

MAKING THE MONEY WORK

through greater UN support for **AIDS** responses

The 2006-2007 Consolidated UN Technical Support Plan for AIDS



Joint United Nations Programme on HIV/AIDS

UNAIDS

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**Making the money work
through greater UN support for AIDS responses**

The 2006-2007 Consolidated UN Technical Support Plan for AIDS

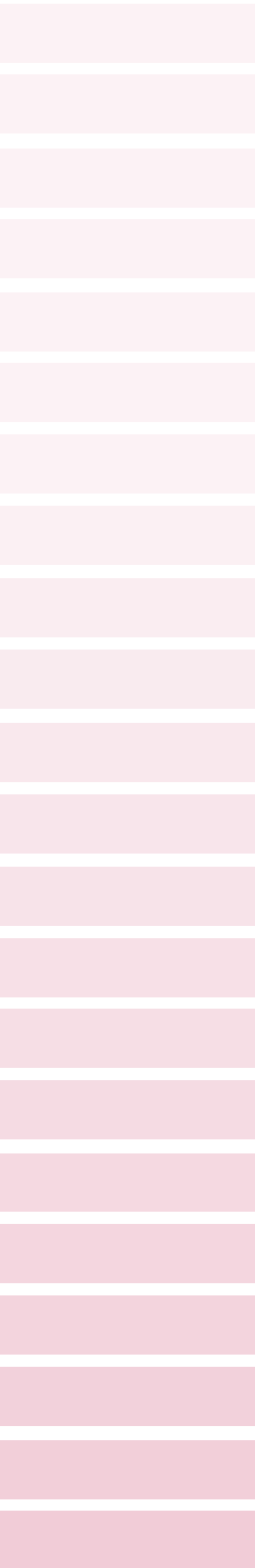
August 2005

Acronyms

| | |
|-------------|--|
| AMDS | AIDS Medicines and Diagnostics Services |
| CCM | Country Coordinating Mechanism |
| CCO | Committee of Cosponsoring Organizations |
| DFID | Department for International Development (United Kingdom) |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GIST | Global Joint Problem Solving and Implementation Support Team |
| IDU | Injecting Drug User |
| ILO | International Labour Organization |
| MAP | Multi-Country HIV/AIDS Program |
| M&E | Monitoring and Evaluation |
| NAA | National AIDS Authority |
| OVC | Orphans and Vulnerable Children |
| PAF | UNAIDS Programme Acceleration Funds |
| PEPFAR | US President's Emergency Plan for AIDS Relief |
| PCB | UNAIDS Programme Coordinating Board |
| PMTCT | Prevention of Mother-to-Child Transmission of HIV |
| PRSP | Poverty Reduction Strategy Paper |
| RST | UNAIDS Regional Support Team |
| TSF | UNAIDS Technical Support Facility |
| UCC | UNAIDS Country Coordinator |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nation Children's Fund |
| UNODC | United Nations Office on Drugs and Crime |
| WFP | World Food Programme |
| WHO | World Health Organization |

Table of Contents

| | |
|--|----|
| Acronyms | 2 |
| Table of Contents | 3 |
| Executive Summary | 5 |
| 1. Introduction | 10 |
| 2. Why is the UN Technical Support Plan required? | 13 |
| 2.1 The need for scaled-up technical support: the crisis of implementation | 14 |
| 2.2 The demand for UN technical support and the benefits of coordination | 15 |
| 2.3 Problems with the present technical support system | 16 |
| 3. The detailed UN Technical Support Plan | 18 |
| 3.1 Strategic planning, governance and financial management | 18 |
| 3.2 Scaling-up interventions | 20 |
| Prevention | 20 |
| Treatment, Care and Support | 22 |
| Addressing HIV in Emergency, Reconstruction and Security Settings | 25 |
| 3.3 Monitoring and evaluation, knowledge sharing and accountability. | 26 |
| 3.4 Implementation Support Services. | 29 |
| 4. Management, oversight and accountability of technical support | 30 |
| 4.1 Implementation and oversight arrangements | 30 |
| 4.2 Funding mechanisms | 31 |
| 4.3 Accountability and reporting | 32 |
| Annex 1 UN Technical Support Division of Labour Matrix | 34 |
| Annex 2 Priority countries for technical support | 35 |



Executive Summary

The problem? Weaknesses in the technical support system

The substantially increased financial resources now available for the global response to AIDS provide a unique opportunity to accelerate national responses to the epidemic. However, the AIDS epidemic is a global crisis of extraordinary dimension, depleting capacity faster than it can be replenished. As such, many countries face tremendous difficulties in utilizing the increased funding for scaling up HIV programmes. Capacity gaps in many programmatic areas have indeed been identified as major obstacles to implementation and achievement of programme goals.

The facilitation and provision of technical support is critical to country-level efforts to address these capacity gaps and implementation bottlenecks in the expansion of prevention, treatment and care interventions. However, the international funding community has not devoted a sufficient amount of resources to this technical support work. For example, the Global Fund to Fight AIDS, Tuberculosis and Malaria was established as a purely financial instrument, assuming that the United Nations system would provide technical support to countries in grant implementation. However the UN has not been provided the necessary financial means to support the new grant programme.

Evidence suggests that a significant number of countries encounter difficulties in meeting the Global Fund performance targets and are at risk of losing (part of) Global Fund phase two grants. In countries where the UN has been able to provide technical support to the preparation of Global Fund grant proposals and their implementation, these grants have outperformed others that did not receive support. Moreover, those countries which have received well-coordinated UN technical support have performed even better.

The global community faces a challenge. The current system for channelling and utilizing nationally and internationally available resources for technical support is presently performing inadequately. In particular, the system suffers from insufficient needs assessment; poor national leadership affecting prioritization of technical support needs; poor allocation of funds; poor coordination between technical agencies and between providers and funders; and poor utilization of local and regional technical support capacity.

The Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors recognized this challenge. It underlined the urgent need for agencies and donors to better coordinate, harmonize and align support around country systems, including technical support. The Global Task Team therefore called for major changes to the way in which agencies interact with each other and with countries in the provision of technical support. Among other things, it requested the Joint United Nations Programme on HIV/AIDS (UNAIDS) to clarify and cost a UN system division of labour and better assist countries to unblock available funds.

The proposed solution: a Consolidated UN Technical Support Plan for AIDS

A Consolidated UN Technical Support Plan for AIDS has been developed to accelerate and improve implementation of global funding initiatives and thus make the money work. It addresses many of the weaknesses of the prevailing technical support system. Based on the comparative advantages of

¹ Countries were included which fulfilled at least one, but usually more, of the following criteria: (1) recipients of Global Fund support; (2) recipient of MAP support; (3) recipient of PEPFAR support; (4) designated a 'high priority' by WHO '3 by 5' Initiative; (5) possible PRPS adopter; (6) identified as 'fragile state' by DFID/Global Fund; and (7) UNAIDS priority.

the UNAIDS Cosponsors and Secretariat, the Plan anticipates the technical support required by 45 high-priority countries¹ during 2006-2007 and provides a 'menu' of UN-provided or UN-facilitated interventions available to countries to scale up their national response to AIDS. The requirements are based on information gathered from countries, global funding initiatives and expert judgment of the bottlenecks presently hampering programme implementation that could be unblocked with technical support not presently budgeted for nor financed through existing UNAIDS commitments. As a next step, national stakeholders will jointly identify specific technical support requirements at the country level to ensure national ownership² and a demand-driven approach.

The Plan builds on the UN Division of Labour for HIV Technical Support, including the concept of a UN Lead Organization responsible for coordinating the provision and/or facilitation of technical support for each of 17 technical support areas covered by UNAIDS³. This concept aims to enhance the efficiency of the UN system; as such it furthers the UN reform agenda.

The plan will be presented at the Global Fund replenishment conference on 5 and 6 September 2005, to link the unmet funding requirements for provision of technical support to address implementation bottlenecks to the wider unmet funding need of the global AIDS response.

What will it cost? And what is not included?

UNAIDS most recent estimates of global resource requirements for AIDS prevention, treatment and care, support for orphans and vulnerable children as well as programme and human resource costs amount to US\$ 15 billion in 2006, US\$ 18 billion in 2007 and US\$ 22 billion in 2008. Current UNAIDS projections estimate that US\$ 18.9 billion in AIDS funding will be available for 2006 and 2007⁴.

Using average-cost estimates for the delivery of set technical support interventions, the Consolidated UN Technical Support Plan for 2006-2007 estimates the cost of meeting the anticipated additional technical support requirements within the areas of UNAIDS' comparative advantages for 45 priority countries⁵. The total cost of the plan is estimated to be US\$ 166.4 million (value stated in 2005 dollars). This represents 0.5% of the total resources estimated to be required for the AIDS response during 2006-2007, and 0.9% of the estimated available funds during those two years. Within the US\$ 166.4 million, US\$ 46.9 million has been allocated to strategic planning, governance and financial planning; US\$ 84.0 million to scaling up interventions; US\$ 20.3 million to monitoring, evaluation and accountability; and US\$ 15.1 million to strengthening supportive mechanisms, including joint problem solving and implementation support at country and global level.

The planned appeal represents funds additional to those already reflected in the 2006-2007 UNAIDS Unified Budget and Workplan. Also, the Consolidated UN Technical Support Plan does not address all funding needed for UN agencies to fulfil their technical mandates, and should therefore not inhibit additional resource mobilization efforts.

The Plan only includes costs directly related to the provision of technical support in any given country. Expenditures not included in the Plan are costs for core staff of the UNAIDS organizations involved,

² National ownership is defined to include government, civil society and other national stakeholders, who are providers and/or beneficiaries of the AIDS response

³ UNAIDS, UN Technical Support Division of Labour, Summary and Rationale, Geneva, July 2005.

⁴ UNAIDS, Resource Needs for an Expanded Response to AIDS in Low- and Middle-Income Countries, UNAIDS, Geneva, August 2005

⁵ The UNAIDS Cosponsors and Secretariat agreed to select a limited number of priority countries to enhance optimal utilization of technical support funds. It was however recognized that some interventions, such as those targeting Injecting Drug Users (IDUs) and youth in educational institutions, will require inclusion of other relevant countries, in accordance with their epidemiological profile. UNAIDS Cosponsors and Secretariat therefore decided to focus their attention on the mentioned priority countries, but not to limit themselves to those countries.

purchase of commodities and equipment, infrastructure development, costs for implementing programmes (including the national human resources necessary to run programmes), and operational costs of the regional/international facilities which provide technical support. Activities supported through the Unified Budget and Workplan and individual agency core funding were also excluded.

Innovation and benefits

The Consolidated UN Technical Support Plan marks a significant departure from past approaches in nine important respects.

1. The plan provides, for the first time, a unified and consolidated UN-sourced technical support plan to address implementation bottlenecks (in contrast to the presentation of piecemeal, parallel and sometimes competitive plans and appeals in the past).
2. The plan is based on an explicit and rational division of labour underpinned by an analysis of the comparative advantages of each of the Cosponsors with respect to addressing specific implementation bottlenecks.
3. The Lead Organization approach provides national stakeholders with clarity regarding which UN organization should be contacted for each specific technical support requirement, as well as a means to hold one organization accountable for the UN's provision of high-quality technical support.
4. A unified budgetary mechanism, building on the UNAIDS Programme Acceleration Funds (PAF), will be used to finance the additional technical support⁶.
5. The technical support within the Plan will be provided directly by UNAIDS Cosponsors and—where needed—purchased from local, regional and international organizations, both public and private. Implementation of the Plan will thereby contribute to the development of regional technical support capacity and South-South cooperation. In other words, the Plan will be implemented by both UN and non-UN technical support providers including, critically, civil society organizations (CSO).
6. The mechanism developed to identify, supply, manage and evaluate technical support introduces new quality assurance procedures. In particular, the purchasing of all technical support will be subject to a number of safeguards, which will include an external review of products and services to improve the quality of technical support provided, as well as manage real and apparent conflicts of interest.
7. The Plan establishes an explicit balance between technical support addressing prevention and treatment and care interventions.
8. The UNAIDS Cosponsors and Secretariat agreed to focus their attention on a limited number of priority countries to enhance optimal utilization of technical support funds.
9. A Global Problem-Solving and Implementation Support Team (GIST) has been established to support inclusive country-level technical needs assessments, and strengthen links with regional and global level stakeholders to address those needs.

⁶ A PAF working group has been established and is currently working on a proposal for the mechanism to channel funds for the additional technical support. Recommendations are expected to be available by the end of August.

Does the Plan provide good value for money?

The Plan provides excellent value for public expenditure as a result of the multiple benefits it provides and the costs that it reduces for various stakeholders. Investments in technical support enable higher and more sustainable returns from investments in AIDS interventions by:

- unplugging blockages, reducing the amount of committed but idle funds. Such investments also yield positive externalities beyond the AIDS sector by strengthening planning, management and service-delivery systems.
- Coordinated technical support from the UN has been demonstrated as a key determinant of the success of AIDS interventions. For example, a recent analysis of Global Fund proposals undertaken by WHO and the UNAIDS Secretariat revealed that the success rate for those components which received WHO or Secretariat technical support after a previous failure was 60% higher than those that did not. Moreover, three out of every four proposals in which the two agencies coordinated their technical assistance were successful—50% higher than for either agency acting alone. Investment in UN mechanisms to coordinate technical support will arguably yield yet higher returns.
- The Lead Organization approach to UN-sourced technical support reduces transaction costs for clients by minimizing duplication of efforts, reducing the time it takes to provide technical support, and ensuring that an appropriate provider is selected. Investment in a UN-managed system which sources quality technical support from both UNAIDS organizations and the wider universe of providers—such as technical support networks, civil society and private sector—through an inclusive process will increase the quality of the technical support and ensure it is competitively priced.
- Investments in a consolidated UN plan reduce transaction costs borne by donors managing multiple and sometimes duplicative UNAIDS technical support providers. The Plan will also reduce costs to the UN through standardization of procedures, particularly channelling of funds and reporting formats.

How does the Plan support the “Three Ones” principles?

The Plan’s strategic approach to scaling up the provision of technical support will support key actions to put the “Three Ones” principles into practice. As noted above, the Plan inspires national ownership through a demand-driven approach to service delivery. Evidence suggests that many countries will require technical support to improve the governance framework in which the national response is conceived and executed. Therefore, the Plan explicitly includes elements to support the development of inclusive national ownership, the formulation of evidence-based AIDS plans, support for national AIDS coordination authorities, and the strengthening of national monitoring and evaluation systems. In so doing, targeted technical support will make these national institutions and processes more robust, which will in turn provide external partners with the confidence to fully buy into them.

The Global Task Team urged multilateral institutions and international partners to align their support to national strategies, policies, systems, cycles and annual priority AIDS action plans, in support of the operationalization of the “Three Ones” principles. The Consolidated UN Technical Support Plan for AIDS will facilitate this alignment.

The positioning of the Consolidated UN Plan within the Global Task Team roll-out plan.

The Consolidated UN Technical Support Plan incorporates several Global Task Team recommendations. It is thus a critical component of wider efforts to implement the Global Task Team recommendations, and will be included in a Global Task Team roll-out plan that also addresses issues such as the shift from project to programme financing and better alignment of Global Fund and World Bank arrangements and procedures.

Financial support for implementation of Global Task Team recommendations outside of the technical support plan will be mobilized separately, in addition to the PCB-endorsed Unified Budget and Workplan.

Plan management, oversight and accountability

Once the necessary funds have been mobilized for the plan, it is important to ensure that countries indeed receive the quality technical support, as planned. This will require the participatory identification of country-level technical support needs in a flexible manner, which may include the development of a national technical support plan. Recognizing the significant technical support provided by other development partners, particularly bilateral agencies, and taking into consideration the efforts undertaken to improve human resources for health, UNAIDS will provide technical support in accordance with its normative roles and comparative advantages.

Regional offices of the UNAIDS Cosponsors and Secretariat will play a major role in the identification of technical support needs, and the facilitation, reporting and monitoring of external technical support provision. The newly established GIST will thereby provide a platform for consultation between the different stakeholders at different levels.

A unified funding mechanism will be established, building on the existing PAF mechanism, to manage the additional technical support funds. It is envisaged that these funds will be used by a range of technical support providers, including consultants, nongovernmental organizations and institutions, as well as technical facilitation networks. The mechanism will also facilitate the engagement of other stakeholders, including civil society organizations, as the UN Theme Group manages the new funds. It is envisioned that the UN Theme Group will forward proposals to the UNAIDS Secretariat for review by an interagency committee, and that a PAF Focal Point at the country level will facilitate and monitor the use of funds.

Robust management and oversight of technical support provision will be ensured through existing mechanisms, with equal participation of all relevant stakeholders, in particular civil society organizations and people living with HIV. Reporting mechanisms—from the country level, through the regional level to the UNAIDS Secretariat—are being developed, utilizing available forums such as the UN Regional Directors Group, the GIST and the UNAIDS Committee of Coordinating Organizations (CCO).

1. Introduction

In March 2005, during a global HIV review meeting with the theme “Making the money work: The Three Ones in action”, governments, civil society organizations, UN agencies and other multinational and international partners recognized the urgent need to address inefficiencies in the utilization of available funds at the country level and the provision of technical support, as well as the need to better align international support to nationally determined priorities. It was therefore decided to create a Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors. The Global Task Team was tasked with developing a set of bold and actionable recommendations for the improvement of the institutional architecture of the AIDS response.

Recognizing the need to strike a balance between the exceptionality and urgency of the AIDS response, as well as the need to mainstream AIDS activities into development work, the Global Task Team identified a number of challenges related to the effectiveness of the multilateral response. These included challenges related to the functioning of the UN system at the country level, challenges to the division of labour among UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and challenges to the financing of technical support. Recommendations were developed to address these challenges and to remove the bottlenecks preventing the accelerated use of available resources⁷.

Recommendations highlighted four areas:

1. empowering inclusive national leadership and ownership
2. alignment and harmonization
3. reform for a more effective multilateral response
4. accountability and oversight.

Many recommendations focused on actions that should be taken by UNAIDS and the Global Fund to more quickly solve problems at country level. The recommendations emphasized the primacy of national ownership and well-costed operational plans as the basis on which multilateral institutions and international partners should align and harmonize. The Global Task Team’s final report was presented in June to the UNAIDS Programme Coordinating Board (PCB), which endorsed the full set of recommendations and called for UNAIDS and its partners to implement them within the specified timeframes.

The UNAIDS Secretariat was tasked to lead the process of developing a consolidated UN division of labour for technical support. This initiative would assist countries to better use large-scale funds currently available to countries, particularly from Global Fund grants and the World Bank by delivering quality technical support in a timely and well-coordinated manner.

To ensure that the division of labour for technical support would be in line with country needs, the Secretariat consulted extensively with the UNAIDS Cosponsors and major financing initiatives. Consensus was reached on a UN division of labour along 17 technical support areas. Subsequently, the 2006-2007 Consolidated UN Technical Support Plan for AIDS was developed, based on plans prepared by individual agencies, in accordance with the UN Technical Support Division of Labour Matrix (see Annex 1)⁸.

⁷ Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, final report, The UNAIDS Secretariat, Geneva, June 2005

⁸ UNAIDS, UNAIDS Technical Support Division of Labour, *Summary and Rationale*, Geneva, July 2005.

The specific objectives of the Consolidated Plan are:

- a. to inform the forthcoming Global Fund replenishment conference in September 2005 of the unmet funding requirements for provision of technical support to address implementation bottlenecks, in particular those related to national AIDS responses in 45 priority countries;
- b. to operationalize the Technical Support Division of Labour concept; and
- c. to advance efforts undertaken to assist countries to implement their annual priority AIDS action plans and “make the money work”.

The Plan only includes interventions that address short- and medium-term bottlenecks to allow better utilization of available country-level funds. Recognizing the urgent need for additional technical support (and the need for continuity in technical support) to be provided to countries, it was decided to also include staff placements within the public system providing technical support in critical areas.

Activities funded through the UNAIDS Unified Budget and Workplan or the core budget of individual agencies were excluded. Long-term support to programme implementation was also excluded. Country-level activities, such as training workshops, and costs not directly related to the provision of technical support in a given country were excluded. These exclusions include costs for core staff of the organizations involved, purchase of commodities and equipment, infrastructure development, implementation costs (including the national human resources necessary to run programmes), and the running of regional/international facilities to provide technical support.

The total costs of the Plan amounts to US\$ 166 357 070 (as per Table 1 below). This amount includes the establishment of a Global Problem-Solving and Implementation Support Team (GIST), strengthening administrative systems, establishing data bases of consultants, and monitoring and reporting⁹.

**Table 1:
Total costs of technical support provision per strategic support area**

| Strategic support area | Costs (in US\$) |
|--|--------------------|
| 1. Strategic planning, governance and financial management | 46 947 500 |
| 2. Scaling up interventions | 83 961 200 |
| a. Prevention (43 587 300) | |
| b. Treatment care and support (37 218 500) | |
| c. Addressing HIV in emergency, reconstruction and security settings (3 155 400) | |
| 3. Monitoring and evaluation, strategic information, knowledge sharing and accountability | 20 325 000 |
| 4. Implementation support services | 15 123 370 |
| a. Establishment and maintenance Joint Problem Solving and Implementation Support Teams (9 830 191) | |
| b. Administrative systems, consultants data base, critical support staff, monitoring and reporting (5 293 180) | |
| TOTAL | 166 357 070 |

⁹ UNAIDS and Global Fund, The Global Joint Problem Solving and Implementation Support Team (GIST): Coordinating UN action and provision of technical support for accelerating HIV and AIDS response in countries, draft working document, Geneva, July 2005.

UNAIDS most recent estimates of global resource requirements for AIDS prevention, treatment and care, support for orphans and vulnerable children as well as programme and human resource costs amount to US\$ 15 billion in 2006, US\$ 18 billion in 2007 and US\$ 22 billion in 2008. Based on past trends and current pledges and commitments, UNAIDS estimates that US\$ 18.9 billion in AIDS funding will be available for 2006 and 2007¹⁰. Relating the cost of the technical support plan to the overall AIDS resource needs shows that the total cost of the Consolidated Plan represents 0.5% of the total resources estimated to be required for the AIDS response during 2006-2007, and 1.2% of the expected funding gap during those two years. (see Table 2)

Table 2:
Comparing resource needs, available resources and the Consolidated Plan

| | Resource requirements for the global AIDS response in 2006-2007 US\$ 33 billion | Expected funding gap for AIDS in 2006-2007 US\$ 14.1 billion |
|---|--|---|
| Relative cost of the US\$ 166.4 million UN Consolidated Technical Support Plan for AIDS | 0.5% | 1.2% |

The Consolidated Plan is presented in four sections with two supporting annexes. The first section provides a brief introduction to the Plan. The rationale for the development of the Plan is outlined in the second section. The third section describes the detailed elements of the Plan including a breakdown of costs. The final section describes implementation and oversight arrangements, as well as funding and accountability mechanisms.

The Consolidated Plan represents funds additional to those already reflected in the 2006-2007 UNAIDS Unified Budget and Workplan (see Table 3). The Plan does not address all funding needed for UN agencies to fulfil their technical mandates, and should therefore not inhibit additional resource mobilization efforts by individual UN agencies. It is therefore understood that individual agencies will continue to mobilize resources in their own technical areas.

Table 3:
Overview of HIV activities per funding mechanism

| Funding mechanism | Activities supported |
|--|---|
| <ul style="list-style-type: none"> Unified Budget and Workplan core funding Current PAF mechanism (part of Unified Budget and Workplan core funding) | <ul style="list-style-type: none"> Headquarters and regional-level HIV activities Country-level HIV activities (118 countries supported in 2004-2005) |
| <ul style="list-style-type: none"> Enhanced PAF mechanism | <ul style="list-style-type: none"> Additional technical support at the country level (45 countries targeted) |

¹⁰ UNAIDS, Resource Needs for an Expanded Response to AIDS in Low- and Middle-Income Countries, UNAIDS, Geneva, August 2005

2. Why is the UN Technical Support Plan required?

The rationale underpinning the elaboration of a Consolidated UN Technical Support Plan has five elements.

First, many countries are facing considerable difficulties in significantly scaling up programme implementation and ‘making the money work’. Capacity constraints have been identified as a major obstacle which could be addressed through considerably ramped-up technical support. However, the availability of technical assistance has not kept pace with the increase in resources for AIDS programmes. There is growing acknowledgement that unless immediate action is taken to address this imbalance, the increased global investments in AIDS will produce meagre results.

Second, there are widespread expectations that UN organizations will play a central role in meeting countries’ technical support requirements. However, the UN has not been provided the necessary financial means to play this role. This ‘unfunded mandate’ that the UN has unofficially been handed by international partners and national governments limits the international community’s efforts to develop new AIDS programmes and bring existing programmes to scale.

Third, evidence from the performance of Global Fund grants demonstrates that UN technical support can help achieve programmes’ desired outcomes, and that providing it in a coordinated fashion yields yet larger returns on national and donor investment.

Fourth, providing the support necessary to design, scale up and refine AIDS interventions in low- and middle-income countries is too great a task for any single organization or institutional framework to tackle alone. Many organizations and groups from the global, regional and national levels must be involved to meet this challenge. As the Global Task Team argued, this will require the development of new mechanisms to enable more effective and efficient working among organizations and with countries.

Finally, it is widely agreed that any scaling up of the provision of technical support needs to simultaneously address the many problems currently slowing the technical support system.

These five reasons, expounded in further detail below, provide a compelling justification not only for the elaboration of a unified and consolidated plan which addresses the identified challenges, but to ensure that it is fully funded and rapidly implemented.

The Plan includes the implementation of several Global Task Team recommendations dealing with UN technical support (such as support to the development of annual priority AIDS action plans and strengthening national monitoring and evaluation systems) and will complement other efforts undertaken in follow up to the Global Task Team’s report, such as better alignment and harmonization of support provided by multilateral institutions and international partners to national strategies, policies, systems and cycles. However, other recommendations will be financed and implemented through separate processes, which are also in addition to the PCB-endorsed Unified Budget and Workplan. Therefore, the Consolidated Plan should be viewed as critical piece of the wider Global Task Team Roll-Out Plan, which is being compiled and monitored by the UNAIDS Secretariat.

2.1 The need for scaled-up technical support the crisis of implementation

There is growing international recognition of the implementation crisis confronting national AIDS programmes. Critical analyses and lessons learned by global funding initiatives, including those undertaken by the Global Fund and the World Bank-supported Multi-Country HIV/AIDS Program (MAP), reveal that national capacity gaps in areas such as programme management and service delivery present major obstacles to the implementation and achievement of programme goals.

The Global Fund has succeeded in substantially enlarging the resource envelope for AIDS, tuberculosis and malaria at the country level. To date it has committed approximately US\$ 3 billion for the three diseases to 127 countries. Yet only about US\$ 1.3 billion has been disbursed, as many countries have experienced difficulty in utilizing available funds. For AIDS specifically, a total of about US\$ 0.8 million out of about US\$ 1.7 million has been disbursed to date, resulting in a disbursement rate of 47%. A review of Global Fund provided disbursement rates per round (end of June 2005) shows that only 75% of the finances agreed under Round 1 and 58% of Round 2 have been disbursed to date, despite the fact that these grants are close to completion and should be disbursed entirely. Aidspan recently undertook an analysis of Global Fund grants and found that 20% of the Global Fund-supported projects were more than six months behind schedule¹¹.

The Global Fund's Secretariat argues that implementation is undermined by: (i) operational weaknesses of programme, financial, procurement and supply management systems; (ii) governance and oversight, including weak Country Coordinating Mechanisms (CCMs) and limited harmonization of partners' efforts; and (iii) inadequate performance and measurement, mainly due to inadequate data collection and reporting. These weaknesses are compounded by contextual factors, such as political changes and natural disasters, as well as weak programmatic technical programmatic capacity.

Evidence suggests that countries receiving technical support to develop capacity performed significantly better than those who did not, validating the contention that limited capacity is one of the greatest obstacles to successful grant implementation. For example, the June 2005 "3 by 5" Progress Report issued by the World Health Organization (WHO) reveals that, although there has been substantial acceleration of AIDS treatment provision in many countries in a very short period of time, expansion of programmatic capacity at the country level has been generally insufficient to meet programme targets¹². Treatment, care and prevention programmes are interrelated, and their scaling up relies on the use of integrated approaches and simultaneous planning of and capacity building within the different sub-programmes. It also depends upon scaled-up capacity building among different implementing partners, such as civil society organizations, often the main service providers to difficult-to-reach, rural and marginalized populations.

Similar problems have been encountered in the implementation of the World Bank-supported MAP projects. The MAP, launched in 2000, is being implemented in selected countries in sub-Saharan

¹¹ Aidspan, Analysis of Global Fund grants up to 6 May 2005.

¹² World Health Organization, Progress on Global Access to HIV Antiretroviral Therapy, an update on "3 by 5", UNAIDS-WHO, Geneva, June 2005.

¹³ The World Bank, Interim review of the Multi-Country HIV/AIDS Program for Africa, The World Bank, Washington, October 2004.

Africa and the Caribbean, and has committed about US\$ 1 billion to address HIV. Through the MAP, the World Bank committed unprecedented levels of finance for AIDS interventions to support national programmes. Experiences gained from MAP implementation indicate that, although the MAP was generally disbursing at 90% of original estimates, the pace and quality of implementation needed to be improved to deal with the challenge of HIV and AIDS. An interim review of the MAP, undertaken in 2004, particularly highlighted a lack of evidence-informed, comprehensive, prioritized and costed strategic plans and annual implementation action plans at the country level¹³. Implementation was further affected by lack of fiduciary architecture, especially financial management, and weak procurement, disbursement and monitoring and evaluation systems. Countries generally missed the opportunity to advance their national response by integrating AIDS within broader development plans such as the Poverty Reduction Strategy Papers (PRSPs).

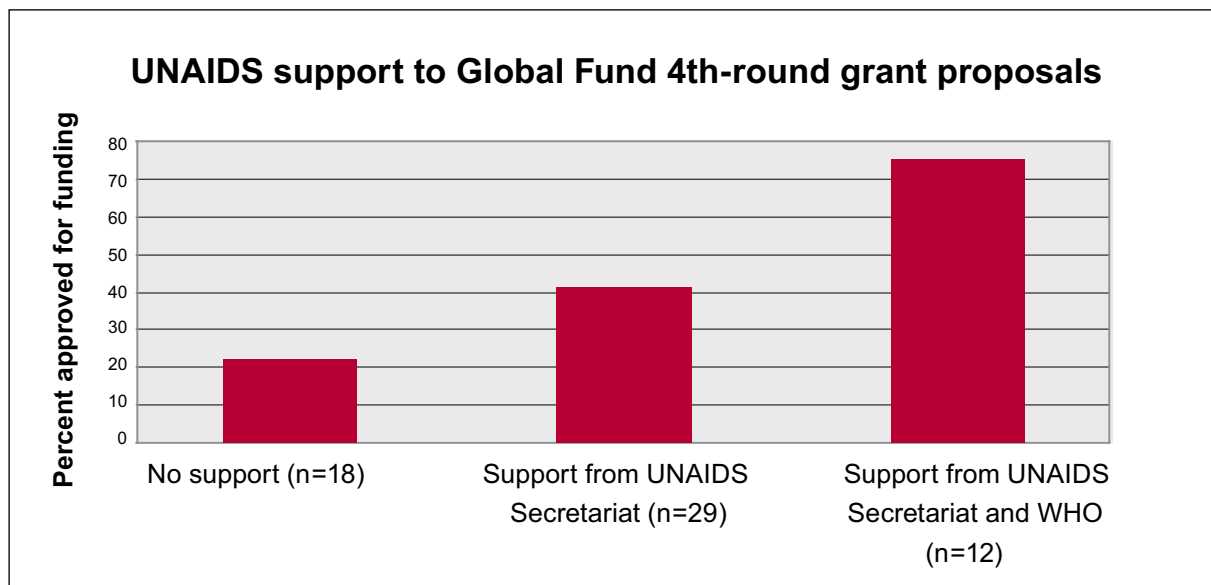
The interim review concluded that the objective, approach and design of the MAP have generally been appropriate, in particular the ground-breaking work on supporting community-based organizations and strengthening disbursement mechanisms up to the community level. However, the review found that none of the concerned countries had a fully operational national monitoring and evaluation system in place, and other donors generally insisted on separate monitoring and evaluation mechanisms. The review also revealed that consistent leadership and oversight were often absent, with limited accountability to the general public. Ministries of health generally failed to utilize the MAP for accelerating the health response to the HIV epidemic. Additional factors that limited effectiveness included (i) insufficient technical support in areas such as monitoring and evaluation, communications and treatment, (ii) limited incentives for improved performance, and (iii) 'multiple donor demands'.

2.2 The demand for UN technical support and the benefits of coordination

There has been strong and growing demand for technical support sourced through UNAIDS Cosponsors and Secretariat. This growth has mirrored an increase in international finance for national AIDS responses. Due to limited systematic assessment of technical support needs, the entire need for technical support is not well documented. For example, experiences from the WHO/UNAIDS 'Country Support Team on Scaling Up Treatment' show that, although requests for technical support have dramatically increased, there is also need for a proactive and systematic approach to the identification of and response to bottlenecks, which hinder countries to scale up programmes and to meet Global Fund performance targets.

Country experiences suggest that UN technical support to governments and country-level partners to address those bottlenecks and unblock resources results in a more robust national response. For example, a recent analysis of Global Fund proposals undertaken by WHO and the UNAIDS Secretariat revealed that the success rate for those components that received WHO or Secretariat technical support after a previous failure was 60% higher than those that did not. In addition, three out of every four proposals in which the two agencies coordinated their technical assistance were successful—significantly higher than for either agency acting alone¹⁴. (see Figure 1)

¹⁴ WHO and the UNAIDS Secretariat, Analysis of success rates for countries technically assisted by WHO and/or the UNAIDS Secretariat, internal document, 2004

Figure 1:

Countries have also highlighted the need for continuity when receiving technical support, in particular for the development and implementation of Global Fund proposals. UNAIDS has therefore ensured that UN-supported external consultants work closely together with all relevant country-level stakeholders, including national programme managers, civil society, bilateral agencies and the UN. This partnership approach fosters national ownership, enables national capacity building and facilitates timely implementation of the proposal. UNAIDS also makes use of a pool of proven consultants, which improves the continuity of follow-up support.

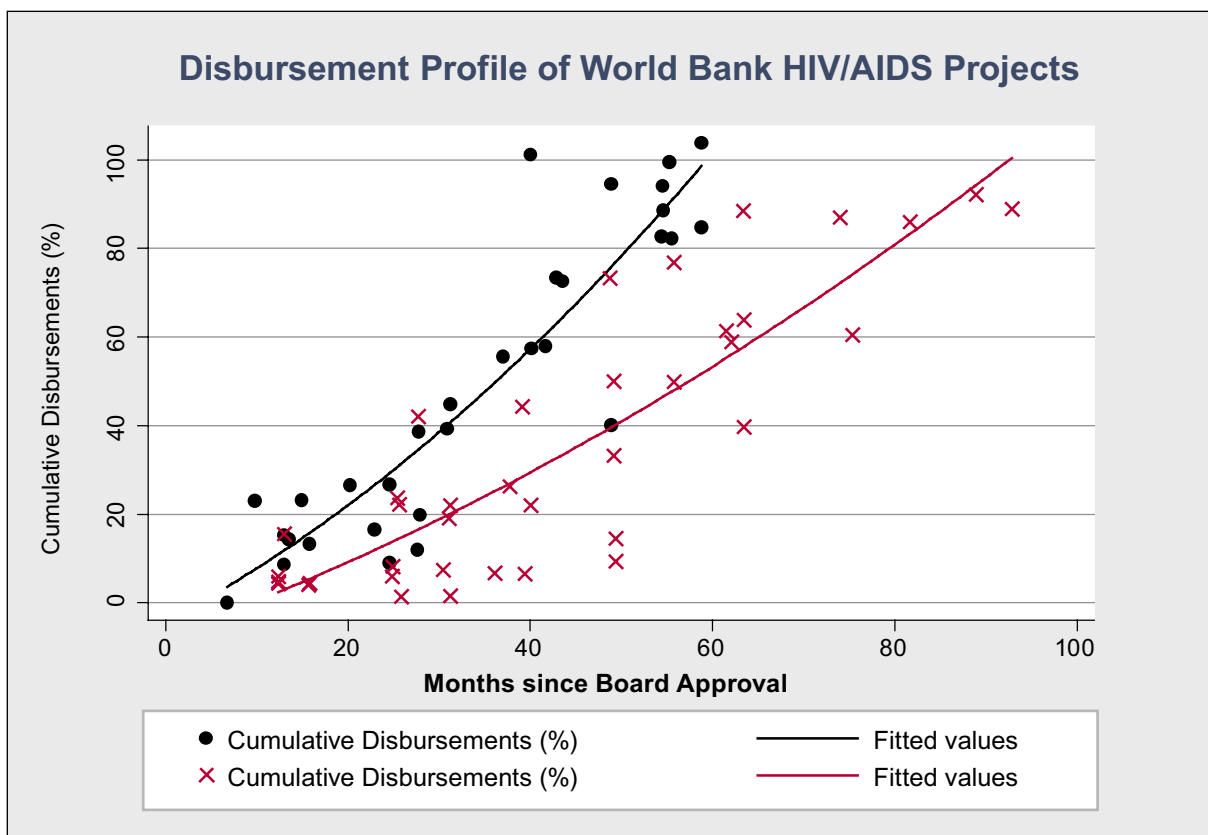
The MAP also gained experiences on the benefits of additional technical support. Its innovative, demand-driven approach enabled countries to use MAP funding for multisectoral prevention, care and treatment, and mitigation activities implemented by the public sector and civil society at the community, district and national levels. This design resulted in a far-reaching scope and complexity of activities well beyond the design challenge of traditional World Bank-funded projects. It was thus recognized that MAP implementation would require intensive supervision efforts and technical assistance, as well as constant learning and alterations of design. The Bank therefore created a Technical Support Team in the Africa Region as well as a Bank-wide Implementation Acceleration Team, all of which share a key mandate to ensure rapid and consistent support to the concerned countries and project teams.

Task teams were provided with two to three times the normal funding for their own supervision and implementation assistance. This increased support is one of the factors accounting for the improved performance of MAP projects in Africa. As shown by Figure 2 below, such projects tend to disburse much faster than other HIV/AIDS projects (either stand-alone projects or components of other Bank projects). On average MAP projects in Africa were disbursing at about 90% of initial projections by early 2005, a higher rate than for non-MAP projects.

2.3 Problems with the present technical support system

Many challenges and potential solutions to the technical support problems were discussed in the Global Task Team's Technical Support Working Group¹⁵. Some of the problems include: (i) inadequate needs and capacity assessments, leading to inefficient allocation of available resources; (ii) poor coordination between technical agencies, leading to redundancy in some cases and coverage gaps

Figure 2:



in others; (iii) poor coordination between major sources of technical support and funders, leading to undersupply of needed services; (iv) under-utilization of local and regional technical support capacity; and perhaps most debilitating, (v) weak national leadership, resulting in prioritization of support activities by the diverse outside groups providing them, rather than national stakeholders. Collectively, these problems result in high transaction costs for clients and providers alike and lead to serial inefficiencies in the system. Moreover, at times, countries may be reluctant to obtain technical assistance, in particular if it concerns capacity building of the non-public sector, the use of external consultants, or is of a sensitive (political or social) nature.

UNAIDS is concerned with improving coherence and accountability in the technical support response, as efficiency of its efforts is equally affected by weaknesses in the technical support system. Lack of clarity in the current provision of technical support by UN organizations is attributable to a number of factors. First, the exceptional urgency to provide technical support in the face of a rapidly expanding and evolving epidemic accounts for a certain amount of poor coordination. Second, the need and demand for UN technical support has escalated rapidly in line with each successive round of finance made available to countries from the Global Fund, yet this work was not explicitly financed. Third, the growth in the number of UNAIDS Cosponsors providing technical support has compounded the challenge of coordination. Fourth, individual Cosponsors have been leveraging resources in a competitive environment resulting in de facto mandate overlap. Although individually well intentioned, the collective technical support response of UNAIDS has thus been sub-optimal.

¹⁵ Global Task Team, Discussion Paper Global Task Team Working Group 2, Harmonization of Technical Support, (internal document), Geneva, 2005.

3. The detailed UN Technical Support Plan

In order to address country needs and attract donor financing for its unfunded mandate, UNAIDS has developed a more systematic and strategic approach to the coordination, targeting, provision and quality assurance of technical support. The UNAIDS Cosponsors and Secretariat analyzed why available funds were not utilized and determined the specific interventions required to address these bottlenecks and to build a more robust service delivery system, thus making the money work.

This section provides an analysis of the problems encountered in each technical support area, describes the interventions included under each of the strategic areas in more detail, and demonstrates how it will support countries in better investing available funds.

In line with the UN Technical Support Division of Labour Matrix, the interventions within the Plan are grouped around three thematic and strategic headings:

1. Strategic planning, governance and financial management
2. Scaling up interventions
3. Monitoring and evaluation, strategic information, knowledge sharing and accountability.

Recognizing the need for well-managed mechanisms that bring together country-level technical support needs and local, regional and global technical support networks, an additional Implementation Support Services area is elaborated in the Plan. This includes the establishment of supportive initiatives, such as the GIST. The defined budget would also be used for strengthening of administrative systems to ensure efficiency and accountability, building a pool of consultants, and for monitoring and reporting.

3.1. Strategic planning, governance and financial management

3.1.1 *Strategic planning*

Poor planning will inevitably result in a lack of priority setting, and cause waste and the ineffective use of funds available. Well-elaborated national AIDS action frameworks and annual AIDS priority action plans are therefore prerequisite for successful implementation of Global Fund- and MAP-funded programmes and projects. In addition, during the Global Task Team discussions, country-level planners and implementers urged multilateral funders to move from project to programme financing, which can only be done in countries with enhanced national planning. Many countries, however, fail to develop sufficiently strategic, evidence-based, and prioritized AIDS action frameworks, often because of lack of technical capacity and strategic information. Additionally, few AIDS action frameworks have been translated into annual AIDS priority action plans. These detailed action plans are essential for improving donor alignment, coordination and harmonization within the framework of the “Three Ones”. The Consolidated UN Technical Support Plan therefore includes support to countries for the development of AIDS action frameworks and annual priority AIDS action plans.

At present, very few countries have incorporated HIV in their Poverty Reduction Strategy Paper. Of the Poverty Reduction Strategy Papers that include AIDS, the content remains generally weak, with lack of analysis of the linkages between AIDS, poverty and gender, and between AIDS and macroeconomic policies. In addition, national AIDS responses are still mainly limited to the health sector. Integrating HIV in Poverty Reduction Strategy Papers provides an excellent opportunity to reinforce the integration of AIDS responses in national planning and budgeting, mobilize additional domestic funding, and increase the sustainability of the national response to AIDS. It has therefore

been decided to include technical support in the Plan for countries which will either develop a Poverty Reduction Strategy Paper for the first time or renew their existing ones within the next two years.

While the world of work¹⁶ (and in particular the private sector) is often willing to collaborate, it is rarely fully integrated in the national response. As a result, these important partners' potential contribution of financial and human resources are underutilized, reducing the implementation capacity for both Global Fund- and the MAP-financed interventions. The reasons are manifold, but often include an unfavourable workplace policy environment and limited participation of business and labour in the development of national AIDS action frameworks and annual priority AIDS action plans. Technical support will therefore be directed to the development and implementation of comprehensive AIDS workplace policies and programmes, and the integration of workplace issues into the national AIDS action framework and the annual priority action plan to enable greater involvement of business and labour in the AIDS response.

3.1.2 Management

Results-based management, as requested by the Global Fund, remains a great challenge for many countries. Poor management and reporting is compounded by failing financial management systems. Government management and financial systems are often slow and complicated, slowing down disbursement to sub-recipients, particularly to those from within civil society and the private sector, thus slowing down implementation. In addition, financial management and reporting of sub-recipients of Global Fund grants to the Principal Recipients is often very weak, particularly in the case of small nongovernmental and community-based organizations. In some instances, the resulting delays in disbursements have caused losses of parts of the originally approved grant amount or are jeopardizing the approval of the second-phase grants. The Consolidated UN Technical Support Plan therefore includes interventions which will strengthen the financial management and results-based management for Global Fund grants and to accelerate the use of Global Fund and MAP grants, as well as benefit other sources of funding.

Procurement and supply management has been one of the major bottlenecks slowing the scaling up of treatment in almost all countries, and is often the single most important factor in the delay of Global Fund grant implementation, and thus for under-utilization of funds and wastage. Reasons include low human-resource capacity, ineffective and inefficient procurement and supply management systems, inadequate drug-management information, and insufficient monitoring, creating a high risk for expensive drugs to spoil during the storage and supply chain. Capacity constraints are further compromised by uncoordinated procurement and supply of medicines by various donors with different reporting systems. Experiences have shown that these constraints not only affect disbursement and utilization of funds, but also seriously hamper the effectiveness and sustainability of the national response.

In line with the above, the Plan includes specific interventions to strengthen procurement and supply-management systems, such as the development of training materials and short- and long-term technical support for strengthening the national procurement and supply-management system. It also provides support for the warehousing, management and distribution system and improved National Medicines Management Information Systems.

As reflected in Table 4 below, the costs of the above interventions included under "Strategic Planning, Governance and Financial Management" amount to a total of US\$ 46 947 500.

¹⁶ The world of work includes all employers and their organizations (governments, public authorities, private enterprises, nongovernmental organizations and individuals) and workers and their representatives (including applicants for work) in the public and private sectors in both formal and informal economies.

Table 4:
**Technical support interventions under strategic planning,
governance and management**

| STRATEGIC PLANNING, GOVERNANCE AND FINANCIAL MANAGEMENT | NUMBER OF COUNTRIES TARGETED | BUDGET (IN US\$) |
|---|------------------------------|-------------------|
| Integration of AIDS into Poverty Reduction Strategy Papers, including sub-regional workshops | 6 (2006) 7 (2007) | 1 660 000 |
| Strengthening financial management and results-based management for Global Fund grants | 0 (2006) 10 (2007) | 600 000 |
| Development of national AIDS action frameworks | 9 (2006) 6 (2007) | 5 647 500 |
| Development of annual priority AIDS action plans, including development of guidelines, monitoring and reporting | 10 (2006) 18 (2007) | 6 784 000 |
| Development of comprehensive AIDS workplace policies and programmes and integration of workplace issues into the national AIDS action framework and the annual priority action plan | 10 (2006) 20 (2007) | 1 656 000 |
| Regional capacity building to accelerate implementation of procurement and supply management, including development training material | 5 (2006) 4 (2007) | 1 552 500 |
| Strengthening procurement supply management planning and implementation, including placement of additional staff within the public system | 45 (2006) 45 (2007) | 15 670 000 |
| Strengthening warehousing, management and distribution system | 45 (2006) 45 (2007) | 12 135 500 |
| Improve national medicines management information system | 10 (2006) 13 (2007) | 1 242 000 |
| TOTAL | | 46 947 500 |

3.2 Scaling-up interventions

The second strategic area of the Consolidated UN Technical Support Plan targets the scaling up of interventions including prevention, treatment, care and support, and addressing HIV in emergency, reconstruction and security settings. Countries generally have insufficient capacity to scale up interventions. Experiences show that once initial operational hurdles are addressed, countries lack the programmatic capacity to accelerate service delivery. Effective use of available funds will depend on the rapid development of these capacities.

The plan includes specific interventions to address capacity building on planning and management of programmes and actual services delivery.

The total costs amount to US\$ 83 961 200, divided among prevention (US\$ 43 587 300); treatment, care and support (US\$ 37 218 500); and addressing HIV in emergency, reconstruction and security settings (US\$ 3 155 400).

3.2.1 Prevention

The resources allocated by the Global Fund and MAP for prevention are currently not well utilized for a number of reasons. First, many national prevention programmes are suffering from a non-conducive policy environment. National prevention policies are generally outdated, not reflecting new developments and evidence-based approaches. National programmes are thus not able to provide a full range of services known to be successful in HIV prevention; in particular those relevant for young people, injecting drug users (IDUs), sex workers and men having sex with men.

Second, country-level implementation capacity is constrained, affecting not only the coverage and scope of national prevention programmes, but also the quality of the prevention services provided. Globally, only one in five people at increased risk have access to HIV prevention services. Capacity constraints are encountered both within the public system and civil society. As a result, the gap between demand for services and the supply is not bridged, and funds are not optimally utilized. Moreover, prevention targets for the general population and vulnerable and marginalized populations are not reached, directly affecting access to the Global Fund phase two grants.

Third, effective scaling up of HIV prevention is further compromised by operational barriers. Poor planning, inappropriate prioritization, and low capacity to track and show results of HIV-prevention programmes are key barriers that hinder programme implementation. Lack of effective and efficient coordination mechanisms among stakeholders working at country level lead to duplication and concentration of HIV-prevention efforts in a few areas. Limited institutional capacity, including limited linkage between prevention and care programmes—such as comprehensive HIV prevention in the health-care setting, and testing, counselling and prevention of mother-to-child transmission (PMTCT) services—is compounded by inconsistent access to commodities, leading to underutilization of available services. As a result, available funds are not utilized and progress can not be demonstrated.

Countries need to be assisted urgently in addressing barriers to scaling up comprehensive prevention programmes described above. The costs of the additional UN technical support in the area of prevention amount to a total of US\$ 43 587 300, as detailed below.

Table 5:
Technical support interventions to support scaling up prevention interventions

| SCALING UP INTERVENTIONS | NUMBER OF COUNTRIES TARGETED | BUDGET (IN US\$) |
|---|------------------------------|-------------------|
| <i>Prevention</i> | | |
| Review and update national prevention policies | 15 (2006) 15 (2007) | 492 000 |
| Operational planning and target setting, prioritization, costing and setting up systems for managing scaled up nation-wide prevention programmes | 15 (2006) 15 (2007) | 3 751 000 |
| Revision of national policies on blood safety, universal precautions and post-exposure prophylaxis and training on HIV prevention in health-care settings | 20 (2006) 20 (2007) | 1 008 000 |
| Increase utilization of testing and counselling services through needs assessment, training of personnel, design of model services and quality control, and establishment of private-public testing centres network | 20 (2006) 45 (2007) | 5 432 000 |
| Operational management assistance for scaling up PMTCT, including strategy development, design of tools and strengthening human resources available to manage the programmes | 20 (2006) 20 (2007) | 6 900 000 |
| Gap analysis and development of technical tools and materials, to mainstream HIV programmes in educational institutions | 15 (2006) 30 (2007) | 2 268 000 |
| Design scaled up prevention programmes for vulnerable groups, including out-of-school youth and strengthen its management | 45 (2006) 45 (2007) | 15 900 000 |
| Mapping of IDU networks and supporting establishment nation-wide interventions among IDUs and in prisons | 11 (2006) 22 (2007) | 7 836 300 |
| TOTAL | | 43 587 300 |

3.2.2 *Treatment, care and support*

Despite unprecedented opportunities for countries to bridge the AIDS treatment gap, countries fail to utilize large amounts of new funds made available for scaling up treatment and care, in particular Global Fund and World Bank resources. The main obstacles at the country level are insufficient health-system and human-resource capacity, affecting the planning and implementation of programmes and the delivery of services. The urgent need for AIDS treatment, care and support services is well-demonstrated by specialized agencies such as WHO and UNICEF, and has been confirmed on several occasions by national authorities. However, country experiences also show that resources made available for treatment, care and support generally suffer delays, affecting the overall performance of the Global Fund Principal Recipients and jeopardizing sustainability of funding.

At present health systems are not robust enough to enable the scaling-up of antiretroviral programmes and to efficiently plan and manage available resources to deal with additional demands. Systems are not well-integrated, and scarce resources are not used well. Scaling up of AIDS treatment is a complex matter, requiring well-planned and well-managed inputs from different public health programmes. In addition, delivery systems need to be adjusted to ensure collaboration among different professional specialities across different levels of the health care system, as well as to include community-driven interventions, as part of the overall public health approach to HIV.

Despite these constraints, it is obvious that those in urgent need of AIDS treatment cannot wait for the establishment of a robust health care system, and that ‘the ship must be built, while sailing’.

Systems constraints are compounded by human capacity constraints, both in terms of the numbers of health service providers available and in terms of the skills and knowledge of those engaged in AIDS services. The limited number of health care providers is a multifaceted problem that needs to be addressed at different levels, including the macroeconomic level and the broader context of health and public services. At present multilateral and bilateral partners are together seeking long-term sustainable solutions, such as the human resources for health initiative. In the meantime, there is a need to explore country-specific strategies to enhance human resource capacity for service delivery and upgrade knowledge and skills of those currently deployed within the overall health care system.

At the programme implementation level, there is a clear need to support countries with the planning of treatment scale-up programmes, as well as with the revision of policies, guidelines and training materials. So far, HIV-infected infants and children have largely been excluded from AIDS treatment. Addressing their needs requires specific support for national programmes. The same problem occurs with refugees, who often remain in their host countries for one or two decades and closely interact with surrounding host populations. Recognizing the need for proper identification and monitoring of patients on treatment, countries have requested technical support for upgrading their laboratory services so that allocated funds can be used efficiently.

The UN Consolidated Technical Support Plan will therefore support strengthening of health-system management and planning, including human resource management, as well as in service delivery and training, to ensure scaling up of quality services. At the programme level, countries will be supported to update plans, guidelines and training materials, and with training on public health approaches to the provision of treatment and other HIV-related services.

Similar difficulties are faced in mitigating the impact of the HIV epidemic on orphans and vulnerable children (OVC). The rapidly increasing numbers of orphans and vulnerable children far exceed countries' abilities to respond adequately to the needs of these children and make the Global Fund and MAP allocated monies work. This is for a number of reasons, including insufficient inclusion of OVC interventions into national AIDS action frameworks, limited guidance on appropriate approaches, insufficient implementation capacity and insufficient facilitation of community ownership in planning and implementing OVC programmes.

The interventions included in the Plan will therefore ensure the incorporation of strategies and actions for OVC in the national AIDS action frameworks and annual priority AIDS action plans, in line with the findings of gap analyses undertaken. The interventions will also include support for the management of comprehensive OVC programmes through training of national professionals and long-term technical support placed within the responsible ministry.

One of the main concerns of HIV-infected and -affected people¹⁷ is access to food. Anecdotal reports indicate that lack of food seriously affects utilization of other HIV-related services. Nutritional support should therefore be regarded as a critical intervention for enabling scaling up of treatment, care and support services. So far, national AIDS action frameworks have not included comprehensive nutritional support strategies, and proposals submitted to the Global Fund rarely include a food and nutrition component. This is due mainly to lack of technical expertise and human resource capacity. The Consolidated UN Technical Support Plan therefore will strengthen nutritional support programmes for people living with AIDS, orphans and vulnerable children, and HIV-affected households by updating the national AIDS Action Framework, developing logistical plans and guidelines, and training of national professionals.

Table 6 presents the interventions included within the Plan to address the above outlined constraints. The total costs of the interventions amount to a total of US\$ 37 218 500.

¹⁷ Infected and affected individuals and organizations representing them, including: people living with HIV and their organizations and networks; NGOs, CBOs, FBOs; families and friends of people living with HIV; community leaders (religious and/or traditional); community health workers; traditional healers

Table 6:
Technical support interventions included under treatment, care and support

| SCALING UP INTERVENTIONS | NUMBER OF COUNTRIES TARGETED | BUDGET (IN US\$) |
|---|------------------------------|-------------------|
| <i>Treatment, Care and Support</i> | | |
| Strengthening health system management, through technical support missions and additional staff within the planning unit in Ministries of Health | 20 (2006) 25 (2007) | 4 384 000 |
| Development of human resource management plans, including human resource proposals for donors financing | 20 (2006) 25 (2007) | 810 000 |
| Update national scale-up plans on antiretroviral treatment | 20 (2006) 25 (2007) | 642 000 |
| National adaptation of generic guidelines and training materials on public health approach to antiretroviral therapy | 20 (2006) 25 (2007) | 1 434 000 |
| Development of national strategy and implementation plan on paediatric care, and capacity building for implementation (additional staff in Ministries of Health) | 10 (2006) 10 (2007) | 1 650 000 |
| Training of health workers on public health approach to treatment (including Training of Trainers and external facilitation and quality assurance national trainings) | 20 (2006) 25 (2007) | 3 214 000 |
| Development and implementation of national plan for upgrading laboratory services to monitor treatment | 20 (2006) 25 (2007) | 642 000 |
| Training of health workers on early detection of HIV infection in newborns | 20 (2006) 25 (2007) | 957 000 |
| Strengthen occupational health services for treatment education at the workplace | 20 (2006) 25 (2007) | 358 500 |
| Development of national treatment literacy plans for community response | 20 (2006) 25 (2007) | 567 000 |
| Additional staff within Ministries of Health to support the establishment and management of treatment delivery sites | 20 (2006) 25 (2007) | 14 000 000 |
| Update national AIDS action frameworks and annual priority AIDS action plans on OVC, based on gap analysis | 22 (2006) 23 (2007) | 567 000 |
| Training on planning and management of comprehensive programmes for OVC, including long-term technical support within respective Ministries | 22 (2006) 23 (2007) | 4 402 000 |
| Update national AIDS action frameworks on evidence-based nutritional support for people living with HIV, OVC and HIV-affected households | 12 (2006) 12 (2007) | 567 000 |
| Develop logistical plans and guidelines on nutritional support for people living with HIV, OVC and HIV-affected households, and train national professionals | 12 (2006) 12 (2007) | 3 024 000 |
| TOTAL | | 37 218 500 |

3.2.3 Addressing HIV in emergency, reconstruction and security settings

About two thirds of the global burden of HIV infections occurs in countries affected by complex emergencies. Of the 45 priority countries, at least half are in conflict or post-conflict situations, have recently faced natural disaster, host large refugee populations or have other humanitarian concerns. In addition, these countries have relatively large uniformed services interacting with vulnerable populations.

Global Fund and MAP grants allocated for HIV in emergency, reconstruction and security settings suffer from a mismatch between available resources and existing needs. The main challenge is to access the funds available at the country level. This requires that HIV-related emergency, reconstruction and security concerns are integrated into the national AIDS action framework, which is currently often not the case. For example, the United Nations High Commissioner for Refugees (UNHCR) reviewed the national AIDS strategic plans for 29 African countries with more than 10 000 refugees. Of the 23 countries that had up-to-date plans, only 10 (43%) specifically mentioned HIV interventions for refugees. Of those 29 countries, 26 had approved proposals that contained an HIV component from the Global Fund by the end of the fourth round; of these only 6 (23%) included specific interventions for refugees. As a result, funding for HIV interventions at the country level for refugees is grossly inadequate.

The absence of AIDS interventions for emergency settings is partly because of a generally limited knowledge on specific vulnerabilities of populations in emergency settings, their needs and possible responses. The rapidly evolving nature of emergencies, an additional handicap for longer-term planning, is compounded by the cross-border nature of emergencies. Altogether, provision of services to displaced populations, including refugees, is not only extremely complex but also grossly under-funded. Improved capacity of national AIDS stakeholders and better coordination with humanitarian actors would enable the incorporation of appropriate interventions in national planning and improved funding by external partners including the Global Fund and the World Bank. Gathering of strategic information to raise regional and sub-regional awareness will assist in negotiation on inter-country collaboration and defining cross border approaches.

The technical response to AIDS within the uniformed services is equally complex due to hierarchy, gender, nature of deployment, etc. A general lack of technical capacity within uniformed services is a huge challenge that requires the upgrading of curricula and monitoring of education programmes. Presently, funding for uniformed services is rarely included in Global Fund, MAP and other global funding initiatives. Specific necessary support for reaching those population groups—including capacity building on HIV activities—are neither covered through the Unified Budget and Workplan nor through supplemental funds. Countries are not able to utilize this opportunity of outreach to specific population groups, through a strong sectoral response in synergy with the national AIDS response, and make the money work.

Table 7 presents the interventions included within the Plan to address the above outlined constraints. The total costs of the interventions amount to a total of US\$ 3 155 400.

Table 7:
Scaling up interventions related to emergency, reconstruction and security settings

| SCALING UP INTERVENTIONS | NUMBER OF COUNTRIES TARGETED | BUDGET (IN US\$) |
|---|------------------------------|------------------|
| <i>HIV in emergency, reconstruction and security settings</i> | | |
| Advocacy and training on addressing AIDS in emergency and reconstruction settings | 20 (2006) 25 (2007) | 230 400 |
| Incorporation of HIV in the curricula for uniformed services | 20 (2006) 20 (2007) | 900 000 |
| Establishment of an enabling policy environment, including cross-border approaches to the provision of comprehensive HIV and AIDS services to displaced populations | 20 (2006) 25 (2007) | 2 025 000 |
| TOTAL | | 3 155 400 |

3.3 Monitoring and evaluation, knowledge sharing and accountability

Monitoring and evaluation

Comprehensive and accurate monitoring and evaluation of national AIDS programmes remains a key challenge for countries, affecting global funding initiatives, such as the Global Fund and the World Bank-supported MAP. There continues to be major deficiencies in reporting to the Global Fund and tracking progress of MAP grants. The main underlying cause is the insufficient capacity of national monitoring and evaluation (M&E) programmes.

Many M&E programmes are insufficiently staffed, lack specific technical expertise to identify and aggregate available data, and adequately coordinate and manage new data collection among the multiple partners involved in M&E. Capacity constraints also hamper specific data collection activities, such as behaviour and resistance surveillance and monitoring of the provision of antiretroviral drugs. Most importantly, there is a lack of capacity to synthesize the information that is collected for strategic decision making and accountability. In addition, systems for dissemination of such strategic information are not developed (and in many cases nonexistent) in the priority countries identified. Moreover, capacities for utilizing research data and findings in policy formulation, planning and programme implementation is limited.

This has often resulted in lack of supportive policy frameworks, poor planning, lack of systems for prioritization of intervention strategies and poor monitoring of programme implementation and its effectiveness. It also has resulted in inadequate or poor accountability mechanisms. Consequently, programme managers are unable to detect and address potential problems and resolve them at an early stage. There is urgent, critical need to address these problems.

The technical assistance described in this proposal will complement and build upon support that is currently being provided through bilateral and multilateral agencies. It focuses on identified country-level blockages to rapidly expanding national M&E capacity and includes:

- a “system mapping”;
- collection of diverse types of information including national AIDS spending assessments, to understand the status of the epidemic and the funding and effectiveness of the response; and

- capacity building to synthesize the diverse types of data into strategic information for decision making.

The above mentioned activities are not included in the UNAIDS Unified Budget and Workplan, which currently focuses on global and regional activities and direct support for existing UN M&E staff.

Partnership

Partnership with civil society is crucial to take into consideration their needs and the needs of vulnerable, marginalized and rural populations reached by them. However, civil society organizations often face difficulties in accessing global funding initiatives, such as Global Fund and MAP, and in receiving these resources in a timely manner. Frequently encountered barriers include: (i) managerial and programmatic capacity constraints among civil society organizations; (ii) limited representation in decision-making bodies; and (iii) limited involvement in the operational management of the national AIDS response.

Capacity of civil society organizations varies widely. Some organizations currently serve as technical support providers, while others lack capacity and would benefit from technical support. Areas of particular concern include capacity gaps in overall programme management, including planning and accountability, and up-to-date knowledge and skills on programme implementation. Ensuring genuine participation of civil society in decision-making bodies, such as Global Fund Country Coordinating Mechanisms and national AIDS coordinating authorities, is another challenge. As such, civil society is often excluded from participation in these bodies and is not given the opportunity to express its views and access available funds. Poor collaboration between the public system and civil society—partly due to limited willingness of the public sector to engage with civil society representatives as equal partners—has also hampered the involvement of civil society in planning, management and evaluation, including service provision. This obviously not only affects the overall implementation capacity but also the comprehensiveness of the response. As a consequence, resources allocated for services for vulnerable, marginalized and rural population are not always used optimally, and Global Fund performance targets are not met.

The technical assistance included in this proposal will support development of guidelines and capacity building of civil society organizations, in particular leadership and negotiations skills, policy analysis and overall programme management. These interventions will take into consideration the specific needs and involvement of vulnerable groups such as youth and women. Networks of women living with HIV will specifically be supported with organizational development interventions and leadership training programmes, to enable their effective engagement in all aspects of the national response.

Coordination and accountability of national response

Weak leadership and lack of coordination of the national response are important obstacles to the timely disbursement and utilization of resources from the Global Fund, MAP and the US President's Emergency Plan for AIDS Relief (PEPFAR). National AIDS coordinating authorities generally lack institutional capacity to guide and coordinate the national response, including alignment of partners, as well as overall managerial capacity.

The resulting inefficient organization and reduced effectiveness of the national response are of particular concern when dealing with performance-based funding, such as from the Global Fund. Lengthy processes to identify, assess and contract sub-recipients easily results in delays in implementation, which are difficult to correct within the limited timeframe of the Global Fund grants.

On top of it, accountability systems to monitor scaling up and identify problems in time are generally lacking, not allowing early alerts and action regarding off-track implementation.

In many countries the CCM is challenged by poor governance, insufficient oversight and/or micromanagement of Principal Recipients. On top of it, CCMs are not well integrated with national AIDS coordinating authorities. The two bodies may act independently or compete with each other, further compromising efficiency of grant implementation.

Given the crucial nature of the above described bottlenecks, the Plan includes specific interventions to strengthen coordination. Capacities of national AIDS coordinating authorities will be strengthened through placement of organizational development experts to better coordinate the national response in the “Three Ones” context. Assistance will also be provided to strengthen the functioning and coordination of CCMs, in terms of governance, management and genuine participation of all constituencies. Countries will be supported in developing and implementing Global Fund proposals and proposals for accessing other funding sources. None of these interventions is currently supported through the Unified Budget and Workplan or agency core budget. Unless additional resources are being mobilized, the UN will not be able to adequately support countries to address these crucial issues and make the money work.

The technical support costs for the third strategic area, “Monitoring and evaluation, knowledge sharing and accountability” amount a total of US\$ 20 325 000, as per Table 8 below.

Table 8:
Technical support interventions under monitoring and evaluation, knowledge sharing and accountability

| MONITORING AND EVALUATION, STRATEGIC INFORMATION, KNOWLEDGE SHARING AND ACCOUNTABILITY | NUMBER OF COUNTRIES TARGETED | BUDGET (IN US\$) |
|--|------------------------------|-------------------|
| Strengthening of national M&E systems to build towards one unified system, including M&E of uniformed services | 20 (2006) 20 (2007) | 2 608 000 |
| Undertake national AIDS spending assessments | 5 (2006) 25 (2007) | 3 881 500 |
| Generation, sharing and utilization of strategic information for decision-making | 10 (2006) 15 (2007) | 562 500 |
| Development of guidelines and capacity building of civil society partners on leadership and negotiation skills, policy analysis and programme management. | 10 (2006) 20 (2007) | 810 000 |
| Technical support for organizational development and capacity building of networks of women living with HIV | 15 (2006) 15 (2007) | 297 000 |
| Strengthening coordination and leadership capacity of the national AIDS authorities, through placement of organization development experts within the NAA | 12 (2006) 20 (2007) | 9 240 000 |
| Support countries in the operationalization of Global Fund procedures and the functioning of the CCM, and the development of Global Fund proposals and phase 2 plans of action | 15 (2006) 15 (2007) | 1 296 000 |
| Establishment of antiretroviral therapy monitoring and drug-resistance surveillance system and strengthening of second-generation surveillance | 20 (2006) 25 (2007) | 1 630 000 |
| TOTAL | | 20 325 000 |

3.4 Implementation support services

Provision of technical support is critical to overcoming implementation bottlenecks in the expansion of prevention, treatment and care interventions. At present, technical support systems are generally performing sub-optimally. A major challenge faced by the global community is to ensure that adequate technical support is rapidly available to countries—as per countries’ requests—and that the technical support provided is relevant. It is for this reason that the Plan emphasises accountability and includes specific interventions aimed to strengthen the administrative management and oversight of its technical support provision, complemented by stringent monitoring and reporting.

Recognizing the additional technical support capacity required, a database of proven consultants will be established by concerned agencies and linked with existing technical support networks, such as the knowledge hubs of WHO, the regional UNAIDS Technical Support Facilities (TSF) and the AIDS Medicines and Diagnostics Services (AMDS). Eligible consultants will receive regular updates to ensure standardization of technical support, in line with the latest technical and operational developments. Regional capacity will be strengthened to allow technical support provision and supervision in critical areas, when needed.

GIST has been included in the Technical Support Plan to support countries as they identify bottlenecks, determine underlying causes, identify appropriate solutions and obtain technical support accordingly. GIST fosters national leadership and ownership, and will therefore facilitate country-based analysis and action, ensure linkages between country teams, the UN Theme Group, the CCM and available technical support networks, as per needs identified by the countries, and monitor the implementation of this Plan. The total costs for setting up and maintaining these services amounts to US\$ 15 351 700, as per Table 9 below.

Table 9:
Interventions included under implementation support services

| IMPLEMENTATION SUPPORT SERVICES | NUMBER OF COUNTRIES TARGETED | BUDGET (IN US\$) |
|--|------------------------------|-------------------|
| - Establishment and maintenance Joint Problem Solving and Implementation Support Teams, including support for the development of national technical support plan | 20 (2006) 45 (2007) | 9 830 191 |
| - Administrative systems, consultants database, monitoring and reporting | 45 (2006) 45 (2007) | 5 293 180 |
| TOTAL | | 15 123 370 |

4. Management, oversight and accountability of technical support

4.1 Implementation and oversight arrangements

The Consolidated UN Technical Support Plan has been developed within a limited timeframe to allow its presentation at the Global Fund Replenishment meeting in early September. Given the timeframe, it was not possible to develop the plan through a bottom-up process of estimating and planning country technical support needs. However, the plan benefited extensively from country-level experiences on implementation bottlenecks gathered through different channels.

Subsequently, a country-based, participatory planning process will be facilitated to take into consideration country specificities and to ensure alignment and harmonization with ongoing initiatives and development frameworks, such as the national AIDS action framework, the PRSP and the United Nations Development Assistance Framework. This process will bring together all relevant partners, including civil society and networks of people living with HIV, to develop a national technical support plan. The plan will be based on identified implementation bottlenecks and their underlying causes, and will clarify the technical support needs and resources available within different sectors and agencies, including the civil society. Technical support can be requested by a range of stakeholders, including national AIDS authorities, government ministries and departments, civil society and the business sector. In consultation with national stakeholders and in recognition of the technical support provided by other development partners, in particular bilateral agencies, UNAIDS will support the implementation of the plan in accordance with its normative roles and comparative advantages.

The country should preferably utilize an existing partnership mechanism, such as the AIDS partnership forum, the CCM and/or the Expanded Theme Group on HIV/AIDS to jointly identify and address implementation bottlenecks, or otherwise establish a specific taskforce. The concerned body—referred to in this document as a ‘national problem-solving and implementation support mechanism’—will include civil society organizations and people living with HIV to ensure that their concerns are taken into consideration, and they are involved in the management and provision of the technical support.

In order to allow rapid follow up of actions required, the national problem-solving and implementation support mechanism will work closely together with the newly established global-level joint problem-solving and implementation support team, or GIST. GIST was conceptualized as a participatory mechanism to rapidly assist countries with the implementation of Global Fund, MAP and other large grants in follow up to the Global Task Team recommendations¹⁸. GIST intends to provide a platform for consultation, analysis, prioritization and coordinated action among local, national, regional and global stakeholders.

UN partners at the country level, through the UN Theme Group, will work closely with the national problem-solving and implementation support mechanism. In order to improve the coordination and accountability of quality technical support provided by the UN, the UNAIDS Cosponsors and Secretariat have recently identified ‘Lead Organizations’ for 17 technical support areas where the

¹⁸ The UNAIDS Secretariat, The Joint Problem-Solving Initiative: Coordinating UN action and provisions of technical support for accelerating HIV/AIDS response in countries, draft concept paper, The UNAIDS Secretariat and the Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva, July 2005.

¹⁹ UNAIDS Technical Support Division of Labour, Summary and Rationale, Geneva, July 2005.

UN system has a comparative advantage (see Annex 1)¹⁹. Within this UNAIDS Division of Labour, the Lead Organization is responsible for coordinating UNAIDS' provision and/or facilitation of technical support within its area, and will serve as the single entry point for government and relevant country-level stakeholders requesting technical support within the area. In case the concerned Lead Organization is not present at the country level or does not have sufficient capacity, an alternate will be identified by the Theme Group. When receiving a request for support, the Lead Organization will rapidly consult with other UN organizations that provide such support—known as 'Main Partners'—to determine the optimal provider(s) and financing of the support. The UN Theme Group Chair and the UNAIDS Country Coordinator (UCC) will be regularly informed on these consultations.

Regional offices of the UNAIDS Cosponsors and Secretariat will be closely involved in the process of undertaking technical support assessments, developing national technical support plans and providing technical support. UNAIDS regional offices will also support Lead Organizations and Main Partners in identifying external support providers from among a pool of proven consultants and institutions, including civil society organizations, private sector institutions, educational and research institutions, and/or existing technical support networks. This innovative approach will maximize use of regional capacity.

Quality assurance procedures concerning the identification, selection, management and review of technical support managed by the Lead Organizations and Main Partners will be developed, building on experiences gained through technical support networks, including the UNAIDS TSFs.

The UNAIDS TSF envisages several mechanisms for quality assurance, including: (i) the creation of a quality-assured regional consultant database, with inclusion of consultants based on references from at least three clients; (ii) setting up a 'review panel' of experts whose responsibilities include monitoring quality of technical assistance provided by consultants including reviewing the consultants inputs and interactions with clients, consultancy reports and recommendations and provide expert inputs/feedback to the TSF prior to submission to clients; (iii) feedback on client satisfaction through consultant performance review; (iv) follow up with clients periodically to monitor how the recommendations from the technical assistance provided are being utilised in programme implementation; (v) an open tender procedure for selecting the organizations/consortiums which will manage the TSF; and (vi) an Interagency Reference Group, comprised of the UNAIDS Cosponsors, national partners including civil society, bilaterals and the UNAIDS Secretariat, to provide oversight to the TSF and to strengthen harmonisation and coordination of Technical Assistance to countries in the regions.

4.2 Funding mechanisms

There is a clear need for a mechanism that allows rapid disbursement of large volumes of funds for the technical support envisioned in the Consolidated Plan. As recommended by the Global Task Team, an expanded and refocused UNAIDS PAF mechanism could provide the principal conduit of additional financial support for the implementation of the Consolidated Plan. Significant experiences have been gained with the PAF mechanism, in existence since 2000 and currently serving UN Theme Groups in 118 countries with funds of a total of US\$ 16 million for 2004-2005.

A PAF Working Group including representatives of the UNAIDS Cosponsors and Secretariat and civil society is currently reviewing the principles, criteria and procedures of the PAF, and will make detailed recommendations on how UNAIDS should channel funds for the additional technical support. Such an enhanced PAF would allow both UN and non-UN organizations to act as implementers of the national technical support plan, while at the same time ensuring adequate accountability and quality

assurance. For example, it is anticipated that part of the mobilized funds will enable civil society to act as both a technical support provider and a beneficiary of capacity building efforts.

The additional funding for the implementation of the technical support plan would come from voluntary contributions made to the Fund of UNAIDS and “soft earmarked” for enhanced PAF under the umbrella of the UNAIDS Unified Budget and Workplan. To provide the maximum flexibility, speed and to keep administrative costs to a minimum, enhanced PAF contributions should not be earmarked to specific activities.

In collaboration with national partners, including civil society organizations, UN Theme Groups will request enhanced PAF allocations for UN contributions to the implementation of national technical support plans. In the event that only part of the requested funds is mobilized, the UN Theme Group would support national partners’ efforts to mobilize additional resources. The UN Theme Group would then review its commitments and reprioritize its technical support provision, if the need arises.

Management and oversight of the whole cycle of approval, disbursement and monitoring of enhanced PAF will require a strengthening of the PAF Committee²⁰ and the capacity within UNAIDS Secretariat. The day-to-day management of the enhanced PAF will likely require the establishment of a small team within the UNAIDS Secretariat’s Geneva headquarters, supported by UNAIDS Regional Support Teams. The team would focus on ensuring coherent planning, good management, rapid disbursement of approved funding, monitoring and evaluation and financial control, and would support and report directly to the interagency PAF Committee²¹.

Currently, most PAF resources are channelled through the UN Resident Coordinator System, which uses UNDP’s administrative and financial support system. Keeping in mind the importance of harmonizing an enhanced PAF with the UN Resident Coordinator System and UN reform, the PAF Working Group is exploring whether the same mechanism can be used for a much larger volume of enhanced PAF resources.

4.3 Accountability and reporting

Given the importance placed by the Global Task Team on the provision of quality technical support in a timely manner, accountability of the UN system organizations will be ensured at different levels and through different mechanisms.

Firstly, accountability will be ensured at the country level by the Theme Group. The Lead Organization will monitor the provision of technical support in a given area and provide regular reports to the UN Theme Group about requests received and technical support provided. When the Lead Organization is the provider of the support, the Theme Group will thus be the first level of performance monitoring. The UN Theme Group will provide updates on the technical support being provided to the national problem-solving and implementation support mechanism to ensure follow-up on identified needs. The UN Theme Group will also provide quarterly reports to the UNAIDS Regional Support Team (RST).

²⁰ The seven-member PAF Committee reviews all PAF proposals, and approves any that cannot be approved directly by a Theme Group or the PAF Committee Chair (details are in the PAF Guidelines for 2004-2005). The Committee includes two Cosponsor representatives appointed by the CCO chair and five representatives appointed by the UNAIDS Executive Director.

²¹ It was unclear at the time of this writing whether the PAF Working Group will recommend changes to the current PAF Committee or recommend the establishment of a separate committee to oversee enhanced PAF.

The RST will compile the Theme Group reports to update the Regional Directors on the progress made concerning the UN technical support plan implementation. The RSTs will also consolidate the reports and submit six-monthly report to the UNAIDS Secretariat, which will provide global-level reports to the UNAIDS Committee of Cosponsoring Organizations (CCO).

An additional accountability mechanism will be established through GIST. Working closely together with national problem-solving and implementation support mechanisms, GIST will facilitate joint monitoring of actions taken to address technical support needs.

An M&E framework with the four distinct components in the Consolidated Plan will be developed to allow reporting on its implementation and support accountability. These components will include:

1. Defining and measuring milestones for the establishment of a quality UN technical support initiative. Examples of possible milestones could include finalizing the enhanced PAF mechanism and disseminating this information. Progress toward achieving the milestones would be presented every six months.
2. Determining process and output indicators to routinely monitor the implementation of the Consolidated Plan from country to regional to global level, as outlined above. Indicators could include the amount, type and geographic distribution of technical support provided. Such Reporting at each level would include information on the status of the expanded PAF mechanism, in terms of proposals received and approved, funds disbursed and accountability reports received. If needed, the CCO may hold individual agencies or UN Theme Groups accountable for poor performance.
3. Annual reporting on the value added of the technical support, for example increased coverage of prevention, treatment and mitigation services, improved quality of services, more rapid commodity procurement with fewer stock-outs, achievements towards the Global Task Team

Annex 1

UN Technical Support Division of Labour Matrix

| TECHNICAL SUPPORT AREAS | Lead Organization | Main Partners |
|--|--------------------|--|
| 1. STRATEGIC PLANNING, GOVERNANCE AND FINANCIAL MANAGEMENT | | |
| 1. AIDS, development, governance and mainstreaming, including instruments such as PRSPs, and enabling legislation, human rights and gender | UNDP | ILO, UNAIDS Secretariat, UNESCO, UNICEF, WHO, World Bank, UNFPA, UNHCR |
| 2. Support to strategic, prioritized and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation and sectoral work | World Bank | ILO, UNAIDS Secretariat, UNDP, UNESCO, UNICEF, WHO |
| 3. Procurement and supply management, including training | UNICEF | UNDP, UNFPA, WHO, World Bank |
| 4. AIDS workplace policy and programmes, private-sector mobilization | ILO | UNESCO, UNDP |
| 2. SCALING UP INTERVENTIONS | | |
| <i>Prevention</i> | | |
| 5. Prevention of HIV transmission in healthcare settings, blood safety, counselling and testing, sexually-transmitted infection diagnosis and treatment, and linkage of HIV prevention with AIDS treatment services | WHO | UNICEF, UNFPA, ILO |
| 6. Provision of information and education, condom programming, prevention for young people outside schools and prevention efforts targeting vulnerable groups (except injecting drug users, prisoners and refugee populations) | UNFPA | ILO, UNAIDS Secretariat, UNESCO, UNICEF, UNODC, WHO |
| 7. Prevention of mother-to-child transmission (PMTCT) | UNICEF, WHO | UNFPA, WFP |
| 8. Prevention for young people in education institutions | UNESCO | ILO, UNFPA, UNICEF, WHO, WFP |
| 9. Prevention of transmission of HIV among injecting drug users and in prisons | UNODC | UNDP, UNICEF, WHO, ILO |
| 10. Overall policy, monitoring and coordination on prevention | UNAIDS Secretariat | All Cosponsors |
| <i>Treatment, care and support</i> | | |
| 11. Antiretroviral treatment and monitoring, prophylaxis and treatment for opportunistic infections (adults and children) | WHO | UNICEF |
| 12. Care and support for people living with HIV, orphans and vulnerable children, and affected households. | UNICEF | WFP, WHO, ILO |
| 13. Dietary/nutrition support | WFP | UNESCO, UNICEF, WHO |
| <i>Addressing HIV in emergency, reconstruction and security settings</i> | | |
| 14. Strengthening AIDS response in context of security, uniformed services and humanitarian crises | UNAIDS Secretariat | UNHCR, UNICEF, WFP, WHO, UNFPA |
| 15. Addressing HIV among displaced populations (refugees and internally displaced persons) | UNHCR | UNESCO, UNFPA, UNICEF, WFP, WHO, UNDP |
| 3. MONITORING AND EVALUATION, STRATEGIC INFORMATION, KNOWLEDGE SHARING AND ACCOUNTABILITY | | |
| 16. Strategic information, knowledge sharing and accountability, coordination of national efforts, partnership building, advocacy, and monitoring and evaluation, including estimation of national prevalence and projection of demographic impact | UNAIDS Secretariat | ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO, World Bank |
| 17. Establishment and implementation of surveillance for HIV, through sentinel/population-based surveys | WHO | UNAIDS Secretariat |

Annex 2

The forty-seven priority countries for technical support

| Countries | Global Fund Recipient | DFID/GF proxy fragile countries | Possible PRSP countries | UNAIDS priority country | PEPFAR country | World Bank supported country | WHO 3 by 5 priority country |
|---------------------------|-----------------------|---------------------------------|-------------------------|-------------------------|----------------|------------------------------|-----------------------------|
| Sub-Saharan Africa | | | | | | | |
| Angola | X | X | | X | | X | X |
| Botswana | X | | | X | X | | X |
| Burkina Faso | X | | 2005 | | | X | X |
| Burundi | X | X | | | | X | X |
| Cameroon | X | X | | | | X | X |
| Central African Republic | X | X | | | | X | X |
| Congo, DRC | X | X | 2006 | X | | X | X |
| Cote d'Ivoire | X | X | | | X | X | X |
| Ethiopia | X | X | 2006 | X | X | X | X |
| Gambia, The | X | X | 2006 | | | X | |
| Ghana | X | | | | | X | X |
| Guinea | X | X | 2006 | | | X | X |
| Guinea Bissau | X | X | 2005 | | | X | |
| Kenya | X | X | | X | X | X | X |
| Lesotho | X | | | | | X | X |
| Malawi | X | X | 2006 | X | X | X | X |
| Mauritania | | | 2005 | | | X | |
| Mozambique | X | | 2005 | X | X | X | X |
| Namibia | X | | | | X | | X |
| Nigeria | X | X | 2006 | X | | X | X |
| Rwanda | X | | 2006 | X | X | X | X |
| Senegal | X | X | 2006 | X | | X | X |

| Countries | DFID/GF proxy fragile countries | Possible PRSP countries | UNAIDS priority country | PEPFAR country | World Bank-supported country | WHO 3 by 5 priority country |
|--|---------------------------------|-------------------------|-------------------------|----------------|------------------------------|-----------------------------|
| Sierra Leone | X | 2005 | | | X | |
| South Africa | X | | X | X | | X |
| Swaziland | X | | | | X | X |
| Uganda | X | 2005 | X | X | X | X |
| UR Tanzania | X | 2005 | X | X | X | X |
| Zambia | X | 2006 | X | X | X | X |
| Zimbabwe | X | | X | X | | X |
| Asia and Pacific | | | | | | |
| Cambodia | X | | X | X | | X |
| China | X | | X | | | X |
| India | X | | X | X | X | X |
| Indonesia | X | | X | | | |
| Myanmar | X | | X | | | X |
| Papua New Guinea | X | | X | | | |
| Viet Nam | X | 2006 | X | X | X | X |
| Eastern Europe and Central Asia | | | | | | |
| Albania | X | 2006 | | | | |
| Russia Federation | X | | X | X | X | X |
| Tajikistan | X | 2006 | | | X | |
| Ukraine | X | | X | X | | X |
| North Africa and Middle East | | | | | | |
| Sudan | X | | X | | | X |
| Latin America and the Caribbean | | | | | | |
| Bolivia | X | | X | | | |
| Dominican Republic | X | | X | | X | |
| Guyana | X | 2006 | X | X | X | X |
| Haiti | X | | X | X | | X |
| Honduras | X | 2005 | X | | X | |
| Nicaragua | X | 2005 | X | | | |

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNHCR • UNICEF • WFP • UNDP • UNFPA
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