

UNAIDS Secretariat's Response to the Stakeholder Consultation Document on Preliminary Evaluation Findings

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Response to 5-yr evaluation and performance against ECOSOC mandate

Contextual situation 2002-2008 period

The section on 'Responding to the context' is not fairly balanced as it focuses on selected areas such as UNAIDS relationship with the GFATM and PEPFAR or health systems strengthening without paying tribute to all efforts and changes which have been achieved such as, e.g.:

- Sustained high political momentum after the UNGASS 2001;
- Largest increase in AIDS funding ;
- Collaboration with other important actors engaged in AIDS (Gates foundation, MAP, GFTAM, PEPFAR, UNITAID, Clinton foundation...) with new cycles, procedures, policies and priorities for countries; and
- Improvement of treatment and price lowering leading to increased possibilities for accessibility of ARVs and which progressively led to accelerating access, '3x5' initiative and progress towards universal access implementation (hardly considered possible in 2001 when ARV access was not mentioned in the UNGASS declaration).

The period has thus been marked by a sea change in terms of opportunities to scale up the response and access to AIDS services. It should be reminded that this was made possible thanks to UNAIDS continuous investments in terms of advocacy, strategic information, partnership mobilization and country support (e.g., strategic planning, universal access consultations and targets, roadmaps, technical support...).

The additional funding and new actors have lead to significant challenges in terms of institutional capacities requiring regular adjustments in countries (proposal developments GFATM and CCMS, coordination, M&E). UNAIDS has paved the way for the new global programmes (MAP, PEPFAR, GFTAM) that have been relying on its strategic information and support to countries (strategic planning, NASA, coordination, negotiation and brokering role, partnership mobilization, M&E...).

2002-2008 has thus been a stretching period for UNAIDS – often a balancing act between being responsive & flexible to evolving needs and demands from countries and partners (often handled on an emergency mode to access funding, scale up services, report, coordinate or solve problem)

and

slower but necessary and longer term support for AIDS capacity building, strategic planning and institutional development capacities of countries as part of their medium term national development frameworks and policies.

This was achieved with UNAIDS limited resources that have not followed the increasing curve of global AIDS funding. Analysis may have indeed suffered but this is also why UNAIDS has been increasingly calling and investing in capacities for a more sustainable response to AIDS since 2005.

Diversity in the epidemic and capacities

The findings as reported do not reflect the diversity in the epidemic and capacities for the AIDS response across regions and countries (national, governments, civil society, UN system, donors). Regional and national contextual situations (political leadership, development stage, capacities, resources, overall UN role and capacities, level of epidemic and response to it) are essential to take into account to assess UNAIDS contribution. This is for example especially relevant for the WCA region where several

countries, including the two evaluated ones, are in post-conflict situation. This implies different challenges and opportunities for the AIDS response and UNAIDS role that should be highlighted. This characteristic also makes extrapolations into global statements unreliable. Flexibility has been essential to adapt the response to the epidemic and countries' needs and capacities, which should be reflected in the evaluation's report.

Need for evaluation against clear UNAIDS mandate

The assessment does not always capture UNAIDS mobilizing, brokering and convening contribution which are the core of its mandate (complementary but not comparable with implementing agencies or financial mechanisms). Progress is often made through small incremental changes that are difficult to measure. There are numerous examples of UNAIDS 'fixing problems' and playing the 'behind door' coordinator and 'cushion' between various players at global, regional or national level. Of course, increased access to services cannot be fully attributed to UNAIDS efforts but, in many countries, would not have been possible without continued advocacy, coordination, technical support, strategic planning, programme reviews, NASA, identifying and solving bottlenecks, fostering of dialogue between partners and capacity building so that the additional resources could be effectively put to use. Those cannot be measured by cost-effectiveness approaches only.

We also noted, in several instances, confusion in the evaluation report between UNAIDS and UNAIDS Secretariat.

5-year evaluation:

P.2 - Not a failure of UNAIDS to implement recommendations from first evaluation. It was up to member states who made different decisions at the PCB meeting when considering the results of the evaluation – in part due to the fact that the Board only looked at the UNAIDS response not the report of the evaluation itself.

Differentiation needed between issues of management and governance reform.

Question of whether unimplemented recommendations and still valid.

Recommendations from SIE must consider who is responsible for implementation and whether task is within their mandate and/or competence to deliver i.e. if recommendation will necessitate referral to ECOSOC.

Question of meaningful engagement of civil society – not just delivered through voting rights.

Is UNAIDS fit for purpose?

ECOSOC mandate:

Survey was one of perception, therefore, impossible to disagree with results – 580 people responded on which 78% rated UNAIDS overall performance as fairly or very effective.

Significant minority of civil society respondents said performance was not effective.

Ambiguity of objectives leads to problems of what is meant – versus – generality allows for dynamic and flexible implementation tailored to current status and priorities of the epidemic.

6 of the 8 objectives do not address vulnerable populations.

Issue is not to focus on ECOSOC but to use PCB to give oversight and programming advice that addresses strategic issues and priorities changes within the epidemic. This will need the Board resolving the issue of its role (technical v policy v oversight).

Idea of a sub-committee on programming was mooted (WHA model of 2 committees) but PCB must not micro-manage.

Need to identify problems before looking for organizational solutions.

Evolving role of UNAIDS

Pages 8-9 – 1. The section on synergies in the field of research (pages 8-9) is narrowly focused on vaccines and the work of the WHO-UNAIDS HIV Vaccine Initiative. Other areas that deserve mention are:

- a. **Male circumcision:** from science to action – an example of concerted UN action. UNAIDS led the first Work Plan on Male Circumcision from 2005 until 2007, focusing on improving safety of current practices and supporting anticipatory activities by countries. In March 2007, after three randomised controlled trials demonstrated a 60% reduction in female-to-male HIV transmission, clear global policy recommendations on male circumcision for HIV prevention were endorsed at a WHO/UNAIDS consultation in Montreux, Switzerland. WHO then took the lead on the Second UN Work Plan on Male Circumcision for HIV Prevention, with UNAIDS, UNFPA, and UNICEF. Together they have developed an array of operational tools/guidance and are working with implementing partners to facilitate the translation of research evidence into national policies and programmes. In the intervening two years, 'male circumcision for HIV prevention' has moved from clinical trials, become national policy in some countries, and is at different stages of programme implementation in at least 10 countries in eastern and southern Africa. Lessons learned from these countries indicate that country ownership and leadership are critical for formulating national policies, developing strategies, and scaling up the delivery of safe male circumcision services. Clear global policy recommendations developed in a participatory and consultative manner were a critical step in the process to facilitate the translation of research evidence into national policies and programmes.
 - b. WHO and UNAIDS are working together, undertaking preparatory activities in anticipation of potential positive findings on new biomedical tools currently in trials.
- **Pre-exposure prophylaxis:** Scientific evidence on efficacy of pre-exposure prophylaxis with antiretroviral medication will be forthcoming within 12 to 24 months. Four trials are currently underway testing the daily use of oral Tenofovir

- against placebo, or combination Tenofovir-emtricitabine (Truvada) against placebo, to prevent HIV transmission of HIV among injecting drug users in Thailand, heterosexual men and women in Botswana, and men who have sex with men in the United States, Peru, and Ecuador. Three additional trials are starting enrolment in Kenya, Uganda; Malawi, South Africa, Tanzania; Zambia, or Zimbabwe. WHO and UNAIDS have prepared a plan anticipating release of PrEP results, similar to the first UN Work Plan on Male Circumcision prior to the release of the results from the Kenya and Uganda trials.
- **Microbicides:** A proof of concept trial (HPTN 035) reported in February that PRO2000 gel (0.5% formulation) was safe and reduced the risk of HIV infection by 30 percent - not quite statistically significant but with interesting dose-response showing 78% protection in women who were high gel/low condom users. It does not have contraceptive properties. A UK MRC trial of PRO2000 (0.5%) involving over 9000 women will conclude in 2009. WHO and UNAIDS convened a meeting of key stakeholders (researchers, clinicians, public health experts, regulators, women's health advocates, others) in May 2009 to discuss the potential for rolling out the product and ensuring access for those who will benefit most, if there are confirmatory results from the MRC trial. As scaling up male circumcision has shown, social change communication, product positioning, gender issues, and other aspects need to be considered in increasing the prevention choices for people. UNAIDS and WHO are ensuring that these issues are addressed seriously.

2. **Knowledge translation:** There is no mention anywhere of this mandate and how it is fulfilled. In addition to the normative role that UNAIDS plays in analysing the state of the evidence in order to provide policy and programming guidance, UNAIDS has an increasingly valued brokering role in knowledge translation.
 - a. We communicate empirical findings on the contributions that national and community responses make to the evidence base. This involves data collection, interpretation, and communication (e.g. country reports, conference abstracts).
 - b. We communicate about the contributions that UNAIDS and other partners make to global, regional, national, and community responses. This involves information collection, interpretation, and communication (e.g. UNAIDS website).
 - c. We interpret and translate scientific findings to key audiences, providing substantive review of emerging scientific information and of trends. This involves analysis, interpretation, and communication (e.g. HIV This Week). There is no specific mention of the role of HIV This Week. As highlighted in my discussions and emails with Derek Poate, there has been a tremendous response to HIV This Week, the UNAIDS science blog which is sent to all staff on an approximately bi-weekly basis, since it was launched in May 2006. It is relayed on by CDC, FHI, and other partners, and is now sent by the NIH listserv to an unknown number of people. The blog statistics average 3000 hits per month. We have specific instances of countries in which the UCC is sending it to all Theme Group members, sharing it with country counterparts, or excerpting sections for specific purposes.

3. **Research resource tracking to influence funding:** in this section on page 9 a useful example would be the Funders' Forum held in 2005. UNAIDS presented the research resource tracking figures for HIV vaccines and an investment menu based on the gaps in a Strategic Scientific Plan of the Global HIV Vaccine Enterprise. The meeting convened the heads of national development agencies with the heads of national research agencies to examine the potential contribution that HIV vaccine research would make to achievement of the Millennium Development Goals. As a result, the Bill and Melinda Gates Foundation funded a joint initiative with EDCTP (the European and Developing Countries Clinical Trials Partnership), the Russian government invested 100 million USD in their HIV vaccine program announced during their hosting of the G8 summit, and the Canadian government announced a joint investment with Gates Foundation in the 111 million USD Canadian HIV Vaccine Initiative.

4. **Biomedical HIV prevention trial conduct :** No mention is made of UNAIDS' role in striving for the conduct of ethically sound, scientifically rigorous biomedical HIV prevention trials. UNAIDS took community concerns about biomedical HIV prevention research seriously following the closure of two trials (Cambodia and Cameroon in 2004) and lead a process of regional and international consultations composed of activists, researchers, trial sponsors, and representatives of concerned community groups (north and south) on creating effective partnerships in biomedical HIV prevention trials. Recommendations were published in the scientific and lay literature. UNAIDS proceeded with the AIDS Vaccine Advisory Coalition to develop ground rules for community engagement which resulted in the publication and translation into 8 languages of the UNAIDS/AVAC *Good Participatory Practice Guidelines For Biomedical HIV Prevention Trials* (GPP). UNAIDS led the revision of a 2000 UNAIDS guidance document on ethics in HIV vaccine trials to create the 2007 UNAIDS/WHO document *Ethical Considerations in Biomedical HIV Prevention Trials* . UNAIDS and WHO are now working with national authorities, communities hosting trials, researchers, research sponsors , ethics committees and others to pilot training materials, and build regional capacity to provide training opportunities in key countries.

5. **Women and trials:** Following a consultation on women and trials convened in Geneva in December 2007 by UNAIDS, Global Coalition on Women and AIDS, the International Centre for Research on Women, and Tibotec Inc., recommendations for policy and programming, a research agenda, and advocacy framework emerged. Among the recommendations were that mechanisms of accountability need to be built within regulatory frameworks and other standard setting bodies, including research agencies, to require trials to include women subjects in sufficient numbers to have the statistical power to analyze, and report sex-disaggregated data. UNAIDS has led a number of working groups advocating for changes in research norms among medical journal editors, research agencies, researchers, pharmaceutical companies, regulatory authorities, and others. More information is available at: <http://www.unaids.org/en/PolicyAndPractice/ScienceAndResearch/womenHIVtrials.asp>

Correction:

Page 8 - The point made on page 8 about the initiation of MoT and synthesis studies by GAMET as an example of areas where cosponsors have shown leadership in technical support provision to strengthen national strategies based on understanding of evidence is not correct. The work was initiated jointly by UNAIDS & GAMET and supported jointly. Joint evaluation of the process has found that there is continued dissemination of these findings and they have had an influence on policy and programme. Examples of this include: the development of a national prevention strategy in Kenya; use of the findings to inform national strategy review in Lesotho, Kenya, Swaziland and Zambia; development of a prevention policy in Uganda, increased mobilization and commitment of resources to address HIV transmission.

Related to UNAIDS support to improved management authority with objectives and measurable indicators, there has been significant investment in strengthening of fundamentals for improved management authority and performance based on clearly defined results in the ESA region.

Strengthening health systems – See Related Documents in FTP under HSS Folder

Page 12 - Health System Strengthening was never part of the original mandate of the Joint UN Program.

Scaling up HIV services, will invariably mean that the general health sector will be improved given that HIV services are part of the health sector. The dichotomy HIV services versus the rest of the health sector is a false dichotomy.

Given recent developments and achievements, now is the time to more clearly define how the Joint Program can most effectively and efficiently strengthen other areas of the health sector.

Providing 'seamless' services for people living with HIV does also involve social and other services, hence a success response in countries will also require the successful development of other sectors in many societies.

This requirement of a multi-sectoral response is not peculiar to developing a successful response to HIV but also underlies successful responses to other problems like TB, Malaria and other major health problems.

Given these considerations, development of the health sector within many countries is ultimately going to be contingent on developing other sectors of society as well and society as a whole. Hence successful responses to the HIV epidemic within countries will not only be contingent on successful responses to other major epidemics like TB, but also dependent on successful general development in countries.

The tone of the section on Health System Strengthening starts off positive but most of the descriptions in the sections mainly highlight negative aspects.

Furthermore it is a fairly 'high-level' analysis, does not provide much evidence for the statements made.

This section does not deal at all with some of the normative and technical work which the Joint Program in conjunction with many partners at international, regional and local level has successfully developed in countries. This varies from developing international guidance documents on developing HIV information systems in countries, as part of the Three Ones, to providing direct technical cooperation. This includes developing guidelines based on international consensus on clinical, social and economic data to be collected at local, sub-national and national levels, the development of paper- or electronic-based medical records, the development of paper- or electronic-based means of transferring these data, using these data to develop indicators to be used by countries and international organizations to monitor the impact of interventions, to develop national data repositories to enable to have access to information to perform relevant evaluation studies and the development of international guidelines on ensuring the confidentiality and security of HIV information collected and used at local, sub-national, national and global levels. The attached electronic version of the paper which was published in AIDS, provides the evidence and links documenting these developments, while a copy of the Interim Guidelines on the Confidentiality and Security of HIV information is also attached.

Next steps include working with countries directly to facilitate the adaptation, adoption and implementation of these guidelines, including the Interim Guidelines on the Confidentiality and Security of HIV information. Ramifications for this work ranges from ensure secure personal information required for local service provision to development and implementation of privacy laws in countries.

Page 15 - Commentary on need to evaluate value of response in sectors other than the health sector is well taken. It would be useful for the evaluation to spell out the key sectors where an AIDS response is needed. A possible list is health, justice, social welfare, education, community.

See related table in FTP under folder Prevention which sets out the key HIV prevention elements recommended and agreed by UNAIDS in the Practical Guidelines for HIV Prevention, and the respective sectors in which they are carried out.

Delivering as one – See Related Documents in FTP under folder ESA

It is well recognized and demonstrated that UNAIDS and AIDS can be entry points for UN reform but the UN reform agenda spans well beyond AIDS-related issues. Some aspects of the reform are moving faster than others. While UNAIDS is often considered a pathfinder for UN reform, it does not work in isolation. The context and constraints of the broader reform agenda that are well beyond UNAIDS influence should be acknowledged in the report (e.g., adoption of UNDAF Action Plan as single reference superseding agencies' annual work-plans, harmonization of financial or administrative procedures, staff evaluations' criteria). However, a slow process does not imply that no progress is made. On the contrary, despite those challenges, there is clear evidence of increased coordination among UN agencies on AIDS both at regional and national levels.

In 2002, there was limited coordination within the UN system at regional level. In the WCA region, there is now clear evidence of improved coordination for country level support coordinated by the UNAIDS Secretariat under the leadership of the Regional

Directors' Team. Indeed, this is taking place through specific regional mechanisms (see below) as well as reflected in the number of increased joint missions for technical support and other areas of collaboration - evidence that a new way of working is at play for the UN system in the region optimizing its comparative advantages and based on the division of labour.

The Joint UN Regional Team on AIDS for West and Central Africa (JURTA) was created in 2005, is operational (workplan based on the division of labour) and is considered as a model of joint UN action to support countries by the Regional Directors' Team. Its experience is now being duplicated for other programmatic areas. It is the main platform for coordinating information and action on AIDS (Secretariat led by UNAIDS). It has conducted numerous joint activities and reinforced regional collaboration especially in 4 strategic areas:

- support to the UN system at country level: increased capacity of joint teams and programmes on AIDS in countries
- making the money work: support to countries for GFTAM grant proposals and implementation as well as problem solving
- technical assistance in various areas
- strategic information: better knowledge and characterization of the epidemic in the WCA, harmonization of data collection and reporting mechanisms;

The JURTA has also been extended to other non UN regional partners (bilaterals (GTZ, USAID, French cooperation), civil society (AFRICASO) and the private sector). It has led to increased coherence, harmonisation, better knowledge and pooling of technical resources for joint UN action in various areas (joint technical support missions).

Other examples of UN regional collaboration include: joint support for legal frameworks, regional task force on HIV and humanitarian response, strengthening the capacity to accelerate scaling up of national PMTCT and paediatric care, Regional Quality Support and Assurance Group (led by UNDP, providing guidance for quality and timely development of country programming processes (CCA, UNDAF).

Moving from technical working groups to joint UN teams and programmes on AIDS has been a significant progress in terms of improving coordination at country level. Many joint teams and programmes on AIDS are now operational and it is clear that coordination has been greatly enhanced. Most have been developed in 2006-2007 and it is an evolving process, making such an early assessment difficult.

In the WCA region, there are now joint teams on AIDS in place in 19 countries (Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Côte d'Ivoire, Congo, Equatorial Guinea, Gambia, Guinea, Mali, Niger, Sierra Leone, Nigeria, DRC, Chad and Togo). The technical division of labour has been implemented in 12 countries based on their national context. A special adaptation of the division of labour was adopted in countries in (post-) conflict (to include some humanitarian agencies such as in Sierra Leone and Côte d'Ivoire) or as an opportunity to strengthen partnership and co-funding between agencies (DRC). Joint Programmes of support based on the UNDAF were developed in 4 countries (Burkina Faso, Ghana, Chad and Togo), and are at advanced level of development in 9 other countries (Benin, Burundi, Cameroon, Central African Republic, Equatorial Guinea, Niger, Sierra Leone, Guinea Conakry and Nigeria). In some countries, there is pooling of funding for AIDS in collaboration with the GFTAM, the World Bank and other development partners (such as in Nigeria, Burkina Faso).

M&E mechanisms for the joint AIDS teams and programmes are still at an early stage or being developed.

Page 16 – This section overlooks the engagement of UNAIDS in the RDTs (especially in the EST region), and the progress made on joint programming, including through joint inter-agency support mechanisms established at regional level, and quality assurance of country programming processes. Attached are two recent reports regarding this.

1st statement says:

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

Hence, why has the evaluation team not focused more on the country level focus and tried to scrutinize the experience of the one pilot countries?

Page 16 -

This section ignores experience of the ESA region with respect to the establishment of joint UN teams and programmes. (the attached review of lessons learned and report on a regional consultation with RCs was shared with the evaluation team? .

Page 19- *The fundamental problem has been that the reform process has not significantly enhanced the incentives for UN agencies to work together at country level or addressed the constraints and difficulties of working as one*

Only now, UNDGO is recommending the development of UNDAF Action Plan which should supersede the annual work-plans set out by each agency and respectively signed by governments. UNDAF Action Plan should serve as a single reference document including legal and financial agreements with government. However, the Executive Boards of agencies should ratify such a mechanism to operationalize their contribution to the UNDAF process. Therefore, the move toward joint planning could be considered continue to be impaired not by UNAIDS but by co-sponsors Executive Boards.

Page 19 - While the conclusion about high transaction costs in the first stages of rolling this new way of doing business is correct, advantages and progress made so far are evident:

- (i) on the quality of results framework on AIDS developed by joint teams,
- (ii) the strengthening of accountability mechanisms through adoption of management frameworks (see attached for the ESA Regional Team on AIDS) and "domestication" of the DoL,
- (iii) Progressive adoption of pool or pass-through funding mechanisms, and reviews of progress at the output level, etc.

Page 20 - *The main finding from the 12 case studies was that there was little evidence to suggest that the implementation of the Paris Declaration has directly affected, or enhanced the effectiveness, of the work of UNAIDS at country level. In 10 of the 12 case study countries, the Paris Declaration has not been a significant policy agenda. In most cases this has reflected the fact that these were middle-income countries with only a*

relatively limited number of donor agencies or that the country is in a post-conflict situation and therefore political commitment has yet to be translated into operational differences. In those countries where Paris was an important policy agenda, this policy focus pre-dated agreement of the Paris Declaration.

Since 2004, UNAIDS has worked on the advocacy and the implementation of the “Three Ones”. Advocating the use of the national strategy for overall funding and common set of indicators was agreed among development partners working on AIDS. This was done after and within the framework of the Paris declaration.

Monitoring the implementation of the “Three Ones” is a priority for UNAIDS. For example in 2008, in West and Central Africa, within the framework of strengthening the “Three Ones” and in collaboration with UNDP, the RST –WCA conducted a study on governance, leadership and harmonization in the 8 countries of the UEMOA extended to Mauritania. The RST provided technical and financial support to this exercise. The report is available. For this a comprehensive in-country analysis was undertaken in each of the nine countries involved and further validated with key national partners. A sub-regional report was then produced by the RST-WCA in collaboration with UNDP. Furthermore, in May 2008, a consultation involving the nine countries was organized by the RST-WCA and UNDP in Ouagadougou, Burkina Faso. Delegations included NACs, line Ministries, civil society and private sectors representatives to review comprehensively the implementation of the “Three Ones”.

Governance of UNAIDS

Page 23 - See Related documentation in FTP under UBW and Cosponsor Decisions regarding the influence of PCB/UBW decisions and policies on the Cosponsors

Page 24- *In this context, it is also important to note that, as with all heads of UN agencies, there is no formal system for assessing the performance of the Executive Director of the UNAIDS Secretariat.*

Even, though this mechanism is justified it is difficult of such an evaluation could be initiated by UNAIDS within the group of UN agencies.

Page 25- *The implication therefore is that the link between programme intentions and PCB decisions is not transparent.*

Page 26- *The PCB requested regular reporting from the secretariat on actions taken on PCB decisions to be reflected in the annual report of the executive director. In terms of whether this request was operationalised, findings from review of PCB documentation are that: (i) The PCB did not clarify which decisions it expected to be covered in the Executive Director reports; and (ii) No Executive Director report from 2004 onwards has included a systematic review of progress organised around specified PCB decisions.*

This is due to the fact that co-sponsors are not fully made accountable for their performance after they have received funds through the UBW mechanism.

The division of labour between the Secretariat, Cosponsors, Agencies and countries

Pages 34-35 – attached supporting evidence – RST/ESA

Regarding the "Division of Labor" Question and the following statements:

- There is little evidence from the case study countries that the DoL has significantly impacted on programming intentions of the individual UN cosponsors.
- There is little evidence from the case study countries that the DoL is known and understood by stakeholders external to the UN or has been useful to them.
- But there is no evidence from the case study countries of the joint team approach or the Division of Labour influencing staffing decisions across the agencies

This section ignores the experience in the EST region, particularly the establishment of joint UN teams and programmes. If I am not mistaken, the attached review of lessons learned and report on a regional consultation with RCs was shared with the evaluation team. While the overall picture might not be ideal, and indeed transaction costs higher in the first stages of rolling out this new way of doing business, the advantages and progress made so far are evident, e.g. (i) on the quality of results framework on AIDS developed by joint teams, (ii) the strengthening of accountability mechanisms through adoption of management frameworks (see attached for the ESA Regional Team on AIDS) and "domestication" of the DoL, (iii) progressive adoption of pool or pass-through funding mechanisms, and (iv) reviews of progress at the output level, etc.

THE ADMINISTRATION OF THE JOINT PROGRAMME –

Page 39-With reference to the Section Q (F) of the document, "The Administration of the Joint Programme", we would like to present some points of clarifications.

Statement:

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

- *'.....administrators are reliant on three differing administrative systems, each based on its own rules and regulations.'*

Response:

In actual fact, UNAIDS operates under two administrative systems. As indicated in the report, UNAIDS has agreements with both WHO and UNDP for the provision of administrative services. There is not a third administrative system. UNAIDS does, however, have its own policies and procedures, examples of which would include our own policies on mobility, diversity, and work/life balance, to name a few. This also includes our own paper-based performance appraisal system, based on the ICSC

framework. It is anticipated that we will move to an electronic performance based system.

Statement:

Staffing and the efficiency and effectiveness of HR management

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

The lack of operational strategies and planning

- *There is no evidence that the secretariat has had any systematic and transparent workforce planning process, which looked across the secretariat as a whole and the balance between staffing at central, regional and country levels.*

Response:

In response to the findings of the five year evaluation and the decision to increase the human resource capacity of UNAIDS at country level, roll out plans were developed beginning with the 2004-05 biennium, which updated the strategy document "directions for the future" prepared in May 2003. Roll out plans were also established for 2006-07, 2008-09. These plans (attachments 1, 2 & 3) were intended to guide the roll out of additional staff in each biennium, by providing details on their assignments in country, the category of skills required and an estimated budget. They identified priority countries and other criteria for the allocation of human resources.

Statement:

Poorly developed HR management systems:

- *'The expansion of staff numbers took place in a context in which staff recruitment systems did not meet what would normally be standards of good practice. For example, recruitment has not been based against clear competency frameworks.'*

Response:

UNAIDS has and continues to use competencies in its selection and recruitment processes.

Since 2000, UNAIDS had defined a set of Core, Managerial, and Functional competencies, which was updated in 2004 for use in Assessment Centers for P4 and P5 staff (UCC and M&E). While the assessment centers were discontinued in 2006, competencies continue to be used in:

1. The preparation of Job profiles and Vacancy Announcements
2. The competitive selection process
3. Training programmes for staff

The attached documents on *vacancy announcements*, *interview forms* (attachments 4 & 5) used by selection panelists and the *selection report* (attachment 6) template generated at the end of the process demonstrate the use of competencies. Also attached is our brochure on the Management Development Programme (attachment 7).

- *'Managers have not had the necessary skills to develop clear competency frameworks and the HR function has not moved proactively to help managers to develop such skills.'*

Competency frameworks are developed by Human Resources in close collaboration with Managers. Work has already begun on revising the competency frameworks starting with the core and managerial functions, which will be complemented by framework for the technical functions (attachments 8 & 9).

- *'.....managers have not had enough training in how to run an effective and rules-based recruitment process.'*

The Selection and Recruitment unit (SRU) within the HRM division has consistently implemented regular training sessions for managers to clarify rules and policies with reference to UNAIDS recruitment processes. These sessions have been variously conducted as standalone information sessions, incorporated within general management programmes and conducted on special request at HQ and country offices (either through work shops at country offices or through videoconferences).

While managers need to be aware of UNAIDS rules and policies on recruitment and selection, they are not expected to **'run'** the recruitment system at UNAIDS. The HRM/SRU team is accountable and is responsible for its effective execution.

- *'The deficiencies in the recruitment systems were also replicated in the internal promotion processes.'*

In UNAIDS promotions require the following: (i) reclassification of the post to a higher level, based on the approved ICSC standards, (ii) the satisfactory performance of the incumbent, as evidenced by the performance evaluation report, and (iii) a review by the Appointment and Placement Committee. Any posts reclassified to two levels higher than the current grade or from the GS to the Professional category require a full advertisement and selection process.

List of attachments: **Related Documents can be found in FTP, under HR Folder**

1. Roll out plan 2004-05
2. Roll out plan 2006-07
3. Roll out plan 2008-09
4. Samples of vacancy announcements
5. Samples of interview forms
6. Sample of selection report
7. Brochure on the Management Development Programme

8. Inventory of UNAIDS competencies and benchmarks
9. Achieving results through a competent workforce: UNAIDS core and managerial competencies

Page 39: reads as follows: "In general, both WHO and secretariat interviewees agree that the relationship works relatively well and that a productive *modus operandi* is in place, which has allowed the secretariat to maintain independence, despite it legally remaining part of WHO."

Suggest a change to the final words in this paragraph as follows:

"In general, both WHO and secretariat interviewees agree that the relationship works relatively well and that a productive *modus operandi* is in place, which has allowed the secretariat to maintain independence, *despite its continued reliance on administrative support from WHO and UNDP.*"

Involving and working with civil society

Page 45 - The statement that there is limited evidence to assess the impact of civil society inclusion on national responses is contentious. There has been a strong body of evidence on this issue including numerous assessments in specific national contexts.

Page 46 - Cannot and must not evaluate engagement of civil society in dollar terms – need to include qualitative indicators that measure meaningful engagement.

Gender

P.50 - 55 - Although most of the observations on gender are correct especially the lack of common UN guidance platform, significant support has been provided in ESA to address these:

At the country level, gender focal points in the UNAIDS secretariat and cosponsors work together in gender technical working groups to ensure common understanding and guidance to the UN joint team and national stakeholders on priority gender issues in relation to HIV.

The involvement of these technical resources in the UN joint teams improves joint planning thus reducing the separation between planning around gender and planning around HIV.

At least 10 countries have undertaken comprehensive analysis of their epidemics particularly looking at what might underlie the variation in the epidemics within the country (in terms of regions as well as population groups) and this has led to much more practical response to the gender-related dynamics influencing vulnerability to and impact of infection.

Kenya, Lesotho, Mozambique, Swaziland and Uganda have responded to findings from their recent epidemiological syntheses and modes of transmission studies by giving greater priority to advocacy for targeted services (including information and testing) for men and women in long term relationships to address the vulnerability in this large and generally neglected population segment.

The persistent disproportionate distribution of infections in young women (aged 15 – 24 years) in ESA has been examined more closely in the region through comprehensive reviews of published evidence commissioned by UNAIDS to lead to key issues briefs from leading researchers to inform action around gender-related vulnerability. Detailed reports from the UNAIDS commissioned analysis are available at:

<https://articleworks.cadmus.com/doc/926318>

UNAIDS, UNIFEM, UNDP and the World Bank convened a regional meeting of government and country level UN system gender focal points to ensure a common understanding of the epidemic in the region. This body of leading gender resource persons will be convened on a regular basis to ensure continued common understanding and quality of guidance and integration of gender in AIDS response

The UNAIDS Secretariat has provided direct support to countries (civil society groups in particular) to ensure stronger gender analysis in their areas of support to national response and integration of this analysis in Global Fund proposals (provided in Rd 8)

Page 54-55 - It would be useful additionally to refer to UNAIDS responses in relation to sexual minorities as detailed in attachment 2 here (included in the new UNAIDS action framework on MSM and Transgender populations).

Technical Support to National AIDS Responses

See Related Documentation under Technical Support Folder in FTP

In WCA, UNAIDS has been actively providing institutional and technical support to countries as well as to regional organizations. Since 2005, the capacity to respond to requests for technical support has increased. More and more countries are approaching UNAIDS Country Offices to benefit from the enhanced quality and available flexible technical support. The establishment of the TSF in WCA led to increased demands from countries as well as improved capacity of the RST to respond to those. Between June 2008 and November 2008, 32 assignments were undertaken in 11 countries with 76% of demands emanating from different ministries, CCMs, NACs and regional entities (ECOWAS, UEMOA, Lake Chad Initiative) and 30% of requests originating from civil society and multilateral organizations (UNICEF, UNDP...).

Moreover, there is a recorded increase in technical support requests from cosponsors in the region, demonstrating an improved working relationship and coordination within the UN system as well as recognition of the TSF quality service and added-value.

Efforts have started to improve planning and coordination of technical support. In recent years, most technical support requests in the region are initiated by countries which are increasingly aware and able to articulate their technical support needs. Some countries have developed a technical support plan to ensure a well coordinated roll-out of technical support, when and where needed (Benin, Niger, Gabon and Côte d'Ivoire are in the process of developing technical support plans). The number of requests for technical support for GFTAM proposal writing and implementation has increased as more and more countries are committed to receive funds to improve national AIDS response.

Coordination of other technical support is ensured through different regional mechanisms mainly through the Joint UN Regional team on AIDS or other technical support platforms: joint missions, joint reviews of strategic plans, country by country technical support needs assessment, regional GIST, quality support peer support group, ASAP.

There has been a net improvement in the quality of technical support provided to countries and regional organisations: improved access and quality, better leverage of available resources and comparative advantages, regional and national capacity building including for technical support planning and management.

Thanks to the strong and continued advocacy from UNAIDS and other partners, there has been a significant increase of resources mobilized for AIDS. Over the period, UNAIDS has deployed tremendous efforts (financial and technical) to support countries accessing those resources and 'making them work'. This has included support for all stages of grants' cycles:

- the development of quality proposals submitted to the GFTAM, MAP and UNITAID;
- the provision of strategic knowledge, policy advice and technical expertise on AIDS
- the strengthening of national institutional capacities to coordinate those resources (NACs, CCMs, civil society etc...);
- problem solving during implementation for the effective use of resources (e.g., procurement, management, M&E) through a regional GIST mechanism and various joint missions to address specific bottlenecks at the request of countries or partners and;
- monitoring of grants' performance.

This has been especially important and strategic for national AIDS responses in the WCA region. Indeed, the region is often handicapped by limited access to resources and most of its AIDS resources now come from the GFTAM. Building on the existing regional collaboration, this has been done through strong regional coordination mechanisms including regular communication between partners (facilitated by UNAIDS Secretariat), peer review processes and joint missions for direct results in countries.

UNAIDS support has focused on the following areas:

- Development of capacities through regional training workshops on GFTAM grant proposal development for national actors, including civil society and the private sector, jointly organized by the UNAIDS Secretariat with WHO, UNICEF, WFP, USAID, GTZ, ESTHER, Africaso, AWARE/HIV, GFTAM and TSF. This was done for round 7 (May 2007), round 8 (March-April 2008) and round 9 (May 2009).
- Regional peer review committee of proposals led by UNAIDS Secretariat with WHO, UNICEF, WFP, ILO, USAID, AFRICASO and the TSF. This was done for round 7 (reviewed of all proposals prepared in the region, specific consultations held with RCA, Côte d'Ivoire, Niger, Benin and Burundi), round 8 (reviewed and provided recommendations to 9 countries: Mali, Madagascar, Comores, Togo, Cape Verde, Gambia, Côte d'Ivoire, Chad, Nigeria) and round 9 (reviewed 13 proposals: Nigeria, Benin, Senegal, Côte d'Ivoire, Congo, Guinea, DRC, Niger, Chad, Cameroon, regional Mano River Union, Burkina Faso, Sierra Leone, Togo, Africaso regional).

- Problem solving for implementation of GFTAM grants and making the money work was provided through regional workshops, joint missions or technical support in a coordinated and increasingly proactive manner by identifying and proposing solutions for bottlenecks building on synergies in technical expertise available in the region. This was organized by the UNAIDS Secretariat with WHO, UNICEF, UNDP, USAID, GTZ, UNFPA, GFTAM, ILO, TSF, USAID, ESTHER, AFRICASO, PCS, AIDS ALLIANCE.

Some examples include:

- in 2006, joint support/mission provided on request to solve technical obstacles to implementation (Guinea Bissau, Niger, Nigeria, Senegal and Togo).
- round 7: Côte d'Ivoire, Niger (grant negotiation, identify challenges for round 8), Togo (develop a roadmap for CCM functioning and ARVs and prepare round 8 eligibility), Central African Republic (negotiation and transfer of principal recipient).
- round 8: country by country review of performance progress, recommendations and roadmap developed to support countries such as in Gambia (roadmap for round 8).
- Various rounds: Cameroon (CCM functioning roadmap, emergency fund for CCM made available), cross-border initiatives resulting in the lifting of the GFTAM grant suspension.

In addition, the UNAIDS Secretariat and the World Bank conducted 4 high-level advocacy missions to mobilize leaders to intensify HIV prevention and access to treatment, identify bottlenecks and propose solutions to improve effective and appropriate use of available resources (Senegal, Niger, Ghana and DRC).

- All this coordinated support to improve countries' access to funding has paid off as shows the increase of demand of support from countries and success rate with GFTAM applications: indeed, for round 8, a success rate of 59% was achieved (approved total lifetime budget amounting 1,186,423,837 USD) which represents 43% of all approved budget for WCA region since the GFATM has been created. There is also evidence of a progressive building up of capacities for quality proposals submitted to the GFTAM for each round with a ratio investment of 0.11%. (support expenditures/total grants' upper ceiling for 5 years). In 2008 only, the WCA TSF provided 317 days of consultancy to 15 countries in support to grant implementation, for a total budget of 264,140 USD provided by the US Government (OGAC Funds). The average cost per mission was 17,609 USD for 21 days (average of daily cost of 833 USD).

P.56 - UNAIDS Secretariat and Cosponsors individually have provided a wide range of technical support

The TSFs provide technical support (pg 57) for a range of organizations including CSOs (national and international), regional institutions, NACs, Government Departments and UN Agencies and not just to NACs and CCMs as stated.

TA is provided by the TSFs in a much wider range of areas than GF processes and M&E (pg 57) The majority of work is in: Strategic and Operational Planning (working closely with ASAP), Resource Mobilization, Management, Costing and Budgeting, M&E, GF Implementation Support.

The RST agrees that the relationship between the TSF and regional cosponsors needs to be strengthened (pg 57). This is being addressed in the re-tendering process with the extensive involvement of cosponsors. Challenges have existed due to restructuring

processes within some of the co-sponsoring agencies, but with these processes finalized there have been discussions and presentations with agencies on working with the TSFs.

P. 57 - Cosponsors are not directly involved with the TSFs or orientation of TSF consultants and expressed concerns about TSF 'mission creep', indicating that there is a need for dialogue and more effective communication about the role of the TSFs.

This is not the case in WCA where cosponsors regional offices, such as UNICEF and UNFPA are using the TSF for their operations. We should note that UNICEF has decided to use TSF WCA flexible mechanisms to recruit former, retired UNICEF representatives as coach for new representatives.

The UNDP Regional Service Centres no longer exist.

P.57 - The TSFs which are viewed as specific to the UNAIDS Secretariat have mostly provided technical support to NAC and CCM for global fund processes and in some regions for M&E.

There are others technical areas covered by TSF in WCA such as NSP development and costing, institutional development of NAC, etc.

P. 57 - Focus on quality of M&E appears to be limited and, with the exception of Iran and Vietnam, there are few examples of use of data to change activities:

There are countries in West and Central Africa, (like Senegal and Ghana) where the findings of NASA exercise supported by UNAIDS lead to the development of new prevention activities targeting MSM and /or Orphans.

P. 57 - The role of the Knowledge Hubs, which were established with GTZ support to support Global Fund implementation, is generally less well understood and there are some concerns about duplication.

It is important to clarify that this is not the case within the UNAIDS family, as many assessments underline the fact that the division of labour is being implemented.

There is scope to improve planning and coordination on technical support

P.58 - The RST does not agree with the statement that "overall planning of UNAIDS technical support is weak". There has been significant progress in planning for TA in UNAIDS workplans and within UN Joint Plans.

Technical support planning is a relatively new area of work for UNAIDS with four pilots taking place in this region (Ethiopia and Swaziland were not part of the pilots)

Coordination of technical support is seen as a critical issue by the RST ESA and there have had two consultative meetings to address this 1) Planning meeting with regional Technical Support Providers for coordinated and increased support to CSOs Nov 2008 2) Interagency Reference Group on Technical Support in Feb 2009. In addition the RST has commissioned a study on technical support in the ESA region with recommendations on greater coordination of TA to country Partners (May 2009)

P. 58 - Overall, planning of UNAIDS technical support is poor. This is often due to the lack of clear government plans – of the 12 countries visited, only DRC and Peru have developed a national technical support plan. Evidence from country visits shows that,

with the exception of Papua New Guinea and India, technical support needs assessments have not been conducted.

The Technical Support needs assessment is the 1st step in the development of a TS plans. There was one conducted in DRC. It is also important to note that Mali and Burkina Faso have also developed TS plan.

P.58 - *Uncoordinated data collection remains a problem, in particular with regards to PEFFAR and the Global Fund but also within the UN, for example, separate requests to countries from UNAIDS Secretariat for UNGASS reporting and from WHO and UNICEF for health sector Universal Access reporting.*

The problem of uncoordinated data collection was tackled in 2009 with the Joint Memo signed by UNAIDS/UNICEF and WHO for joint reporting on Universal Access- Health Sector response

P.58 - *Efforts have also been made to improve coordination at regional level. For example, the Regional Support Team for East and Southern Africa has established an inter-agency reference group of technical support donors and providers in the region to improve coherence. Although there are still concerns about the multiple providers in the region, coordination and clarity about respective roles is improving.*

There is a reference group in West and Central Africa.

It is surprising to see no example of the numerous initiatives for technical support coordination in WCA. Mechanisms and initiatives to enforce the coordination of technical support exist. They have been put in place by RST WCA: Existence in the region of a strong coordination mechanisms through the JURTA; Country-by-country technical support need assessment ; Joint review of the national strategic plan; Joint country missions; Joint teleconference with TSF, UCCS and country partners; Establishment of technical assistance group within JURTA; Proposal development at regional level, through teleconference; Technical support advisory Group, which is the role of reference group on technical support issues; Coordination in the provision of TS between UNAIDS, TSF, ASAP have been well documented; RST participation in annual planning of WHO inter country team.

Technical support is valued by not systematically evaluated

P.59 -The technical support provided by the RST ESA has been well tracked and monitored (pg 60) This includes RBM training and support for implementation in 5 countries, NASA undertaken in 5 countries in the region; support for regional CS organizations

TSFs have monitored impact but they have also all been evaluated externally (TSF SA, September 2007 and TSF EA, April 2008)

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

P.60 - It is important to acknowledge that UNAIDS RST-ESA has working collaboratively with World Bank (GAMET) for over three years. Specifically what prompted this

relationship was the duplication as a result of a plethora of M&E efforts in the ESA countries and accompanying this, the reporting demands from various partners;

In response The Bank and the Secretariat jointly led the development of the 12 component framework on M&E, which is now a MERG endorsed framework;

Together The Bank and the Secretariat played a vital role in informing and leading on the development of the Global M&E strengthening Assessment tool (this heavily borrows from existing tools previously implemented by the Global Fund, PEPFAR, and other US funded entities);

UNAIDS together with GAMET, USG, JICA, the Global Fund and others, are currently developing a regional generic training curriculum on M&E;

The 2008 Universal Access report on Health was jointly managed by UNAIDS, UNICEF and WHO to reduce the burden on countries (all subsequent data processes and final report production will be managed jointly);

UNAIDS continue to work very closely on other key priorities of the region, in particular prevention (ie. development of the incidence measurement guidelines and MCP M&E framework)

***P.60** - The M&E Digest is the quarterly newsletter of the UNAIDS Monitoring and Evaluation Division. It was launched in early 2009 to enhance communications and coordination between headquarters and the field as well as between the ten UNAIDS co-sponsors. The M&E Digest serves as a platform for knowledge sharing around monitoring and evaluation of the HIV epidemic and response – providing state-of-the-art information, tools and news from the country, regional and global levels. While managed at headquarters, it relies on input from the field to share information and progress towards reaching the goal of universal access by 2010 and the MDGs by 2015. The Digest is disseminated in hard- and softcopy to UNAIDS staff and to the relevant M&E networks and co-sponsor colleagues.*

Related Documents can be found in FTP under M&E folder

Human rights

The evaluation report highlights the effectiveness of UNAIDS in some areas but mentions the lack of a clear strategy for civil society's involvement. In the WCA region, a strong regional collaboration has been developed between regional civil society networks and the Joint UN regional Team on AIDS (JURTA). Those networks are: AfriCASO (AIDS NGO network), SWAA (Women), RAP+ (People Living with HIV with 14 national networks in the WCA region), l'Alliance des religieux (religious), RAJS (youth) and the media network. This collaboration has led to a clear strategy which includes:

- Capacity building for regional and national networks of PLHIV or NGOs to strengthen their meaningful participation in national responses, e.g.,:
 - participation in NACs, CCMs, national consultations on universal access, Three Ones, strategic planning processes, access to technical support, (e.g., in Mali where one third of the CMM members are from civil society).

- Support to regional, sub-regional and national networks of vulnerable populations and PLHIV (Nigeria)
- Involvement of specific groups in trainings and consultations (PLHIV, MSM, women, disabled, youth, religious).
- Participation in resource mobilization, developing GFTAM proposals and grant management (Senegal, Cote d'Ivoire, Benin, Cameroun, Guinea Conakry, Burkina Faso and Niger) as well as facilitation of interaction between fora of PLHIV and GFTAM sub-recipients forum (Cameroun).
- Organizational support for groups of PLHIV through UNAIDS country offices (e.g., Cameroon, Senegal, Liberia, Côte d'Ivoire, Togo, Equatorial Guinea) and conflict resolution between rival networks (DRC, Côte d'Ivoire, Cameroon and Senegal).

- Financial support and resource mobilization through joint financing such as to the religious leaders' network (joint support with UNICEF), PLHIV networks and youth networks (with UNFPA). A special effort has also been made to ensure that PAF resources are strategically utilised, through UNAIDS cosponsors, to support capacity building of civil society groups, especially PLHIV, women and the youth. As a result of capacity building efforts, some civil society groups have become principal/sub-recipients of GFTAM grants (e.g., PLHIV network in Burundi, Togo, and Senegal).

- Provision of strategic information on new HIV developments: Three Ones, universal access, GFTAM application and other processes, GIPA, scientific knowledge, policies or other strategic information on vulnerable groups.

- Advocacy, facilitation of and support for civil society's meaningful participation to high-level leadership events as well as international and regional conferences: e.g.; Abuja meeting of African Heads of states on AIDS, international AIDS conferences, ICASA, UNGASS and related reporting such as through AfriCASO (regional consultations on an African civil society progress report), Regional Economic Commission, UNAIDS PCB and GFTAM boards.

Common objectives and deliverables on civil society engagement do exist in the joint regional programme in WCA region and countries such as Ghana and Mali. However, there are important differences in capacities and needs of civil society organisations and their recognition by other partners as valuable actors in the response across countries. Hence, a 'one size fits all' strategy would not be appropriate or effective.

Over the past few years, the organisation of PLHIV through national and regional networks has significantly improved in the WCA region: 20 countries in WCA now have a functional network of PLHIV which participate actively in the national AIDS response (members of CCMs, NACS or recipients of GFTAM grants). This allows for a better understanding of the epidemic and social implications for communities, better promotion and protection of human rights and other policy area (legal issues, universal access challenges) as well as stigma reduction through positive living.

Stigma and discrimination:

P.62 -The findings are seen as fair and accurate. In terms of the call for practical action "including establishing clear, achievable objectives", this has in some senses been done through the development of the guidance document "Reducing HIV Stigma and

Discrimination: a critical part of national AIDS programmes; A resource for national stakeholders in the HIV response”

(http://data.unaids.org/pub/Report/2008/JC1420_stigmatisation_en.pdf) .

The major challenge now is to support national AIDS responses to get these programmes implemented at an appropriate scale and quality, and evaluated in terms of their effectiveness.

In terms of measurement and advocacy, work is ongoing to support implementation of the “People Living with HIV Stigma Index” (<http://www.stigmaindex.org/>) in Bangladesh, China, Ethiopia, Fiji, Kenya, Nigeria, Pakistan, Thailand and Zambia. The Stigma Index is a tool by and for people living with HIV, to document their experience of stigma and discrimination. The results will need to be used strategically to support a programmatic agenda to address stigma and discrimination.

Work is also ongoing to bring partners together to rationalise and make more consistent various measurement tools.

Law and legal frameworks:

P.63 - While the findings are viewed as correct in that there is often little *visibility* to the work in this area, the UNAIDS Secretariat has been active behind the scenes, despite limited resources. For example, in terms of law reform, comments have been provided on draft laws by UNAIDS Geneva, with UNAIDS country staff supporting use of the comments by national counterparts (e.g. Armenia, Mauritius, Tanzania, Uganda, Ukraine). In West and Central Africa, UNDP and the UNAIDS Secretariat have worked together closely and intensely, with national and regional partners, to help address problematic, overly-broad legal provisions criminalising HIV transmission and non-disclosure.

In terms of access to justice for people living with and affected by HIV (i.e. protective/supportive law that is used and enforced), there is agreement that more needs to be done in this area. The UNAIDS Secretariat has promoted civil society use of law in the context of the AIDS response. In 2006, together with the Canadian HIV/AIDS Legal Network, the UNAIDS Secretariat published “Courting Rights: Case Studies in Litigating the Human Rights of People Living with HIV”, a collection of court cases highlighting how litigation has been used by advocates to advance the AIDS response. UNAIDS Secretariat and UNDP have supported the development of AIDSLEX, a network and resource for HIV legal practitioners, in follow up to a one-day pre-conference satellite at the International AIDS Conference in Toronto (2006). Through the UNAIDS Technical Guideline for Global Fund HIV Proposals, the UNAIDS Secretariat has been promoting the inclusion of legal aid and other services towards greater access to justice as part of national AIDS programmes and funding proposals

(http://www.who.int/hiv/pub/toolkits/2-2a_HumanRights&Law_Jan09EN.pdf)

The UNAIDS Secretariat has also mapped programmes to increase access to justice in national responses in 56 countries to interrogate whether they are fully planned and budgeted, and is in the process of developing programmatic and funding guidance on these. Draft guidance on legal services programmes has been developed with the International Development Law Organization.

Respective roles of UNDP and the Secretariat:

P.63 - As noted in the findings, there is agreement between UNDP and the Secretariat about which aspects of the UNAIDS human rights work each will focus on, and indeed there is a good working relationship. It is worth noting that UNDP has recently attained its full HIV staffing complement in New York and in the regions, which will enable them to better support country-level staff and national partners. However, recommendations that would explicitly support country work – with the necessary political space and physical country presence with HIV and human rights expertise – are seen as useful.

The provisional findings seem to indicate that there is need to better communicate the respective roles of the UNAIDS Secretariat and UNDP on HIV and human rights, and we agree with this and look forward to doing so in the context of the UNAIDS Outcome Framework and the eventual final report of the Second Independent Evaluation.

P.63 - says UNDP recently assumed lead agency role for human rights. Note however that this UNDP had lead role for human rights and gender since the initial division of labour (August 2005). See here:

http://data.unaids.org/una-docs/JC1146-Division_of_labour.pdf

(Note also typo in last para of p63: “discrete” should read “discreet”.)

Inconsistency in addressing human rights at country level:

P.64 - The UNAIDS Secretariat recognises that there is inconsistency in addressing human rights at country level, and is very interested in the findings based on discussions with a range of stakeholders and several country visits. Recommendations based on such findings will support UNAIDS to strengthen its work on human rights, and the capacity and commitment of UNAIDS Secretariat and Co-sponsor staff, particularly in the context of the new UNAIDS Outcome Framework.

It would be helpful to elaborate some of the country case examples in the findings to illustrate some of the specific differences in policies and positions between the UNAIDS Secretariat and some of the Co-sponsors in country. It would also be useful to illustrate the extent to which the “HIV colleagues” within Co-sponsor organisations may have policies and positions that differ with other technical departments within their own house. This aspect does not come out clearly in the findings.

Leadership concerning key populations:

P.65 - The UNAIDS Secretariat very much agrees that there has been to large extent a focus on services for and by key population groups, and neglect in terms of support to advocacy. This, however, has been a failure in terms of UNAIDS not being able to adequately influence funders and CCMs towards dedicated support for advocacy.

P. 65 - *In Ethiopia, the UNAIDS Secretariat and UNFPA have started to engage with sexual minorities, but the focus of engagement is on access to services rather than broader rights or representational issues.*

Similarly, in West and Central Africa, UNAIDS has supported efforts for the protection of the rights of members of sexual minorities in several countries including Senegal, Nigeria and Burundi.

General Comments

Methodology – the country level conclusions are based a case study of 12 countries, yet the conclusions are bold and far-reaching. By the evaluation’s own admission, 80 Theme Groups and 85 Joint Teams exist – the case studies should have been more varied, this would have helped to provide evidence of the conclusions that are freely made.

If the value of UN work is at country level, the evaluation team should have focused more on the country level work and gather evidence on the including the one pilot countries – this would have mean covering more countries

The choice of the case study countries needs to be explained – who were interviewed at country level etc. What was the interaction with RSTs and the RDTs

In several instances, the evidence assembled is inconsistent with the conclusions.

It is not clear if the Evaluation team had access to UCO annual reports which summarizes some the achievements and results at country level

Several issues that UNAIDS is measured against are emergent issues (e.g. contribution to health systems strengthening etc) for which UNAIDS was never set up to do. Because there are emergent issues, they have not been around long enough for UNAIDS to be judge against.