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PROGRAMME COORDINATING BOARD

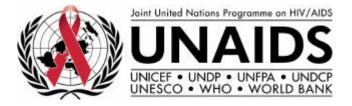
Eighth meeting Geneva, 28-29 June 1999

Provisional agenda item 7.1

Prioritization of UNAIDS Secretariat Resources for Country Activities

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UNAIDS/PCB(8)/99.6 14 May 1999

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EXECUTIVE SUMMARY

In accordance with recommendations made by the Programme Coordinating Board (PCB) at its sixth meeting, 25-27 May 1998, the UNAIDS Secretariat has, in consultation with the PCB Working Group on Resource Mobilization refined the model for prioritization of UNAIDS Secretariat resources for country activities presented in document UNAIDS/PCB(6)98.4 and started its implementation.

The prioritization process is consistent with, and guided by, the Programme's roles and strategic objectives and the model rests on a set of criteria that are both needs-based and opportunity driven. In line with recommendations made by the PCB, greater weight is attached to the needs-based criteria, including the epidemiological status of the epidemic, estimated size of vulnerable population and need for additional financial and technical resources.

The application of the model results in countries being grouped into three categories, which in turn determine the allocation of the Secretariat's resources for country activities. The dynamics of HIV and the different contexts prevailing across geographic regions have also dictated the decision to predetermine the relative distribution of UNAIDS Secretariat resources for each region.

This paper summarizes the process to date, clarifies the prioritization criteria and their application, and provides an update on the implementation of the model. While it focuses on the significance of the process for the allocation of the resources managed by the Secretariat, the paper also draws attention to the 'common goods' that benefit all countries as a result of UNAIDS' advocacy and policy development roles.

ACTION REQUIRED AT THIS MEETING

The endorsement is sought from PCB for the continued implementation of the prioritization as outlined in the paper.

A. Introduction

1. At its sixth meeting in May 1998 the PCB reviewed a proposal by UNAIDS for prioritization of the Secretariat's resources for country activities (Document UNAIDS/PCB(6)98.4). That proposal was itself a refinement of a document prepared by the Secretariat for the 1997 annual PCB meeting. The paper presented to the PCB in 1998 outlined the rationale and process for prioritization of the allocation of UNAIDS Secretariat resources to countries. Those resources include funds for country programme activities, technical cooperation and UNAIDS Secretariat staff time.

The PCB recommended that the Secretariat:

- Apply the model while taking into account comments made by the Board on selected criteria.
- Review the application in the light of comments made at the meeting and further develop the model in close consultation with the Working Group on Resource Mobilization.
- Report back on the implementation of the model and suggestions for future direction at the next PCB meeting.
- Revise the presentation of the model to emphasize 'common goods' available to all countries and the incremental benefits to countries in other priority categories.

2. The Secretariat has accordingly refined the criteria and the model in consultation with the Working Group on Resource Mobilization through informal meetings with members of the Group in the autumn of 1998 and through a full meeting of the Working Group on 22 October 1998. The model applied by the Secretariat results in countries being grouped into three categories, which are used for guiding the allocation of the Secretariat resources for country level activities. This paper summarizes the process to date and, in particular, the progress made in its implementation.

3. Annexed are a detailed description of the criteria (Annex 1) and a table showing the categories to be used for the prioritization of UNAIDS Secretariat resources to countries (Annex 2).

B. Rationale

4. The resources directly available to the UNAIDS secretariat for support to country activities through the UN Theme Groups on HIV/AIDS are meant to be primarily catalytic and to leverage additional resources through the UN system and others including bilateral donors. This requires strategic decisions with regard to : 1) the countries to which these resources are allocated, and 2) the type of activities to which they are channelled.

5. However, notwithstanding this selective allocation of the Secretariat's financial and technical resources, there are also a number of 'common goods' available to **all** countries through the Programme and the cosponsors.

C. Common Goods

6. Besides a stronger and more coherent UN system response in countries, the 'common goods' include:

- information on the epidemic and the response to it
- □ *best practices* in planning for and responding to HIV/AIDS
- □ technical resources through *technical resource networks* at national and regional levels
- improved access to commodities, e.g. drugs, condoms, through UNAIDS advocacy and brokering of partnerships and services
- tools and technical guidelines for national strategic planning for HIV/AIDS
- other advocacy and programming opportunities in the context of global initiatives such as the World AIDS Campaign (WAC).

D. Objective and considerations

7. The **objective** of the prioritization process is to arrive at a broad categorization of countries to guide the Secretariat's allocation of its resources.

The following considerations underpin the process:

- it is consistent with UNAIDS roles and strategic objectives
- □ the outcome is an allocation of resources, financial and technical, that are directly managed by the UNAIDS Secretariat
- these resources account for only part of the overall financial and technical resources that UNAIDS cosponsors and the Secretariat seek to mobilize
- □ the support is provided through the UN Theme Group on HIV/AIDS mechanism at country level.

E. Criteria used

8. Taking into account the PCB recommendations, the UNAIDS Secretariat has used the following criteria as approved by the PCB in May 1998:

- □ epidemiological status of HIV/AIDS, both the HIV prevalence and the trend of the epidemic
- the estimated size of the vulnerable population
- need for additional financial and technical resources
- potential to effect change in terms of the epidemic (the Government on the one hand and the UN system and other stakeholders on the other).

9. The first three criteria are primarily needs-based while the last one is opportunitydriven. The Secretariat acknowledges the greater weight to be ascribed to needs as against opportunities but recognizes the importance of being able to seize the opportunities that are likely to present themselves in the context of HIV/AIDS. *Annex 1 provides a detailed description of the criteria*.

F. Application of the criteria

10. The four UNAIDS Secretariat regional desks, i.e. the Africa/Middle East, Latin America/Caribbean, Asia/Pacific and Europe desks, have applied the criteria to all the countries (or a group of countries as in the case of the Pacific Islands) within their respective Region, utilizing a score that was weighted:

- a) with regard to each criterion; and
- b) in relation to the countries within each region.

11. This resulted in a classification of countries in each region into three categories (*see Annex 2*). The overall 'regional' distribution of countries according to the different categories reflects the significant differences between regions in terms of the epidemic and resource needs at this present time. Hence, Africa accounts for over half of all countries with the greatest resource need.

(Table 1 shows the distribution of all countries by category and region)

Table 1. Categories for allocation of UNAIDS Secretariat resources to countries

Region	Category 1	Category 2	Category 3	Total
Sub-Saharan Africa	17	21	10	48
North Africa/Middle East	0	0	19	19
Asia/Pacific	5	11	23	39

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Latin America/Caribbean	6	15	14	35
Eastern & Central Europe	4	9	17	30
Total	32	56	83	171

- 12. The categorization by and large reflects the following:
- **Category 1:**countries in each region with the greatest need and relatively greatest potential for change with regard to the epidemic;

Category 2: countries with significant needs and relatively good potential for change;

Category 3: countries with relatively less need and/or potential for change.

G. How does the countries' categorization translate into UNAIDS resource allocation?

13. The UNAIDS Secretariat's support to countries varies and is tailored according to the specific needs and context of the countries, including the presence and performance of the UN system in the countries.

The country-specific support packages include:

- □ the assignment of country programme advisers (internationally or locally recruited) and junior professional officers
- allocation of Geneva and intercountry staff time in general, be it for technical support or advocacy
- □ Strategic Planning and Development Funds (SPDF) for country activities provided through and managed by the UN Theme Groups on HIV/AIDS
- resources for operational research and 'best practice' documentation or dissemination.

14. The definition of the Secretariat's support package is based wherever possible on the outcome of national strategic planning on HIV, a process supported by the UN Theme Group on HIV/AIDS and by the UNAIDS Secretariat. Some countries within the same category may be in greater need of technical than financial resources, while others will perhaps require only high-level advocacy.

15. In addition, the Secretariat and Cosponsors are complementing the country-specific support with advocacy and resource mobilization for an intensified response in Africa in particular and in South Asia. Emphasis will be placed on strengthening intercountry technical and policy dialogue among the countries in these regions; mobilizing additional regional technical resources to support their efforts, and expanding the number of international partners providing support to those efforts.

16. It should be noted though that the model was not finalized until halfway through the current biennium and will therefore be fully implemented only in 2000-2001.

17. Particular attention will be paid to the prioritization model in the further refinement and implementation of the specific activities comprising the programme components of the Budget and Workplan for 2000-2001.

18. The Secretariat will monitor the implementation of the model and will regularly reassess the categorization given the dynamics of the epidemic and the potential and often rapid changes in countries' social, political or economic environment.

19. The significance of the prioritization process for the distribution of the Secretariat's resources is summarized in the following table:

UNAIDS Secretariat resources and goods	Category 1	Category 2	Category 3
'Common goods'	+++	+++	+++
Secretariat staff technical inputs	+++	++	+
Secretariat advocacy, staff time	+++	++	+
Funds for operational research/best practice documentation and dissemination/technical resource networks development	+++	++	+
Strategic Planning and Development Funds (SPDF)	+++	++	
Secretariat country and intercountry staff	+++	++	

H. Update on application of the model

20. A review of the allocation of the Strategic Planning and Development Funds and of the UNAIDS Secretariat Country Programme Advisors, showed a significant concurrence with the preceding table.

Staffing

21. All UN Theme Groups on HIV/AIDS were informed about the model and its application early this year and consultations are being held with those where there will be changes in the Secretariat staffing. The Country Programme Advisors are primarily based in category 1 countries and to a lesser extent in category 2 and 3 countries. Some reallocations of CPAs have already been made or are underway. Thus the Country Programme Advisor posts for international recruitment have been changed to posts for

national recruitment in the Philippines and Laos and a similar arrangement is due to take place in Bulgaria, Eritrea and Sudan. The CPA posts in Fiji and Albania will no longer be funded by the UNAIDS Secretariat. These staffing changes need careful planning and consultation with the theme groups and CPAs concerned so as to ensure timely alternative arrangements and the continued good functioning of the theme group work. A positive example of such a change is the one in Fiji, where UNAIDS has been engaged in advocacy and resource mobilization efforts to ensure that the work initiated by our CPA there could be continued with the support of other partners.

22. New CPA posts for international recruitment are being established in Botswana, Honduras and Myanmar (category 1), Cameroon and Mali (category 2) and for national recruitment in South Africa, Brazil, Dominican Republic, Guyana and Haiti (category 1) and in the Central African Republic (category 2). The allocation of Country Programme Advisors for 2000-2001 by region and by country category is shown in Table 2 below.

Region	Category 1	Category 2	Category 3	Total
Sub-Saharan Africa	17	8	1	26
North Africa & Middle East	0	0	1	1
Asia/Pacific	7	7		14
Latin America and the Caribbean	5	5		10
Eastern & Central Europe	4	2		6
Total	33	22	2	57

Table 2. Allocation of Country Programme Advisors by region in 2000-2001

23. The table includes staff seconded or paid for by bilateral agencies and the European Commission. It does not include Secretariat Intercountry Programme or Technical Advisors based in the intercountry or subregional teams or in a cosponsor office. Eleven of the 14 Junior Professional Officers provided to the Secretariat to support Theme Groups and Country Programme Advisors are located in category 1 countries.

SPDF

24. The allocations of the SPDF in 1998-1999 were made with this model in mind. An analysis of the distribution of those funds made so far shows that 49% have been allocated to countries in category 1, 39% to countries in category 2 and 12% to countries in category

3. By the next biennium SPDF will not be provided to category 3 countries. Table 3 shows the allocation of SPDF as of April 1999.

	Category 1			Category 2		Category 3				
Region	SPDF	% of	Average	SPDF	% of	Aver-	SPDF	% of	Aver-	Total
	Allocation	total	per	alloca-	total	age per	alloca-	total	age per	SPDF
		SPDF	country	tion	SPDF	country	tion	SPDF	country	
		for			per			for		
		region			country			region		
Sub- Saharan Africa	4,540,000	54%	267,059	3,220,00 0	39%	153,333	580,000	7%	82,857	8,340,000
North Africa & Middle East	-	0%	-	-	0%	-	698,000	100%	99,714	698,000
Asia/Pacific	1,700,000	59%	340,000	1,200,00 0	41%	133,333	-	-	-	2,900,000
Latin America/ Caribbean	1,010,000	34%	168,333	1,480,00 0	50%	105,714	460,000	16%	57,500	2,950,000
Eastern Europe/ Central Asia	812,500	56%	203,125	399,500	28%	44,389	230,000	16%	38,333	1,442,000
Total/Average	8,062,500	49%	251,953	6,299,50 0	39%	118,858	1,968,00 0	12%	70,286	16,330,00 0

Table 3. Allocation of Strategic Planning and Development Funds (SPDF) in1998-1999

Technical support

25. The Secretariat is taking the country categorization into account in the planning and conducting of technical support missions, operational research and activities related to the identification and dissemination of best practice. The categorization is also guiding the planning of advocacy missions carried out by senior management staff and the selection of sites for holding meetings and workshops.

Annex 1

Description of the criteria

1. Epidemiological status of HIV/AIDS

This criterion refers to the trend of the epidemic and the potential for increase in prevalence as well as to the current prevalence of HIV.

Questions to ask:

What are the dynamics of the epidemic? Is there a compelling need or an opportunity to reduce transmission and to mitigate the impact of the epidemic?

Prevalence:

Is the prevalence of HIV infection high or has it remained low for several years with little tendency to rise? What is the trend and what is the distribution of the epidemic across the country? Is the epidemic restricted to people with certain risk behaviours?

Trends / potential for increase in prevalence:

What is the prevalence of risk behaviours especially in low prevalence situations? Is there evidence of increasing HIV transmission in the general population? What is the prevalence of traditional sexually transmitted diseases? Are there any obvious factors, socioeconomic or other, that increase vulnerability to HIV?

2. Vulnerable population size

This criterion reflects an estimate of the relative size (small, medium, large or very large) within each geographical region of the population that is vulnerable or at risk of HIV infection.

Questions to ask:

What is the size of the population in absolute terms and that of young adults? Are there documented risk behaviours such as injecting drug use or sex work? Are there any estimates of the numbers involved? Are there special circumstances that increase risk such as internal conflicts and war? Are there population displacements and movements, seasonal labour migration or other factors? Are there any estimates of the numbers involved?

3. Need for additional resources

In applying this criterion the Secretariat takes into account the financial and technical resources (staff and funds) but also, importantly, <u>how</u> they are to be used, so that they reflect the Programme's strategic objectives and principles.

Questions to ask:

Is the level of resources available from public/government sources, other national non-public sector sources, and external sources sufficient for an appropriate national response? Where are current resources being applied? Are there major shortfalls?

Monitoring of national and international financing of the national response to HIV/AIDS will provide valuable guidance about a country's needs.

Need for financial resources

- *Government financial commitment:* In its budget has the government allocated money for HIV and STD prevention and care? How much is this as a proportion of the total budget for HIV/AIDS activities? How does this relate to external funding? Is the country negotiating or taking a World Bank loan for HIV/STD programmes?
- *External donor commitment:* Are there external donors supporting the national response? What is the level of this support? How does this relate to public and non-public sector contributions? Are these funds used in agreement with a national strategic plan?

Need for technical resources

Are there specific technical resources needed or lacking? Is national or regional capacity being used optimally? Are there needs and/or opportunities for UNAIDS to build capacity in technical resources?

4. Potential to effect change

What is the likelihood that the allocation of UNAIDS Secretariat resources will result in a strengthened national response, leading to reduced HIV transmission and mitigation of the impact of the epidemic?

This criterion is as much about needs as it is about opportunities. It reflects our best judgement of the potential of both the Secretariat and the UN system to contribute to making a difference to HIV prevention and the impact of the epidemic. At the same time it reflects a readiness to seize opportunities for making a difference and to make allowances for (political, economic or social) changes in the environment. It takes into account the Programme's key roles in advocacy and facilitation with national governments and other major partners. It is therefore a reflection of the UN system's own leverage and brokering capacity as well as an assessment of commitment by government and other major partners.

Questions to consider are:

<u>Government commitment</u>: Is there political commitment to deal with the epidemic? At what level does such commitment exist? Is it openly expressed? Is it reflected in adequate staffing of a national programme or otherwise?

<u>Commitment of other partners</u>: Are there other national partners? Are there many active and effective NGOs involved in HIV/AIDS? Are there several ministries committed or willing to deal with the epidemic? Are bilateral agencies actively engaged in the country? Are international NGOs involved?

Note: A low level of government commitment would not necessarily exclude a country but it may mean that UNAIDS resources are directed towards advocacy, awareness and capacity-building to improve the potential for change.