

Written comments from Civil Society

PCB NGO Delegation

We welcome the opportunity to share our comments on the preliminary findings of the Evaluation Team.

The document overall focuses on many areas that resonate with our own experience and concerns, such as:

- The need for “UNAIDS needs to clarify its role as a proactive source of technical support to countries” (8)
- The lack of coherence among cosponsors (8)
- The lack of systematic approach to monitoring and evaluation across the joint programme (10)
- The critical need to work on strengthening systems in other sectors beyond health (15)
- The lack of incentive for UN agencies to work together (18)
- The disconnect between Geneva and country and regional offices (24)
- That the UBW does not explain what the cosponsors are actually doing, which results in ambiguity as to what cosponsor agencies actually have committed to deliver (30)
- There is no strategic, joint programme approach to addressing the gender sensitivity and gender equality/women’s rights issues of the AIDS response (50)
- The roles of UNDP, UNIFEM, UNAIDS Secretariat and the GCWA are unclear in terms of who delivers for women and girls (51)
- There is no common UNAIDS vision or strategy for working with civil society and the rhetoric does not always match the resources allocated (45)
- “The need to be clear about technical support objectives and appropriate approaches...”; “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.” (60)
- Uncoordinated data collection remains a problem (61)
- There is a lack of policy coherence in addressing human rights at country level (64)
- “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.” (65)
- “More has been done to advocate for services for key populations than for their rights.” (65)

Key issues for consideration

1. We understand that this is not the final evaluation report and appreciate the Evaluation Team’s openness to receiving further submissions and views from a range of stakeholders on the preliminary findings. However, for the sake of transparency, we would urge the evaluators to ensure that a final draft of the evaluation report is made available to stakeholders to comment on prior to being finalized.
2. The document expresses opinions on the part of the Evaluation Team, which seem to extend beyond the role of an evaluator at times. We would insist that all conclusions clearly reference their provenance and clarify where these are interpretations or presentations of fact.
3. The final document needs to be explicit and differentiate between references to UNAIDS Secretariat versus Cosponsors, as there is often reference to UNAIDS without much clarity on who specifically was being referred to, or who is accountable, in a particular finding.

4. In the final report, it would be helpful to have more information on the history of the relationships between UNAIDS and WHO, the epidemiological figures and the exceptionalism of AIDS versus health systems. This is a very significant omission in the evaluation findings and relates specifically for the need to provide a bit more context.
5. One area that came out strongly in the first stakeholders meeting, as an independent conclusion, is UNAIDS' role in data collection, which seems to be lost here. It would be important to see how UNAIDS is fulfilling this role and how it could improve.
6. We suggest that the final document include a section on challenges that the Evaluation Team encountered that may influence or limit the general applicability of findings. In particular, we are concerned that the results of 12 case studies appear in some cases to be generalized globally without any reference to available evidence which may corroborate or refute such extrapolations.
7. Most recommendations dealing with objectives, governance and management from the five year review were not implemented, which in our view has led to many of the negative findings.

Larger context of the AIDS response

As a whole, the document does not adequately place UNAIDS within a global context of health and HIV responses. Understanding of UNAIDS' interactions with the Global Fund, PEPFAR and IHP+ is critical to viewing the relevance of UNAIDS within the current context and would be helpful to the final report. An important point, which was also mentioned by civil society in the opening plenary of the Stakeholders Consultation, is that the Global Fund has just completed a 5 year evaluation. We would like see consideration for this in the final report, specifically to identify overlapping issues such as short versus long term funding, improving data quality and gender.

The civil society members who came together at the Stakeholders Consultation and the NGO Delegation would like to see the below highlighted areas specifically addressed.

Accountability of the co-sponsors

We support your findings that "neither ECOSOC nor the PCB has authority over the Cosponsors" and that "the influence by the PCB depends on the extent to which Cosponsor boards act on PCB decisions." In our experience this situation has led to PCB decisions not being implemented by co-sponsors and little accountability on areas of work that particular co-sponsors may be delivering on. Two recent examples have been the lack of progress on women and girls and sex work.

Another of your findings that support our concerns is that at the country level the DOL seems to have little impact on the individual programming of cosponsors, which is largely attributed to the lack of collaboration and coordination among cosponsors in many places. As you rightfully noted, this results in UBW allocations that are not based on a transparent set of criteria, including past performance and results delivered. We note that there was some concern about the references to lack of transparency, but rather than throwing out this reference altogether, we suggest that the evaluation articulate the criteria by which the UBW would be a transparent process (based on performance, consultative, etc) and then measure what is currently being done and how that has changed from previous years. For example, this is the first year that the NGO delegation has been brought in relatively early into the process.

Strengthening Health Systems

It is great to see that the PCB has asked the evaluators to look at this emerging issue, even though it is seen as an area that is not in the UNAIDS mandate. In this section, there is little mention of how UNAIDS relates to and works with other key sectors, especially the health service providers such as civil society including faith-based organizations. We know that civil society and FBOs provide 30-70% of health care in much of the developing world. One specific area of health systems for which civil society including FBOs are undervalued is in the area of Supply Chain Management, where they have decades of experience in forecasting, procurement and distribution of pharmaceuticals and hospital supplies, often equal to or rivaling that of many Ministries of Health. They also have unrivaled access to armies of community volunteers that are now seen as the backbone of successful adherence to antiretroviral therapy.

Voting rights of the NGO Delegates

The recommendation to give NGO Delegates voting rights was identified as a result of the first UNAIDS Evaluation and is amongst 7 other recommendations assessed by the Evaluation Team as having not been implemented. Question (b) on the governance of UNAIDS, the evaluation team states that the “NGO Delegation is not undermined by not having voting rights; voice is undermined more by other arrangements in the PCB.” We request further clarification for the basis of this finding.

We question the decision by the Evaluation Team to single out this specific recommendation from the other recommendations not implemented and request more information on what has changed since the first evaluation. The Evaluation team discusses the merits of voting rights, which is not at issue, rather than the basis for the recommendation itself. None of the legal conditions (ECOSOC, UN body) have changed since the first evaluation. As identified by the Evaluation team, the basis of UNAIDS under ECOSOC is up for discussion and is not used to define other recommendations or issues in the paper. Indeed, voting rights for NGO Delegates was raised and discussed during the 20th PCB plenary. We would also like further clarity on the review process of UNITAID and the Global Fund undertaken by the Evaluation Team.

While we agree that the NGO Delegation’s voice is undermined by other arrangements in the PCB, lack of full voice also stems from arrangements between PCB meetings. We would appreciate recommendations from the Evaluators as to how this might be addressed. In particular, we would like to see UNAIDS support ongoing funding in all countries of civil society co-ordination, advocacy and policy via a strengthened and fully functioning civil society partnership unit, better coordinated between the field offices and Geneva. As well, the need for adequate inclusion of and time for civil society consultation, greater transparency and language barriers should be addressed as hindrances to stronger civil society voice.

The evaluation team neglects to look at other aspects of the recommendation, which include the relevance of UNAIDS and inclusion of civil society. Each time wider civil society has been queried about the right to vote, it has remained an overwhelming positive point that in principle, inclusion means the right to vote.

Further, there is concern that the way the findings are presented in this preliminary report seem to be evaluating civil society itself, rather than UNAIDS’ engagement with civil society. Although we believe civil society must be accountable to itself, it is not the role of UNAIDS to monitor. Furthermore, it would be constructive to evaluate to what extent UNAIDS has engaged with civil society at the country level as well as regionally and globally, and evaluate that role and its effectiveness.

The Greater and Meaningful Involvement of PLHIV

In reviewing the findings by the Evaluation Team, we were surprised to find the mention of only one organization, GNP+, when speaking about PLHIV representation on policy, global collaboration and global networks. There was no mention of country-level engagement with people living with HIV or how UNAIDS country and regional offices have effectively built partnerships with PLHIV at the country level that have led to specific outputs/results. We would like to see the use of additional tools, such as the Stigma Index, to measure progress and engagement, identify gaps and include specific examples of outcomes.

Women and Girls, Gender Equality and Sexual Minorities

We look forward to your findings from the country assessments in relation to women and girls and gender equality. In our view these issues require urgent attention and where UNAIDS leadership, programming and monitoring and evaluation have been weak. This is also an area where numerous commitments and PCB decisions exist and we expect the evaluation to examine how PCB decisions have been implemented. Additionally, given that gender equality issues and analysis is a cross cutting issue, we expect the evaluation to clearly outline how a gender analysis is being applied to all aspects of the work of UNAIDS, including in issues of governance, management, programming, budgeting and monitoring and evaluation. As mentioned in the breakout group at the Stakeholder Consultation, this is also an area where the evaluation should make concrete recommendations.

We hope that the evaluation team will also provide information on how UNAIDS policies and programming are transforming gender norms and addressing issues affecting sexual minorities- men who have sex with men, transgender populations, as well as other sexual identities, including lesbians. The country visits should indicate examples where UNAIDS is working at the country level to support the recognition of the rights of people with different sexual identities, both in law and practice, and helping national governments deliver HIV programming that meets the HIV and health needs of these populations. The final document should also include specific recommendations of how UNAIDS leadership and advocacy can be strengthened.

Marginalized communities

The evaluation does not highlight the particular legal and human rights context of marginalized communities. This is a significant challenge for UNAIDS at the country level. How has UNAIDS specifically been able to advocate for/engage the following groups to build stronger HIV programmes and services – at the country level - women and girls, injecting drug users and their partners, men who have sex with men, prisoners, male and female sex workers, transgendered persons, migrant communities. The UNAIDS Secretariat spends significant effort and resources on these issues at the global level, but there is little information on evidence of its effectiveness/outcomes at country level in the evaluation.

Similarly, the report fails to mention or analyze the challenge and, in many cases, wide perception of a failure in prevention, and the need to substantially mobilize renewed efforts for prevention everywhere.

Coordinator, PCB NGO Delegation

I. Overall comments on document:

The document is interesting and brings out clearly that there are few findings of value-added to the joint program. Overall, the tone seems to vary – ranging from objective in places to very subjective, identifying certain actions as good or strong with no clear basis for subjective comment. Some sub-headings are worded as recommendations and others as findings.

I also note that civil society is not defined and seems to be viewed only as advocates in some places rather than as including service providers, groups of affected populations, etc. I believe we requested and got a definition/clarification after the first stakeholders' consultation which may be worth including in the final document.

Voting rights

I found the discussion of voting rights dismissive without clear justification. If it was a recommendation in the first evaluation, why can it be ignored and relegated to unimportant by this evaluation team? It is not clear if the dismissal of voting is based on a clear analysis of other boards and ECOSOC or just a passing glance, as the process and methodology is not explained.

The Evaluation team discusses the merits of voting rights, which is not at issue, rather than the basis for the recommendation itself. None of the conditions (ECOSOC, UN body) have changed since the first evaluation, so it comes across as strange to single out one recommendation for, essentially, removal, since the first evaluation. The validity of the other recommendations are not questioned. As identified by the Evaluation team, the basis of UNAIDS under ECOSOC is up for discussion, and is not used to define other recommendations or issues in the paper. Contrary to the discussion in the paper, voting rights for NGO Delegates was raised and discussed during the 20th PCB plenary.

The evaluation team neglects to look at other aspects of the recommendation, which include the relevance of UNAIDS and inclusion of civil society. Each time wider civil society has been queried about the right to vote, it has remained an overwhelming positive point that in principle, inclusion means the right to vote.

Civil society participation

The paper mentions other obstacles to civil society participation, such as:

- 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.

There is more to this, such as:

- the way that work is shared between PCB meetings;
- the time that is allotted for consultation with civil society constituents; and
- the languages in which work is shared is limited to English.

Coordinator, PCB NGO Delegation (page 2)

II. Detailed comments/questions:

- P 7 - relationship with PEPFAR. Judged as strong but once again, we are not clear on the way they work together and the way NSAs, etc. tie in with National AIDS plans...
- Page 8 combines two issues: technical support and data collection. When the second paragraph talks about “Know your epidemic” and lack of coherence in promoting systematic approach, I would agree, but this should probably be highlighted as a separate issue from technical support – this is about the need for strong, systematic and more nuanced data collection.
- In the first stakeholder’s workshop, data collection came out as a clear area of UNAIDS work (in the groups I participated in) yet it is only touched on indirectly in this report. It would be helpful to have this as one conclusion area in the final report.
- P 10 – ability of UNAIDS to bring technical support to complement donor financing. Five examples in five years does not seem like a strong ability. Is the conclusion based on more examples?
- P 12-13: In the discussion on health systems, the conversation seems to mention future plans often but not elaborate on what has happened to date.
- Page 23: clarification: text says that no cosponsor governing board has made a decision based on a decision of the PCB, yet Table 2 says that UNODC has.
- P52, paragraph 2: clarification: if Ukraine, if TA was provided for gender recommendations for national AIDS program, why were they not well reflected?
- P 67 -69: – Is GNP+ sign off an adequate measure of PLHIV inclusion? What about local and regional organizations, tools of measurement, etc?
- P 69, paragraph three, mentions the consultation time being inadequate for PLHIV; this is a larger issue about the functioning of the Secretariat and time constraints that affects all of civil society, not just PLHIV.

III. The report mirrors concerns from my own experience in the following areas:

- UNAIDS needs to clarify its role as a proactive source of technical support to countries (8)
- The lack of coherence among cosponsors (8)
- The lack of systematic approach to monitoring and evaluation across the joint programme (10)
- The need to strengthening systems in other sectors beyond health is critical (15)
- There remains a lack of incentive for UN agencies to work together (18)
- The disconnect between Geneva and country and regional offices (24)
- The UBW does not explain what the cosponsors are actually doing, which results in ambiguity as to what cosponsor agencies actually have committed to deliver (30)
- The roles of UNDP, UNIFEM, UNAIDS Secretariat and the GCWA are unclear (51)
- “The need to be clear about technical support objectives and appropriate approaches...”; “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.” (60)
- Uncoordinated data collection remains a problem (61)
- There is a lack of policy coherence in addressing human rights at country level (64)

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- “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.” (65)
- “More has been done to advocate for services for key populations than for their rights.” (65)



Civil Society and HIV-prevention in Hungary and the Central European Region

After the fall of Communist Regimes, it has always been very difficult to define this special part of Europe, which we call Central Europe. When we use the term Western Europe, most people think of the European Union, excluding the newly joined members, and when we use the term Eastern Europe, we definitely think of ex-Soviet Union. The countries that are in question now are definitely between the two, not only in the geographical meaning but also from their society and economical situation, and more importantly due to the nature of their HIV-epidemic. Central Europe consists of some 10-12 countries (depending on the definition), which are very similar as they are young democracies and thus have very young civil society and NGOs but most of them are already members of the EU.

From the HIV/AIDS point of view, these countries still have relatively low prevalence and their epidemics are mostly MSM-driven. Thus, most of the prevention, done until the mid 90s was also MSM-targeted. After the introduction of ARV therapy, HIV/AIDS ceased to be a hot topic especially from the government point of view. As prevalence is still relatively low, and for those infected ARV is available, governments spend an extremely small amount of money on prevention and information. As an example, the annual budget of the Hungarian National AIDS Commission, which is spent on VCT-centers and prevention, was HUF 30 million (less than 15,000 USD) and due to the financial crisis, even less money can be expected for the upcoming years.

Among these conditions, civil society is suffering from lack of funding. As NGOs are relatively young and most of their staff works on voluntary basis, they do not have the capacity to raise funds and to maintain running projects. They receive very little money from the government compared to western standards but at the same time their annual budget mostly depends on this government money. Even if they are represented in some decision making bodies, it is very difficult to form an opinion opposing that of the authorities.

Another important issue in Central Europe is the human rights perspective, especially when it comes to such sensitive issues as patients' rights and data protection. It is common in our region that despite the enormous amount of legislative actions to adjust legal systems to the EU standards, the implementation and enforcement of patients' rights are weak. People seeking HIV-prevention can face strong stigma and people living with HIV/AIDS are often discriminated, even during their everyday health care practices (e.g. refused by most of the dentists when disclosing their HIV-status) and in other fields of social life.

Although most of the countries in the region have a national AIDS-strategy, mostly it is just a well written document almost no goals of it are achieved as the decision making and enforcing bodies pay little attention to the topic and as the prevalence remains very low they can report successes at international levels and hide the real problems.

At an NGO-meeting organized by the Hungarian Civil Liberties Union, representatives of civil society and experts gathered from the Central European region and found that in our countries we face similar problems in HIV/AIDS-prevention. Besides the lack of government funding and problems with fund-raising capacities, we found that in our region, urgent steps should be taken to provide universal access to VCT-services and preventive tools, ensure equal opportunities and treatment for people living with HIV/AIDS, and confidential medical data handling practices.

In general we can say that civil society is very weak in Central Europe and its funding for basic operations highly depends on public bodies. Their international outreach is limited due to lack of English-speaking staff and translating and interpreting is very costly. Most of the NGOs working in HIV-prevention are not very clear about the role of UNAIDS, for example, and in general have very limited access to international networks and grants.

In our opinion, Central European NGOs need immediate help in capacity development if we are to maintain this favorable low prevalence, as governments are reluctant to take the issue of HIV/AIDS seriously.

We suggest that NGOs should have a stronger role in forming the work and policies of UNAIDS as in our experience, and this is especially true in our region, governments and public bodies tend to grade up the real situation in their reports.

International Women's Health Coalition

June 15, 2009

To the Oversight Committee, Second Independent evaluation of UNAIDS

- Gender Dimensions of the Epidemic

1. It is unfortunate that all elements of the evaluation design failed to clearly distinguish between a) gender equality—women and men, and b) MSM/ transgender/ other gender identity. As a result, the evaluation findings suffer from this lack of clarity and it is difficult to draw clear conclusions and recommendations.
2. It is also unfortunate that the document does not number the paragraphs making it complex to clearly target comments to text. Nonetheless, we hope the following are helpful.
3. Page 50—reference to feminization- is not helpful unless defined.
4. Page 50—reference to “ideological differences” is inaccurate. Rather the differences are “strategic.”
5. Page 50—UNDP is considered to have made a “good start.” This is a subjective comment. Is there no concrete measure. There are informants who would disagree on this and on the assertion that the consultation process has been “positive.”
6. Page 50—the expert group has, “decided not to develop further guidance...” This para shows lack of in depth understanding of what guidance is needed. In the view of many, a compendium will not help put gender principles into practice at country level as you now assert.
7. Points 4-6 above demonstrate that the evaluation team has not understood the fundamental critique of, and disagreement about, UNDP’s work on gender equality-women and men to date.
8. Page 51 – “The focus on gender identity has detracted from...” While I realize some respondents may feel this way, this mode of expression does not help move the dialogue, or the work forward. By far, the more constructive theme, in the view of at least some of us, and in fact the way that the work is

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progressing now is to recognize the two populations – women and sexual minorities have distinct needs and need distinct programming strategies. The negative side is that work on MSM by UNDP has progressed much faster than that on equality of women and men, at least in part because much more expertise has been brought to bear in a more focused way for MSM.

9. Roles of UNDP, UNIFEM, UNAIDS Secretariat, GCWA: “Unclear” is an understatement. GCWA is not functional, UNIFEM is hamstrung as it is not a co-sponsor, UNDP is utterly committed to MSM, but not to women, and the Secretariat has no expertise.
10. The rest of this section is reasonably accurate as far as it goes – it could be even more critical. However, the few “positive” examples at the bottom of page 52 are actually quite weak.
11. Page 53 – the reference to the RSP issued by UNDP should be qualified. I was on the short list final review group. The proposals were without exception weak or not on the mandate defined in the RFP, but they were funded anyway, \$700,000.
12. Page 54 – data disaggregated by sex. In each of the UN’s high level meetings, UNAIDS itself has admitted they had virtually nothing to report because data are not managed in such a way to allow disaggregation (if they are collected at all).

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Asian People's Alliance for Combating HIV and AIDS

12th June 2009

Ms. Catherine Hodgkin

Chair

Oversight Committee, Second Independent Evaluation of UNAIDS

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Sub: Independent evaluation of UNAIDS

Dear Ms. Catherine Hodgkin,

An independent evaluation of UNAIDS is a commendable effort. I would like to comment on the need to improve the governance process of the civil society participation in the UNAIDS PCB.

As a person who had the opportunity to attend the UNAIDS PCB as an NGO observer, more than once, I can vouch that UNAIDS' decision to include civil society partnership in its PCB is indeed a unique and commendable initiative. This initiative is expected to foster better governance of UNAIDS. However, the current method and the process of selection of NGO/Civil society representative need much greater planning to expand the scope of democratic participation of NGO/Civil society in the UNAIDS PCB. The current practice of a nomination committee selecting the delegates reduces the democratic space and it seems it promotes a great deal of vested interest.

Alternatively, I would suggest, UNAIDS to open a global roster of AIDS NGOs (with a minimum criteria of eligibility) and all the roster members should be allowed to nominate and elect their representatives directly. This election could be facilitated through an internet based registration, nomination and voting process. The UNAIDS civil society partnership team could act as the independent returning officers of this election process

Unfortunately, the current system of selection of UNAIDS, NGO- PCB representation has reduced the democratic value of the NGO participation in the PCB. I request you to advise UNAIDS to revise this process to improve the democratization process of NGO representative selection to the PCB

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I will be glad to provide any additional information if you require

Thank you for your attention

Prof Joe Thomas

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(Additional comments from Asian People's Alliance for Combating HIV and AIDS)

While reading the scope of the 2nd evaluation of the UNAIDS, I am disappointed to note that this evaluation lacks emphasis on the need for developing a comprehensive Integrity and Conflict Management System within UNAIDS

For example, if a concerned public person believe that there has been a lack of compliance with UNAIDS financial rules or internal control procedures in any UNAIDS financed activity, there no venues open for a concerned public person to raise this issue.

As of today, in my knowledge, if a concerned public person believe that he/she is being subjected to inappropriate or disrespectful conduct or harassment by UNAIDS staff, there is no venues open to the public to take such reactant UNAIDS staff to the task.

In this context it would have been appropriate for the UNAIDS to develop a Code of Ethical Principles and Conduct which should covers the behaviour of UNAIDS staff.

Hope you may consider this feedback as well, as part of my submission.

Thank you for your attention

Joe Thomas