint programmes appears to be limited.

- **The UNAIDS Secretariat leads on civil society engagement**

Civil society respondents view the secretariat as more inclusive, open to dialogue, flexible, responsive and non-bureaucratic compared with other parts of the UN system. Cosponsors have different models of working with civil society and a wide range of partnerships with civil society networks and organisations, which depend on their mandate. However, cosponsors are perceived to be less engaged than the secretariat and there is a perception that some do not value civil society and are not responsive to the

views of civil society organisations. Efforts by the PCB NGO delegation to work more closely with the CCO have made little progress.

At country level, the secretariat has taken the lead in engagement with civil society and Social Mobilisation and Partnership Advisors have played a critical role. Cosponsors – with some exceptions, for example, UNICEF, UNFPA, UNHCR and WFP, which work through NGO implementing partners – are perceived to view working with civil society as the role of the secretariat.

Respondents to the web survey in the main agreed with the statement that the secretariat and cosponsors have been able to support, engage with and address the concerns of civil society, but a significant proportion of NGO networks, FBOs and PLHIV organisations disagreed with this statement.

- **Advocacy for civil society representation has been very effective**

There is clear evidence that the UNAIDS Secretariat has championed civil society representation in global and national policy and decision-making bodies and that this has had a positive outcome. 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. Advocacy by the UNAIDS Secretariat has contributed to increased government recognition of the role of civil society in national responses, for example, in Ethiopia, India, Indonesia, Iran, Kazakhstan, Ukraine and Vietnam. However, there are different views about what that role should be. For example while some governments recognise the role of civil society in service delivery, they are less comfortable with civil society engagement in advocacy.

Nevertheless, there has been an increase in civil society representation in National Partnership Forums, Country Coordinating Mechanisms, Technical Working Groups and other national bodies, for example, in Ethiopia, Haiti, India, Indonesia, Swaziland and Ukraine, and civil society organisations value these opportunities for participation. In some countries, for example, Ethiopia, Haiti, India and Ukraine, there is evidence that participation has improved dialogue between government and civil society.

- **UNAIDS has facilitated resource mobilisation for civil society**

UNAIDS, the secretariat in particular, has facilitated increased funding for civil society at country level. This has been done through advocacy for representation on Country Coordinating Mechanisms and inclusion of civil society organisations in Global Fund proposals, for example, in Ethiopia, Kazakhstan, Indonesia, Iran and Swaziland, support to access World Bank MAP funds in DRC, and brokering links with other donors in Swaziland. However, efforts have focused on umbrella organisations and networks. Smaller NGOs that do not receive support from UNAIDS report difficulties in accessing funding from these sources.

There is no comprehensive overview of trends in funding for civil society organisations. 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 increased funding for civil society organisations, and Global Fund support is set to increase through dual track financing. The extent to which donors and national governments fund civil society is difficult to assess, and varies between countries. In Haiti, for example, 82 percent of HIV funding goes to civil society organisations. While some governments fund civil society to deliver services, for example, in Ethiopia, Kazakhstan, India, Indonesia and Vietnam, others, in Ukraine for example, provide very limited support. In general, donors focus on support for civil society for service delivery, not for advocacy. Cosponsor funding for civil society is unclear; the PCB NGOs have requested this information.

- **UNAIDS has provided important support for civil society capacity building**

At country level, the UNAIDS Secretariat has played a key role in support for civil society. Secretariat support has been critical for the establishment and registration of civil society organisations and networks in Kazakhstan and Indonesia and for the involvement of a wider range of civil society organisations in Vietnam. The secretariat has provided support for civil society participation in national consultations on strategic planning in Cote D'Ivoire, Indonesia and Ukraine. Support for civil society participation in UNGASS reporting, for example, in Swaziland, Vietnam and Ukraine, is also cited as an important achievement.

The extent to which cosponsors are engaged in capacity building for civil society varies from country to country. Cosponsors have provided important support for organisations of sex workers, IDU and MSM in India and Iran for example. However, lack of a joint team approach means that UNAIDS support and capacity building for civil society at country level tends to be fragmented, with each cosponsor working individually with civil society partners through specific projects, rather than strategically.

Secretariat efforts have tended to focus, in part 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 Cote D'Ivoire, Haiti and India, this is not an issue, but in those where many 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 support from other partners. Civil society expectations of UNAIDS are high and sometimes unrealistic, for example, the UN is viewed as a source of funding in some of the countries visited, and there is a need for UNAIDS to better define and communicate its role.

- **Impact of involvement on national responses is difficult to determine**

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 critical in increasing the accountability of global funding mechanisms, advocating for treatment access and for a comprehensive response to HIV and AIDS, increasing the focus on marginalised

populations and maintaining an emphasis on human rights. Many anecdotal examples of the value of civil society involvement were provided to the team – informants cited civil society inputs to improve policies on prevention, HIV testing and refugees and Universal Access guidelines for governments and to the work of the task team on travel restrictions – but outcomes are not captured systematically.

While UNAIDS support has had clear benefits for civil society organisations at country level, in terms of increased funding and capacity and greater opportunities for participation, assessing the overall impact of increased involvement and representation on the effectiveness of national responses to HIV and AIDS is difficult. Impact also varies between countries. In some countries, for example, Ethiopia, Swaziland and Vietnam, civil society organisations have had limited influence on policy and programming, while in others, such as Haiti, India and Indonesia, civil society influence has been greater. Again, however, outcomes are not captured systematically. This reflects the fact that efforts have emphasised representation without a common understanding of the objectives of civil society involvement and the lack of clearly defined indicators to measure outcomes.

- **Representation and accountability is a challenge**

A common issue raised by almost all informants at global and country level is how civil society umbrella organisations and networks represented on global and national policy and decision-making bodies are selected, where their mandate comes from and who they report to i.e. the extent to which they represent and consult their constituencies. Representation is a particular challenge at global level, given the diversity of civil society.

In some countries, such as Iran and Swaziland, civil society organisations on national policy making bodies were seen as largely representing their own organisation. Related issues identified include lack of a common civil society position and competition for resources in Kazakhstan, divisions between larger, national organisations and smaller regional organisations and CBOs in Ukraine, and ineffective representation in India. While there is agreement that 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 civil society organisations have received less attention**

While UNAIDS has tried to be inclusive, the secretariat and cosponsors are viewed as having reached out less effectively to some constituencies and to have avoided ‘difficult’ groups, in terms of support for representation and capacity development. With the exception of India and Indonesia, relatively 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. UNAIDS support for these groups varies. While important support has been provided in Haiti, Indonesia and Vietnam, limited support has been given in Ethiopia, Kazakhstan and Swaziland.

Some sectors of civil society, such as FBOs, trades unions, the private sector and the media are perceived to have received less attention from UNAIDS at country level and are less well represented in national policy and decision-making bodies. There are some exceptions to this in countries visited for the evaluation, for example, support for FBOs in Ethiopia, India, Swaziland and Ukraine, business sector support in Cote D'Ivoire, Swaziland and Ukraine, and work with the media in Cote D'Ivoire and Kazakhstan.

- **Resources do not reflect the rhetoric about civil society**

There is a disconnect between the secretariat's rhetoric about the importance of civil society involvement and the human and financial resources allocated to working with civil society at global and country levels. The civil society team at HQ 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.

Social Mobilisation and Partnership Advisors do not have consistent objectives or the same opportunities for skills development as M&E Advisors. There is no dedicated budget at country level, although in some countries, for example, Ethiopia and Haiti, the secretariat has been able to secure funds from the PAF.

Q (i) GENDER DIMENSIONS OF THE EPIDEMIC

TOR QUESTIONS

The degree to which UNAIDS has supported countries in their efforts to address the gender dimensions of the epidemic. Work on gender norms, work with sexual minorities, including men who have sex with men and transgender communities, should also be examined

Hypothesis: UNAIDS has identified gender issues and worked to respond to gender dimensions in programming and relations with countries

Finding: The evidence only partly supports the hypothesis. Support to countries has been provided by the secretariat and cosponsors, but there is little evidence of a strategic joint programme approach

Preliminary findings

- **UNAIDS global leadership on gender has been weak**

Interviews with global informants suggest that UNAIDS has failed to provide sufficiently strong leadership on gender and HIV during the period covered by the evaluation. Gender has been a contentious area where it has been difficult to achieve consensus – views are not consistent across or within cosponsors. Although the secretariat, the former Executive Director in particular, has been a strong champion for increased attention to women and girls in the response to the epidemic, some cosponsors have taken issue with the secretariat promoting the concept of feminisation as this is not epidemically accurate in all contexts.

Attempts to develop UNAIDS global guidance have, until early 2009, made little progress. The debate has been hindered by ideological differences – for example, about whether gender and HIV should focus on only women and girls or on gender dynamics between women and men, and whether or not to include or to separate issues concerning sexual minorities – and lack of consensus about how broadly to define gender and HIV work. UNDP recently became the lead agency on gender under the Division of Labour – previously the secretariat had this role. UNDP is considered by global informants to have made a good start, to have established a positive consultation process and to have moved the agenda forward.

An MSM and transgender framework has been developed. An expert group convened by UNDP has mapped available gender guidelines and tools and cosponsor activities. As the mapping identified a significant amount of available guidance, the expert group has decided not to develop further guidance but rather to produce an annotated compendium of resources and guidance for national gender and HIV programming. The latter is an important step, and should respond to widespread frustration about the lack of support for putting gender principles into practice at country level. It will also be of use to UN staff –

country visits indicate that the extent to which UNAIDS staff use available global guidance and tools is limited.

Concerns were expressed by some informants that the focus on gender identity has detracted from the main issue of gender inequalities, and that the decision to concentrate on women and girls and on sexual minorities will result in continued failure to address gender dynamics and gender inequalities.

Global interviews also highlighted the lack of global leadership on gender-based violence and HIV. Cosponsors are supporting related activities: UNFPA has recently commissioned a review from Harvard University; WHO has been working on various aspects of gender-based violence, for example, sexual violence in conflict settings, 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 or coherent UNAIDS strategy.

- **The roles of UNDP, UNIFEM, UNAIDS Secretariat and the GCWA are unclear**

UNDP recognises that all cosponsors have a role to play in gender and HIV and 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 there are concerns about parallel structures and duplication of activities. The role of UNIFEM also needs to be reviewed, in particular its relationship with UNDP and whether or not it should become a cosponsor.

The relationship between UNDP and the Global Coalition on Women and AIDS is unclear. UNDP is not involved with the Coalition, despite being the lead agency on gender. Informants also highlighted questions about the relationship between the secretariat and the Coalition, which is based at and funded by the secretariat. The Coalition has recently undertaken a review of its role. While there is a consensus that it can play a complementary role to the UN, provided that it focuses on global advocacy and establishes itself as an independent entity – both of which have been identified as strategic objectives for the Coalition – there are some concerns about whether it can be sustained without the support of the secretariat.

- **Engagement with organisations working on gender has been limited**

Cosponsors such as UNFPA have their own networks of global and country partners, for example, organisations working on sexual and reproductive health, but informants suggest that the secretariat and other cosponsors have not reached out effectively to organisations working on gender. To some extent this reflects the fact that these organisations, in particular those working on sexual and reproductive health, were slow to address HIV. However, UNDP agrees that it could work more systematically with gender organisations and sees UNIFEM as a potential bridge.

Respondents to the web 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.

With the exception of Indonesia, where UNAIDS is establishing partnerships with gender-focused organisations, including the Ministry of Women's Empowerment as a key counterpart for several cosponsors, country visits indicate that UNAIDS' engagement with ministries responsible for women and gender is usually confined to traditional bilateral relationships with UNFPA. In DRC, for example, much of UNAIDS' support for gender is for women's associations and the Ministry of Gender, Family and Children has not received any support.

- **UNAIDS support to countries to address the gender dimensions of the epidemic is not strategic**

There was little evidence in countries visited for the evaluation that UNAIDS has taken a strategic approach to gender and HIV analysis or support for related national policy development and implementation. In Ethiopia, Kazakhstan and Iran, for example, UNAIDS has done relatively little to support gender analysis of the epidemic. In Cote 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 multi-stakeholder consultations on gender issues in 2007 to make recommendations for the external evaluation and the new national AIDS programme (although these recommendations are not well reflected in the new programme).

Overall, respondents to the web 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 between bilateral donors, with 62 percent of respondents rating UNAIDS as not very effective, and national government staff, with 46 percent rating UNAIDS as fairly effective and 19 percent as very effective.

UNAIDS has, however, provided considerable support for gender and HIV action at country level, including strengthening the evidence base, supporting gender mainstreaming in national HIV and AIDS strategies and plans, and funding for projects. In Indonesia, UNFPA, together with UNDP, UNESCO and UNDP, supported the development of the National Strategy on HIV and AIDS Control for Women 2007-2010, and UNAIDS Secretariat country office supported a gender review of the Global Fund Round 8 draft proposal and will do the same for Round 9. The UNAIDS Secretariat, UNDP and the World Bank produced a paper on mainstreaming HIV and gender into development plans and programmes in Cote D'Ivoire. This has been used to support planning and programming by the Alliance of Mayors and to develop national and regional HIV and AIDS operational plans. In Indonesia, the secretariat and cosponsors have been active on gender and HIV issues, supporting national policy development and the Ministry of Women's Empowerment, the establishment of MSM and transgender groups and the representation of sexual minorities on the National AIDS Council. In

Swaziland, UNAIDS has provided support to strengthen gender mainstreaming in the National Strategic Framework. In Iran, UNFPA has supported activities for particularly vulnerable women, including sex workers, and UNAIDS plans to expand gender-focused activities through the 2009 PAF including research and activities among the spouses of male IDU. In DRC, UNIFEM is involved in HIV prevention, as part of activities addressing gender-based violence, and UNAIDS has trained humanitarian staff on HIV issues, including sexual violence, in humanitarian situations.

However, in most of the countries visited, gender and HIV activities are implemented individually by the secretariat and cosponsors rather than as part of a joint team approach. In Ukraine, while individual cosponsors address gender and HIV in their policy and approaches, there is no overarching UNAIDS position and strategy. Similarly, in Swaziland, the secretariat and individual cosponsors have supported a number of initiatives on gender and HIV, but these are fragmented and uncoordinated. One consequence of the lack of a strategic approach is that gender issues in national HIV and AIDS strategies are not linked to national gender equality plans, National AIDS Councils and Country Coordinating Mechanisms do not engage with ministries responsible for women and gender, and few governments allocate budgets for gender and HIV programming.

The Global Fund has developed a gender strategy, to ensure that gender is integrated in proposals, and this has highlighted the need for capacity building on gender and HIV for Country Coordinating Mechanisms, National AIDS Councils and civil society organisations. In response, 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.

- **There is a need to improve UN capacity for gender analysis and policy guidance**

UNAIDS capacity – staffing and expertise – to address gender and HIV is inadequate at global level. Although no systematic assessment of UN gender expertise has been conducted, secretariat and cosponsor HQ staff are agreed that there is a need to strengthen capacity of joint teams as this is variable at country level. In Vietnam, for example, gender focal points have received technical support from their agency headquarters and regional offices as well as from the UNAIDS Secretariat Regional Support Team; gender issues have been taken into account in many projects where UNAIDS is responsible for technical support; and a gender-based approach is clearly articulated in the GIPA strategy, including the percentage of female UN Volunteers, gender issue inclusion in peer education and access to quality health services. In contrast, in Kazakhstan, the UNAIDS Secretariat has limited capacity related to gender and HIV, staff were unaware of global guidance available on gender and HIV and had not received any specific training on the topic. In Iran, staff equate gender issues with women's issues.

These findings are reinforced by responses to the web survey, which suggest that UNAIDS has had limited effectiveness in developing joint programme internal capacity. Overall, only 16 percent of respondents rated UNAIDS as very effective and 45 percent

as fairly effective in this area. A significant proportion of respondents, including a third of those from within the UN, rated UNAIDS as ineffective.

- **Progress has been made in disaggregation of data by sex**

UNGASS reporting by countries on indicators disaggregated by sex has improved. In the majority of countries visited for the evaluation, indicators disaggregated by sex are included in national HIV and AIDS M&E frameworks, and this is attributed to support from UNAIDS. Web 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. However, with regard to UNAIDS support for monitoring the gender differentiated impact of programmes, responses to the survey were more mixed. Government respondents were fairly positive about the effectiveness of UNAIDS in this area, but bilateral donors less so, with 50 percent rating UNAIDS as not very effective.

- **Work on gender norms and sexual minorities has received little attention until relatively recently**

Cosponsors are agreed that shifting the lead on MSM to UNDP has been a good development, as to date MSM and transgender issues have not been well addressed and the secretariat had allocated inadequate staff and financial resources. As noted earlier, UNDP is perceived to have moved quickly to establish a framework with a coherent direction and a focus on what the UN can do.

There has been some good work on sexual minorities at country level in recent years. For example, 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 UNAIDS Secretariat has undertaken a capacity building and a technical needs assessment on MSM and is implementing a capacity building plan. In Ethiopia and Swaziland, little attention has been given to sexual minorities, although UNAIDS has recently supported work to strengthen the evidence base in the former and started to engage with organisations of sexual minorities in the latter. In Ukraine, UNAIDS has advocated for MSM and sex workers to be included in the Universal Access Road Map and consulted on the new national programme. UNAIDS also ensured that the Round 6 Global Fund process was open to all, with MSM and transgender programme activities included for both Principal Recipients. Indonesia does not have a national strategy that addresses sexual minorities and HIV and there is no evidence of UNAIDS support for this, but the secretariat has helped to establish a MSM and Waria²⁵ Group (GWL Ina) and to promote representation of sexual minorities on National AIDS Council bodies.

The web survey indicates that UNAIDS has been more effective in work on sexual minorities than in work on gender norms. Most respondents in all categories rated UNAIDS as fairly effective in its work on sexual minorities, although the response was

²⁵ Transgender sex workers

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 percent of respondents in each of these categories rating UNAIDS as not very effective.

Q (j) TECHNICAL SUPPORT TO NATIONAL AIDS RESPONSES

TOR QUESTIONS

The outcome of the technical support rendered by UNAIDS through an examination of activities in, and the needs and priorities of affected countries, and the quantity and quality of support rendered, including transaction costs, accessibility of funding, coordination mechanisms such as Joint UN Teams and others designed to enhance service delivery. To what extent does UNAIDS allow for flexible procedures that are adaptable to different national or regional situations? To what extent does UNAIDS provide effective and efficient support to countries to strengthen the Three Ones including to develop national HIV/AIDS M&E systems

Hypothesis: UNAIDS has provided appropriate and timely technical support and enhanced service delivery by all cosponsors in the Joint Programme

Finding: UNAIDS Secretariat and Cosponsors have provided appropriate, timely and valued technical support. There is limited evidence of the added value of the joint programme. joint teams have improved information sharing, but have not functioned as an entry point for, or noticeably strengthened coordination of, technical support.

Preliminary findings

- **UNAIDS Secretariat and Cosponsors individually have provided a wide range of technical support**

In the countries visited, UNAIDS has no system for tracking technical support provided by UN agencies to the national response, so it is difficult to assess the volume and nature of requests or the volume and quality of technical support delivered across the joint programme. However, country visits identified many examples of provision of a wide range of quality technical support by the secretariat and cosponsors in areas including: legislation, policies and standards; service mapping and improving access to and quality of services; planning and strategy development; training and capacity development; development of civil society and PLHIV networks and 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 and prevention.

The secretariat and cosponsors have provided significant technical support for Country Coordinating Mechanisms and Global Fund proposal development. This has placed considerable demands on UNAIDS, in particular the secretariat, and there are some concerns about opportunity costs i.e. what UNAIDS has not been able to do as a result. Some cosponsors consider support to the Global Fund as an ‘under-funded mandate’ although this is not a view shared by the secretariat. There are implications for the future role of UNAIDS, ASAP and the TSFs of the Global Fund shift from round-based funding

to support for validated national strategic applications and dual track financing. Particular issues are the potential conflict of interest between technical support for strategy development and for the strategy validation process, and increased demand for technical support from civil society recipients.

- **Capacity to respond to requests for technical support has expanded**

UNAIDS' ability to respond to requests for technical support depends on agency mandates and available resources; limited human and financial resources are a challenge. However, there has been a considerable expansion of technical support provision through structures established or supported by UNAIDS including the 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. These structures have enabled UNAIDS to make good use of regional and national experts in many countries. But informants reinforced concerns identified by the independent assessment of the GTT about the proliferation of and competition between technical support providers, the respective roles and sustainability of these providers, and the extent to which national partners are aware of how to access technical support from them.

The TSFs, which are viewed as specific to the UNAIDS Secretariat, have mostly provided technical support to National AIDS Councils and Country Coordinating Mechanisms for Global Fund processes and, in some regions, for M&E. Cosponsors are not directly involved with the TSFs or orientation of TSF consultants and expressed concerns about TSF 'mission creep', indicating that there is a need for dialogue and more effective communication about the role of the TSFs. TSF staff report that it has been difficult to engage with cosponsors, many of which have their own technical support mechanisms at regional level. For example, UNDP provides technical support through Regional Service Centres. However, there are exceptions. For example, the TSF in Southern Africa has established a productive working relationship with WHO AFRO in Harare.

The ASAP is considered to have developed useful tools and increased awareness of the need for better quality planning. Recent ASAP efforts to engage the secretariat and five of the cosponsors in peer review processes, which provide an opportunity to ensure that issues are properly addressed in draft national strategies, are viewed positively and cosponsors feel that they are part of the ASAP. Collaboration between ASAP and some of the TSFs has improved.

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, WHO plans to establish additional Knowledge Hubs in Iran, Morocco and Lebanon to support harm reduction networking and programmes but it is unclear how this will link to the work of UNODC.

- **There is scope to improve planning and coordination of technical support**

Guidance is clear on the lead agency role and the lead agency as the entry point for technical support within joint teams, but in practice this does not happen and the Division of Labour appears to have had a limited effect. Requests for technical support are largely *ad hoc*, for example, in Ethiopia, Indonesia and Vietnam, and are based on UN agency mandates and existing relationships between national partners and individual cosponsors.

Overall, planning of UNAIDS technical support is poor. This is often due to the lack of clear government plans – of the 12 countries visited, only DRC and Peru have developed a national technical support plan. Evidence from country visits shows that, with the exception of Papua New Guinea and India, technical support needs assessments have not been conducted.

Few of the countries visited have developed a UNAIDS technical support plan – only Ukraine and Indonesia (as part of the joint assistance plan) have such a plan. This reflects the lack of a national technical support plan and the difficulty of planning for and anticipating technical support needs. A more feasible approach would be to plan technical support for known activities, such as annual reviews of national strategic plans, and to allow for flexibility for other technical support. Joint teams in some countries question the need for a separate technical support plan as this represents a duplication of the Joint Programme of Support where this exists.

At global level, efforts have been made by the Global Joint Problem Solving and Implementation Support Team (GIST) to improve global coordination of technical support. The GIST has been transformed into a technical support providers group, which includes the Global Fund, PEPFAR and GTZ in addition to UNAIDS, to strengthen coordination and mutual accountability and address systemic problems at global level. Meetings of UNAIDS Global Coordinators have also helped to improve coordination. UNAIDS has also established the Coordination of AIDS Technical Support (COATS) initiative, to improve quality, coordination and monitoring of technical support and is rolling this out in 10 countries, initially through the UNAIDS Country Coordinator but with the intention that activities will be managed by National AIDS Councils.

Efforts have also been made to improve coordination at regional level. For example, the Regional Support Team for East and Southern Africa has established an inter-agency reference group of technical support donors and providers in the region to improve coherence. Although there are still concerns about the multiple providers in the region, coordination and clarity about respective roles is improving.

Evidence from country visits suggests that while inter-agency efforts to support Global Fund processes are reasonably well coordinated at country level, coordination of other technical support is generally poor. Provision of technical support is fragmented and driven by individual agencies and their national counterparts. Joint teams have improved information sharing and reduced duplication of technical support provision, but 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.

- **Technical support is valued but is not systematically evaluated**

Provision of technical support is a key expectation of UNAIDS in all countries visited for the evaluation. UN technical support is viewed as high quality and valued by national government and civil society partners. UNAIDS technical support has resulted in positive outcomes, for example, a documented increase in successful Global Fund proposals. It has also been hugely influential in countries such as Iran and Vietnam.

Experience in these two countries suggests that technical support may be a more effective way of moving forward on issues that are seen as controversial. For example, UNADS technical support in Iran has played a key role in advances made by the Iranian government in their response to HIV and AIDS, including expansion of harm reduction programmes for IDU in the community and in prisons and the introduction of services for particularly vulnerable women. Similarly, support provided by the secretariat in Vietnam on sensitive issues has been instrumental in creating a dialogue on MSM-related issues and in the development and scale-up of pilot methadone maintenance therapy programmes

Overall, respondents to the web survey rated the 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). Views at country level about the efficiency with which UNAIDS responds to requests are mixed.

Technical support provided by UNAIDS is largely seen as relevant by national partners. Respondents to the web survey rated the secretariat, WHO and UNICEF as the three most effective organisations in terms of meeting country needs. The secretariat, WHO and UNDP were rated most highly in support for national policy and strategic planning (although bilateral donors again rated the World Bank equally with UNDP). Scores for effective support for implementation were more evenly distributed across the UNAIDS Secretariat and cosponsors.

However, global 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. There is a perception that UN agencies lack the understanding and expertise required for capacity building and that their focus is still largely on training and workshops and developing manuals and toolkits and is driven by technical people who do not understand systems or capacity development. Growing demand for implementation support for Global Fund grants and systems strengthening clearly has implications for the future role and relevance of the UN in technical support provision.

Informants also highlighted other issues concerning the technical support role of UNAIDS. These include: the need to be clear about technical support objectives and appropriate approaches, for example short term versus long-term technical support, to

achieve these objectives; the need to identify the comparative advantage of the UN vis-à-vis other providers of technical support; the need to engage and coordinate more effectively with other technical support providers at country level; and the need to determine when it is appropriate for UNAIDS to be a broker and when to be a provider of technical support.

Overall, technical support is poorly tracked and monitored, with the exception of support provided by TSFs, which monitor inputs. The evaluation team finds little evidence of evaluation of the quality or effectiveness of technical support and little consideration of outcomes. The exception to this among countries visited was Vietnam, where the outcomes of technical assistance provided are reported to the relevant technical working group and the Programme Coordination Group (the joint team). No independent evaluations of technical support were identified.

- **UNAIDS has provided important support to strengthen the Three Ones and technical support for M&E**

UNAIDS has provided important support for national AIDS coordinating authorities, national strategic plan development and national M&E frameworks. Cosponsors have made important contributions to national strategy and planning. 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 web survey, which identified the secretariat, World Bank and WHO as the three most effective providers of support for M&E within UNAIDS.

Secretariat M&E Advisors have played a critical role in developing national HIV and AIDS M&E systems in many of the countries visited for the evaluation, for example, Ethiopia, Kazakhstan, Iran, Indonesia, Swaziland and Ukraine, and in support for UNGASS reporting. UNGASS reporting has helped to strengthen M&E, although National AIDS Councils in some countries noted that Global Fund requirements have been a more important driver of improvements in M&E. Focus on 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.

M&E capacity across cosponsors and the calibre of M&E Advisors appears to be variable. This is recognised by the secretariat which is developing a capacity development programme for M&E Advisors based on a competency framework. Recruitment is an issue, for example, the secretariat M&E Advisor post has been vacant for 6 months in India and the M&E Advisor in Iran has been acting UNAIDS Country Coordinator for 9 months.

UNAIDS has been less successful in addressing challenges related to the existence of parallel M&E frameworks and indicators and the interface between health management information systems and HIV and AIDS M&E systems, and in assisting countries to reconcile different advice from different sources, for example, from UNAIDS, World Bank GAMET and PEPFAR. Country visits and interviews with informants also

highlighted tensions between the secretariat and WHO concerning responsibility for surveillance, strategic information and M&E. Uncoordinated data collection remains a problem, in particular with regard to PEPFAR and the Global Fund but also within the UN, for example, separate requests to countries from UNAIDS Secretariat for UNGASS reporting and from WHO and UNICEF for health sector universal access reporting. National partners in some countries also perceive that meeting UNAIDS requirements takes precedence over country M&E priorities, citing UNGASS reporting and CRIS as examples.

Q (k) HUMAN RIGHTS

TOR QUESTIONS

Have UNAIDS programmes and policies contributed to strengthening the rights of vulnerable populations, addressed issues of gender inequality, stigma and discrimination, empowerment of vulnerable populations among its priorities, and ensured that programme objectives reflect the priorities expressed by vulnerable populations. This should include mechanisms to enable meaningful participation of vulnerable populations in policy and programme development

Hypothesis: UNAIDS has incorporated a rights-based perspective in policies and programmes and has acted in response to rights issues

Finding: UNAIDS, in particular the secretariat, has provided strong global leadership on HIV and human rights issues. Evidence of UNAIDS action to reflect the priorities of and empower vulnerable populations and to support their meaningful participation is mixed

Preliminary findings

- **Globally, the secretariat has played a critical role in highlighting HIV and human rights issues**

The majority of global informants consider that UNAIDS, in particular the UNAIDS Secretariat and the former Executive Director, has provided consistent leadership on HIV and human rights – highlighting human rights issues, developing clear guidance and mobilising timely action. The secretariat plays an important political role 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. UNDP has also played an important role, particularly in supporting organisations working on legal and rights aspects of HIV. However, informants, including members of the UNAIDS Human Rights Reference Group, consider that cosponsors have a more limited understanding of HIV and human rights issues and have taken less action.

Leadership and support for action on stigma and discrimination is perceived to have been strong. All categories of respondents to the web 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 that responded to the survey, with 50 percent rating it as strong and 36 percent as moderate. Some informants, however, suggested that the ‘campaign’ approach needs to be complemented by practical action on stigma and discrimination, including establishing clear, achievable objectives. Efforts have been more effective in some countries than others. For example, UNDP has

been working with religious leaders in North Africa and Central Asia and has had some success, for example, in Morocco. In Swaziland the secretariat and UNDP has supported the Church Forum to tackle stigma and discrimination and, together with WHO, supported the national PLHIV network to develop the national strategy on stigma reduction. In contrast, stigma and discrimination remain a significant problem in countries such as Ukraine and Peru, despite the existence of a supportive legal framework.

UNAIDS' contribution to action on legal frameworks to protect the rights of vulnerable populations was rated less highly. Although most respondents to the web survey agreed that UNAIDS has made either a moderate or a strong contribution, a substantial proportion of NGO networks (42 percent), bilateral donors (41 percent), national governments (35 percent) and PLHIV organisations (32 percent) thought that UNAIDS had had little visible role in this area. Country visits indicate that, while many countries have developed supportive legal frameworks, implementation is a challenge. For example, UNAIDS supported the government in DRC to develop the law on discrimination, enacted in July 2008, which provides a legal framework that protects PLHIV and avoids criminalisation of transmission, but the law is yet to be applied. Similarly, in Ukraine, there is a legal framework in place to protect the rights of vulnerable groups and people with HIV, but enforcement of legislation is weak. This is an area where UNAIDS needs to strengthen advocacy and support. For example, in Swaziland, the secretariat, UNDP, UNICEF and UNFPA have funded NGOs that work on legal rights.

Likewise, leadership and support for action on gender inequity is also rated less highly than action on stigma and discrimination. UNAIDS is considered by all categories of respondent to the web survey to have mostly made only a modest contribution, although national government, NGO network and FBO respondents were more likely to rate the contribution as strong.

- **There are concerns about the respective roles of UNDP and the secretariat**

UNDP recently assumed the lead agency role for human rights under the Division of Labour. Views about this are mixed. Some informants questioned whether a cosponsor should lead on this, since human rights is a core concern for all UN agencies, and suggested that it would make more sense for the secretariat to coordinate cross-cutting issues. Others questioned whether there is still a need for a human rights team at the secretariat.

There are concerns about the extent to which UNDP will be able to provide strong leadership on human rights issues, especially at country level, given limited UNDP staff capacity in some countries and the role of the Resident Coordinator. The view of many informants is that the fundamental basis of the Resident Coordinator system is not to challenge governments – although in practice UNDP tends to work behind the scenes, for example, through discrete interventions by the Resident Coordinator – and that UNDP may therefore not be an appropriate lead agency on human rights. It was suggested that UNAIDS make greater efforts to involve the Office of the High Commissioner on Human

Rights, which has not been engaged on HIV and human rights issues, since it has the mandate and influence that the secretariat and UNDP lack.

Although agreement has been reached between UNDP and the secretariat about which aspects of human rights each will focus on and there is a good working relationship – for example, joint work is ongoing to develop practical guidance on integration of human rights within HIV programming and to support countries to cost human rights interventions in national responses – some informants remain unclear about their respective roles with regard to HIV and human rights. Roles need to be reviewed and clarified to ensure they are complementary, especially at country level.

- **UNAIDS has been inconsistent in addressing human rights at country level**

UNAIDS has provided critical support for human rights and key populations in some countries, but has taken little action in others. Lack of action, for example in Ethiopia and Swaziland, is often due to government sensitivities and the difficulties of addressing behaviours that are criminalised. However, experience in other countries visited demonstrates that progress is possible, even in challenging contexts, through coordinated UN action, policy dialogue and advocacy that is sensitive to the country context and that is 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 has meant that UNAIDS has been able 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 could be learned from these experiences to inform a more strategic approach to advocacy and influencing across countries.

Country visits indicate that, with the exception of Vietnam, where UNAIDS has taken a common position in advocacy with the government, the UN is not acting in concert or speaking with one voice on human rights issues. In India, the effectiveness of UN policy dialogue with the government has been reduced by conflicting positions and policy advice on issues such as sex work. For example, UNODC and UNIFEM have supported amendments to the Immoral Trafficking and Prostitution Act that would criminalise clients of sex workers, while UNAIDS Secretariat and WHO have taken a different position.

Country visits did, however, identify examples of good collaboration, demonstrating the added value of the joint programme, for example, in Ukraine, where the secretariat and cosponsors have worked together effectively on issues such as sex work, harm reduction and prisons. Similarly, in Peru, the secretariat has worked closely with UNFPA and UNDP on human rights, including support for the Ombudsperson's Office to develop a National Plan which allows individuals who are stigmatised or discriminated against by civil service institutions to present their case and to receive legal assistance. But in most countries visited, initiatives are pursued separately by the secretariat and individual cosponsors. While many of these initiatives are supportive of human rights and key populations, for example, working with parliamentarians and local government on legal

frameworks and capacity building support for marginalised groups, efforts tend to be *ad hoc*, short term and fragmented rather than strategic.

This is due at least in part to a lack of common objectives related to HIV and human rights, both within joint teams and Joint Programmes of Support and the job descriptions of UNAIDS Country Coordinators. As a result, leadership and action on human rights depend on individual commitment. The extent to which UN staff are willing to take on sensitive or difficult issues and challenge governments also depends to a considerable degree on support from Heads of Agencies and the Resident Coordinator.

- **Leadership concerning key populations could have been stronger**

Interviews and country visits indicate that UNAIDS could have provided stronger leadership on human rights and MSM, IDU, sex workers and prisoners. Lack of consensus across UNAIDS, as well as between senior management and technical staff within UN agencies, particularly on issues such as sex work and harm reduction, resulting in a lack of clear global guidance, has been a constraint.

The Division of Labour, which assigns lead agency roles for different populations to different cosponsors, has also been a factor, contributing to fragmentation and a failure 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 and conflict. For example, UNFPA has developed a series of modules on stigma and discrimination and human rights issues relating to sex work, IDU and MSM. 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 is tension between these two agencies in Vietnam on harm reduction issues. While WHO and UNDP are collaborating on MSM issues, it is unclear what role the secretariat, which previously led on MSM, now plays. In India, for example, the secretariat has two staff working on MSM issues.

More has been done to advocate for services for key populations than for their rights. For example, in Ukraine, UNAIDS has advocated robustly with government regarding provision of services to marginalised populations. In Ethiopia, the UNAIDS Secretariat and UNFPA have started to engage with sexual minorities, but the focus of engagement is on access to services rather than broader rights or representational issues.

- **Support for involvement and networks and organisations of key populations has been mixed**

Although UNAIDS has advocated for the inclusion of key populations, progress has been mixed and representation of these populations is limited. There is a consensus that, at global level, MSM have a stronger voice but that there has been less progress in empowerment of sex workers and IDU, who are least likely to be represented. This to some extent reflects differences in social class, education and organisational capacity between MSM and other vulnerable groups. Work on and representation of organisations representing IDU is considered to be ahead of that on sex work, partly because of the

increased focus on harm reduction programmes, although limited attention is paid by these programmes to rights or factors underlying drug use. However, some countries, such as Cote D'Ivoire, Ecuador and Thailand, have been ahead of global debates and action on sex work and have taken active steps to increase the involvement of sex workers.

The UNGASS process has played an important role in building bridges between government representatives and key populations. For example, in Indonesia, organisations of vulnerable 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 between government and marginalised groups, for example, in Vietnam. Despite this, the involvement of networks and organisations of vulnerable populations, in particular sex workers and IDU, whose activities are illegal in Vietnam, in policy development and in the design, implementation and M&E of programmes is less than that of PLHIV. Networks and organisations of key populations are not consistently involved in policy, implementation or M&E in most of the countries visited for the evaluation.

Although there is clearly scope to improve the representation and involvement of organisations of key populations at global and country level, respondents to the web survey acknowledged the important role played by UNAIDS in empowering vulnerable populations. Over 70 percent of NGO network, FBO and PLHIV organisation respondents rated the contribution of UNAIDS to empowering vulnerable populations as moderate or strong. Similar responses were received to the question about UNAIDS' contribution to meaningful participation of vulnerable populations.

Country visits indicate that the extent of UNAIDS support for capacity building of networks and organisations of vulnerable and marginalised populations varies considerably. While support in some countries has been limited, in others it has been highly significant. For example, 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 and supporting their involvement in the national response. Increasing service coverage for these groups is attributed to effective prioritisation of their needs by UNAIDS and by bilateral donors. In Vietnam, the secretariat has been instrumental in increasing awareness of MSM-related issues, acting as the convenor of the MSM TWG at a time when other agencies were unwilling or unable to take on the issue, and MSM have actively participated in this forum. UNDP, has issued a Request for Proposals which is expected to increase UNAIDS work on MSM at country level. UNFPA has provided support for sex worker NGOs in a range of countries including India.

Q (I) THE GREATER AND MEANINGFUL INVOLVEMENT OF PLHIV

TOR QUESTIONS

The extent to which UNAIDS has enabled the active and meaningful engagement of people living with HIV through the: transparent and democratic selection processes and choices of representatives; involvement in the design of policy making; involvement in the implementation of programmes; involvement in the M&E of UNAIDS programmes

Hypothesis: UNAIDS has created an efficient process by which people living with HIV have become engaged in efforts to combat the disease

Finding: UNAIDS, in particular the secretariat, has championed PLHIV involvement and contributed to increased global and national involvement in policy, implementation and M&E. There is less evidence that UNAIDS has created an efficient process for engagement or transparent and democratic representation

Preliminary findings

- **UNAIDS Secretariat has advocated effectively for PLHIV involvement**

Increased PLHIV involvement is a key achievement of UNAIDS. All stakeholders agree that PLHIV are better supported and more engaged than they would otherwise have been without UNAIDS. The secretariat has been proactive in advocacy and support for PLHIV engagement and in raising the profile of PLHIV within the UN through the establishment of UN+.

The principle of PLHIV involvement is now widely accepted. At global and country levels there have been significant improvements in PLHIV representation on policy and decision-making bodies. For example, GNP+ is represented on the PEPFAR Implementation Committee for PEPFAR and the PCB and works through the communities delegation to the Global Fund Board to ensure PLHIV views are heard.

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 Country Coordinating Mechanisms and National Partnership Forums, in Cote D'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Swaziland, Vietnam and Ukraine. Representation on Country Coordinating Mechanisms has enabled PLHIV networks and umbrella organisations to access Global Fund resources.

Country visits identified examples of PLHIV involvement in national planning, delivery and M&E of services, in Cote D'Ivoire, India and Iran, and in consultations on national strategy, Universal Access road maps, UNGASS reporting and external evaluation, in

India, Indonesia and Ukraine. However, this is not consistent and there was little evidence of involvement in planning, implementation or M&E in other countries visited.

Feedback to the web survey shows that 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 percent stating that the secretariat has not been very effective at global and regional levels and 36 percent 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.

- **The secretariat has been most active in engaging with PLHIV organisations**

There is no common vision or strategy for PLHIV involvement across the joint programme or joint teams. The UNAIDS Secretariat has been most active in engaging with PLHIV organisations at global and national levels and has established good working relationships with global and national PLHIV networks. Global collaboration, for example, with GNP+, has focused on specific activities such as the GIPA Report Card, consultation on guidance, and funding for network donor conferences or one-off projects.

The picture for cosponsors is mixed but in general they are perceived to have been less engaged than the secretariat. Some cosponsors, for example, ILO and UNHCR, work with UN+, UNICEF included PLHIV as a critical area in its 2006-2009 Medium Term Strategic Plan, UNESCO is providing support for organisations of HIV-positive teachers and highlighting the needs of HIV-positive learners, and ILO and UNODC include PLHIV representatives in project steering committees.

Global networks such as GNP+ have been consulted by cosponsors during the development of guidance, for example by WHO on review of the operations manual for Integrated Management of Adult Illness and by UNFPA on sexual and reproductive health and rights guidelines, and have collaborated with UNHCR and UNAIDS Secretariat on a project documenting human rights violations against PLHIV. However, PLHIV organisations are not represented in other parts of the UN system apart from the PCB, and global networks report that their influence on cosponsors is minimal. In some countries, such as Cote D'Ivoire, India, Indonesia, Swaziland and Ukraine, cosponsors have made efforts to involve and support PLHIV, while in others, such as Ethiopia, there is little evidence that cosponsors view PLHIV involvement as an issue in their work.

There is limited evidence of PLHIV involvement in the design, implementation and M&E of UNAIDS programmes or, with the exception of Indonesia, of UNAIDS taking proactive measures to put GIPA principles into practice, for example, by employing PLHIV. That said, UNICEF reports that efforts to recruit PLHIV had not been successful as professionals are less willing to be open about their status now that treatment is available. This view was shared by a wide range of other informants.

- **UNAIDS Secretariat has provided important support for national PLHIV networks and organisations**

The UNAIDS Secretariat has provided critical support for the establishment of PLHIV networks and umbrella organisations and for strengthening their member organisations and associations, for example, in DRC, Ethiopia, Haiti, India, Indonesia, Swaziland and Vietnam. PLHIV organisations value the secretariat's support and openness to dialogue and communication. In Indonesia, the GIPA principle has pervaded secretariat and cosponsor policy dialogue and service delivery; the secretariat and cosponsors provided important early support for establishment of networks, work planning, training, leadership and PLHIV involvement in the national response. In Ethiopia, the secretariat has provided significant recent support to the national network, NEP+, both for Global Fund Round 7 proposal development and for capacity building and decentralisation.

There is no clearly articulated strategy for capacity building of PLHIV organisations. In practice, secretariat capacity building support at country level has focused on networks and umbrella organisations, for example, for governance in Vietnam and organisational development, strategic planning and M&E in Ukraine. Key challenges for UNAIDS are meeting the 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 as is the case in Ethiopia, Haiti, Kazakhstan, India and Vietnam.

- **Despite progress, involvement is still often tokenistic and representation is a challenge**

Global PLHIV networks report that involvement is sometimes inconsistent. For example, despite a good working relationship with the civil society team, the secretariat released several policy briefs relating to PLHIV after the Mexico Conference but GNP+ was not consulted about these. Global networks also 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.

There has been some success, attributed in part to PLHIV involvement, in integration of GIPA principles in national HIV and AIDS strategies and plans. However, putting these principles into practice is a challenge and many informants stated that GIPA has 'fallen off the agenda'. 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.

UNDP has conducted capacity building for PLHIV through its leadership development programme, which builds bridges between PLHIV, parliamentarians and civil servants. Based on countries visited for the evaluation, evidence of improved PLHIV leadership is mixed. Leadership is strong in Cote D'Ivoire, Indonesia and Ukraine, growing in India and Vietnam, and weak in Ethiopia and Swaziland.

Informants highlighted concerns about how PLHIV organisations represented on national bodies are selected and the extent to which UNAIDS supports PLHIV in contexts where HIV is concentrated in populations that are marginalised or engage in behaviours that are criminalised. Concerns about representation and accountability were expressed by global informants and by country informants in Ethiopia, Ukraine and Vietnam. The secretariat has provided support to strengthen the governance of PLHIV networks and national umbrella organisations, but this is not consistent across all countries visited for the evaluation. This is reflected in the feedback to the web survey conducted for this evaluation. While the majority of respondents in all categories agreed that the UNAIDS Secretariat has been effective in enabling transparent and democratic processes for selection of PLHIV representatives, a significant proportion of NGOs (28 percent), FBOs (39 percent) and PLHIV organisations (41 percent) take the contrary view that the secretariat has not been very effective.

- **The impact of PLHIV involvement is difficult to determine**

Global interviews indicate that PLHIV involvement has played an important role in influencing global policy and is also seen as a model for involvement of marginalised groups such as sex workers and IDU. For example, PLHIV involvement is considered to have been 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.

Country visits, however, provide limited evidence of the impact of PLHIV involvement on national responses i.e. identifiable elements in policy and programming that have resulted from such engagement. In Ethiopia, PLHIV organisations represented on key national bodies report that their influence on policy and programming is limited.

Although described in guidance, there appears to be no common understanding of 'active' or 'meaningful' engagement of PLHIV, the objectives of meaningful engagement or how outcomes should be measured. However, there are differences of view about the importance of this, with some seeing involvement as an end in itself rather than as a means to an end. Informants highlighted the need for UNAIDS to work with PLHIV organisations to define clear strategic objectives for involvement that reflect the changing environment, in particular increased access to treatment, and emerging issues for PLHIV and to institutionalise processes for involvement.