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Provisional agenda item 3:

Multilateral support at country level

Improving Multilateral Support to National AIDS Programmes

**Progress on the implementation of Global Task Team recommendations in the areas of
“empowering inclusive national leadership and ownership” and “reform for a more
effective multilateral response”**

Introduction

Global efforts to increase the rate of scale up and move towards the goal of universal access by 2010 have necessitated the acceleration and making more effective the United Nations' delivery of support to AIDS programmes in low- and middle-income countries. More money is available for this work, and more actors are playing significant roles. Increasing concerns regarding the coordination of multilateral support were addressed during the Global Task Team process that worked within the framework of the "Three Ones" principles¹ to simplify and further harmonize procedures and practices of the multilateral system to better align their support to countries' needs and priorities.

The Joint United Nations Programme on HIV/AIDS (UNAIDS)² has made considerable progress in its response to the Global Task Team recommendations. This paper summarizes progress and key challenges in two Global Task Team areas: empowering inclusive national leadership and ownership; and reform for a more effective multilateral response. It also calls on members of the Programme Coordinating Board to endorse progress so far and to work closely with the UNAIDS Secretariat and Cosponsors at the thematic meeting in Zambia to develop common approaches to overcoming key challenges.

Joint UN programmes and teams and the division of labour at country level

Summary of progress

In December 2005, the UN Secretary-General sent a letter to all UN Resident Coordinators instructing each of them to establish joint UN programmes and teams on AIDS.

In accordance with the UN Development Group's May 2006 Guidance Paper, "*Proposed Working Mechanisms for Joint UN Teams on AIDS at Country Level*", the multi-year joint UN programme of support includes a technical support plan, advocacy and communications strategies, resource mobilization strategies and other tools required to operationalize joint UN support on AIDS. These elements are aligned with the UN Development Assistance Framework (UNDAF) and national programming frameworks, and then translated into an annual work plan that replaces the UN Implementation Support Plan³.

By working closely together on a joint annual work plan focused on supporting the national AIDS response, joint UN teams on AIDS are driving progress on joint UN programming at country level, within the framework of UN reform. Consisting of operational-level UN staff working on AIDS, the joint team provides more coherent and effective UN support under the authority of the United Nations Resident Coordinator System and the facilitation of the UNAIDS Country Coordinator. The UN Theme Group on HIV/AIDS continues to provide

¹ The "Three Ones" principles for the coordination of national AIDS responses are: one agreed AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multi-sectoral mandate; and one agreed AIDS country-level monitoring and evaluation system.

² The Joint United Nations Programme on HIV/AIDS, or UNAIDS, brings together the efforts and resources of a Geneva-based Secretariat and ten UN system organizations in the response to AIDS: the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund, the World Food Programme, the United Nations Development Programme, the United Nations Population Fund, the United Nations Office on Drugs and Crime, the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization and the World Bank.

³ The UN Implementation Support Plan is no longer in use as it was not a result of joint planning and programming but rather a compilation of individual agency work-plans.

Figure 1: Establishment of joint teams¹

| Joint teams as of 23 October 2006 |
|--|
| Algeria |
| Argentina |
| Armenia |
| Bangladesh |
| Belarus |
| Burkina Faso |
| Burundi |
| Cambodia |
| Cameroon |
| Cape Verde |
| Columbia |
| Comoros |
| Costa Rica |
| Democratic Republic of Congo |
| Dominican Republic |
| Ecuador |
| Egypt |
| Eritrea |
| Fiji |
| Ghana |
| Guatemala |
| Honduras |
| India |
| Indonesia |
| Iran (Islamic Republic of) |
| Kazakhstan |
| Lao People's Democratic Republic |
| Lesotho |
| Macedonia |
| Malawi |
| Mauritius |
| Morocco |
| Myanmar |
| Nicaragua |
| Nigeria |
| Pakistan |
| Panama |
| Papua New Guinea |
| Paraguay |
| Romania |
| Somalia |
| South Africa |
| Sri Lanka |
| Tajikistan |
| Thailand |
| Togo |
| Uzbekistan |
| Venezuela |
| Zambia |
| Joint teams expected by December 2006 |
| Angola |
| Benin |
| Botswana |
| Central African Republic |
| Congo |
| Ethiopia |
| Gabon |
| Georgia |
| Jordan |
| Kenya |
| Liberia |
| Madagascar |
| Mali |
| Mozambique |
| Peru |
| Russian Federation |
| Rwanda |
| Sierra Leone |

overall policy and programmatic guidance, as well as advocacy and resource mobilization for a scaled-up national response.

To date, at least 44 UN Theme Groups on HIV/AIDS have established joint UN teams on AIDS, and at least 19 more teams are expected to be in place by the end of the year (see Figure 1). Within this context, a number of joint teams have adapted the UNAIDS Technical Support division of labour to the specific country context. By December 2006, it is expected that a significant number of joint teams will have completed development of joint programmes of support. About 50% of the UN country Teams have agreed upon an accountability mechanism that provides clear definition of accountability lines and mechanisms for enforcing them, thereby providing a greater commitment of UN agencies. A six-monthly review of achievements of the joint UN team on AIDS has been conducted in India, Indonesia, Malawi, Nigeria, Vietnam and Zambia, and similar reviews are planned in 25 countries by the end of this year.

One of the leaders in this process has been the UN Country Team in Zambia, where the UN Resident Coordinator and heads of agencies of UNAIDS Cosponsors designated joint team members in January, and the joint programme of support—including a clear division of labour and technical support plan—was finalized in October 2006 following a participatory planning and programming process including all agencies. A joint programme of support and country-specific division of labour has also been put in place in Armenia, Democratic Republic of Congo, Nigeria, Malawi, Myanmar, India, Indonesia and Thailand, and joint teams in Viet Nam and Ghana are currently developing their programmes of support. A practical adaptation of the division of labour has been developed in Malawi. The joint team has produced an 18-page publication that clearly describes the team's composition, individual members' roles and responsibilities, and the joint support programme's linkages to the National AIDS Action Framework. At the end of the publication is a list of focal points for each area in the division of labour, including telephone and email contact details (see Figure 2).

Figure 2: A portion of the 'division of labour' focal point list for Malawi joint UN team

| Malawi's Joint UN Team Focal Points | | | | | |
|---|--|---------------------|-------------------------|-------------------|------------------------------|
| OVERALL GOVERNANCE AND LEADERSHIP | | | | | |
| Name | Area | Address | Office Phone | Cell Phone | E-Mail Address |
| Michael Keating | Overall UN system leadership, advocacy & guidance on AIDS, & representation to Head of State | P.O. Box 30135, LL3 | 01 772278 | 09 960110 | Michael.keating@undp.org |
| Erasmus Morah | National policy, coordination, strategic planning and technical resource mobilization | P.O. Box 30135, LL3 | 01 772603 | 09 960130 | morah@unaids.org |
| TECHNICAL SUPPORT LEADERS | | | | | |
| Name | Technical Area | Address | Office Phone | Cell Phone | E-Mail Address |
| Prevention and Behaviour Change | | | | | |
| 1. Robert Ngaiyaye | Info & ed'n, condom prog., prev'n for young people in & out of school | P.O. Box 30135, LL3 | 01 771444 | 09 260975 | ngaiyaye@unfpa.unvh.mw |
| 2. Miriam Chipimo | PMTCT and pediatric care | P.O. Box 30375, LL3 | 01 770788/ 01 775232 | 09 643388 | mchipimo@unicef.org |
| Edwin Limbambala | HIV Prev'n in healthcare settings (Blood safety, STIs, HIV Testing) | P.O. Box 30390, LL3 | 01 772450/ 01 772755 | 09 340868 | limbambalae@m.w.afro.who.int |
| Robert Ngaiyaye | Prev'n targeting vulnerable & high risk groups (CSW, MSM, prisoners, IDUs) | P.O. Box 30135, LL3 | 01 771444 | 09 260975 | ngaiyaye@unfpa.unvh.mw |
| 3. Anne Muwonge | HIV & AIDS among refugees & internally displaced | P.O. Box 30230, LL3 | 01 772155 | 09 415201 | muwongea@unhcr.org |
| Treatment, Care, Support and Impact Mitigation | | | | | |
| 4. Edwin Limbambala | Antiretroviral & opportunistic infect'n, treatment & monitoring | P.O. Box 30390, LL3 | 01 772450/ 01 772755 | 09 340868 | limbambalae@m.w.afro.who.int |
| 5. Gertrude Kara | Dietary/nutr'n support for targeted vulnerable PLHA | P.O. Box 30571, LL3 | 01 774666 | 09 914638 | Gertrude.Kara@wfp.org |

Challenges

Several common challenges have emerged in this process. The establishment of joint teams on AIDS has proceeded smoothly, but progress towards the establishment of joint programmes has been slower.

The Secretary-General's letter of December 2005 has, in some instances, been seen as a directive to the Resident Coordinator, and not to Cosponsor head of agencies at country level. This has to lead to reticence by some head of agencies to actively engage in the establishment of joint teams with joint programmes.

Although the number of UN Country Teams engaged in joint programming and planning on AIDS is rising, there is a need to increase the pace. Clear directives from the headquarters of Cosponsors calling for full and unequivocal engagement in joint teams and development of joint programmes are required.

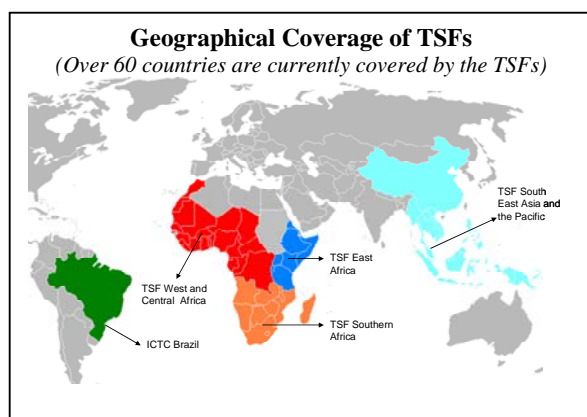
Additionally, existing guidelines on joint programming and planning have not adequately met the need for effective tools in these processes. Stronger capacity on joint planning and programming within UN Country Teams through clearer and simpler guidelines on joint programming is imperative.

Continued disparity in the programmatic planning cycles of UN agencies at country level and unsynchronised financial and administrative procedures are additional obstacles to the development of joint programmes. UN agencies at country level must harmonize their financial and administrative procedures—such as contractual agreements—to enable the effective operationalization of joint programmes.

Increasing technical support through Technical Support Facilities and other regional mechanisms

Only a fraction of the technical assistance needed by national AIDS responses in a range of thematic, programming and management areas is currently being provided by national and international partners. The lack of high quality and timely technical assistance to countries to support the scale-up of national AIDS programmes was highlighted in the Final Report of the Five Year Evaluation of UNAIDS carried out in 2002. The UNAIDS' Programme Coordinating Board directed the UNAIDS Secretariat to address this need in its work plan for 2004-05.

Regional and national consultations with key partners resulted in a new and innovative approach to meet country partners' requests for support through the establishment of regional Technical Support Facilities (TSFs). Managed by existing regional organizations or consortia, TSFs deliver timely and quality technical assistance in a number of priority areas including: monitoring and evaluation, resource tracking, strategic and operational planning, costing and budgeting, organizational development, management (including financial management), partnership development, prevention, gender and mainstreaming.



Based on an international tender, TSFs have been established covering Southern Africa (located in Johannesburg, South Africa), West and Central Africa (located in Ouagadougou, Burkina Faso), Eastern Africa (located in Nairobi, Kenya), and South East Asia and the Pacific (located in Kuala Lumpur, Malaysia). Additionally, the International Centre for Technical Cooperation on HIV/AIDS (ICTC)⁴ in Brasilia, Brazil, promotes South-to-South technical cooperation among countries in Latin America, the Caribbean and Portuguese-speaking countries in Africa and facilitates technical support globally.

TSF services are available at a reasonable cost⁵ to national AIDS coordinating authorities, government ministries and departments, civil society, business sector and development partners. The TSFs help to reduce the difficulties of finding good, regionally based, short-term consultants by using databases and partner networks to track the quality of individual consultants' work. By actively managing contracts and consultant's performance, the TSFs help to ensure value for money. In order to ensure sustainable scaling-up of technical support, TSFs focus on building regional institutional and organizational capacities. Specific capacity development strategies are being developed in each TSF focusing on developing a pool of experts from within the region whose capacities can be enhanced to better support national responses. The TSFs also provide support to help national AIDS authorities and other key country partners enhance their ability to utilize and manage technical assistance.

The TSFs are actively promoting the use of regional expertise. This is reducing country partners' dependence on 'fly-in-fly-out' consultants. The TSFs are also increasingly coordinating their efforts with the Global Joint Problem-Solving and Implementation Support Team (GIST), the AIDS Strategy and Action Plan Service (ASAP), WHO Knowledge Hubs and

⁴ The ICTC was established through a partnership agreement between the Brazilian Government and UNAIDS.

⁵ Country partners who do not have access to flexible funding for purchasing technical assistance through the TSFs can apply for assistance through the Technical Assistance Fund (TAF), a small and flexible fund available with the TSF in each region.

other mechanisms to better harmonize technical assistance to country partners. Discussions are also underway with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Secretariat on how the TSFs can better support GFATM-financed programmes at the country level.

The TSFs have so far received over 1,200 days of technical assistance contracts from country partners, including national AIDS coordinating authorities, the UN system, bilateral agencies, civil society and the private sector. TSF services are normally provided at cost, but each facility can also draw upon a regional Technical Assistance Fund to provide assistance to country partners who cannot afford to pay.

Specific examples of country-level progress achieved with TSF assistance include:

- national strategic planning in Burundi, Swaziland and Malawi;
- development of sectoral plans in line with the national strategic plan in Swaziland;
- mainstreaming of HIV and gender in the national AIDS plan in Cameroon;
- development of a technical assistance framework for the UN Theme Group on HIV AIDS in Nigeria;
- development of the national monitoring and evaluation frameworks of Togo, Mauritius, Seychelles, Comoros and Swaziland;
- development of a multi-donor funding mechanism in Sudan; and
- development of GFATM Round 6 grant proposals for South Africa, Namibia, Ethiopia, Benin and Guinea Bissau.

The ICTC in Brazil has been assisting Country Coordinating Mechanisms (CCMs) in a number of countries as they review their GFATM grants, as well as addressing critical capacity gaps in implementing the response in the region. The ICTC has also facilitated global consultations on implementing the “Three Ones” principles and national efforts to set targets for universal access.

Challenges

Country capacities and ownership: An increase in country partners’ capacities to identify and articulate technical assistance needs in a timely manner, and to manage technical assistance, would in turn lead to greater and more effective use of the programmatic support provided by TSFs and other technical support mechanisms. This calls for developing a long term strategy and significant investment from different development partners in support of country partners. Also developing approaches that empower and build local capacities in country or within the different regions are critical for ensuring long term sustainability of technical support.

Coordination of technical support: There is an urgent need to scale-up country partners’ access to timely technical support, and it is critical that the efforts of different partners are coordinated and complementary. In the follow-up to the June 2006 Programme Coordinating Board recommendations, there has been a significant improvement in coordination among TSFs, GIST and the GFATM⁶. However, a number of new mechanisms and efforts are evolving and it is critical that these mechanisms coordinate better their delivery of technical support and respond to country demands rather than be supply driven. Also the TSFs need to better respond

⁶ Recommends that UNAIDS Cosponsors, the UNAIDS Secretariat and the Global Fund work closely to strengthen links among Technical Support Facilities, technical support mechanisms of the Cosponsors, the Global Joint Problem Solving Team—including related mechanisms at country level—and the Global Fund Early Alert and Response system to ensure the rapid provision of technical support to unblock implementation obstacles;

to the technical assistance needs of country partners particularly around the implementation of GFATM grants.

Need for flexible funding for Technical Support: Several country partners have reported difficulties in using GFATM and other donor funding to procure technical assistance from TSFs and other technical support structures. More flexibility in the use of these funds could catalyse rapid scale-up of national responses and lead to an increase in programme implementation rates. The Technical Assistance Funds that have been established as a part of the TSF design have shown that catalytic funding for technical support can help country partners better identify and respond to their technical assistance needs.

Lessons learned from the Joint Global Problem Solving and Implementation Support Team

Summary of progress

The GIST has undertaken joint rapid analysis of major implementation bottlenecks⁷ to GFATM grants in more than 15 countries, and has facilitated action to unblock these bottlenecks in nine countries and one region. GIST members meet monthly to plan GIST actions. For each country that requests GIST assistance, a “lead agency” is designated to coordinate actions and regular reporting. Specific GIST actions have included the provision of governance-related support, as well as technical and management support, with the close involvement of UNAIDS Regional Support Teams, UN Country Teams and HIV/AIDS Theme Groups, and other country-level, regional and international partners. Decisions regarding responsibilities for the provision of technical support are taken within the overall framework of the UNAIDS Technical Support division of labour.

An illustrative example of the GIST’s work is the case of Guinea Bissau, which requested support in August 2005 as the socio-political and economic situation in the country negatively impacted the national AIDS response. The GIST assessed a UN action plan presented by the UNDP, which is the Principal Recipient for a Round 4 GFATM grant. This process helped to overcome several bottlenecks: antiretroviral protocols were brought in line with WHO standards; UNICEF and WHO provided technical assistance in the area of procurement and supply management; UNDP, the World Bank, the GFATM, UNICEF, WHO and the UNAIDS Secretariat jointly addressed coordination difficulties between the GFATM grant programme and the World Bank grant programme, and coordination between the Country Coordinating Mechanism (CCM) and the National AIDS Council. This ultimately led to improved coordination, including harmonization of indicators for monitoring and evaluation, as well as the development of a unified national AIDS action plan, including both grants.

In June 2006, the Programme Coordinating Board called for “the involvement of other development partners, such as bilaterals and NGOs, where necessary,” in the GIST. The first GIST meeting with extended participation—including the United Kingdom, the United States, Germany and two representatives from civil society—is expected to be held on 10 November 2006 in Geneva. An evaluation of the impact of the GIST is planned for mid-late 2007, when the GIST will complete two years of functioning.

⁷ These bottlenecks have chiefly been in the areas of procurement and supply management, governance, policy issues, management capacity, and monitoring and evaluation.

Challenges

A major challenge faced by the GIST is low utilization and late requests for support. Some country-level partners and grant portfolio managers are reluctant to request support, as this indicates problems and failure to manage. This could be partly resolved through better communication with country partners and joint UN teams, and increased promotion of country-driven needs assessments. A communication strategy paper is being prepared by the GIST team to address this issue.

Another challenge is achieving common understanding of GIST's role in the overall context of technical assistance, as well as the strengths and limitation of GIST actions. Not all problems can be solved through the provision of short-term technical assistance. Many require long-term support. These issues could be addressed through the establishment of linkages among the GIST and longer-term technical support providers, such as TSFs. The Expanded GIST can ensure greater harmonization and buy-in among bilateral and nongovernmental providers of technical assistance. However, should the expansion of the GIST translate into an increase in the workload, the GIST team will require additional financial and human resource capacity.

Additional areas that need improvement include: monitoring and reporting; communication and information systems; and linkages between GIST and regional and country offices of UN agencies. The GIST team addresses these issues on an ongoing basis.

Empowering national leadership and ownership through improved national AIDS planning and the integration of AIDS into Poverty Reduction Strategy Papers

Summary of progress

Shortly after Programme Coordinating Board endorsement of the Global Task Team recommendations, UNDP, the World Bank and the UNAIDS Secretariat established a joint initiative to strengthen the capacity of countries to integrate HIV and AIDS into their Poverty Reduction Strategy Papers⁸. This is part of broader efforts to mainstream HIV and AIDS into national development and sector planning and implementation processes.

UNAIDS also established the AIDS Strategic and Action Planning Service (ASAP) under the leadership of the World Bank,⁹ to assist countries in enhancing their national AIDS action frameworks (strategic plans) by making them more evidence-based, prioritized and costed, and in developing annual priority AIDS action plans to accelerate programme implementation.

The seven countries which were enrolled in the first phase of the joint AIDS in Poverty Reduction Strategy Papers initiative are Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania and Zambia. Preparatory missions were carried out in each of the participating countries to support development of issues papers highlighting the challenges to more effectively integrating AIDS into their Poverty Reduction Strategy Papers. These missions were followed by a regional capacity building workshop in December 2005, where the country teams agreed on key follow-up activities to address the gaps raised in the issues papers. Implementation of these activities

⁸ Global Task Team recommendation 1.2 includes a call for the World Bank, UNDP, and UNAIDS Secretariat to ensure that resources and technical support are available so that countries can integrate AIDS more fully into Poverty Reduction Strategy Papers.

⁹ In line with the UNAIDS Technical Support Division of Labour.

has been ongoing since December 2005 with varying outputs. Contributions made by the joint initiative include:

- Building the capacity of planning and budgeting officers in Tanzania (Zanzibar) to empower them to include AIDS activities in their sector budgets.
- Provision of technical assistance to Zambia to complete a national poverty diagnostic, and facilitation of the drafting of the AIDS chapter in Zambia's Fifth National Development Plan.
- Strengthening the role of the legislature and civil society organizations in Tanzania's AIDS response. Following a workshop organized for these groups as part of the joint initiative, parliamentarians have made AIDS a priority on the agenda of the Tanzanian Parliamentary AIDS Committee. One of the decisions has been to regularly inform the Committee about the flow of AIDS-related resources to ministries, departments and agencies, as well as local government authorities. The partnership between state and non-state actors, which was weak, has also been strengthened.
- Provision of a full-time coordinator in Rwanda to support implementation of agreed follow-up activities for one year with funding from the joint initiative.

The countries participating in the second phase of the joint initiative are Burkina Faso, Burundi, Kenya, Malawi, Madagascar, Mozambique, and Uganda. Joint country visits to develop the issues papers took place during July and August 2006. The second capacity building workshop took place in Maputo in October 2006. Its format and content have been guided by both the country issue papers and lessons learned from Phase 1 countries. Countries identified their follow-up activities by the end of October, and the first quarterly progress reports are expected before the end of the year.

Country support activities initiated by the AIDS Strategic and Action Planning Service since June 2006 fall into three general categories:

1. **Peer review of draft strategies** by a group of experts on a confidential basis. Countries covered: Benin and Central African Republic.
2. **Assistance in focused areas:** review of previous strategies plans; prioritization and costing of new strategies; facilitation of the participatory planning process. Countries covered: Swaziland (case study on costing being carried out); Guyana (provision of a costing expert; November 2006); Iran and Philippines (support for costing of the national plan currently under discussion with partners); and Tanzania (preparations and selection of areas for assistance ongoing).
3. **Comprehensive support**, ranging from initial "road maps" for preparing a strategy to assistance during the preparation period. Countries covered: Burundi and Madagascar (joint field mission with the programme to support integration of AIDS in Poverty Reduction Strategy Papers; funding of consultants to assist National AIDS Commission; provision of more comprehensive support envisaged); Honduras (field mission in September; assessment of current strategy and subsequent assistance with planning of next four-year strategy); Barbados (revision of national AIDS strategy); Sri Lanka (review of implementation of current AIDS strategy; assistance to subsequent national strategic planning process anticipated); and Afghanistan (plans being finalized to assist with development of Operational Plan).

Challenges

Challenges faced in rolling out country follow-up activities in support of Poverty Reduction Strategy Paper processes require strengthening of the dialogue and collaboration between government agencies and partners to address bureaucratic and operational difficulties in a timely manner. Since the joint initiative only provides seed funding, countries are encouraged to mobilize additional funding from other sources.

The AIDS Strategic and Action Planning Service has to further promote its demand-based services and strengthen coordination with UNAIDS Cosponsors, TSFs and other agencies doing similar work to create synergies and avoid duplication. In many countries the lack of operational planning units for AIDS strategies means that substantial support is needed that cannot be provided by a single actor. This further validates the need to coordinate support by the AIDS Strategic and Action Planning Service with the work of other agencies, in particular those based in the respective sub-regions.

Recommendations to overcome challenges

One of the strengths of the Global Task Team was its high-level, multi-partner approach. This thematic meeting of the Programme Coordinating Board offers an opportunity to include a similarly broad cross-section of constituencies in recognizing and agreeing on ways to overcome challenges as UNAIDS works to implement the Global Task Team's recommendations. The recommendations below focus on how Programme Coordinating Board members—individually and as a group—can work with UNAIDS to improve the Joint Programme's efforts to provide more effective multilateral support to national AIDS programmes.

The Programme Coordinating Board is requested to:

Joint UN Teams

1) Call on Executive Heads of UNAIDS Cosponsors and the Secretariat to communicate clear instructions to their respective country-level representatives to follow up on the Secretary-General's directive on the establishment of Joint UN Teams on AIDS with Joint Programmes of Support. This communication should promise full participation in joint UN planning and programming initiatives around HIV and AIDS to be reflected in the performance of the agency representative in country.

Technical Support Facilities

2) Call for UNAIDS and the GFATM Secretariat to better coordinate the response to the technical assistance needs of countries implementing GFATM grants, including the use of TSFs to scale-up provision of technical support to country partners in implementing GFATM grants.

3) Call on Executive Heads of UNAIDS Cosponsors and the Secretariat to inform country partners about the establishment of the regional TSFs and to provide clear instructions on the need for UNAIDS country-level staff to work closely with national partners in identifying national technical support needs and where appropriate, promote the use of the TSFs in facilitating quality technical assistance.

Joint Global Problem Solving and Implementation Support Team

4) Call on Executive Heads of UNAIDS Cosponsors to communicate clearly the need for country staff to work closely with national partners for the early diagnosis of implementation difficulties, including the need for technical support. A simultaneous communication should be

sent to donor-partners underlining that acknowledgement of gaps and requests for assistance should be viewed as a positive step on the road to national ownership and sustainability.

Empowering national leadership and ownership through improved national AIDS planning and the integration of AIDS into Poverty Reduction Strategy Papers

5) Call on donors and technical support providers to work more closely with UNAIDS at the sub-regional and country levels on strengthening country capacities in national strategic and operational planning, as well as in mainstreaming AIDS in national and local development instruments and sectoral programmes. Such collaboration to include the promotion of these relatively new services, as well as complementing them with additional funding and harmonized technical support.

