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Second Independent Evaluation 2002-2008
Country Visit to Haiti - Summary Report

UNAIDS
Second Independent Evaluation
2002-2008

Country Visit to Haiti

Summary Report

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BSS	Behavioural Surveillance Survey
CBO	Community-based Organisation
CCM	Country Coordinating Mechanism (GF)
CDC	Centers for Disease Control (US)
CSO	Civil Society Organisation
DaO	Delivering as One
DHS	Demographic and Health Survey
DOL	Division of Labour
ExCom	Executive Committee
FBO	Faith-based Organisation
GF	Global Fund (abbreviation of GFATM)
GFATM	Global Fund for AIDS, TB and Malaria
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HoA	Head of Agency (UN)
HSDP	Health Sector Development Plan
HSS	Health systems strengthening
IDU	Injection drug user
IEC	Information, education and communication
IGA	Income generating activity
IHP	International Health Partnership
JT	Joint Team
MARP	Most at risk population
MOH	Ministry of Health
MSM	Men who have sex with men
NAC	National HIV/AIDS Council
NASA	National AIDS Spending Assessment
NFE	Non-formal education
NHA	National Health Account
NPF	National Partnership Forum
PAF	Programme Acceleration Fund
PEPFAR	President's Emergency Programme for AIDS Relief (USG)
PLHIV	People living with HIV
PRSP	Poverty Reduction Strategy Paper
RC	Resident Coordinator
RCC	Rolling Continuation Channel (GF)
TSF	Technical Support Facility
TWG	Technical Working Group
UA	Universal Access
UCC	UNAIDS Country Coordinator
UN	United Nations
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNGASS	UN General Assembly Special Session on AIDS
USG	United States Government

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Disclaimer

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

1 Introduction

1.1 This report is a summary of findings from a short evaluation visit to Haiti as part of the Second Independent Evaluation of UNAIDS. The country visit took place from 2 to 13 February 2009. The team consisted of Dr. Muriel Visser-Valfrey, Mr. Helmis Cardenas, and Dr. Rachelle Cassagnol. The team were based in Port-au-Prince and made a field visit to Jacmel in the South East of Haiti.

1.2 The summary report draws on material in a set of evaluation framework tables (described in the inception report for the evaluation[1]), which are based on information gathered from meetings with a range of stakeholders (Annex 1) and from review of key documents (Annex 2).

1.3 Haiti is one of 12 countries sampled for visiting during the evaluation[2]. The material in the framework tables from these country visits, visits to regional offices of UNAIDS Secretariat and Cosponsors, global visits and interviews, and surveys of other stakeholders will be synthesised together in an overall evaluation report due to be submitted in August 2009.

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

Evaluation scope and objectives

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

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

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

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

[1] The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20th October 2008
[2] Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Iran, Kazakhstan, Peru, Swaziland, Ukraine, Vietnam

2 Country context

2.1 Haiti has experienced a prolonged period of crisis and political instability. In the past two decades the population has become increasingly poor and inequalities in access to opportunities of all kinds have worsened. A UN peace keeping force (MINUSTAH) was placed in the country in 2004 and has recently seen its mandate renewed for a further two years. While the country has gained a semblance of stability, the political situation continues to be volatile with rapid changes in leadership adversely affecting continuity and progress in all sectors. There are still major political, economic and social challenges. Leadership and governance remain weak and provision of basic services is to a significant extent in the hands of civil society organisations (CSOs). The findings in this report must be understood from the perspective of this complex context. Working in Haiti and making progress in the HIV response is without doubt exceptionally challenging.

2.2 HIV was first detected in Haiti in 1983. The nature of the epidemic has changed over time. It was initially mostly confined to men who have sex with men (MSM) and to recipients of blood transfusions. By the early 1990s the epidemic became generalised, with equal numbers of men and women infected. Today the epidemic is increasingly affecting women, with a ratio of 115 women infected to every 100 men infected (compared to six men for every woman in 1988 and one man for every woman in 2002).

2.3 Although the epidemic appears to have stabilised since 2006, it still threatens the achievement of the Millennium Development Goals, national development and security. HIV prevalence among adults aged 15-49 years of age is estimated at 2.2% and Haiti has the highest prevalence in the Caribbean region. This is attributed to poverty, the violent and unstable situation, migration, and poor quality of and access to basic services. The latest seroprevalence survey among pregnant women in 2006 found prevalence of 4.4%, an increase of 1.3% compared to 2004. An estimated 109,116 adults over 15 years of age are living with HIV, and an estimated 5,888 children in the 0-14 age group are HIV positive.

2.4 Knowledge of HIV is high and the majority of Haitian women and men (81% and 90%) have heard of HIV and AIDS. However, a lower proportion of the population (31% of women and 41% of men) has comprehensive knowledge. Only one third of women are aware that interventions can reduce the risk of mother-to-child transmission of HIV. One third of women and almost two thirds of men have had high risk sex in the past 12 months.

2.5 The HIV response in Haiti started in 1983 and was followed by the establishment of two technical commissions in 1987 and 1991 to lead the response. Four strategic plans have been developed since, covering 1998-1992, 1996-2000[3], 2002-2006 and 2008-2012. The current plan is the first to be multisectoral in nature. It has six strategic areas: reduction of risk; reduction of vulnerability; reduction of impact; promotion of human rights; sustainability; and surveillance of the epidemic and research.

2.6 The current National Multisectoral Plan was developed in a participatory manner involving all key stakeholders. However, the country does not yet have a National AIDS Council (NAC) or equivalent – there is some expectation that this will be established in 2009. The Ministry of Health coordinates the HIV response. Many other sector ministries are not engaging to any substantial degree in the response, although there are some exceptions, including the Ministry of Education, Ministry of Youth and Sports and the Ministry of Women's Affairs.

[3] The second plan was never operationalised due to its limited vision (health focused), lack of ownership among partners and the absence of substantial funding. The gaps in planning reflect periods of political change and/or instability.

2.7 Progress has been made in selected areas of the response. There has been an increase in the number of people tested for HIV and in the number of HIV-positive women receiving antiretroviral prophylaxis treatment to prevent mother-to-child transmission. However, prevention and treatment coverage remains low. There are many issues that need to be addressed. There are no laws to protect people living with HIV (PLHIV) from stigma and discrimination – laws concerning the rights of PLHIV have been drafted but are yet to be adopted. There is also no law forbidding testing for HIV by employers.

2.8 At the time of the evaluation Haiti was receiving funding of approximately US$70 million from the US Government through PEPFAR, US$30 million from the Global Fund and approximately US$4 million from UN agencies. UNAIDS is a permanent member of the Global Fund Country Coordinating Mechanism (CCM) and has played an important role in the Global Fund process in a number of ways. This has included working closely with partners on the preparation of documentation for the various rounds for which Haiti submitted proposals. UNAIDS has also been instrumental in ensuring adequate representation by civil society and in strengthening civil society organizations and networks to more effectively participate in the global fund process.

2.9 A number of external and internal factors have an impact on the AIDS response in Haiti. Much of the response is de facto carried by the civil society. This has meant that the AIDS response is driven to a large by this group of stakeholders (both in terms of funding and as well as with respect to where the key decision are being made). While Government has been weak because of political instability and therefore unable to take strong leadership, it is also clear that Government leadership in itself is undermined by the influence and strong position of civil society. A second important factor is that there is clearly reduced funding and a shift in agency priorities away from funding for AIDS. This applies to government too where the focus is currently on improving the economic and environmental situation as a the whole, and in the health sector, the main thrust is decentralization. Finally, in spite of considerable sums of money invested in the AIDS response, this does not appear to have the impact it could have because of a lack of appreciation of the potential for effectively capitalizing on AIDS resource mobilization mechanisms and lessons learned.

3 Findings

How UNAIDS has responded to the five year evaluation

3.1 The Five-Year Evaluation put forward 29 recommendations. Of these, 18 have a direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 lists these 18 country-oriented recommendations in note form with a comment on the situation in Haiti. Of these one was assessed as having achieved a high level of progress, seven as medium, and ten as low progress.

How UNAIDS is responding to the changing context

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

The evolving role of UNAIDS within a changing environment

3.3 The UN response in Haiti is only gradually evolving into a Joint Programme of Support. 2008 was the first year that a Joint UN Plan was produced. This plan – as well as the 2009 Plan –

reflects only those activities that UN agencies undertake jointly. In the first year (2008) this was the option agreed upon by the joint team.

3.4 HIV and AIDS is not high on the UN agenda in Haiti, as there are many other pressing problems, despite the fact that the country faces a generalised epidemic and has many characteristics that drive HIV transmission. HIV is briefly mentioned in the UN Development Assistance Framework (UNDAF) in the health section under one of the three pillars. The UNDAF is based on Haiti's Poverty Reduction Strategy (PRS) which makes very little reference to HIV and AIDS.

3.5 Many informants perceive that the UN's commitment to HIV and AIDS has become less strong over the period covered by the evaluation, despite efforts by the UNAIDS Secretariat to bring the UN together and efforts by the Joint Team to give greater prominence to the issue. The UN is not viewed as a strong partner by government and civil society actors and is seen as diffuse and sometimes contradictory in terms of its messages about HIV and AIDS.

Strengthening health systems

3.6 There is no clearly articulated UNAIDS position on health system strengthening in Haiti, reflecting the lack of global guidance from UNAIDS on this issue. Individual members of the Joint Team recognise the importance of this issue and some agencies, for example, WHO and UNFPA support activities that strengthen health systems. However, the Joint Team does not have a common understanding of health system strengthening and the issue has not been addressed at Joint Team meetings. The on-going work of developing a technical support plan for the sector could contribute usefully to improving this situation.

3.7 The UNAIDS Country Coordinator participates in the Donor Health Group monthly breakfast meetings but there is no evidence in minutes or from interviews that discussion in this group has focused on a joint position on health system strengthening or that these discussions have been fed back to the work of the UN Joint Team. Nonetheless, there have been some recent discussions at country level which aim at moving forward the agenda on HSS. The UCO has discussed the issues with PAHO in Haiti and with the Caribbean region, as well as with UNDP in 2008. This has resulted in a consensus that HSS efforts should be supported. However, a proposal for HSS was submitted in May 2008 to the CCM but was not endorsed for Global Fund Round 9 submissions on account of 'insufficient time to finalize the preparation of the annexes'. PEPFAR also indicated that it has a strong health system strengthening focus – 'this is the essence of what the programme does' – although evidence from the field visit suggests that the PEPFAR practice of salary top-ups and establishment of parallel services within hospitals and health units has weakened already very weak health services (for example, nurses who are outside the HIV/AIDS section of the health unit refusing to take care of HIV-positive patients because they are not being paid a 'stimulus').

3.8 The National AIDS Spending Assessment (NASA) took place over a protracted period, as a result of changes in management at the MOH, starting in 2005 and ending in 2008. The NASA is the current mechanism for tracking HIV funding for HSS. The last NASA exercise went into considerable detail on this component. In the national budget for 2008 for the multisectoral HIV plan US$12 million was allocated for the development of health facilities and US$9 million for laboratories and infrastructure. These two line items represented 16% of the total HIV/AIDS budget.

3.9 It is important to note that some have criticised the HIV response in Haiti as being overly health driven and insufficiently multisectoral, reflecting the focus of donor funding and the fact that the response is coordinated by the MOH in the absence of a national coordinating body.

Delivering as one

3.10 There has been limited focus on aid effectiveness in Haiti and donor coordination is a major issue. The volatile situation, the 'necessity' of crises management and the weak government make coordination a significant challenge.

3.11 The Paris Declaration is not well known by government – none of the ministries visited were aware of it – which was also the case for a number of the donors. The declaration is not seen by the main actors as having a significant or even potential value. Nonetheless, UNAIDS has made efforts towards alignment in cooperation with other partners and has provided selected support to strengthen coordination. In practice the implementation of the Paris Declaration has been treated by another sector – External Cooperation and Planning – and the link to the Health sector has yet to be made

3.12 Haiti is not in the mainstream of current UN reform processes. The Joint Team approach taken by UNAIDS has faced challenges (see below). Although a number of key stakeholders are aware of the Joint Team, there is a common perception that there is still some way to go before this approach will lead to a true joint vision and voice. The UN was seen by many as still operating through individual agency agendas and the UNAIDS cosponsors are widely viewed as not having a clear consensus on issues and approaches and as not speaking with one voice. There is no evidence that the Joint Team has been translated into an approach adopted by the wider UN Country Team (UNCT) or by external partners operating in the country.

How UNAIDS works

3.13 Many of the changes in UNAIDS during the period covered by the evaluation have occurred as a result of reforms in organisation and management. This section addresses these by looking at the Division of Labour (DOL) among the Secretariat and Cosponsors and arrangements for administration of the Joint Programme.

The Division of Labour between the Secretariat and Cosponsors

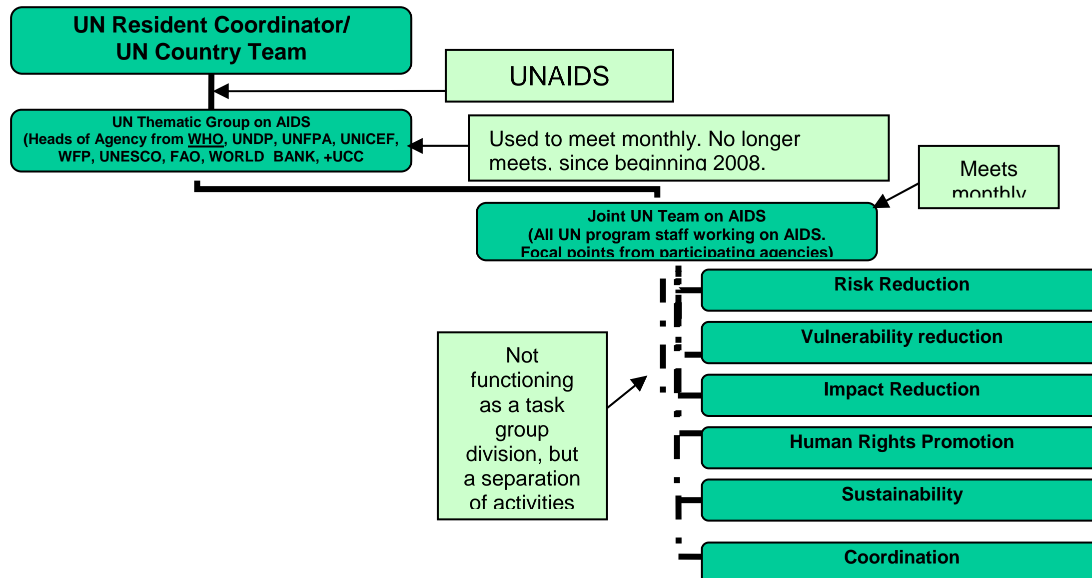
3.14 In Haiti the UN Theme Group was established in late 2005 in response to the UN Secretary General's letter establishing joint teams on AIDS. It was chaired initially by UNICEF, then by UNFPA and since the beginning of 2008 by WHO. Members of the Theme Group include both cosponsors and non-cosponsors. Operational work is done by the Joint Team on AIDS which brings together the HIV focal points from different agencies and meets every month. However, work load and the large number of meetings mean that many agencies are unable to participate as regularly as they say they would like to.

3.15 In early 2008 a decision was made to revert to addressing HIV and AIDS issues at UN Country Team (UNCT) meetings and the Theme Group no longer meets. HIV and AIDS has been on the UNCT meeting agenda three times since this decision, at the request of the UNAIDS Country Coordinator. UNCT discussions have reportedly been complicated by the lack of understanding by some Heads of Agency (HoA) of the purpose of the Joint Programme and of the work that is being done by the Joint Team. Interviews underscored some of the difficulties this creates for the functioning of the Joint Team, in particular because key decisions are not made. With the Theme Group no longer meeting, the Joint Team has lost much of its legitimacy and status. As one of its members said 'it has become an operational group with no head'.

3.16 In 2008 the Joint Team for the first time developed a Joint Programme of Support to Haiti. The Joint Programme of Support builds on the priorities which are outlined in the National Multisectoral Plan. The Joint Programme of Support brings together those activities which the various UN agencies are working on together, but does not capture activities which are carried out by individual UN agencies. The decisions for the activities which would be developed

collaboratively was made on the basis of an analysis by the UN partners as to where they could have a strategic added value in supporting the implementation of the Multisectoral Plan.

3.17 As a new team, UNAIDS opted to go along with a team-building approach rather than proscribe an approach for which there was not yet buy-in. While the concept has been accepted for the plan to include all activities, the agency plans have not been finalized early enough for agency-specific AIDS activities to be incorporated in the joint plan. Furthermore, the move away from AIDS as a stand-alone area of support means that activities are sometimes not identified as support to the fight against AIDS, and may be presented in broader terms, within other domains such as reproductive health or nutrition.



3.18 Progress highlighted in reports over the past three years relates to the UNAIDS' role in:

- Supporting the preparation of funding proposals for the Global Fund.
- Advocating for better representation of PLHIV organisations.
- Strengthening PLHIV organisations through training and capacity development and supporting the establishment of a network of PLHIV organisations.
- Advocating for improved PMTCT coverage.
- Developing nutritional guidelines for women and children.
- Sensitising on HIV in the workplace issues through selected workshops.
- Regularly participating in, and providing support to, national coordination meetings.
- Supporting the preparation of UNGASS reports.
- Training and technical inputs for ongoing development of a national M&E system.
- Supporting the establishment of a local chapter of the International Community of Women Living with HIV/AIDS.
- Conducting of a number of key studies.

3.19 Interviewees held a wide range of views on the value of the Joint Team. Overall there was no consensus on the benefits. Views expressed included:

- Has given a higher profile to the UN in key national events through information sharing and joint planning of activities.
- Sharing of technical expertise for specific activities.

- Access to Programme Acceleration Fund (PAF) funds to implement HIV activities which would not have been possible otherwise.
- Reduction in the number of meetings with external stakeholders through joint activities with certain partners.
- Building on the technical and financial strengths of other agencies.
- Gaining insight into approaches and strategies for HIV prevention, care and support.
- Protecting UN staff from HIV through awareness raising and prevention activities.

3.20 The Joint Team is known to some stakeholders. The NGO Forum of Global Fund Sub-Recipients was aware of the Joint Team and made reference to it spontaneously during a meeting. Bilateral donor agencies were mostly unaware of the Joint Team. Ministries, with the exception of the MOH, were also unaware of the Joint Team.

3.21 The potential benefits of working as a Joint Team were identified in the 2008 UNAIDS global guidance. The findings reveal a somewhat different picture.

Potential benefit	Actual finding
Staffing and staff capacity	The Joint Team approach does not appear to have had an impact on staffing. The allocation of staff time to HIV and AIDS reflects the priorities of individual agencies, and not the priorities in the Joint Programme of Support. There is, however, some evidence that the Joint Team has contributed to strengthening staff capacity. Members of the Joint Team mentioned the important benefit of having access to technical support, or working together on common issues and on learning from involvement in the joint response.
Joint initiation of activities	Some emerging evidence but variable over time. Until 2006 UN agencies were undertaking joint monitoring of the HIV response in all districts in the country but this was discontinued. 2008 was the first year a Joint Plan was formulated. In 2009 the work plan for the Joint Team has become more strategic, identifying areas of the Multi-Sectoral Plan where the UN agencies can have added value.
Fund raising	Mixed evidence. The Joint Team approach has not resulted in additional resources for agencies. UNAIDS has indirectly supported fund raising for the response overall by providing technical support to the preparation of Global Fund proposals.
Accountability	No evidence. Accountability within the UN is poor, and there is only very limited accountability towards outside stakeholders.

3.22 In terms of staffing there is no evidence that there has been a strategic approach to deciding on what staffing and capacity is required by the UN agencies jointly. Staffing decisions are made at individual agency level, without consultation with the Joint Team. Various examples were provided of recent staffing changes, for example, UNDP reducing the focal point position to a part-time function, but this was not discussed by the Joint Team or the UNCT. The World Bank

has not participated in the Joint Team for several years due to reduced staff (and because it no longer has a health programme). Rapid staff turnover – Haiti is a non-family posting and thus a shorter duty station – is reported to be a major problem resulting in loss of institutional memory.

3.23 Staff reported some benefits from being part of the Joint Team in terms of their own capacity development. However, capacity within the Joint Team varies considerably, with some agencies being represented by HIV specialists whereas others are represented by generalists with little experience. Informants cited various instances where differences in staff capacity, described as 'working from the lowest common denominator, had held back progress in decision making.

3.24 There has been some progress in jointly identifying and working on activities and these have become more strategic over time and better linked to the priorities of the government. There were no examples of joint funding and no evidence was found of a joint approach to fundraising or that membership of the Joint Team has increased access to funds for cosponsors.

3.25 Accountability issues were highlighted in almost all the interviews with cosponsors. Although most Joint Team members have received formal notification of their roles, not all focal points who participate in the Joint Team have this in their terms of reference and participation in the Joint Team is not included in their performance assessment (exceptions are UNESCO, UNICEF, UNAIDS, UNFPA and WHO). Focal points stated that they participate in the Joint Team because of their individual commitment to the issue, not necessarily because of an institutional commitment. Heads of Agencies who were available to meet with the evaluation team indicated that they were not held accountable for their contribution to the HIV response. For the Resident Coordinator a major concern is a perceived waste of resources as a result of each agency engaging with HIV and AIDS issues.

3.26 Interviews indicated that decisions about the Division of Labour (DOL) were based on agency areas of expertise and existing technical capacity and on agency mandates. The process was not documented in meeting minutes and the precise rationale for decisions thus remains unclear. What is clear, however, is that the DOL has not been revised since it was adopted in 2007, although some agencies, such as IOM and the World Bank, clearly do not have the human resource capacity to fulfil the role that has been allocated to them.

The administration of the joint programme

3.27 UNAIDS funds are administered through UNDP. This means that while UNAIDS Secretariat makes related decisions, UNDP implements these. For PAF funding, guidelines have been set up for this way of operation for funds channelled through the RC mechanism (managed by UNDP). The UCO follows these guidelines, however this seems either not understood or implementable at the UNDP country level. For support to the joint team, agencies without budgetary capacity have agreed on following the PAF mechanism, for which UNDP is administrator, and takes an overhead fee for managing the funds. There is evidence of serious problems with this arrangement in Haiti including:

- Substantial delays in processing of payment requests from UNAIDS Secretariat by UNDP, affecting the capacity of the secretariat to implement activities. These delays are much more pronounced for the UNAIDS Secretariat country office than for UNDP's own payments, but also affect other agencies that depend on UNDP such as UNIFEM. Delays have also affected UNAIDS' reputation vis-à-vis its partners and suppliers, for example, travel agencies, some of whom no longer want to do business with the secretariat.
- Difficulties relating to recruitment of consultants, as UNDP wants the secretariat to use UNDP daily rates for local consultants but many consultants based in Haiti operate regionally and therefore ask for higher fees. This has affected implementation and the

quality of support provided by the secretariat. In some cases the secretariat has been able to get around this by asking its regional office to do the contracting – a complicated procedure which has taken more time.

- The introduction of a new computer programme for financial management (ATLAS) has exacerbated these problems. As a result, the secretariat has not been able to access funding for the past eight months (including PAF money), which seriously affected implementation of activities in 2008.

3.28 In July 2008 an updated agreement was signed with UNDP, but there is no evidence that this has addressed in any substantive way the problems highlighted above.

3.29 The UNAIDS Secretariat has a small office in Haiti with a total of six staff, shortly to increase to seven with the recruitment of a programme officer. Personnel management works reasonably well although there are some delays because of the slow processing of requests. Local staff are recruited by UNDP, international staff fall under the mandate of WHO.

3.30 Some staff are doing the same kind of work, for example, the social mobilisation adviser and the M&E adviser, but are on different types of contract – local versus international. The division of labour is according to a view of collective responsibility, and differentiated at different times, based on skill sets (e.g. for UNDAF planning, monitoring, UNGASS and other statutory reporting requiring data collection, or World AIDS Day or civil society mobilization, for example).

3.31 Local staff have experienced some delays in processing of contracts and payment of salaries because of the issues identified above. Staff induction at UNAIDS Geneva in some cases takes place up to a year after the individual is contracted, reducing the relevance of this process. One staff member remarked that most of things that she was told during induction she had found out by trial and error during the first few months in her position. Staff also noted that induction training should focus more on issues and challenges faced by staff in the field.

3.32 UNAIDS Secretariat and Cosponsors rely on PAF funding, the only source of dedicated funding for implementation of joint activities. The secretariat and UN agencies stated that this process is not working as it is expected to. Applying for PAF funds is seen as a bureaucratic and lengthy process for relatively small amounts of money, although views differ from agency to agency. For example, agencies which have fewer resources, such as UNESCO, are more positive about the PAF. Even when PAF funds are approved there are significant delays in receiving the money, which is often transferred very close to the end of the year putting pressure on the secretariat, cosponsors and their partners to implement activities quickly or to implement in parallel activities designed to be sequential. Most cosponsors were not aware of the existence of UBW funds or how agencies access these funds.

How UNAIDS is fulfilling its mandate

3.33 This section examines the substantive areas where UNAIDS is mandated to provide leadership and support for the national response. Achievements are examined for work with civil society, dealing with gender, provision of technical support, human rights and the greater and meaningful involvement of people living with HIV.

Involving and working with civil society[4]

3.34 UNAIDS' work with civil society in Haiti has to be understood in the country context. Civil society provides a significant proportion of basic health and other services and the bulk of funding for the HIV response goes to civil society organisations. Although a comprehensive overview of funding allocated to civil society organisations by government and donors is not available and is not tracked by UNAIDS, the NASA 2008, based on data for 2005-2006, shows that 82% of all funding for HIV in Haiti was channelled to civil society during this period. As a result, civil society has a considerable influence on the national response.

3.35 However, within civil society there are groups which are less well resourced and represented. UNAIDS Secretariat and Cosponsors have prioritised support to some of these groups (in particular PLHIV, and to a lesser extent sex workers and MSM – the latter are considered by UNAIDS to be generally 'better organised' and therefore not in need of much support) to strengthen their organisations, improve networking and ensure they have a voice in the national response. This support has been important throughout the period covered by the evaluation and UNAIDS is credited by many actors as having played an important role in enhancing civil society involvement.

3.36 Civil society representation on policy and decision-making bodies has increased significantly over the past five years. Government has made efforts to improve engagement with civil society following the Toronto AIDS conference in 2006 (Haiti was represented by civil society organisations and conflicting positions voiced at the conference highlighted the need for better coordination among key stakeholders). Currently civil society organisations have three places (formerly it was only one) and PLHIV associations also three places out of 30 on the CCM. One of the two vice-presidential positions on the CCM is also held by a civil society representative. Civil society organisations participate in MOH Programme Coordinating Unit (UCP) meetings and in meetings of the clusters convened under the UCP.

3.37 The UNDAF 2009-2011 refers to civil society but does not include specific actions or strategies for a stronger engagement. Civil society engagement was much more prominent in the UNDAF 2002-2006. The UN Joint Team does not have a common approach to or joint plan for working with civil society. However, UNDFA and WFP have indicated early interest in support to civil society, and have budget allocations for this purpose. UNAIDS has coordinated support to civil society (PHAP+) and with the coalition of Haitian Women on AIDS. UNAIDS Secretariat staff report that they have not received specific written guidance on engaging with civil society organisations. There is no specific budget for working with civil society, although funds for various activities with civil society organisations have been secured through the PAF.

3.38 Because the Joint Team plan does not reflect all the activities of the UN agencies it is difficult to comment on the totality of UN work with civil society organisations. However, the main focus of UNAIDS work with civil society has been on PLHIV, to ensure that they have a more prominent position and voice in coordination and monitoring of the HIV response.

Gender dimensions of the epidemic

3.39 Review of joint plans and PAF documentation and interviews with key stakeholders show that gender issues have featured prominently in the work of UNAIDS in Haiti. This has included support to the establishment of the Haitian Coalition for Women and AIDS. UNAIDS adapted the *Charte d'Engagement National* for women in Haiti, and has provided support to the

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

establishment of PLHA networks and to ensuring adequate representation of women in decision making structures of these organizations. UNAIDS has also been instrumental in the strengthening of the Ministry of Women's Affairs. This has included training and support to strengthening planning within this Ministry which has resulted in a plan for the sector as a whole. A comprehensive gender analysis of the response has recently been commissioned and will be used to guide the next phases of planning by UNAIDS.

3.40 Gender is also a priority area in the UNDAF, included in the two of three UNDAF pillars (democratic governance and sustainable human development). However, HIV and AIDS is not a priority area in the UNDAF, so the UNDAF does not include gender-specific indicators on HIV and AIDS.

3.41 Nonetheless, there is no evidence of a joint strategic approach to addressing HIV and gender by UN agencies. No specific policy guidance on gender was identified. However, UNAIDS has advocated for adoption of the Charter of Engagement of the Coalition of Women and HIV – this is based on a modified version of the global charter – and most focal points are aware of the charter and would use it as guidance for their work on gender. The charter has been distributed through the Haitian Coalition of Women on AIDS and the Ministry of Women's Affairs, and the feminisation of the epidemic and vulnerability of women is taken into account in the national response. And while there is no joint strategy, there are joint initiatives and joint support for addressing gender issues. For example, UNAIDS, UNDP, UNFPA, UNICEF, UNIFEM, MINUSTAH and WFP support activities of the Haitian Coalition on Women and AIDS as integral members of the Coalition. UNIFEM has led the work to understand the cause of vulnerability of women to AIDS, in collaboration with PANOS, and with support from UNAIDS. Furthermore, in support of the Ministry of the Condition and Rights of Women, several UN agencies have collaborated to study the issue of violence against women linked with AIDS and emergency situations. A document "Mesures à prendre en considération des besoins spécifiques des femmes et des filles lors des catastrophes" to this effect has been produced.

3.42 Although efforts have been made across the UN to strengthen staff knowledge and understanding of gender issues, it is less clear that attention has been paid to developing internal knowledge and understanding specifically on gender and HIV.

3.43 Interviews with a range of stakeholders indicate that in Haiti consideration of gender mostly focuses on women, with little emphasis on the role of men and boys in contributing to women's inequality and vulnerability. Research is expected to influence gender policy and activities and UNAIDS recently commissioned a study on gender.

Technical support to national AIDS responses

3.44 The UNAIDS Secretariat country office is widely seen as having provided important and high quality technical support to the HIV response in Haiti. Many examples were cited as evidence of this. The following examples testify to these efforts:

- Technical input from the secretariat, and from cosponsors, for the development of Global Fund proposals.
- Technical support in the preparation of the UNGASS proposals and to requests from government to provide inputs on other global reports.
- Technical support to the establishment and strengthening of civil society organizations and networks, including support for ensuring that these organizations are represented on key national decision making bodies.

- Technical support to government on the preparation of the National Multisectoral Plan and in developing the Health Operational Plan.
- Technical support to various ministries to strengthen their participation in the AIDS response, and to a number of ministries in developing a sector plan (this is on-going).
- Technical support for the establishment and strengthening of the Haitian Coalition of Women and AIDS
- Technical inputs into the development of a technical support plan for the AIDS response.
- UNAIDS is supporting the government and all the stakeholders to have the unified M&E system through their commitment and technical input in the M&E cluster.

3.45 Technical support is provided by the secretariat and individual cosponsors agencies in response to specific demands from partners. For example, the secretariat reports receiving many requests for technical support; the unstructured way in which requests come makes planning difficult. Technical support is also often supply driven, based on the agendas and priorities of individual agencies.

3.46 There is no specific mechanism for coordination of technical support among UN agencies. Because only joint activities are included in the joint plan there is no overview of what cosponsors are doing and little opportunity to ensure that technical support is coordinated. This can result in duplication and examples were cited of technical support being provided to the same target groups by different agencies and of agencies re-training stakeholders because they did not agree with the approach or methodology used in earlier training. Some government agencies expressed concerns about the UN's focus on workshops and the lack of funding and support from the secretariat and cosponsors for follow-up and monitoring of the skills that were learned through these workshops.

3.47 There is no systematic approach to monitoring or evaluation of quality or outcomes of technical support provided across UNAIDS. No internal or independent evaluations were made available to the team. As the team has just over one year of operation, the emphasis has been on monitoring progress, and it is still early to carry out impact evaluations.

3.48 UNAIDS has provided technical support to strengthen the Three Ones. There has been progress, but there is still some way to go before all three are in place:

- Haiti has one strategic plan, which is a recent development (2008). The UNAIDS Secretariat, WHO, UNFPA and UNICEF all played an important role in supporting the government to achieve this.
- Despite UNAIDS efforts to support the development of a national M&E framework, this is not yet in place. M&E plans were drafted in 2002, 2004 and 2006 but none of these was finalised. The current exercise to develop one M&E system started in December 2007, with a workshop organised by the Sogebank Foundation, a Global Fund Principal Recipient, to assess M&E for AIDS, malaria and TB and make recommendations. MOH, with Global Fund funds, has contracted a company to take forward work on M&E and UNAIDS is on the Steering Committee supervising this work. In parallel the M&E cluster of the UCP is preparing a national M&E plan.
- There is no national coordination body and the MOH oversees the national response through the UCP. There is an expectation that Haiti will have a *Conseil National de Lutte contre le Sida* (CNLS) or National AIDS Council in place within the next few months.

Human rights

3.49 Human rights are included under the pillar related to democratic governance in the current UNDAF. There is no mention of human rights under the other two pillars (human development and environment) and no mention of human rights with respect to HIV and AIDS. Comments provided by the Joint Team on the draft UNDAF report highlight the lack of integration of human rights across the UNDAF as well as the fact that there is no clear statement of the role of civil society with respect to human rights or of a human rights approach vis-à-vis the government. No evidence was found of specific training or orientation of UN staff on human rights.

3.50 Specific activities of the UNAIDS Secretariat and Co-sponsors address human rights as part of the Joint Progamme or of specific agency programmes and such activities have been planned and implemented every year for the past three years. However, there is only limited evidence of a cross cutting, coherent and long-term UNAIDS strategy or joint work to address HIV and human rights in Haiti. It is expected that there will be attention to this in the future, as a proposal to develop a legal framework for fighting against stigma and discrimination of PLHIV was included in the 2009 Plan. However, this activity will need continued support and technical guidance from UNDP, the lead agency under the Global Task Team Division of Labour.

3.51 Significant challenges remain. No laws, regulations or policies protecting PLHIV from discrimination have been adopted. Little is being done to train judges, to provide legal aid services or to develop programmes that promote a rights based approach. No targets have been set in terms of ensuring access to prevention programmes for most at risk groups such as MSM, prisoners, mobile populations. UNAIDS has advocated for and played a strong part in supporting MSPP to focus on establishing targets during preparation of the first National Multisectoral Plan on AIDS, preparation of UNGASS, preparation of Health Operational Plan, preparation for national HIV estimation exercises, and with multiple requests for government response on targets for the AIDS programme for the purposes of global reporting.

Greater and meaningful involvement of people living with HIV

3.52 PLHIV have gained a stronger and more formal position on policy and decision-making bodies and UNAIDS is credited, as mentioned earlier, with effective advocacy for PLHIV representation. This has resulted in the establishment *Plate-forme Haitienne des Associations de PVVIH* (Haitian national PLHIV network). By working closely with these organisations, UNAIDS has – according to representatives of different stakeholder groups – opened the door for PLHIV to dialogue with government and contributed to inclusion of PLHIV issues in policy and planning. PLHIV today show stronger political commitment and leadership.

3.53 UNAIDS has also provided through the Joint Team other important support. This has included support to PLHIV coping strategies, with a focus on improving the approach to providing food and nutrition. This has included a mapping exercise of partners working in this areas and under the leadership of UNICEF, the development of nutritional guidelines for children born from HIV Positive mothers.

3.54 These actions, together with a multitude of activities by civil society organizations appear to have influence the attitude of people towards PLHIV. In 1999 only 35% of women and 42% of women indicated they were willing to care for someone who would be sick with AIDS. In 2006 this has increased to 61%.

3.55 Nonetheless, there are still challenges to full and effective participation of PLHIV. The need to build capacity so that PLHIV can use their participation to influence agendas is recognised as a key challenge, and the secretariat and cosponsors are working to further strengthen the network and PLHIV organisations. There is also an urgent need to address fully

issues of stigma and discrimination, including those that take place in the context of employment and the workforce. As the 2007 UNGASS report notes, there is no law that prevents companies from demanding HIV tests from employees and there is evidence that such tests are being used to determine access both to employment and to insurance.

4 Discussion points

4.1 This country study is one of twelve which will be synthesised into the overall evaluation of UNAIDS. It is not intended to be a comprehensive evaluation of the joint programme in Haiti. Instead its purpose is to examine the effectiveness, efficiency and added value of UNAIDS. The challenging context within which UNAIDS operates in Haiti should be taken into account when considering the following points.

4.2 In the context of this evaluation the team noted a number of achievements:

- There has been progress in joint planning by agencies and in joint review of progress. This is demonstrated by the existence of the Joint UN Programme of Support which has been in place in 2008.
- There has been good progress in raising the profile of PLHIV and ensuring their involvement in the HIV response. This has contributed to reducing stigma and discrimination and to raising the profile of PLHIV in key decision making bodies.
- The development of the National Multi-Sectoral Plan is seen as a major achievement. The Plan provides an important basis for the AIDS response in the country, and gives room for ample involvement by all key actors.
- UNAIDS has played a key role in the Global Fund processes, and has been instrumental in supporting the country in putting forward proposals for funding.
- There has been progress towards the Three Ones, although as yet the country does not have a national coordination mechanism or a single M&E framework.
- The technical support by UN agencies has been valuable in a number of very important areas.

4.3 A number of points emerge with respect to the Joint Team approach and its effectiveness:

- HIV is not a priority within the overall UN country programme, in spite of the fact that the country faces a generalised epidemic and has characteristics which could easily reverse some of the gains that have been made in terms of stabilising the epidemic, including violence as well as gender based violence, stigma and discrimination, migration, poverty, and poor access to basic services (including health services). A critical shortcoming is that the UNDAF, which should guide the overall UN response to the country, puts almost no emphasis on AIDS.
- The effectiveness of the Joint Programme of Support is diminished by insufficient commitment at senior management level among UN agencies to the Joint Team approach. As a result some of the mechanisms and structures to support the functioning of the Joint Programme are not in place or not functioning effectively. An important 'gap' is the de facto absence of the Theme group, which should provide strategic guidance to the UN response and which should give legitimacy to the work done by the Joint Team.

- The Joint Team approach has not produced any changes in the way in which agencies operate. So far there has been no substantial increase in resources, and among a number of the key agencies commitment to HIV and AIDS has been disappointing.
- Accountability for outcomes and impact on AIDS related issues within the group of UN agencies is poor overall and reduces the incentive for agencies to make this a priority. The fact that the UNDAF for Haiti ignores the critical importance of addressing the risk factors which contribute to the spread of AIDS further reduces accountability by the UN on progress to addressing these issues.
- Dialogue and reporting to outside stakeholders about the work of the Joint Team needs improving. For many stakeholders the approach is too much internally focused, making it difficult for external stakeholders to understanding the benefits of the approach.
- The UBW and PAF are not working adequately as incentives for collaboration. Procedures are slow and time-consuming for the amount of funds that can be mobilised. As a result, the activities which are implemented by UN agencies as part of the Joint Team approach have been restricted in terms of scope. Issues related to the management of the funds have resulted in substantially delays, affecting both the credibility and the effectiveness of the joint planning and implementation efforts.
- The UN does not speak with one voice on HIV and AIDS and although a number of activities are implemented jointly by the UN agencies, there is no joint strategy on key issues such as gender, and working with civil society. UNAIDS has played an important advocacy role in the AIDS response but is seen by external partners as not being sufficiently strong and clear on some of the key messages around the response, for example, with respect to the need for a clearer prevention message and strategy, or for a stronger position taking on the absence of a coordinated response by all partners.
- In practice the UNAIDS secretariat spends a disproportionate amount of time seeking consensus within the UN. This has resulted in a 'lowest common denominator' position on issues because consensus has been hard to achieve and because other agencies do not see UNAIDS as the authority on this issue, but rather determine their priorities based on their own mandates. For the UNAIDS secretariat staff at country level this has increased the transaction costs as much time is spent on coordination and bureaucratic issues. In addition, this also has implications for how outside stakeholders see UNAIDS.
- Other stakeholders are almost unanimous in concurring that UNAIDS has an important role in the HIV response, providing technical support and as a neutral partner between government and civil society. However, in their view this role is diminished by the fact that the UNAIDS secretariat does not have authority over the other agencies in terms of the AIDS response. And that the voice of UNAIDS as an authority on AIDS has not been sufficiently strong on a number of issues, for example with respect to prevention messaging and sexual minorities.

Annex 1 List of people met

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Annex 3 Assessment of progress towards five-year evaluation recommendations

Rec. No.	Abbreviated description	Notes on actions taken	Progress[5]
3	Support to the GFATM	Support to CCM by secretariat in developing proposals for various rounds of the GFATM	H
10	UNAIDS …maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning	Advocacy has fluctuated over the evaluation period (personality driven to some extent). There is some evidence of a gendered response, UNAIDS has successfully advocated for greater involvement of women (through the Coalition of Women and AIDS) and PLHIV in the response.	M
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.	Secretariat has worked closely with Ministry of Health and a number of other ministries to strengthen engagement. However, there is little coordination among external agencies (including UNAIDS) on how to support coordination, advocacy and capacity building and no joint strategy in this area.	M
12	Develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty.	There are a number of activities in the work plan which relate to research, but there is no overarching strategy and no work plan. Studies tend to be done from the perspective of agency interests. There is little structured sharing of information and no common strategy.	L
13	Develop CRIS with objectively measurable indicators of an expanded response at country level	CRIS is being used to store and report on UNGASS data and UNAIDS provides resources for technical support. CRIS is being entirely managed by national authorities. MSPP/UCP has been in the process of expanding CRIS capacity at country level, with training of additional M&E officers in regional CRIS workshop; MSPP/UCP is also in the process of developing a strategy for expansion of CRIS. However, a number of parallel monitoring systems exist for GF, PEPFAR and other partners and CRIS is just one of these.	L
14	UBW to bring together all planned	UBW funds were not known to the	L

[5] H-High; M-Medium; L-Low. Assessment by the evaluation team

Rec. No.	Abbreviated description	Notes on actions taken	Progress[5]
	expenditure on HIV/AIDS by the cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well	majority of the UN agencies and were not being accessed. There is no overview of all planned UN expenditure on HIV/AIDS. The Joint UN Plan reflects only those activities which will be done jointly, and not individual activities by agencies.	
16	Humanitarian response	Coordination of CPIO by OCHA, providing strategic information and follow up on services provided. UNAIDS has made efforts through CPIO (e.g. advocacy and proposal for integration of HIV for Flash Appeal in 2008 however this was rejected. UNICEF has worked with partners on integration of HIV in emergencies.	L
17	Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn	For the last two years UNAIDS has published a short brief of the achievements of the Joint Team. However overall information sharing remains deficient and fragmented	L
18	In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting	HIV and AIDS are not adequately mainstreamed in the Poverty Reduction Strategy or in the UNDAF. Little evidence of mainstreaming. There have been multiple efforts / actions to integrate and mainstream AIDS in the UNDAF by UNAIDS, and with support to civil society for integration strategies during national planning exercises over eight months. The efforts do not match the result, The effort to have AIDS included as an exceptional illness in UNDAF did not succeed.	L
19	OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and make financial contributions to HIV/AIDS work by the cosponsors conditional on demonstrated integration and joint programming, reflecting the comparative advantage of the cosponsors at country level	The Multi-Sectoral Strategy (2008-2012) guides the support of OECD donors to HIV strategies. There are examples of donors working together on the same areas but weak government, absence of a NAC and parallel systems in place for managing GF and PEPFAR funds have made joint programming difficult to achieve. There is, however, some (but limited) progress in information sharing among partners and there has been progress on the DOL among cosponsors which has brought about greater clarity on the remit of each agency.	L

Rec. No.	Abbreviated description	Notes on actions taken	Progress[5]
L20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing.	PAF is in use and generally seen as an important tool. However the process for allocation and speed of processing is still very poor and a number of agencies highlighted the high cost (time and energy) of getting a relatively small amount of money. Introduction of new software has resulted in delays in disbursement of funds ranging from several funds to almost one year.	M
21	Numbers and disposition of CPA	*Not applicable – evidence to be developed at global level*	
22	Theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy	Theme group not functioning since January 2008. Prior to this the Theme Group did not have specific terms of reference although it was operational. AIDS issues now discussed in UNCT but not clear to what extent this really happens and how the link is made with overall coordination structures. UNDAF does not focus specifically on HIV and does not include indicators with respect to HIV.	L
23	Expanded theme groups should evolve into partnership forums, led by government	No evidence of this happening, coordination structures are very weak in Haiti. The 'Health Cluster' is one such partnership forum based on a need to coordinate partner support at political level.	L
24	Expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data	Technical support has been provided through the UN to strengthen M&E and in particular to create one M & E system (this has been in process for the past four years and has yet to bear fruit). UNAIDS has been in the lead to support evidence gathering for the current round of estimations, and has approached the discussions around building up of evidence to support observations. (e.g. email to PEPFAR). Nonetheless other stakeholders indicated that stronger leadership on UNAIDS is needed.	M
25	Programme of joint reviews led by national governments should be launched	The UNGASS report was developed jointly but there is as of yet no programme of joint reviews. Government leadership is weak given that there is no National Aids Authority (the NAC should be established in 2009 but this has been	L

Rec. No.	Abbreviated description	Notes on actions taken	Progress[5]
		awaited for some time).	
26	UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors	UN joint team has identified some actions in support of developing a multi-sectoral approach. However, commitment by UN agencies to HIV and AIDS is highly variable. Accountability is still weak.	M
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication		M
28	Increase support for scaling up by developing strategies as a service both to national governments and to partner donors		M

Annex 4 Material from the feedback workshop

Discussion of preliminary findings

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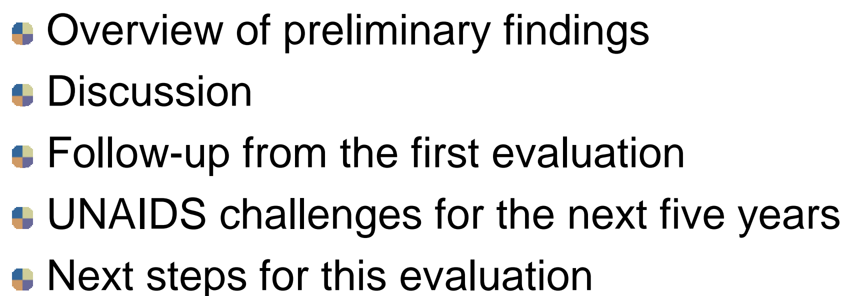
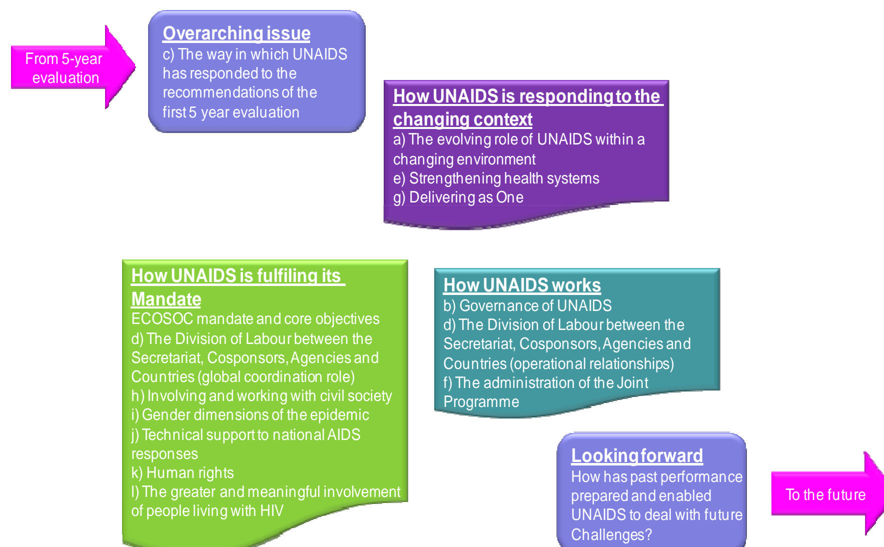
Rachelle Cassagnol
Helmis Cardenas

Purpose: get inputs on preliminary findings and emerging conclusions





Achievements (1)

- How UNAIDS works
  - Joint Team in place and functioning regularly
  - JT seen as useful at a technical level = clear added value internally and to lesser extent externally
  - Joint plan and joint activities
  - Growing strategic focus
  - Some evidence of division of labor

Achievements (2)

- How UNAIDS is fulfilling its mandate
  - Strengthening CSO voice and organizations, esp., PLHIV and women
  - Prioritizing gender, e.g. Women's Coalition
  - Norms and guidelines
  - HIV in the UN workplace
  - The Three Ones:
    - Multi-sectoral plan
    - Strengthening monitoring and evaluation
    - Strengthening coordination?

Achievements (3)

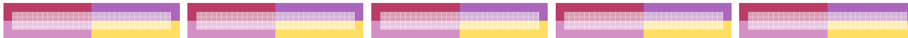
- UNAIDS in a changing context
  - Strategic engagement at CCM
    - Technical support
    - Ensuring access to funding
    - PLHIV “voice”
  - Working toward harmonizing approaches at technical level within UN
  - Participation in key HIV and health fora

Challenges (1)

- How UNAIDS works (external)
  - Many stakeholders unaware of the joint team
  - Not all stakeholders see the UN as ‘one voice’
- How UNAIDS works (internal)
  - HIV not a priority for all agencies & not a joint effort
  - Accountability on HIV within UN poor
  - Theme group not functioning thus JT has no real authority within UN
  - Unequal relationship between UNAIDS and UN partners (i.e. UNAIDS shares and supports, but UN partners don’t)
  - Joint activities but insufficient continuity and follow-up
  - Insufficient resources and dependence on UNDP – serious issues with access both PAF and UBW funding
  - Joint planning:
    - Does not yet cover the full UN response
    - “Lowest common denominator?”
    - Strategic?

Challenges (2)

- How UNAIDS is fulfilling its mandate
  - Multisectoral response: limited engagement of sector ministries; stronger focus on mainstreaming needed
  - Knowledge management: need more strategic approach to provision of technical input and information, strengthening the evidence base, assessing quality and outcomes, communicating what works
  - Technical support fragmented and risking inefficiency
  - Not building on UNAIDS (perceived) authority
  - Gender approach focuses mainly on women
  - Human rights need to be addressed at a higher level



Challenges (3)

- How UNAIDS responding to changing context
  - Insufficient strategic engagement with big players (PEPFAR)
  - Need for more strategic gap filling
  - Moving from being a small, modest voice, to a bigger authoritative voice
  - Need to engage more consistently in strengthening coordination (=big bottleneck)
  - Addressing the structural/organizational issues that influence the role of UNAIDS within the UN (global issue!)
  - Developing a stated UNAIDS position on HSS and ensuring this is addressed
  - Working proactively to address the tension that exists between being a coordinator at UN level and being an independent technical leader of the response

Next steps

- Final interviews
- Complete document review
- Produce draft report and circulate
- Produce final report
- Dissemination of final report to stakeholders