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

UNAIDS

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Summary Report

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Acronyms

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

USAID	US Agency for International Development
USG	United States Government

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Disclaimer

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

1 Introduction

1.1 This report is a summary of findings from a short evaluation visit to Peru as part of the Second Independent Evaluation of UNAIDS. The country visit took place from 2 to 13 March 2009. The team consisted of Dr. Muriel Visser-Valfrey, Dr. Rachelle Casagnol and Dr. Mauricio Espinel. The team members were based in Lima and made a two-day field visit to the region of Ica (to the south of Lima).

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

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

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

Evaluation scope and objectives

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

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

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

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

[1] The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20th October 2008

[2] Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Iran, Kazakhstan, Peru, Swaziland, Ukraine, Vietnam

2 Country context

2.1 Peru is a lower-middle income country and has seen very strong economic growth in recent years. The profile of development aid to the country has changed as a result. Many bilateral aid partners have pulled out or are leaving and the government has more funds available to pay for priorities which were previously supported by external partners. At present development aid represents only 0.5% of the government budget. The United Nations (UN) has a privileged position, is considered a neutral partner and its inputs are much appreciated.

2.2 HIV was first detected in Peru in 1983. The fastest expansion of the epidemic took place between the mid 1980s and the early 1990s. By the late 1990s the number of AIDS cases had stabilised at around 1,000 per year.

2.3 Peru has a concentrated epidemic. The most at risk populations are men who have sex with men (MSM), sex workers, prisoners, and transgender populations. Injecting drug use is not a major problem in Peru. Most HIV cases are in cities like Lima and Iquitos. However, there are pockets of higher prevalence in certain geographical areas (for example, the coast and the rainforest regions where indigenous populations reside). Prevalence in 2002 was estimated at 13.9% among MSM, 0.5% among sex workers and 0.21% among pregnant women. The male to female ratio of infection has been 3:1 for the past decade.

2.4 The epidemic is mostly driven by sex between men, although early sexual initiation among girls and the high number of sexual partners of women constitute factors of risk for women. As pointed out in a recent study of the national response to HIV and AIDS (Caceres and Mendoza, 2008) the MSM label is misleading because analysis of epidemiological surveillance data shows much higher rates of sexually transmitted infection (STI) among transgender MSM than non-transgender gay identified men, and rates are lower still among bisexual men. As of the beginning of 2008, nearly 20,000 AIDS cases had been reported and between 20,000 and 79,000 people are estimated to be living with HIV. There are many international and national publications describing the epidemiology and evolution of the epidemic in Peru.

2.5 Highly Active Antiretroviral Treatment (HAART) was introduced in Peru in 1999 and a national ART programme was established in 2004. The Government of Peru has gradually taken over the funding of ART. As of 2009 treatment is almost completely financed by the government and treatment coverage in Peru is currently at 90% (over 10,000) of the total estimated demand from all public sources. The trend in HIV-related deaths notified in Peru is decreasing which suggests – besides possible delays in notification – that an actual decrease in HIV mortality is taking place. This is likely the result of improved access to ART and improved treatment of opportunistic infections. Behavioural surveillance highlights high levels of knowledge and awareness, but low levels of condom use. Government has put in place specialised clinics to deliver specific preventive and treatment activities for HIV and AIDS and other STI.

2.6 In Peru the HIV response is coordinated by the Country Coordination Mechanism (CCM), known by its acronym CONAMUSA. CONAMUSA is chaired by the Ministry of Health (MOH) and has a civil society vice chair. It is guided in its efforts by a National Multisectoral Strategic Plan (PEM) for the period 2007-2011. The PEM covers nine strategic objectives and 49 strategic areas of action. The first six objectives focus on strengthening on-going interventions (which target vulnerable groups, the general population, young people, and PMTCT). Objective 7 focuses on ensuring that the legal, social and political context is conducive to the participation of vulnerable groups, and objective 9 supports strengthening of monitoring and evaluation (M&E) of the response. The major sector ministries are part of CONAMUSA as well as civil society, vulnerable groups, academic and religious institutions, and the international community (represented by WHO, UNAIDS, and USAID). The private sector is not yet represented and also

not substantially involved. Efforts are under way to broaden the mandate of CONAMUSA and to establish it as the multi-sectoral coordination authority for the whole response. A number of sector ministries are increasingly involved in the response. The Ministry of Education in particular has taken important steps to include AIDS and sexuality education in mandatory parts of the curriculum.

2.7 In recent years Peru has become the largest recipient of HIV funding from the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund) in Latin America with about US$80 million allocated to the country for projects carried out between 2004 and 2012. For 2007-2008 the five main funders were the MOH (almost US$5 million), Global Fund (US$4.7 million), US Government (US$ 2.2 million), Italian Government (US$1.2 million) and Belgian Doctors without Borders (US$700,000).

3 Findings

How UNAIDS has responded to the five year evaluation

3.1 The five-year evaluation put forward 29 recommendations. Of these, 18 have direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 lists the country-oriented recommendations in note form with a comment on the situation in Peru. Of the 16 recommendations for which an assessment could be made, four were assessed as having achieved a high level of progress, nine medium progress, and three low progress.

How UNAIDS is responding to the changing context

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

The evolving role of UNAIDS within a changing environment

3.3 During the period covered by this evaluation, UNAIDS in Peru has evolved from a support role to the UN Theme Group into a Joint Programme of Support, which was approved in April 2008. The Joint Programme of Support has three clear areas of focus: 1) support to strategic planning and capacity building; 2) scaling up of interventions; and 3) monitoring and evaluation, strategic information, exchange of knowledge and enhancing accountability.

3.4 The Joint Programme of Support is a relatively new development and it is therefore difficult to make an assessment of its contribution other than to say that it represents a clear strategic vision based on an analysis of the needs as expressed in the National Multisectoral Strategic Plan and of the added value of the UN in the context of the Peruvian AIDS response.

3.5 UNAIDS has brought together the various UN agencies, and focused on enhancing the understanding of the epidemic as well as on creating opportunities for a more coherent approach with the country’s UN Development Assistance Framework (UNDAF). In a rapidly changing context, characterised by the reducing importance of aid to Peru and growing financial support from the Global Fund, UNAIDS overall, and the UNAIDS Secretariat country office in particular, has also sought to strategically engage with key actors. It has done so by working with and strengthening civil society and has worked closely with the MOH and CONAMUSA, building on specific entry points for a stronger response. Internal advocacy within the UN and external advocacy with key stakeholders, helped by the excellent reputation of the UN, have been important in this respect, as has the provision of technical support at key moments.

Strengthening health systems

3.6 Health systems issues are included in the national HIV/AIDS strategy. There are cross-linkages between the 2008-2011 Multi-year Strategic Plan of the health sector (Plan Estrategico Sectorial Multianual de Salud (PESEM) and the 2007-2011 Multisector Strategic Plan (PEM) for the Prevention and Control of STI and HIV/AIDS in Peru. UNAIDS has played an important role in the development of the PEM, which prioritises health sector capacity building and integration of HIV in health programmes. In the PESEM, one of the specific objectives is to strengthen the surveillance sub-system through laboratories for the monitoring of the treatment of HIV patients. However, it is difficult to assess what role UNAIDS has played in ensuring that the Multi-year Strategic Plan for the health sector reflects HIV issues.

3.7 The Global Fund is the main donor for HIV and AIDS in Peru and is funding programmes and activities for health systems strengthening. Other donor agencies also have health systems strengthening as part of their health programmes. However, there is no single overview of health system strengthening efforts and there is no specific mechanism for coordination or dialogue on this issue. The extent to which donor funding for the health sector takes account of HIV issues is difficult to determine. There is no mechanism in place to track the use of HIV funding for health systems strengthening. And the National AIDS Spending Assessment (NASA) – conducted in 2007 – does not include a health systems strengthening category. However, NASA did show very clearly that funds for the HIV response are often allocated to activities that target the general population, whereas Peru is facing a concentrated epidemic.

3.8 There is no clearly articulated UNAIDS position on health system strengthening in Peru and this issue has not been discussed by the UN Joint Team. Interviews reflected very different views on health systems strengthening with some agencies considering this a non-issue given Peru's income status and others emphasising the weaknesses of the system and the constraints this places on dealing effectively with HIV and AIDS, especially in rural and peripheral areas. The lack of a position taken by the Joint Team reflects also the lack of a clearly articulated global UNAIDS Secretariat approach.

Delivering as one

3.9 The decreasing importance of external aid in Peru has meant that the aid effectiveness agenda has not been very strong and is unlikely to be so in the future. As a lower-middle income country, aid to Peru now represents only 0.5% of GDP, down from 2% a few years ago, and many bilateral aid organisations are either scaling down their programmes or are no longer present in the country. As a result, government coordination efforts with donors have diminished as this potentially represents a lot of effort for little return.

3.10 Peru only signed the Paris Declaration in 2006 and was not in Paris for the original meeting. The declaration is therefore not a tool for the working of UNAIDS in Peru and has not contributed towards the UNAIDS approach. Most stakeholders did not consider the Paris agenda relevant to Peru.

3.11 In Peru, the impact of UN reform is minimal. Peru is not a pilot country for UN reform. Nonetheless, interviewees see the UN reform process generally as positive. UN agencies report that the experience of working on a joint approach to HIV and the preparation of the Joint Programme of Support is an impulse for UN reform in the country and has shown them the benefits of this approach. Thus, working together on a common approach to HIV is influencing commitment to UN reform, rather than vice versa.

3.12 UN agencies identify many advantages to working together and are clearly more coordinated. However, delivery continues to show a degree of fragmentation and UN agencies

themselves are more positive about their joint work than other stakeholders in Peru. Overall the latter are of the opinion that the UN still does not have one voice or one agenda with respect to HIV and, in spite of better coordination, a number of examples of duplication of activities were provided to the evaluation team.

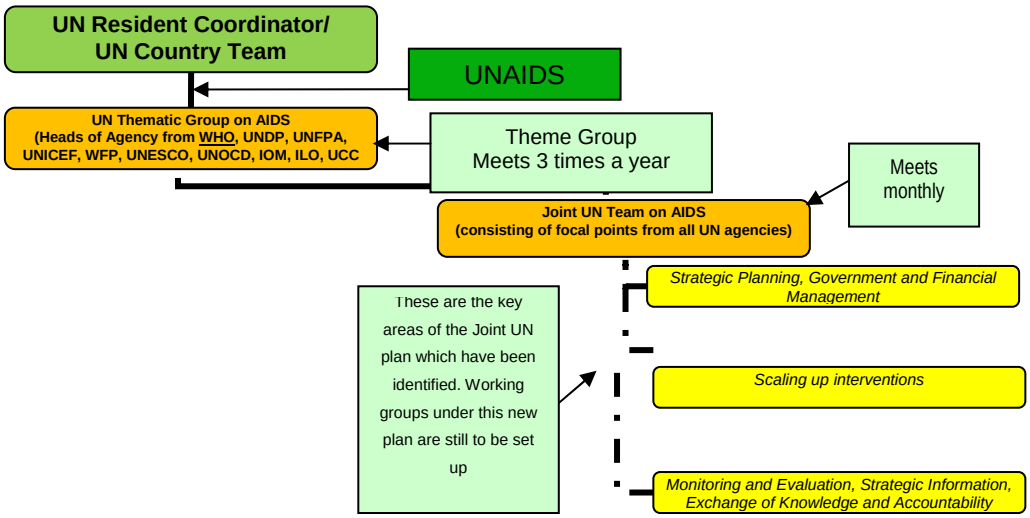
How UNAIDS works

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

The Division of Labour between the Secretariat and Cosponsors

3.14 In Peru, the Theme Group on HIV/AIDS and the Technical Team were both created at the end of 2005, in response to the UN Secretary General's letter establishing joint teams on AIDS. The Theme Group has actively guided the development of the Joint Programme of Support, which was approved in April 2008. The Joint Team – integrating members from what was previously known as the Technical Team – was formally established in Peru in November 2008 with specific responsibility for monitoring the Joint Programme of Support.

3.15 All UN agencies are part of the Theme Group and Joint Team but in practice not all agencies participate. Figure 1 illustrates the structure for coordination within the UN in Peru as well as the frequency with which the different groups meet.



3.16 UN coordination around HIV and AIDS in general over recent years has resulted in progress in a number of key areas. The following are highlighted in this respect:

- Supported the Government of Peru in the development of the UNGASS report and the development of the NASA.
- Strengthened CONAMUSA, including a decision that the UNAIDS Country Coordinator (UCC) preside over CONAMUSA for a year between the end of 2006 and the end of 2007 to strengthen it and to help reduce conflict between the members.
- Strengthened the capacity and representation of civil society organisations (CSO).

- Advocated for and supported the process of the development of a Multisectoral Strategic Plan (PEM).
- Developed a technical support plan for the PEM in 2007.
- Prepared the UN Joint Programme of Support on AIDS.
- Supported the preparation of various rounds of proposals for the Global Fund.
- Developed an advocacy plan for UN agencies vis-à-vis the Government of Peru.
- Prepared and launched a successful national advocacy campaign to address stigma and discrimination towards people living with HIV (PLHIV).
- Supported the Ministry of Education in the development of guidelines and manuals for sex education which are now part of the guidelines which go out to all schools (UNESCO and UNFPA).
- Provided support for the strengthening of the PMTCT response (UNICEF).
- Advocated for a Ministerial Resolution on HIV/AIDS in the Workplace (ILO) which was adopted in November 2008.
- Supported the emergency situation which arose in areas affected by the earthquake in 2007.

3.17 Because the Joint Team has only been recently formally established it is not possible to assess what progress has been made.

3.18 Transaction costs for the joint approach are perceived as being somewhat high, although not all UN agencies shared this view. Meeting attendance by agencies has generally been good, although with limited attendance by agencies such as the WFP and none by the World Bank, with the UNAIDS Country Coordinator and Resident Coordinator (RC) consistently present. However, a number of Heads of Agency (HoA) have clearly delegated the role of participating in the Theme Group meetings to their agency focal points – WHO is a case in point. Nonetheless a clear separation of functions is apparent, with the Theme Group setting direction and making key decisions and the Joint Team implementing. There is also a good commitment on the part of many of the UN agencies to the HIV and AIDS agenda generally.

3.19 UNAIDS Cosponsors were clear on the benefits of the Joint Team approach and were overall very positive about this. Key points highlighted include:

- Greater clarity on priorities.
- More strategic engagement with the AIDS response.
- Better use of resources through the discussions around which Programme Acceleration Fund (PAF) projects are put forward.
- Some reduction in transaction costs because of joint meetings with government.
- Better priority setting for joint work through the new plan in particular.
- Better leverage with government and other stakeholders.
- Greater legitimacy.

3.20 With respect to the overall AIDS response, the Joint Team interacts with the main coordination forum in the country, the CONAMUSA, as well as with key stakeholders and key ministries. However, despite a clear commitment to the AIDS response, the understanding of senior decision makers of the issues was highly variable, underscoring the importance of greater advocacy and capacity building across sectors to ensure that they truly participate in the Multisectoral Strategic Response.

3.21 The potential benefits from working as a Joint Team were identified in the 2008 Guidance by UNAIDS as including a number of areas. The actual findings reveal a somewhat different picture (see table below).

Potential benefit	Actual finding
Staffing and staff capacity	No evidence of a benefit in the area of staffing, which is still decided by individual agencies, although there has been an increase in the number of agencies that have staff focusing on HIV. Some evidence of benefits for staff capacity in terms of access to technical support by UNAIDS and 'learning' from involvement in the joint response.
Joint initiation of activities	There is clear evidence of joint initiation of activities, for example the support to the National Ombudsman (UNFPA and UNDP), the training of journalists (WFP and UNICEF), and in dealing with the aftermath of the earthquake in 2007. With the formulation of the Joint Programme the work of the Joint Team has, at least in principle, become more strategic.
Fund raising	It is not clear if there are additional resources from agencies as there was no joint plan in previous years.
Accountability	Some evidence. Most agency focal points have HIV-related responsibilities in their terms of reference but they have yet to be formally appointed to the Joint Team. HoA are held accountable if their country programmes include HIV-specific priorities. Other stakeholders are aware of the Joint Team but mechanisms for accountability to outside stakeholders have not been formalised.

3.22 In terms of staffing there is no evidence that there has been a strategic approach to deciding what staffing and capacity is required by the UN agencies jointly. Staffing decisions are taken at individual agency level, without consultation with the Joint Team. Staff reported benefits of being part of the Joint Team in terms of their own capacity building as well as benefits for their agencies.

3.23 Various examples of identifying and working on activities jointly were noted. These have become more strategic over time and better linked to the priorities of the government (as expressed in the PEM) and to the added value which the UN can bring. However there were no examples of joint funding. Where agencies collaborate they fund part of the overall activity using their own budget, for example, training or printing of materials or travel costs – doing otherwise is seen as being unnecessarily complicated and without any added value.

3.24 It was not possible to determine whether membership of the Joint Team has led to access to funds for cosponsors because 2009 is the first year for which a joint plan exists and no consolidated data is available on spending and sources of funding for HIV activities for previous years. No incentives for putting money into the Joint Programme were identified.

3.25 The evidence on accountability is mixed. Most of the UN agencies in Peru consider HIV to be an important issue. The leadership of the former UNAIDS Country Coordinator and Resident Coordinator has played an important role in this. Interviews with UN agencies and external stakeholders underscored the importance of strong dedicated personalities as the driver of UNAIDS' success to date in Peru. However, it was noted that members of the Joint Team have not yet been formally notified of their role. In addition, accountability to stakeholders outside the UN was seen as being in need of improvement. A tension which was clearly identified with respect to this issue is that those held accountable for HIV and AIDS (the UNAIDS Country

Coordinator, Resident Coordinator and also the UNAIDS Secretariat) do not have authority over cosponsors. Agency mandates and funding sources also play a strong role in determining priorities, especially in a country like Peru where PAF and Unified Budget and Workplan (UBW) funding is limited.

3.26 The Division of Labour (DOL) in Peru follows the global guidelines and does not include specific adaptations. The process by which decisions were taken about the DOL was not documented in the minutes of the Theme Group. Nonetheless, agencies interviewed report that the DOL has clarified roles and reduced duplication. A recent consultancy (Caceres and Linares, 2007) examined the DOL and concluded that, rather than dividing the work among UN agencies, what was necessary was to develop a joint vision based on the reality of the epidemic and to identify what practices within the UN system prevent agencies from working together. A number of such practices were identified during the consultancy, including the fact that agencies operate under specific mandates, discretionary funding is limited, and agencies respond to very different entities within the country. To this the present evaluation would add the issue of accountability.

3.27 Various cosponsors noted that the rapid issuing of successive guidelines, norms and other documents is somewhat problematic. Too little time is allowed for country offices to become familiar with guidance and to actually implement guidelines before others are produced. It was also noted that in some cases the rationale and added value of changes – this was in particular the case for the change from Technical Team to Joint Team – are not understood, so buy-in is poor.

The administration of the joint programme

3.28 Overall the administration of UNAIDS is working quite well, although with occasional delays. The UNAIDS Country Coordinator has management control over issues administered by UNDP. Administration of the UNAIDS Secretariat at country level is based on an arrangement with UNDP that was updated recently. There is no evidence that the June 2008 agreement between UNAIDS and UNDP significantly increased administrative efficiency in the Peru office. The main impact of the new agreement has been to formalise the relationship between the two agencies and guard against instances in which UNDP may seek to move beyond providing administration support into management. This is generally not a problem in Peru, although some interviewees reported that UNDP has tended to over-engage in decision making on issues such as contracting of consultants, for example, over number of days for contracts and level of fees.

3.29 Issues with the arrangement between UNAIDS Secretariat and UNDP relationships include:

- UNAIDS staff working under UNDP contract are not included in the UNDP performance appraisal system and the UNAIDS Country Coordinator has recently requested that this be changed.
- UNDP takes too long to process administrative requests, and the overly complex UNDP operational manual does not help.
- UNAIDS Secretariat staff do not have access to ATLAS. This means that it can take up to 2-3 working days to obtain a financial report when UNAIDS requests it from UNDP depending on their workload. In order to keep track of expenses and budget availability the UNAIDS Secretariat Administrative and Programme Assistant uses an Excel worksheet to monitor expenses.

3.30 PAF funding is the main source of funding for the Joint Programme. Cosponsors are appreciative of the PAF, which is seen as a relatively quick way of getting money and a potentially interesting way of getting agencies to work together. However, the PAF is also perceived to be of limited use because of the bureaucracy involved and the low levels of funding. There is a cap on the amount of funding that can be obtained for the country of $75,000 per

annum, which makes obtaining consensus on which proposals to fund difficult and reduces the incentive for agencies to seek PAF funding. In practice some agencies prefer to use their own funds rather than go through the lengthy PAF process for relatively small amounts of money

3.31 UBW funds are obtained by some agencies (UNESCO and UNFPA) through their headquarters. In some cases, the agency headquarters alerts the country office to the procedures and deadlines for application for UBW funds. In others country offices are simply informed. However, most cosponsors were not aware of the existence of UBW funds. The UNAIDS Secretariat in Lima does not have an overview of the UBW funding which comes to the country.

3.32 UNAIDS does not have access to the Enterprise Resource Planning (ERP) system used by WHO. According to the UNAIDS Country Coordinator, changes in the administration of ERP have decreased efficiency. A number of issues were raised including slow processing of administrative issues and disbursement of funds. For example, it can take a long time for international staff to receive their initial settlement allowance, while for international duty travel processes, it may take many months.

3.33 The UNAIDS Secretariat office covers the Andean region (Peru, Bolivia and Ecuador). From 2002 to 2004 there was no UNAIDS Country Coordinator in country and the office had only an Administrative Assistant and a driver working under the supervision of the HIV focal point of UNODC. In 2005, a new UNAIDS Country Coordinator was contracted and the team was composed of the Country Coordinator, an Administrative and Programme Assistant and a secretary. In 2007, after a decision made by headquarters to have an M&E advisor in all country offices an M&E advisor was contracted. The current staff complement is made up of one international staff (UNAIDS Country Coordinator) under WHO contract, one national staff (M&E adviser) under WHO contract, three national staff (Administrative and Programme Assistant, Secretariat and Administrative Support) on fixed-term contracts with UNDP, and one Junior Professional Officer funded by the Belgian Government. The team in Peru is small but very effective. None of the staff are doing the same or very similar work under different contractual arrangements.

How UNAIDS is fulfilling its mandate

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

Involving and working with civil society[3]

3.35 There is no explicit UNAIDS common vision in Peru regarding the role of civil society. Nevertheless, UNAIDS has made substantial efforts to work with and strengthen civil society participation in the national response. Interviewees were unanimous that this is an area where UNAIDS – and the Secretariat country office in particular – has been critical. UNAIDS has played a key role in ensuring that civil society is represented in CONAMUSA, through two networks, Red SIDA and the NGO HIV Platform. UNAIDS facilitated a series of meetings to reach consensus on the number of votes that each network should have in CONAMUSA. Civil society organisations have been actively involved in CONAMUSA decisions and in implementation of Global Fund projects.

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

3.36 The consultancy commissioned by the UN in 2007 (Caceres and Lopez) recommended that UNAIDS should base the priorities in the Joint Programme of Support on the PEM and other national plans and programmes. Each of the three strategic areas in the Joint Programme of Support (support to strategic planning and capacity building; scaling up of interventions; and monitoring and evaluation, strategic information, exchange of knowledge and enhancing accountability) and actions proposed reflects the importance and the role of civil society. UNAIDS Secretariat in Peru does not have staff working specifically with civil society, but works with cosponsors on activities to support civil society.

3.37 A comprehensive overview of funding allocated for civil society by government is not available. However, examples provided to the evaluation team indicate that donors and government are allocating resources to civil society organisations and networks, both to strengthen their institutional capacity and for delivery of HIV prevention, care and support services. According to the 2008 UNGASS report, there has been sustained growth in funding in the last five years. However, the report could not identify a percentage of overall funding dedicated to civil society organisations.

3.38 The Joint Programme budget 2008-2009 includes activities related to civil society organisations such as training on stigma and discrimination, improving management, and communication and advocacy. About 30% of the budget is allocated for these activities. UNAIDS has also used the PAF for certain activities. Overall, however, resources for civil society from the UN are limited.

3.39 A key concern with the work of some civil society organisations is fragmentation and the fact that the various interventions by different organizations do not always result in a coherent response. A further concern, highlighted in a recent report on the HIV response in Peru (Caceres and Mendoza, 2008) is that more active involvement of civil society organisations (CSOs) has 'come at the expense of a significant loss of social capital among CSOs, due to the logic of competition among consortia and, especially, to the emergence of conflicts of interest' (p.12).

Gender dimensions of the epidemic

3.40 A major criticism of the national response is that it has focused on feminisation of the epidemic and addressed HIV as a generalised epidemic. Interviews conducted during the evaluation visit highlighted the fact that gender is interpreted as a focus on women. Consequently, women are prioritised for testing (mostly as part of antenatal care) and men are either not getting tested or are being tested late. There is no national monitoring and evaluation framework as yet for HIV and AIDS, although this is being developed. Data are not systematically disaggregated by sex in the UNGASS 2007. In the national PEM some indicators are disaggregated by sex. No evidence was found of gender and equality indicators in national HIV and AIDS plans.

3.41 The UNDAF includes activities related to HIV and AIDS and highlights the importance of gender issues and sexual and reproductive health. However, that the UNDAF was developed before the PEM and that it takes a predominantly health sector approach to HIV and AIDS.

3.42 There are no Secretariat or cosponsor policies or programmes on HIV and gender norms or sexual minorities. There is also no gender working group within the UN and it is not clear to what extent attention has been paid to developing internal knowledge and understanding on gender and HIV. Despite this, the UNAIDS Secretariat, and to a lesser extent UNAIDS overall, has strongly advocated for a greater focus on sexual minorities. Interviewees reported that the Secretariat – and in particular the former UNAIDS Country Coordinator – has been instrumental in getting gender and human rights issues on the national agenda, promoting inclusion, and ensuring that sexual diversity and sexual identity are considered in the context of vulnerable populations.

Technical support to national AIDS responses

3.43 Technical support to the national AIDS response has been a priority for UNAIDS. UNAIDS has been instrumental in the development of a technical assistance plan, which was extensively discussed and approved by stakeholders at a national workshop. This plan is based on a comprehensive assessment of the technical support required to implement the PEM and is the result of a joint assessment of needs rather than a compilation of individual agency projects and programmes. The priorities identified in the plan, together with analysis of where the UN can add value to the national response, form the basis of the Joint Programme of Support.

3.44 Overall, stakeholders report that technical support provided by UNAIDS is timely and of high quality. Most technical support provided by UNAIDS is delivered by individual agencies. Coordination is ensured through Joint Team meetings and this has helped to avoid duplication of actions. The Joint Programme is expected to further improve coordination.

3.45 UNAIDS has actively promoted and supported south-south technical support. Examples include use of the International Technical Cooperation Center in Brazil for epidemiological studies, prioritisation and costing of the strategic plan and design of sex work interventions. The National Strategy for the Prevention and Control of STI, HIV and AIDS (the national AIDS programme), has benefited from visits to Brazil, together with NGO representatives, to identify aspects of the Brazilian response that could be useful in Peru. The Cayetano Heredia University and other local institutions have also been actively engaged and have made an important contribution to the response.

3.46 Technical support has helped to strengthen coordination, participation, policy, planning and action by different sectors including education and justice, as well as to strengthen civil society organisations. In addition, UNAIDS technical support to the CCM for development of Global Fund proposals has been critical to Peru's success in securing funding for five proposals from Rounds 2, 5 and 6, three of which were for HIV and AIDS and two for tuberculosis.

3.47 With respect to the Three Ones, technical support has made a clear contribution. CONAMUSA and the MOH report that UNAIDS played an instrumental role in the preparation of the PEM which has provided a framework for the national response and for bringing all actors together. UNAIDS has also been critical in strengthening CONAMUSA, the *de facto* national coordinating authority. This has included UNAIDS participation in CONAMUSA, including a temporary chairing arrangement, and capacity building for civil society representation and participation. UNAIDS is providing substantial support to the current process of developing a national M&E framework. However, CRIS is not used and, while efforts have been made to strengthen M&E, for example through building consensus and training, this is an area which remains relatively weak.

Human rights

3.48 In Peru, the most at risk groups are MSM, sex workers, prisoners and the transgender population, but the national response does not differentiate sufficiently between sub-groups of those who are most vulnerable in terms of strategies and approaches. For example, the NASA showed that prevention funding is mostly directed at the general population rather than at the most at risk populations. This is not least because stigma and discrimination towards these most at risk groups, indigenous populations and PLHIV remains an issue in Peru.

3.49 The importance of addressing human rights is highlighted in the UNDAF, which has a major focus on strengthening people's knowledge and understanding of human rights and of the mechanisms which offer them protection. Human rights are, however, not directly linked to HIV and AIDS and there is no specific mention of vulnerable groups.

3.50 UNAIDS, in particular the secretariat working with UNFPA and UNDP, has shown strong leadership and has been very effective in the area of human rights. UNAIDS has demonstrated a strong rights-based orientation and has sought to address HIV and human rights across the joint programme, through advocacy and specific programmes to address stigma and discrimination and ensure that vulnerable populations are able to access services and support.

3.51 Although stigma and discrimination towards sexual minorities and PLHIV continue to be a problem, there is also evidence of progress. A project with the Ombudsperson's Office, which received external funding from UNDP and UNFPA, has been a milestone in terms of protecting the human rights of PLHIV. A National Plan was developed, which allows people who are discriminated against by civil service institutions to present their case and to obtain legal assistance, and this is being implemented throughout the country. The project has been taken over by the Ombudsperson's Office and become part of their regular activities. These activities also include periodic visits to public health facilities to ensure good practices are in place.

3.52 Another important area of work that has been supported by UNAIDS has been with prison populations. This has included training inmates to provide prevention messages and to support the distribution of condoms. However the scope of the support has been insufficient to meet all the needs – for example, there have been stock-outs of condoms – and there is no referral system in place for prisoners once they are discharged.

3.53 UNAIDS has also been very successful in raising the issue of human rights with the government. A good example is advocacy to convince the government of the importance of offering free ART. However, barriers remain and there is still a lack of support and knowledge among national stakeholders, which has meant that Global Fund proposals have not prioritised the rights of most at risk populations. It remains to be seen whether the Joint Programme will generate the joint action and technical support necessary to reduce the vulnerability of the most affected populations and to address critical issues such as homophobia and discrimination towards sex workers.

Greater and meaningful involvement of people living with HIV

3.54 Interviewees reported that UNAIDS has been instrumental in promoting greater and more meaningful involvement of PLHIV, and that this has been a strong focus of support since 2002. Key actions include:

- Support to strengthen networks of PLHIV.
- The project with the Ombudsperson's Office on stigma and discrimination towards PLHIV, MSM and sex workers including young MSM and sex workers.
- A mass media campaign against stigma and discrimination towards PLHIV.
- Technical guidance, support for resource mobilisation, and training.
- Support for a mass media campaign consisting of pictures of famous Peruvian men and women together with Peruvian PLHIV which was very well received.

3.55 There is also substantial evidence of the involvement of PLHIV in the national response and UNAIDS is credited with providing a major impetus for the participation and presence of PLHIV and other vulnerable groups in all major decision making forums. PLHIV are represented in CONAMUSA and participate in the development of proposals for the Global Fund. However, as is the case with civil society in general, an issue of growing concern is competition between groups and the focus on securing funds at the expense of a more coherent and unified approach.

4 Discussion points

4.1 This country study is one of twelve which will be synthesised into the overall evaluation of UNAIDS. It is not a comprehensive evaluation of the programme in Peru, but focuses on the effectiveness, efficiency and value added of UNAIDS as a joint programme.

4.2 This report has highlighted a number of important achievements in the national response in general. However, a number of key concerns and challenges related to the response were highlighted during this country study. This includes that:

- Prevention actions are all externally funded. Given that prevention is cheaper than providing medication and in light of concerns about the sustainability of a prevention response which is entirely funded from external sources, it would be important for government to extending its financial contribution to this area.
- Prevention efforts are disproportionately focusing on prevention among the general population, and insufficiently targeting most vulnerable or most at risk populations. In this context, national leaders will need to consider changing their approach and UNAIDS (and other partners) will have to further intensify their advocacy efforts for a stronger focus on these populations.
- Work with vulnerable populations is insufficiently tailored to the diversity of different sub-groups and inclusion of certain vulnerable groups is still weak. It is critical in this respect that research informs decisions on prevention and care to these groups and that clear strategies and priorities are identified by the various partners in the response.
- The PEM continues to have a strong health focus and is not truly multisectoral in nature. Getting sufficient commitment from non-health actors will need continued attention.
- Weaknesses in the health system affect the quality of the response. More work is needed to address this and to arrive at a common approach to strengthening the health system.
- There is no clear strategy to sustain programmes and services as donors withdraw from Peru, and in particular to manage the situation when funding from the Global Fund ends.

4.3 With respect to achievements, the following examples illustrate the important role that UNAIDS has played in Peru:

- Quality technical support to the national response and to key actors including the MOH, CONAMUSA and civil society organisations.
- Strong technical role with emphasis on the Three Ones, including critical support to the development of a multisectoral plan and a technical support plan, to strengthening CONAMUSA, and to current work to develop a national M&E framework.
- Important advocacy efforts, in particular by the UNAIDS Secretariat, for a focus on vulnerable populations and for greater political commitment to the AIDS response (although as noted above this still needs to be intensified).
- Implementation of a number of very innovative projects which have had an important role in the response overall and in the promotion of human rights in particular.
- Better coordination of the UN and joint agenda setting vis-à-vis the national response.
- Important attention to human rights, PLHIV and, to a lesser extent, gender issues.
- Development of a UN Joint Programme of Support.

- Adoption of mechanisms for the functioning of the Joint Team in line with the global guidelines.
- Resources available for joint planning.
- Some evidence of the DOL although agency agendas continue to play an important role in determining what actions they take.

4.4 Overall some clear points emerge from interviews and review of documentation with respect to the functioning of UNAIDS. In summary these are:

- There is an urgent need for a more nuanced response to the epidemic, and to develop approaches to meet the needs of specific most at risk populations. However, there is a lack of guidance on MSM, sex workers, transgender and other most affected populations relevant to the epidemiological characteristics of the epidemic in Peru. Guidance should be developed along the lines of the GIPA principles so that the inclusion of these groups in the HIV response is given due priority.
- Some of the key achievements to date have to an extent been the consequence of a series of fortunate events and in particular of the presence of effective and dedicated individuals in key positions within UNAIDS, as well as in the MOH and civil society organisations. While more leaders have emerged, there is still a need to build stronger leadership in a context where the drivers of the epidemic and the strategies needed to address these remain poorly understood by decision makers and there is a lack of commitment because of ideological, religious or other concerns. This underscores the need for a stronger UNAIDS, with a clear and unified message and approach. The recently approved Joint Programme goes some way towards this. However, agency mandates and funding sources continue to determine much of what really happens, and incentives are insufficient to change this.
- In spite of some progress in establishing mechanisms such as the Joint Programme of Support, mechanisms for individual and agency accountability on HIV and AIDS work remain weak, and in practice of an 'optional nature', within the UN system. The UNAIDS Secretariat has no real authority over the cosponsors, so coordination and collaboration will continue to be essentially driven by the commitment and effectiveness of individuals. Several stakeholders noted that perhaps UNAIDS needs to become a UN agency in the full sense, with a clearly defined coordination mandate.
- The Joint Team is still too internally focused. Mechanisms need to be put in place to ensure that information on what the UN agencies are doing and how this contributes to the national response is shared with key actors outside the UN system. This would include periodic reporting to other stakeholders in the context of the overall country level AIDS coordination structures on progress that is being made in the implementation of the Joint Programme of Support. It should also include further involvement of key stakeholder representatives in key discussions around the monitoring and revision of the Joint Programme of Support.
- There is no clear position by UNAIDS at country level on Health System Strengthening. A number of UNAIDS cosponsors believe that HSS is not an issue of concern, given Peru's relatively wealthy status as a Middle Income Countries (MIC). Clear guidance is needed for UNAIDS on what the HSS issues are in MIC and how these can be supported.
- More attention needs to be paid to monitoring and evaluating the impact of activities supported by UNAIDS. This is also a weak area of the national response.

- The technical and financial resources of the UNAIDS Secretariat office need to reflect the technical support requirements of a concentrated epidemic in the three countries covered by the office – lower prevalence in a concentrated epidemic does not necessarily mean substantially less work, less financial resources or fewer technical support needs.
- More attention needs to be paid to ensuring that the rationale for changes in guidelines, norms and other regulating documentation by UNAIDS is adequately understood at country level. Efforts need to be made to address any questions that arise out of trying to implement these revised guidelines. In general, UNAIDS needs to recognize that putting into practice guidelines implies significant effort at country level and puts considerable pressure on the country level staff. The impact of such changes is likely to be greater if more time was allowed for changes to take effect.
- Further attention needs to go to strengthening CSO collaboration and networks, to in this manner further build up the social capital of these organizations.

Annex 1 List of people met

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Annex 3 Assessment of progress towards five-year evaluation recommendations

Rec. No.	Abbreviated description	Notes on actions taken	Progress[4]
3	Support to the GFATM	UNAIDS has consistently provided support to the preparation of the proposals for the GFATM	H
10	UNAIDS …maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning	UNAIDS has had a strong advocacy role in Peru	H
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.	The UNAIDS Secretariat has provided key support for coordination, advocacy and capacity building	H
12	Develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty.	A large number of studies have been conducted with the support of UNAIDS and individual cosponsors. However, there is no clear research agenda, and evaluation and research continue to be fragmented (this is clearly reflected in the latest UNGASS report)	M
13	Develop CRIS with objectively measurable indicators of an expanded response at country level		M
14	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	UBW funding not known to most agencies, although some have used it to request and fund technical input. Joint Plan reflects only joint activities, although the annex to the plan outlines all agency activities	M
16	Humanitarian response		n/a
17	Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn	First joint plan produced in 2008. Stakeholders indicate they do not receive information on cosponsors' consolidated activities and budgets, and external stakeholders are not aware of the details of the joint plan (in part because it is so recent)	L
18	In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated		n/a

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

Rec. No.	Abbreviated description	Notes on actions taken	Progress[4]
	as a specific crosscutting topic for monitoring and reporting		
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	Most bilateral agencies have left Peru because of its low-middle income status. Cosponsors' HIV activities are predominantly funded from the perspective of individual agency agendas	L
L20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing.	PAF being used for variety of activities, including monitoring and evaluation, but viewed by agencies as very labour intensive for small gains	M
21	Numbers and disposition of CPA		n/a
22	Theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy	Theme group objectives and indicators were under revision when the evaluation team was in Peru	M
23	Expanded theme groups should evolve into partnership forums, led by government	Government has little commitment and time for this. Coordination is improving, but not sufficiently strong, and mainly takes place in the context of the CCM (known as CONAMUSA in Peru)	L
24	Expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data	A substantial amount of work is on-going to strengthen national systems. However there is not yet one national system	M
25	Programme of joint reviews led by national governments should be launched	Joint review of progress is done through the UNGASS process	M
26	UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors		M
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication	UNAIDS has both initiated and disseminated good practice	H
28	Increase support for scaling up by developing strategies as a service both to national governments and to partner donors	UNAIDS Secretariat has played a strong role in encouraging priority setting and in designing strategies for accelerating the HIV response. Their focus on most at risk populations is an important example of this.	M

Rec. No.	Abbreviated description	Notes on actions taken	Progress[4]
		However agency mandates lead cosponsors to find ways to justify non-priority interventions	

Annex 4 Material from the feedback workshop

Second Independent Evaluation of UNAIDS

Discussion of Preliminary Findings

Rachelle Cassagnol
Mauricio Espinel
Muriel Visser-Valfrey

Purpose and structure of the session

Purpose:

- Obtain opinions of the preliminary findings and discuss the emerging conclusions

Structure of the presentation:

- Context
- Purpose of the evaluation
- Overview of preliminary findings
- Discussion
- Next steps

Response to the HIV epidemic (2004-2008)

- Access to treatment (adults and children)
- Control of vertical transmission
- Testing and counseling
- Participation of vulnerable groups
- Participation of civil society
- Increasingly inclusive coordination mechanisms
- Availability of resources (government and external)
- Development of the Multisectoral Strategic Plan (PEM)

Within the UN

- Establishment of the Theme Group and Joint Team
- Strong commitment by HoA and RC
- Growing number of agencies have HIV focal points
- Guidelines for country level implementation
- Access to funding options (PAF, etc.)
- UNAIDS process informing the Reform of the UN
- Clear overarching goals (Universal Access, Three Ones)
- Good tools (NASA, UNGASS)

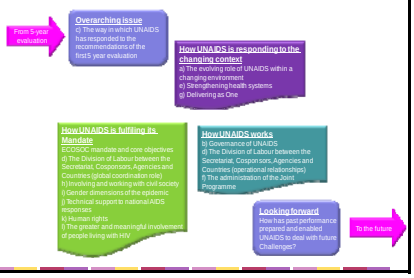
"A series of fortunate events?"

- Presence of the Global Fund
- Dedicated individuals in key positions within key organizations
- Reform of the health system
- Decentralization process in the country
- Economic development of the country opened possiblities for government financing
- Corresponding reducing importance of external aid, obliges government to take more responsiblity (e.g. Government decision to fund all ARVs)

Challenges

- Monitoring of the response
- Inclusion of certain vulnerable groups
- The Pem is not very multi-setoral
- Sustainability of the response and of individual activities
- Weaknesses of the health system
- Lack of coordination of the response

Conceptual organisation of the evaluation questions



Limitations

- Analysis of data still on-going
- A small number of key actors still need to be interviewed

UNAIDS in a changing context

- Strategic engagement with cicil society and with CONAMUSA building on specific entry points for a stronger response
- Support to the Global Fund processes
- Internal advocacy within the UN
- External advocacy (helped by the excellent reputation of the UN making it possible to achieve important results in a more efficient manner)
- Technical support provision throughout the process

"Delivering as one"

- Agencies identify many advantages of working together on HIV issues
- Joint work is feeding into the reform process of the UN
- The UN agencies are more coordinated but there is not one voice or one agenda
- Those who are held accountable for HIV and AIDS do not have authority over the implementating agencies – i.e. voluntary nature of the involvement of each agency
- Some agencies are focussing on HSS, but in general there has been little discussion and action on this issue

How UNAIDS works (1)

- DOL has strengthened the work of the agencies (clarity on the areas of responsiblity and less duplication).
- The Joint Plan has created a vision of joint priorities BUT individual agency mandates continue to determine the focus of HIV interventions
- There has been an increase in the amount of staff dedicated to HIV within the UN
- There are few incentives for agencies to put there money in the Joint Plan

How UNAIDS works (2)

- PAF is a useful instrument, but there are issues of continuity (short time frames) and sustainability = "lot of effort for a minimal amount of resources"
- There is no evidence of greater accountability on HIV of UN agencies and the UN system
- The Joint Plan is not known by partners
- There is an impressive number of guidelines, norms and other documents with too little time to process these beofre new guidelines are produced

How UNAIDS complies with its mandate (1)

- Very good team at UNAIDS Secretariat in Lima
- Strong technical role with emphasis on the 'Three Ones'
- Strong linkages with civil society
- Clear and effective prioritization of vulnerable groups, focusing on creating a joint agenda and on ensuring results
- Identification of strategic areas of activity and good practices (e.g. work with the Defensoria del Pueblo, training of journalists, high level advocacy campaign)

How UNAIDS complies with its mandate (2)

- Important attention to human rights, but less to gender
- Technical support of high quality, but no joint TS plan
- UNAIDS has been successful and the country has made progress, this should lead to a greater level of sophistication in the response to the epidemic

Emerging issues (1)

- **Channels of responsiblity and accountability within the UN are weak**
- Dissemination and accountablity of the plans, processes, and results of the Joint Team
- The quality of the monitoring, evaluation and sustainability of the activites e.g. with respect to advocacy
- Technical and financial resources of the UNAIDS office need to be adjusted to the demand of the epidemic (UNAIDS Office covers three countries in the region but concentrated epidemics require lot of work and technical support).
- The experience of the past few years in terms of the HIV response needs to be further analyzed and used to guide the work of the coming years

Emerging issues(2)

- There have been insufficient moments of reflection and analysis
- Insufficient monitoring of knowledge, attitudes and practices to guide decision making
- Approach to the response is based on analysis of risk and not on other perspectives such as health determinants


THANK YOU