

**Annex 5 Analysis of Response to the Five-year Evaluation**

**Table 1 Assessment Summary – Response to recommendations of the Five-year Evaluation of UNAIDS**

UNAIDS response mapped to evaluation recommendations		Categories of recommendations						
5 year Evaluation Recommendations UNAIDS/PCB(13)/02.2	UNAIDS Response Actions UNAIDS/PCB(13)/02.3	Objectives, roles, management	Governance	Finance & planning	Advocacy	Country/Region	Information/M&E/Research/Impact evaluation	Humanitarian
1	1	◆						
2	2	□						
3	3					○		
4	4	◆						
5	38		◆					
6	39	◆						
7	nsa		◆					
8	nsa		□					
9a	nsa		○					
9b	nsa		◆					
10	28,29,36				○			
11	18,32,33,34						□	
12	30,31						□	
13	11,12,13,35						□	
14	9,37			□				
15	27					○		
16	19,20							○
17	9			□				
18	5			○				
19	7,8			○				
20	21			○				
21	23,24					○		

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5 year Evaluation Recommendations UNAIDS/PCB(13)/02.2	UNAIDS Response Actions UNAIDS/PCB(13)/02.3	Objectives, roles, management	Governance	Finance & planning	Advocacy	Country/Region	Information/M&E/Research/Impact evaluation	Humanitarian
22	22,25					□		
23	22					●		
24	11,12,13						●	
25	6						●	
26	15,16,17,26				●			
27	14,15					●		
28	14,15					●		
29	nsa						◆	

Notes: nsa – no specific action proposed in the management response

Key:

- ◆ Not implemented
- Implemented in part or with significant differences from the recommendations
- Implemented in full or exceeding recommendations

**Table 2 Analysis of response****Recommendations of the  
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<sup>1</sup> The current ECOSOC objectives should be replaced by a single goal supported by specific roles.

**Overall finding: Not implemented.**

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**Management response Action 1:** It is proposed that the PCB biannually make recommendations to ECOSOC as may be required to clarify or enhance the operations of the Programme.

**Not implemented.**

PCB members felt that it would be of value to the PCB to receive the Report of the UNAIDS Executive Director to ECOSOC, but that it would not be appropriate for the PCB to review the report before it was issued by the Executive Director.<sup>1</sup>

**PCB response:**

PCB Working Group did not see a need to change the UNAIDS mandate given in ECOSOC Resolution 1994/24. Stated that *'Governance arrangements should lead to more inclusiveness and participation of actors in the expanded response in policy discussions. Roles/responsibilities should be clarified in relation to governance functions, and a distinction should be made between decision-making and policy development functions. UNAIDS governance structures are valid, but there needs to be improvement in their workings, including better coordination. A number of accountability questions need to be clarified, and accountability overall strengthened, including through better monitoring, evaluation and reporting at country and global levels'*.<sup>2</sup>

Decision of the PCB in response to WG recommendation was that *'did not see any need to make changes to the ECOSOC resolutions through which UNAIDS was created. PCB members expressed the view that the ECOSOC resolutions allowed the PCB to review and update its roles and responsibilities concerning governance to reflect the changing context of UNAIDS and the new actors in the expanded response. Some PCB members expressed the need for greater clarity regarding procedures concerning the selection of PCB members'*.<sup>3</sup>

<sup>1</sup> UNAIDS/PCB (2003) Report of the Fourteenth Meeting of the Programme Coordinating Board of UNAIDS. Geneva, 26–27 June 2003. Paragraph 65.

<sup>2</sup> UNAIDS/PCB (2003) Report of the PCB Working Group on UNAIDS Governance. Fourteenth meeting, Provisional agenda item 4, Geneva, 26–27 June 2003. Paragraph 10.

<sup>3</sup> UNAIDS/PCB (2003) Report of the Fourteenth Meeting of the Programme Coordinating Board of UNAIDS. Geneva, 26–27 June 2003. Paragraph 62.

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2 The roles of the programme need to be redefined, with specific allocation of responsibility. All roles should be supported by functions with objectively verifiable indicators and targets.

**Overall finding: Some progress**

**Management response Action 2:** It is proposed that the PCB recommend that the functions of the Programme and the specific roles of constituent parts be clearly reflected throughout the work of the Programme—in particular, through updates and revisions of the Five-Year UN System Strategic Plan (UNSSP) and the Unified Budget and Workplan (UBW) (See Annex 3).

The 2004-2005 UBW states how the 37 action points will be addressed through the implementation of the workplan with activities falling into six main areas.

The 2006-2007 UBW builds on the defined cross-cutting functions and factors in the UNAIDS Technical Support Division of Labour (DoL), which was developed in August 2005 and endorsed by PCB in June 2006. The roles and functions of the Cosponsors and the Secretariat are defined in line with the DoL.

The 2008-2009 UBW further strengthens the specific roles and functions in line with the core functions, DoL, and agreed roles in supporting countries move towards Universal Access.

The review and revision of the UNSSP 2001-2005, resulted in the development of the UN System Strategic Framework for 2006-2010, which describes the roles and functions of the UNAIDS as well as contributions expected from other UN organizations. After the endorsement of the goal of Universal Access in July 2006 and the call for UNAIDS to develop an action plan to support countries in this respect, UNAIDS developed a Strategic Framework 2007-2010 to support countries efforts to move towards Universal Access, endorsed in December 2006 by the PCB.

***PCB response:***

See discussion against recommendation 1 above.

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3 UNAIDS, working at country level through the theme group, should support the Global Fund in a number of practical ways: to monitor trends in the national response and advise on how applications to the fund can be designed to conform with an expanded response and align with the national strategy; to advise how expenditure under the fund can support scaling-up; to promote learning from the experience of expanded theme groups by promoting joint membership of eligible parties on both the expanded theme group and CCM; to monitor that funds made available through the Global Fund are additional to other committed national and international finance; and to provide guidance and technical support for monitoring and evaluation of Global Fund programmes.

**Overall finding: Good progress**

**Management Response Action 3:** It is proposed that the PCB recommend that UNAIDS intensify its support to national governments, civil society and private sector actors in their preparation of funding proposals to the GFATM, the regional development banks, major foundations and the World Bank financing instruments; that UNAIDS provide thematic, monitoring and evaluation, and other technical policy and service support, as may be required to enhance institutional partners' capacities to support countries to achieve common objectives; and that the Programme develop and periodically update partnership agreements with those financial institutions and instruments as may be required to further clarify respective roles and expectations.

**Subsequent actions**

- UNAIDS has established Technical Support Facilities (TSFs) - 3 in Africa, 2 in and 1 in Latin America to help countries gain access to high quality technical support. The TSFs have provided the majority of technical support for proposal development for the Global Fund and is currently scaling up support for grant implementation. Seventy percent of proposals which received technical support from the TSFs were successful in Global Fund Round 8 Applications.
- The UNAIDS Secretariat has collaborated with WHO to develop joint technical guidance on management tools and service delivery areas, including prevention, gender and surveillance and human rights to be utilized by country partners to develop sound proposals to the global fund. The guidance is easily accessible on a web portal.
- The UNAIDS Secretariat has developed guidance on Community Systems Strengthening for Round 9 which is expected to result in increased integration of CSS activities in Round 9 proposal and ultimately lead to greater support to and strengthening of local communities.
- UNAIDS (family) has provided intensified technical support, coordinated with all agencies and civil society, which resulted not only in a higher success rate for Round 8, but more important in a higher number of ambitious proposals, which led to the highest amount ever approved by the GF for any round.
- UNAIDS has created a WG to operationalise the MoU, which will produce an accountability framework for the monitoring of the implementation of the MoU.
- UNAIDS Secretariat has produced a draft guidance paper for UN Country Teams on collaboration with the GF (to be reviewed by all cosponsors).
- UNAIDS Secretariat is modifying the TORs for UCCs to include Global Fund specific actions.

The Five-year evaluation of the Global Fund found that whilst '*UNAIDS has the most systematic and closest partnership with the Global Fund*', partnerships in general lack clarity and consistency about partner roles and responsibilities. This has resulted in diverse expectations about the support need, partner responsibility and

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financing. Partners point to a growing problem of an ‘unfunded mandate’ with relation to Global Fund grants. (GF Evaluation, Study Area 2, Final report, IVB; IVD1)

Findings from the country visits for the SIE of UNAIDS reveal a positive relationship between UNAIDS and the Global Fund at country level. But in common with findings of the Global Fund evaluation, relationships at country level are seen as ends in themselves, related to specific events such as development of proposals or support to the CCM, rather than as means to wider goals.

4 That the Secretary General and UNDG take note of the UNAIDS experience and promote reforms that: denote clear and visible lines of management authority with objectives and measurable indicators; create personnel and financial incentives for agencies to programme jointly; and shift the accountability of the country team to a demand-driven service to meet the needs of national stakeholders.

**Management response Action 4:** It is proposed that the PCB recommend to the Secretary-General that he draw on the experiences gained through the Programme to assist in informing the implementation of his second phase of UN system reforms. It is further proposed that the PCB request that the Secretary-General consider including UNAIDS within those UN system entities most directly relevant to the organizational development experience and needs of the Programme—in particular, the Executive Committee on Economic and Social Affairs, Humanitarian Affairs and the United Nations Development Group (UNDG).

As part of the UN Reform agenda at the global level, since late 2007 there has been a streamlining of the composition and functions of the UNDG, HLCP and HLCM as three major pillars under the Chief Executive Boards. UNAIDS has thus realigned our engagement in these structures and consistently integrate lessons learnt from our country level experiences.

UNAIDS additionally contributed to the system-wide feedback to Member States in the development of the Triennial Comprehensive Policy Review in 2007 and are currently involved in the development of the related management and accountability frameworks. UNAIDS experiences from joint programming and that from the Delivering as One Pilots are being integrated in the revisions to the CCA /UNDAF guidelines to be used for the estimated 90 new UNDAF countries in the next three years.

At its 20th meeting of 25-27 June 2007 the UNAIDS PCB considered the item entitled “UNAIDS and UN reform” (background document attached). The Board endorsed recommendations contained in the paper, including that:

- a. Current coherence efforts should be informed by the UNAIDS experience;
- b. The Global Task Team recommendations need to be accelerated and championed as a contribution to UN reform;
- c. UNAIDS should have a full role in “one UN” country pilots;
- d. UNAIDS to urgently review accountability mechanisms and establish incentives to promote joint

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working, programming and participation in the One UN pilots;

e. The integrity of UNAIDS must be maintained through the piloting of the UN reform process; and  
f. UNAIDS should continually document its contributions to greater UN coherence and contribute fully to the realization of delivering as one (One budget, One leader, One plan, One house) in the pilot countries where it has a presence, and provide a detailed report on its participation in the One UN country pilot for a Programme Coordinating Board meeting in 2008.

5 That the PCB reviews and adopts an expanded model of governance, drawing on the scenario in Annex 7, in order to focus all actors on boosting the complementarity of their actions to supporting the global expanded response. Most significant, at global level, is to replace the CCO with a Management Board with wider representation than the current cosponsors. The PCB is urged to implement a rapid process, similar to the creation of the GFATM, in order to accomplish the change within a short period.

**Overall finding: Not implemented**

**Management response Action 38:** The establishment of an inter-agency Programme Planning and Development Group is proposed with ongoing responsibilities for the development, update, strategic oversight and performance monitoring of the UBW and the UNSSP and the preparation of the UNAIDS Performance Monitoring Report.

Towards the effective functioning of this group, a number of more operational steps will also be required. They include:

- the development of a group workplan with clearly articulated roles and responsibilities of members, individual and collective outputs, and realistic estimates of the level of effort required of group members to perform those functions;
- the appointment of senior Cosponsor staff to the group following consultation between the respective Cosponsor Executive Head and the UNAIDS Executive Director, in light of the level of effort that will be required of group members. Optionally, more formal 'joint appointments' can be made with the individual group member, carrying both their agency designation and that of Associate Director of UNAIDS. In all cases, appointments should be for fixed terms with reappointment to follow assessment by both the respective agency and the UNAIDS Executive Director;
- the proceedings of the group should be chaired in rotation by the Cosponsor that is chairing the CCO. However, this role should be executed at the Deputy Executive Head or senior director level, enabling the agency focal point to continue in their role as a full working member of the group. The Deputy Executive Director of UNAIDS should serve as the Deputy Chair of the Group;
- the Senior Directors of the UNAIDS Secretariat would also serve as group members; and
- technical, information and communications systems support would be provided by the UNAIDS Secretariat.

Issues raised in 2002 evaluation were considered in 2005 review commissioned by cosponsors and secretariat and carried out by Boston Consulting Group (BCG) reviewing the role of the CCO in supporting UNAIDS to

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fulfill its mandate and to identify ways to enhance the CCO's effectiveness.<sup>4</sup> While support was expressed for the general principles identified in the BCG report, severe concerns were also expressed about the feasibility of some aspects of the recommendations. Only significant recommendation adopted by the CCO was support for the empowerment of cosponsors' Global Coordinators by ensuring they have formal authority within their organizations and for improvements in their work processes such as the development of a joint work plan with the Secretariat and more frequent and structured meetings.<sup>5</sup>

A mechanism to support the performance monitoring functions of the Joint Programme was established. Within UNAIDS Secretariat these efforts were initially spearheaded by the Programme Development and Coordination Group. Following a restructuring of the Secretariat these efforts have continued to be led by the Planning and Performance Monitoring Team of the Department of Resource Management. Cosponsors are involved through Focal Points that are nominated in each Cosponsoring organizations with the specific aim of supporting the Global Coordinators of the Cosponsors in all core functions, including the *development, update, strategic oversight and performance monitoring of the UBW and the UNSSP and the preparation of the UNAIDS Performance Monitoring Report.*

Additional support is received from the Cosponsor Evaluation Working Group - CEWG – which brings together monitoring and evaluation expertise from the Cosponsors to support performance monitoring efforts.

***PCB response:***

No evidence the recommendation and actions have been considered at PCB level.

6 A new Memorandum of Understanding should be drawn up for all the cosponsors. It should state clearly the goal and roles of UNAIDS (the subject of Recommendations 1 and 2); it should set out the obligations of each cosponsor; the obligations of the Secretariat; and set objectives and indicators for the

**Management response Action 39:** It is proposed that the Cosponsors and the Secretariat review the UNAIDS MOU, and that it be updated as necessary, in order to clarify respective and collective responsibilities within the Programme and the major modus operandi for achieving them. It is further proposed that the UBW include for each Cosponsor and the Secretariat their respective substantive and process objectives at global and national level relating to the achievement of the Programme's overall goal and objectives, together with measurable indicators of performance.

The original MoU remains in place and has been signed by new Cosponsors who have joined since 2002 - ILO,

<sup>4</sup> BCG (2005) Review of functioning of the UNAIDS Committee of Cosponsoring Organizations – Final Recommendations. Report to UNAIDS Committee of Cosponsoring Organizations from Boston Consulting Group. October 2005

<sup>5</sup> UNAIDS/CCO (2005) Report of the 26<sup>th</sup> CCO meeting. UN Headquarters, Conference Room 7. Thursday, 27 October 2005



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Secretariat and each cosponsor both in terms of substantive progress towards the UNAIDS goal, and process objectives of being a member of the joint programme at global and national levels.

UNODC, UNHCR and WFP.

Instead of updating the MoU, the evolution of the roles and functions of UNAIDS Cosponsors and the Secretariat has been reflected in the UBWs for 2004-2005, 2006-2007 and 2008-2009 as well as the UNSSP, the 2007-2010 Strategic Framework as well as the UNAIDS Technical Support Division of Labour.

7 That the status of NGO members of the PCB be changed to full voting members.

**Overall finding: Not implemented**

**Management response** No action identified in the Management Response.

***PCB response:***

Some members of 2002 PCB Working Group supported the PCB establishing an ad hoc task force to review the composition, representation, selection and rotation for Member States and civil society in the PCB, taking into account the changing regional dimensions of the epidemic, disease prevalence, and the broader array of civil society actors at global and regional levels involved in the expanded response. The *objective* of the review would be to ensure that the composition and balance of the PCB represents the actors in the current and changing environment of UNAIDS and the expanded response. Note that WG's paper distinguishes between those functions that pertain to PCB Member States (decision-making) and those that pertain to Cosponsors and NGOs (policy development).

No relevant action/recommendation made at Fourteenth Meeting of the Programme Coordinating Board (June 2003). Raised again in context of the Review of NGO/Civil Society Participation in the Programme Coordinating Board.

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8 That a direct link be created between the PCB and governing bodies of the cosponsors, by changing the representation of each cosponsor at the PCB to be a member of the cosponsor’s governing body. If this change is made, the status of the cosponsor could be changed to full voting membership.

**Overall finding: Some action**

**Management response** No action identified in the Management Response.

**PCB response:**

Fourteenth Meeting of the Programme Coordinating Board (June 2003) agreed that Chair of the PCB should forward PCB recommendations to the Chairs of the governing bodies of Cosponsors, in order to encourage them to discuss and act upon the relevant decisions by their respective governing bodies on an annual basis.

Cosponsors where PCB recommendations are discussed

Agency	Governing Boards discuss HIV on regular basis?	Governing Boards discuss <sup>6</sup>	Governing Boards have made a decision based on a decision of the PCB?	UBW and corporate results frameworks share same results indicators?
ILO	✓	X	X	X
UNDP	✓	✓	X	X
UNESCO	✓	X	X	X
UNFPA	✓	✓	X	✓
UNHCR	✓	X	X	X
UNICEF	✓	✓	X	✓
UNODC	✓	✓	✓	✓
WFP	✓	✓	X	✓
WHO	✓	X	X	X
World Bank	X	X	X	X

Source: Governing Boards’ documentation

<sup>6</sup> Governing bodies of the following agencies have requested regular updates (an informal note) on implementation of the recommendations of the GTT – UNDP, UNICEF, UNFPA, WFP, WHO, UNODC.

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9 a) that the PCB changes the meeting agenda to allocate time for substantive discussion; and b) that the PCB delegates the roles of budget scrutiny and performance assessment to the Management Board or designated sub-committees.

**Management response:** No action identified in the Management Response.

***PCB response:***

Fourteenth Meeting of the Programme Coordinating Board (June 2003) recommended that thematic round tables or panel discussions be organized at subsequent PCB meetings on issues of strategic importance in the response to HIV/AIDS and the role of UNAIDS. Implemented from 15<sup>th</sup> PCB Meeting and still on-going.

Twenty third meeting of the PCB (December 2008):

*“5.9 Agrees to the establishment of a subcommittee ad interim of the Programme Coordinating Board for the preparation of the 2010-2011 Unified Budget and Workplan with the mandate to review in a general manner and make recommendations to the 24th Programme Coordinating Board meeting on:*

- a. the overall priorities, scope and structure of the UNAIDS Budget and Workplan;*
- b. the expected results and broad activities of the Unified Budget and Workplan;*
- c. the performance monitoring framework, indicators, targets and financial implementation reports; and*
- d. follow-up on implementation of the previous decisions on the Unified Budget and Workplan;”*

**Other decisions of the 23rd meeting of the PCB related to the establishment of the subcommittee:**

*“5.10 Agrees that the subcommittee shall be comprised of a maximum of ten member states (two per geographical region), two NGOs, two Cosponsors and the UNAIDS Secretariat, and that the reports of the subcommittee meetings be posted on the UNAIDS website;*

*5.11 Agrees the process for establishment of the subcommittee  
- 25 February 2009: First meeting of the subcommittee (scheduled)*

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10 That UNAIDS, through the work of the Secretariat and all cosponsors, 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.

**Overall finding: Mostly implemented**

**Management response Action 28:** UNAIDS will strengthen the advocacy and campaigning links between the HIV/AIDS Declaration of Commitment and the Millennium Development Goals, including through developing and supporting partnerships with a range of constituencies, particularly with civil society and NGOs, and through the intensification of the World AIDS Campaign.

CSP Contribution:

- Engagement of Civil Society in the MERG to shape Indicators for reporting to include reference to CS.
- 2006 UNAIDS CSP and 2008 a CS consortium provided support to convene a Civil Society Task Force to advise the OPGA on CS engagement in the HLM including to nominate speakers, shape messages, and provide input to background documents.
- 2008 Engagement of a CS consortium to support CS participation in national reporting processes-development of the National Reports and shadow reports.
- UNAIDS CSP chief worked as co-chair of the CSTF for the HLMs in 2006 and 2008- example of a negotiating and brokering role between UNAIDS, the CSTF and the Office of the President of the General Assembly

ADC's contribution:

- Advocacy efforts have been undertaken to underscore the links between the Declaration of Commitment and the MDGs, including hosting events on this focus in various forums such as the High Level Meetings on AIDS, MDG reviews, and other platforms, participating in the Stand-up for Poverty days, and providing advocacy messaging and guidance that positions the formation of the declaration as part of the MDG process.
- The World AIDS Campaign also promotes the linkages, and has worked with the Global Campaign to End Poverty Campaign (which advocates for the MDGs) as well as the MDG Campaign led by the UN. Major steps have been taken to strengthen the World AIDS Campaign, including partnering with civil society to set it up as an independent NGO (so that it is now 'owned' and led by civil society) in order to create a stronger, more vibrant social movement on AIDS and shifting its focus to advocate for the fulfilment of the 2001 UN Declaration of Commitment on HIV/AIDS and subsequent policy commitments on AIDS under the banner "Stop AIDS. Keep the Promise". It's governing board also ensures a diverse range of actors now collaborate more closely on AIDS advocacy, including representatives from PLHIV networks, AIDS and development NGOs, youth, labour, faith, business, media, and others. UNAIDS serves as the lead technical partner on the Campaign.
- Specific efforts have been made to strengthen the advocacy capacity of labour, and to link this constituency

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with others working in HIV advocacy – this includes working closely with them on campaigning and developing a guide that informs staff how to engage with labour in country level advocacy and what the benefits are. This work was done in collaboration with the ILO.

Action 29: The next UBW submission will include provision for an expansion of current efforts to strengthen and connect leadership development and support initiatives on HIV/AIDS for political, NGO, faith-based, business, labour, parliamentarian, female and youth leadership. A systematic review of existing partnership and collaborative agreements will also be undertaken to permit expansion and strengthening of civil society, public-sector and private-sector partnerships on HIV/AIDS. By the end of 2003, UNAIDS will develop and make operational a strategy and plan that will take into account the outcomes of this review.

UBW 2004-05 Section II.1 Very general, imprecise.

- Accelerating partnership cultivation and mobilization at country level. With particular attention to people living with HIV/AIDS, civil society and key sectors, the Joint Programme will expand partnership forums at country level.
- mobilizing key sectors. In the next biennium, Cosponsors will capitalize on their comparative advantages by intensifying efforts at country level to generate the increased and sustained, expanded engagement of the education sector, the health sector, the world of work, and other key sectors.
- Strengthening advocacy. UNAIDS will build and nurture coalitions, assist in the development of anti-discrimination legislation, and focus enhanced advocacy efforts on the needs of key populations, such as young people and women.
- Engaging people living with HIV/AIDS. UNAIDS will significantly increase its work directly with organizations of people living with HIV/AIDS, as well as efforts to increase the capacity of diverse partners to promote and sustain effective participation by people living with HIV/AIDS.
- Intensifying efforts to promote gender perspectives in the response to HIV/AIDS. UNAIDS has developed data disaggregated by gender to monitor progress in implementing the goals of the Declaration of Commitment. This gender-disaggregated data, as well as other information generated through operations research, will provide a solid evidence-based advocacy tool and allow for better targeted programme interventions.

UBW 2004-2005 was prepared following the five-year evaluation and explicitly refers to its conclusions in the Executive Summary.

A systematic review of partnerships was undertaken by the partnership unit of UNAIDS and a strategic framework for partnerships with civil society organizations was finalized (September 2003).

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The 2004 UBW represented an increase of 32% over the 2002-2003 UBW, with the bulk of the increase going to cosponsors. 29% of the budget was for activities aiming at building capacity and leadership, including human rights.

The specific part of the UBW corresponding to UNAIDS Secretariat activities was concentrated on five-cross-cutting activities (p.47 to 49 of the UBW document): leadership and advocacy; strategic information; tracking, monitoring and evaluation; civil society engagement and partnership development; resource mobilization:

Recommendations made in Action 29 of the five-year evaluation plan are clearly translated in the 2004-05 UBW, and in particular in the budget of the Secretariat

Action 36: It is proposed that, beginning in early 2003, the UNAIDS Secretariat will facilitate the development of a multiparty global resource mobilization strategy exercise, with the objective of developing an international consensus on financing the global response.

UNAIDS so far has not facilitated the development of a multiparty global resource mobilization strategy. However, since 2003. Total annual global resources available for AIDS have increased from USD 3 billion, in 2003 to USD 10 billion, in 2007.

Informal discussions have been conducted with Cosponsors on RM for AIDS.

Resource Tracking - since 2003 UNAIDS has been tracking the resource needs and estimates for the global AIDS response, thereby providing the basis for a global RM strategy.

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11 That the Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.

**Overall finding: Partly implemented**

**Management response Action 18:** UNAIDS should intensify efforts in countries to promote and support the dissemination of a broad range of best practice documentation through a more coherent multi-agency effort.

Traditional print is distributed through two channels (a) UNAIDS' own mailing lists, chosen according to subject matter and language, principally UNAIDS' regional and country offices and (b) through WHO mailing department to include for example their depository library list. Many of our country colleagues are very active in local distribution of new titles to our cosponsors and other key partners; this is especially important in countries that do not have a functioning postal system e.g. Myanmar, or in resource-poor countries e.g. Swaziland.

The UNAIDS library on CD-ROM contains all Best Practice titles published in all languages; it is distributed not only to our country colleagues but also, importantly, at major international meetings. In 2004-2005 88,000 copies were distributed; a more 'usual' annual total of between 5,000 and 10,000 have been distributed every year since—a cumulative total of 151,000 copies to date since the first edition. The library CD has greatly increased the reach of Best Practice titles internationally.

Special mailings are undertaken with Cosponsors and other key players as appropriate on a title-by-title basis; recent examples include: Global reach: How Trade Unions are responding to AIDS with ILO; Strategies to support the HIV-related needs of refugees and host populations with UNHCR; Preventing Career Burnout: Inter-Mission care and rehabilitation Society with Geneva Global and TearFund.

**Management response Action 32:** UNAIDS will strengthen global and regional efforts to improve the development and expand access to best practices in programme countries, as described in Action 18, through an expanded and strengthened multi-agency effort to:

- more systematically identify gaps in key policy and programme areas, in consultation with appropriate partners;
- review and include relevant offerings of the UNAIDS Cosponsors and Secretariat and those of major development partners; and
- expand global distribution—electronically and in hard copy—through appropriate partnerships.

(1) Gaps in information materials about key policy and programme areas have been identified on an ongoing basis through informal dialogue with a wide range of contacts with Cosponsors and with colleagues in country and regional teams and key nongovernmental organizations. In 2007-2008 the development of a UN system organization bibliography of HIV-related information resources has provided a more formal assessment of gaps in UN information resources. (2) We have not established formal system for review and inclusion of 'relevant

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offerings' due to lack of staff capacity (one full time Best Practice officer). (3) Best Practice titles are always published in three formats: traditional print; web posted; and CD-ROM. Titles are usually made available in different language editions according to subject matter and available funds. A questionnaire submitted to regional and country colleagues at end of 2006 found that for 25% of them, or for their key partners, or for both, internet access was expensive and/or unreliable and that print remained the preferred medium. The CD-ROM is very widely distributed (see below). Downloads from UNAIDS' website run at a consistently high level (2007 2,161,150 documents downloaded by 758,424 unique visitors) although it is not currently possible to identify Best Practice downloads they must be a significant number within the total.

**Management response Action 33:** UNAIDS will intensify efforts to support policy and strategy development in emerging issue areas through the convening and information support to policy forums. This will include support to 'group-to-group' horizontal collaboration and information-sharing between country and regional entities.

UNAIDS monitors emerging issues closely, whether these be scientific (through the Office of the Chief Scientific Adviser), human rights-related (through the human rights team), prevention programming priorities-related (through the Programme Priorities Division) or policy-related (through the Office of the Director of EMP) to name just some. Two concrete examples are male circumcision and the vulnerability to HIV of young women in southern Africa.

**Management response Action 34:** The next UBW will include provision for strengthening data collection and analysis in key sectors—in particular, the agriculture and food, education, health and social welfare, and productive sectors—including mapping and increasing access to existing data sources, disseminating key analysis, encouraging the development of consistent and comparable analytic methodologies.

See UBW 2004-05 Section II.6 Not clearly specified

The MERG – which replaced the PCB Working Group on Indicators and Evaluation – meets annually, bringing together the UNAIDS Secretariat and Cosponsors, donors, NGOs and technical experts in the field of M&E. The MERG has contributed substantively to the strengthening of M&E within UNAIDS.

Since 2001, a significant focus of the MERG has been on establishing and refining the global indicators for monitoring the global response and tracking progress of all countries towards meeting the UN General Assembly Special Session on AIDS (UNGASS) Declaration of Commitment, a commitment made by all 189 Member Nations of the UN to have made significant progress in combating AIDS by 2010. This commitment was renewed at the UN High Level Meeting on AIDS in June 2006 where monitoring UNGASS was linked to



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tracking progress towards Universal Access to prevention, treatment, and care targets set for 2010. Both UNGASS and Universal Access are linked to the Millennium Development Goals for 2015. To achieve these, the most recent focus of the MERG has been on strengthening the coordination, M&E plans, data quality, and capacity at global, regional, and national levels to support a unified national M&E system, known as the “Third One” of the “Three Ones” principle – one National Coordinating Authority, one agreed National Action Plan, and one national M&E system.

Since the beginning of the AIDS epidemic, a large number of indicators have been proposed in order to measure progress and impact. By 2006, over 400 indicators were on record. Many of these were duplicative, had insufficient definitions, or were never field tested as to the feasibility of data collection nor the utility of the data collected. Between 2006 and 2008, the Indicator sub-working group of the MERG, working closely with partners at international and national level, convened a series of meetings to review these indicators in order to reduce the number to a minimum set of field tested, proven, and valuable indicators. There are now 40 indicators that are recommended to countries: 25 UNGASS indicators and 15 national recommended indicators. This was an enormous accomplishment and both reduced the burden on country data collection/analysis systems and ensured that the data collected for the revised list were of better quality.

As part of the 10th MERG meeting on 14-15 November 2006 a business meeting was held (1) to review MERG accomplishments during the 10 years since its launch, and (2) to revisit the role, function, structure, membership and meeting schedule of the MERG. Based on the 10th MERG business meeting and additional consultations, the MERG Terms of Reference, membership and procedures were revised.

The MERG has the following functions:

- (a) to set international standards and norms that will facilitate coordination and strengthen M&E systems;
- (b) to review and endorse M&E policies, standards, indicators, and tools to ensure quality, enhance integration, and reduce redundancy;
- (c) to coordinate the global M&E agenda and convene ad-hoc Technical Working Groups (TWGs), as needed; and,
- (d) to share M&E-relevant information.

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12 The Secretariat should work with cosponsors to 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.

**Overall finding: Some progress**

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**Management response Action 30:** The next UBW submission to the PCB will include provision for further UNAIDS development of a shared international monitoring and evaluation support capacity, which is currently being established together with major donors and international partners, and will include:

- common monitoring and evaluation framework for international partners harmonized through the UNAIDS Monitoring and Evaluation Reference Group (MERG);
- shared technical resource facilities at global and regional levels in support of country monitoring and evaluation efforts;
- strengthening and better use of existing data systems, common reference resources and instruments; and
- common coverage surveys on key indicators and joint studies to measure impact indicators.

See UBW 2004-05 Section I.6 page 14; Section II.5 page 24

UNAIDS will strengthen and accelerate HIV/AIDS research and development by:

- developing evidence-based approaches and guidelines for measuring and mitigating the epidemic's impact;
- strengthening global and national advocacy to accelerate research on HIV/AIDS vaccines, microbicides, therapeutics and other interventions;
- maintaining and strengthening its global leadership on estimates and up-to-date analysis of the status, trends and impact of the epidemic;
- providing substantial assistance to countries to increase their capacity to undertake, host and oversee HIV/AIDS clinical trials, social and behavioural research, and related research activities (with particular efforts being made to enhance HIV/AIDS research capacity in five Asian countries);
- enhancing its own collection and analysis of data, with particular emphasis on key sectors where UNAIDS Cosponsors have a comparative advantage; and
- increasing its capacity to produce estimates of HIV/AIDS levels and impact, including those on specific populations such as young people, orphans, women, IDUs, sex workers and men who have sex with men.

*Interview Matthew Warner-Smith, Secretariat:*

• **a common monitoring and evaluation framework for international partners harmonized through the UNAIDS Monitoring and Evaluation Reference Group (MERG);**

Slow progress by the MERG to refine indicators down from the original large number and up from the original UNGASS 16 to a new set of 40 (*Ref Core Indicators for National AIDS Programmes April 2008*). The work also included developing standards for indicators (presented at the November 2008 MERG meeting). Slow progress because HIV was treated so consistently as an emergency rather than a chronic disease problem. The global response was driven by AIDS activists, which led to calls for immediate action rather than structured vision. He feels the Secretariat has only given adequate attention to M&E in the past 5 years. It should be more the

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responsibility of the Cosponsors but it is pragmatic and effective for the Secretariat to take this role. Relations with the WB GAMET are good but they do not engage in capacity development; they are complementary to work of the Secretariat.

Two specific new developments: publication of 12 components of a national M&E system (Ref); and a Knowledge, Skills and Competency (KSC) framework for M&E staff. Some support from UNICEF but little from other Cosponsors. Some interest in linking this into the WHO-PAS, but very much depends on the orientation of the UCC.

Reasons for improved performance of the MERG - increasing awareness of the importance of M&E; increased availability of resources; need for a better definition of good M&E; better mix of personalities; more staff in the secretariat able to provide leadership. Very productive in last 2 to 3 years. Deborah Rugg revitalised starting with 10<sup>th</sup> meeting held in Rome in 2006. Specifically restructured the TWGs with clear tasks and annual targets.

**• shared technical resource facilities at global and regional levels in support of country monitoring and evaluation efforts;**

TSF is a shared facility. UCO is supposed to put forward a technical support plan at country level. Some thoughts were given to having a team of M&E TA but not done. Now a recognition of the need to enhance M&E skills among TS consultants and plans in hand for training.

**• strengthening and better use of existing data systems, common reference resources and instruments;**

**• common coverage surveys on key indicators and joint studies to measure impact indicators.**

This area has been relatively neglected. Impact surveys are conceptually more difficult to grasp; it is 'easier' to look at indicators; UNGAS provided a stimulus for quantitative approaches and there was no similar pressure for qualitative and impact evaluation. Output from this year's MERG TWG on evaluation was disappointing; plans to establish an evaluation think tank next year. Secretariat M&E work only looks at country level, not Secretariat or Cosponsor performance.

There is good cooperation at country level, especially UNICEF and also WHO (but better at clinical issues, less so surveillance) – CDC often fills the vacuum – though with WHO protecting turf.

Role of Cosponsors through the CEWG (linked to Joel Rehnstrom's group)

**Management response Action 31:** With the goal of increasing capacity at all levels to respond to the epidemic, UNAIDS will support HIV/AIDS research endeavours by:

- refining and promoting a research agenda that addresses priority questions;
- advocating increased funding for HIV/AIDS research;
- enhancing the capacity of country and regional partners to undertake relevant operational research; and

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- assisting in the strengthening of abilities to analyse data and translate knowledge into programming and policy at country level.

**1. refining and promoting a research agenda that addresses priority questions**

Three examples of responses to the recommendation are male circumcision; improving the conduct of biomedical HIV prevention trials; making HIV trials work for women and adolescent girls;

**2. advocating increased funding for HIV/AIDS research**

In speeches, presentations, and publications UNAIDS advocates for increased funding for HIV research, particularly for new biomedical prevention modalities.

UNAIDS tracks resources for microbicides and HIV vaccine research as part of a consortium with the Microbicide Alliance and IAVI.

**3. enhancing the capacity of country and regional partners to undertake relevant operational research**

A good example of work to enhance research capacity is in the HIV vaccine field: the African AIDS Vaccine Programme. UNAIDS and WHO through their joint HIV Vaccine Initiative provided some start-up funding for what became the African AIDS Vaccine Programme (AAVP) and brokered support from Canada, Sweden and IAVI beginning in 2003.

WHO and UNAIDS promote the development and availability of safe and effective HIV vaccines for public use, including the availability of such vaccines in the public sector of developing countries on preferential terms. The WHO-UNAIDS HIV Vaccine Initiative is contributing to capacity building in developing countries for the conduct of clinical trials at the highest scientific and ethical standards, compiling information on the distribution of different virus sub-types, and addressing issues such as future access to HIV vaccines as part of HIV prevention, treatment, care and support programmes.

WHO/UNAIDS are currently supporting AAVP to create a transition panel to oversee the selection of an African-based organization by the end of 2009 that will assume responsibility for the ongoing work of AAVP and to which the resources and projects of AAVP housed in the WHO/UNAIDS HIV Vaccine Initiative will be transitioned.

**4. assisting in the strengthening of abilities to analyze data and translate knowledge into programming and policy at country level.**

HIV This Week

One of the best examples of UNAIDS' work to strengthen abilities to analyze data and translate knowledge is **HIV This Week**, a popular biweekly scientific blog on the UNAIDS website. Twenty-six issues are posted annually, each issue containing selected abstracts accompanied by an Editors' note.

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13 Develop CRIS with objectively measurable indicators of an expanded response at country level and report annually, in a published and publicly available format.

**Management response Action 11:** UNAIDS should intensify its efforts to support country actors in expanding and strengthening their capacities and systems to: monitor the epidemic and the national response; evaluate interventions; and improve the analysis and use of surveillance data. These efforts will include advocacy with programme partners to allocate an appropriate share of total programme resources to strengthening monitoring and evaluation efforts.

*Comments by the Secretariat:*

**Management response Action 12:** UNAIDS should increase its support to National AIDS Councils and ministries of planning, development and finance, to strengthen the analytic capacities they will need to better incorporate and monitor their multisectoral HIV/AIDS strategies within national PRSPs, MEFs and relevant SWAPs and to strengthen the preparation and execution of nationally led joint reviews of the implementation of National AIDS Plans.

*Comments by the Secretariat:*

**Overall finding: Unrealistic expectation in the original Action statement; very recent progress with good potential, as yet unproven**

**Management response Action 13:** UNAIDS should take the necessary steps to ensure that the Country Response Information System (CRIS) is operational in all high-prevalence and other priority countries by the end of 2003, with sufficient capacity to enable national and international partners to have easy access to key strategic information and to serve as the core instrument of a fully integrated UN system effort to prepare the Annual Report of the Secretary-General to the General Assembly on Progress towards Implementing the UNGASS Declaration of Commitment.

*Comments by the Secretariat:*

UNAIDS prepared an implementation plan for CRIS for 2002-2003.

[http://data.unaids.org/Publications/IRC-pub02/jc885-cris\\_overview\\_en.pdf](http://data.unaids.org/Publications/IRC-pub02/jc885-cris_overview_en.pdf)

CRIS version 2 was planned to facilitate project and research tracking in countries, enabling better monitoring of national HIV responses.

[http://data.unaids.org/UNA-docs/cris\\_update\\_jan04\\_en.pdf](http://data.unaids.org/UNA-docs/cris_update_jan04_en.pdf)

CRIS2 was released in 2004 and five regional trainings were organized.

[http://data.unaids.org/UNA-docs/cris\\_update\\_oct04\\_en.pdf](http://data.unaids.org/UNA-docs/cris_update_oct04_en.pdf)

Between 2005 and 2007 countries were provided support in use of CRIS 2, and the users provided feedback on additional features required for next release. During this time a number of countries have provided reports and shared their experiences on how they have used CRIS to strengthen their national M&E system.

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[http://www.unaids.org/en/KnowledgeCentre/HIVData/CRIS/20070615\\_BotswanaAIDSInformationSystem.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/CRIS/20070615_BotswanaAIDSInformationSystem.asp)  
[http://data.unaids.org/pub/Report/2007/cris\\_ghana\\_en.pdf](http://data.unaids.org/pub/Report/2007/cris_ghana_en.pdf)  
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[http://data.unaids.org/pub/ExternalDocument/2007/cris\\_chad\\_fr.pdf](http://data.unaids.org/pub/ExternalDocument/2007/cris_chad_fr.pdf)  
[http://media.shs.net/globalaids/Regional2005/Module1-Country\\_Updates/Country\\_Presentations/Status\\_of\\_Data\\_Management\\_Systems/Cote\\_d%E2%80%99Ivoire\\_Status\\_of\\_Data\\_Management\\_Systems.ppt](http://media.shs.net/globalaids/Regional2005/Module1-Country_Updates/Country_Presentations/Status_of_Data_Management_Systems/Cote_d%E2%80%99Ivoire_Status_of_Data_Management_Systems.ppt)

In 2006 and 2007 UNAIDS collaborated with other agencies, such as USG/PEPFAR, in developing joint tools, and leveraging on their resources to strengthen the CRIS roll-out in countries. This formed the basis for CRIS3 development.

[http://data.unaids.org/pub/BrochurePamphlet/2007/cris\\_v3\\_0\\_en.pdf](http://data.unaids.org/pub/BrochurePamphlet/2007/cris_v3_0_en.pdf)  
[http://data.unaids.org/pub/InformationNote/2007/cris\\_update\\_n01\\_2007\\_en.pdf](http://data.unaids.org/pub/InformationNote/2007/cris_update_n01_2007_en.pdf)

In 2007 UNAIDS used CRIS3 platform for the UNGASS reporting tool, which was successful: 137 countries reported using CRIS.

<http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/Default.asp>  
[http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2008\\_UNGASS\\_Reporting.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2008_UNGASS_Reporting.asp)  
<http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20080312-countryprogress.asp>

In 2008 UNAIDS completed work on Global Response Database, that houses all UNGASS data from reporting rounds 2004, 2006 and 2008.

<http://www.unaids.org/en/KnowledgeCentre/HIVData/CRIS/grd.asp>

The global data is shared through CRIS3, which was introduced in the global M&E training in Bangkok, Thailand, in October 2008 (documentation not yet available on UNAIDS web-site, but shared upon request). New CRIS3 is groundbreaking in its features for the national response to HIV. It can accommodate monitoring plans that will enable tracking of multiple programmes simultaneously (such as PEPFAR, Global Fund, National, UN etc.). With the feature of linking indicators to programmes, it enables linking of use of funds with the specific outputs (managing for results). The indicator definitions can be either imported from the global Indicator Registry (harmonization), or be modified for country specific situations (adjustability for different contexts).

<http://www.unaids.org/en/KnowledgeCentre/HIVData/CRIS/cris.asp>

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To facilitate harmonization of data and use of indicators among countries and global partners, UNAIDS launched global Indicator Registry in Monitoring and Evaluation Reference Group meeting in November 2008. The registry allows exporting of indicator definitions to CRIS3, which facilitates comparability and sharing of data across countries, regions, and globally.

[http://www.unaids.org/en/KnowledgeCentre/HIVData/CRIS/indicator\\_registry.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/CRIS/indicator_registry.asp)

UNAIDS is completing the roll-out plan for 2009, and is carrying out a number of trainings in use of CRIS3 for different levels.

Data exchange between different partners and systems is ensured through consultations with partners (DevInfo, DHIS, WHO, DHS) using related systems. UNAIDS has introduced the Indicator Exchange Format 2 (IXF 2) in 2005, and then the IXF3 in 2007, which has been adopted by major partners.

[http://data.unaids.org/pub/Manual/2008/sdmx\\_ixf3\\_en.pdf](http://data.unaids.org/pub/Manual/2008/sdmx_ixf3_en.pdf)

UNAIDS is introducing its work in the Statistical Data and Metadata eXchange (SDMX) conference in Paris (19-21 Jan 2009) to share its experience with global partners, and to advocate for standardization on data exchange. The meeting is sponsored by BIS, ECB, Eurostat, IMF, OECD, UN and the World Bank. <http://www.sdmx.org/>

***Interview, Secretariat:***

The original version of CRIS was just a tool for UNGASS reporting with 18 or so indicators. Not very successful, little or no use at country level. To some extent this set a 'negative' tone for CRIS that has been a struggle ever since.

Version 2, in 2004 added a research module and created scope for projects to be tracked at country level; some problems arose with the software but it was used successfully in a few countries (see references to Ghana, Lesotho, Somalia, and Sierra Leone). Felt the secretariat did not promote the system very well – seen as being too disconnected from other M&E work, not seen as part of a wider system.

The CRIS team tried to build linkages from V2 to GF and PEPFAR – internal changes in the GF approach to M&E seemed to hold that back; more success with PEPFAR. (Follow up with Eddie Addai and Daniel Lowbeer in the GF; Sylvia Martinelli and Nicholas Bidault in Secr)

Countries could define their indicators; track progress in project implementation; but not link indicators to project level expenditures.

Missed opportunity a) not bringing GF in at early stage – could have used CRIS to manage grants and would have helped promote development; b) WB MAP to monitor progress. This did happen with PEPFAR with the pre-release V3 in Botswana 2007 (contact Linda Carr and Xen Santos in PEPFAR) and after February 2007.

V3 is more flexible for countries to define indicators and fit the system to their context. Main roll-out was at Bangkok M&E training October 2008. Some 15-20 countries are lined up for training during 2009 Q1. Other

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countries have plans and have requested assistance. A clear shift has taken place to centre CRIS more within wider M&E context, which includes data management.

Cosponsors: some attempt to engage: main successes reported with WHO for Open Medical Records System (OpenMRS) and for Service Availability Mapping systems. CRIS can import data from DevInfo (Unicef) but that system is considered to have indicators with parameters strongly fixed by MDG reporting requirements.

**Management response Action 35:** Further to Action 13, the next UBW submission to the PCB will include support at global and regional level for the further development and utilization of the Country Response Information System and other instruments, including provision for:

- access to annual progress reports on UN system HIV/AIDS efforts in all HIV/AIDS programme countries;
- financial reporting categories and methodologies for HIV/AIDS-related spending, which are harmonized among all major donors and international partners and regularly updated; and
- regularly updated, country-by-country reporting from all major financial partners (national, multilateral, bilateral and private sector) of projected current-year disbursements, and project-level, survey-based reporting of actual disbursements in prior years.

See UBW 2004-05 Sections I.6; II.6

□ UNAIDS will promote effective monitoring and evaluation by: o effectively monitoring and reporting on implementation of the Declaration of Commitment's goals through enhanced capacity and targeted work with countries and the establishment of agreed indicators;

- substantially strengthening the global community's capacity to monitor the epidemic and to evaluate programmatic responses, through the Global AIDS Monitoring and Evaluation Support Team (GAMET), optimal use of reference groups, and enhanced collaboration with other partners;
- accelerating its leadership in sharing and harmonizing the M&E efforts of various donors and actors to enhance global consensus on key findings, strategies and action steps;
- facilitating and accelerating cross-country sharing of experiences and perspectives to enhance M&E capacity at country level;
- collaborating with the Cosponsors in the implementation of a substantially strengthened effort to build and maintain M&E capacity at country level;
- expanding the Country Response Information System (CRIS) and other data sources to enhance the knowledge base on national responses to HIV/AIDS, help identify gaps requiring follow-up actions, and increase programmatic accountability;
- accelerating implementation of second generation HIV/AIDS/STI surveillance;
- enhancing M&E for key sectors: capitalizing on their comparative advantages, individual Cosponsors will



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- promote and accelerate effective M&E in key sectors affected by the epidemic;
- enhancing M&E for key populations: capitalizing on their comparative advantage, individual Cosponsors will promote and accelerate effective M&E of interventions targeting key populations—including, but not limited to, young people;
- assessing Cosponsor responses: Cosponsors will individually review, on an ongoing basis, their own contribution to the response to HIV/AIDS, specifically as it relates to the Declaration of Commitment and the Millennium Development Goals; and
- pursuing strategies to increase the usefulness of the UBW as a management tool for the Joint Programme.

**Comments from WHO**

CRIS is a Secretariat system and we think has been successful in introducing a standard exchange format (IXF) which allows easier movement of data between data from various UN systems, such as DevInfo, Its also good for reporting HIV specific performance data.

Over the past year, the focus of our relationship has changed somewhat. We now have in place a group of the main organisations involved in developing health systems information systems. This includes WHO, CDC, University of Oslo (lead HISP consortium of universities who work on this issue), IRIS (basically USAID funded work), Open MRS and the Secretariat. The purpose is two fold:

- To work to rationalise the development and proliferation of new information systems in the health sector. Proliferation has been driven by taking a disease based approach in the past.
- To move towards a health information systems toolkit approach, which would allow countries to then choose what they wanted to take up and implement. This approach would be based on establishing norms and standards for the development of future systems, with an emphasis on developing systems which are open to others and allow easy porting of data between systems.

14 The good work done in the UBW to bring together all planned expenditure on HIV/AIDS by the cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well.

**Management response Action 9:** It is proposed that current and proposed support from UN system organizations to the implementation of the National AIDS Strategy be presented within a fully integrated UN Country Team Implementation Support Plan to the National Response (UN-ISP), which includes:

- the combined budget and finance plans for joint, integrated and individual agency efforts in support of the National AIDS Strategy;
- clear objectives with monitorable indicators for individual agency efforts reflecting their specific roles and responsibilities and the five key functions of UNAIDS; and
- the coordinating work of the UN Theme Groups on HIV/AIDS.

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- Since 2005, UNAIDS, led by the Secretariat, has provided support to UN Country Teams and UN Theme Groups to establish Joint UN Teams on AIDS with Joint UN Programmes of Support, the ultimate goal being to provide more coordinated, effective and efficient support to national responses. The Joint UN Teams on AIDS are a forum for the UN to discuss specific policies and procedures, and to build a common vision prior to engaging in dialogue with national partners through different forums, including national partnership forums.
- Countries are developing and implementing Joint UN Programmes of Support, an evolution and expansion of the UN-ISP, with emphasis being placed on further aligning the UN's strategic contribution to national priorities. The Joint UN Programme of Support covers the entirety of the UN system's support to the national response. It consists of individual agency activities as well as joint programmes between two or more agencies and specific plans and strategies aimed at operationalising the programme of support. Plans include an annual work plan with specific responsibilities assigned to agencies and individuals according to the Division of Labour with clear deliverables and financial resources from UN agencies allocated. Monitoring and Evaluation plans have also been developed as part of the Joint UN Programme of Support to enable the Joint UN Team on AIDS assess internally achievements of identified annual deliverables.
- As mentioned in action 8, the adaptation of the Division of Labour matrix to the country context for the implementation of the Joint UN Programme of Support provides a clear entry point for partners to access UN technical assistance thus positioning the UN as a stronger provider of technical assistance. The UN Theme Group has also continued to provide overall policy and programmatic guidance to the joint UN Team on AIDS, both in terms of its operating procedures, and the content and implementation arrangements of the Joint UN programme of support.

See also Actions 11, 12, 13

**Management response Action 37:** Efforts already initiated to make improvements in the UBW process in the current cycle should continue and will include:

- further strengthening of a strategic management approach to ongoing performance monitoring and reprogramming in the UBW;
- further simplification of presentation of UBW including explicit identification of action priorities identified through the Evaluation Report; and
- regional and subregional estimates of anticipated Cosponsor expenditures at national level to be reflected in next submission of UBW.

1. UBW works as tool for ensuring that members know what each other is doing. A few examples are cited of how this has decreased duplication. Assessing efficiency of UBW process, and introduction of the DoL, is challenging since judgement depends upon assumptions about what the process should

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produce. From interviews, appears there are very high transaction costs for Global Coordinators/ Focal Points, if the major output is an annual work plan which is no more than a compilation of what agencies would have done anyway. The initial process of developing the UBW starts with discussion of needs and priorities, but agencies' work plans reflect mandates, not needs, and there is no evidence they can prioritise by need between themselves.

2. UBW process is not performance focused, with resource allocation decisions being taken by the Secretariat's Executive Director, but not generally against a transparent and agreed set of performance criteria (the latest UBW has a criterion that funding transfer is contingent on spending previous allocation). Challenges in allocating funds against external priorities very similar to those documented for UNDAF process at country level – how can one prioritise when the needs are for agency visibility, there no rewards for giving up funds to other agencies, individual performance assessment is based on agency, not UN, performance and most funds are raised by the individual agencies.
3. Diversity of opinions on what impact of Division of Labour at corporate level has been. It works in areas in which there is a clear single mandate for one agency, but this would have happened anyway. There is some evidence from interviews and GC meeting minutes of informal agreements on a DoL between agencies where mandates overlap, but less evidence that the DoL has driven this process. Could argue that growth in role of the Global Coordinators and existence of task teams would have led to this anyway.
4. Little evidence that DoL has been effectively communicated to other external stakeholders (at either global or country level).

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15 UNAIDS should continue to support regional initiatives that are demand-driven by the needs of countries in the region, and where possible linked to existing institutions. Opportunities should be taken to develop new services such as regional skills building workshops. The resources of the Secretariat through the Inter-Country Teams should not be used for coordination among regional offices of the cosponsors.

**Overall finding: Implemented**

**Management response Action 27:** The next UBW submission will reflect refined terms of reference for the UNAIDS Inter-country Teams (ICTs) and related budgetary support in line with core functions to allow them to:

- coordinate regional submissions to the UBW process and the articulation of regional-level UN system priorities on HIV/AIDS;
- identify and promote high-quality national and international technical resources through newly established multi-agency technical coordinating facilities;
- support strengthening of monitoring and evaluation in countries;
- support regional leadership and partnership development activities; and
- support training and reorientation on HIV/AIDS within the UN system and with key programme partners in priority countries.

UBW action not found; Website shows RST functions as follows:

UNAIDS Regional Support Teams (RSTs) provide timely and effective support to UNAIDS Country Offices, while working with regional partners to coordinate and provide programming and technical support to strengthen national responses.

**Goal**

The RSTs overall goal is to catalyze and facilitate an expanded response to HIV in the region, aiming to:

- Halt the epidemic by preventing new infections
- Expand access to treatment, care and support for people living with HIV and AIDS
- Expand care, protection and support for orphans and families affected by HIV and AIDS

At country level the RSTs support the UNAIDS Country Coordinators and through them the UN country team's HIV response through the UN Theme Groups on HIV (UNTGs). In countries with no Country Coordinator the RST provides direct support through the UNTG.

At regional level the RSTs work with regional UN entities, intergovernmental organizations, donors and nongovernmental organizations.

At global level the RSTs coordinate with the UNAIDS Secretariat in Geneva and the interface with global partnerships.

**Functions**

The RST's work is structured around five key areas:

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- UN country team support for an expanded national response to the epidemic that seeks to improve the strategic quality of UN system support for HIV responses at country level
- Regional level partnership development and coordination that mobilizes and facilitates regional leaders and partners to expand and better coordinate their support for country level HIV responses
- Facilitation of access to technical and programming support for national AIDS responses to support the development, implementation, monitoring and evaluation of national AIDS responses
- Evidence-based advocacy and generation of strategic information on trends and the response to the epidemic
- Operations support to UNAIDS offices

**UNAIDS Regional Support Teams**

**Asia and Pacific:** Bangkok, Thailand

**Middle East and North Africa (MENA):** Cairo, Egypt

**West and Central Africa:** Dakar, Senegal

**Europe:** Moscow, Russian Federation

**East and South Africa:** Johannesburg, South Africa

**Caribbean:** Port of Spain, Trinidad and Tobago

**Latin America:** Panama

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16 A contingency plan for a humanitarian response at country level should be prepared under the direction of the PCB.

**Overall finding: Progress has been more extensive than the recommendation**

**Management response Action 19:** UNAIDS, together with other relevant agencies, will develop and facilitate interventions that will address the challenges of HIV/AIDS prevention, care and treatment in the context of security and stability. This response will encompass three target areas affected by humanitarian emergencies, including:

- community security, referring to vulnerable populations affected by conflict;
- national security, referring to defence and civil defence personnel; and
- international security, referring to peacekeeping and humanitarian operations.

See UBW 2004-05 page 45

Mobilizing humanitarian response. UNAIDS will strengthen the capacity of national entities to respond to HIV/AIDS in crisis situations, mobilize political commitment and support internationally to fight the epidemic in crisis situations, strengthen collaboration among key partners, and follow up and report on Security Council Resolutions 1308 and 1325.

A number of strategies and actions have been implemented to address HIV needs in humanitarian and security contexts since the end of 2002. However, these were not necessarily all implemented throughout the entire period 2003 to 2008. While strategies to address HIV in national militaries and peacekeepers had already started being implemented before the December 2002 PCB and have continued, with some modifications, until today, systematic efforts to address HIV in humanitarian crises are younger, starting with UNHCR's and WFP's co-sponsorship in 2004. The UNAIDS Secretariat only developed coherent strategies in 2007 and 2008, following the December 2006 PCB, which called for such action. UNAIDS Humanitarian Action then entailed addressing HIV in all types of humanitarian crises, including conflict and disasters, through the international humanitarian system. The work of SHR in 2002-2005 was evaluated in 2006-7, and many of the recommendations implemented.

- Implementation of Action 19 regarding item 2 (national security forces) and 3a (international peacekeepers)

Since 2000 UNAIDS Secretariat has lead international advocacy efforts regarding AIDS as a security issue and, together with co-sponsors such as UNFPA and UNDP, supported about 60 countries with limited catalytic funding. At the same time, DPKO was supported to integrate HIV into peacekeeping mission mandates and operations. By 2005-6, all missions had either dedicated HIV staff (the larger missions) or HIV focal points. The Security Council was brief in 2003 and 2005 on progress made. A global Task Force on HIV among uniformed services exists which serves to exchange information and coordinate activities.

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Since 2006, increased efforts have been made to a) rationalize HIV support to national militaries, to complement the massively increased military-to-military funding by the US to more than 60 countries (with an annual budget of more than 60 million US), b) to establish/strengthen regional AIDS military networks that would facilitate exchange and mutual support, c) expand the security agenda to include categories other than militaries (e.g. demobilized soldiers, police) and d) to empower specific co-sponsors (UNFPA, UNODC) to play a stronger role in the provision of country support. In 2007, the first-ever global consultation on HIV and the police was held, and in 2008, specific funding agreements are being negotiated to strengthen UNFPA's role in support to national militaries and DDR, and UNODC's in supporting and influencing national police forces. The cooperation framework with DPKO from 2001 is also under revision.

- Implementation of Action 19 regarding item 1 (community security) and 3b (humanitarian interventions) and Action 20 (strategy and operational plan for specific countries where AIDS is substantially compounding the impact of other emergencies).

A major strategic decision in 2006 was to address HIV humanitarian situation structurally, through integrating HIV into the international humanitarian machinery rather than only focusing on specific populations (such as refugees) or settings (food insecurity). Following the PCB in 2006, a global Task Force on HIV in humanitarian situations was established, mainly to develop normative guidance for different sectors, partnerships with non-UN partners such as IFRC and IOM and humanitarian NGOs were extended, a concept paper on the global and country level coordination arrangements for HIV in humanitarian situations was developed and endorsed by the IASC Working Group, and a training of and consultation with UCC from 25 emergency-affected countries further clarified in principle the roles and responsibilities of the UNAIDS Secretariat in countries with Humanitarian Coordinators, regarding the integration of HIV into humanitarian action across clusters and sectors. Collaboration with OCHA has intensified.

UK and Ireland have supported this rather new HIV humanitarian agenda with extra-budgetary funding, through which gaps in responses in priority countries are being addressed, EC/ECHO has developed their own funding guidelines modelled along the IASC ones, and in April 2008, a first donor briefing on HIV in humanitarian situations took place in Geneva. The GFATM has informally shared a map of countries with poorly performing grants with the UNAIDS Secretariat, indicating that many are affected by humanitarian crises.

Remaining challenges for the next years include a) the UNAIDS Secretariat is still not formally associated or a member of the global-level IASC as mandated by the PCB in 2006; b) despite ongoing efforts to build both coordination and specific technical capacity to effectively address HIV in countries with acute and ongoing

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humanitarian crises, there still is a gap thereof, and c) in particular, the integration of HIV into emergency preparedness and contingency planning remains weak.

**Management response Action 20:** UNAIDS, together with other relevant agencies, should develop a strategy and operational plan for a humanitarian response in those specific countries where the impact of the epidemic is substantially compounding the impact of other emergencies.  
[See response to Action 19]

17 The 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.

**Management response:** See recommendation 14, Action 9

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.

**Management response Action 5.** It is proposed that the PCB urge national governments to give HIV/AIDS high priority as a specific cross-cutting thematic issue to be incorporated into, and monitored within, their national social and economic development plans and national poverty reduction and development strategies, Medium-Term Expenditure Frameworks and within sector-wide programmes in relevant sectors.

**Overall assessment: Implemented**

- UNDP, the World Bank and the UNAIDS secretariat are implementing a joint programme to support countries to better integrate AIDS in national social and economic planning instruments and processes.
- Twenty five countries have been provided with targeted support to mainstream AIDS in all instruments including poverty reduction strategic processes.
- The following support was provided:
  - Missions to assist national authorities and stake-holders in preparing the country participation in the programme were undertaken;
  - Drafting of a brief 'Issues Paper' on AIDS and development priorities, and identification of the country team among key PRSP stakeholders, Ministries of Finance, Planning and Health, National AIDS Coordinating Authority, other key ministries, and civil society/private sector organizations;
  - Capacity building and planning workshop for the country teams representing key PRSP stakeholders leading to the development of an action plan to support integration of AIDS into the poverty reduction strategy process;



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- Implementation of the action plan (under lead support by the UNDP Country Office) and annual progress review workshop.
- Summary of activities:
  - Round 1, 2005: Countries involved were Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania (Mainland and Zanzibar) and Zambia;
  - Round 2, 2006: Countries involved were Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda;
  - Round 1 and Round 2: a second progress review workshop was organized for the 14 countries of Rounds 1 and 2 (Johannesburg, 14-17 July 2008);
  - Round 3 (2007): Countries involved were Armenia, Benin, Cameroon, Gambia, Grenada, Guinea, Haiti, Liberia, Nepal, Nigeria and Tajikistan.

National AIDS Spending Assessments were started in 2005 using System for National Accounts principles and conventions to track resources. By 2009 107 countries were using NASA principles for financial reporting to UNGASS and 30 countries had carried out a full NASA analysis, in some case more than once. New initiatives are currently underway for PEPFAR to adapt NASA and for the Global Fund to use NASA for country tracking.

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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.

**Overall assessment: Implemented**

**See also Action 5**

**Management response Action 7:** It is proposed that the PCB encourage OECD and other donors to link their bilateral country HIV/AIDS programmes to the execution of national strategies that have been articulated within country-led mechanisms—in particular, their Poverty Reduction and Development Strategy—in order to reinforce the capacities of host governments to coordinate international assistance on HIV/AIDS.

The Secretariat, through international forums such as ICASA in 2003 and the “Washington” meeting in 2004 worked towards creating a policy environment to coordinate international assistance to host Governments.

- There was some evidence of progress in these areas, namely through the developments and commitments around the Paris Declaration and the principals of “Three Ones”, and the 2008 Accra Meeting.
- The process and finalization of the Global Task Team recommendations further reinforced the push towards greater harmonization and alignment
- There is still a considerable lack of coherence between global commitments and country – level plans and actions
- The development, testing and use of the Country Harmonization and Alignment Tool (CHAT) is another specific example of assessing the quality of national engagement and international support.
- On Poverty Reduction and Development Strategies, some donors are working through the Joint UN Team while others continue to fund individual UN agencies at the country level.

**Management response Action 8:** It is proposed that the PCB encourage OECD and other donors, in their HIV/AIDS in-country financial investments that are channelled through UN system agency mechanisms and programmes of assistance, to give priority to those efforts that are integrated within national PRSPs and MEFs, and are clearly articulated within the UN Country Team Implementation Support Plan to the National Response (UN-ISPs, described below), reflecting the comparative roles and functions of the particular UN system organization within the specific country setting.

- Following the recommendations of the Global Task Team, Joint UN Teams on AIDS were established to complement and strengthen UN Theme Groups. Joint UN Teams base their work on a programme of support aligned to the United Nations Development Assistance Framework (UNDAF). The programme of support has since 2005 replaced the UN-ISP.

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- The UN system through UN-ISPs and now the programme of support have supported national governments to assume leadership in the integration of development of multi-sectoral planning processes. Participation in this process has enabled the UN to further align its support to national priorities through the development of Joint Programmes of Support that reflect the entirety of the technical support provided by UN agencies based on national priorities.
- Joint UN Teams on AIDS have adapted the UNAIDS Technical Support Division of Labour matrix to specific country contexts to improve the UN system's ability to plan and coordinate the provision of technical support as well as take greater responsibility for its delivery. The Division of Labour clarifies to partners the technical support provided by the UN.

As mentioned in action 5 and 6, UNAIDS has supported countries to ensure that AIDS is integrated in national planning instruments and processes. Additionally, UNAIDS is supporting countries to conduct joint reviews in the context of the Paris Declaration on AID Effectiveness. Explicit linking of AIDS and national development planning as well as mainstreaming AIDS into specific sector plans are key recommendations of the GTT and UNAIDS.

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20 to 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.

**Overall assessment: Implemented**

**Management response Action 21:** UNAIDS should continue to expand the Programme Acceleration Fund (PAF) facility, giving it a more strategic focus on:

- programme planning and development;
- strengthening of monitoring and evaluation efforts and capacities;
- strengthening of partnership development and resource mobilization; and
- financing efforts to better organize and promote the technical resources provided through Cosponsor programmes and additional assistance to programming partners in countries to accelerate their efforts.

- Programme Acceleration Funds (PAF) are now a well-established mechanism in the UN environment. UNAIDS has provided regular guidance to countries on PAF for each biennium to enable the UN through UN Theme Groups and Joint UN Teams on AIDS to play a catalytic role in advancing the scope, scale and effectiveness of evolving country responses to the epidemic.
- In 2006, a review was commissioned to make recommendations to improve PAF management. Recommendations were made in the areas of PAF management, financial management and monitoring. Some of the recommendations have been taken forward and are being implemented.

- The establishment of Regional PAF Committees has led to technical support provided to countries throughout the PAF proposal development process as well as to track and monitor proposals.

An independent Programme Acceleration Funds Review and impact assessment 2002-5 (HLSP 2007) found:  
*Achievements*

- Funding flows have improved from Global to country level
- UNTGs on HIV and AIDS are more fully established, are meeting more regularly with a better focus as Heads of Agencies on appropriate allocation of resources and supporting the national response through strategic approaches;
- Increasing technical capacity with formal appointment of HIV PAF focal points in each UN Agency and increasing delegation of technical issues by the UNTGs to the UNTWG
- Roles of UNAIDS Country Offices are better defined and their capacity improved, including working with UNDP, through the SRC, on providing financial information on transfer of funds
- UNDP financial management of funds through the RC mechanism is improving including sharing of information through ATLAS
- Increasing capacity of National Partners for implementation

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*Continuing Challenges and constraints*

Despite the achievements above, there continues to be several challenges and constraints with PAF allocation and channelling of funds which include:

- Delays in availability of funds for implementation of subprojects which in turn leads to late start dates and increased levels of re-programming due to change of priority and staff in the interim
- Poor consistency of documentation and tracking of implementation
- Reliability on individuals rather than on systems for addressing bottlenecks
- Whilst there has been marked progress in joint planning and development of proposals through the alignment of the Joint Workplans, reporting of PAF activity remain separate which in turn makes reporting on PAF labour intensive and contributes to the poor quality of documentation
- Guidelines have improved allocation of funding issues at global level, but question remains on whether it has merely shifted the responsibility for addressing implementation issues from one level to another without addressing the underlying authority and capacity issues of the UNAIDS Country Office
- Limited capacity (or interest) of UN Agencies to provide Implementing Partners with technical support for implementing PAF activity

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21 to endorse the work of the Secretariat and for the PCB to keep total numbers of CPA under review and, as appropriate, authorise and fund an expansion to enable deployment to additional countries as information about the evolving state of the disease changes.

**Overall assessment: Implemented**

**Management response Action 23:** The UBW submission for the next biennium should include a specific plan and provision for the deployment of the additional financial and staff resources needed to strengthen the capacities of the UN system in priority countries in the areas of: monitoring and evaluation; resource mobilization and tracking; and partnership development with civil society and the private sector.

See UBW 2004-05 Section I.5 page 12; Section II.1

Supporting national response – placement in more countries of Country Coordinators/Country Programme Advisers, plus experts in monitoring and evaluation, resource mobilization and partnerships with civil society (PCB 22, 23);

*Strategy Document - Directions for the Future: Unifying and Intensifying Country Support, UNAIDS 2003*

The roll-out of new country level positions started in 2004 -2005 (when most new positions were created and filled) and continued in 2006-2007 and resulted in staffing 54 new posts (7 UNAIDS Country Coordinators, 3 UNAIDS Country Officers, 10 international monitoring and evaluation specialists, 14 national monitoring and evaluation specialists, 3 international social mobilization officers, 7 national social mobilization officers, and 10 national programme officers).

The roll-out process can also be traced in budgetary terms. As part of the 2004-2005 UBW, the PCB approved an increase of US\$ 31.8 million for country support which includes the provision of the additional staff and related operational costs. In 2006-2007 the UBW increased by a further US\$12million.

In 2008-2009 an additional US\$ 41million was approved to support country operations which provided for an increase of an additional 43 country staff in 2008-2009 together with related operational costs. It should be noted that the budget for operational costs also covered the costs of additional local support staff.

In addition, a special supplemental budget was approved in 2006-2007 for the provision of technical support to countries against which US\$13.2 million was raised.

**Management response Action 24:** It is proposed that UNAIDS make provision to place UNAIDS Programme Coordinators in those additional countries that: currently have high HIV prevalence and/or the potential for future high HIV/AIDS burden; require assistance to mount and sustain an effective expanded response; and provide a strategic opportunity for the UN system to contribute to an effective scaled-up response.

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*Roll-out Plan 2004-04 updated the strategy of prioritisation as follows:*

- Key countries in size, population & geopolitical importance
- Southern Africa, a High Impact region
- Influential sub-regional groups
- Conflict and post-conflict settings
- Monitoring and evaluation
- Partnership building to reach marginalised groups
- Supporting 3x5 and other key initiatives

The purpose of the increased investment in country level staff was described as to reinforce the capacity of the Joint Programme in countries. Consequently, additional staff will generally be placed under the country-level supervision of UNAIDS Country Coordinators on behalf of the Joint Programme. There are circumstances where the UN Resident Coordinator/Theme Group may propose that staff be physically placed in the premises of a government office (such as the National AIDS Council secretariat) or that of another partner, depending on the country team's judgement as to what is best for effective support to countries.

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22 The UN Theme Group on HIV/AIDS and its associated Technical Working Group provides a service as a technical secretariat to the national response. In this role, all theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy. It must be clear that the chair of the theme group is accountable for the joint programme of the cosponsors being aligned to the national strategy and to reflect the comparative advantages of the UN system agencies in that country.

**Overall assessment: some progress**

Action 9 ditto

**Management Action 22:** UNAIDS will revise, update and clarify the expected method of work for UN Theme Groups on HIV/AIDS in close collaboration with the UNDG, consistent with the deliberations of the PCB on the Evaluation Report, and in the light of the Secretary-General's reform proposals. Particular emphasis will be given to improving vertical and horizontal accountability for HIV/AIDS efforts within the UN Resident Coordinator System and with the respective Cosponsor executive offices, the PCB, and country constituencies.

- Following GTT recommendations and the Secretary General's directive, UNAIDS and UNDG developed guidance on the establishment of Joint UN Teams and Programmes on AIDS.
- The guidance includes the development of an accountability mechanism for the joint team, the UN Country Team, and the Regional Directors Team.
- Additionally, individual accountability of the joint team member, the UCC and the Resident Coordinator is described and is being implemented.
- Accountability of individual head of agencies has proved difficult. Joint UN Team members are accountable to their respective heads of agency through the inclusion of this task in the job description and being appraised on it. This also applies to the UCC and the Resident Coordinator. This is not the case for individual heads of agency who are yet to be appraised on their involvement in joint UN Teams and their participation in Theme Groups.

**Management Action 25:** In high-prevalence and other priority countries, the Executive Director, in close consultation with UN Country Resident Coordinators and the respective Cosponsoring agency Executive Head, should propose specific agency representatives for non-rotating assignments of more than one year as Chair of the UN Theme Group on HIV/AIDS.

- UNDG on 19 November 2003 sent communication to all Resident Coordinators on their role in operationalising a strengthened UN system response to AIDS at country level.
- The communication defined the role of the UCC in the UN Country Team. In addition it recommended that while rotation of the chairmanship is ideal, the Theme Group Chair must serve ideally for two years. Designation of the Chair should be based on proven commitment, capacity and availability.
- The above have to date been effectively implemented. Following the establishment of joint teams on AIDS facilitated by the UCC, some countries have integrated the Theme Group in the UN Country Team.



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23 Where circumstances permit, expanded theme groups should evolve into partnership forums, led by government, in line with the scenario set out in Annex 7. In such cases theme groups may then revert to UN-only membership. In any event, as theme group expansion occurs the CPA and UNTWG should report to the UN Country Team on HIV/AIDS issues.

**Overall assessment: Implemented**

See **Management response Action 22**

24 UNAIDS at country level should expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data, building on the methods and tools developed by the programme. Countries with severe generalised epidemics should be supported to conduct repeated national surveys on risk behaviours.

**Overall assessment: Implemented**

See **Management response Actions 11, 12, 13**

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25 That a programme of joint reviews led by national governments should be launched, building on current practices for mid-term reviews and rapid impact assessments among development organisations. Reviews should be programmed according to priority outcome objectives in national strategies, and examine both the effectiveness of interventions and the supporting performance of institutions, including national AIDS programmes and UNAIDS (Secretariat and cosponsors). They should be conducted by teams drawn from government, civil society, UNAIDS and OECD donors.

**Overall assessment: Implemented**

**Management response Action 6.** It is proposed that the PCB encourage national governments to lead periodic joint reviews of the implementation of their National AIDS Plans, and that those reviews should be conducted by teams drawn from government, civil society, the private sector, multilateral and OECD donors, and the UN system organizations.

- At the country level the UN Country Team through the Joint UN Team on AIDS, supports the government in its leadership of national coordination processes. Joint reviews are a crucial element of national coordination.
- UNAIDS support includes planning, implementation and follow up of these reviews.
- The vision is for an inclusive national process that focuses on reviewing the national AIDS response with wide ranging and independent reviews leading to consensus on progress, gaps and challenges, and commitments for improvements.
- Kenya, Zambia, Ghana, Cambodia, Botswana, Papua New Guinea, Somalia and Ukraine are amongst the countries that have conducted joint reviews.
- UNAIDS, led by the Secretariat has supported this work through its follow-up of the recommendations of “The Global Task Team on improving AIDS coordination among multilateral donors and international donors”. Continuous efforts are made to link this to the broader Aid Effectiveness agenda, and to ensure that all global partners’ commitments translate in the active involvement in joint reviews resulting in a stronger national AIDS response.
- UNAIDS has developed a guidance paper and a Country Harmonization and Alignment Tool (CHAT) to support countries in conducting joint reviews.

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26 To maintain and expand the successful work of advocacy the 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. Capacity of national actors must come 'from the heart' and not fail to include gender competence. Since the aim is to get incremental processes going, the UN role is mostly that of an enabler, helping to create good examples where none exist, and reinforcing good examples where they do.

**Overall assessment: Implemented**

**Management response Action 15:** UNAIDS should include in the next UBW submission provision for multi-agency technical coordinating facilities to more readily make available to country programming partners the substantially increased technical and policy services required for the design, development, implementation, monitoring and evaluation of their programme efforts in support of the National AIDS Plan. It is envisaged that these activities will be based on existing regional and national institutional efforts and promoted and coordinated by the Secretariat with substantial execution responsibilities shared among UNAIDS Cosponsors.

See UBW 2004-05 Appendix 1 page 54

Key activities in 2004–2005 will be undertaken in the following areas:

- increasing capacity of National HIV/AIDS Coordinating bodies to strategically manage HIV/AIDS responses;
- integration of HIV/AIDS into national planning—i.e., national development plans and budgets, other financing instruments such as medium-term expenditure frameworks, HIPC processes, poverty-reduction strategies;
- integration of national HIV/AIDS responses into sectoral and ministerial policy formulation and planning, including service delivery;
- supporting multisectoral sub-national and district-level HIV/AIDS responses.
- supporting stronger links between community HIV/AIDS responses and local government decentralized structures;
- integration of HIV/AIDS into global and regional development initiatives with sustained and expanded engagement of multi- and bilateral organizations; and
- strengthening and better coordinating the UN system assistance to national HIV/AIDS efforts through the CCA and UNDAF processes, and UN Implementation Support Plans on HIV/AIDS.

The 2004-2005 UBW included a provision for technical resource coordination facilities with a total budget of US\$ 10 million.

The 2006-2007 UBW included in total US\$ 22.1 million for technical support. This included a provision for the establishment of the Technical Support Facilities and other technical support mechanisms with a total budget of 8.9 US\$ million. Furthermore, in June 2006 the PCB approved an amendment of the 2006-2007 UBW to include a new supplemental budget specifically for the provision of technical support to countries against which US\$13.2 million was raised.

The 2008-2009 UBW includes US\$35.4 million for Technical Support Facilities, Technical Assistance Funds, the Global Implementation Support Team, other technical support mechanisms such as WHO knowledge hubs

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and the AIDS Strategy and Action Plan (ASAP) service (ASAP) housed in the World Bank.

The 2006 mid-term report, the biennial 2006-2007 performance report contain information on the achievements by the established Technical Support Facilities (TSFs). In addition, there are external evaluations conducted by now for four TSFs.

**Management response Action 16:** UNAIDS should take the necessary steps at country level to support the development, implementation and monitoring of an explicit UN Theme Group advocacy strategy on HIV/AIDS for the entire UN system in-country.

- An advocacy tool kit was developed to support UN staff in working with various sectors at the country level, including the media, high-level officials, labour and celebrities. A number of advocacy workshops were held to assist UN Theme Groups in developing coordinated advocacy strategies, as well as civil society at the national and regional level. Additionally, county-level support was provided for country offices targeted specific populations/constituencies such as the police force, parliamentarians and others. For example, a parliamentary handbook on HIV (jointly produced with UNDP and the Inter-Parliamentary Union) was launched, and countries were supported in using it as an advocacy tool with MPs, including hosting national-level parliamentary forums.
- The partnership unit is finalizing the guidance paper on the development of an advocacy strategy for UN Country Teams.

**Management response Action 17:** UNAIDS should intensify its support in countries to the development and implementation of strategies that engage a range of diverse actors, especially the media and other civil society actors, in more sustainable advocacy approaches in the response to the epidemic.

See Action 16

**Making country level data accessible for local advocacy purposes:** After the special edition of the UNAIDS 2006 Report on the global AIDS epidemic which featured for the first time country profiles, the UNAIDS website was redesigned to make HIV data more accessible by creating country pages. These pages contain the latest epidemiological information as well as an analysis of the current national response. They also link to the local UN offices as well and National AIDS authorities. These pages are updated every year and serve as an important advocacy tool. In addition the reports submitted by countries on progress made in the implementation of the Declaration of Commitment on HIV are also available at the UNAIDS website.

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Technical support to National AIDS programmes: At country level, UNAIDS offices have worked with local media and national AIDS authorities for the inclusion of advocacy plans in National AIDS Strategies and operational plans. Several countries have provided technical support in organizing journalist trainings or development of codes of conduct.

Crisis management: UNAIDS has supported civil society and other national partners in managing various crises arising out of human right violations using a mix of external and behind the scene advocacy approaches. For example, when several men who have sex with men in Egypt were arrested, outreach was undertaken with key government officials by the UN special envoy for AIDS in Asia, while UNAIDS worked with activists to keep media pressure on their release. Similar situations have occurred in the Caribbean, Asia and Africa.

Briefing of key partners at country level on emerging issues: UNAIDS organizes briefing of civil society and national partners on key emerging issues on a periodic basis. For example, before the release of the HIV estimates in 2007 and the new testing policy, civil society organizations were briefed ahead of the media, so that they could be prepared. UNAIDS regularly shares key messages and talking points with partners for greater consistency in messaging.

Partnerships for advocacy: UNAIDS has played a facilitator role in bringing together academics, civil society organizations and government on issues of common interest. A coalition of such partners was put together to reinvigorate HIV prevention. UNAIDS has also brought together diverse interest groups to discuss issues and develop consensus and understanding. For example on understanding the role of HIV in strengthening health systems.

Focused country support: In select countries, technical support was provided to country offices as well local partners to undertake long term advocacy programmes. In China, for example, targeted advocacy efforts, involving art, media, celebrities, private sector as well as research have led to more openness about HIV among the political leadership.

Supporting networks of people living with HIV to lead on advocacy: In many countries, networks of people living with HIV have been provided support to undertake communication campaigns. In many countries, UNAIDS has facilitated media access to people living with HIV in a safe and confidential manner. Many networks have produced communication materials with the help of UNAIDS.

Raising the profile of the national responses at Global Level: UNAIDS has supported governments in raising the

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profile of their work in the global media during the High Level Meeting on AIDS in 2006 and 2008. Media interviews for participating Heads of State and delegations were organized.

CKS: Global Media AIDS Initiative: The Global Media AIDS Initiative was launched in 2004 to bring encourage a sustainable response from the media at country level. This partnership has led to increased inclusion of HIV messages in regular programming. In many countries, media organizations together with civil society and national AIDS authorities have mobilized resources from foundations and global fund to raise awareness through media.

Regional AIDS media Initiatives: Regional AIDS initiatives were started in Caribbean and Asia bringing together broadcasters. Broadcasters are increasingly making HIV related content copyright free as well as sharing amongst each other. For example UNAIDS also works with MTV's Staying Alive Campaign in preparing short videos and documentaries about HIV issues. MTV's programmes reach millions of households and are carried by hundreds of broadcasters across the world.

MTV foundation: UNAIDS has worked closely with the MTV foundation in strengthening capacity of youth organizations and young people and their work on AIDS issues.

SADC editorial forum: In Southern Africa, an editor's forum was established by UNAIDS in partnership with SADC to provide a space for editors to share their experience and develop common approaches to AIDS advocacy. This forum meets regularly and has created ownership among senior leadership on HIV issues. Similar regional initiatives have also been started in Asia and Caribbean.

Minimum standards for Media: UNAIDS in collaboration with partners has developed standards for coverage of HIV issues in media. These standards were developed by media partners themselves.

Sharing of media materials and tools: UNAIDS has a photolibrary and makes available its photographs for use at country level. It also developed guidelines on photographing people living with HIV and these been shared with country offices and partners.

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**Management response Action 26:** The next UBW submission to the PCB should include provision for intensified learning programme on HIV/AIDS, including an orientation of all relevant UN system staff in high-prevalence and other priority countries on the revised UNAIDS method of work, together with substantive briefings on the implementation of the UNGASS Declaration of Commitment. This orientation and learning effort should be developed and executed in close collaboration with the UNDG and consistent with the deliberations of the PCB on the Evaluation Report.

UBW action not found

- In April 2003, the CCO approved a “UN Learning Strategy on HIV/AIDS” to build capacity of the UN system to respond to the epidemic. This was developed in wide consultation with all of the (then) Cosponsors as well as UNCTs and regional offices of a number of UN organizations. The Learning Strategy includes 2 goals: (1) to build UN capacity to support national responses to the epidemic and (2) to implement learning related to HIV in the UN system workplace.
- The Strategy has been implemented globally through a network of Learning Facilitators in almost all countries where the UN has a presence. We have actually just completed a second round of regional trainings in this regard. The first round was in 2003-4 and the 2nd round in 2007-8. The current network numbers well over 200 people. They are responsible to support country teams to implement the Learning Strategy (and more recently UN Cares, the new joint programme on HIV in the UN system workplace).
- A number of tools were developed to implement the Learning Strategy, including a comprehensive “Facilitators Guide”, an online workspace, a Toolkit for Joint UN Teams, an e-course for professional staff, etc.
- In May 2007, an external evaluation of the Learning Strategy was completed (begun in 2006) which reviewed progress made and made recommendations for the way forward. These recommendations are being followed-up on now.
- There are also 26 case studies from different countries around the world describing implementation of the Learning Strategy.

Selected findings from the 2007 evaluation grouped according to the four objectives of the evaluation.

***Objective: Evaluate the effectiveness of the overall approach of the Learning Strategy and structures to support it, especially its interagency aspects at global and country levels.***

- Where most successful, the Learning Strategy had a combination of strong senior level support, an effective Learning Facilitator who provided leadership to the initiative, and motivated focal points in each Cosponsor agency.
- Facilitators felt accountable to a range of actors, with the most frequently mentioned being the immediate supervisor. Several Facilitators reported not being held accountable to anyone for their work

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on the Learning Strategy. The work of the Learning Strategy was not systematically included in key actors' terms of reference or performance appraisals.

- Over three quarters of respondents stated that the UN system in their country had a Learning Strategy to address HIV and AIDS. Those organizations that were reported at country level as more likely to participate in a leadership role in the Learning Strategy were UNAIDS, UNICEF, UNDP, and UNFPA. Those cosponsoring organizations least often reported to take a leadership role at country level included UNODC, World Bank, and UNESCO. The agency most frequently reported as requiring employee participation in the Learning Strategy was UNICEF.

***Objective: To evaluate the usefulness and impact of the global actions and materials produced for the Learning Strategy to support country level initiatives and the effectiveness of the country level Learning Facilitators to assist UN country teams to implement the Learning Strategy.***

- Learning Facilitators found most materials provided to be useful. Of the materials used for creating learning activities, the booklet *Living in a World with HIV and AIDS* was by far the most popular. Also widely used was the *Facilitators Guide* on the UN Learning Strategy on HIV/AIDS, though many Facilitators and Learning Team members were not aware that the *Guide* provided guidance on certain topics, particularly those addressing the national response.
- The majority of staff rated the quality of HIV and AIDS learning events positively, with one quarter of the respondents rating the events they attended as “excellent,” and two thirds rating them as “good.”
- Among the countries visited, the presence of a Learning Facilitator who attended one of the regional UNAIDS Secretariat-sponsored “Training of Facilitator” workshops was a factor in the success of the Learning Strategy.

***Objective: To evaluate the degree to which the two broad goals of the Learning Strategy are relevant to the needs of the United Nations and to determine the degree to which the standards are being met.***

- Two thirds of the respondents reported participating in at least one HIV and AIDS learning activity organized by the UN system since 2003. More than one-half of the respondents have attended a basic orientation on HIV and AIDS run by a facilitator. The minimum standards for providing all UN staff with knowledge and competencies relating to HIV and AIDS were met for substantial numbers of staff in seven of the eight countries visited, and for some staff members in all eight countries.
- Participants in all regions visited reported learning and/or deepening their knowledge related to HIV prevention (including condom-related knowledge), transmission, care, and/or treatment. Participants in all regions reported increased awareness of: UN policies relating to HIV, where to access Voluntary Confidential Counselling and Testing services; and Post-Exposure Prophylaxis (PEP).
- Participants in all regions reported increased awareness of issues relating to stigma and discrimination. In low prevalence countries, participants report an increased familiarity with condoms and some



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indicate that they believe use of condoms has increased. In higher prevalence countries, condoms were easily obtained and correct use has reportedly increased. In high prevalence countries, surveys indicated that while few staff were utilizing VCCT, more than 50% of staff knew their HIV status.

- Although progress has been made, perception of stigma remains-half of Learning Facilitators reported that they believed that if a UN employee discloses his or her status, he or she could be stigmatized. No staff person in any of the countries visited has publicly disclosed an HIV positive status. This was most likely a result of some fears relating to stigma and discrimination, but in some countries, more likely a result of fears relating to employment, particularly for those on short-term contracts.

***Objective: Make recommendations on the way forward, including whether the Learning Strategy should be continued, and if so, what steps need to be taken to make it more effective.***

It is recommended that UNAIDS invest in the Learning Strategy for a second phase.

1. Create more and new Learning Strategy activities
2. Continue and strengthen the support of Learning Facilitators
3. Foster greater commitment for monitoring and accountability
4. Review institutionalization and harmonization

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27 As a service to national governments, partner donors, the private sector and NGOs to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication, and that comprise the combined principles of good practice identified in the Global Strategy Framework and in the UNGASS Declaration.

**Overall assessment: Implemented**

**Management response Action 14:** UNAIDS should increase its support to the development of partnerships focused on implementing the National AIDS Plan and involving government, civil society, the private sector and international actors, with particular attention to the participation of people living with HIV/AIDS. This will include support to the partnership forums of National AIDS Councils and other approaches intended to increase participation, improve connectedness of efforts, and strengthen the various actors' capacity for action. See also Action 15

- In the newly formed partnerships unit (PTN) from 2001, we already tried to move ahead with the 2003 strategy paper. While this was “finalized” in 2003, the team was already moving ahead. A key recommendation was to increase support and work with people living with HIV. We realized we needed to reach “mainstream” development organizations that had broad networks and reach. Hence, we moved on bridging global partnerships such as: between International Federation of Red Cross and Red Crescents (IFRC) and The Global Network of People Living with HIV (GNP+); Young Women Christians' Association (YWCA) with the International Community of Women Living with HIV (ICW) . These partnerships were not only global in nature but country/local in implementation. Some of the outcomes captured in past reports by the unit, included IFRC providing space and capacity building of PLHIV organizations and in turn, PLHIV participation strengthened IFRC's institutional response to AIDS. Similar mutually beneficial outcomes were reported by the ICW and YWCA partnership. Partnerships were also formalized with IPPF and the Alliance, in order to better coordinate efforts to support civil society at country level.
- For PLHIV organizations, organizational development support to the global networks, their regional and country members were reinforced. Rather than mere funding support for core activities, the support was towards institutional strengthening not only of the global offices but their country level as well as regional mechanisms. Again the specific work was reflected in the programme funding agreements executed with these networks. Major consultations on GIPA consultation took place in 2004 and 2005. Outcomes from the 2005 Nairobi meeting were already shared with the Evaluation team. One outcome was support to GNP+ to produce the GIPA Report Card, which aims to measure the level of involvement of PLHIV at country level – Finalized 2008. Various efforts have taken place to bring together PLHIV actors, for mediation when necessary, and to assist with network coordination at country, regional and global levels.
- The time after the first evaluation was when GFATM was taking shape. Support for civil society in GFATM/CCM mechanisms was also a priority of UNAIDS – especially through PSMOs – see below – and

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linking with Global Fund civil society team on a regular basis and, to a lesser extent, the CCM management team.

- In response to the recommendation, Partnership and Social Mobilization Officers were recruited for many country and regional offices beginning 2004. By 2008 approx 28 in post. Guidance and support provided from Geneva CSP/PTN to regional and country PSMOs and from regional offices to country.
- Production of Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses in collaboration with ICASO, AFRICASO and the Alliance (finalized and published 2006).
- On partnership with private sector, one of the actions taken was to strengthen Global Business Coalition on AIDS (GBC) by UNAIDS staff member/PTN team member Ben Plumley. This strengthened position of GBC and helped create councils in countries. At the same time, we supported (I believe with funding support from UN Foundation), the development of country specific partnership menus (Indonesia, Zambia, Philippines, etc.) to encourage not only business/private sector response but also collaboration with NGOs and government in support of country priorities. Samples of these menus should be available in UNAIDS archives.
- CSP facilitated the participation of CS, including PLHIV, in the Global Task Team and working groups (including assisting partners with a selection process) 2005.
- Technical Support to and Collaboration with different faith communities, UNAIDS country and regional partnership advisers, Cosponsors, and networks of religious leaders living with HIV to strengthen their response to HIV, including three mapping exercises and support to the development of specific training resources for FBOs. An example of work with faith based organizations is reflected in MOA with Caritas Internationalis. The MOA spells out outcomes/results desired at the country level. Convening an interagency and FBO working group on Religion and HIV and development of a strategic framework for engagement of religious leaders, FBOs and local faith communities on 10 action areas to address HIV (2008)
- **Private Sector:** Internal Capacity Building on Private Sector Engagement: A manual has been designed to provide UNAIDS staff with practical guidance to tailor the engagement of the private sector in the response to the epidemic. The manual benefited from the comments and suggestions from UNAIDS staff at the country, regional and global levels as well as from UNAIDS cosponsors, particularly ILO and the World Bank. Selected staff have been trained on how effectively engage the private sector at country level. Tools

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have been developed in multiple languages such as a corporate brochure, a collection of UNAIDS cosponsors case studies and PowerPoint presentations easy to customize. Regional (Latin America, Africa, and Asia Pacific) and country (Brazil, India, Zambia, Egypt, Panama, the Philippines, and Namibia) partnership menus were established in 2003 and 2005 by UNAIDS and other partners detailing with concrete examples what the private sector could do to join the AIDS response.

- Support to Business coalitions tackling AIDS did not exist just a few short years ago. At present there are around 50 national business coalitions and four regional business coalitions- all launched within the last two years. Coalitions vary in size, funding approaches and services. UNAIDS in collaboration with the ILO and the World Bank has helped establish many coalitions since 2002, and is providing technical, advocacy and financial assistance to 30 coalitions around the world (Algeria, Brazil, Ethiopia, Namibia, Sierra Leone). One highlight of UNAIDS' support to coalitions is the organization of a Latin American and Caribbean workshop for all coalitions from these regions to share tools and experiences. UNAIDS also actively participated in the elaboration of the worldwide survey of business coalitions launched by the World Economic Forum in Davos in 2008. This publication is a thorough review of business coalitions: their membership models, their challenges, their best practices, etc. presenting a unique source of information for all business coalitions.
- Support to key industries UNAIDS has spearheaded the sherpa pharmaceutical and diagnostic mechanism with the UN secretary General, in close collaboration with WHO, UNICEF and UNDP which fostered key commitments on the part of 17 pharmaceutical companies to increase access to treatment (including increased investment in research and development of new HIV-related medicines adapted to resource limited settings to be used safely in children, adolescents, adults and pregnant women; increased investment in developing reliable and affordable technologies to diagnose HIV and to monitor the efficacy of treatment ; etc.)UNAIDS in collaboration with ILO has supported the tourism industry around an HIV prevention campaign in Mexico for AIDS 2008 and in Dakar for ICASA 2008 as well as around the implementation of long term HIV workplace policies.
- Leadership: UNAIDS is at the forefront of the efforts of the Global Fund to engage the private sector to actively participate in a country's national AIDS response, leveraging partnerships with government and civil society to serve the needs of the communities within which they operate. A wide range of models for in-country collaborations have already emerged, including: participating in and supporting the national Country Coordinating Mechanisms; providing technical and/or management assistance to implementers of grants; leveraging business infrastructure (especially health infrastructure) through co-investments which

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expand the reach of grants; and acting as a direct grant recipient and implementer.

- All these efforts are done in collaboration with the ILO, the lead agency for HIV and the world of work.

28 Increase support for scaling up by developing strategies as a service both to national governments and to partner donors. These strategies should build in horizontal learning and be linked to information derived from monitoring and evaluation.

See **Management response Actions 14 & 15**

**Overall assessment: Implemented**

29 The MERG should develop a programme of evaluation studies to look at issues of performance for the programme as a whole, as a set of building blocks to contribute to a global evaluation of UNAIDS five years after this study is presented to the PCB, in 2007.

**No specific management response. See Action 34**

**Overall assessment: Not implemented**