

Written comments from Cosponsors

ILO

The ILO Response to the Second Independent Evaluation (SIE) of UNAIDS Stakeholder Consultation Document on the Preliminary Evaluation Findings (May 2009)

A. General Comments

1. The issue of the **Global Financial Crisis** - a 'game changer' – should be addressed in the SIE for many reasons. Firstly, it is an opportunity to find ways to work together more collaboratively. Further, it has implications for the assistance that member States will provide for supporting reform initiatives, as well as its impact on budgets and planning. Also for consideration is the consequences it will have on the various activities of UNAIDS (e.g. prevention vs. treatment activities), and its impact on SIE recommendations.
2. **The findings also need to include UNAIDS activities such as UN Cares and UN Plus.** These are system-wide activities being undertaken at a global and also country level. The UN Secretary General, in a recent statement, has also prioritized the work of UN Cares (See http://www.uncares.org/UNAIDS2/uncares_launch/index.shtml).

B. Specific Issues

3. With regard to Table 2 (page 23) the ILO finds that the UNAIDS UBW and its Programme and Budget (the P&B is the ILOs' corporate framework) are complementary. Also there has been a trend towards gradually aligning targets and indicators in both frameworks with significant progress made in the design of the UBW and P&B for 2010/11 biennium.
4. With regard to Table 3 (page 29) please note the following:
 - 1) The biennia presented needs correction.
 - 2) Staffing capacity may be analyzed as Global and Field (regional and country) given they are inter-linked, and also with sub-regional office capacity.
 - 3) The ILO data indicates that its global staff capacity has declined over time with greater investment in capacity at the field level (estimated global HIV/AIDS staff of total HIV/AIDS staff declining from 75% in 2002/3 to 24% in 2006/7).
5. There are several issues the ILO wishes to note specifically in relation to the findings re. UBW funding:
 - 1) UBW support or funding needs to be defined –core UBW vs. other parts or the total UBW funding.
 - 2) Use of UBW support is structured differently among cosponsors (see page 30).
 - 3) The ILO supports country staff from UBW funding. This support has remained more or less even over the three last biennia (estimated as 18% to 17% from 2002/3 to 2006/7).

UNFPA

In follow-up to Steve Kraus' (UNFPA) comments during the Stakeholders meeting we are pleased to further communicate the following detail:

1. In regard to PCB influence on UNDP/UNFPA Executive Board Decisions please reference the excerpts from 2001, 2004 and 2005 Board decisions (below). Implementation of PCB decisions remains a standing agenda item for the joint segment of the UNDP/UNFPA Executive Board each September session. Information relayed includes preparation of a joint report to the Board, and a joint presentation during the Board session followed by questions and answers.

2001/9

UNFPA strategic plan for HIV/AIDS for 2001-2005

The Executive Board

1. *Takes note* of document DP/FPA/2001/9;
2. *Endorses* the proposed substantive focus for the years 2001-2005 with respect to HIV/AIDS as set forth in document DP/FPA/2001/9;
3. *Endorses* the Fund's overall approach to collaboration and coordination with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Group, and with other United Nations agencies and organizations, non-governmental organizations and the private sector;
4. *Recognizes* the experience and comparative advantage of UNFPA in fulfilling its lead role in implementing the goals of the International Conference on Population and Development (ICPD) and the benchmarks of the ICPD+5 and in making use of its extensive networks at the country level and, in that regard, requests UNFPA, in the context of the recommendations of the UNAIDS Programme Coordinating Board,¹ to intensify its efforts and to take a more visible leadership role in the prevention of HIV infection, especially among young people;
5. *Encourages* UNFPA to build further on its experience in addressing gender issues, including the role of men, as an integral part of HIV-prevention activities;
6. *Also encourages* all Governments to support the efforts of UNFPA by increasing their commitment, including financial commitment, to curb and reverse the spread of HIV/AIDS in programme countries.

¹ As contained under agenda item 2 of the United Nations System Strategic Plan on HIV/AIDS for 2001-2005 in the report of the Executive Director of UNAIDS on the eleventh meeting of the Programme Coordinating Board.

14 June 2001

2004/40

UNDP and UNFPA follow-up to UNAIDS Programme

Coordinating Board meeting

The Executive Board

1. *Takes note* of documents DP/2004/CRP.9 and DP/FPA/2004/CRP.6;
2. *Urges* UNDP and UNFPA to continue, in close collaboration with the other cosponsors, to strengthen the UNAIDS partnership, especially at the country level, thereby contributing to a comprehensive response to HIV/AIDS;
3. *Further urges* UNDP and UNFPA to ensure, in close collaboration with the other co-sponsors, the effective inclusion of the UNAIDS Country Coordinator as a member of the United Nations Country Team to implement joint programming;
4. *Recognizes* the need to further promote coherence in actions at the country level and the importance of the “Three Ones” (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; and one agreed country-level monitoring and evaluation system), and *takes note* of the growing support for harmonization at the country level;
5. *Encourages* UNDP and UNFPA to develop, in cooperation with the UNAIDS secretariat and the other co-sponsors, a harmonized, outcome-oriented format to report annually on their HIV/AIDS activities to the UNAIDS Programme Coordinating Board, as well as to the Executive Board.

24 September 2004

2005/41

Follow-up to the decisions and recommendations of the UNAIDS Programme Coordinating Board

The Executive Board

1. *Takes note* of documents DP/2005/40 and DP/FPA/2005/17 on the UNDP and UNFPA implementation of the decisions and recommendations of the UNAIDS Programme Coordinating Board;
2. *Endorses* the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, and furthermore *endorses* all the related decisions of the Programme Coordinating Board;
3. *Requests* UNDP and UNFPA to develop appropriate action plans, in collaboration with the UNAIDS secretariat and other co-sponsors, and maintain the momentum created by the Global Task Team, within the specified time frames;
4. *Requests* UNDP and UNFPA, together with UNAIDS and other relevant development partners, to report on progress in implementing the Global Task Team recommendations at the joint meeting of the Executive Boards of UNDP/UNFPA, UNICEF and WFP in January 2006, and at a special session during the June 2006 meeting of the UNAIDS Programme Coordinating Board;
5. *Notes* the emphasis on support to country-level action and strengthening national responses, and *encourages* UNDP and UNFPA to provide effective technical support to national governments; and focus on their respective areas of comparative advantage;
6. *Requests* UNDP and UNFPA to work with the UNAIDS secretariat to intensify HIV prevention by developing an action plan based on the UNAIDS policy position paper, *Intensifying HIV Prevention*;
7. *Notes* that this will require coordination and harmonization of efforts and a clear division of responsibilities with the UNAIDS secretariat and with other cosponsors, and coordination with national and global stakeholders.

9 September 2005

It is evident that the UNDP/UNFPA Executive Board has been responsive to the UNAIDS PCB requests for action when these requests are directed to the Board specifically (e.g. endorsement of the the GTT recommendations). The monitoring of agency actions on PCB decisions is a given with the annual board agenda item and reflects the Board's commitment to HIV and to ensure agency-relevant PCB decisions are implemented.

2. In regard to the evidence of the Division of Labor informing the work of cosponsors, please reference the [UNFPA Strategic Plan](#) which outlines the work for the entire organization and is fully harmonized with the plan of work for the organization as defined within the Unified Budget and Workplan. Thus, commitment to the same programme of work is evident in both UNFPA internal planning documents and the UBW which are developed in a reiterative and reciprocal process structured around the UNFPA role and obligations as outlined in the Division of Labour and the UNFPA mandate. It should be reiterated however that the development of the Division of Labour was intended to provide a global framework and when considered from a country level perspective (and in operational terms) is most effective when 'domesticated' to meet the realities found in each country both in terms of the local epidemic and required response but also in terms of the degree of UN presence and capacities in that location.

While there has been internal clarification as needed on the specifics within the Division of Labour at the global level, there is support among cosponsors that the Division of Labor should be revisited and updated, however the collective opinion was also that this action should await the outcome (findings and recommendations) of the Second Independent Evaluation of the Joint Programme.



World Food Programme

General Comments

It would be important to cross check the document for the use of the 'UNAIDS' terminology: sometimes it reads as if they mean the secretariat, sometimes the co-sponsors.

As suggested during the workshop by the WFP Geneva Office – an analysis of countries visited by the SIE affected by humanitarian crisis and non crisis countries. An effort should also be made to look at HIV/AIDS in hyperpandemic countries with profound impact on national economic progress.

As mentioned during the Stakeholder Workshop the interpretation of the findings at times extremely negative - there is little acknowledgement that HIV and AIDS has more coordination and guidance than many other UN priority areas. Of course the fact that there are areas that are worse off is not a justification for negative points, but would suggest that the overall UN coordination, alignment and harmonization (or lack of it) could be more realistically brought in as context. The question is whether without UNAIDS the same level of 'getting together on a singular topic' could have been achieved at regional and country level.

Delivering as One

Weaknesses are generally assigned to external factors. We think it would be more realistic if the internal weaknesses are more clearly acknowledged. We assume that a common perspective on Know Your Epidemic when in actual fact each agency mandate brings along a particular bias/lens. It is important to acknowledge these lenses and accept them in the analysis. The interpretation of priorities requires consultation - not a 'voting' approach. The UCC has an important role to assist the co-sponsors in this. Experience shows joint programmes made up of cut and pasted agency specific interests.

The role of the UCC is critical in the 1-UN success of UNAIDS. The key role is facilitation (should be added to short list in text!): within the UNCT, towards Govt and other national and external (donor) actors.

DoL at Global and Country Level

The DoL is agreed at global level - it doesn't blindly translate to CO level. Furthermore the DoL only functions if the agencies accept and respect it. It is important that the UCC with the UNCT facilitates a process of validation and identification of most effective leads among the co-sponsors, which could differ somewhat from the global DoL. 'Enforcement' or an 'ombuds' arrangement for disrespect to the agreed to DoL are also important considerations.

The DoL is not automatically and naturally adopted at CO level - it requires the UCCs facilitation and support role. I have observed UCCs who act as if UNAIDS is an autonomous agency in stead of a secretariat for co-sponsor joint action. They take the lead in stead of facilitating leadership by UN co-sponsors. I have also heard of UCCs who are not able to unite the UN and facilitate joint priority setting and are subject to those with the loudest voice/pressure.

The common premises have to be adopted for all agency staff and cannot single out individual thematically assigned staff. WFP doesn't have many such staff who can guide HIV/AIDS food and

nutrition issues in an environment that also requires them to be engaged in operational matters away from the rest of the WFP CO team. Furthermore, WFP staffs often carry multiple hats and may be responsible for several programmes that are distinctly different from one another. This also has implications for accountability and incentives for agency staff.

The UBW and its influence on WFP Programmes

The suggestion that the UBW is a separate and unrelated process from agency specific planning is untrue for WFP. While WFP's planning process is not directly aligned with the UBW, but our plans leave adequate space to manage them in accordance with UBW priority areas. Of course we do what we do because food and nutrition is our mandate. However, there is a significant shift towards systems approaches, strategy development, national ownership and building models for services delivery - away from 'we feed people'. This is significantly driven by our involvement in UNAIDS, the priority setting and focus of the UBW. Although it is now also an important part of our corporate strategic plan, it was already being introduced in WFPs HIV specific areas through engagement with UNAIDS joint teams.

An important aspect that is still missing is the fact that the UBW also represents priorities as considered by the co-sponsors following analysis and interpretation of needs, challenges, gaps etc. within their particular lead areas. The UBW priorities are not externally identified within a different environment from the one in which all co-sponsors operate. Thus it is expected that the largest part of the UBW should reflect the agencies' individual priorities (that is if all can be trusted to have a reasonably good grasp of the global priorities).

The UBW provides critical financial support to engage in cash dependent TA and strategic guidance - thus leading our country colleagues in the right direction - such as to be more a strategic and technically competent partner to national stakeholders and other co-sponsors.

We would suggest a removal of references to WFP as providing food aid or simply food. The World Food Programme's (WFP) 2008-2011 Strategic Plan (SP), commits WFP to provide food and nutrition support in conjunction with partners and as an essential element to prevention, treatment and mitigation within national HIV programmes and strategies. The WFP Strategic Plan places emphasis on long-term vision and accountability emphasising **"knowing your epidemic"** and calling for evidence-informed approaches, national ownership and strong leadership. In order to better execute WFP's HIV and AIDS interventions, WFP's Executive Director is implementing a Management Action Plan (MAP), in 2009, on HIV and AIDS.

The UBW has direct influence on how WFP design its focus: The main focus of WFP's niche in the area of HIV/AIDS is in the **elaboration of food and nutrition support in health and social services and food security**. WFP is providing technical guidance and operational expertise in integrating food and nutrition in national AIDS strategies and action plans. In 2009, WFP continues to work 'upstream' with governments, Ministries of Health, Ministries of Social Welfare, National AIDS Authorities and civil society, engaging in both policy dialogue and strategic thinking around integrated food and nutrition support services. In addition to technical assistance around protocols and thematic guidance, there is a growing interest in operational and institutional aspects associated with infrastructural, administrative, staff and financial capacities, therefore calling for greater analysis and modelling of alternative modes of service delivery. **These activities have all been by the different strategic choices WFP made when developing its broad activities within the UBW in line with the DoL.**

For example, WFP will have **eight broad activities** in the 2010-2011 United Budget and Workplan (UBW) which represents a shift from the previous biennium. In the mid term review for 2009, with the universal roll-out of antiretroviral treatment (ART), the countries receiving WFP support increased from 16 in 2006 to 26 in 2008, representing a 61 per cent increase.¹ Within the same period, the number of countries supporting people living with HIV through home-based care activities decreased from 13 to 8². This reflects the growing opportunity to provide comprehensive services through clinic based programmes as ART services roll out across countries. Food and nutrition support is recognized as a critical part of this. WFP's 2010-2011 activities are informed by this changing environment and improved insights in approaches to increase the effectiveness of health and social services in limited resource settings (including increasingly limited government funding capacity due to global financial challenges). WFP's interventions will focus on building knowledge, demonstrating efficiencies, and creating joint and complementary programmes in line with the DoL and UBW.

There are numerous examples where the UBW has been used by the WFP headquarters to communicate priorities to the country level. In fact, country offices are asked to orient their programmes in line with the UBW Broad Activities (in line with the DoL) and are required to submit detailed workplans in order to receive funding and programme approval.

We assume that the data on page 29 is only for global and regional and does not include county level staff. The data for WFP does include Country Level.

In reference to the Box 1 on page 37 – we find this surprising and not the best example- we have not encountered difficulties with passing through fund from or to other agencies – for example WFP (HQ) has just received funds from WHO and we have numerous examples at the Country level- e.g. Colombia from UNFPA for HIV/AIDS and SGBV.

¹ Data are based on country activity profiles for 2008, complemented by Standard Project Reports

² Ibid.

Comments from WHO HQ and regional offices

On page 33 "The handing over of work on IDUs in Eastern Europe to UNODC" is given as an example "where the DoL assignation of role falls clearly within the mandate of a single agency" .

However, while some work on IDU issues in Eastern Europe is done in collaboration with UNODC, much work is led by WHO/Europe and our WHO country offices, often in collaboration with WHO/HQ. Examples of this work includes the scaling up of opioid substitution therapy and providing TB/HIV treatment for drug injectors.

Work on IDUs in Eastern Europe has not been handed over to UNODC so this is a poor example of where DoL works well.

On page 46, it should be noted that WHO also "works through NGO implementing partners" for example in Europe the Harm Reduction Knowledge Hub is supported by WHO/Europe and has its secretariat in the Eurasian Harm Reduction Network. WHO/Europe does not "view working with civil society as the role of the secretariat".

On page 57, it should be noted that the three Knowledge Hubs in the WHO European region (surveillance, Zagreb; treatment, Kiev and harm reduction; Vilnius) have a well defined role and are well appreciated.

On page 60-top p 61. (see below).

1/ Tensions between secretariat and WHO probably occur in the area of M&E. However, WHO would be surprised that there is recent evidence of tensions at country level in the area of surveillance. On a technical ground, coordination is good, with division of labor giving the lead to WHO for surveillance and to UNAIDS for estimates. Of course this is far to be perfect and this historical DOL is artificial, but consequent issues have emerged at HQ level in the communication field, much more than at country level, in the technical work.

2/ "Uncoordinated data collection remains a problem": This does not reflect recent improvement in data collection and validation.

World Bank Supplementary Comments on the Preliminary Evaluation Findings Report

I. General Comments

- Overall, in view of the changing epidemic and financial landscape, it is important for the evaluation to be forward looking and to provide actionable recommendations for UNAIDS.
- Over the period of the evaluation, international resources for HIV have been increasing dramatically meaning national authorities have been relatively unconstrained in their HIV/AIDS programming. Now that we are moving into a new era where needs continue to grow rapidly but budgets remain strict, one can anticipate increased demand for strategic information and technical support provided by the UNAIDS family.
- The balance and tone of the evaluation report should be substantiated by examples that match the conclusions. For instance, where the overall assessment is favorable, detailed examples should be provided to support the favorable conclusion. Similarly, where the evaluation concludes that UNAIDS was unsuccessful, specific examples should also be provided.
- It is critical to acknowledge that influence of PCB decisions over the actions the World Bank are not dependent on having direct control over the Board. The PCB's legitimacy as the governing body of UNAIDS, the Bank's role as a Cosponsor of UNAIDS, and the Bank's corporate commitment and engagement in AIDS are all factors that influence the Bank's Board decisions.
- Feedback from evaluators during the June 2-3 Consultation on Preliminary Evaluation Findings, was the need for more substantive evidence. It appears however that evidence provided during the evaluators visits to Cosponsors and subsequent to the visit has not been taken into account.

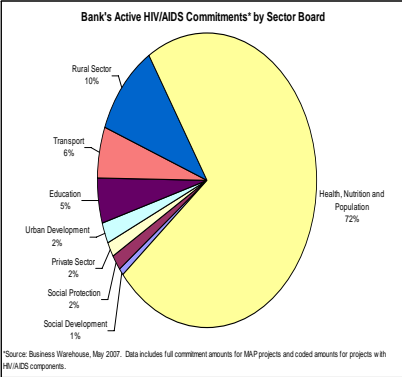
II. Specific comments

Question	Statement reference	World Bank Comment	Supporting information (hold down ctrl and click on link)
Q(a) Evolving Role of UNAIDS	P8, para 2 <i>“the respective roles of the Secretariat, UNDP, and the World Bank over support to national</i>	<ul style="list-style-type: none"> • Many elements of the UNDP and World Bank partnerships supporting National Strategic Planning through ASAP and integration of AIDS in PRSP have been defined, and joint programs developed following recommendations of the GTT. • The PRSP program is administered under an MOU between the Bank, the 	<ul style="list-style-type: none"> • UNAIDS, WB, UNDP MOU for AIDS and PRSP • Minutes of the ASAP advisory group meeting,

Question	Statement reference	World Bank Comment	Supporting information (hold down ctrl and click on link)
	<i>planning have not been defined and agreed”</i>	<p>Secretariat, and UNDP.</p> <ul style="list-style-type: none"> • The ASAP program involves the Secretariat and all Cosponsors through peer reviews, participation in advisory group meetings, and staff participation in the Capacity Building program. UNDP Chairs the ASAP Training Advisory Committee. • The UNAIDS ASAP Advisory Group provides guidance to the ASAP Secretariat, ensures participation of all the main partners listed in the UNAIDS Division of Labor, and promotes ASAP within Cosponsoring agencies and to other partners. This advisory group was set up in 2007 to guide and improve the quality of ASAP services. 	February 2007
	<p>P8, para 2</p> <p><i>“Epidemiological syntheses and Modes of Transmission (MOT) studies by GAMET”</i></p>	<p>Please note that whereas GAMET initiated a focus on epidemic, policy and response syntheses (not Modes of Transmission <i>per se</i>), the MOT model was developed by the Secretariat. The inclusion of the MOT in the Epi synthesis is a reflection of how there is now a strong partnership with the UNAIDS Secretariat in the ESA and West Africa regions to (a) work together in this area; and (b) to use a Secretariat-developed mathematical model - called the Modes of Transmission model because it estimates the proportion share of sources of new HIV infection - as a small part of the synthesis, but not the major focus. An example of joint work is the Uganda MOT study which is on the World Bank website together with other similar joint publications.</p> <p>In addition, note we no longer refer to <i>epidemiological</i> syntheses but ‘epidemic, policy and response syntheses’.</p>	<ul style="list-style-type: none"> • Uganda - HIV Prevention Response and Modes of Transmission Analysis <p>Or</p> <p>www.worldbank.org/aids > publications</p>
	<p>P8, para 3</p> <p><i>“...need for strategic vision about UNAIDS role ... in middle income and incipient middle</i></p>	<p>The Evaluators should be aware of the following examples of UNAIDS engagement in middle-income countries:</p> <ul style="list-style-type: none"> • The World Bank is working with countries such as China, Thailand and Vietnam in improving program efficiency and effectiveness, and on innovative financing instruments in Vietnam and Brazil – which is within the World Bank’s mandate as a lead partner for financing and technical 	<p>Botswana National HIV/AIDS Prevention Support Project, Project Appraisal Document (see p19, para 34 and 35)</p>

Question	Statement reference	World Bank Comment	Supporting information (hold down ctrl and click on link)
	<i>income countries”</i>	<p>support.</p> <ul style="list-style-type: none"> • The Bank has supported innovative financing in Botswana • Peer reviews of National AIDS Strategies have been provided by the ASAP service to MICs countries including Ukraine and Latvia • A bio-behavioral survey was conducted in Lebanon by the GAMET team 	
	<p>P9, para 2 <i>“WHO and UNAIDS Secretariat promote the development and availability of safe and effective HIV vaccines...”</i></p>	<p>In addition to WHO and the UNAIDS Secretariat, the World Bank has also promoted vaccines development as a founding partner of IAVI. Since IAVI’s inception in 1996, the World Bank has contributed over US \$9 million to AIDS vaccine research and development through its Development Grant Facility (DGF). Bank involvement in IAVI including the contribution from the DGF has played a significant role in leveraging additional resources for AIDS vaccine research and development.</p>	<p>2007 IAVI Annual Progress Report (see p.36)</p>
Evaluation	<p>P10, para 3 <i>“UNAIDS has focused on monitoring, and evaluation has been somewhat neglected.”</i></p>	<p>We would like to highlight a few programmatic evaluations undertaken by the World Bank:</p> <ul style="list-style-type: none"> • The ASAP program was evaluated in 2007 and recommendations from the Evaluation were discussed at the meetings of the UNAIDS ASAP Advisory Group (New York, October 2007) and the ASAP Technical Advisory Group (Cairo, October 2007). The ASAP program monitors follow-up on each recommendation. A second evaluation of the ASAP program is planned for 2009. • Each ASAP Capacity Building workshop is evaluated using standard World Bank quality assurance mechanism • Progress in implementing the Global HIV/AIDS Program of Action was also assessed 	<p>2007 ASAP Assessment</p> <p>Agreements of the ASAP Advisory Group Meeting, New York, October 2007</p> <p>Progress in Implementing the Global HIV/AIDS Program of Action</p>
	<p>P11 <i>“...Cosponsors have undertaken evaluations...without any</i></p>	<p>Great strides have been made to improve coordination of M&E technical support, with the adoption of a number of global protocols, concepts and processes for working together: (a) the 12 components as an organizing framework for M&E systems; (b) the notion of developing and supporting one country-level M&E systems assessment and annual M&E work plan; (c)</p>	

Question	Statement reference	World Bank Comment	Supporting information (hold down ctrl and click on link)
	<i>systematic coordination through the Secretariat or the MERG.”</i>	setting of indicator standards and a global HIV indicator review panel (of which the World Bank and all other major development partners are members); (d) development of procedures for validation of M&E systems assessments; and (e) joint focus on harmonizing M&E capacity building and the agreement to develop a global set of knowledge, skills and competencies for M&E officers.	
<u>Q(e)</u> <u>Strengthening Health Systems</u>	P12 <i>“...The World Bank, which also has institutional separation of responsibilities for health and HIV, has very 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...”</i>	<p>The World Bank has a clearly articulated and vigorously pursued agenda in Health Systems Strengthening, which is a corporate priority and is one of the five action areas of the Bank’s global strategy on HIV/AIDS.</p> <ul style="list-style-type: none"> • The MAP was one of the first sources of funding for HIV treatment, prevention, and care that highlighted weaknesses in country systems, including health systems, and placed primacy on both strengthening the health sector response and also institutional strengthening. Amongst many achievements, the MAP enabled Health Ministries to build, renovate, and equip clinics and train health care providers in ART management and treatment of opportunistic infections. • The Global HIV/AIDS Program of the World Bank is building consensus around defining and measuring the impact of heavily financed HIV programs on Health Systems, working with a team of partners and advisers – notably the WHO, UNAIDS, IAS, Johns Hopkins University and the Global Fund. The outcome of this will be a rigorous analysis to test hypotheses of AIDS impact on Health Systems - and to provide the evidence that is so critically needed to inform policy. • In 2007, the Bank presented to the Board a strategy on Health Systems Strengthening, which included support client-countries in health financing and designing financing incentive frameworks for efficient allocation of R&D and human resources. • The World Bank’s President Zoellick is co-chairing with British Prime Minister Gordon Brown, a Task Force for Innovative International Finance for Health Systems that is developing recommendations on innovative financing to improve global health care. • The World Bank is Co-leader of the International Health Partnership (IHP) 	<ul style="list-style-type: none"> • The Africa Multi-Country AIDS Program 2000-2006: Results of the World Bank's Response to a Development Crisis • Healthy Development: The World Bank’s Strategy for Health, Nutrition, and Population Results • Task Force on Innovative International Financing for Health Systems, March 2009 Report • http://www.internationalhealthpartnership.net/index.html

Question	Statement reference	World Bank Comment	Supporting information (hold down ctrl and click on link)																		
		<p>along with WHO. IHP+ is a key partnership for renewed and harmonized efforts in strengthening health systems.</p> <p>Although the Secretariat does not play a leadership role in HSS, it has played and appropriate and important facilitative role.</p>																			
	<p>P14</p> <p><i>“Informants and country visits tend to highlight the need for UNAIDS to tailor its approach to health systems strengthening to the epidemic context.”</i></p>	<p>Continued efforts are being made to mainstream HIV into health and non-health sectors.</p> <p>The World Bank stresses the importance of a multi-sectoral response to AIDS, focusing on priority sectors based on the epidemiological profiles in individual countries. Appropriate emphasis on health and non-health sectors is demonstrated through the management of AIDS projects within the Bank. Continued efforts are being made to mainstream HIV/AIDS into non-health sectors. HIV/AIDS projects are managed by the Human Development Network which includes teams working on Health, Nutrition and Population; HIV/AIDS; Education; and Social Protection. Sectors in the Africa Region that have integrated HIV/AIDS into their sectoral response include Education, Urban Development, Transport, Social Protection, Social Development, Rural Sector, and the Private Sector. Projects with HIV/AIDS components of less than \$5 million are also managed by Water Supply and Sanitation, Environment, and Public Sector Governance.</p>	 <p>Bank's Active HIV/AIDS Commitments* by Sector Board</p> <table border="1"> <thead> <tr> <th>Sector</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Health, Nutrition and Population</td> <td>72%</td> </tr> <tr> <td>Rural Sector</td> <td>10%</td> </tr> <tr> <td>Transport</td> <td>6%</td> </tr> <tr> <td>Education</td> <td>5%</td> </tr> <tr> <td>Urban Development</td> <td>2%</td> </tr> <tr> <td>Private Sector</td> <td>2%</td> </tr> <tr> <td>Social Protection</td> <td>2%</td> </tr> <tr> <td>Social Development</td> <td>1%</td> </tr> </tbody> </table> <p><small>*Source: Business Warehouse, May 2007. Data includes full commitment amounts for MFP projects and coded amounts for projects with HIV/AIDS components.</small></p>	Sector	Percentage	Health, Nutrition and Population	72%	Rural Sector	10%	Transport	6%	Education	5%	Urban Development	2%	Private Sector	2%	Social Protection	2%	Social Development	1%
Sector	Percentage																				
Health, Nutrition and Population	72%																				
Rural Sector	10%																				
Transport	6%																				
Education	5%																				
Urban Development	2%																				
Private Sector	2%																				
Social Protection	2%																				
Social Development	1%																				
<p><u>Q(g)</u> <u>Delivering as one</u></p>	<p>P16,</p> <p><i>“Finding: Neither UN reform nor commitments made under the Paris Declaration have significantly affected the way UNAIDS works...”</i></p>	<ul style="list-style-type: none"> • UNAIDS has made a substantial contribution to donor coordination and harmonization efforts including through the Three Ones and the GTT. • Joint work at country level is financed through pooling resources and also through parallel financing which is just as effective in ensuring delivery of joint work programs. <ul style="list-style-type: none"> ○ Examples of pooled financing: The UBW Interagency Funding for the ASAP program and the Joint PRSP Program ○ Examples of parallel financing: Support to strategic planning in the MENA region through a joint program of work implemented by the MENA RST, the World Bank MENA Regional HIV/AIDS Team, and the ASAP and GAMET programs housed in the World Bank Global HIV/AIDS Program. 	<p>Parallel financing:</p> <p>Joint WB MENA, UNAIDS RST MENA, ASAP strategic planning support to the MENA region</p>																		

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	<p>P20, para 2</p> <p><i>“...there was little evidence to suggest that the implementation of the Paris Declaration has directly affected, or enhanced the effectiveness of the work on UNAIDS at country level.”</i></p>	<p>Delivering on the Three Ones at country level is one of the major successes of UNAIDS.</p> <ul style="list-style-type: none"> • The central mission of GAMET is to improve the quality of HIV/AIDS monitoring and evaluation and build national capacity to support the achievement of the third “One” - one country-led and country-owned monitoring and evaluation system (M&E); • The ASAP service supports countries in developing One National Strategic Framework that is evidence-based, prioritized, and costed. Since beginning operations in July 2006, ASAP has been active in 58 countries and has supported two regional initiatives and three civil society networks. • National AIDS Councils are funded by various donors including the World Bank and are key to a multisectoral AIDS response. Bank projects also include components to strengthen NAC, for example the \$80 million Total War Against HIV and AIDS (TOWA) Project which will assist Kenya to further reduce the prevalence of HIV/AIDS, which dropped from over 13 percent in 2001 to about 6 percent in 2005, by further strengthening the governance of the National AIDS Control Council (NACC)—the lead agency for designing strategies and overseeing the implementation of programs to control the pandemic. 	<p>http://gametlibrary.worldbank.org</p> <p>www.worldbank.org/asap</p> <p>ASAP Progress Report, March 31, 2009</p> <p>A Guidance Note on Disbursement Procedures (see p. 11 for NACs)</p>
<p><u>Q (b)</u> <u>Governance of UNAIDS</u> PCB</p>	<p>P23</p> <p><i>“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.”</i></p>	<p>Firstly, it is important to understand the intricacies of the specialized agencies and how the Governing Boards function. Any recommendations of the evaluation should be cognizant of this. For instance, the governing bodies for the Bank functions as follows:</p> <ul style="list-style-type: none"> • The Board of Directors are responsible for the conduct of the general operations of the institution and exercise all the powers delegated by the Board of Governors under the Articles of Agreements. • The Executive Directors operate in continuous session to consider and decide on IBRD loans, IDA credits and grants, IFC investments, MIGA guarantees, as well as policies that impact the World Bank Group’s general operations. • The Executive Directors are responsible for presenting to the Board of Governors an audit of accounts, an administrative budget, and an annual report on the Bank's operations and policies as well as other 	<p>Global HIV/AIDS Program of Action</p> <p>The World Bank’s Commitment to HIV/AIDS in Africa: Our Agenda for Action, 2007-2011</p>

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		<p>matters at the Annual Meetings.</p> <p>Secondly, it is important to understand how ECOSOC and PCB decisions mutually support and influence the Bank’s governing boards:</p> <ul style="list-style-type: none"> • Based on recommendation from the President, the Board of Directors approved the initial MoU for the Bank to become a cosponsor of UNAIDS • The Board of Directors also approved the Bank’s global strategy on HIV/AIDS and its implementation plan which emphasizes the importance of scaled-up engagement in HIV/AIDS as a Cosponsor of UNAIDS. Most recently the Board approved the Africa strategy on HIV/AIDS which explicitly indicates the strategy’s accountability to UNAIDS for specific results. These strategy documents are very much influenced and informed by the broader work of UNAIDS including the normative guidance, best practices, and agreed strategic priorities. <p>Thirdly, all World Bank HIV/AIDS Projects are discussed and approved by the Board. In September 2009, a briefing on progress in HIV/AIDS will be presented to the Board.</p>	
	<p>P23 para 2</p> <p><i>“No cosponsor governing board has made a decision based on a decision of the PCB”</i></p>	<p>UNAIDS influences and informs the broader work of Cosponsors and the Bank’s programmatic response to AIDS must therefore be reviewed for synergy with UNAIDS discussions and the recommendations of the PCB. Recommendations of the PCB are reported to World Bank management through official mechanism. Examples of operational changes in the Bank’s work program in response to the PCB are as follows:</p> <ul style="list-style-type: none"> • The 17th PCB approved the recommendations of the GTT and the Division of Labor (DoL). Within the DoL, the World Bank was tasked with assisting countries to enhance their HIV/AIDS strategies and action plans, and strengthening national M&E Frameworks, as well as supporting the integration of HIV in PRSPs and the strengthening of procurement and supply management systems. In response, the World Bank: <ul style="list-style-type: none"> (i) Established the Secretariat of ASAP service on behalf of UNAIDS, within the Global HIV/AIDS Program of the World Bank (GHAP), which now has four full time equivalent staff 	<p>17th PCB Recommendations and Decisions</p> <p>GTT Recommendation on AIDS Strategies</p> <p>Business Plan establishing ASAP</p> <p>Getting Results: Joint Programme on Procurement and Supplies Management</p>

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		<ul style="list-style-type: none"> (ii) Established the GAMET team also within GHAP to support countries in strengthening M&E systems (iii) Formalized a partnership with UNDP to support work on integrating HIV into PRSP (iv) Through the World Bank Institute, supported UNICEF in capacity building on procurement and supplies management, hiring consultants as appropriate <ul style="list-style-type: none"> • A more recent example is the recommendation of the PCB to develop a technical support strategy for UNAIDS, which has led to the appointment of a focal point for the World Bank, as requested by the Secretariat, to coordinate input into this new technical support strategy. Similarly, the Bank is a member of working groups with designated focal points on Gender, Prevention (among IDUs, SW, and MSM), TB and HIV, amongst others. 	
	<p>P26, last para</p> <p><i>“...progress against the GTT recommendations has never been discussed by the World Bank’s own Executive Board”.</i></p>	<p>Based on the structure of the Board, progress in implementation of the GTT recommendations is reported as part of the update on World Bank HIV/AIDS Strategy (GHAPA and AFA) implementation, and not as a stand-alone item for Board decision and discussion.</p> <p>A better reflection of progress on the GTT recommendations is the extent and pace at which the World Bank has implemented the recommendations of the GTT. In addition to the areas mentioned on p6 above on PCB decisions, the GTT recommended improved coordination between the Global Fund and the World Bank, and specific steps have been taken by both institutions to strengthen working relationships. The evaluation should assess the efforts made in this regard and how that is translated at the country level.</p> <p>Overall, it is more critical to highlight is the extent to which Cosponsors have addressed HIV/AIDS in programming and financing, particularly at country level.</p>	
UBW	<p>p.24, bullet 2</p> <p><i>“The UBW process lacks</i></p>	<p>The UBW is extremely valuable to the World Bank as a planning tool. It is critical in leveraging additional resources and provides an accountability mechanism through the Performance Monitoring and Evaluation Framework</p>	

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	<i>transparency and does not influence the programming intentions of Cosponsors”</i>	(PMEF). <ul style="list-style-type: none"> • The World Bank, through the UBW, has scaled-up analytical work on HIV prevention amongst IDUs, SW, and MSM. • For the 2008-09 UBW, in order to enhance alignment of the UBW PMEAF with internal reporting requirements, UBW indicators are included in the Bank’s internal trust fund reporting systems. • A UBW Task Team was established within GHAP to operationalize, monitor, and report on UBW Trust Funds. • UBW resources are subject to the quality assurance processes and business standards applied to regular Bank Budget and other supplemental funding. 	
<u>Q (d) The Division of Labor (DoL) Between the Secretariat, Cosponsors, Agencies, and Countries</u>	P30, para 3 <i>“Line managers of AIDS dedicated staff at regional and countries levels...are not accountable for delivery against the UBW”</i>	UBW funds are centrally managed under the aegis of the Global HIV/AIDS Program. Regional staff receiving funding under the UBW do so on the basis of agreed work-programs aligned with UBW objectives, and are fully accountable for delivery against agreed results.	
<u>Q (h) Involving and working with Civil Society</u>	p46, 47 <i>“Cosponsor funding for civil society is unclear...”</i>	While there is some ambiguity in Cosponsor funding for civil society, the Bank is supporting CSO as follows: <ul style="list-style-type: none"> • It is important to note that the Bank’s MAP has made significant contributions in involving and working with civil society. Out of the \$1billion committed through the MAP (2000-2006) nearly 40% of the MAP funds were channeled to communities, to empower them to define their needs and develop their own responses. Thousands of local NGOs, community-based groups, groups of people living with HIV, faith-based groups, and civil society organizations have received grants for the local HIV response. • ASAP is piloting support to civil society organizations • The International Finance Corporation (IFC) leads efforts to finance the “for-profit” players in the global AIDS response for the World Bank Group. In 2007, the IFC issued a report “The Business of Health in Africa 	

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		<p>– partnering with the private sector to improve people’s lives” which emphasized the importance of the private sector in health care in Africa. The report indicated that on average, around 60 percent of financing for health comes from private sources and the private sector provides over half of services.</p>	
<p><u>Q (j)</u> <u>Technical Support to National AIDS Responses</u></p>	<p>P56, para 2 <i>“The Secretariat and Cosponsors have provided significant technical support for CCM and GF proposal development”</i></p>	<p>This is agreed and in support of this, you may wish to include the following:</p> <ul style="list-style-type: none"> • In support of the Global Fund First Learning Wave - ASAP received and responded to requests from Kenya and Malawi to assist in preparation of the NSA documentation. Similar requests were received through the RST MENA for support to Djibouti and Algeria. 	