

**UNAIDS  
Second Independent Evaluation  
2002-2008**

**Pacific Region**

**Summary Report**

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**February 2009**

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## **Acknowledgements**

The evaluator would like to thank the many people who gave of their time to contribute to this evaluation. They include staff of the UNAIDS Secretariat Country Office, Cosponsors and other UN partners, government officials, civil society organizations, and people living with HIV. Special thanks are due to the UNAIDS Pacific Coordinator and staff for managing the organizational arrangements for the visit.

## **Disclaimer**

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

## Abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
APLF	Asia Pacific Leadership Forum on HIV/AIDS and Development
APN+	Asia-Pacific Network of People Living With HIV/AIDS
AusAID	Australian Agency for International Development
CBO	Community Based Organization
CCM	Country Coordination Mechanism
CSO	Civil Society Organization
CRIS	Country Response Information System
FJN+	Fijian Network of People Living With HIV/AIDS
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HQ	Head Quarters
ILO	International Labour Organization
MERG	Monitoring and Evaluation Reference Group
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MSM	Men who have Sex with Men
NAC	National AIDS Commission
NGO	Non-Governmental Organization
NSP	National Strategic Plan
OHCHR	Office of the High Commissioner for Human Rights
PIAF	Pacific Islands AIDS Foundation
PICTs	Pacific Island countries and territories
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PNG	Papua New Guinea
PRHP	Pacific Regional HIV/AIDS Project
PRISP	Pacific Regional Strategy on HIV/AIDS
PSDN	Pacific Sexual Diversity Network
RRRT	Regional Rights Resources Team
RST	Regional Support Team
Response Fund Pacific	Island HIV and STI Response Fund 2009–2013
SPC	Secretariat of the Pacific Community
STI	Sexually Transmitted Infection
TB	Tuberculosis
UBW	Unified Budget and Work plan
UCC	UNAIDS Country Coordinator
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific, Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children’s Fund
UNIFEM	United Nations Development Fund for Women
WHO	World Health Organization

# 1 Introduction

1.1 This report is a summary of findings from a short visit by Andrew Doupe, Consultant, to the UNAIDS Pacific Office, Suva, Fiji<sup>1</sup>; email and telephone correspondence with stakeholders in Port Moresby, Papua New Guinea, the site of the other UNAIDS Office in the Pacific, and a review of key documents (Annex 2) as part of the Second Independent Evaluation of UNAIDS. The visit took place from 8 to 12 December 2008 and the list of stakeholders interviewed and corresponded with can be found in Annex 1.<sup>2</sup>

1.2 This report comes at a time when the first Pacific Regional Strategy on HIV/AIDS (PRSIP) finishes and as PRSIP II is being developed, and the Commission on AIDS in the Pacific Report<sup>3</sup> is being developed. The Pacific Islands HIV and STI Response Fund 2009-2013 is also being established. Thus, in the UNAIDS Suva Office area, the dynamics of the regional and country level HIV responses are in flux, though all the indications are that the new modus operandi will create a more harmonized and coordinated environment between principal multilateral organizations, namely the United Nations and the Secretariat of the Pacific Community (SPC), which should benefit national governments' and civil society's HIV responses.

1.3 Following a brief overview of the regional context in Section 2, the report presents the main findings in Section 3, adapted from the evaluation conceptual framework (see Box 1). Section 4 highlights key issues and discussion points arising from the findings.

1.4 This Pacific Region study is in addition to the 12 countries sampled during the evaluation. The material in the framework tables from these country visits, visits to regional offices of UNAIDS Secretariat and Cosponsors, global visits and interviews, and surveys of other stakeholders will be synthesised together in an overall evaluation report due to be submitted in August 2009.

## Box 1 Evaluation scope and objectives<sup>4</sup>

The purpose of the second independent evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and Cosponsors) at the global, regional and country levels and, specifically to what extent UNAIDS has met is 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:

- The evolving role of UNAIDS within a changing environment
- Strengthening health systems
- Delivering as One
- The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries
- The administration of the Joint Programme
- Involving and working with civil society
- Gender dimensions of the epidemic
- Technical support to national AIDS responses
- Human rights
- The greater and meaningful involvement of people living with HIV

<sup>1</sup> Covers Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Niue, Palau, Republic of the Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu.

<sup>2</sup> Despite efforts by the evaluation team, there was little interaction with staff at the UNAIDS Papua New Guinea country office and as a result coverage of Papua New Guinea is less comprehensive than for other parts of the region.

<sup>3</sup> The report will cover four areas:

- The Effectiveness of Aid in Responding to the HIV Epidemic in the Pacific Region.
- How to secure and sustain the meaningful involvement of communities in the national response to the HIV/AIDS epidemic.
- Review and synthesis of data to describe the current status, trends and future projections of the HIV epidemic in the Pacific region.
- How AIDS interacts with the Four Pillars of the Pacific Forum's Pacific Plan: economic growth, sustainable development, good governance and security.

<http://aidscommissionpacific.com/index.html>

<sup>4</sup> The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20<sup>th</sup> October 2008

The conceptual framework for the evaluation organises these questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS works; and how UNAIDS is fulfilling its mandate. In addition, it addresses how UNAIDS has responded to the recommendations of the first independent evaluation.

## 2 Regional context<sup>5</sup>

2.1 HIV was first reported in the Pacific Island region in 1984. An estimated 74 000 [66 000 - 93 000] people were living with HIV in Oceania in 2007, of whom 13 000 [12 000 - 15 000] were new infections. Over 95% of HIV infections have occurred in five Pacific Island countries and territories (PICTs): Fiji, French Polynesia, Guam, New Caledonia and Papua New Guinea. The region's epidemics are relatively small, except for Papua New Guinea, where the estimated number of people living with HIV has increased from 10 000 [9800-10 000] in 2001 to 54 000 [53 000 - 55 000] in 2007. Although the number of cases remains low in other countries, there is an upward trend. Some countries, such as Fiji, have reported an exponential rise since 2000.

2.2 In the Pacific Island region, HIV is mostly sexually transmitted, although there is also some parent-to-child transmission. In Papua New Guinea, the main mode of HIV transmission is unsafe heterosexual intercourse with unprotected paid sex also playing a significant role. Across the remainder of the region, approximately half of all reported exposures are heterosexual and a third of infections are due to male-to-male sexual transmission.

2.3 There are significant risk factors for HIV transmission in the Pacific Island region. These include the large number of young people in the region; significant movement of people into, through and out of the region; cultural practices such as tattooing and polygamy; and, in particular, high prevalence and incidence of other STIs<sup>6</sup> and teenage pregnancy, both of which indicate that risk-taking behaviours are common and that condom use is not.

2.4 Further challenges are the uneven levels of development, the inequalities faced by women in all aspects of their lives and the increasing levels of violence against women, and the variable accessibility of health care services (both preventive and curative). Large rural populations add to the difficulty of providing access to services and information. Weak economies, limited economic opportunities and high levels of unemployment sometimes force people to engage in sex work as a means of generating income.

2.5 In areas of conflict and social unrest, the prevalence of forced sex, including gang rapes, is high. Cultural taboos prevent open discussion of sexual matters and compound the vulnerability of people in the region. Other customary practices and cultural norms may condone or encourage multiple sex partners. Where religious beliefs are interpreted in a way that discourages condom use and perpetuate misconceptions about marriage protecting individuals from HIV, they may contribute to unsafe sex and unwanted pregnancies. In addition, cultural and religious barriers that fuel stigma and discrimination continue to pose a major challenge.

2.6 A number of STIs facilitate HIV transmission, and their high prevalence and incidence in the region (some of the highest globally) indicate the potential for HIV transmission. As such, strategies (such as linking sexual and reproductive health (SRH) and HIV prevention services) to improve the management (diagnosis and treatment) of STIs are an important components of HIV prevention and control strategies in all PICTs.

2.7 The relatively high prevalence of tuberculosis and the low case detection rates for the last decade in many PICTs are also a cause for concern. It is estimated that 11 000 people in the 22 member PICTs of the Secretariat of the Pacific Community (SPC) are infected with TB annually, 50% of whom are infectious; although on average only some 9000 cases have been diagnosed annually since 1995.

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<sup>5</sup> Working Draft of the Pacific Regional Strategy on HIV and Other STIs (2009–2013) Regional Strategic Reference Group – HIV & STIs. UNAIDS (2008). Fact Sheet Oceania.

<sup>6</sup> The high prevalence of other STIs was evident in the findings of the second generation surveillance surveys that were conducted in 2005 in Fiji, Kiribati, Samoa, Solomon Islands Tonga, and Vanuatu. The main findings were a high prevalence of STIs; limited knowledge of modes of HIV transmission; low rates of condom use, particularly among young people; a high number of people with multiple sexual partners; and the common occurrence of commercial sex activities in most countries surveyed.

2.8 In responding to HIV, there are major health sector challenges in the region. For example, surveillance is inadequate, especially in identifying the critical dynamics and determinants of the epidemic in the region. Access to antiretroviral therapy has progressed in a number of PICTs, though treating HIV increases the existing health care burden and costs. Furthermore, there remains a need for increased engagement with the health system to reach out to HIV-positive people who require treatment. These needs are on top of the limited resources of health care services in most PICTs to cope with the prevailing burdens of communicable and non-communicable diseases.

2.9 Moreover, HIV is no longer just a health issue. It has been identified as a serious threat to the socio-economic development of PICTs and, recently, as a security issue in some countries.

## 3 Findings from the review

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

3.1 The Five-Year Evaluation put forward 29 recommendations. Of these, 19 have direct application or influence at country level, though many are also linked to wider global and regional initiatives and a full assessment will not be made until the final evaluation report. Annex 3 lists the country-oriented recommendations in note form with a comment on the situation in the UNAIDS Suva Office area. Of the 15 recommendations for which an assessment could be made, three were assessed as having achieved a high level of progress; six had a medium level and six achieved a low level of progress. With regards to Papua New Guinea, no assessment could be made owing to lack of data.

### How UNAIDS is responding to the changing context

3.2 This sub-section deals with the ways in which UNAIDS (the Secretariat and Cosponsors) have responded to the changing aid architecture. Three topics are explored: the changing environment; reform within the UN, captured under the slogan 'Delivering as One'; and support to strengthen health systems.

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

3.3 The main change in the external environment in the evaluation period has been the growth of funding from the Global Fund, particularly the successful Round 7 HIV and TB proposal. UNAIDS' relationship to the Global Fund has been described as complementary, and by some as excellent, particularly in relation to the reform of Country Coordination Mechanisms (CCMs). UNAIDS has provided technical assistance to develop Global Fund proposals.

3.4 One constraint in developing successful Global Fund proposals has been the inability to hire top level consultants owing to the UN ceilings on consultant fees. Even with higher daily consultant rate ceilings for consultants payable under the Technical Support Facility, these have not been high enough to secure the services of top level proposal writers in a highly competitive international market.

3.5 Partners regard UNAIDS as playing the role of trusted, honest broker with governments and having fostered through advocacy organizations of men who have sex with men, sex workers and people living with HIV. In addition, UNAIDS has facilitated better working relations between civil society organizations and governments, particularly Ministries of Health; and advocated for increased resources for HIV responses, including for treatment and care.

3.6 There is also an improved coordination among UN agencies and collaboration between the UN and SPC.<sup>7</sup> For example, in 2006, WHO, UNFPA and UNICEF agreed to work jointly on the integration of SRH, HIV and STI services across the region. This cooperation has recently been expanded to include SPC in STI training.

3.7 With regards to the Three Ones, it was noted that they have been successfully implemented in Papua New Guinea, though in the small Pacific Island States with low level HIV epidemics it is viewed as somewhat irrelevant.

3.8 In Papua New Guinea, the National AIDS Council has been in a state of emergency, with an Acting Director in place for over a year. The UNAIDS UCC has had to take on the roles of the NAC in many instances and this has been a very time consuming and arduous task. UNAIDS is credited with coordinating the national response and coordinating the UN's support to the national response. For example, the UCC has been very successful in acting as a neutral chair for numerous technical and donor coordination meeting forums. Also UNAIDS (all Cosponsors) managed to provide technical expertise, leadership and financial support in various areas of the national response, building the momentum for the HIV response among all national partners i.e. government ministries, NGOs and the private sector.

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<sup>7</sup> Which has been formalized in MoUs between a number of UN agencies and the SPC.

3.9 UNAIDS programmes have served as start ups or triggers for specific activities in various areas of the national response. The limited resources available to UNAIDS have not allowed the implementation of large scale programmes, but resources have been used to develop models of interventions that meet the needs of specific groups, or to develop the skills and capacities of national counterparts in managing the national response. The effectiveness of these initiatives is demonstrated by the fact that other major donors and international partners have decided to take over these programmes, providing more resources for scaling up interventions.

3.10 Regional initiatives are viewed as being top down and resulting from the priorities of donors, regional partners and the UN system. One respondent stated that the word 'regional' is a 'dirty' word in a region where governments and other partners are looking for technical, human and financial resources to strengthen national responses. Regional programmes and activities are viewed as taking people out of the region i.e. to Bangkok. And there is real doubt whether technical meetings, events and workshops are beneficial i.e. whether regional level activities trickle down to the country level. It was noted that there are a lot of expectations at the country level, so when specific interventions are undertaken at the country level, they generate interest, for example, research on sex work in the Solomon Islands.

3.11 Furthermore, most of the time, Pacific-related specificities do not find their place in regional initiatives,<sup>8</sup> including models for estimating and projecting the level of the epidemic, working with specific groups, developing preventions approaches and methods etc. It was noted that the Regional Response Fund, which places countries in a position to demand assistance, may change this dynamic.

3.12 The Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF) is a mainstay of UNAIDS' regional initiatives. Concerns were raised that many initiatives have commenced with little follow up and their long term impact was questioned.

3.13 WHO Suva noted that while condoms are the best method to prevent infection with STIs and HIV there have been stock outs in the region. While UNFPA is responsible for access and supply of condoms with countries being responsible for distribution, stock outs in the region have been largely due to logistical issues. In addition to ensuring condom supply, there is a need for increased social marketing and to address barriers to condom use.

### *Delivering as One*

3.14 In terms of UN reform, none of the Pacific Island States is classified as either a 'Delivering as One' pilot country or a 'self-starter'. However, the regional Country Programme Action Plan (CPAP) and the United Nations Development Assistance Framework (UNDAF) for the PICTs is seen by the UN Development Operations Coordination Office (DOCO) as a world first and the UN is "self-starting" on a One Fund for Kiribati.

3.15 In Papua New Guinea, UNDP noted that UNAIDS plays a major role in coordinating the UN's support to the national HIV response. The joint UN Team on AIDS facilitated by the UNAIDS Secretariat has played a key role in providing a model for the UN to deliver as one.

3.16 One Cosponsor felt that while the reform process is a good exercise in which agencies pool resources, can understand what each agency is doing and undertake collective monitoring; it is too new to measure its effectiveness and efficiency. Implementation of programmes is still an issue as each agency has its own mandates. As a result increased guidance and support by Cosponsors' HQs is needed to facilitate joint planning and reporting.

3.17 Another Cosponsor reflected that joint programming is transforming the way the UN delivers HIV programmes. Each year, as agencies are working more collectively and under the leadership of UNAIDS, the government is benefiting from joint reporting and planning exercises. However, the process has significantly added to the work load of the UCC, who is now expected to act as the team leader for HIV programming, which requires coordination of meetings, report writing, quality control etc. It was suggested that it would be useful for UNAIDS to have a greater management role in UN HIV programming, which would provide the UCC with an appropriate mandate and greater leadership

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<sup>8</sup> Such as Universal Access, WHO Universal Access reporting requirements, PMTCT Report Cards, UNGASS, HIV estimations etc.

role within the UN Theme Group. Furthermore, the UCC could benefit from a national officer to assist with the burden of coordination and reporting related to this task.

3.18 Another Cosponsor noted that coordinated planning and implementation combined with pooled funding has helped to improve the effectiveness and efficiency of the UN's activities and the coordination of efforts. Drawing on the various types of expertise that UN organizations have, UNAIDS (Secretariat and Cosponsors) is now able to play key roles in many areas, provide the needed assistance and resources in support of the national response, and collaborate with more partners.

### *Strengthening Health Systems*

3.19 Since the first case of HIV in the region was reported in 1984, various responses have been made at regional and national levels. One major landmark was the endorsement of the Pacific Regional Strategy on HIV and AIDS (2004–2008) by the Pacific Leaders Forum in 2004. Their endorsement has facilitated the commitment of leaders and the mobilization of resources to support the implementation of the strategy, which includes a health sector strengthening component.<sup>9</sup>

3.20 A review of the Pacific Regional Strategy on HIV/AIDS (2004–2008) in 2006 noted that there has been some positive movement in strengthening leadership. For example, senior political and individual leaders are involved in a number of PICTs, and civil society organisations, in particular those involving people living with HIV, have become increasingly engaged in supportive roles. However, existing institutional governance arrangements for programmes are not strong, with a lack of clarity in their multisectoral approaches and roles. The prevailing environment of stigma and discrimination in the region also creates challenges in maintaining a supportive environment for people living with HIV on the part of both service providers and the community at large.

3.21 One of the areas that UNAIDS works on with the SPC is the Pacific Regional Implementation Strategy on HIV and AIDS (2004–2008) (PRISP), which will build on the success and strengths of PRSIP I in supporting national efforts to prevent and control HIV and AIDS. Simultaneously, because other STIs are a key risk factor for the transmission of HIV in the Pacific, it will support national STI management efforts. It will also strengthen work at the regional level through improved coordination, collaboration and partnerships between regional organizations and national programmes.

3.22 One of the ongoing constraints to scaling up interventions and strengthening the health sector in the Pacific has been access to financial resources. The Pacific Islands HIV and STI Response Fund 2009–2013, a multi-donor (currently Australia, New Zealand and France) pooled funding mechanism that supports implementation of national and regional HIV strategic plans, is designed to facilitate adequate levels of ongoing financial resources.

#### **Box 2: The Pacific Regional Strategy on HIV and Other STIs (2009–2013)**

PRISP II identifies seven themes that must be strengthened and enhanced at the regional level in light of challenges and gaps identified regionally. Although these themes do not specifically mention

<sup>9</sup> Pacific Theme 3: Access to Quality Services

#### **Clinical care**

- Improve and strengthen the detection and treatment of other STIs
- Increase access to antiretrovirals, HIV test kits and condoms, for example by identifying the best suppliers; advocating and negotiating the best prices for antiretrovirals; and conducting situational assessment and analysis of legal access and intellectual property related issues associated with HIV/AIDS medicines.
- Provide best practice information and technical support for developing and updating STI and HIV/AIDS treatment protocols.
- Provide level-two laboratories in the region and improve monitoring of HIV treatment, for example, through blood tests such as CD4 counts. Build capacity in general care services, including infection control.
- Provide advice on access to medicines, especially under conditions stipulated by multilateral trade agreements such as the World Trade Organization (WTO).

#### **Health education and training**

- Train health workers, social welfare workers, NGOs and churches in HIV/AIDS and STI counselling and voluntary, confidential counselling and testing, for example, through courses to improve skills.
- Train medical and nursing staff in HIV and STI case management.
- Develop training guidelines for community-based care of people with HIV/AIDS.
- Develop guidelines for HIV and STI testing (including confidentiality), case management, occupational health, blood safety, and prevention of vertical transmission.

the 11 elements of the UNGASS Commitment, all these elements can be a meaningful part of the themes in the Pacific context. In relation to health systems, the regional strategy identifies a “continuum of treatment, care, and supportive systems and services”, which is mirrored in the UNGASS Commitments pertaining to care, treatment and support; HIV and AIDS and disaster affected regions; and children orphaned by HIV/AIDS, and identifies a number of key actions, including those related to health sector strengthening, namely.

- Strengthen health systems, focusing on laboratory proficiency testing, VCT, condom use and human resources for HIV and other STI programmes;
- Programme development and implementation for TB-HIV co-infection ;
- Access to ART with emphasis on sustainability, including management of opportunistic infections;
- Establish linkages and explore role of traditional medicine in the case management and support of people living with HIV;
- Improve and strengthen case detection and treatment of other STIs;
- Provide best practice information and technical support to PICTs for developing and updating treatment protocols for HIV and other STIs;
- Strengthen the regional laboratory network to provide level two laboratories in the region and improve monitoring of HIV treatment;
- Build capacity in general care services, including infection control;
- Provide an advisory role on accessing medicines, especially under conditions stipulated by multilateral trade agreements such as those of the World Trade Organization (WTO);
- Develop training guidelines for community-based care of PLHIV;
- Develop guidelines for HIV and STI testing (including confidentiality), case management, occupational health, blood safety, and prevention of vertical transmission.

## How UNAIDS works

3.23 Many of the changes in UNAIDS during the period covered by the evaluation have occurred as a result of reforms in organization and management. This section looks at the Division of Labour among the Secretariat and Cosponsors and arrangements for administration of the Joint Programme as well as addressing an underlying issue, namely staffing levels.

### *The Division of Labour between the Secretariat, Cosponsors, agencies and countries*

3.24 The Pacific Team on HIV (AIDS Team), formed in 2005, is chaired by the UNAIDS Pacific Coordinator and is responsible for Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Niue, Palau, Republic of the Marshall Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu.

3.25 Reflecting the organizational division between some agencies in the Pacific, its membership consists of six Cosponsors, namely ILO Fiji, UNDP Fiji, UNDP Samoa, UNESCO Samoa, UNFPA Fiji, UNICEF Fiji, WHO Fiji and WHO Samoa; two other UN agencies, namely UNIFEM Fiji and UNDP Pacific Centre Fiji as well as a SPC agency, the Regional Rights Resource Team, and UNAIDS. In addition, with the relocation of SPC’s HIV Unit from New Caledonia to Suva in February 2009, the SPC’s HIV Unit staff are now members of the AIDS Team (i.e. an expanded AIDS Team).

3.26 UNAIDS is the convener, and the UNAIDS Pacific Coordinator is the chair, of the AIDS Team, which meets monthly. There are a number of Technical Working Groups, which are formed and disbanded according to need. For example, currently there is a Technical Working Group on the 9th International Conference on HIV/AIDS in the Asia-Pacific (ICAAP), one on the Joint Programme on Monitoring and Evaluation, one on HIV testing, and several others.

3.27 In terms of the hierarchical structure, above the AIDS Team is the Theme Group which consists of heads of agencies. The Theme Group functions at policy level, issuing directives which the AIDS Team is meant to implement. The Theme Group Chair rotates every two years and is currently held by WHO. The Theme Group is a standing agenda item for the UN Country Team quarterly meeting.

3.28 In addition to the UN, the presence of two regional bodies, the Secretariat of the Pacific Community (SPC) and the Pacific Islands Forum Secretariat (PIFS), which are mandated to respond to

HIV, creates a working dynamic that is seen in no other region, with the possible exception of the Caribbean.

3.29 Interviews with UN agencies indicate that many of the benefits set out in UNAIDS Guidance on Joint Teams have been realised. Participants note a synergy in mutual collaboration, an avoidance of overlaps and duplication in programmes, and much better sharing of information.

3.30 It was underlined that in the Pacific, UNAIDS has been very effective in helping to coordinate the UN system to function as one, in acting as the contact point into and out of the UN system for the SPC and the PIFS, and in driving and pushing the UN system to collaborate and cooperate with these key regional organizations.

3.31 The Division of Labour was described as a good example of knowing who is doing what. There are a number of areas which were cited by various respondents, as being areas of (potential) tension between UN agencies. These are:

- The regional Secretariats of WHO and UNAIDS in the provision of technical assistance to Member States, which is further complicated by the sub-regional mandate of SPC to do the same.<sup>10</sup> Further complicating the situation is that SPC is the Global Fund grant's Principal Recipient in the region.<sup>11</sup>
- Gender education (UNICEF, UNFPA and to a lesser degree UNESCO).
- Between UNICEF and UNFPA and UNIFEM on reproductive health in youth and gender-based violence (coordination mechanism is not functional).
- Between UNICEF and UNFPA on PMTCT evidenced by the development of the Round 8 Global Fund proposal.
- Between UNFPA and UNAIDS on MARPs (sex work and men who have sex with men).
- Between UNDP and the Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF)<sup>12</sup> on leadership.

3.32 As such, coordination remains an ongoing issue. However, the Division of Labour was adapted to the Pacific Region in 2004 and revised in 2008 and is reported to be functioning very well with any conflicts increasingly being resolved within the AIDS Team.

3.33 Also of note is the relative country level presence of Cosponsors and its impact on both the effectiveness and level of support to governments. For example, UNICEF as the lead agency on HIV-positive children has developed a five-year plan for capacity development. It has a regional, national and sub-national presence, which allows for more local level support; while other Cosponsors are confined to the regional and national levels. Both UN and government respondents strongly underlined time and again that in the Pacific, with its vast distances, long travel times, small populations and low levels of capacities within government ministries, the emphasis must be on country level rather than regional-level support, particularly when many regional events are held in Bangkok, which takes people out of the region.

3.34 A number of external partners, including government, stated that the concept of the Division of Labour is unclear to organizations outside of the UN. UNAIDS promotes itself as the principal point of entry to the UN system on HIV and acts as a clearinghouse using the Division of Labour to refer issues to specific organizations or agencies. It was suggested by external partners that the UN needs a regional Focal Point, who can communicate to partners across the region what the UN can offer.<sup>13</sup> One external partner noted that the Division of Labour has become clearer and created a greater sense of purpose and direction, as well as understanding of from whom to request assistance. However, it was also noted that UN partners do not always share work plans or budgets, which confuses the process.

3.35 Under the current leadership of UNAIDS Pacific, there has been an openness to work with other regional partners, sharing of resources etc. It was recommended that UNAIDS focus on:

<sup>10</sup> Note that MoUs between UN (individual agencies: UNAIDS, UNFPA; UNICEF; WHO) and SPC is creating improved working relationships, and UNAIDS is working to build the capacity of SPC.

<sup>11</sup> Respondents noted that the UN has the mandate but no funding. Meanwhile SPC has funding and, in WHO's view, no mandate. Furthermore, the SPC is technically weak though its capacity is improving.

<sup>12</sup> The APLF is managed by the UNAIDS RST and the APLF Adviser is housed in the UNAIDS Suva Office.

<sup>13</sup> UNAIDS noted that this is what the UCC is meant to do – and does in the Pacific both informally and officially (e.g. the UCC represents the UN system on the SPC-managed Response Fund Management Committee)

1. Clarifying what technical expertise it can provide;
  2. Evaluating current UN partner programmes;
  3. Developing a strategic plan for the APLF;
  4. Improving information sharing between UN partners.
- 3.36 There are a number of areas in which the UN has performed better than the SPC. For example, it was noted that the UN has provided added value on human rights and cross cutting issues (e.g. GIPA and gender, including men who have sex with men) in terms of advocacy, leadership and capacity building.
- 3.37 In relation to Papua New Guinea, there are only a few observations of note:
- The Division of Labour has improved coordination and resource mobilization together with enhanced programme performance; and
  - There is overlap between WHO and UNAIDS on the collection and dissemination of strategic information.

### *The administration of the joint programme*

3.38 For administrative and support services, UNAIDS relies on WHO in Geneva for international staff and UNDP for country office and locally recruited staff. UNAIDS Pacific Office Suva noted that there are problems with both arrangements. The current failure of WHO's ERP has had serious implications for operations, and UNDP's systems create ongoing operational challenges. UNAIDS underlined that "Having to follow their (UNDP's) rules and answer to them when it is UNAIDS' money is very frustrating and time consuming".

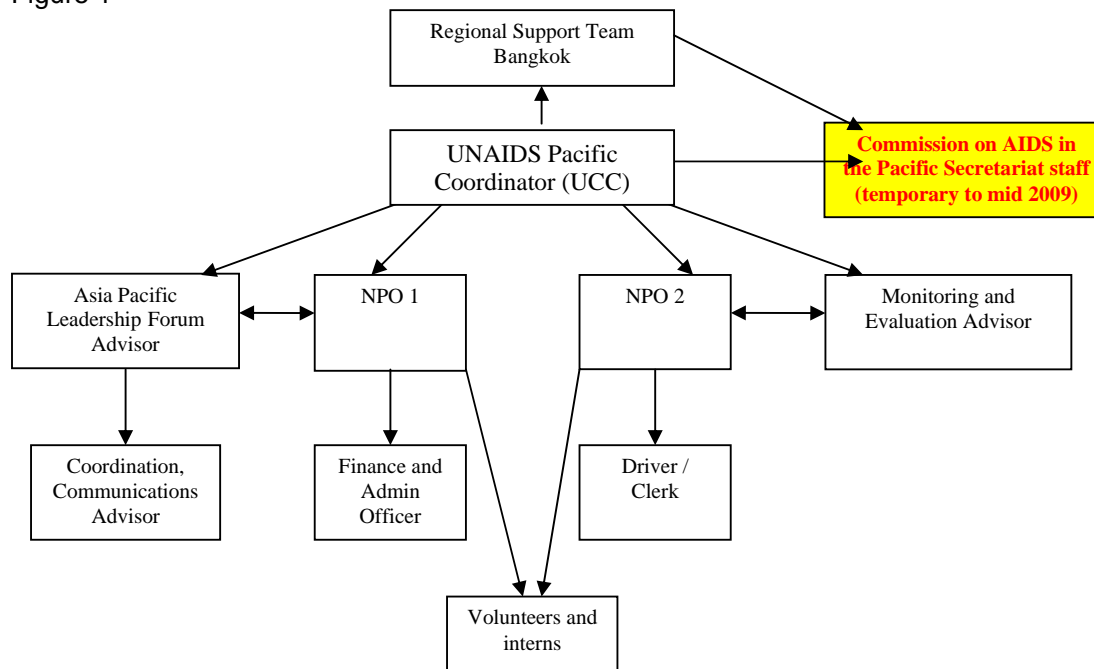
3.39 Discussions with interviewees focused principally on the Programme Acceleration Fund (PAF) and its operations. PAF funds have been used in recent years and were appreciated by some recipient agencies as they have been used to highlight emerging issues and involve simpler administrative procedures than, for example, the Global Fund. It was noted that PAF is crucial for operations. Even though it involves small funding levels it is very useful given the difficulties of sourcing other funds for initiatives in the region. Furthermore, decentralization of PAF decision-making to the UNAIDS RST has improved processing times, oversight and the quality of proposals.

3.40 However, some other Cosponsors held contrary views. UNFPA noted that the amounts of funding are too small and the administration is too difficult. Furthermore, PAF is ad hoc (also noted by UNICEF) and not strategically designed, with coordination at the country level being difficult. Finally, at least for UNFPA, bilateral assistance i.e. through AusAID is viewed as being more efficient. UNICEF questioned whether there is follow up on projects supported by PAF funds i.e. as seed money for cutting edge, new projects, and whether the funding has resulted in larger amounts of funding being provided by other donors.

3.41 WHO Papua New Guinea expressed strong concerns about UNAIDS acting outside its 'mandated areas' of advocacy, coordination and fund mobilization. It viewed UNAIDS as acting as a donor agency, citing the example of a MoU between UNAIDS and the Global Fund, the lack of clarity about its added value and the failure to communicate UNAIDS' intentions in signing it.

## Staffing levels

Figure 1



3.42 The UNAIDS Suva Office has eight staff, a person working on the Commission on AIDS in the Pacific until mid-2009<sup>14</sup> as well as a fluctuating number of interns and volunteers (See Figure 1). The M&E Advisor will only commence in early 2009. It was noted that the increase in staffing has created increased capacity for collaboration and UNAIDS has become more visible both in Fiji and the region.

3.43 Some respondents reported that the relatively small number of staff results in practical challenges. A number noted that the UCC is responsible for a regional office and is pulled in various directions. When, for example, the UCC is travelling either in or outside of the region then UNAIDS' presence is missing in Suva, as a result of which coordination and advocacy with Cosponsors and other partners drop off the agenda. Furthermore, there are increasing demands on the office, which cannot be met by the existing staffing levels.

3.44 It was suggested that UNAIDS' work and presence would be improved if the following posts were created:

- Advocacy Advisor;
- Joint Programming Officer;
- Social Mobilization Officer.

3.45 In addition, both the Global Fund and the Fiji Ministry of Health argued that a national Focal Point for Fiji would be appropriate as the UNAIDS Pacific Office is based in Suva and already acts as a de facto country office for Fiji. Given that Fiji has one of the highest HIV burdens in the Pacific, a national Focal Point would allow for more follow up on activities i.e. developing action plans with baseline assessments against which progress could be measured and for more face-to-face contact with the Ministry of Health. Two related issues were a call for more clarity on the roles of National Programme Officers, and a need for more staff in both the Cosponsors and the UNAIDS Secretariat, particularly staff with technical expertise.

3.46 The main areas of work of the Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF)<sup>15</sup> are with five key sectors: political, faith-based organizations, business, media and women. In

<sup>14</sup> The two NPOs and the Coordination, Communications Advisor are all extra-budgetary positions and could easily be lost. The UNAIDS Pacific Office Suva spends a lot of time maintaining funding levels to ensure that these crucial positions are not lost.

<sup>15</sup> <http://www.aplfaids.com/index.php?p=content&id=6#pacific>

addition, youth, HIV-positive people and the sports community are cross cutting sectors. In effect, the APLF Adviser has many of the duties that would normally be undertaken by a UNAIDS Social Mobilization Officer. A number of interviewees called for the roles and responsibilities of the APLF Adviser to be clarified in terms of a stronger strategic direction and that the work of the APLF be subject to evaluation. This recommendation was in addition to the perceived need for a Social Mobilization Officer, in a region where there are only a few NGOs with sufficient capacities and the rest require ongoing capacity building, mandated to work closely with regional and national organizations representing people living with HIV and most-at-risk populations.

3.47 In relation to Papua New Guinea, issues were raised about the capacity of the UCC and the overall capacity of the office in relation to staffing numbers. It was noted that the UCC could benefit from a deputy, particularly as the dysfunctional National AIDS Council requires UNAIDS to provide especially high levels of support.

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

### *Civil Society*

3.48 It is a UNAIDS' corporate priority to work with and support civil society. How this is done is decided by the UNAIDS country team (i.e. UNAIDS Secretariat, Cosponsors and others), which determines which entities will be partners, what activities will be undertaken and what resources will be allocated, and this is reflected in the Country Office's work plan. It was noted that community development is a slow process that stops and starts in bursts, but is always moving forward.

3.49 A number of partners in the UNAIDS Suva Office area stated that while UNAIDS tends to work at higher level, particularly advocating with governments; getting UNAIDS to work on ground level responses is more difficult. The view was that UNAIDS is not as involved at the country level as is needed. While this view reflects a somewhat mistaken view of the UN's role, it also reflects the fact that the small island states of the Pacific face severe challenges in attracting both the resources and people with the skills and capacities needed for effective responses. In the Pacific Region capacities are limited, with resulting reliance on regional level technical expertise. Various efforts to build capacity are discussed in the following sub-sections.

3.50 In Papua New Guinea, the number and quality of civil society organizations working on HIV have increased over time. However, HIV-related stigma is still high, limiting the engagement of both marginalized populations and some civil society organizations, coordination among civil society organizations is still a problem and most of these organizations have limited capacities.

3.51 UNAIDS Suva Office has helped to ensure that the voices of civil society are heard in national planning and Universal Access processes through advocating and providing training for a Pacific regional NGO umbrella organization. The result has been that civil society has been at the table during all national HIV planning activities, participated in all training, and been included in all Global Fund processes as key players. Civil Society is also represented on the Pacific Islands HIV and STI Response Fund 2009–2013 and the Commission on AIDS in the Pacific. Not only is civil society present, it is now able to stand up and make its voice heard for action to be taken, though there is an ongoing need for capacity building. In Papua New Guinea, for example, it was noted that civil society representatives increasingly participate in national level processes but capacity building is still needed.

3.52 UNAIDS Suva Office has effectively used its reputation in the region to advocate for and promote the participation of marginalized groups. For example, UNAIDS has supported the establishment of a Pacific regional civil society network of groups and individuals working for and with men who have sex with men (the Pacific Sexual Diversity Network) along with over two years of continuing capacity development support, including support for regional meetings. However, it was noted that there is a lack of capacity at the county level to work with men who have sex with men (MSM).

3.53 In the UNAIDS Suva Office region, it was suggested that civil society is not adequately engaged with interventions with most-at-risk populations (i.e. sex workers, MSM and the military) and in providing treatment, care and (psychological) support for people living with HIV, particularly HIV-positive sex workers, because the civil society sector in the Pacific is small, weak and lacks capacity.

3.54 In terms of faith-based organizations, the evolution since 2000 has seen progress and awareness-raising within churches (Methodists, Anglican, Lutherans and United Church of Papua New Guinea) as well as engagement with people living with HIV and increased discussion around condom use. In 2004, the World Council of Churches, UNAIDS, Pacific Council of Churches and Secretariat of the Pacific Community developed the Nadi Declaration<sup>16</sup> as a direct result of cooperation between UNAIDS Geneva Secretariat and the UNAIDS Suva Office, and will be followed up in 2009 and at the 2012 World Council of Churches Conference. Despite this there is still a need for HIV basic training in churches. Furthermore, the Pacific Council of Churches made a distinction between APLF's support to faith-based organizations and the less positive attitude of other UNAIDS Secretariat staff. Other Cosponsors are increasingly engaging with faith-based organizations, for example, UNICEF supported the First East Asia and Pacific Inter-Faith Consultation on Children and HIV in Bangkok, January 2008, and used the event to launch the 'Unite for Children' campaign.

3.55 Civil society organizations reported difficulties in accessing funding from the UNAIDS Suva Office area, although UNAIDS is not a funding agency. Civil society is currently very much focused on resource mobilization, which has resulted in neglect of other areas of activity such as advocacy e.g. developing joint advocacy positions. The UNAIDS Suva Office noted that it prioritizes civil-society-led activities under PAF, supporting both core and activity funding for a number of key organizations around the Pacific as well as advocating with donors, governments and other UN agencies to help secure funding.

3.56 The results for civil society of Global Fund engagement have been variable. The successful Round 2 HIV proposal in which the SPC was the Principal Recipient lacked an effective national capacity building component.<sup>17</sup> It was only after the successful Global Fund Round 7 HIV and TB proposal that SPC began to provide national level capacity building, including to civil society organizations. In Round 8, due to confusion as to whether to develop a regional or country level proposal, Fiji decided to submit a country level proposal, which raised concerns about civil society representation and participation. The proposal development process was very last minute i.e. crisis management, and decision-making processes were not consensual or participatory.

3.57 The newly established Pacific Regional Response Fund<sup>18</sup> is designed to be an easier funding mechanism to access and to complement PRSIP II as well as to bring donor assistance under a coordinated and harmonized mechanism. The UNAIDS Suva Office sits on its Board and at least three<sup>19</sup> of the Response Fund's seven funding mechanisms specifically and solely target civil society, while the rest are available on a competitive basis to civil society.

3.58 With regards to Papua New Guinea, the one stakeholder who responded stated that funding for civil society has increased, is at reasonable levels and provided mostly through the Global Fund, Cosponsors and bilateral arrangements, noting that it is not necessarily the work of UNAIDS to facilitate funding for civil society.

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<sup>16</sup> A Statement of the World Council of Churches' Pacific Member Churches on HIV/AIDS. 29 March – 1 April 2004, Tanoa International Hotel, Nadi  
<http://www.oikoumene.org/fileadmin/documents/nadideclaration2006.pdf>

This meeting included a discussion of human sexuality and relationship between intimacy and power.

<sup>17</sup> Though UNAIDS noted that many (in fact the majority) of funded activities under Round 2 were for building capacity.

<sup>18</sup> The Pacific Islands HIV and STI Response Fund 2009–2013 ('Response Fund') is a multidonor pooled funding mechanism that supports implementation of national and regional HIV strategic plans. Australia, New Zealand and France contribute to the Response Fund. The Response Fund aims to contribute to the Pacific Regional HIV and STI Strategy goal of reducing the spread and impact of HIV and other sexually transmitted infections while embracing people infected and affected by HIV in Pacific communities.

<sup>19</sup> Funding Stream II – Capacity Building Organisations Grants: Allocation for capacity development organisations (CDOs): an allocation for each country where there is an appropriate CDO that can provide capacity development support and efficient administration of grants.

Funding Stream III – Community Action Grants: Allocation of small grants to community-based organizations. In cases where the CDO is funded from Funding Stream II, the CDO will be responsible for the distribution, management and monitoring of these grants.

Funding Stream VI – Rapid Response Grants: Allocation for contingency for specific, potential urgent functions: a small allocation for either health or organisational related functions. This funding stream is also able to respond rapidly to promote and support innovative ideas both nationally and regionally.

## *Gender dimensions of the epidemic*

3.59 In the region, gender is poorly addressed by countries and, when it is addressed, services are severely limited and only directed towards women-oriented programmes. UNAIDS has been advocating around the feminization of the epidemic, gender equality in all aspects of Pacific life in all countries, and gender-based violence. Furthermore, gender and HIV has been a priority for AusAID and other donors and all regional partners.

3.60 Under the Division of Labour, UNIFEM is the lead organization on gender and HIV, approaching it under the larger rubric of ‘violence against women’ with the aim of reach out through programmes on violence against women. UNIFEM has been involved in national planning process with donors and SPC and at the regional level. In Papua New Guinea, UNIFEM sends people to organizations working at the programmatic level, i.e. crisis centres in provinces – a form of South-South capacity building – to help them understand better the two way relationship between HIV and gender-based violence. It was noted that in the past UNIFEM had limited staff and experienced significant organizational changes which may have contributed to its limited assistance in this area. In 2009, there will be a new joint programme on M&E around gender led by UNIFEM.

3.61 UNAIDS Secretariat sees gender (meaning men, women, transgendered individuals and sexuality) as a core issue and gender is fully integrated into its work. UNAIDS has a very good partnership (and shares an office) with UNIFEM. UNAIDS has a dedicated gender focal point; participates as a priority in regional training and capacity development opportunities to expand its understanding and competence on gender; has a full time Australian volunteer focused solely on HIV, gender, gender-based violence issues and in-house capacity development; and has developed a UN learning tool on gender and HIV which is implemented with all UN agency staff and their families annually. Though not evaluated, it is felt that the outcomes of interventions raise gender awareness.

3.62 Gender and HIV both in terms of women and sexual minorities are clearly provided for under the UNAIDS 2008-2009 Pacific Office Workplan.<sup>20</sup> However, to date there is no clear guidance on gender mainstreaming in HIV programming developed or used by UNAIDS Secretariat. In the UNAIDS Suva Office area, UNAIDS, UNIFEM, UNDP, UNFPA and UNICEF are all working on gender at various levels, though no agency has done enough on HIV and gender. Some Cosponsors, particularly in Suva, including UNFPA, UNIFEM and the UNDP Pacific Centre (Gender Specialist Programme Officer), have capacity to work on gender issues but in general it is limited due to lack of human resources. UNIFEM Suva holds brown bag lunches to raise awareness of gender-related issues for Cosponsors’ technical staff. It was noted in Papua New Guinea that gender expertise is lacking.

3.63 At country level in the UNAIDS Suva Office area, national strategic planning processes are still underway with the support of UNAIDS so it is still too early to say whether gender issues will be adequately addressed. In Papua New Guinea, UNAIDS has been instrumental in providing leadership through the Joint UN Task Team on Gender and HIV issues and also coordinates regular meetings, donor forums on HIV, and other workshops, ensuring that gender is incorporated into activities.

3.64 At the research and programmatic levels, the UN has supported gender and HIV research on women’s time burden in the Pacific, including care giving burden; assisted in providing training on legislation drafting on gender-based violence and HIV, women’s inheritance and property rights; participated on the Joint UN Theme Group on Gender-Based Violence in Papua New Guinea, Solomon Islands and Tonga; worked with the Pacific Sexual Diversity Network on sexual minorities in Fiji, Samoa and Tonga; provided community-based organizations with training at the international

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<sup>20</sup> Country Office Result 5.1: Impediments to rights-based and gender inclusive and sensitive HIV responses in the Pacific reduced

- Support to selected Pacific Island countries on advocacy, legislative and policy reform and drafting, and related mainstreaming of AIDS into policies and instruments at national planning level (\$25 000)
- Promotion and use of Universal Access as an advocacy and programming tool through target and roadmap development and reporting in selected PICs (\$25 000)

Country Office Result 6.1: Increased coverage and sustained programme responses for those engaging in sex work, males who have sex with males, and other vulnerable groups in the Pacific

- Support and capacity development of Pacific MSM network, country organisations and responses (\$25 000)
- Provide technical support to countries to support UA target setting and develop roadmap to reach these targets with a focus on high risk populations (\$75 000)

and multilateral levels to deal with human rights mechanisms such as CEDAW; and contributed to the Pacific Human Development report on gender and power relations (gender and culture).

3.65 UNAIDS has been instrumental in supporting the Pacific Sexual Diversity Network (PSDN)<sup>21</sup> and supported a number of MSM from Papua New Guinea to attend the Pan-Pacific Gathering for HIV-positive People in New Zealand in 2008, enabling those most at risk of physical violence to link Maori and Pacific Islander sex workers. It was pointed out that regional meetings have the added value of providing opportunities for lobbying on country level reform, something which could not take place at country level meetings. UNAIDS is supporting PSDN to develop a work plan, in the face of resistance by countries to acknowledge sexual minorities, which will include a baseline study. It was also noted that while sexual minorities have a seat at the table of regional organizations and bodies, their participation is still largely tokenistic, underscoring the need for increased support for capacity development.

3.66 In the Asia Pacific region, the UNAIDS RST has established a regional gender network and provides technical training to Focal Points in each country office in partnership with UNIFEM, external partners and the Global Coalition on Women and AIDS. This is part of an ongoing initiative which has commissioned country reviews, funded and mentored research at the country level, and provided network peer-to-peer support. In addition, there are many guidance notes, manuals, and operational suggestions available as resources. Nevertheless, the impact of UNAIDS' work on gender and HIV has been limited, though the expertise and policy frameworks needed to move this forward is developing.

### *Human rights*

3.67 UNAIDS' corporate priorities start from a rights-based perspective and directive that country offices work with and support the most vulnerable. This is also reflected in the Division of Labour, in UNAIDS' organizational structure and its relationship to host governments, which allows it the flexibility to be more outspoken than the ExCom Agencies, for example. It was noted that by having corporate priorities (and subsequent monitoring by the RST and HQ) focused on civil society and the most vulnerable and marginalized, this ensures that country offices focus on the needs of these groups.

3.68 In the UNAIDS Suva Office area, human rights is covered under the UNAIDS 2008-2009 Pacific Office Workplan.<sup>22</sup> UNAIDS has been very effective at the level of the country office in providing leadership on HIV and human rights issues. UNAIDS has brought the issues of condom use, stigma and discrimination, greater involvement of people living with HIV and sexual minorities to the table and continues to reinforce the importance of these issues at every opportunity.

3.69 In the Pacific Region, Universal Access is not a great concern; rather it has been used for advocacy purposes, for example, training of civil society to use Universal Access as an advocacy tool, and working with SPC to develop access targets based on Universal Access.

3.70 UNAIDS Suva Office shares an office with UNOHCHR, which has helped to build synergies and technical capacity and has a strong and ongoing partnership with UNDP and the Regional Rights Resources Team (RRRT), a programme under SPC and also a Joint Team member, helping countries review and revise laws and policies HIV based on good practice. UNAIDS also works with legal and rights bodies across the Pacific and supports and provides training on HIV and rights. The UNAIDS Secretariat Geneva provides good technical support and is very responsive when requests for technical advice or support on rights, legal, ethical or policy issues are made.

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<sup>21</sup> UNAIDS funded the Samoa, Fiji (ToR and Constitution) and Tonga meetings.

<sup>22</sup> Country Office Result 5.1: Impediments to rights-based and gender inclusive and sensitive HIV responses in the Pacific reduced

- Support to selected Pacific Island countries on advocacy, legislative and policy reform and drafting, and related mainstreaming of AIDS into policies and instruments at national planning level (\$25 000)
- Promotion and use of Universal Access as an advocacy and programming tool through target and roadmap development and reporting in selected PICs (\$25 000)

3.71 There is some tension in the UNAIDS Suva Office area between the RRRT and the UN over which agency take the lead on human rights. SPC noted that the focus of human rights-based work should be to support RRRT and other partners to do this work.<sup>23</sup>

3.72 In 2006, there was a large joint project between RRRT, Pacific Commission, UNDP and UNAIDS, including a human rights compliance review, training and instruction on legal drafting on HIV laws in 14 countries, and a ministerial-level meeting. In 2007, a large regional conference in Auckland was held with participants including staff from the Ministries of Health and Justice and Attorney Generals' Departments. PAF and core funding was used to support plenary sessions, resource people, public relations, attendance of HIV champions, and development of the Resident Coordinator's speech. Follow up included discussions on legislation in Papua New Guinea and the Federated States of Micronesia, and requests for reviews from Fiji, Republic of the Marshall Islands and Vanuatu. At the regional level, such meetings allow sensitive issues to be discussed that could not be discussed at the country level. For example, the Papua New Guinea Government was told that it must take a realistic approach to sex work and men who have sex with men.

3.73 UNAIDS has also supported PSDN in Samoa, commissioned research on sex workers in Fiji, and work on uniformed services in conjunction with APLF. With regards to Papua New Guinea, no information was provided concerning UNAIDS support to organizations of vulnerable and marginalized groups.

3.74 In terms of funding to support marginalized and vulnerable populations, until recently, only the Pacific Regional HIV/AIDS Project (PRHP)<sup>24</sup> was successful at engaging with these groups. PRSIP II has made this a priority area; however, SPC noted that further work needs to be conducted on defining who these groups are. UNDP Pacific Centre supported research and discussion among sex workers in the Solomon Islands.

3.75 Human rights based programming was introduced in 2007 and a workshop conducted. Cosponsors in Papua New Guinea noted that UNAIDS provides good advocacy on HIV and human rights issues through donor partner forums, workshops and seminars. As the UCC is the Task Team Leader, UNAIDS maintains dialogue with government through the NAC and informs other partners through the donor forum and Joint Team meetings of shortfalls in government funding to support marginalized and vulnerable populations. UNAIDS has also been able to raise issues with ministers as well as with the Special Parliamentary Committee on HIV. However, some respondents expressed doubts as to the efficacy of advocacy efforts and the capacity of the UNAIDS office.

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

3.76 In the UNAIDS Suva Office area, engagement with people living with HIV is covered under the UNAIDS 2008-2009 Pacific Office work plan.<sup>25</sup> There is a policy to include PLHIV networks in regional bodies and programmes, for example, people living with HIV are members of the regional CCM, Regional Response Fund Committee and the Commission on AIDS in the Pacific; are ambassadors of the AIDS Ambassadors Programme in Kiribati, Vanuatu and Samoa; and are eligible for grants under the Pacific Regional Strategy on HIV/AIDS.

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<sup>23</sup> UNAIDS noted that this comment from RRRT results from disagreement over how to approach and deal with Fiji under the current Interim Government

<sup>24</sup> The Pacific Regional HIV/AIDS Project [PRHP] was designed in response to the need for teamwork and for even better planning, technical design, management and evaluation of HIV/AIDS responses in the Pacific. The aim was to help strengthen the capacity of Pacific Island governments, NGOs and communities to develop, implement and evaluate multi-sectoral responses to HIV/AIDS. The five-year project [2003 -2008] was part of an increasingly closely co-ordinated regional approach to HIV/AIDS. It was integrated with the Franco-Australian Pacific HIV/AIDS/STI Initiative and worked closely with the new UNAIDS regional programme, the Pacific Global Fund to fight AIDS, Tuberculosis and Malaria [managed by SPC] and other regional and national initiatives.

<sup>25</sup> Co Country Office Result 1.2: Greater engagement with, enhanced capacity of, and involvement by people living with and affected by HIV in Pacific Island countries and across the Pacific Region

- support for the preparation of and attendance of Pacific Delegates to the 2008 Pan Pacific Positive Peoples Forum in New Zealand in September 2008 (\$75 000)
- assistance in developing activities, building the capacity of, and support for the GIPA initiatives of existing and emerging national and regional PLHIV organisations in Fiji, Vanuatu, Solomon Islands, Samoa and Pacific regional (60 000)

3.77 However, questions were raised about whether HIV-positive people have true representation, which makes it hard to gauge the effectiveness of their participation, although the general consensus was that the quality of PLHIV networks is improving. It was noted that the former Director of the Fijian Network of people living with HIV is now employed by the Ministry of Health.

3.78 In the UNAIDS Suva Office area, UNAIDS has provided funding for business and IT training, advocacy and income generation activities, including skills building, through which a half way home for people living with HIV in Suva was built. Training of trainers for 15 people on HIV awareness-raising for schools and communities has also been supported. UNAIDS supported HIV-positive leaders to attend the International AIDS Conferences in Bangkok (2004) and Mexico City (2008). In addition, UNAIDS and UNDP supported the Pan-Pacific Gathering for HIV-positive People, Auckland, New Zealand, in September 2008. The Gathering was organized by Body Positive Inc., New Zealand, together with other New Zealand HIV-positive groups and PIAF.<sup>26</sup> UNICEF has supported PMTCT services, life skills, care and paediatric training.

3.79 In Papua New Guinea, the limited data suggests that there is not a plan for engaging with people living with HIV, though UNAIDS strongly advocates for their inclusion and provides capacity building for organizations of people living with HIV and support for attendance at international and regional conferences. It was suggested that the involvement of people living with HIV has resulted in reduced stigma, though this is not measurable.

### *Technical support to national AIDS responses*

3.80 In the UNAIDS Suva Office area, there are no national technical support plans with the exception of Vanuatu and Samoa. This should be viewed in light of the fact that national strategic plans, PRSIP II and the Pacific Islands HIV and STI Response Fund 2009–2013 are in development.

3.81 The UN (principally UNAIDS, UNFPA, UNICEF and WHO) provides technical support upon request. For example, in Fiji, the Ministry of Health requested UNAIDS to undertake the mid-term review of the third National AIDS Plan. Other providers of technical support include SPC and bilateral donors. This plethora of potential technical support providers means that governments have a choice as to whom to request technical assistance from. It was suggested that technical assistance is becoming more coordinated after a broad range of partners were involved in the Round 7 Global Fund proposal development process.

3.82 Overall, respondents felt that UNAIDS was able to satisfy all requests for technical support, and that there are no capacity gaps within the UN in this respect. UNAIDS has successfully provided technical support in relation to Global Fund processes, five-year strategic planning processes, opportunistic infections, the Buddy Programme i.e. peer-to-peer education, and the Reconciliation Programme.<sup>27</sup> WHO has provided technical support to the Solomon Islands and Vanuatu in developing NSPs. Evaluation of technical support takes place in the context of reporting on projects and programmes supported by the UN, so as such there is no formal mechanism for evaluating technical support.

3.83 In relation to Papua New Guinea, it was suggested that there are gaps, though no specifics were provided, in the capacity of the UNAIDS Country Office to provide technical assistance, and it was noted that there has been no evaluation of the technical assistance provided.

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<sup>26</sup> <http://www.bodypositive.org.nz/events.html>

<sup>27</sup> FJN+, Methodist Church and Anglican Church provide a team that tries to reconcile HIV-positive family members with their families and allow the person to live independent through work i.e. housed near, but not with, the family.

## 4 Discussion

4.1 As explained in the introduction, this regional study is in addition to twelve country studies which will be synthesised into the overall evaluation of UNAIDS. It is not a comprehensive evaluation of the Pacific States' national programmes. Instead, it examines the effectiveness and efficiency of UNAIDS, so the main focus of interest is in the value added by the joint programme. As regards how the programme works, there are a number of positive achievements:

- Many of the benefits set out in UNAIDS Guidance on Joint Teams have been realised. Participants note a synergy in mutual collaboration, an avoidance of overlaps and duplication in programmes, and much better sharing of information; though all these can be improved.
- Coordination is working relatively well, though there are some tensions concerning the Division of Labour.
- Advocacy for leadership in the Pacific Region has been ongoing and has resulted in increased awareness and coordination of efforts in the region; notably Global Fund Round 7, PRSIP I and II and the Regional Response Fund.
- The UN has provided added value on the cross cutting issues of human rights, GIPA and gender, and working with organizations of MSM and sex workers in terms of advocacy, leadership and capacity building.
- PAF is in the most part appreciated, fulfils its mandate and since the decentralization of decision-making to the UNAIDS RST has improved in terms of processing times, oversight and the quality of proposals.
- In Papua New Guinea, it is too early to measure the effectiveness and efficiency of the UN reform process, though there are indications that pooled resources, greater understanding of what each agency is doing and collective monitoring will bring positive results.

4.2 In terms of health sector strengthening, the HIV response in the Pacific Islands is undergoing marked change with the advent of PRISP II and the Regional Response Fund. Having a regional strategic plan backed by a coordinated and harmonized funding mechanism, with the support of UN agencies, governments, donors and multisectoral partners, has the potential to minimize one of the greatest impediments to date to scaled up services, namely financial resources.

4.3 Overall, some clear points emerge from the interviews and review of documentation in the UNAIDS Suva Office area. In summary these are:

- In addition to the UN, the Secretariat of the Pacific Community (SPC) and the Pacific Islands Forum Secretariat (PIFS) are mandated to respond to HIV. There is improved coordination and collaboration between the UN and SPC.
- Significant problems were reported with the WHO and UNDP administrative arrangements.
- Regional initiatives tend to be top down, and those instigated by the APLF tend to have little follow up after launch events.
- Governments and other partners are looking for direct technical, human and financial resources to strengthen national responses, rather than to a trickle down effect from regional activities, particularly as these programmes and activities take people out of the region.
- Technical support is provided as requested, has become more coordinated and there are no apparent gaps in its provision.
- UNAIDS has facilitated better working relations between civil society organizations and governments, particularly Ministries of Health.
- UNAIDS has successfully advocated for increased resources for HIV responses, including for treatment and care.
- There have been condom stock-outs in the region, mostly been due to logistical issues.
- Civil society is represented on all national HIV planning activities, and included in Global Fund processes, and in the development of the Pacific Islands HIV and STI Response Fund 2009–2013 and the Commission on AIDS in the Pacific.
- Funding for civil society organizations continues to be a challenge, though it has improved since Global Fund Round 7 when capacity building by SPC was built into the proposal.

- There are a significant number of UN agencies working on gender at various levels, though no agency has done enough on HIV and gender.
- The voice of people living with HIV in the Pacific is largely that of one individual, but PLHIV organizations are being strengthened and increasingly supported financially.

4.4 Overall, some points emerge from the interviews with respondents from Papua New Guinea. In summary these are:

- The Division of Labour has resulted in more coordination and resource mobilization together with enhanced programme performance.
- There are gaps, though no specific details were provided, in the capacity of the UNAIDS Country Office to provide technical assistance.

### **Issues to take forward**

4.5 There is a need to move away from a ‘one size fit all’ approach to the HIV response in Pacific Island states. For example, the epidemiological and socio-economic situation in Papua New Guinea is in marked contrast to other nations. And while Fiji, a number of French Territories and Guam have relatively higher HIV prevalence, the majority of states have only a few reported PLHIV.

4.6 Given the low HIV prevalence in most countries, the emphasis must be on health systems strengthening and STI management, using an integration of sexual and reproductive health services approach to provide both STI management and HIV prevention, treatment, care and support services as needed.

4.7 Staffing levels are a recurrent theme. It was suggested that UNAIDS’ work and presence would be improved if the following posts were created in the UNAIDS Suva Office:

- Advocacy Advisor;
- Joint Programming Officer;
- Social Mobilization Officer; and, possibly,
- National Focal Point for Fiji.

4.8 In addition, UNAIDS should develop a strategic plan for the APLF, incorporating an evaluation component.

4.9 In Papua New Guinea, the UNAIDS Office’s performance could be enhanced by employing a national officer to assist with the burden of coordination and reporting related to UN HIV programming.

4.10 In order to broaden representation and participation of PLHIV, increased capacity building should be provided to organizations of PLHIV, and particularly to identify new leaders.

4.11 In Papua New Guinea, UNAIDS could take on a greater management role in UN HIV programming, which would provide the UCC with the appropriate mandate and leadership role within the UN Theme Group.

4.12 A number of areas were identified for future regional action, namely HIV prevention for small island states; STI control and health sector strengthening; and increased prevention, treatment, care and support for MSM and sex workers.

## Annex 1: List of names of people contacted

### Suva Visit

Family name	Given name	Organisation	Role	Email or contact
Watson	Stuart	UNAIDS	Pacific Islands Sub-Region Coordinator (UCC)	<a href="mailto:watsons@unaids.org">watsons@unaids.org</a>
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Beavers	Ms Suki	Human Rights Specialist	UNDP Pacific Centre	<a href="mailto:suki.beavers@undp.org">suki.beavers@undp.org</a>
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Tevi	Mr Fei	General Secretary	Pacific Conference of Churches	<a href="mailto:tevi@pcc.org.fj">tevi@pcc.org.fj</a>
Samuela	Dr Josaia	National Advisor for Family Health CCM Vice Chair	Fiji Ministry of Health	
Keith Reid	Ms Jane		AIDS Task Force Fiji	<a href="mailto:aidstaskfiji@connect.com.fj">aidstaskfiji@connect.com.fj</a>
Mr Niraj	Singh			
Tora	Ms Luisa	CCM	AIDS Task Force Fiji	<a href="mailto:aidstaskfiji@connect.com.fj">aidstaskfiji@connect.com.fj</a>
Ferris	Joanna	Program Manager	STOP HIV. Oceania National Olympic Committees	<a href="mailto:joanna@onoc.org.fj">joanna@onoc.org.fj</a>
Grant	Stephen	CEO	Asia Pacific Business Coalition on AIDS	<a href="mailto:stephen@apbca.com">stephen@apbca.com</a>
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#### Contacted but no in put provided

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#### Papua New Guinea

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#### Non responders

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Hunhoff	Sr. Tarcisia			<a href="mailto:nchs@dg.com.pg">nchs@dg.com.pg</a>

## Annex 2: Key documents

- 2008-09 Pacific Office Workplan
- Division of Labour Table Pacific Region
- Terms of Reference: UNAIDS Coordinator – Pacific Islands
- Terms of Reference: Chair of the UN Theme Group on HIV and AIDS – Pacific Islands
- Terms of Reference: Members of the Pacific Islands Joint UN Organisation AIDS Team
- Terms of Reference: The Resident Coordinator
- Terms of Reference: UN Agency / Organisation Heads
- Terms of Reference: UN AIDS Team – Pacific Islands
- UNAIDS. UN System Bulletin for November- December 2008. HIV, Sexual and Reproductive Health, Commodities and related Issues
- **PR SIP**
  - Secretariat of the Pacific Community. The Pacific Regional Strategy on HIV/AIDS 2004-2008.
  - The Pacific Regional Strategy on HIV/AIDS 2004-2008 Implementation Plan.
  - SPC. 2006 Annual Progress Report of the Pacific Regional Strategy Implementation Plan (2004–2008).
  - David Fowler, Bill O'Loughlin and Sister Vika Tikinatabua (2007). Mid Term Review of the Pacific Regional Strategy on HIV (2004–2008) and its implementation. Final Report
  - Regional Strategic Reference Group – HIV & STIs (2009). Working Draft of the Pacific Regional Strategy on HIV and Other STIs (2009–2013).
- **Pacific Islands HIV and STI Response Fund 2009–2013**
  - Pacific Islands HIV and STI Response Fund 2009–2013: Overview.
  - Pacific Islands HIV and STI Response Fund 2009–2013 Fact Sheet
  - Pacific Islands HIV and STI Response Fund 2009–2013 Fund Committee Secretariat: Terms Of Reference
  - Pacific Islands HIV and STI Response Fund 2009–2013 Fund Committee Terms Of Reference
  - Inaugural Meeting of the Pacific Islands HIV & STI Response Fund Committee. 1-3 October 2008, Maritime Conference Room, Nabua, Fiji. Decisions And Recommendations
- **Commission on AIDS in Asia and the Pacific**  
[http://aidscommissionpacific.com/about\\_commission.html](http://aidscommissionpacific.com/about_commission.html)
  - TOR 1 The Effectiveness of Aid in Responding to the HIV Epidemic in the Pacific Region
  - TOR 2 How to secure and sustain the meaningful involvement of communities in the national response to the HIV/AIDS epidemic
  - TOR 3 Review and synthesis of data to describe the current status, trends and future projections of the HIV epidemic in the Pacific region.
  - TOR 4 How AIDS interacts with the Four Pillars of the Pacific Forum's Pacific Plan: economic growth, sustainable development, good governance and security.
- Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF) Activities January – June 2008
- Key Progress of APLF–related activities in the Pacific July – November 2008
- A Statement of the World Council of Churches' Pacific Member Churches on HIV/AIDS. 29 March – 1 April 2004, Tanoa International Hotel, Nadi, Fiji.  
<http://www.oikoumene.org/fileadmin/documents/nadideclaration2006.pdf>
- Global Fund: Pacific Community and the Global Fund  
<http://www.theglobalfund.org/programs/country/?countryid=MWP&lang=en>
- WHO, Secretariat of the Pacific Community, UNSW, Global Fund Second Generation Surveillance Surveys of HIV, Other STIs and Risk Behaviours in 6 Pacific Island Countries (2004-2005).
- Holly Buchanan-Aruwafu (2007). An Integrated Picture: HIV Risk and Vulnerability in the Pacific. Research Gaps, Priorities and Approaches.

### Annex 3: Assessment of progress towards five-year evaluation recommendations

Rec. No.	Abbreviated description	Notes on actions taken	Progress <sup>28</sup>
3	Support to the GFATM	Support for development of GF proposals by UNAIDS Country Office and various Cosponsors; assistance with reform of the CCM and more effective involvement of civil society.	H
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	Universal Access has been adapted and used as an advocacy tool by civil society, supported by capacity development.	M
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.	No information	
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.	Since the first evaluation: MSM behavioural study (Carol Jenkins) in Fiji; establishment under UNAIDS Pacific guidance of the Pacific Sexual Diversity Network (PSDN) and support to country mechanisms; Commission on AIDS studies on Gender and GBV/HIV; establishment of RST Asia Pacific Focal Point network and technical consultations on HIV within intimate relationships; second round of SGS in the Pacific etc.  In Papua New Guinea, UNAIDS was active in creating the first National Research Agenda in PNG, endorsed in 2008. Priority studies feature in this agenda. Gender policy document has been produced; Gender Task force committees formed	M
13	Develop CRIS with objectively measurable indicators of an expanded response at country level	No information	
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	Most country level expenditure is outside the UBW, coming from AusAID.	L
15	UNAIDS should continue to support regional initiatives that are demand-driven by the needs of countries in the region, and where possible linked to existing institutions. Opportunities	UNAIDS has been successful at this. It has been able to use existing institutions and focus on strengthening the capacity of these organisations. The UN Joint	H

<sup>28</sup> H-High; M-Medium; L-Low. Assessment by the evaluation team

Rec. No.	Abbreviated description	Notes on actions taken	Progress <sup>28</sup>
	should be taken to develop new services such as regional skills building workshops. The resources of the Secretariat through the Inter-Country Teams should not be used for coordination among regional offices of the Cosponsors.	Programme is currently focusing on capacity development around M&E at country level as a joint initiative with SPC. Regional skills building workshops are not a new initiative and more thought needs to be given as to how we measure skills development.	
16	Humanitarian response	Nothing formal. Responding on an ad hoc basis. For example, UNAIDS responded to the 2007 earthquake in Solomon Islands and various cyclones by bringing in IASC trainers and doing emergencies/HIV training in Fiji and Solomon Islands and doing site inspection of the tsunami affected areas. Trained over 200 emergency areas. Joint initiative with UNICEF Pacific and UNDP Pacific Centre.	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	Suva: Available upon request to Cosponsors. Not available to partners  PNG: Known through delivering as one	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	In Suva region: To date, most funding will be fully functional under the Pacific Islands HIV and STI Response Fund 2009–2013 through the principal donors, Australia, New Zealand and France contributing.  PNG: No information	M
20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing.	Suva: PAF is crucial to operations – small amounts of money but very useful given the difficulties of sourcing other funds for initiatives in this part of the world. Decentralization to the RST has speeded processing, oversight and quality. The placement of an M&E Officer in early 2009 will greatly support M&E work in the region.  PNG: No relevant information	M
22	Theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy	Work plan of UNAIDS Suva Office has clear outcomes linked to Department Specific Expected Results (DSER) The DoL objectives have monitorable indicators of both substantive change and process contributions to (selected) national strategies under the joint work plan.  PNG: No information	H
23	Expanded theme groups should evolve into partnership forums, led by	No partnership forum as such. Only non-UN agency on Pacific Team is	L

Rec. No.	Abbreviated description	Notes on actions taken	Progress <sup>28</sup>
	government	the RRRT.  PNG: No information	
24	Expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data	Suva: The placement of an M&E Officer in early 2009 will greatly support M&E work in the region.  PNG: No information	L
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	UN trying to create opportunities for multisectoral working between health, social and security ministries.	M
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication	Suva: Evidence of innovative projects; but little evidence of consistent follow up. Efforts tend to be sporadic.	L
28	Increase support for scaling up by developing strategies as a service both to national governments and to partner donors	Notable examples are collaboration on Pacific Islands HIV and STI Response Fund 2009–2013 and support for the establishment of the Pacific Sexual Diversity network.	M
29	The MERG should develop a programme of evaluation studies to look at issues of performance for the programme as a whole, as a set of building blocks to contribute to a global evaluation of UNAIDS five years after this study is presented to the PCB, in 2007. (Has any work been done at regional level?)	The placement of an M&E Officer in early 2009 will greatly support M&E work in the region. There is a joint Pacific Region MERG with SPC, which has functioned for the PRSIP as a whole rather than just for UNAIDS. The MERG has not been as effective or active as envisioned, however, the UN partners need to develop their own evaluation plan as part of their strategic planning process and align this plan with PRSIP's M&E plan.	L

## **Annex 4: Regional events**

**Early 1980s** Most responses involved general population awareness.

**Mid 1990s** Multisectoral approach developed through national strategic plans and actions.

**1999** 1st Regional Conference on HIV/AIDS (February).

### **2001**

- UNGASS, New York (June).
- International Conference on AIDS in Asia and the Pacific (ICAAP) – Melbourne, Australia, October.

### **2002**

- 1st Information Workshop on Global Fund (June).
- Launch of Pacific Islands AIDS Foundation (July).
- Pacific Leaders Forum (August).
- 1st Meeting of the Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM) (October).
- UNICEF Regional Youth Congress.
- HIV/AIDS (September).
- South Pacific Association of Theological Schools (SPATS) Regional Conference on HIV/AIDS (September).

### **2003**

- WHO–SPC Health Ministers Meeting (March).
- 2nd Meeting of the PIRMCCM (March).
- Approval of Franco-Australian Pacific HIV/AIDS and STI Initiative (July).
- Approval of Component 2 of AusAID-funded Pacific HIV/AIDS project (August).
- Asia Pacific Leadership Forum (APLF) Pacific component discussions (July/August).
- Pacific Forum Leaders Communiqué (August).
- HIV/AIDS/STI Adviser appointed (September).
- UNAIDS Coordinator took up post (August/September).
- 3rd Meeting of PIRMCCM (October).
- Signing of Round 2 grant agreement with the Global Fund (June).
- Regional HIV/AIDS stakeholders coordinating meeting (October).

### **2004**

- UNAIDS–Great Council of Chiefs Regional Workshop on Accelerating Action Against AIDS in the Pacific (March).
- Endorsement of the Pacific Regional Strategy on HIV/AIDS (2004–2008) by the Pacific Islands Forum and Committee of Representatives of Governments and Administrations (CRGA).

### **2006**

- Additional resources through ADB grant and NZAID.

### **2007**

- Global Fund Round 7 HIV proposal successful (November).

### **2008**

- Grant signing for Global Fund Round 7 HIV proposal (May).

### **2008-09**

- Failed Fijian Global Fund Round 8 proposal.
- Development of Pacific Regional Strategy on HIV and Other STIs (2009–2013).
- Establishment of the Pacific Islands HIV and STI Response Fund 2009–2013.
- Setting up of the Commission on AIDS in the Pacific.