

**UNAIDS**

**Second Independent Evaluation  
2002-2008**

**Country Visit to Côte d'Ivoire**

**Summary Report**

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**5 – 17 January 2009**

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## Acronyms

AIDS		Acquired Immunodeficiency Syndrome
ART		Antiretroviral therapy or treatment
ARV	Anti Rétro Viraux	Antiretroviral
AIMSC	Appui Institutionnel Multisectoriel à la Sortie de Crise	Multisectoral Support for Crisis Resolution
APO	Accord Politiques de Ouagadougou	Ouagadougou Political Agreement
ARSIP	Alliance des Religieux contre le Sida et les autres pandémies	Religious Alliance against AIDS and other pandemics
ASA	Afrique Secours Assistance	Africa Rescue Assistance
ASAPSU	Association pour le soutien de l'Auto Promotion de la Santé Urbaine	Association to support the Self Promotion of Urban Health
AUPC	Programme d'Assistance d'Urgence Post-conflit	Post-conflict Emergency Assistance Programme
BIT	Bureau International du Travail	International Labour Office – ILO
CAP		Consolidated Appeal Plan
CCC	Communication pour le Changement de Comportement	Behaviour Change Communication
CCM		Country Coordinating Mechanism (Global Fund)
CDC		US Centers for Disease Control
CECI	Coalition des Entreprises de Côte d'Ivoire contre le SIDA	Coalition of Côte d'Ivoire Companies against AIDS
CIMLS	Comité Interministériel de Lutte contre le Sida	Inter-ministerial Committee for the Control of AIDS
CNLS	Conseil National de Lutte contre le Sida	National AIDS Control Council
CNO	Centre Nord Ouest	Central North West
COSCI	Conseil des Organisations de lutte contre le SIDA en Côte d'Ivoire	Council of Organisations for the control of HIV/AIDS in Côte d'Ivoire
CR/RC	Coordonnateur Resident	Resident Coordinator
CTAIL	Cellules Techniques d'Appui aux Initiatives Locales	Technical Support Cells for Local Initiatives
DAT/TSF	Dispositif d'Appui Technique	Technical Support Facility – TSF
DDR	Désarmement, Démobilisation et de Réinsertion	Disarmament, Demobilisation and Reintegration
DHS		Demographic and Health Survey
DOL		Division of Labour
DSRP	Document de Stratégie de Réduction de la Pauvreté	Poverty Reduction Strategy Paper - PRSP
EIS	Enquête sur les Indicateurs du SIDA	AIDS Indicator Survey
ESTHER	Ensemble Solidarité Thérapeutique Hospitalière En Réseau	Network for Therapeutic Solidarity in Hospitals
EU		European Union
ONUA	Organisation des Nations Unies pour l'Alimentation	Food and Agricultural Organisation
FM	Fond Mondial	Global Fund

FP	Forum des Partenaires	Partners Forum
GF		Global Fund to Fight AIDS, TB and Malaria (Global Fund)
GTT		Global Task Team
GTTE	Groupe Technique de Travail Elargi	Expanded Technical Working Group
IAHCC	Comité Interagence de Coordination Humanitaire	Inter-Agency Humanitarian Coordination Committee
IEC		Information, Education and Communication
MEN	Ministère de l'Education Nationale	Ministry of National Education
MFFAS	Ministère de la Famille, de la Femme et des Affaires Sociales	Ministry of Family, Women and Social Affairs
MLS	Ministère de la Lutte contre le Sida	Ministry of the Fight Against AIDS
MSHP	Ministère de la Santé et de l'Hygiène Publique	Ministry of Health and Public Hygiene
MSM		Men who have sex with men
NASA		National AIDS Spending Assessment
NU	Nations Unies	United Nations
OCHA		UN Office for the Coordination of Humanitarian Affairs
OEV	Orphelins et des Enfants rendus Vulnérables	Orphans and Vulnerable Children
OMD	Objectifs du Millénaire pour le Développement	Millennium Development Goals – MDG
OMS	Organisation Mondiale de la Santé	World Health Organisation
ONG/NGO	Organisation Non Gouvernementale	Non Government Organisation
ONUCI	Mission de l'Organisation des Nations Unies en Côte d'Ivoire	United Nations Mission in Côte d'Ivoire
ONISIDA/UNAIDS	Organisation des Nations Unies pour la lutte contre le SIDA	Joint United Nations Programme on HIV/AIDS
PAF		Programme Acceleration Fund
PAM	Programme Alimentaire Mondial	World Food Programme
PAPC	Programme d'Assistance Post Conflit	Post-conflict Assistance Programme
PCB		Programme Coordinating Board
PEPFAR		US President's Emergency Fund for AIDS Relief
PNDDR	Programme National de Désarmement, Démobilisation et de Réinsertion	National Disarmament, Demobilisation and Reintegration Programme
PNDS	Plan National de Développement Sanitaire	National Health Development Plan
PNOEV	Programme National d'appui aux Orphelins et Enfants Vulnérables	National Programme to support Orphans and Vulnerable Children
PNPEC	Programme Nationale de Prise en Charge Médicale	National Medical Care Programme
PNUD	Programme des Nations Unies pour le Développement	UNDP
PSF		Programme Support Fund
PSN/LS	Plan Stratégique National de Lutte contre le SIDA	National Strategic Plan to control AIDS
RAP+	Réseau Africain de PLHIV	African Network of PLHIV

PVVIH/PLHIV	Personnes vivant avec le VIH	People living with HIV
REPMASCI	Réseau des Professionnels des Médias, des Arts et des Sports engagés dans la lutte contre le SIDA en Côte d'Ivoire	Network of Media, Art and Sports Professionals committed to controlling AIDS in Côte d'Ivoire
RIJES	Réseau Ivoirien des Jeunes contre le SIDA	Ivorian Network of Youth against AIDS
RIP+	Réseau des organisations des PVVIH	PLHIV network
RST/WCA		Regional Support Team/West and Central Africa
SIDA/AIDS	Syndrome d'Immunodéficience Acquise	Acquired Immune Deficiency SYndrome
SMT		Security Management Team
SNU	Système des Nations Unies	United Nations System
SWAA	Association des Femmes Africaines pour la Lutte contre le SIDA	Society for Women Against AIDS in Africa
TSF		Technical Support Facility
UBW		Unified Budget and Workplan
UN		United Nations
UNCT		UN Country Team
UNDAF	Plan Cadre des Nations Unies pour l'Aide au Développement	UN Development Assistance Framework
UNESCO	Organisation des Nations Unies pour la Science et la Culture	United Nations Educational, Scientific and Cultural Organisation
UNFPA		United Nations Population Fund
UNHCR	Haut Commissariat des Nations Unies pour les Réfugiés	Office of the United Nations High Commissioner for Refugees
UNICEF		United Nations Children's Fund
UNODC		United Nations Organisation for Drug Control
UNTG		UN Theme Group
VIH/HIV	Virus d'Immunodéficience Acquise	Human immunodeficiency virus

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## **Disclaimer**

Full responsibility for the text of this report rests with the authors. The views in this report do not necessarily represent those of UNAIDS nor of the people consulted.

# 1 Introduction

1.1 This report briefly outlines the main findings of a short visit to Côte d'Ivoire as part of the second independent evaluation of UNAIDS. The visit took place between 5 and 17 January 2009. The team consisted of Dr Olivier Weil, Saïdou Souleymane and Tia Yao. The evaluation was carried out in Abidjan and Bouaké.

1.2 The summary report draws on material developed to complete the evaluation framework tables (described in the inception report for the evaluation<sup>1</sup>). This report, and the content of the tables, is based on information gathered from meetings with stakeholders (Annex 1) and from review of key documents (Annex 2).

1.3 Côte d'Ivoire is one of 12 countries visited during the SIE<sup>2</sup>. It is not a comprehensive evaluation of the programme in Côte d'Ivoire, but focuses on the effectiveness, efficiency and value added of UNAIDS as a joint programme. The material in the framework tables from these country visits, visits to regional offices of the Secretariat and Cosponsors, global visits and interviews, and surveys of other stakeholders will be synthesised in an overall evaluation report for submission to the SIE Oversight Committee in August 2009.

1.4 Following a brief overview of the country context in Section 2, the report presents the main findings from the visit in Section 3, which is structured in line with the conceptual framework of the evaluation (see Box 1). Section 4 highlights key issues and discussion points arising from the findings.

## Evaluation scope and objectives

The purpose of the Second Independent Evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and UNAIDS Cosponsors) at the global, regional and country levels and, specifically, the extent to which UNAIDS has met its ECOSOC mandate for an internationally coordinated response to the HIV/AIDS pandemic and the continuing relevance of its mandate and objectives in the current global environment. At country level, the evaluation focuses on the following questions:

- a) The evolving role of UNAIDS within a changing environment
- c) The response to the first Five Year Evaluation of UNAIDS (see Annex 3)
- d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries
- e) Strengthening health systems
- f) The administration of the Joint Programme
- g) Delivering as One
- h) Involving and working with civil society
- i) Gender dimensions of the epidemic
- j) Technical support to national AIDS responses
- k) Human rights
- l) The greater and meaningful involvement of people living with HIV

Note: Question b) on governance is not addressed by country visits.

The conceptual framework for the evaluation, and this report, organises these questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS is fulfilling its mandate; and how UNAIDS works.

<sup>1</sup> The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20<sup>th</sup> October 2008

<sup>2</sup> Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Iran, Kazakhstan, Peru, Swaziland, Ukraine, Vietnam

## 2 Country context

### Socio-political situation

2.1 Following four decades of stability and relative prosperity, Côte d'Ivoire experienced military and political conflict in September 2002, which subsequently split the country into two zones, one controlled by the government and the other by the new forces. This seriously disrupted the administration and the health system in the Central, North and West of the country. Displacement of a large number of health professionals from areas of conflict in the South has greatly compromised access to health care. This, in turn, increased pressure on health facilities in the Central, North and West areas.

2.2 To try to resolve the crisis, several peace agreements have been signed (Lomé, Accra, Marcoussis and Pretoria) and the United Nations Security Council has developed several resolutions, including the introduction of special forces – the Licorne (Unicorn) forces and United Nations Mission in Côte d'Ivoire (ONUCI). Although these agreements and resolutions have led to some progress, the crisis is far from over.

2.3 The Ouagadougou Political Agreement (APO), signed on 4 March 2007, marked an important turning point, offering new perspectives and guiding the country towards a restoration and consolidation process for long-lasting peace. Côte d'Ivoire is now unified and the administration is gradually re-establishing its position throughout the country. The country is re-establishing links with development partners, including signing the Post-conflict Emergency Assistance Programme (AUPC) with the International Monetary Fund in August 2007, establishing Multisectoral Support for Crisis Resolution (AIMSC) with the African Development Bank and a Post Conflict Assistance Programme (ACC) with the World Bank on 28th February 2008, and signing the United Nations Development Assistance Framework (UNDAF) on 4th July 2008. Further development of the Poverty Reduction Strategy Paper (PRSP), the process of which was interrupted, is yet to be confirmed. The final, but crucial, stage for resolution of the crisis will be the organisation of general elections.

### HIV and AIDS in Côte d'Ivoire

2.4 The first cases of AIDS in Côte d'Ivoire were reported in 1985. Currently, an estimated 480,000 people are living with HIV and there are an estimated 420,000 orphans and vulnerable children (UNAIDS, Epidemiological Fact Sheet, Côte d'Ivoire, July 2008). Côte d'Ivoire has a generalised epidemic and is characterised by the presence of HIV1 and HIV2.

2.5 According to the AIDS Indicators Survey (EIS, 2005), HIV prevalence in the general population is 4.7%<sup>3</sup> with a much higher prevalence among women (6.4%) than among men (2.9%). HIV mainly affects the 15-49 year age group, with prevalence reaching a peak of 14.9% in women aged 30-34 years.

2.6 The epidemic affects the entire country. However, prevalence is higher in urban areas (5.4%) than in rural areas (4.1%). The worst affected areas are the Central-East (5.8%), the South (5.5%) and the capital city, Abidjan (6.1%). Some specific vulnerable groups such as sex workers, refugees and displaced people are significantly more affected than the general population. However, the attention paid to these groups is relatively recent and thus data on HIV prevalence in these groups is relatively thin.

### National response

2.7 Given the extent of the epidemic, national authorities have made HIV and AIDS a priority and created a Ministry of AIDS Control (MLS) in 2001. The mission of the MLS is primarily advocacy, resource mobilisation, coordination of interventions, and monitoring and evaluation. Since its creation, the MLS has developed, with the support of its partners, three successive plans – the 2002-2004 plan, the 2005 interim plan, and the Strategic Plan to Control HIV/AIDS 2006-2010.

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<sup>3</sup> According to UNAIDS, this prevalence was 3.9% in 2008

2.8 Other ministries also have specific responsibilities for HIV and AIDS. The Ministry of Health and Public Hygiene (MSHP), with the National Programme for Health Care (PNPEC), coordinates medical care for people living with HIV (PLHIV). The Ministry of Family, Women and Social Affairs (MFFAS), with the National Programme for the Care of OVC (PNOEV), deals with orphans and vulnerable children (OVC) affected by AIDS. The Ministry of National Education (MEN) is responsible for HIV and AIDS education in pre-school, primary and secondary teaching.

2.9 Like many countries, Côte d'Ivoire has opted for a multisectoral and decentralised approach to HIV and AIDS control. Structures created to drive, coordinate and strengthen the national response include:

- The National Council to Control AIDS (CNLS) – created in 2004, led by the President of the Republic, the main body in the fight against AIDS and organisation of HIV and AIDS interventions in Côte d'Ivoire. The MLS is the secretariat for the CNLS.
- The Inter-Ministerial Committee to Control AIDS (CIMLS) – led by the Prime Minister, it is responsible for the coordination of the multi-sectoral AIDS-control programme and the synergy of multi-sectoral interventions at government level.
- The Partners Forum – established in 2008, it provides a framework for national coordination of policy interventions by all stakeholders in the fight against AIDS. The Minister of the MLS and the Minister of the MSHP are the president and vice-president respectively of the Partners Forum, which brings together development partners, the private sector, civil society and other coordination mechanisms such as the CCM.
- The decentralised committees and the sectoral committees to control AIDS – these ensure the coordination of activities at regional and sector level.

2.10 In addition to the government's response, civil society networks and groups are also heavily involved, as is the private sector.

2.11 State funding for HIV is limited and Côte d'Ivoire relies heavily on foreign aid (see Annex 5). The US Government, through PEPFAR, with a contribution estimated at US\$404 million for 2006-2010, is by far the largest financial partner (70.67% of the 2006-2010 National Strategic Plan). The contribution of the UN system is about US\$56 million for the same period (9.8%) and the Global Fund about US\$18 million (3.25%)<sup>4</sup>. The recently started World Bank Emergency Multisectoral Project to Control AIDS (PUMLS) has a budget of US\$20 million over four years.

2.12 Significant progress has been made in increasing access to HIV prevention, treatment and care. Under the leadership of UNAIDS, a pioneering initiative has been implemented in Côte d'Ivoire since 1998 to improve access to treatment for opportunistic infections and to ARVs by making grants-in-kind of drugs. This is an element of a strategy which aims to provide everyone who needs it with access to treatment. The adoption in August 2008 of a decree providing free antiretroviral therapy (ART) and medical monitoring for all people living with HIV was another element in the strategy.

2.13 Despite these efforts, the response falls short in certain areas. Prevention and care services are less available in rural areas and in the North of the country than in Abidjan and the South. Voluntary counselling and testing (VCT), prevention of mother-to-child transmission (PMTCT) and paediatric care (PECP) are still a long way from achieving coverage targets. Behaviour change communication is limited, which means there is continuing risk, especially amongst young people, and low VCT uptake. The number of patients on ART is still relatively low – 49,190 in July 2007, 29.7% of those eligible for treatment. Only 17.2% of HIV-positive pregnant women received ARVs in the first half of 2007 as part of

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<sup>4</sup> The Global Fund awarded Côte d'Ivoire \$46.1 million in round 2. Since then, the Fund gave \$1 million and \$4 million in 2004 and 2006 (rounds 3 and 5) to the NGO CARE by direct approval (without going through CCM) in order to ensure continuity of actions. The Fund has not awarded grants for round 6, 7 and 8 applications.

PMTCT. Some aspects of care – palliative care, nutritional care, socio-economic support – remain under-developed.

## 3 Findings

### How UNAIDS has responded to the first five year evaluation

3.1 The Five-Year Evaluation put forward 29 recommendations. Of these, 18 have direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 lists these country-oriented recommendations together with a comment on progress since 2002 in Côte d'Ivoire. Of the 18 recommendations for which an assessment could be made, four were assessed as having achieved a high level of progress, seven medium progress, and seven low progress.

### How UNAIDS is responding to the changing context

#### *The evolving role of UNAIDS within a changing environment*

3.2 The environment in which UNAIDS operated between 2002 and 2008 has been marked by two distinct periods – the military and political crisis from 2002 to 2007 and the post-crisis situation since 2007. The first resulted in ‘a breakdown of social cohesion, growing insecurity, a slowdown of economic development, major youth unemployment and increased poor governance, a collapse of relations with the international financial community, an accelerated deterioration of socio-economic infrastructures and increased poverty’<sup>5</sup> which now affects nearly half the population.

3.3 During the military and political crisis, strategic frameworks (interim PRSP 2003-2007 and UNDAF 2000-2007) and structures for coordination of official development assistance fell into abeyance. Service delivery, including HIV prevention, treatment and care, was seriously affected by the weakening of government structures, disintegration of the health system, particularly in the Central, North and West, and the absence of decentralised structures in the MLS. Consequently, UN agencies, like other development partners, had to continue humanitarian programmes, using their own operational structures to substitute for weak national partners.

3.4 The support of UNAIDS (the Secretariat and the eight cosponsors present in the country<sup>6</sup>) helped to fill the gap left by the government in coordinating the national response to HIV and AIDS. UNAIDS has been involved in the operation of the UN Country Team (UNCT), UN Theme Group (UNTG), Technical Expanded Working Group, Inter-Agency Humanitarian Coordination Committee (IAHCC), Security Management Team (SMT), National M&E Reference Group and in other clusters and sector groups. These bodies have also provided forums for information exchange and action to mainstream HIV into development activities.

3.5 Since the Ouagadougou Political Agreement (APO) and the start of a return to normality after 2007, a new strategic policy and planning environment has developed, representing a shift from humanitarian concerns to sustainable development. Key frameworks include:

- PRSP 2009-2013, adopted at the start of January 2009, which provides the foundation for the consolidation of peace and the transition to sustainable and structured development, and integrates the MDGs. In HIV and AIDS, the PRSP has identified the following three main areas: (i) increased prevention, to reduce the prevalence rate from 4.7% in 2006 to 2.5% in 2013; (ii) improved care of people infected and/or affected by HIV; and (iii) strengthened national multisectoral coordination, implementation capacity and decentralised national M&E system. Particular emphasis is placed on effective integration of HIV and gender in sectoral and regional development plans<sup>7</sup>.

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<sup>5</sup> DRSP 2009 - 2013

<sup>6</sup> Only UNESCO and UNODC are not present in Côte d'Ivoire

<sup>7</sup> PRSP 2009 - 2013

- UNDAF, adopted in March 2008, which is part of the PRSP process and encapsulates UN support for national development. HIV and AIDS is a cross-cutting theme, and the UNDAF focuses on strengthening policies and strategies and improving prevention and care services.
- National Strategic Plan to Control AIDS (PSN/LS) 2006-2010, although developed before the PRSP, its implementation is in line with the Poverty Reduction Strategy and its purpose is ‘to contribute to reducing the prevalence, mortality and socio-economic impact of HIV/AIDS on the Côte d'Ivoire population’.
- National Plan for Health Development (PNDS) 2009-2013 ‘is clearly a transition plan for the long-lasting stabilisation of the country’s macro-economic and social policies [...]. It considers requirements linked to the national strategy for poverty reduction and those related to the achievement of the MDGs’.<sup>8</sup>

3.6 UNAIDS provided support for the development of the PRSP, UNDAF and PNDS, ensuring that these strategic frameworks adequately address HIV and AIDS, and for the development of the PSN/LS 2006-2010, working in close collaboration with the MLS. During this period, UNAIDS has also provided critical support for:

- Coordination – UNAIDS has supported the revitalisation, rationalisation and strengthening of coordination mechanisms. This has included a study on restructuring the MLS and review of its functions, which resulted in: (i) a better definition of MLS functions, focusing on coordination and mobilisation of resources (this clarification of the respective missions of the two ministries has helped to ease tensions between them, described below); (ii) the establishment within the MLS of the Partners Forum (FP), the Technical Secretariat responsible for operational coordination; (iii) the beginning of decentralisation of the MLS by creating the Technical Support Cell for Local Initiatives (CTAIL) in the regions; and (iv) the transfer of the mandate of the Expanded Technical Working Group (GTTE) during technical coordination of the Partners Forum. Within the UN, the UNAIDS Secretariat has been involved, along with the Resident Coordinator, in rationalising and operationalising coordinating bodies, with the aim of establishing the Partners Forum. As a single country-led group for consultation and coordination, alongside the use of UNCT meetings to get AIDS on the agenda<sup>9</sup>, the Forum replaces the separate Theme Group composed of the heads of agencies, the Joint Team composed of UN agency AIDS focal points, and an expanded working group with all partners.
- Leadership and capacity – UNAIDS has strengthened the leadership of the MLS and national stakeholders’ capacity in planning, coordination, project management, negotiation skills and advocacy, ensuring that HIV is included, for example, in the PRSP, UNDAF and Consolidated Appeal Plan.
- Technical support – UNAIDS has provided support at national level for resource mobilisation including organising a roundtable in June 2007 to mobilise resources to finance the PSN/LS<sup>10</sup> and supporting proposals to the Global Fund for Rounds 6, 7, 8 and 9. However, proposals submitted for Rounds 6, 7 and 8 were not funded due to the last-minute introduction of additional needs and the mixed quality of technical assistance provided by the TSF and the Regional Office.

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<sup>8</sup> PNDS 2009 - 2013

<sup>9</sup> In addition to UNCT, there is a Strategic Coordination Group, made up of agency heads and UN mission area heads which meets twice a month (alternating with UNCT).

<sup>10</sup> During the round table, announcements covered almost all (97%) funding needs (see details in Appendix 5). However, the lack of an effective monitoring system means that the mapping of funding which is effectively mobilised cannot be drawn up.

3.7 Two other important developments have also influenced the operating environment for UNAIDS during the period covered by the evaluation:

- Institutional fragmentation – There has been considerable tension and polarisation between the MLS and the MSHP, exacerbated by politicisation and the limited scope of the National AIDS Control Council. The UNAIDS Secretariat has focused on support for the MLS, while cosponsors have tended to adopt different positions depending on their mandate. However, as noted above, UNAIDS’ support to refocus MLS functions on coordination and mobilisation of resources has helped to ease the tension.
- Influence of PEPFAR and the Global Fund – UNAIDS has had limited influence on these two key donors, which together contribute almost 90% of external resources for HIV and AIDS. The PEPFAR approach, where implementing partners are essentially determined by contractors, has left limited room for the UNAIDS approach, which aims to strengthen national partners as drivers of the response. PEPFAR engagement in national coordination mechanisms such as the Expanded Technical Working Group (GTTE) has been limited. The role of UNAIDS vis-à-vis the Global Fund has been weakened since UNDP was relieved of its role as Principal Recipient in 2004.

### *Strengthening health systems*

3.8 The health system has received very little external support and, despite technical support provided by WHO, the MSHP has not been able to develop a coherent strategy to revitalise and strengthen the sector. Lack of a strategy hinders support from development partners, such as the European Union, which are convinced of the need to reform the health system and would like to contribute.<sup>11</sup> UNAIDS, and specifically the UNAIDS Secretariat, have not played a significant role in this area, given its emphasis on strengthening the MLS.

3.9 Some interventions implemented under the framework of the national HIV and AIDS response, for example, strengthening infrastructure, equipment and laboratories for screening and care services, staff training, support for central purchasing of drugs and for management capacity at central and decentralised levels, have benefited the health system more widely.

3.10 However, the main HIV and AIDS donors have provided limited support for health system strengthening. To date, PEPFAR has allocated only \$4-5 million for strengthening the health system. The most recent proposal to the Global Fund included a health system strengthening section, but this has not been funded.

### *Delivering as One*

3.11 The context in Côte d’Ivoire has adversely affected the scope for UN agencies to implement reform. Agencies have focused on emergency and humanitarian interventions and, until the adoption of the UNDAF in July 2008, there was no common UN framework.

3.12 The adoption of the UNDAF and the rationalisation of coordination mechanisms within the UN should enable resources to be shared and allow for greater synergy in agency activities. However, only the finalisation and implementation of the joint programme will lay the foundations for truly coherent and coordinated intervention by UN agencies with regards to HIV and AIDS.

3.13 The UNAIDS Secretariat and Cosponsors have, however, worked together, and with other partners, in a number of areas of strategic importance including:

- Strategic information – For example, the AIDS Indicator Survey involving UNICEF, WHO, UNFPA, UNAIDS Secretariat, PEPFAR (CDC) and NGOs, with Macro DHS as the technical agency.

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<sup>11</sup> Note, however, the existence of PNDS validated consentually; there are still some doubts, linked to the post-crisis situation, regarding the schedule and implementation terms.

- Policy and strategic guidelines – For example, development of the National Strategic Plan, the National Action Plan and 20 Regional Operational Plans involving UNAIDS Secretariat and Regional Support Team (RST), WHO, UNICEF, UNHCR, WFP, UNDP, UNFPA and PEPFAR; and definition of Universal Access targets and development of an addendum to the National Strategic Plan involving UNAIDS Secretariat, WHO, UNFPA, UNDP, UNICEF, WFP, PEPFAR and civil society.
- Mobilisation of financial resources – For example, the roundtable mentioned above, which resulted in the development of a joint UN statement; and technical support for the development of Global Fund proposals.
- Coordination of technical support as part of humanitarian action – For example, funding for a National HIV/Emergency/Humanitarian Programme Officer within the UNAIDS Secretariat by WFP, UNHCR, UNDP, UNICEF, RST and UNAIDS Secretariat in Geneva; and a joint evaluation mission on HIV among displaced people and host communities conducted by UNHCR, UNAIDS Secretariat, WFP, UNFPA, UNDP, MLS, MSHP and the Ministries of Education, Family, Women and Social Affairs, Defence, Solidarity and War Victims, and NGOs including the Religious Alliance against AIDS, CARITAS, Africa Rescue Assistance (ARA), Association to Support the Self Promotion of Urban Health, and Network of PLHIV (RIP+).
- Civil society capacity building – For example, for RIP+, Network of Media, Art and Sports Professionals committed to controlling AIDS in Côte d’Ivoire (REPMASCI), ARSIP, Ivorian Network of Youth against AIDS (RIJES), Council of Organisations for the Control of HIV/AIDS in Côte d’Ivoire (COSCI), using the Programme Acceleration Fund (PAF). An example for RIP+ was establishing synergy with the Côte d’Ivoire Alliance with funding from PEPFAR and technical support from RST/WCA (capacity analysis of RIP+ by RIP+ itself with the technical support of the Alliance; re-reading and validation of RIP+ texts with technical and financial support from UNAIDS – using funds from the PAF and an international consultant).
- Peace building – For example, a joint technical support mission on HIV and Disarmament, Demobilisation and Reintegration involving UNAIDS Secretariat and RST, UNFPA, United Nations Mission in Côte d’Ivoire, and the National Disarmament, Demobilisation and Reintegration Programme (PNDDR).

## **How UNAIDS works**

### *The division of labour between the Secretariat and Cosponsors*

3.14 The Joint Team was established in February 2007. Seven members of the team, from ILO, UNFPA, WFP, UNHCR, UNICEF and UNAIDS Secretariat, took part in a regional workshop for UN staff from Benin, Burkina Faso, Côte d’Ivoire and Gabon on strengthening the capacity of joint teams. Although seen as a useful platform for information exchange, the Joint Team has had minimal impact on how agencies work on the ground and on the implementation of the Division of Labour. HIV and AIDS focal points are appointed to the team by heads of agencies, but tend to prioritise agency responsibilities over Joint Team responsibilities, and the latter are not included in job descriptions or performance reviews. Respondents inside and outside the UN noted that agency mandates continue to take priority and that competition for resources between agencies persists.

3.15 The Joint Programme of Support is being developed, with funding from the Resident Coordinator and the Programme Support Fund (PSF). The draft programme is based on the results in the Unified Budget and Workplan (UBW), the National Strategic Plan 2006-2010, the Division of Labour, the respective mandates and expertise of different agencies and their past and current involvement in HIV and AIDS in Côte d’Ivoire. For example, UNICEF provides the lead on PMTCT, UNFPA on gender and

reproductive health, WHO on strengthening health systems, and UNAIDS Secretariat on the coordination and integration of HIV and AIDS in national programmes and agencies. As yet, the draft joint programme does not specify activities or have a budget. There have been delays in finalising the joint programme, attributed to the challenging context within which the Joint Team has operated since its establishment in 2007.

### *The administration of the Joint Programme*

3.16 The UNAIDS Country Coordinator has management control in the areas administered by UNDP, for example, employment contracts, recruitment of national advisors operational budget, PAF and PSF resources. Between 2002 and 2008 the total number of staff working for the UNAIDS Secretariat increased from five to nine. There are six UNAIDS Secretariat country office staff on UNDP contracts - two on service contracts and four on short-term contracts – and three on WHO contracts.

3.17 Problems articulated include delays in transferring PAF funds to local agencies for implementation and the perception that UNDP prioritises its own work above that of the Secretariat in areas such as year end accounting, which again results in delayed transfer of funds. The new 2008 agreement should resolve these problems, but UNDP staff have not yet fully taken on board the agreement and it has therefore not really taken effect. The RST has provided helpful support in resolving problems.

3.18 With regard to administrative support services from WHO, contracts for three UNAIDS Secretariat office staff (UCC and the Programme Managers for Deployment and for M&E) are handled by WHO Geneva, which makes monthly salary payments. Use of the ERP (to which the UNAIDS Secretariat country team does not have access) has caused problems, for example, the delay in renewing the contract of one of the Programme Managers meant that his salary payments were delayed for more than 3 months.

3.19 In terms of flow of resources to countries, UNDP, UNICEF and UNFPA have benefited from the PAF. Funds have been used to support resource planning, restructuring the MLS, strengthening the capacity of civil society, and surveys to improve strategic information. The UNAIDS Secretariat noted that the ATLAS programme facilitates resource tracking. However, the Secretariat also noted that it is not systematically informed when funds are transferred to local agencies.

## **How UNAIDS is fulfilling its mandate**

### *Involving and working with civil society<sup>12</sup>*

3.20 Civil society has been involved in the fight against AIDS since the start of the 1990s and is recognised as a key actor in the response. There are now almost 1,000 organisations working on HIV and AIDS in Côte d'Ivoire. These organisations are diverse and include national and local AIDS NGOs, secular and faith-based organisations that integrate HIV and AIDS within their wider activities, and organisations that aim to respond to the needs of specific groups such as women, youth and people living with HIV. Since 2002, the size and geographical scope, and capacity and structures, of the NGO sector have expanded. Many are involved in networks that provide important platforms for exchange of information and opportunities to participate in coordination and decision-making bodies. In general, the capacity of NGOs to raise funds and to plan, implement and monitor and evaluate projects is strong, although there is still a need to strengthen capacity.

3.21 The private sector is also involved in the response to HIV and AIDS. The Coalition of Côte d'Ivoire Companies against AIDS (CECI) has a membership of around 30 companies, mainly in Abidjan, which have developed prevention and care activities in the workplace. CECI activities have been implemented under the auspices of a project funded by GTZ between 2002 and 2007, with endorsement

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<sup>12</sup> Civil society and civil society organisations (CSOs) refers to the range of organisations outside government involved in the HIV and AIDS response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector and the media.

from UNAIDS. The General Confederation of Côte D'Ivoire Companies brings together nearly 500 companies, half of which have introduced AIDS Committees for employees. ILO has provided technical support for training of inter-company committees and the UNAIDS Secretariat has advocated for the private sector to be represented on the Expanded Technical Working Group (GTTE).

3.22 In 2003, the media and personalities from the arts and entertainment industry created REPMASCI, which is active in HIV and AIDS information and communication. REPMASCI has the support of several partners, including UNAIDS.

3.23 UNAIDS Secretariat and Cosponsors support to civil society has included technical support, training, small grants, purchase of equipment and funding for participation in international and national conferences and meetings. UNAIDS has played a critical role in supporting civil society participation in national debate and the development of networks. The UNAIDS Secretariat has used the PAF and the PSF to fund support for civil society and UNDP, UNICEF, UNHCR and UNFPA fund civil society activities, although in terms of financial support to civil society, UNAIDS has not been a major contributor. Other partners, including PEPFAR, the Global Fund, bilateral donors, private foundations, and international NGOs, have provided significant support for civil society.

### *Addressing gender dimensions*

3.24 UNAIDS expertise on gender resides primarily with the world Bank, UNIFEM and UNFPA. In June 2007, the regional offices of UNAIDS Secretariat, UNDP and UNIFEM organised training in Dakar on mainstreaming HIV and gender and the UCC took part in this training.

3.25 UNAIDS has taken a number of steps to address the gender dimensions of the epidemic in Côte D'Ivoire. The UNAIDS Secretariat and several Cosponsors participate in the Gender Theme Group, which is coordinated by UNIFEM and addresses gender and HIV issues. The UNAIDS Secretariat, UNDP and the World Bank produced a paper on mainstreaming HIV and gender into development plans and programmes. This document has been used in support for planning and programming by the Alliance of Mayors, in the workshop to develop national and regional HIV and AIDS operational plans, as well as in the workshop to develop the UNAIDS Joint Programme of Support. Other examples of support include UNAIDS Secretariat support for the MLS to establish the national monitoring and evaluation system, which disaggregates a number of indicators by sex, UNFPA support for a survey on gender and violence and World Bank provision of gender advisors to support the redrafting of the national HIV and AIDS strategy.

3.26 The Association of Women for the Fight against AIDS, which is part of the Society for Women Against AIDS in Africa (SWAA), plays an important role in raising awareness and providing information for women, especially displaced women and girls. The Association works with UNIFEM, is represented in the GTTE, and receives funding from the World Bank. These funds are then channelled to NGO sub-recipients. The Ivorian Network of PLHIV (RIP+) has five women's associations including an association of sex workers.

3.27 Outcomes of UNAIDS support include a better understanding of the HIV situation in relation to gender and the existence of some strategic data on gender; as well as integration of gender issues within national strategies and plans. Despite these efforts, however, SWAA and RIP+ feel that socio-cultural factors influencing gender and HIV and the vulnerability of women are still not properly considered. The same applies to men who have sex with men, who have been virtually excluded from the response, as this issue remains taboo in Côte d'Ivoire.<sup>13</sup> PEPFAR, however, recently initiated a survey on the situation of MSM in Cote D'Ivoire.

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<sup>13</sup> However, regular contact underway with the UNAIDS secretariat and a survey is planned in 2009 in order to improve the awareness of vulnerable and marginalised people as a prelude to a specific action plan.

### *Technical support to national AIDS responses*

3.28 The UNAIDS Secretariat and Cosponsors have provided important technical support in a range of areas as discussed in other sections of this report. However, lack of a joint programme means that there is no coherent plan for and no real coordination of this area of UN activity. In practice, technical support activities are included in the individual work plans of the secretariat and cosponsors based on requests received from national partners.

3.29 There is no quality assurance or monitoring mechanism for technical support. Technical support provided by the secretariat and cosponsors appears to be of variable quality,<sup>14</sup> although government and civil society partners are broadly satisfied with support provided.

3.30 Sources of technical support include the staff of the secretariat and the cosponsors, the TSF in Ouagadougou, cosponsor regional offices (for example, WHO, UNICEF and UNFPA) and national experts.

### *Human rights*

3.31 UNAIDS has encouraged the participation of representatives of civil society and vulnerable groups in coordination and decision-making bodies, which provides an opportunity for their needs to be taken into consideration. The National Strategic Plan refers to the need to improve access to prevention and care services for vulnerable groups, but focuses on, for example, OVC. The specific needs of certain groups, for example, prisoners, are not adequately considered, by the National Strategic Plan, perhaps reflecting the absence of UNODC from the country and the limited effectiveness of UNAIDS' advocacy in this area.

3.32 UNAIDS has promoted universal access to treatment in Côte d'Ivoire since 2008. UNAIDS also contributed to the establishment in 2003 of the PNOEV, under the leadership of the Ministry of Family, Women and Social Affairs, although PEPFAR played a more significant role in this.

3.33 UNAIDS encouraged a review of the legal aspects of HIV and AIDS and secured a national consultant to work with the Ministry of Justice for a month at the end of 2008. A draft law protecting PLHIV from discrimination is being prepared and will be submitted for review by Parliament.

### *Greater and meaningful involvement of people living with HIV*

3.34 There is no consolidated information concerning the work of UNAIDS with PLHIV in Côte d'Ivoire, but the UNAIDS Secretariat and most UNAIDS Cosponsors work with PLHIV and organisations representing PLHIV – in particular RIP+ – including assisting these organisations to develop and implement action plans. All secretariat staff are involved in working with PLHIV, and additional technical expertise is drawn from the Regional Office in Dakar as and when required. Cosponsors also allocate funding and staff resources to PLHIV support, for example, UNICEF for the PECP programme.

3.35 UNAIDS has supported the capacity development and networking of PLHIV networks such as RIP+, which has 60 PLHIV member associations. Membership of RIP+<sup>15</sup> has helped organisations to establish institutional and governance processes. RIP+ itself is regulated by rules, based on those of Réseau Africain de Personnes vivant avec le VIH/Sida (RAP+), to which it is affiliated, which govern the operation of the network and its members.

3.36 RIP+ represents PLHIV organisations in all coordination and decision-making bodies including the CCM, GTTE and other committees, including those responsible for developing and approving the National Strategic Plan 2006-2010. These PLHIV organisations are active and contributed fully to

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<sup>14</sup> Some partners, such as PEPFAR, are extremely critical; others recognise the added value of some of the support carried out.

<sup>15</sup> Created in 1997, RIP+ now has 50 PLHIV associations, and a dozen other associations pending. The main RIP+ partners are : PEPFAR, GF and the World Bank (Corridor project).

discussions about the drafting of the bill on HIV and against stigmatisation and discrimination. PLHIV involvement has also played a significant role in the government's decision to provide ARVs free of charge.

## 4 Discussion points

4.1 This section raises some key issues for consideration by UNAIDS. As explained in the introduction, this country study is one of twelve which will be synthesised into the overall evaluation of UNAIDS. It is not a comprehensive evaluation of the programme in Côte d'Ivoire, but focuses on the effectiveness, efficiency and value added of UNAIDS as a joint programme.

4.2 On the last day of the visit, the consultant team took part in a workshop attended by around twenty participants representing the MLS, UN agencies and civil society (see list in Annex 1). The evaluation team's PowerPoint presentation and the main points raised during the final discussion on the medium-term challenges and the role of UNAIDS to address them are in Annex 4.

4.3 The evaluation visit highlighted a number of issues:

- UNAIDS has played an important role in improving UN coherence and coordination with regards to HIV and AIDS. Its actions have also promoted harmonisation and alignment of other partners' interventions with the national response, including through its support for rationalisation of the MLS/MSHP relationship and the establishment of the Partners Forum. However, UNAIDS has been less successful in promoting harmonisation and alignment among specific partners such as PEPFAR and the Global Fund in a context where government capacity for coordination is limited. Experience in Côte d'Ivoire reveals the limitations of the approach to coordination proposed by UNAIDS Secretariat Geneva and the GTT in a context of crisis or conflict resolution.
- The process of developing and adopting a joint programme has been lengthy. While the UN is striving to establish a set of rules and procedures to improve joint working, it has failed to question its overall mission and the specific tasks of different agencies and to ensure it has the necessary resources and capabilities to carry them out. The emphasis placed on 'procedures' is to the detriment of issues such as strategy and what different stakeholders are actually doing.
- UNAIDS plays a key role in policy and strategy development and has contributed to some positive developments, for example the establishment of frameworks such as the PRSP and UNDAF. However, support for the establishment and development of the MLS has contributed to the fragmentation of the MSHP. There is also a perception that UNAIDS Secretariat and Cosponsors focus on project implementation, to the detriment of action to influence policy and strategy.
- Technical support provided by UNAIDS is valued by government and civil society partners. However, UN provision of technical support needs to be better coordinated and efforts are required to ensure consistently high quality. UNAIDS also needs to consider its role in technical support provision in relation to other providers such as the HIV/AIDS Alliance, CDC, PEPFAR implementing partners and international NGOs that are present in the country. More specifically, there is scope to strengthen support for aspects of the HIV response in Cote d'Ivoire, for example, services for populations such as prisoners, sex workers and MSM, and partnerships with organisations working on these issues.
- The current transition from humanitarian support to a sustainable, structured approach based on a broader development programme and a coherent budgetary framework, is a challenge for UNAIDS. Strengthening government capacity for responding to HIV and AIDS at national and decentralised levels is also a major challenge, requiring a coherent programme of coordinated support for capacity development.

- Finally, UNAIDS will need to adapt to the increasing number of actors working on HIV and AIDS in the country and challenges related to the scale up and quality of prevention, treatment and care services.

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### Annex 3: Summary of country level responses

Rec. No.	Abbreviated description	Notes on actions taken	Progress <sup>16</sup>
3	Support to the GFATM	<ul style="list-style-type: none"> <li>• Technical support for developing applications to the Global Fund for Rounds 6, 7, 8 and 9 (in progress).</li> <li>• Participation in CCM: WHO, UNFPA and UNDP as members and UNAIDS as observer.</li> <li>• UNDP was the PR in 2003-2004 (before being replaced, at the request of Global Fund, by CARE)</li> </ul>	M
10	UNAIDS ...maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning	<ul style="list-style-type: none"> <li>• Advocacy with the MLS and organisation of a round-table of donors for resource mobilisation to fund the national strategy against HIV/AIDS.</li> <li>• Advocacy and mobilisation of national stakeholders to strengthen actions for women and vulnerable people.</li> <li>• The Secretariat has contributed to establishing partnerships between civil society, Cosponsors and other partners.</li> </ul>	H
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.	<ul style="list-style-type: none"> <li>• The Secretariat does not have a communication strategy.</li> <li>• The UN is in the middle of developing a group strategy via the UN communication group (UNCG) in which HIV/AIDS will be considered as a cross-cutting issue. The Secretariat's Head of Communication is part of the UNCG.</li> </ul>	L
12	Develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty.	<ul style="list-style-type: none"> <li>• No strategy or action plan has been clearly established, but UNAIDS has supported the setting up of several situational studies which have been taken into consideration in defining the response.</li> </ul>	M
13	Develop CRIS with objectively measurable indicators of an expanded response at country level	<ul style="list-style-type: none"> <li>• The Secretariat has carried out several training sessions on the use of CRIS at the offices of national stakeholders. However, the old version of CRIS does not enable a disaggregation of data or monitoring of the entire</li> </ul>	M

<sup>16</sup> H-High; M-Medium; L-Low. Assessment by the evaluation team

Rec. No.	Abbreviated description	Notes on actions taken	Progress <sup>16</sup>
		<p>response.</p> <ul style="list-style-type: none"> <li>The Secretariat therefore supports the adoption and use of the new version of CRIS (2009) by MLS (Department of Planning and Monitoring-Evaluation).</li> </ul>	
14	UBW to bring together all planned expenditure on HIV/AIDS by the cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well	<ul style="list-style-type: none"> <li>Currently no integrated work budget plan (BPTI). The joint team is working towards the finalisation of the joint programme.</li> <li>The joint programme will cover only a very small part of the available resources in the HIV/AIDS sector.</li> <li>UNAIDS provides support for the MLS to achieve a mapping of available funding in the sector.</li> </ul>	L
16	Humanitarian response	<ul style="list-style-type: none"> <li>UNAIDS has not intervened (at central or regional level) in the coordination of humanitarian action.</li> <li>Given the situation, most Cosponsors in the country take part in the humanitarian sector on annual projects run with ONUCI but are not clearly part of a national humanitarian plan.</li> </ul>	L
17	Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn	<ul style="list-style-type: none"> <li>Still not published. Furthermore, no annual report on the national response has been published by the government since 2002.</li> </ul>	L
18	In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting	<ul style="list-style-type: none"> <li>The PRSP 2009-2013 has an individualised HIV/AIDS thread but there is still no CDMT in the health sector or the HIV/AIDS sector.</li> </ul>	L
19	OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and make financial contributions to HIV/AIDS work by the cosponsors conditional on demonstrated integration and joint programming, reflecting the comparative advantage of the cosponsors at country level	<ul style="list-style-type: none"> <li>OCDE donors have taken part, since 2006, in the framework of the HIV/AIDS Strategic Plan 2006-2010.</li> <li>No evidence that funding agreed by OECD donors with the cosponsors follows demonstration of their involvement in the joint programme.</li> </ul>	L
20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be	<ul style="list-style-type: none"> <li>PAF still used, particularly for the operational implementation of the Three Ones. For example: drafting of the national strategic</li> </ul>	H

Rec. No.	Abbreviated description	Notes on actions taken	Progress <sup>16</sup>
	shown to improve the allocation process, utilisation and speed of processing.	plan, regional strategic plans, operational plans, and a framework for national monitoring and evaluation.	
21	Numbers and disposition of CPA		
22	Theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy	<ul style="list-style-type: none"> <li>The joint team and the expanded working group have drafted integrated indicators in the work plans 2006, 2007, 2008 and 2009 of the UNAIDS country offices.</li> <li>The joint work plan is not finalised.</li> </ul>	M
23	Expanded study groups should evolve into partnership forums, led by government	<ul style="list-style-type: none"> <li>The expanded working group is in the process of moving towards the creation of a partners forum (where the creation meeting held by MLS took place in April 2008)</li> </ul>	H
24	Expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data	<ul style="list-style-type: none"> <li>The Secretariat has supported the MLS in the implementation of a response monitoring and evaluation system.</li> <li>Several Cosponsors have contributed with other partners (namely PEPFAR) to complete prevalence surveys.</li> </ul>	H
25	Programme of joint reviews led by national governments should be launched	<ul style="list-style-type: none"> <li>Review of the National Strategic Plan 2002-2004 and the Interim Plan 2005 to control AIDS, carried out in May 2006.</li> <li>No specific AIDS review since, but annual UN/Government reviews in 2007 and 2008 (all areas including HIV/AIDS)</li> </ul>	M
26	UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors	<ul style="list-style-type: none"> <li>UN engaged since 2007 in talks with the government on multi-sectoral strategies for crisis resolution (PRSP, UNDAF).</li> <li>Setting up study groups.</li> </ul>	M
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication	<ul style="list-style-type: none"> <li>No examples of good practice documented and replicated to local stakeholders.</li> </ul>	L
28	Increase support for scaling up by developing strategies as a service both to national governments and to partner donors	<ul style="list-style-type: none"> <li>UNAIDS has contributed to the drafting of documents relating to universal access, free ARVs, PMTCT and the plan for the intensification of prevention. It has also supported the consideration of HIV/AIDS activities in the framework of humanitarian action through CERF funding (Central Emergency Response Fund).</li> </ul>	M

## Annex 4: Material from the feedback workshop

Power point slides presented by the team

# Seconde Evaluation Indépendante d'ONUSIDA

Atelier de Synthèse de la Visite en Côte d'Ivoire

Equipe d'évaluation  
Olivier Weil  
Saidou Souleyman  
Tia Yao

## Objectifs de l'atelier

Ce n'est pas la restitution des conclusions de la mission sous forme d'une présentation classique mais un exercice participatif intégré à l'évaluation

## Déroulement de l'atelier

- Rappel des objectifs de l'évaluation
- Présentation de nos premiers constats
- Discussion pour préciser et compléter l'information recueillie
- Débat sur les perspectives futures

## Logique et champs couverts par l'évaluation

Depuis 2009

**Domaines transversaux**  
La façon dont les recommandations formulées lors de la 1ère évaluation ont été suivies

**Comment ONUSIDA a-t-elle rempli son mandat et ses objectifs**  
Division du travail entre le Secrétariat, les copartisans, le gouvernement et les autres partenaires (rôles de coordination)

- Renforcement de l'action de la société civile
- Prise en compte de la dimension genre
- Appuis techniques dans le cadre de la réponse nationale
- Droits humains
- Renforcement de la prise en compte des besoins et de l'implication des PVIU

**Comment ONUSIDA s'est adaptée aux changements du contexte**  
Modification de son rôle  
Renforcement du système de santé  
Delivery au Cote

**Comment ONUSIDA travaille**  
Gouvernance d'ONUSIDA  
Division du travail entre le Secrétariat, les copartisans, le gouvernement et les autres partenaires (sur le plan opérationnel)  
Appuis administratifs

**Perspectives**  
Dans quelle mesure ONUSIDA est-elle prête à affronter les défis des 5 prochaines années?

➔ Vers le futur

## Comment ONUSIDA s'est adaptée aux changements du contexte

- Crise politique et ses conséquences sur la réponse
- Evolution du dispositif institutionnel
- Adoption d'un cadre de planification stratégique
- Entrée en scène de nouveaux acteurs
- Réforme du système des NU

## Enjeux du renforcement du système de santé

- Déséquilibre majeur des ressources entre SIDA et Santé
- Le renforcement des capacités a des effets transversaux
  - Infrastructures
  - Médicaments
  - Ressources humaines
- Limites
  - Pratiquement pas d'actions spécifiques de RSS

### Rôle de coordination au sein du SNU

- Division du travail
- Equipe conjointe
- Programme conjoint
- UNCT
- Groupe de coordination stratégique

### Coordination sectorielle

- Cadre de coordination progressivement mis en place
- Système fragmenté
- Coûts de transaction élevés
- Efficacité limitée

### Renforcement du rôle de la société civile

- Domaine où les résultats sont les plus visibles
- Participation active aux instances de coordination et de décision
- Structuration des acteurs de la société civile (ONG, secteur privé, medias, etc.)
- Renforcement des capacités à planifier, mettre en oeuvre et assurer le suivi des interventions
- Extension géographique (rural), genre, groupes vulnérables, PVVIH

### Mobilisation des ressources

- Fonds catalytiques (FAP) appréciés
- Pas de subvention du GF depuis le 2ème round
- Table-ronde pour le financement du PSN VIH/Sida (2007) mais suivi insuffisant
- Faible 'poids' du SNU limite l'effet levier
- Beaucoup de soutien technique mais qualité inégale et pas de stratégie concertée

### Suivi et Evaluation

- Enquête sur la situation du SIDA (2005)
- Appui au MLS pour la mise en place d'un système national de suivi-évaluation (CRIS)
- Performance?
- Utilisation?

### Perspectives

- Quels vont être les principaux défis dans les 5 prochaines années?
- Comment ONUSIDA devrait-elle y répondre?

### Feedback Workshop 'Future Challenges' Exercise

What will be the main challenges in the next 5 years?	How should UNAIDS respond?
Continue strengthening the 'leadership' of the national partners, and sustaining institutions and mechanisms implemented	<ul style="list-style-type: none"> <li>• Provide support to the CNLS and the Partners Forum in order to ensure they are functional</li> </ul>

(in the post-election)	<ul style="list-style-type: none"> <li>Strengthen and operationalise the national coordination functions</li> </ul>
Having well-organised and sufficient human resources (HR)	<ul style="list-style-type: none"> <li>Support the government (MLS) in drafting a HR development national policy based on mapping carried out</li> <li>Support MLS and all stakeholders involved in implementing this strategy</li> <li>Continue to strengthen the national capacity by supporting the definition and implementation of a multi-sectoral training plan, and by participation in a devised plan for technical assistance (consisting of the joint programme and support provided by other partners).</li> </ul>
Ensure access to prevention, treatment and care is universal	<ul style="list-style-type: none"> <li>Intensify and refine plans (based on the evaluations)</li> <li>Support response decentralisation and devolution strategies</li> <li>Support the setting up of IEC/BCC strategies for specific groups (MSM, displaced, prisoners, etc)</li> <li>Pursue advocacy for the scale-up</li> <li>Contribute to the mobilisation of necessary funding resources</li> </ul>
<p>Arrange suitable funding. In order to do so:</p> <ul style="list-style-type: none"> <li>Develop a true funding policy in the medium and long term</li> <li>Improve the efficiency, governance and mutual responsibility</li> </ul>	<ul style="list-style-type: none"> <li>Effectively help Côte d'Ivoire to obtain Global Fund grants</li> <li>Support government resource mobilisation strategies (including part of the State budget dedicated to controlling HIV)</li> <li>Improve resource tracking and monitoring capacities (support for the set up of a CDMT)</li> <li>Support the management of expenditure reviews involved in the fight against HIV in order to identify gaps in funding</li> </ul>
Gender aspect and respect for human rights	<ul style="list-style-type: none"> <li>Highlight women in the strategies for prevention, voluntary screening and care</li> <li>Complete legislative frameworks and ensure application of laws</li> </ul>
Strengthen performance of the health system	<ul style="list-style-type: none"> <li>Enable integration of HIV in the health system</li> <li>Advocacy for all donors so that the HSS aspect is taken into account (like the Global Fund and the PEPFAR)</li> <li>Revitalise and strengthen the health districts (area which has suffered greatly in the crisis)</li> <li>Urge the government's structural reform (system organisation and funding) of its health system and provide support for its implementation</li> </ul>

## Annex 5: Other documents

### Budget for the Strategic Plan to control HIV/AIDS 2006-2010 (millions of FCFA)

Areas	Cost	Cost Structure (%)	Donors	Funding gap	Rate of needs coverage (%)
Prevention	70,639	24	46,499	24,140	66
Care	168,476	57	151,387	17,089	90
Coordination	14,085	5	683	13,402	5
Capacity building	23,554	8	14,073	9,481	60
Monitoring-Evaluation	12,682	4	18,025	5,343	142
Research	7,683	3	306	7,377	4
Non attributed	-	-	55,160	55,160	-
<b>Total</b>	<b>297,119</b>	<b>100</b>	<b>286,133</b>	<b>10,986</b>	<b>96</b>

### Funding Sources for the Strategic Plan to control HIV/AIDS 2006-2010

Sources	Amount (millions FCFA)	Structure (%)
<b>USA</b>	202,209	70.7
<b>Bilateral Europe</b>	3,244	1.1
<b>UN</b>	28,087	9.8
<b>Other multilateral partners</b>	29,309	10.2
BCEAO	10	0.0
World Bank	20,000	7.0
Global Funds	9,299	3.3
<b>Agencies/International NGOs</b>	230	0.1
<b>Pharmaceutical companies</b>	78	0.0
<b>Public sector</b>	15,489	5.4
State	14,041	4.9
FNLS	1,448	0.5
<b>Public companies</b>	147	0.1
<b>Textile and leather sector</b>	19	0.0
<b>Private sector</b>	6,000	2.1
<b>Civil society</b>	3	0.0
<b>Non attributed</b>	1,318	0.5
<b>Total</b>	<b>286,055</b>	<b>100.0</b>