

SECOND INDEPENDENT EVALUATION OF UNAIDS IMPLEMENTATION PLAN



18 MARCH 2010

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. The Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Contributing to achieving global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support is the number one priority for UNAIDS. Visit the UNAIDS website at www.unaids.org

TABLE OF CONTENTS

Executive Summary

- I. Introduction
- II. Guiding Principles for Implementation of Recommendations
- III. PCB Task Force
- IV. Implementation Support Team
- V. Implementation Plan – description of work streams
- VI. Cross-cutting Issues
- VII. Prioritization of activities and timeline
- VIII. Role of the UNAIDS Executive Director and Senior Management
- IX. Budget for Implementation
- X. Communications Strategy

Annex 1: List of SIE recommendations by cluster as agreed by the 25th meeting of the PCB

Annex 2: SIE Work Stream Implementation Summaries

Annex 3: Diagram showing sequencing of recommendations by work stream and a matrix of linkages between work streams

UNAIDS S.I.E. IMPLEMENTATION PLAN

EXECUTIVE SUMMARY

1. This Implementation Plan sets out the process for the implementation of the recommendations arising from the Second Independent Evaluation (SIE) of UNAIDS, as agreed by the Programme Coordinating Board (PCB) at its 25th meeting in December 2009. The scope of the implementation plan is defined by the 21 decisions taken by the UNAIDS Board with relation to the final report of the SIE. The three proposed recommendations that relate to issues of governance (recommendations 15, 16 and 17) have been included recognizing that the Board did not reach any decision on them, preferring to refer them, for consideration, to a “Task Force on SIE follow-up related to all aspects of governance”. UNAIDS has also established a dedicated Implementation Support Team (IST) to support the implementation process, comprising two dedicated implementation project managers and administrative support.
2. The implementation of recommendations agreed by the PCB will be taken forward under the chapeau for all UNAIDS Board decisions in that the work of the Joint Programme is always to be based on the following six guiding principles:
 - alignment to national stakeholders’ priorities;
 - based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
 - based on human rights and gender equality;
 - based on the best available scientific evidence and technical knowledge;
 - promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support; and
 - based on the principle of non-discrimination.

In addition, implementation of the SIE recommendations will enable the Joint Programme to reposition itself within the changing demands of existing and future national, regional and global circumstances. In order to achieve further progress, it is essential to address specific gaps in the response to the epidemic as well as to review the social, political and structural constraints that limit achieving desired results. UNAIDS and other partners need to protect and build on the progress already made and make use of the opportunities for linking specific action and broader agendas for achieving the Millennium Development Goals.

3. All recommendations will be implemented in as comprehensive, rigorous, inclusive and cohesive a manner as possible, with the aim of delivering a strengthened and more focused UN response with greater accountability for achieving results. Practical implementation planning will build upon ongoing activities, identify and optimise best practice, and should not duplicate existing mechanisms.
4. Preparation of the Implementation Plan will be supported by the Task Force that was created at the 25th Board meeting in December 2009 on issues dealing in a comprehensive way with all aspects related to governance in the follow-up of the Second Independent Evaluation of UNAIDS based on evaluation findings, recommendations, management response and discussions in the Board.
5. Fundamental to the successful implementation of the recommendations is consideration of their interlink ages and dependencies with one another. As such it is proposed that they be organized – for the purposes of implementation – into

UNAIDS S.I.E. IMPLEMENTATION PLAN

8 work streams. Dependencies between the various Streams will be coordinated by the UNAIDS Implementation Support Team. Work streams will need to take into account related studies and ongoing work, in particular the operationalization of the Outcome Framework and completed Work stream plans will then form the baseline to monitor progress.

6. The timeline for the implementation of the SIE recommendations remains that as set out in the UNAIDS response to the Evaluation that was presented to the December 2009 PCB meeting. This foresees initial implementation of all recommendations by the end of 2010 with the exception of recommendations 18 and 19, which relate to the Unified Budget and Workplan for the 2012-2013 that will be discussed by the Board in June 2011. In addition to the initial period of implementation the majority of Work Stream plans also reflect related activities through 2011. These will then be programmed as ongoing in the UBW for the next biennium.
7. An initial budget estimate costs implementation at US\$ 13,183,402 (with the exception of the governance recommendations) of which US\$ 3,280,192 is expected to be included in the UBW for 2010-2011, leaving a currently unfunded balance of US\$ 9,903,210. These figures are currently indicative only as they will need to be refined based on ongoing consultations with stakeholders and the completion of work planning processes for the current biennium.

UNAIDS S.I.E. IMPLEMENTATION PLAN

I INTRODUCTION

1. This document is intended to serve as the implementation plan for the Joint Programme of the recommendations arising from the Second Independent Evaluation (SIE) of UNAIDS, as agreed by the Programme Coordinating Board (PCB) at its 25th meeting in December 2009. The Plan will be implemented by members of the Joint Programme under the leadership of the UNAIDS Executive Director. It will be supported by a series of detailed project plans for the various work streams (Annex 2), the implementation of which will be overseen and monitored over time and a related communications and consultations strategy developed.
2. The scope of the implementation plan is defined by the 21 decisions taken by the UNAIDS Board with relation to the final report of the SIE (Annex 1). The three proposed recommendations that relate to issues of governance - recommendations 15, 16 and 17- have been included as a separate work stream as the PCB preferred to refer them, to a "Task Force on SIE follow-up related to all aspects of governance".

UNAIDS S.I.E. IMPLEMENTATION PLAN

II GUIDING PRINCIPLES FOR IMPLEMENTATION OF RECOMMENDATIONS

1. The implementation of recommendations agreed by the PCB are to be taken forward governed by the following six guiding principles, ensuring that implementation is:
 - aligned to national stakeholders' priorities;
 - based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
 - based on human rights and gender equality;
 - based on the best available scientific evidence and technical knowledge;
 - promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support; and
 - based on the principle of non-discrimination.
2. Implementation of the SIE recommendations will enable the Joint Programme to reposition itself within the changing demands of existing and future national, regional and global circumstances. In order to achieve further progress, it is essential to focus on tangible results and to address specific gaps in the response to the pandemic as well as to review the social, political and structural constraints that limit achieving desired results. UNAIDS and other partners need to protect and build on the progress already made and make use of the opportunities for linking specific action and broader agendas for achieving the Millennium Development Goals.
3. All recommendations will be implemented in as comprehensive, rigorous, inclusive and cohesive a manner as possible, with the aim of delivering a strengthened and more focused UN response with greater accountability for achieving results. Implementation will need to take into account of the role of UNAIDS in the evolving global response context, country priorities and diversity of epidemics, the importance of multisectoral approaches and the mandates of the individual agencies, and acceleration of prevention efforts alongside treatment, care and support.
4. To the extent possible the implementation process will engage with all those stakeholders who were involved in the Evaluation itself so as to ensure buy-in of the reforms and changes proposed.
5. Practical implementation planning will build upon ongoing activities, identify and optimise best practice, and should not duplicate existing mechanisms.

III PCB TASK FORCE ON SIE FOLLOW-UP RELATED TO ALL ASPECTS OF GOVERNANCE

1. The 25th meeting in December 2009 the PCB decided the following with respect to the creation of a Task Force of the Board to look at issues arising from the SIE:

"4.25 Requests the PCB Bureau in consultation with all relevant stakeholders to establish an inter-sessional, time-bound Task Force by the end of January 2010 with the objective to report to the 26th meeting of the Programme Coordinating Board on issues dealing in a comprehensive way with all aspects related to governance in the follow-up of the Second Independent Evaluation of UNAIDS based on evaluation findings, recommendations, management response and discussions in the Board.

4.26 Agrees that the Task Force:

- will support UNAIDS in the implementation of a comprehensive and coordinated response to the Second Independent Evaluation of UNAIDS, including the development of a prioritized plan for follow-up which is time bound and spells out clearly who should be responsible for doing what, and to support the oversight role of the Programme Coordinating Board, the Task Force should analyze relevant decisions and their interlinkages taken at the 25th Board meeting with a view to ensure their coherence and consistency and report to the 26th meeting of the Programme Coordinating Board;

- should be small and undertake its activities in an open and transparent manner. It should be composed by representatives of Member States, with due respect to geographical representation, civil society, Cosponsors and the Secretariat. The taskforce may draw on additional expertise when needed. The taskforce should be chaired by a Member State and would work in principle on the basis of consensus;

4.28 Further agrees that the budget for the Task Force must be approved by the PCB Bureau before initiating the work of the Task Force;"

Establishment of the Task Force

2. At its meeting on 27 January 2010 the PCB Bureau agreed the following composition for the Task Force:

UNAIDS S.I.E. IMPLEMENTATION PLAN

Constituency	Task Force Member
WEOG	Sweden
Asia	Iran
Africa	Ethiopia
GRULAC	Brazil
CEE	Poland
PCB NGOs	Ontario HIV Treatment Network
Cosponsors	UNDP
Secretariat	Deputy Executive Director (Management and External Relations)
Ex-officio	Netherlands (CHAIR)

3. A budget for the Task Force was also agreed of US\$ 32,192 to cover the costs of two face-to-face meetings in Geneva with monies to be allocated from the current UBW with respect to governance activities. The Bureau also agreed that the Task Force would work in English.

Terms of reference of the Task Force

4. The Task Force was established with the following terms of reference:
- to report to the 26th meeting of the Programme Coordinating Board on issues dealing in a comprehensive way with all aspects related to governance in the follow-up of the Second Independent Evaluation of UNAIDS based on evaluation findings, recommendations, management response and discussions in the Board;
 - to support UNAIDS in the implementation of a comprehensive and coordinated response to the Second Independent Evaluation of UNAIDS, including the development of a prioritized plan for follow-up which is time bound and spells out clearly who should be responsible for doing what, and to support the oversight role of the Programme Coordinating Board;
 - to analyze relevant decisions and their interlinkages taken at the 25th Board meeting with a view to ensure their coherence and consistency and report to the 26th meeting of the Programme Coordinating Board;
 - the Task Force will normally work through electronic means, however, budgetary provision will be made for two face-to-face meetings;

UNAIDS S.I.E. IMPLEMENTATION PLAN

- the SIE Implementation Team within the UNAIDS Secretariat will provide administrative and logistical support to the Task Force; and
- without prejudice to a subsequent decision of the UNAIDS PCB on the continuation of the Task Force, it will be dissolved upon completion of the 26th meeting of the Board.

UNAIDS S.I.E. IMPLEMENTATION PLAN

IV IMPLEMENTATION SUPPORT TEAM

1. The PCB supported the proposal from UNAIDS that implementation of the recommendations arising from the SIE be managed through developing a realistic implementation plan and that work should begin or continue, on the implementation in line with the timelines presented to the Board by the UNAIDS response. To manage this process a small dedicated support team has been created to facilitate the implementation process, track progress, hold people accountable for their responsibilities, and to report on progress. This involves staff from the Secretariat and Cosponsors and the proposed terms of reference for the support team are as follows:

Terms of reference for SIE Implementation Support Team

- Facilitation of a project plan for the implementation of all PCB-agreed recommendations. To include the identification of work streams within which the following will be defined and tracked; deliverables, milestones, risks, assumptions, timeline and resource needs for the implementation of each recommendation; dependencies and linkages between recommendations; reporting structures and format of reports;
 - Support to work stream focal points in the identification of implementation methods for each work stream including who is responsible for implementation of individual recommendations;
 - Support the implementation of recommendations, which directly involve the Cosponsors, particularly recommendations 1, 2, 3, 4 and 14. These relate to the Mission Statement, Strategic Plan, and the Division of Labour respectively;
 - Act as the secretariat to the PCB Task Force on the SIE Implementation;
 - Production of a budget and work plan for implementation of the recommendations by work stream for submission to the PCB at its June 2010 meeting;
 - Production of implementation progress reports to both PCB meetings in 2010 and through regular electronic updates;
 - Use of UNAIDS Regional Management Meetings to both brief staff on the SIE Implementation and to engage them as focus groups on implementation; and,
 - Provision of regular updates to all UNAIDS Secretariat and Cosponsors on the progress of implementation.
2. The team is expected to be in place at least until the June 2011 PCB, when all recommendations are currently scheduled to have been implemented.

UNAIDS S.I.E. IMPLEMENTATION PLAN

3. The support team to comprise two dedicated implementation project managers and administrative support. The Cosponsors have also been asked if they wish to second someone to the team. The team will report directly to both Deputy Executive Directors and through them to the Executive Director.
4. The budget for the Support Team is estimated at US\$ 200,000 which includes the cost of the multi-stakeholder meeting in Bangkok, Thailand on 27-29 March 2010. Funds have been found from within the current UBW to cover the cost of this activity.

UNAIDS S.I.E. IMPLEMENTATION PLAN

V IMPLEMENTATION PLAN – DESCRIPTION OF WORK STREAMS

1. Discussions of the SIE recommendations, and their subsequent decision, by the PCB were done by organizing them around 9 clusters:
 - Future Directions (1, 2)
 - Division of Labour (3, 4a, 4b, 14)
 - Joint Teams (6, 7a, 7b, 8)
 - Support Mechanisms (11, 13)
 - Financial Architecture (12, 18, 19)
 - Knowledge Management (9, 10)
 - Organizational Arrangements (5, 20, 21)
 - Governance (15, 16, 17)
 - Organization of the Secretariat (22, 23, 24)
2. Fundamental to the successful implementation of the recommendations is consideration of their interlinkages and dependencies with one another. As such it is proposed that they be reorganized – for the purposes of implementation – into 8 work streams (WS).
3. For each work stream a focal person has been identified within the Secretariat. This person will manage the coordination of the implementation of recommendations within their work stream and will develop and chair a team of colleagues with responsibilities for individual SIE recommendations. As such the focal points have been selected based upon their job profile in the Secretariat and are all responsible for areas that relate to the specific work stream under their coordination.

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 1:

Title:	Mission Statement and Strategy Development
Recommendations:	1 – Strategic plan and mission statement
Description:	<ul style="list-style-type: none"> – The mission statement and strategic plan will be grounded in the ECOSOC mandate and core objectives, and will build on and draw from <i>Joint Action for Results: UNAIDS Outcome Framework 2009-2011</i> and from the <i>2007-2011 Strategic Framework for UNAIDS Support to Countries' Efforts to Move Towards Universal Access to HIV Prevention, Treatment, Care and Support</i>. It will also address issues of aid effectiveness with particular reference to the Paris/Accra Agenda on AID Effectiveness. – Covering the years 2011-2015, the new strategic plan will: institutionalize the Joint Programme's implementation of the SIE recommendations; guide UNAIDS' efforts to catalyze action at global, regional and country levels to link the AIDS response to the implementation of the Millennium Development Goals; seek to shift the focus of UNAIDS from process to delivery of results by translating the agenda of the Joint Programme into specific actions with indicators for success, and by which accountability will be ensured; – incorporate important elements that were referred to in the SIE report but which were not the subject of findings, such as, the need to strengthen its work on prevention, as well as elements that were not referred to at all, e.g. co-infection and co-morbidities; and, leverage new and emerging technologies and developments in the response. – The growing need for political brokering within the AIDS response will also be addressed. – The mission statement and strategic plan will be developed through a consultative process involving governments, civil society and other partners. This process will help ensure that the updated mission statement and new strategic plan take account of the role of UNAIDS in the evolving global response context, country priorities and diversity of epidemics, the importance of multisectoral approaches, and acceleration of prevention efforts alongside treatment, care and support.

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 2:

Title:	Partnerships
Recommendations:	2 – Partnership strategy
Description:	<p>– Development of an overarching partnership strategy to expand prevention efforts alongside treatment, care and support. Whilst recognizing the need to have the broadest possible base of stakeholders involved in its work the strategy will prioritize key partnerships to ensure a strategic focus for a more effective response. The partnership strategy will focus on working with a broad range of important institutions, in addition to the Global Fund to fight AIDS, Tuberculosis and Malaria, and PEPFAR, government partners and key national institutions, and with key constituencies, including civil society and people living with HIV, and strengthen engagement with the public and private sectors.</p>

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 3:

Title:	Global Programmatic Mechanisms
Recommendations:	<p>3 – Health Systems Strengthening 4a – Avoiding duplication: Division of Labour 4b – Inter-Agency Task Teams 14 – Gender and Human Rights</p>
Description:	<ul style="list-style-type: none"> – Establishment of a Working Group to: (a) build on the already established co-sponsor HSS working group and the significant ongoing work by individual co-sponsors; (b) focus on relevant issues pertaining to health systems strengthening; (c) expand to include other key IHP+ partners beyond Cosponsors and the Global Fund, and (d) clarify how HIV/AIDS programmes and funding are integral parts of health systems and can contribute to its strengthening. UNAIDS will link these discussions regarding health systems strengthening with efforts focused on strengthening other relevant systems and sectors, such as education, social welfare, industry and commerce, that contribute to positive health outcomes. – Implementation of a credible review process of the Division of Labour, without pre-judgment of outcome that will include structured consultation with relevant stakeholders, recognizing that decisions on the Division of Labour rest with the CCO. The review process will focus on how to strengthen the overall work of the Joint Programme, with particular emphasis on the operationalization of cross-cutting issues and clearer definitions of roles and responsibilities. – Support for Joint UN Teams at the country-level to develop concrete components on human rights and gender including for key populations in Joint Programmes of Support. – Development of a <i>modus operandi</i> for Inter-agency Task Teams, drawing on the experience of other mechanisms such as the MERG and Task Team on Travel Restrictions, with requirements for lead agencies to set task-based, time-bound objectives to manage their work with regular reporting back to the PCB on performance.

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 4:

Title:	Delivery at Country Level
Recommendations:	<p>6 – Joint Team guidelines 7a – Consistency of national positions 7b – Appraisals of heads of agency at country level to include performance of the joint team 8 – Funding for Joint Teams 11 – Technical Support Strategy 12 - Programme Acceleration Funds 13 – Regional Support Teams</p>
Description:	<ul style="list-style-type: none"> – Investigation of the barriers and bottlenecks that impede the implementation for the Joint Team and joint programming concept at country level to support the implementation of the <i>Second Guidance Paper: Joint UN programmes and teams on AIDS</i>. – Working through the UNDG and the CCO to focus on the full implementation of Decision 5.1 from the December 2006 PCB: “<i>Agency representatives in country should be provided with appropriate incentives, including performance assessments to ensure joint UN programming including harmonization and alignment around HIV and AIDS</i>”. – Use of lessons learnt from experience with Joint Programmes of Support and in One UN Pilot countries to inform future action whereby incentives should be developed, and disincentives eliminated, to ensure quality joint programming on AIDS. Joint Programmes of Support must in all cases advance National Plans, adhere to Paris/Accra commitments, respond to epidemic realities, and include clear activities, budgets and implementing partners, including UN agencies, to enable funders to provide support to those responsible for implementation. – Agreement and promulgation of a new Technical Support Strategy that includes a clear articulation and division of roles between the Secretariat and the Cosponsors. – Request to Regional Directors Teams (RDTs) for their increased engagement and accountability in supporting the operationalization at country level of the UNAIDS Outcome Framework and overseeing the work of UN Joint Country Teams (particularly quality assurance of Joint Programmes of Support) and regional inter-agency AIDS teams. – UNAIDS RSTs to focus on identifying gaps in the national AIDS responses and support necessary capacity building.

UNAIDS S.I.E. IMPLEMENTATION PLAN

Description:	<ul style="list-style-type: none"> – Revision of the PAF Guidance to: strengthen efficiency, inter-agency collaboration, prioritization with links to the UNAIDS Outcome Framework, monitoring and reporting; and, decentralize decision-making to the country level, linking PAF funding more closely to the UNAIDS Outcome Framework 2009-2011, Joint Programmes of Support, and national priorities. Regular reporting on PAF, highlighting outcomes and utilization, to be included in regular reporting to the PCB under the UBW. – Strengthening of functional linkages across the regional mechanisms of the Cosponsors and a consideration of the political role played by regional offices.
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WORK STREAM 5:

Title:	Financial Architecture
Recommendations:	18 – Allocation of funds 19 – Revision of the UBW
Description:	<ul style="list-style-type: none"> – Design of the process for developing a new Unified Budget and Accountability Framework, including a biennial budget for 2012-2013, in parallel with the follow-up to other key SIE recommendations (e.g. the new mission statement and strategic plan, and capacity needs assessment). – Development of the Unified Budget and Accountability Framework based on epidemic priorities and: <ul style="list-style-type: none"> • funding requirements and capacity of Cosponsors and the Secretariat at all levels; and, • funding needed to evaluate whether UN capacity is making a relevant, effective and efficient contribution to the national HIV response at country level. – Identification of criteria for measuring performance, in particular for developing UN capacity at country level, and funding: <ul style="list-style-type: none"> • allocated based on epidemic priorities; and, • raised by individual Cosponsors at global and regional levels. – Consultation between the Cosponsors and Secretariat as well as major donors to clarify: <ul style="list-style-type: none"> • the degree to which the responsibility for fundraising falls on the Executive Director and/or Cosponsors; and, • the extent to which funding through UNAIDS could increase in response to a shift to performance-based allocations.

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 6:

Title:	Knowledge Management
Recommendations:	9 – Know Your Epidemic 10 – Strengthened Evaluation
Description:	<ul style="list-style-type: none"> – Development and approval of action plans to ensure that all countries regularly perform ‘know your epidemic’ and ‘know your response’ studies to guide implementation that identify barriers to a successful response and proven effective instruments to address them. – Support for stewardship of a joint ‘Essential HIV Research Agenda to achieve the MDGs’, with global and regional versions and resource mobilization plans. – Active monitoring of emerging scientific information with relevance for policy and programming and the development of guidance for implementation in countries of novel evidence-based programmes. – Convening of a working group of relevant evaluation staff from the Secretariat, Cosponsors, and the Global Fund to fight AIDS, Tuberculosis and Malaria – to develop a coherent, joint global evaluation plan structured around the priorities areas of the epidemic, with particular emphasis on the nine priorities in the <i>UNAIDS Outcome Framework 2009-2011</i>.

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 7:

Title:	Organizational Issues
Recommendations:	5/21 – Secretariat role, staffing and organization 20 – Capacity needs assessment 22 – Administrative system 23 – Financial and HR systems and policies 24 – Competency framework
Description:	<ul style="list-style-type: none"> – Development and implementation of a capacity needs assessment and mapping of human resources of the whole Joint Programme at all levels, building upon current work, including the development of a set of human resource recommendations, providing for different regional needs of the epidemic and a clarification of the roles of the Secretariat and the Cosponsors. The capacity assessment will take into account a range of relevant factors, including but not limited to national HIV prevalence, epidemiological trends, and national needs for technical support. – Review of WHO and UNDP administrative support systems with a view to moving to a single administrative system. – Completion of ongoing work to ensure that UNAIDS has financial and human resource systems of the highest quality, as well-managed systems optimize efficiency and maximize the effectiveness of the Joint Programme. – Completion of ongoing work to develop a competency framework that will guide recruitment and reassignment of staff, assessment of staff performance, and the focused development of staff competencies for particular functions.

WORK STREAM 8:

Title:	Governance
Recommendations:	15 – Revitalize the CCO 16 – Refocus the PCB 17 – PCB working methods
Description:	– Support to the PCB <i>Task Force on SIE follow-up related to all aspects of Governance</i> , in the consideration of the three draft recommendations related to governance.

4. It should also be noted that interlinkages also exist between the work streams, the most obvious being the need for all recommendations to be implemented in conjunction with the content of the new strategic plan. Such linkages will be managed by the Secretariat support team with oversight by the two Deputy Executive Directors.

UNAIDS S.I.E. IMPLEMENTATION PLAN

5. Work streams will also take into account related studies recently completed, or currently underway, such as the PriceWaterhouseCoopers review of UNAIDS country representation (WS4 and WS7) and the McKinsey study on UNAIDS Headquarters (WS7).
6. UNAIDS is committed to as consultative and rigorous process of implementation as possible. To this end existing technical and professional groups will be optimized e.g. the MERG, as well as ongoing consultations with interested parties, such as the UNAIDS Secretariat Staff Association. In some cases – for example the review of the Division of Labour – ad hoc consultations will be held using as comprehensive a list of participants as is practicable.
7. As a first deliverable – and to enable the completion of the Implementation Plan – the Secretariat focal points will be requested to complete a detailed form (Annex 2) with respect to their specific work stream. These forms will then provide the baseline plan for moving forward, including a potential request to the PCB in June 2010 for additional resources, and will be used for monitoring progress in implementation.
8. As part of the next level down of planning work stream focal points will also be asked to highlight any relationships between their areas of responsibility and the ongoing operationalization of the Outcome Framework, especially the 9 Priority Area Working Groups, and to set out a joint work plan.

UNAIDS S.I.E. IMPLEMENTATION PLAN

VI CROSS-CUTTING ISSUES

1. Detailed Work Stream implementation plans will incorporate, inter alia, important elements that were referred to in the SIE report but which were not the subject of findings, such as, the need to strengthen work on prevention, as well as elements that were not referred to at all, e.g. HIV/TB co-infection or other co-morbidities. UNAIDS recognizes that, in its continuous efforts to support all countries to halt and reverse the epidemic, address its drivers and mount an effective response to reduce HIV risk, vulnerability and impact, major relevant strategies for combination HIV prevention must be strengthened, brought to scale and extended to meet the particular needs of all those at risk, including men who have sex with men, sex workers, people who use drugs, incarcerated people, people on the move and people in humanitarian emergency settings.
2. The Joint Programme plan will also leverage new and emerging technologies and developments in the response to AIDS. The SIE Implementation Support Team will involve Outcome Framework Priority Area Working Groups and Cross-cutting Issue teams in relevant work streams to strengthen UNAIDS support to countries for intensified HIV prevention, along with treatment, care and support, through rights based and gender responsive strategies. Work Stream Focal Points will report regularly on their strategies to institutionalize greater coherence and delivery on Outcome Framework results across the Joint Programme.
3. In implementation of all aspects of the SIE UNAIDS will be explicit in its articulation of the key programmatic and policy results that the Joint Programme is driving toward and mechanisms for achieving them - especially improved overall coordination on HIV prevention, support to countries to “Know Your Epidemic/Know Your Response”, and improved skills and delivery of the UN system on gender, human rights and law, GIPA, and health systems strengthening.
4. The SIE support team will also convene a prevention working group made up of Focal Points or designated people in the relevant work streams. Periodic prevention meetings will be included in the SIE implementation schedule, where each Work Stream will outline the progress made, against agreed criteria, in reviewing and devising solutions to institutionalize greater delivery on prevention. It is hoped that such a mechanism will thus boost focus and accountability for overall coherence and delivery on prevention, especially for those most at-risk. This work will also cut across work streams and the Outcome Framework priority areas, so as to ensure a coherent result that will take dedicated time and effort.
5. Efforts will also be made to consider institutional cross-cutting issues such as UN reform, with a focus on the need for effective coordination, incentives, avoiding service gaps, and relationships with host governments and other key actors at the country level.
6. Funding for cross-cutting issues will be found through a process of prioritization within the current biennium’s work plans and through the operationalization of the Outcome Framework.

UNAIDS S.I.E. IMPLEMENTATION PLAN

VII PRIORITIZATION OF ACTIVITIES AND TIMELINE

1. As set out in the management response to the SIE report (see below) UNAIDS remains committed to an expeditious implementation of all (21) agreed recommendations.

Implementation Date	Decision Body	Recommendation(s)
1 st quarter 2010	Joint Programme	- Mission statement (1)
2 nd quarter 2010	Spring CCO Joint Programme 26 th PCB meeting	- Division of Labour (4, 14), Health Systems Strengthening (3), Technical Support Strategy (11), Joint Teams funding (8) - Regional Support Teams (13) - Joint teams (6), Technical Support Strategy (11), Programme Acceleration Funds (12), Knowledge management (9, 10 evaluation plan)
3 rd quarter 2010	Joint Programme	- Knowledge management (10 CRIS evaluation)
4 th quarter 2010	Autumn CCO 27 th PCB meeting	- Heads of Agency appraisals (7) - Strategic Plan (1), partnerships (2), organizational issues (5, 20, 21), Secretariat issues (22, 23, 24)
1 st quarter 2011		
2 nd quarter 2011	28 th PCB meeting	- UBW for 2012-2013 (18, 19)

2. Annex 3 to the Plan includes a matrix showing the relationships between each work stream and the sequencing of individual work streams and recommendations. Although dependencies exist between recommendations and streams all streams – with the exception of governance – have begun work and will continue the implementation process in parallel. The dependencies being managed by the work stream Focal Points with the close assistance of the SIE Support Team.

UNAIDS S.I.E. IMPLEMENTATION PLAN

VIII ROLE OF THE UNAIDS EXECUTIVE DIRECTOR AND SENIOR MANAGEMENT

1. The UNAIDS Executive Director remains personally committed to his leadership of the SIE implementation process. The SIE continues to present huge opportunities for change in the Organization to allow it to: capture and take forward the Executive Director's new vision, especially in terms of the UNAIDS Outcome Framework, reinforce current good practices and production of critical products, identify new directions for the Joint Programme, provide insight on repositioning and realigning UNAIDS and, allow prioritization and refocusing on the most critical actions for the UN in the response to the AIDS epidemic.
2. Line management of the Secretariat support team allows for the Executive Director and the two Deputies to have direct engagement in, and oversight of, the implementation process. All three senior executives will also be directly involved in the implementation of individual recommendations both as they relate to their specific areas of responsibility, but also in how they will take forward the strategic direction of the Organization. The UNAIDS Secretariat will be represented on the PCB Task Force on SIE follow-up by the Deputy Executive Director for Management and External Relations.
3. Heads of cosponsoring agencies will be kept informed of progress through their engagement in the CCO and PCB and also through their respective Global Coordinators. The successful implementation of several recommendations relies directly on agreement by such Agency Heads and will be the main subject of CCO agendas for meetings in 2010 and 2011.

UNAIDS S.I.E. IMPLEMENTATION PLAN

IX BUDGET FOR IMPLEMENTATION

1. The following costs have been produced as part of the detailed Work Stream plans as indicative budget estimates only. They will require further refinement in consultation with stakeholders and clarification of funds available in the UBW for 2010-2011 once the work planning process is completed. Budgets required to implement the recommendations will be discussed at a PCB meeting in 2010 as will budget shortfalls, which may require a further special allocation from the PCB. Any need for further funding may also be required subsequent to the June PCB meeting when the Board will consider the report of the PCB Task Force on SIE follow-up.
2. In proposing budgets for the various recommendations every effort has been made to reprogramme activities within the current UBW. However, some additional funds may be required for one-off capital investment activities or where activities are new to UNAIDS e.g. recommendation 10. Future refinements of the budget needed will seek to identify recurring costs as well as opportunities for savings.
3. All costs are shown in US Dollars:

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Work stream 1 – Strategy	132,500	40,000	92,500
Work stream 2 – Partnerships	750,000	250,000	500,000
Work stream 3 – Global	1,186,710	250,000	936,710
Work stream 4 – Country	1,700,000	1,050,000	650,000
Work stream 5 – Financial	190,000	76,000	114,000
Work stream 6 – Knowledge	7,040,000	940,000	6,100,000
Work stream 7 – Organization	1,952,000	442,000	1,510,000
Work stream 8 – Governance	tbc	tbc	tbc
Secretariat SIE Support Team	200,000	200,000	0
PCB Task Force on SIE follow-up related to all aspects of Governance	32,192	32,192	0
TOTAL:	13,183,402	3,280,192	9,903,210

UNAIDS S.I.E. IMPLEMENTATION PLAN

X COMMUNICATIONS STRATEGY

1. Given the different impact that SIE implementation will have on UNAIDS stakeholders a number of communication practices are required:

PCB: throughout the consideration of the SIE report at the 25th PCB meeting multiple assurances were given about the provision of regular progress reports on the implementation of the SIE to the Board. As such, in addition to PCB agenda items related to aspects of recommendations that require consideration or decisions by the Board, PCB meeting agendas will also contain a standing agenda item on progress of implementation until all recommendations have been satisfactorily addressed. In addition the SIE Implementation Support Team will provide electronic progress updates to PCB members and participants on a regular bi-monthly basis.

PCB Bureau: the Bureau will receive a verbal progress reports from the UNAIDS Secretariat at each meeting. As Bureau meetings are minuted and published on the UNAIDS website this will also provide additional information to the broadest possible range of stakeholders.

Cosponsors: as the engagement of the Cosponsors is fundamental for their ownership of, and shared accountability for, a successful SIE implementation, it is expected that they will be involved in the delivery of most recommendations except those only related to the functioning of the UNAIDS Secretariat. Regular updates will also be given at all CCO and Global Coordinators' meetings.

UNAIDS Administration: the SIE Implementation Support Team will work through the two Deputy Executive Directors to provide ongoing progress updates to the Cabinet. It is envisaged that implementation of some recommendations will require the direct engagement of the SMT and MST.

UNAIDS Secretariat Staff: The Implementation Support Team will provide progress updates on a regular basis via email, in the form of a newsletter as well as through the USSA. Staff are also fully engaged in the implementation of individual recommendations and additional opportunities will be sought to leverage the existing calendar of meetings – such as Regional Management Meetings – to bring staff into a two-way dialogue that briefs them on progress and brings their views into the process.

Other Stakeholders: the electronic updates to the PCB will also be made available on the UNAIDS website. They will be further disseminated through existing communications channels e.g. through the PCB Communications Facility and list serves to broader civil society. The normal programme of briefings e.g. pre-PCB for permanent missions in Geneva, will also be used to provide information on the SIE.

UNAIDS S.I.E. IMPLEMENTATION PLAN

ANNEX 1

LIST OF SIE RECOMMENDATIONS BY CLUSTER AS AGREED BY THE 25TH MEETING OF THE PCB

CLUSTER 1: FUTURE DIRECTIONS

Recommendation 1: *Requests* UNAIDS to develop a new mission statement with measurable and time-bound objectives supported by a new strategic plan which reinforces UNAIDS in its political and advocacy roles and clarifies how the joint programme will position itself to re-focus support at regional and country level to reflect the epidemic context and country needs;

Recommendation 2: *Requests* the UNAIDS Secretariat to work with Cosponsors to develop an overarching partnership strategy with clear and measurable objectives with distinct strategies for working with both civil society and people living with HIV, and for working with global health initiatives such as the Global Fund, PEPFAR and other bilateral and development partners. Subsidiary recommendations are to:

- develop a shared vision of the potential and expected benefits from civil society and People Living with HIV involvement, a clear set of objectives and a more systematic approach to documenting outcomes;
- develop a common approach across the secretariat and cosponsors to engagement with and capacity -building support for civil society and organizations of People Living with HIV;
- increase support at global and country levels for empowerment and participation of key populations; and
- strengthen efforts to engage with the private sector, including addressing the respective roles of the secretariat and ILO;

CLUSTER 2: DIVISION OF LABOUR

Recommendation 3: *Requests* the Committee of Cosponsoring Organizations to convene a time-limited working group with relevant Cosponsors, the Global Fund to fight AIDS, Tuberculosis and Malaria, and other key stakeholders including civil society, supported by the Secretariat, to strengthen collaboration and develop a joint agenda on HIV and global health cooperation in general and health systems strengthening in particular and, including a joint position statement and a work plan with clear deliverables;

Recommendation 4a: *Requests* UNAIDS to bring to a 2010 meeting of the Committee of the Cosponsoring Organizations, and then the 27th meeting of the Programme Coordinating Board, a concrete proposal on how they will resolve overlaps and duplication (including but not restricted to support to: national planning and strategy development; human rights; gender; key populations; monitoring and evaluation at country level; operations research; increased accountability, joint programming at country level, the effectiveness of prevention efforts and surveillance). This should include:

UNAIDS S.I.E. IMPLEMENTATION PLAN

- how the lead agency concept can be better operationalized at global level; and
- the degree to which these issues can be resolved using the Inter-agency Task Team approach;

Recommendation 4b: *Further requests* UNAIDS to develop a *modus operandi* for Inter-agency Task Teams, drawing on the experience of other mechanisms such as the MERG and Task Team on Travel Restrictions, with requirements for lead agencies to set task-based, time-bound objectives to manage their work with regular reporting back to the PCB on performance;

Recommendation 14: *Further requests* UNAIDS to strengthen its focus on gender and human rights, specifically to:

- review the division of labour concerning all cross-cutting issues, in particular gender and human rights, with a view to strengthening the work of the Joint Programme;
- clarify the respective roles of UNIFEM and the Global Coalition of Women on AIDS with regards to work on HIV and gender;
- strengthen the capacity of UN staff in HIV and gender and HIV and human rights;
- support UNDP to take forward its lead role in work on Men who have Sex with Men and transgender populations;
- strengthen global leadership and advocacy with regards to key populations and convene an inter-agency task force involving UNODC, UNDP and UNFPA and other key stakeholders to ensure policy and programming coherence and effective coordination of work with key populations;
- determine clear overarching global objectives for work on HIV and gender, gender equality, human rights and key populations including women and girls and ensure that these objectives are included as a core component of joint team work at country level; gender equality and human rights analysis should be integral to ‘knowing your epidemic’ and to joint programmes of support for national responses; and
- focus UNAIDS’ support for countries on translating frameworks and guidance into practical HIV and gender and HIV and human rights programming;

CLUSTER 3: JOINT TEAMS

Recommendation 6: *Recognizing* the promulgation of guidelines for Joint UN Programmes and Teams on AIDS in 2008 that advance and support country- and regionally-determined approaches, requests UNAIDS to review Joint Team performance to assess; barriers and bottlenecks that impede the effective implementation of the Joint Team concept at country level; the added-value of Joint Teams to the national response; and, to clarify the working relationship with key stakeholders in the national response;

Recommendation 7a: Calls upon Member States to ensure the consistency of national positions on AIDS at the Programme Coordinating Board and the governing bodies of Cosponsoring organizations with a view to promoting results-based performance and joint UN programming at country level including harmonization and alignment to national HIV responses;

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 7b: *Calls upon* the UNAIDS Executive Director to ask UNDG to provide appropriate incentives, including through performance assessments of Heads of Agency at country level to ensure joint UN programming, including harmonization and alignment to national HIV responses;

Recommendation 8: Using lessons learnt from existing Joint Programmes of Support and in pilot One UN countries, calls upon the members of the Committee of Cosponsoring Organizations to: implement incentives and eliminate disincentives for quality joint programming that adds value to, and is aligned to the national response; and, support their respective agency's participation in Joint Teams, with strengthened capacity, including development, implementation, and monitoring and evaluation of Joint Programmes of Support. Mechanisms for funding UN HIV work at country level should ensure the most efficient and effective engagement of cosponsors in joint programming around the national response;

CLUSTER 4: SUPPORT MECHANISMS

Recommendation 11: *Calls upon* UNAIDS to strengthen arrangements for technical support through the further development of a Technical Support Strategy, to be presented to the next meeting of the Programme Coordinating Board, to:

- clarify the comparative advantages and respective roles of the UNAIDS Secretariat, Cosponsors and other UN entities, as well as other technical support providers such as bilaterals and civil society organizations in the provision of short-term technical support and of long-term support for capacity development at country level;
- determine the role of UNAIDS in Global Fund-related technical support;
- strengthen planning and coordination of UNAIDS technical support at country level, including ensuring that this reflects country needs and priorities rather than the agendas and mandates of UN agencies;
- rationalize support for monitoring and evaluation between the UNAIDS Secretariat, World Bank GAMET and WHO;
- consolidate technical support mechanisms established by UNAIDS as joint programme providers;
- introduce systematic monitoring and evaluation of technical support provided by UNAIDS and UNAIDS-related technical support providers at country level; and
- foster South-South collaboration in order to build capacity at country and regional levels using expertise from the South;

Recommendation 13: Calls upon the UNAIDS Executive Director to task the Regional Support Teams with: (i) ensuring that HIV is included in the deliberations of the developing Regional Directors Teams; (ii) focusing on supporting development of UN capacity at country level that reflects a tailored response to the epidemic; (iii) building on the experience of the Regional Support Team, Eastern and Southern Africa, and promoting the use of gap analysis and '*know your epidemic*'; and (iv) being configured to support all Cosponsors, not just the Secretariat;

UNAIDS S.I.E. IMPLEMENTATION PLAN

CLUSTER 5: FINANCIAL ARCHITECTURE

Recommendation 12: *Calls upon* Member States, civil society and UNAIDS to continue the Programme Acceleration Funds facility and improve current operational practice, changes to include:

- regular reporting on outcomes from the utilization of Programme Acceleration Funds to the Programme Coordinating Board through regular reporting mechanisms of the Unified Budget and Workplan; and
- proposals by the Executive Director and Cosponsor heads of agencies at the December 2010 Programme Coordinating Board to achieve cost-reducing efficiency gains in the transmission of funds by the cosponsor agencies;

Recommendation 18: *Calls upon* all Programme Coordinating Board Members and participants to hold the Executive Director accountable for the allocation of funds raised by the Secretariat between the Secretariat and the individual Cosponsors, meaning the:

- future allocation of inter-agency funding should explicitly show the distribution among the Secretariat and Cosponsors;
- allocation of Unified Budget and Workplan funding raised through the Secretariat should no longer be based on entitlement and pro-rata increases, but on epidemic priorities, the performance of the Cosponsors, and the funds that individual Cosponsors raise at global and regional levels;
- consideration by the major funders of the UN's response at global level of: (i) whether funding through UNAIDS could increase in response to a shift to performance-based allocations; and (ii) the degree to which the Executive Director should take the lead in raising resources for the UN at global level or whether fund-raising should increasingly be a cosponsor responsibility; and
- Secretariat and Cosponsor performance should be defined around commitments made on development of UN capacity at country level; this is what the Programme Coordinating Board should hold the global coordinators, as the main representatives of their organizations, and the Executive Director (in his or her capacity as head of the secretariat) accountable for and hence should be what is reported against on an annual basis;

Recommendation 19: *Requests* UNAIDS to revise the role and contents of the Unified Budget and Workplan from 2012 onwards to:

- focus on: (i) showing what capacity individual cosponsors and the secretariat intend to have at country level and (ii) the allocation of funding to ensure that planned capacity is in place; and
- include funding to evaluate the degree to which UN capacity established at country level is making a relevant, effective and efficient contribution to the national HIV response;

UNAIDS S.I.E. IMPLEMENTATION PLAN

CLUSTER 6: KNOWLEDGE MANAGEMENT

Recommendation 9: *Requests* UNAIDS to strengthen joint work on research, resource tracking and knowledge management, with particular emphasis on information to support the ‘know your epidemic’ approach and improve evidence-based decision-making at country level;

Recommendation 10: Requests the UNAIDS Secretariat to strengthen evaluation and knowledge management at global, regional and country levels, specifically to:

- convene a working group of relevant HIV and evaluation staff from the Secretariat, Cosponsors and the Global Fund to fight AIDS, Tuberculosis and Malaria, and drawing on relevant expertise from evaluators at country level to develop a coherent joint global evaluation plan structured around the priority areas of the epidemic;
- plan, manage and budget evaluations jointly at country level, under the auspices of the joint team and working in collaboration with the Global Fund to fight AIDS, Tuberculosis and Malaria, other donors and national partners in accordance with the Paris Declaration commitments;
- cease further investment in or continuation of CRIS beyond its current use as a format for reporting; and
- make adequate provision for reporting on, dissemination of and policy engagement concerning evaluation findings;

CLUSTER 7: ORGANIZATIONAL ARRANGEMENTS

Recommendation 5: *Requests* the UNAIDS Executive Director to adjust the size, staffing and organizational arrangement of Secretariat offices at country level to reflect national needs and the implications of recommendation 1 from the Report of the Second Independent Evaluation of UNAIDS;

Recommendation 20: Requests UNAIDS to initiate a capacity needs assessment with the aim of taking stock and producing recommendations across the whole Joint Programme - Secretariat and all Cosponsors - for a collective rationalization of staff at global, regional country and levels linked to the strategy from recommendation 1 of the Report of the Second Independent Evaluation of UNAIDS, taking account of the different regional needs of the epidemic;

Recommendation 21: While affirming the role of the Secretariat as providing coordination support within the Joint Programme, and possibly the Organization to fill gaps that cannot be filled by the cosponsors, *requests* the Executive Director to present recommendations on what the roles and staff complement should be over the medium term and how this would be delivered, at the 26th meeting of the Programme Coordinating Board;

UNAIDS S.I.E. IMPLEMENTATION PLAN

CLUSTER 8: GOVERNANCE

The Programme Coordinating Board did not reach any decision regarding the three draft recommendations proposed under this cluster (recommendations 15, 16 and 17), preferring to refer them to a follow-up Task Force.

CLUSTER 9: ORGANIZATION OF THE SECRETARIAT

Recommendation 22: Requests the Executive Director to commission a review in 2010 on the costs and benefits of moving to a single administrative system for the UNAIDS Secretariat;

Recommendation 23: Requests the Executive Director to present a report to the 27th meeting of the Programme Coordinating Board presenting evidence of the extent to which financial and Human Resource systems and policies have (i) been fully developed; (ii) are operational; and (iii) are being consistently and effectively used as intended by managers across the Organization;

Recommendation 24: Requests the Executive Director to: (i) work to clarify a robust competency framework for these roles; (ii) ensure that all present staff are assessed against the competency framework; and (iii) report back to the Programme Coordinating Board at its 27th meeting with detailed actions to ensure that the cadre of country staff has the required competencies.

UNAIDS S.I.E. IMPLEMENTATION PLAN

ANNEX 2

SIE WORKSTREAM IMPLEMENTATION SUMMARIES

Contents:

Work Stream 1 – Mission Statement and Strategy development

Work Stream 2 – Partnerships

Work Stream 3 – Global programmatic mechanisms

Work Stream 4 – Delivery at country level

Work Stream 5 – Financial architecture

Work Stream 6 – Knowledge management

Work Stream 7 – Organizational issues

Work Stream 8 – Governance (summary to be completed after outcome of PCB Task Force on SIE follow-up)

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 1: MISSION STATEMENT AND STRATEGY DEVELOPMENT

TIMELINE:

Estimated completion date: December 2010

Key milestones and deliverables:

Description	Planned Date (2010)
Secretariat working group established	February 15
Consultant on board	February 18
Programme-wide strategy development advisory group assembled	February 20
Strategic planning process developed (consultant)	
Strategic planning process agreed by advisory group	
Communicate work stream planning process internally and externally—in systematic manner	
Identify key issues, potential goals, different scenarios, potential strategies and criteria for selecting among them (build from SIE, HQ assessment) (consultant)	
Internal consultation on Vision and Mission	
Vision and Mission statement discussion paper drafted (with options)	
Outline of strategy document drafted (consultant)	March 20
Multi-Stakeholder half day meeting to discuss draft Mission statement and Strategic Planning Process and key issues, scenarios, options, strategies, etc	March 24-27 Bangkok
EXD or DXDs discuss Mission Statement and broad outlines of Strategic Plan with Cosponsor DXDs	Before spring CCO
CCO discusses Mission Statement CCO discusses key strategic issues	April 9
Views from BKK consultation and CCO reflected in zero draft of plan	Mid-April
Consultation on zero plan conducted	Mid-May

UNAIDS S.I.E. IMPLEMENTATION PLAN

Description	Planned Date (2010)
Strategic planning retreat	May
First draft strategic plan produced	End May
Mission statement goes to PCB for information	June
Consultation on first draft strategic plan undertaken	End June
Second draft strategic plan produced	Mid July
Advocacy for Plan undertaken with key constituencies	
CCO discusses second draft of Strategic Plan	October
PCB approval of Strategic Plan/Mission Statement	December

ASSUMPTIONS:

1. Secretariat Focal Point is able to identify a mechanism for adequate consultation of all stakeholders which leads to consensus.
2. Suitable working group can be assembled; members can dedicate requisite effort.
3. Can procure consultant to manage consultative process and draft documents by multi-stakeholder (Bangkok) consultation.
4. Timely development of other work streams, particularly Division of Labour, Technical Support Strategy, Partnerships Strategy as well as a mechanism for interaction between work streams.

RISKS AND STRATEGIES FOR THEIR MITIGATION:

1. Process is constrained by conflicting interests of different stakeholders - ensure clear understanding of objectives; build directly from other multi-stakeholder processes e.g. Business Cases, CCO, PCB.
2. Process is unwieldy given size of working group - Focal Point is strategic about make up of working groups for optimal balance of inclusiveness, productivity and quality.
3. Insufficient time for consultation and consensus on Mission Statement in 1st quarter 2010 - consultation may be less formal than for Strategic Plan; Statement first developed by Secretariat then brought to wider group; Reliance on virtual communication.

OBJECTIVES:

To deliver, through an inclusive process, an inspiring Vision, a bold Mission Statement which sets the agenda for UNAIDS for the next five years and a high-level Strategic Plan which provides clear direction for achieving political and programmatic objectives over the next five years.

UNAIDS S.I.E. IMPLEMENTATION PLAN

DELIVERABLES:

- UNAIDS Vision
- UNAIDS Mission Statement
- UNAIDS Strategic Plan (2011-2015)

CONSULTATION PROCESS: Consultation is the most challenging aspect of this work stream and the arguably the most important. As part of this consultation process a stakeholders meeting will be held in Bangkok in March 2010. This will be the start of an ongoing process of consultation within and between members of the different work-streams and with other relevant stakeholders. A consultant will be needed to further develop the work following consultations with stakeholders on specific issues. Efforts will be required to ensure the receipt of updated information on development in various work streams and to influence specific work streams. Some decisions are dependent on others, but work will be going on in parallel between the streams.

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Secretariat	Discussion with RST directors/RRMs Brainstorming with select staff Virtual communications with select UCC/RSTs	On going	Buy in
Staff Association	Ongoing	Ongoing	Buy in of staff
Cosponsors	Select reps to sit on advisory group Meeting with DXD before CCO	At key points	Buy in
Member countries-LMIC (board reps??)			
Member countries-BRICS			
Member countries-donors	AIDS Ambassadors		
Other groups including: Sex workers, PLWHA, IDU, TB, MSM, Private Sector, UNSG's Office, womens' movement, Global Fund, Foundations (Gates, Ford), maternal and child health advocates, young people, development/economists, etc.			

A small internal group will be formed composed of representatives from various departments to act as a sounding board at various stages of the process, as well as a small external group composed of UNAIDS stakeholders who will also act as ambassadors to key constituencies.

UNAIDS S.I.E. IMPLEMENTATION PLAN

Two way communication is critical to the success of this work stream. We need to ensure that all stakeholders are kept informed—through formal and informal channels. This task is best conducted in concert with other work streams.

RESOURCE REQUIREMENTS:

Budget required (all amounts in US\$):

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Strategy development and process management consultant	100,000	40,000	60,000
1 day Strategic Planning Retreat	10,000	0	10,000
Task force meeting	22,500	0	22,500
TOTAL:	132,500	40,000	92,500

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 2: PARTNERSHIPS

TIMELINE:

Estimated completion date: December 2010 PCB

Key Milestones: below are events selected from the list of Opportunities for Consultations (a full list is available).

Description	Planned Date (2010)
Global Coordinators Meeting, Geneva	February 22-23
PCB Task Force on SIE follow-up	February 24
Multi-Stakeholder Meeting, Bangkok	March 27-29
33 rd CCO Meeting	April 8
26 th PCB Meeting	June 22-24
34 th CCO Meeting	October
27 th PCB Meeting	December 7-9

All Global Coordinators' and CCO meetings over the year will be used for progress reporting.

Key Deliverables:

Description	Planned Date
Draft/outline of Partnerships Strategy	June PCB
Final draft of Partnerships Strategy	Six weeks before December PCB

ASSUMPTIONS:

1. The Partnership Framework will be based upon UNAIDS' priorities, namely the new mission statement and strategic plan:
 - Overarching mandate of universal access to HIV prevention, treatment, care and support
 - Strategic Framework 2007-2011
 - Unified Budget and Workplan 2010-2011
 - Outcome Framework with a focus on 9 priority areas and 6 cross-cutting strategies

¹ 2007-2011 Strategic Framework for UNAIDS Support to Countries' Efforts to Move Towards Universal Access to HIV Prevention, Treatment, Care and Support, UNAIDS.

UNAIDS S.I.E. IMPLEMENTATION PLAN

- The partnership strategy should respond to a complex and multi-faceted external environment for responses to HIV and partnerships work:
 - Socio-cultural and political issues that continue to pose major barriers to the responses to HIV, including stigma and discrimination, gender inequity and abuse of human rights
 - Positioning of HIV within wider MDGs, especially given the MDG High Level Plenary in September 2010)
 - Changing health architecture
 - UN reform processes
 - UNAIDS External Evaluations and other processes
 - Global financial/economic crisis and impact on resources for AIDS
2. Cosponsor involvement:
- While UNAIDS cosponsors have their respective partnership strategies, this would be an overarching Partnership Strategy for the Joint Programme
 - An adequate number of meetings and other forms of consultation will take place and a substantial number of partners participate and give inputs
 - Tight planning and management of the process and ensure adequate resources are allocated to activities
 - Clear guidance from senior management on the depth and scope of the Partnership Strategy
 - Early feedback from Cosponsors on the general direction of the Partnership Strategy.

RISKS AND STRATEGIES FOR THEIR MITIGATION:

1. Lack of consensus among various constituencies regarding content of draft strategy

Involve designated Cosponsor civil society, private sector and other relevant focal points for the process as soon as possible, form working groups and meet through teleconferences regularly (possibly one face-to-face meeting if feasible).

2. The context and the environment UNAIDS is operating in are fast evolving. As the definition of a comprehensive, consensus-based strategy might take considerable time, it risks being overtaken by events because differing views and perspectives may be hard to reconcile.

Focus on a time-bound process with a limited set of issues to review and clearly defined objectives. Focus on the definition of key principles, strategic objectives and main mechanisms to deliver on partnerships. Keep it flexible and ensure regular updates, in particular related to key partners, i.e. Global Fund and PEPFAR.

OBJECTIVES:

1. A stronger, more effective UNAIDS Secretariat and Joint Programme is established through consensus building within the Joint Programme and among civil society and private sector and other partners regarding the purpose, added value, scope, needs and mechanisms for partnerships with governments, civil society (including PLHIV and other key affected populations), the private sector and other key partners.

UNAIDS S.I.E. IMPLEMENTATION PLAN

2. Development of a comprehensive partnership strategy to expand prevention efforts alongside treatment, care and support. Whilst recognizing the need to have the broadest possible base of stakeholders involved in its work the strategy will prioritize key partnerships to ensure a strategic focus for a more effective response. The partnership strategy will focus on working in partnership with a broad range of important institutions, in addition to the Global Fund and PEPFAR, government partners and key national institutions, and with key constituencies, as mentioned above.

DELIVERABLES:

1. Draft/outline of and progress report on Partnerships Strategy by June PCB
2. Final draft of Partnerships Strategy by December PCB

CONSULTATION PROCESS:

Constituency	Type of engagement (workshop, etc.)	Timing	Expected Outcome
Cosponsors	Conference calls; meetings; e-consultations among/within Cosponsor agencies; one-on-one interview/discussions with key informants	Intensive work 1 st half of 2010 and Multi-stakeholders' Consultations in BKK.	Collaboration/team work/consensus, to the extent possible, between Secretariat and Cosponsor focal points; clear inputs and guidance received and integrated
Member States	Mission briefings in Geneva and New York; regional groups (including: G-77, support to African States as mandated by PCB, and Friends of UNAIDS) meetings; e-consultations; PCB Bureau engagement; individual meetings	Regular	Input and guidance; PCB ownership and endorsement of the Strategy
Civil Society	Engage civil society organizations in systematic understanding of UNAIDS core priorities and renewed efforts to achieve universal access.	Ongoing	Renewed commitment from civil society organizations to achieve universal access and integrate AIDS response in wider development efforts.
People living with HIV	Workshops; meetings; constituency-led e-consultations; conference calls; one-on-one interviews with key informants	Main focus of consultations during 1 st half of 2010. Follow-up and review of draft during 2 nd half of the year.	Clear inputs and guidance received from partner constituency and degree of ownership of strategy
Faith-Based Organizations	Same as above	Same as above	Same as above
Private sector (companies, business hubs, labour unions, and foundations)	Meetings with 4-5 key actors (head of FCAA, Director European Foundation Centre, Ford Foundation, etc.).	Throughout the year	Inputs and guidance on UNAIDS' added value for private sector.

UNAIDS S.I.E. IMPLEMENTATION PLAN

Constituency	Type of engagement (workshop, etc.)	Timing	Expected Outcome
Parliamentarians	Bilateral meetings and workshops in existing meetings; Use of IPU Advisory group on HIV	Main focus is IPU General Assemblies in March and October	Clear inputs and guidance received from constituency and degree of ownership of strategy
Global Fund	Meetings with senior GF staff, internal consultations (workshops) within the Secretariat (with a particular focus on field staff involvement), consultations (workshop) with cosponsors to further refine the MoU, development of background and strategic outlook papers by consultants, as appropriate	First half of 2010 (to be done closely with TOS)	Clear understanding of GF expectations vis-à-vis UNAIDS (to be broken down by individual co-sponsors), definition of UNAIDS strategic mid-and long-term objectives within the partnership with the GF, definition of key principles of collaboration, mechanisms for implementation and ensuring mutual accountability
PEPFAR	Regular meetings with PEPFAR in Washington, DC; Attendance of US Government at Regional Management Meetings (RMMs).	As RMMs are scheduled; other meetings on quarterly basis.	Increased collaboration at the regional and country level; and in Washington.
Donors: Bilateral and Intergovernmental Meetings (EU)	Consultations with donors' policy makers and their field staff reporting on UN activities (donors should be consulted only after comprehensive internal consultations)		1. UNAIDS understanding of donors' mechanisms and implications for Secretariat's organization (budget support); 2. UNAIDS understanding of donors expectations (political, visibility); 3. Common definitions of partnership objectives.

UNAIDS S.I.E. IMPLEMENTATION PLAN

RESOURCE REQUIREMENTS:

Budget required (all amounts in US\$):

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Support to constituency e-consultations	100,000	50,000	50,000
Support to face-to-face meetings	300,000	100,000	200,000
Consultant fees and associated costs (communications, travel etc.)	300,000	100,000	200,000
Meeting venue costs where needed	50,000	0	50,000
TOTAL:	750,000	250,000	500,000

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 3: GLOBAL PROGRAMMATIC MECHANISMS

TIMELINE:

Estimated completion date: December 2011

Key Milestones:

Recommendation 3 - Health systems strengthening:

Description	Planned Date
Establishing Working Group, Terms of Reference (TORs)	End of March 2010
Work plan with clear deliverables	Beginning April 2010
Progress report	December 2010

Recommendation 4a - Avoiding duplication: Division of Labour (DoL):

Description	Planned Date
Agreement on the process for resolving the DoL during the multi stakeholder Consultation	March 2010

Recommendation 4b – Inter-Agency Task Teams:

Description	Planned Date
Intra-consultations conducted and agreement reached on process	February, 2010
Individual IATTs self assessments (SWOT) conducted	March/April, 2010
Consultant engaged, Assessment & Desk review of existing documentation & have additional Consultations with IATT and other experts	May 2010
Options based strategic paper of Modus operandi of IATT	July, 2010
Agreement by IATTs of <i>modus operandi</i>	August, 2010

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 14 – Gender, Human Rights & Key Populations:

Description	Planned Date
<i>2 modules for training on rights-based approaches to development and HIV for UNCTs & 1 module for training on rights based approaches to HIV and law for UN regional teams developed</i>	January 2010
Country teams selection of PA6: removing punitive laws, policies, practices and stigma and discrimination as a priority at country level & have developed Work plans	February 2010
<i>Operational plan</i> developed outlining details of UNAIDS support to countries on translating framework and guidance into practical HIV and gender and HIV and human rights programming developed.	end Feb 2010
A gender Operational Plan for Action Framework ongoing integration into joint team programmes of work underway per milestones in Operational Plan	Underway
Violence Against Women (VAW) Business Case and Action Plan complete	Feb-March 2010
<i>Business Case</i> with overarching global objectives for work on HIV and gender, gender equality, human rights and key populations, including women and girls and finalized; operational plan drafted	March 2010
Agreed appropriate mechanism for inter-agency coordination of work on key populations (Across the 3 key populations- MSM, Sex Workers & IDUs)	June 2010
Respective roles of UNIFEM and GCWA clarified	April 2010
Gender components integrated in the final training modules of the Joint Learning HIV Prevention Leadership Initiative to build capacity of UNAIDS staff	Underway
3 Human Rights Reference Group meetings for advice to Programme	May 2010 - August 2011
<i>Workplan</i> developed for train the trainers per region and roll out, based on upcoming UNDAF reviews	May 2010 - December 2011
<i>Toolkit produced</i> with partners on legal services	June, 2010
Action Framework on MSM and Transgender populations Implemented & Progress Report submitted to PCB	June 2010

UNAIDS S.I.E. IMPLEMENTATION PLAN

Description	Planned Date
Call for proposals from Countries for “know your rights programmes” and “programmes to reduce stigma and discrimination” for interrogation/guidance & dialogue with major donors on expansion of support to these programmes	July- December, 2010
Several countries implementing HIV and gender programmes	End 2010
Tools for “ <i>know your epidemic and response</i> ” being developed includes a major component on addressing structural issues, including from a human rights and law perspective	Component on addressing structural issues to be finalized by end 2010

Key Deliverables:

Recommendation 3 - Health Systems Strengthening:

Description	Planned Date
UNAIDS position paper on AIDS and Health Systems Strengthening for endorsement by UNAIDS family	April 2010
Concept paper on strengthening the provision of Technical Support for HIV related health systems strengthening, including the results of a mapping of existing TS sources and mechanisms for HSS, a description of capacity in different agencies opportunities for South-South exchange, and a clarification of the Secretariat’s role in HSS as distinct to that of the cosponsors, etc	September 2010
Briefing package for country level HIV stakeholders	September 2010
Joint briefing sessions for GFATM before round 10	August 2010
Guidance on the use of HIV resources for HSS and of HSS resources for HIV	August 2010
Operational research agenda HIV & HSS	December 2010
Joint preparations for Vienna IAS HSS pre-conference; Vienna HIV health systems satellite	Ongoing
Publication on linkages between HIV and maternal and infant mortality and an integrated approach to addressing them, building on ongoing work led by WHO FH cluster	June 2010

UNAIDS S.I.E. IMPLEMENTATION PLAN

Description	Planned Date
Support to GWAH Task Force and CPP (deliverables to be defined)	Ongoing

Recommendation 4a – Avoiding duplication: Division of Labour (DoL):

Description	Planned Date
Agreement on the process for resolving the DoL during the multi stakeholder Consultation	March 2010

Recommendation 4b – Inter-Agency Task Teams:

Description	Planned Date
A Report highlighting the strengths, Weaknesses, Opportunities & Threats (SWOT) of Individual IATTs self assessments	April, 2010
<i>A strategic paper with Options based Modus operandi of IATTs</i>	July, 2010
Agreement by IATTs of <i>modus operandi</i>	August, 2010

Rec.14 – Gender, Human Rights & Key Populations:

Description	Planned Date
<i>2 modules for training on rights-based approaches to development and HIV developed</i>	January 2010
Country Teams selected PPA6: removing punitive laws, policies, practices and stigma and discrimination as a priority	February 2010
<i>Operational plan gender, HIV and human rights programming developed.</i>	March 2010
Violence Against Women (VaW) Business Case and Action Plan completed	Feb-March 2010
<i>Business Case & operational on HIV and gender, gender equality, human rights and key populations, including women and girls finalized</i>	April 2010

UNAIDS S.I.E. IMPLEMENTATION PLAN

Appropriate mechanism for inter-agency coordination of work on key populations (Across the 3 key populations- MSM, Sex Workers & IDUs) established	August 2010
Respective roles of the new UN gender entity, UNIFEM and GCWA agreed to	June 2010
Gender training conducted as part of the Joint Learning HIV Prevention Leadership Initiative to build capacity of UNAIDS staff	December 2010
3 Human Rights Reference Group meetings for advice to Programme held	August 2011
<i>Train the trainers</i> on Human rights conducted in countries with UNDAF reviews	May 2010 - December 2011
<i>Toolkit produced</i> with partners on legal services	June 2010
Action Framework on MSM and Transgender populations Implemented & Progress Report submitted to PCB	June 2010
“Know your rights programmes” and “programmes to reduce stigma and discrimination” conducted in several countries	December 2011
HIV and gender programmes implemented in several countries	December 2011
Tools for “ <i>know your epidemic and response</i> ” being developed includes a major component on addressing structural issues, including from a human rights and law perspective	Component on addressing structural issues finalized- December, 2010

UNAIDS S.I.E. IMPLEMENTATION PLAN

ASSUMPTIONS:

- That division of labour issues is clarified.
- Agreement on scope of work, chairing arrangements and deliverables, including on initial focus of the various recommendations
- Non-Un participants (civil society, private sector, Academia) are nominated in time
- Entities involved are adequately engaged and are able to meet within the timelines
- Change of *modus operandi* is accepted as required,
- That Outcome Framework priorities are integrated fully into work of Secretariat and Cosponsors and taken forward
- Full Cosponsor engagement and agreement on prioritization of both Action Framework Operational Plan and Outcome Framework priority area on VAW
- Joint AIDS Teams prioritization of Operational Plan and Outcome Framework priorities is timely
- Adequate budget for full Operationalization at all levels of Operational Plan and Outcome Framework
- Resources are available for the various consultative processes, to ensure inclusiveness & buy ins
- The SIE recommendation on coordination in relation to key populations carefully did not use the term Inter-Agency Task Team and instead used the term task force in order to allow for lighter and more flexible coordination arrangements.

RISKS AND STRATEGIES FOR THEIR MITIGATION:

- Lack of time or interest, defensiveness, turf battles, resistance to change-Full consultations under way, so as to minimize risks.
- Non-Un constituencies have been consulted- important to share information with these constituencies as the process evolves, to maximize attendance and engagement
- That partners in the Joint Programme do not act and/or buy-in to the Outcome Framework- ensure on going management advocacy on the centrality of these platforms
- Continuing policy & practice incoherence across the Programme on some aspects of human rights- continuing bilateral and multi lateral discussions.
- That in spite of decisions on division of labour on human rights, gender, law, there will still be insufficient commitment by all partners in programmes to adhere to the agreements and also scale up their HIV-related actions on human rights and legal issues
- Cosponsors may not fully engage with the Operational Plan and/or Outcome Framework; strategy- continue negotiating with the discussions of the “fine-tuning” of the Division of Labor
- Cosponsors may not wish to spend their full UBW allocations for gender on items related to the Operational Plan and/or Outcome Framework; strategy- continuing negotiating on “ownership” and budget clarifications within Division of Labor discussions
- Administrative simplicity will drive the establishment of the across key populations inter agency coordinating mechanism- mitigate the coordination needs in relation to each specific key population will need to be carefully articulated, and cross-population mechanisms only convened if there is a genuine added value identified.

UNAIDS S.I.E. IMPLEMENTATION PLAN

CONSULTATION PROCESS:

Recommendation 3 - Health systems strengthening:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors	WHO, WB, UNFPA, UNICEF have participate in one face-to face meeting and several teleconferences	Full face-to-face meeting planned for 17-18 March	Adoption of work plan Agreement of TOR by non-Un members
Other constituencies (please specify and add rows as necessary)	GFTAM, PEPFAR, CS and like-minded donor representatives are in the process of being nominated	Before mid-March	Composition as per PCB recommendation

Recommendation 4a – Avoiding duplication: Division of Labour (DoL):

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors, Civil Society, Donors, private Sector	multi stakeholder consultation	March 2010	Agreement on key issues around the DoL and how to take the review process forward

Recommendation 4b – Inter-Agency Task Teams:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors	Intra/context consultations: Initial Tele-conferences with Global Coordinators and Chairpersons/Convenors of the 7 IATTS Senior Persons within each Co-Sponsors Organization that serves as a Convener of an IATT	February 2010	Intra-consultations conducted and agreement reached on process

UNAIDS S.I.E. IMPLEMENTATION PLAN

<p>Individual IATTs Stakeholder Consultations - spearheaded by the Convenor of each of the 7 IATTs:</p> <p>IATT on Education – UNESCO</p> <p>IATT on HIV and Young People- UNFPA</p> <p>IATT on Prevention of HIV Infection in Pregnant Women, Mothers & their Infants (PMCT)- WHO & UNICEF</p> <p>IATT on Gender and HIV/AIDS- UNDP & UNIFEM</p> <p>IATT on HIV/AIDS and the workplace</p> <p>IATT on Male Circumcision-WHO & UNICEF</p> <p>IATT on Care, support & treatment</p>	<p>Workshops/meetings</p>	<p>All meetings aimed to take place by end May, 2010 Where feasible & for cost effectiveness, these consultations will be either integrated into or occur in sequence with (pre or post) already pre-planned IATTs- events, meetings, consultations, for example: IATT on PMCT annual meeting scheduled for March 22-25, Boston, USA, and Young People IATT annual meeting of the IATT scheduled for 24- 25 February 2010.</p>	<p>A Report highlights the strengths, Weaknesses, Opportunities & Threats (SWOT) of Individual IATTs self assessments</p>
<ul style="list-style-type: none"> • Rapid review/assessment of the IATT • Functions, roles, results/products of IATTs • Functions , roles, results/products of other mechanisms- MERG, Travel restrictions Task Force • Proposed options of possible <i>Modus operandi</i> of IATTs 		<p>July 2010</p>	<p>Strategic paper with Options based proposed <i>Modus operandi</i> of IATT</p>
<p>Multi- IATTs Consultation of all the 7- to discuss proposed options of possible <i>Modus operandi</i> of IATTs and reach agreement</p>	<p>Multi Stakeholder Consultation</p>	<p>August 2010</p>	<p>Agreement by IATTs of <i>modus operandi</i></p>

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 14 – Gender, Human Rights & Key Populations:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors - Working group on Priority Area 6 under Outcome Framework	Teleconferences & 2 face to face meetings	November 09 - February 10	Business case and Operational Plan (Action Matrix)
Other constituencies - UNAIDS Reference Group on HIV and Human Rights	3 meetings in 2010-2011; subcommittees on specific issues meeting by teleconference	April 10 with other 2 to be determined ongoing	Advice to programme on human rights and law
Cosponsor working group on Outcome Framework priority area on VAW (to be expanded over course of 2010-2011 to include selected non-UN partners)	Teleconferences and face-to-face meetings Internal coordination with TOS, cross-cutting focal points, Principles	Monthly Weekly	VAW Business Case and action plan Monitoring of progress on VAW
EXD Global Task Force on Action Framework Operational Plan	Meetings	TBD	Monitoring of progress on Action Framework Operational Plan
Interagency gender and AIDS working group (Cosponsors, UNIFEM)	Teleconferences	Monthly	Planning, implementation and monitoring of progress on Action Framework Operational Plan Planning and implementation of other interagency action (for example, UN participation in CSW and other key UN events)
Key population - MSM	Ongoing liaison with steering committee of the MSM Global Forum. Vienna preconference July. WHO and World Bank workshops on essential package of MSM responses		Monthly April

UNAIDS S.I.E. IMPLEMENTATION PLAN

Key population- IDU	Meetings steering committee and reference group on IDU, informal donor coordination group on IDU International Harm Reduction Association Conference International Drug policy coalition	Annual face to face and monthly telephone meetings Annual conference, monthly liaison	
Key population- Sex work	Meetings	Advisory committee co-chaired by UNAIDS (UNFPA) and network of sex work projects	

RESOURCE REQUIREMENTS:

Recommendation 3 - Health systems strengthening²:

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Concept paper on HSS TA	30,000	0	30,000
Briefing package for country level stakeholders	50,000	0	50,000
Compilation of evidence on service integration	30,000		30,000
Case studies in collaboration with GFATM	150,000	50,000	100,000
Guidance on the use of HIV resources for HSS and of HSS resources for HIV	40,000	0	40,000

² This is a new area work and budget implications including whether funds could be made available from co-sponsors' already approved budgets have not been fully thought through. The total budget required of 500,000 is therefore indicative.

UNAIDS S.I.E. IMPLEMENTATION PLAN

Vienna Satellite	70,000	0	70,000
Working Group meetings + ad-hoc Secretariat capacity	80,000	50,000	30,000
Total:	400,000	0	400,000

Recommendation 4a – Avoiding duplication: Division of Labour (DoL):

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Sex work advisory group	50,000	50,000	0
Inter agency coordination mechanism	120,000	0	120,000
Total:	170,000	50,000	120,000

Recommendation 4b – Inter-Agency Task Teams³:

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Consultant for 30 days at US\$600 per day	18,000	0	18,000
Multi IATTs stakeholder consultation – 20 persons	118,710	0	118,710
Total:	136,710	0	136,710

³ It is anticipated that there will be 8 meetings – one for each individual IATT, and 1 which bring together all the IATTs. The budget is for a multi stakeholder meeting of 20 participants. Geneva and New York prices are used as baseline costs

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 14 – Gender, Human Rights & Key Populations:

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Training of UNAIDS staff (including trainers) on HIV-related human rights and law (rights-based approaches to HIV) - training workshops in 7 regions at 40,000 each	280,000	0	280,000
Guidance produced on key programmes to support human rights (i.e. legal services, programmes to reduce stigma and discrimination, law review and reform, training of police and health care workers, know your rights programmes) - 5 programmes at \$80,000 each	200,000	200,000	0
TOTAL:	480,000	200,000	280,000

Total resource requirements for the Work Stream (all amounts in US\$):

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Recommendation 3	400,000	0	400,000
Recommendation 4a	170,000	50,000	120,000
Recommendation 4b	136,710	0	136,710
Recommendation 14	480,000	200,000	280,000
TOTAL:	1,186,710	250,000	936,710

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 4: DELIVERY AT COUNTRY LEVEL

In completing this Work Stream it is noted that recommendation 7a (consistency of national positions) rests with Member States.

TIMELINE:

Estimated completion date: TS Strategy & Implementation Plan June 2010
Implementation of TS Strategy 2010-2015

Key Milestones:

Description	Planned Date
<u>Recommendation 6:</u>	
Terms of Reference to review implementation bottlenecks	May 2010
Tools developed to carry out review	June 2010
<u>Recommendations 7b:</u>	
Letter from EXD to CCO on PCB decision 5.1	September 2010
CCO discusses and agrees on follow-up to PCB decision 5.1	November 2010
<u>Recommendation 8:</u>	
Identify existing tools and if necessary develop additional tools to carry out gap analysis	May 2010
UNAIDS RSTs support countries to carry out gap analysis	June 2010
Develop TORs for review of One UN pilot countries	July 2010
Develop tools for review of One UN pilot countries	September 2010 October 2010
Share TORs and tools with countries	

UNAIDS S.I.E. IMPLEMENTATION PLAN

Description	Planned Date
<u>Recommendation 11:</u>	
Endorsement of the Technical Support Strategy 2010-2015 including Implementation plan 2010-11 by Cosponsors	CCO in April 2010
Approval of the Technical Support Strategy by PCB	PCB in June 2010
Promulgation of TS Strategy	July 2010
Advocacy with key stakeholders for buy-in of the TS Strategy	July-August 2010
Support countries in TS strategy adaptation and implementation at country level as part of the UNJT joint plan	July 2010 – December 2011
Midterm review of the TS Strategy	2013
Final review of the TS Strategy	2015
<u>Recommendation 12:</u>	
Revision of PAF Guidance Paper with RSTs	March 2010
PAF review in selected regions	2011
Compilation of regional PAF reports	2011
<u>Recommendation 13:</u>	
UNAIDS EXD letter to DOCO to request increased Regional Director Teams engagement	June 2010 July 2010
Letter from DOCO to Regional Director Team Chairs to support the implementation of the Outcome Framework at country level	October 2010
Consult with RDTs on existing mechanisms Identify capacity within the regional mechanisms	October 2010

UNAIDS S.I.E. IMPLEMENTATION PLAN

Key Deliverables:

Description	Planned Date
<p><u>Recommendation 6:</u></p> <p>Review of barriers that impede the implementation of Joint Team guidelines</p> <p>Implementation plan of review document</p>	<p>June 2010</p> <p>June 2010</p>
<p><u>Recommendations 7b:</u></p> <p>Performance assessment of Head of Agencies at the country level</p> <p>Identification and provision of incentives for joint programming to UNCTs</p>	<p>December 2010</p> <p>December 2010</p>
<p><u>Recommendation 8:</u></p> <p>Country profile outlining gaps in AIDS response “Know your epidemic” and “Know your response” analysis conducted in regions</p> <p>Report on lessons learnt from experience in joint Programme of Support in One UN Pilot Countries</p> <p>Plan of action developed and implemented</p>	<p>June 2010</p> <p>June 2010</p> <p>December 2010</p> <p>December 2010</p>
<p><u>Recommendation 11:</u></p> <p>Technical Support Strategy including costed implementation plan</p> <p>Adapted TS Strategies implemented in priority countries linked to the Outcome Framework</p> <p>Midterm-evaluation report of the TS Strategy</p> <p>Final Evaluation report TS Strategy</p>	<p>April 2010</p> <p>December 2011</p> <p>2013</p> <p>2015</p>
<p><u>Recommendation 12:</u></p> <p>PAF guidance developed and disseminated</p> <p>PAF guidance implemented</p> <p>PAF report to the PCB under the UBW</p>	<p>June 2010</p> <p>December 2011</p> <p>June 2011</p>

UNAIDS S.I.E. IMPLEMENTATION PLAN

Description	Planned Date
<u>Recommendation 13:</u>	
Plan of action developed by each RDT on its support for implementation of the Outcome Framework	December 2010
Plan of action on quality assurance of Joint Programmes of Support	
Consult with RDTs on existing mechanisms, on their roles and responsibilities, their achievements and challenges	November 2010
Plan of action for strengthened functional linkages	November 2010

ASSUMPTIONS:

Recommendation 6

- Functional Joint Teams in place
- Programmes of Support developed and implemented

Recommendation 7b

- Some agencies see the added value of joint planning and programming
- UNDG has authority to instruct agencies to implement the accountability mechanisms
- Incentives for joint collaboration in place

Recommendation 8

- RSTs have capacity in place
- Funding available to implement gaps
- Joint Programmes of Support in One UN pilot countries serve as good examples
- Joint Programmes of Support in One UN pilot countries are aligned to national priorities

Recommendation 11

- Clear agreement on TA responsibilities and priority action among Cosponsors
- Strategy will be adopted by countries aligned to their needs and priorities

Recommendation 12

- Joint UN Teams on AIDS have selected priority areas of the Outcome Framework
- Joint UN Teams on AIDS adhere to the guidance
- Regional PAF Committees provide technical support to countries

Recommendation 13

- Regional Director Teams functional and providing support to countries
- Accountability mechanism to DOCO functional
- Regional mechanisms are in place

UNAIDS S.I.E. IMPLEMENTATION PLAN

RISKS AND STRATEGIES FOR THEIR MITIGATION:

Recommendation 6

- Limited commitment from UNCT - Formal request from CCO EXDs to country representatives

Recommendation 7b

- Agencies do not comply with existing DOCO accountability mechanism – advocacy strategy on the benefits of joint working is required

Recommendation 8

- Implementation bottlenecks due to human and financial resource limitations
- Funding of One UN Programme in One UN is externally driven
- Agencies core budget for AIDS is limited in One UN pilot countries as they are dependent on extra budgetary resources

Recommendation 11

- Inadequate financial resources to implement TS Strategy - Development of resource mobilization strategy including possible global consultation on options by Global Fund and consultation with bilateral partners, particularly PEPFAR
- Support countries to develop Technical Support Plans integrating issues of the TS Strategy

Recommendation 12

- Decentralization affects accountability
- Delay in transfer of funds can delay implementation and reporting
- Poor reporting on PAF utilization
- Implementing agency to play a role to facilitate reporting
- Effective communication between HQ (UNAIDS-UNDP) , RST and countries

Recommendation 13

- Limited RDTs oversight at country level
- Role of RDTs varies across regions
- Technical support to mitigate the capacities of regional Joint Teams
- Regional mechanisms are focused on regional support and not to countries
- Regional mechanisms are aligned to country needs to mitigate divergence between regional and country needs

OBJECTIVES:

Recommendation 6

- To ensure effective implementation of the guidelines
- To conduct regional reviews of barriers that impede the development of the Joint Programme and Joint UN Team guidelines

Recommendation 7b

- To work with the CCO and DOCO to implement fully PCB decision 5.1 of December 2006 that *“agency representatives in country should be provided with appropriate incentives, including performance assessment to ensure joint UN programming including harmonization and alignment around HIV/AIDS”*

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 8

- To determine gaps in the national AIDS response and provide adequate capacity building support
- To document lessons learnt in One UN pilot countries to inform future action to ensure quality joint programming on AIDS
- To apply lessons learnt in One UN in all programme countries

Recommendation 11

- To increase the impact and sustainability of HIV/AIDS country responses through provision of quality technical support by:
 - Improving country partner capacity and systems to identify, plan, coordinate and lead HIV/AIDS related TS
 - Improving the ways the UN harmonizes, facilitates, provides and quality assures HIV/AIDS technical support
 - Developing and strengthening synergies, complementarities and accountability between technical support mechanisms and providers
 - Involving and empowering different national stakeholders in the receipt and use of technical support

Recommendation 12

- To strengthen efficiency, inter-agency collaboration, prioritization with links to the Outcome Framework, monitoring and reporting.

Recommendation 13

- To request RDTs for their increased engagement to support the operationalization of the Outcome Framework at the country level
- To request RDTs to oversee the work of the Joint UN Teams on AIDS and regional inter-agency Teams on AIDS to provide, in particular, quality assurance of Joint Programmes of Support
- To strengthen functional linkages across the regional mechanisms
- To strengthen the political role played by regional mechanisms

DELIVERABLES:

Recommendation 6

- Review document of the barriers that impede the implementation of Joint Team guidelines
- Implementation plan of review document

Recommendation 7b

- Performance assessment of Heads of Agencies at the country level
- Identification and provision of incentives for joint programming to UNCTs

Recommendation 8

- Country profile outlining gaps in AIDS response
- “Know your epidemic” and “Know your response” analysis conducted in regions
- Report on lessons learnt from experience in joint programme of support in One UN pilot countries
- Plan of action developed and implemented

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 11

- Technical Support Strategy including costed implementation plan
- Development and implementation of Resource Mobilization Strategy to fund Technical Support Strategy
- Successful implementation of Technical Support Strategy

Recommendation 12

- PAF guidance paper revised, implemented and reported to the PCB through the UBW
- Effective and efficient use of all PAF resources

Recommendation 13

- Plan of action developed by each RDT on its support for implementation of the Outcome Framework
- Plan of action on quality assurance of Joint Programmes of Support
- Review report of Cosponsor existing mechanisms on their roles and responsibilities, their achievement and challenges
- Plan of action for strengthening functional linkages

CONSULTATION PROCESS:

Recommendation 6:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors	RST/Regional Joint Teams on AIDS	May 2010	Outline implementation bottlenecks Joint Team and joint programming concept at country level

Recommendation 7b:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
CCO and DOCO	UNAIDS EXD letter to CCO Executive Heads on PCB Decision 5.1	December 2010	Implementation of PCB Decision of 5.1

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 8:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Global Cosponsors and Focal Points	Meetings or Workshop	November 2010	Commitment to Deliver as ONE on AIDS at country level
RDTs and UNCTs	Meeting and workshops		
RSTs/Regional Joint UN Teams on AIDS	Workshops	June 2010	Seek engagement at the regional level to support countries

Recommendation 11:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors	GC Meeting:	April 2009	Endorsement of Roadmap for TS strategy developed by UNAIDS Focal Points
	First Meeting of established TS Strategy Working Group	June 2009	Draft TS Strategy
	GC Meeting	October 2009	Endorsement of draft strategy & decision to prolong WG until April 2010
	TS Strategy Working Group	March 2010	Endorsement of final TS Strategy & implementation plan

UNAIDS S.I.E. IMPLEMENTATION PLAN

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors (cont.)	TS Strategy Working Group	March 2010	Endorsement of final TS Strategy & implementation plan
	Consultation with RDT and UNJT's	July-August 2010	TS Strategy buy-in at country level & clear understanding of UNJT/ Regional UN role in supporting TS strategy implementation
Other constituencies (please specify and add rows as necessary)	Regional consultations in East and Southern Africa and West and Central Africa;	September 2009	Integration of consultations and survey findings in the TS strategy
	Bilateral consultations with key partners (US government, the Global Fund, International AIDS Alliance, CSAT etc. using existing forums)	July-August 2009	
	GIST consultations		
	Global Consultation with over 50 key national partners, civil society, bilateral and multilateral partners	September 2009	Integration of consultations and survey findings in the TS strategy
	Survey of country partners	August 2009	
	Advocacy with key stakeholders (Bilateral, Multilateral, CS, Private Sector, Foundations)	July-September 2010	Buy-in of the TS Strategy and clear understanding of roles, responsibilities and expected results regarding its implementation

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 12:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors	Global Coordinators	June 2010	Endorsement of PAF Guidance Paper
Consultations with Regional PAF Committees			Improvement in the effective implementation of PAF by Joint UN Teams on AIDS

Recommendation 13:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Regional Director Teams and regional mechanisms	Workshops	November 2010	Strengthened regional mechanism to support countries
RDTs	Consultation and meetings with Regional Director Teams	June 2010	RDTs engagement and accountability for operationalization the Outcome Framework at country level

UNAIDS S.I.E. IMPLEMENTATION PLAN

RESOURCE REQUIREMENTS:

Budget required (all amounts shown in US\$)

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Recommendation 6: Engagement of UNAIDS on implementation bottlenecks of Joint Team and joint programming concept at country level	150,000	150,000	0
Recommendation 7b:	0	0	0
Recommendation 8:			
National partners and Joint UN Teams	400,000	400,000	0
Workshops	100,000	100,000	0
Recommendation 11:			
Consultation with RDT and UNJT's	250,000	100,000	150,000
Advocacy with key stakeholders (Bilateral, Multilateral, CS, Private Sector, Foundations)	300,000	200,000	100,000
Support countries in TS strategy adaptation and implementation	0	0	0
Midterm review and final evaluation of the TS Strategy	500,000	100,000	400,000
Recommendation 12: PAF	150,000	150,000	0
Recommendation 13:	0	0	0
TOTAL:	1,700,000	1,050,000	650,000

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 5: FINANCIAL ARCHITECTURE

TIMELINE:

Estimated completion date: June 2011 – 28th Programme Coordinating Board meeting

Key milestones and deliverables:

Description	Planned Date
Process and timetable for the development of the Unified Budget and Accountability Framework, including the 2012-2013 biennial budget, outlined ⁴	April 2010
Working group for the development of the Unified Budget and Accountability Framework and 2012-2013 biennial budget established	September 2010
Initial consultations on Unified Budget and Accountability Framework, as well as criteria for measuring performance, in particular on developing UN capacity at country level as well as funding: <ul style="list-style-type: none"> • mobilized and allocated based on epidemic priorities, and; • raised by individual Cosponsors at global and regional levels 	October 2010
Mission statement, strategic plan and follow up to other SIE recommendations considered by the 27 th PCB	December 2010
Epidemic priorities underpinning the Unified Budget and Accountability Framework analyzed	January 2011
Structure of Unified Budget and Accountability Framework and 2012-2013 biennial budget defined taking account of PCB recommendations, and drawing on follow up to key recommendations, in particular: <ul style="list-style-type: none"> • The mission statement and strategic plan (Rec.1); • The capacity needs assessment (Rec. 20) • The updated Division of Labour (Rec. 1) • The new Partnership and Technical Support Strategies (Recs. 2 and 11). 	February 2011

⁴ At its 22nd meeting, the Programme Coordinating Board confirmed a 4-year planning framework and a 2-year budget cycle and for UNAIDS.

UNAIDS S.I.E. IMPLEMENTATION PLAN

<p>Consultations on 2012-2013 budget and performance monitoring framework for 2012-2015 completed, drawing on progress related to key operational recommendations, including:</p> <ul style="list-style-type: none"> • Roles of staff and Secretariat (Rec. 21) • RST support to Cosponsors and Secretariat at country level (Recs. 21 and 13) • Move to a one administrative system (Rec. 22) • Country-level organization of Secretariat offices (Rec. 5) 	<p>March 2011</p>
<p>Budget allocations for 2012-2013 and performance monitoring framework for 2012-2015 finalized</p>	<p>April 2011</p>
<p>UNAIDS Budget and Accountability Framework and budget for 2012-2013 presented to and approved by 28th PCB</p>	<p>June 2011</p>

ASSUMPTIONS:

- Implementation plans for recommendations with a direct bearing on the ones related to the financial architecture have been developed in sufficient detail.
- Implementation of plans in other work streams proceeds according to schedule.
- Agreement is reached between Cosponsors and Secretariat on the process and timeline for the development of the Unified Budget and Accountability Framework.
- Agreement is reached on epidemic priorities and performance criteria.

RISKS AND STRATEGIES FOR THEIR MITIGATION:

- Implementation in other work streams falls behind schedule – proceed with development of the Unified Budget and Accountability Framework without critical inputs and make adjustments later.
- Country level capacities and funding requirements too difficult to aggregate from over 100 countries – use extrapolation and proceed with planning based on estimates.

OBJECTIVES:

- Report on the outcomes of the utilization of PAF as part of regular UBW reporting and present proposals for efficiency gains in the transfer of funds by Cosponsors.
- Reach consensus on epidemic priorities as a basis for planning and budgeting, and criteria for measuring performance.
- Allocate resources based on epidemic priorities, performance of Cosponsors, and funds that Cosponsors raise at global and regional levels.
- Use development of UN capacity at country level as a basis for formulating UNAIDS Unified Budget and Accountability Framework and define performance around commitments made.
- Show UN capacity needed at country level as well as funding required and include resources to evaluate contribution of UN capacity at country level in 2012-2015.

UNAIDS S.I.E. IMPLEMENTATION PLAN

DELIVERABLES:

- June 2010: Report on outcomes of the utilization of Programme Acceleration Funds to be presented to the 26th PCB as part of the 2008-2009 performance monitoring report.
- December 2010: Proposals to achieve cost-reducing efficiency gains in the transmission of funds by Cosponsor agencies presented to the 27th PCB.
- June 2011: UNAIDS Unified Budget and Accountability Framework presented to and approved by 28th PCB

CONSULTATION PROCESS:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors	Focal points start development of methodology and process	April – September 2010	Timetable agreed, working group formed
	Ongoing inputs, including from Global Coordinators and CCO	September 2010 – February 2011	2010-2011 UBW midterm review/ Unified Budget and Accountability Framework peer review
Civil society and permanent mission representatives	Consultations	October 2010 – March 2011	Inputs into the structure of the Unified Budget and Accountability Framework
PCB Members (Subcommittee on UBW preparation)	Consultations	October 2010 – March 2011	Inputs into the structure of the Unified Budget and Accountability Framework
Friends of UNAIDS	Consultations	October 2010 – March 2011	Inputs into the structure of the Unified Budget and Accountability Framework

UNAIDS S.I.E. IMPLEMENTATION PLAN

RESOURCE REQUIREMENTS:

Budget required (all amounts in US\$):

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Development of the plan and budget for 2012- 2015	40,000	40,000	0
Civil society consultation	5,000	5,000	0
2012-2015 UBW performance framework development	25,000	25,000	0
Supporting the work of the Cosponsor Evaluation Working Group	6,000	6,000	0
Special PCB allocation for the work of the PCB Subcommittee on UBW preparation	114,000	0	114,000
TOTAL:	190,000	76,000	114,000

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 6: KNOWLEDGE MANAGEMENT

TIMELINE:

Estimated completion date: End-2010 for further development of KYE-KYR tools. Boosting use by countries in 2010-2011, through cost-efficient means - direct (e.g. training and consultations) and indirect (e-learning modules; active dissemination of tools). Ongoing for the foreseeable future (years) for country applications.

Key Milestones:

Recommendation 9:

Description	Planned Date
Internal pre-meeting to reaffirm UNAIDS' integrated programming cycle that links programming functions and research (i.e. elements of Recommendations 9 and 10), and to design strategy for global - regional lines of action and milestones	February 2010
Priority countries identified, through joint TCS/EPR review of 60 countries that are revising their National HIV Strategic Plans and UNDAF plans in 2010	February 2010
Consultation with relevant cosponsors and other partners	Ongoing – February - June 2010
Assembly of existing tools, and plan for harmonization (see red circles in attached slides – KYER tools)	May 2010
Development of additional tools (see blue circles in attached slides and related tools from current Action Frameworks and from Rec. 10 (MSM, Women and Girls, SHR, Compendium of PIPs, etc).	November, 2010
UNAIDS Secretariat and cosponsor capacity development modules produced, supporting use of KYER tools	October 2010
Review and improvement of Incidence by Modes of Transmission	December 2010
15 countries assisted to apply KYER process and tools to reorient their national responses	December 2010
15 more countries assisted to apply KYER process and tools to reorient their national responses	December 2011
Make harmonized tools available for use in/through UNAIDS electronic toolkit	March 2011

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 10:

Description	Planned Date
Pre-meeting to develop a common agenda around select programmatic themes; identifying linkages to HSS and MDGs and prepare for the high-level meeting in Vienna	April, 2010
High-level meeting to discuss priority evaluation questions that will inform Universal Access initiatives and link to broader evaluations; including key stakeholders (co-sponsors, PEPFAR; Gates foundation; Global fund; etc., and linking to other efforts such as the High Level Prevention Commission (name tbd)	July, 2010
Plan for establishing a global advisory body with linkages with regional and other evaluation reference groups developed	August, 2010
Advisory body meeting to guide the development of a joint global HIV evaluation strategy including priority evaluations, addressing regional specificities	September, 2010
Plan for developing a repository of HIV evaluation studies, experts and tools is developed	June, 2010
Country capacity building training events to strengthen capacity to plan, implement and utilize evaluation findings	September, 2010
Global and country-level evaluation studies undertaken	Oct 2010 – Sept. 2011

Key Deliverables:

Recommendation 9:

Description	Planned Date
Updated UNAIDS programming framework, with Know your Epidemic; Response; Context; Research; and Resources	March 2010
Strategy for building capacity to address political and capacity barriers to effective Universal Access programmes	May 2010
Country and regional reports on KYE in West-Africa (6 countries)	June 2010
Draft revised tools and new tools to complete suite of KYE/KYR tools, and modules to build capacity in their use	October 2010
Prevention leadership training KYER modules completed	December 2010

UNAIDS S.I.E. IMPLEMENTATION PLAN

and trainings delivered in first 3 regions	
Draft country KYE reports (including some integrated KYE/NASA reports) in 10 additional countries in Asia, LAC, MENA, Africa	December 2010
Draft country KYE reports (including some integrated KYE/NASA reports) in 10 additional countries in Asia, LAC, Africa, EECA	December 2011
NASA reports in XX new countries	December 2010
Kraft KYR/C/R Synthesis reports available in 5 of these countries (building on, or conducted jointly with, KYE reviews)	December 2010

Recommendation 10:

Description	Planned Date
List of priority evaluation questions that will inform universal access and create synergies with health systems strengthening, AIDS and MDG's, and broader development evaluations, specifying global and regional questions, as required	August, 2010
Global advisory body with clearly defined linkages to other Evaluation working groups (such as MERG, OECD/DAC, UNEG etc) and initiatives (e.g. High Level Prevention Commission – name tbd).	September, 2010
Joint global HIV evaluation strategy for implementing priority evaluation questions	October, 2010
Preliminary inventory of “Project Impact Pathways” or causal models for key prevention interventions for each epidemic scenario	December 2010
Repository of HIV-related evaluation studies, experts & tools,	December 2010
Country capacity to generate, compile and use strategic information to influence programmatic decision-making strengthened	October, 2010
2-3 completed collaborative studies that inform evidence-base for improving the efficiency and cost effectiveness in delivering interventions	September 2011

UNAIDS S.I.E. IMPLEMENTATION PLAN

ASSUMPTIONS:

Recommendation 9:

- Partner organizations agree to engage and contribute
- Budget is available
- Countries are ready to engage
- Coordination of HIV programming cycle activities at EPR Departmental level, in coordination with TCS Department information on national health and development programming cycles.
- Coordination with global initiatives including Rec.10 and SMT Key Products activities
- Ability and willingness of UNAIDS and partners to invest in strategies to overcome political and capacity barriers, as well as technical barriers, to effective HIV responses

Recommendation 10:

- Buy-in from development partners in coordination and harmonization of evaluation
- Continued prioritization of, and commitment to programmatic evaluation at all levels
- Explicit link of global questions and studies to different regional and country priorities, according to epidemic scenarios and social and political context
- Adequate financial resources available for effective implementation of planned activities

RISKS AND STRATEGIES FOR THEIR MITIGATION:

Recommendation 9:

- Risk: Criticism of simplicity of the incidence estimates by MoT model. Strategy for mitigation: expert review of incidence estimates by MoT model
- Risk: Countries not interested. Strategy for mitigation: High level advocacy for the approach (EXD).
- Risk of delay: countries and communities may hold off improving their HIV responses while awaiting updated tools and guidelines. Strategy for mitigation: ensure all activities build on and validate existing efforts, provide clear timelines, and include “transition plans” when improved tools will be not be available until next round.
- Risk of stove-piping

Recommendation 10:

1. Risk: Inadequate commitment of development partners in coordination of evaluation at global level (*high probability, high impact*)
Strategy for Mitigation: Appropriate levels of consultation of all major stakeholders and clear common vision and understanding of the major evaluation questions.
2. Risk: Abrupt suspension or discontinuation of support results in decreased funds currently made (*low probability, high impact*)
Strategy for Mitigation: Issue has to be discussed explicitly and a good understanding achieved; clear linkage to major programmatic questions to ensure full buy-in of relevant agencies and donors; explore alternative financing mechanisms and expansion/diversification of external funding sources

UNAIDS S.I.E. IMPLEMENTATION PLAN

3. Risk: Inability of the development partners to agree on joint global HIV evaluation strategy, division of labour and resources (*low probability, medium impact*)

Strategy for Mitigation: (1) Division of Labor based on global guidance with local adaptation already agreed on based on capacity analysis (2) Strengthened coordination mandate of the UNAIDS Secretariat has been communicated to, and endorsed by all participating organizations

4. Risk: Inability of participating organizations to work together, communicate effectively and deliver in a timely manner (*high probability, high impact*)

Strategy for Mitigation: Accountability and systematic consultation mechanisms to be put in place for early 'diagnosis' of any problems (2) Involvement of senior leadership in accelerating translation of the agency commitments to coordination into action at global level

5. Risk: Lack of critical human resources, especially within the UNAIDS Secretariat, to provide thought leadership across agencies (*low probability, high impact*)

Strategy for Mitigation: Capacity analysis conducted on the ability of the participating agencies to perform at required level across the required range of thematic areas, includes recommendations and conditions to be met by the agencies in terms of staff retention/recruitment; maximization of local technical support and skills transfer; Diversification of technical support partnerships

6. Risk: Failure to pro-actively link HIV and Health Sector planning and implementation would be detrimental to expected outcomes (*low probability, medium impact*)

Strategies for Mitigation: Urgent engagement by UNAIDS in the Health Systems and other relevant development evaluations

7. Risk: Failure to pro-actively include non-health sector issues in the planning and research, and donor or country desire for "quick wins" would prevent addressing key questions on social and structural interventions, and their contribution to the Universal Access and AIDS+MDGs agenda.

Strategies for Mitigation: Include biomedical, behavioral and social and structural expertise in planning from outset; define key products that require and build collaboration.

OBJECTIVES: to lead evaluation effort to strengthen UNAIDS collective ability to achieve the priority areas expressed in the Outcome Framework and revitalize the way UNAIDS does business in the global response by providing better evidence for decision-making and the new strategic information that is going to be essential in shaping the prevention revolution and helping to attain zero new infections, and thus reach the MDGs and universal access by 2015.

Recommendation 9: To improve countries' capacities in synthesizing epidemiology and response evidence to support strategic planning for prevention.

Recommendation 10:

1. To develop a the common vision and agreement of the priority evaluation questions globally and regionally through convening a high level stakeholder meeting, in close linkage with other relevant efforts such as the High Level Commission on Prevention (name tbd).
2. Convene a global advisory body that serves as a common platform to develop and guide a global evaluation agenda addressing these priority questions, in

UNAIDS S.I.E. IMPLEMENTATION PLAN

close linkage with relevant evaluation reference groups such as MERG, OECD/DAC Network on Development Evaluation, PEPFAR Public Health Evaluation working group, the UN Evaluation Group (UNEG), the UN Cosponsor Evaluation Working Group (CEWG), and UNAIDS Prevention Reference Group, Epi Reference Group and Economics Reference Group.

3. To conduct priority evaluations within an agreed division of labour framework to generate timely evidence to guide the national, regional and global responses to the epidemic. .
 4. To establish a repository of HIV-related studies and proven causal models/project impact pathways, to integrate and provide access to existing strategic information.
 5. Strengthen country capacity to generate, compile and use strategic information to influence programmatic decision-making.
-

DELIVERABLES:

Recommendation 9:

- Estimates and trends of incidence available for all countries (EAD)
- Incidence by Mode of Transmission modelling supported in 20 new countries (EAD)
- Tools for Incidence by Mode of Transmission modelling reviewed and improved (EAD)
- Template for epidemiological synthesis reports developed and disseminated (EAD)
- NASA's conducted in XX countries (AFE)
- Tools for NASA improved, and linked with Prevention Glossary (AFE and PPD)
- Tool to inventory current and past prevention response, using Prevention Glossary (EVA and PPD)
- Tool for guiding National Prevention Summit and Re-Programming process, including strategies for addressing political challenges (PPD)
- Expanded or new module with guidelines for Know Your Context (Analysis of social, economic, cultural, legal and political context)
- Updated delivery systems for promoting use of KYE/KYR suite of knowledge and tools (including e-toolkit, and capacity development modules and events)

Recommendation 10:

- Common vision and agreed list of priority evaluation questions that will inform universal access and create synergies with health systems strengthening, AIDS and MDG's, and broader development evaluations
- Global evaluation advisory body with linkages to other evaluation working groups such as MERG, OECD/DAC, UNEG etc.
- Joint global HIV evaluation strategy for implementing priority evaluation questions
- Repository of HIV-related evaluation studies, experts and tools
- Strengthened capacity of national institutions to train decision makers and researchers on evaluation methodologies
- 2-3 completed studies that address evaluation questions of global significance and thus provide evidence-base for improving the efficiency and cost effectiveness in delivering interventions

UNAIDS S.I.E. IMPLEMENTATION PLAN

CONSULTATION PROCESS:

Recommendation 9:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors	WHO, World Bank, UNODC, UNDP, UNFPA	By June 2010	Support for applying KYE – KYR in countries
Regional bodies (SADC, ECDC, regional networks of people living with HIV, etc.)	Briefings followed by joint planning	By June 2010	Clarity on and plan to meet varied regional, and community needs
PEPFAR, GFATM	Technical consultations (phone, meetings) and Policy coordination (MOUs?)	By June 2010	Implementation support for KYE - KYR

Recommendation 10:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Internal planning	Half day meeting/video conference	February	Internal agreement on links of Recs 9 and 10, and inventory of initiatives related to evaluation
Cosponsors	Global Coordinators meeting	March	Buy-in from co-sponsors and key development partners, e.g. Gates Foundation, PEPFAR, GF, in the identification of 2-3 priority evaluation questions that could be studied over
Bilateral organizations and Foundations	Bilateral meetings and formal communication	March-April	
National Programme Managers	Bilateral meetings and formal communication	March-April	
Civil Society organizations	Bilateral meetings and formal communication	March-April	

UNAIDS S.I.E. IMPLEMENTATION PLAN

			2010-2011 Continued prioritization of, and commitment to programmatic evaluation at all levels Adequate financial resources available for effective implementation of planned activities
Prevention experts in CS, partners and UN	Contract with one or more academic partners	Mid-2010 – mid 2011	Preliminary compendium of “PIPs” for HIV prevention programming and training

RESOURCE REQUIREMENTS:

Budget required (all amounts in US\$):

Recommendation 9:

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Consultative meeting	60,000	0	60,000
Epidemiological tools review and development	150,000	0	150,000
Capacity development in KYE/KYR and prevention leadership	1,500,000	300,000	1,200,000
Country Inc by MoT support in 20 countries	500,000	300,000	200,000
TOTAL:	2,210,000	600,000	1,610,000

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 10:

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Pre-meeting to prepare for the Vienna high-level meeting	50,000	0	50,000
High-level Vienna meeting	50,000	0	50,000
2 meetings of the Global evaluation reference group/advisory body	40,000	20,000	20,000
Contracts for PIP development with two research organizations or consortia	500,000	250,000	250,000
Consultant to develop a joint global HIV evaluation strategy	20,000	20,000	0
Meeting to endorse draft strategy	20,000	0	20,000
Development of a repository of HIV evaluation studies, experts and tools	50,000	20,000	30,000
Country capacity building training events (2 @ 50,000)	100,000	30,000	70,000
Global and country-level evaluation studies (4 @ 500,000)	2,000,000	0	2,000,000
TOTAL:	4,830,000	340,000	4,490,000

UNAIDS S.I.E. IMPLEMENTATION PLAN

Total resource requirements for the Work Stream (all amounts in US\$):

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Recommendation 9	2,210,000	600,000	1,610,000
Recommendation 10	4,830,000	340,000	4,490,000
TOTAL:	7,040,000	940,000	6,100,000

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 7: ORGANIZATIONAL ARRANGEMENTS

TIMELINE:

Estimated completion date: June 2011

Key Milestones:

Description	Planned Date
<p>Recommendations 5, 20, 21:</p> <p>PCB to review the progress report on UNAIDS capacity needs assessment (joint work Secretariat and Co-Sponsors)</p> <p>PCB to review and discuss final needs assessment within the UNAIDS family, including gap analysis and recommendations on staffing</p>	<p>June 2010</p> <p>December 2010</p>
<p>Recommendation 22:</p> <p>Establishment of dedicated Task Team</p> <p>Establishment of Steering Committee</p> <p>Progress report to PCB</p> <p>Final report to PCB</p> <p>Ensuring key transition steps are implemented</p>	<p>February 2010</p> <p>February 2010</p> <p>June 2010</p> <p>December 2010</p> <p>2011</p>
<p>Recommendation 23:</p> <p>Submission to the PCB of progress report on the development and operationalization of the UNAIDS HR strategy</p>	<p>June 2010</p>
<p>Recommendation 24:</p> <p>Framework of Secretariat Values, Core, and Managerial Competencies finalized and endorsed</p> <p>Competencies used in recruitment for Secretariat staff</p> <p>Competency-based learning for HQ and Field Secretariat staff launched</p> <p>Competencies integrated into new Secretariat performance management system</p>	<p>March 2010</p> <p>May 2010</p> <p>September 2010</p> <p>December 2011</p>

UNAIDS S.I.E. IMPLEMENTATION PLAN

Key Deliverables:

Description	Planned Date
<p>Recommendations 5, 20, 21:</p> <p>Global Coordinators and Secretariat to discuss method of gathering data for the capacity needs assessment</p> <p>Secretariat to form taskforce to oversee capacity assessment, ensuring incorporation of relevant information from completed, related reports (McKinsey and PriceWaterhouseCoopers)</p> <p>Capacity needs assessment undertaken</p> <p>Capacity needs assessment completed within the UNAIDS family, including gap analysis</p> <p>EXD delivers report on findings of Capacity Needs Assessment, and the recommendations for UNAIDS Secretariat size and complement of staff at HQ, regional and country levels</p>	<p>February 2010</p> <p>February 2010</p> <p>March-May 2010</p> <p>July 2010</p> <p>December 2010</p>
<p>Recommendation 22:</p> <p>Mapping and analyzing current situation</p> <p>Identification of problems, issues, challenges and lessons learnt arising from the current dual administrative system</p> <p>Analysis of current and future organizational context</p> <p>Definition of subsequent administrative support requirements</p> <p>Recommendation to PCB</p>	<p>April 2010</p> <p>June 2010</p> <p>June 2010</p> <p>June 2010</p> <p>December 2010</p>

UNAIDS S.I.E. IMPLEMENTATION PLAN

Description	Planned Date
<p>Recommendation 23:</p> <p>Draft HR strategy Consultation with USSA Endorsement from senior management</p> <p>Finalized HR strategy</p> <p>Corresponding HR policies and systems policy development consultation with USSA and senior management finalization</p> <p>Implementation plan Agree on timeline for operationalization of HR Strategy and corresponding HR policies and systems Designing of a training programme for managers to operationalized the HR strategy</p>	<p>March 2010 March/April 2010 (to allow 4 weeks)</p> <p>May 2010</p> <p>Ongoing throughout biennium</p> <p>Ongoing First quarter of 2011</p>
<p>Recommendation 24:</p> <p>Finalized Competency Framework</p> <p>Strategy for incorporating competencies into selection and recruitment process</p> <p>Completed competency-based learning activities at Headquarters</p> <p>Strategy for implementation of a competency-based performance management system</p> <p>Completed competency-based learning activities in regions</p>	<p>March 2010</p> <p>May 2010</p> <p>December 2010 January 2011</p> <p>April 2011</p>

ASSUMPTIONS:

Recommendations 5, 20, 21:

- Support of Co-sponsoring Agencies to ensure provision of necessary information for capacity mapping across the programme
- UNAIDS agencies' respective leadership supports the recommendations on rationalizing staff in support of the AIDS response.

UNAIDS S.I.E. IMPLEMENTATION PLAN

- The Mission Statement, Strategic Plan and decisions about the division of labour must be agreed upon before the Secretariat can complete recommendations on staff rightsizing, complement and filling of gaps. In the meantime important work on the analysis and mapping of current structures will be carried out so as to inform the resulting recommendations.

Recommendation 22:

- Focus on core problems - Focus on ERP functionality takes attention away from the real issue, i.e. the complexity and inefficiencies inherent in a dual administrative system.
- Focus on what we can control - In responding to recommendation #22 UNAIDS will focus on what it has control of (selection of the most fit-for-purpose administration system) rather than what is out of its decision-making (degree of functionality of the WHO GSM/ERP system). In fact, regardless of the effort put by UNAIDS administration, ERP and the Global Service Centre may not function as required or expected. Moreover, at its 25th meeting, the Programme Coordinating Board (PCB) has explicitly requested the Executive Director “to commission a review in 2010 on the costs and benefits of moving to a single administrative system for the UNAIDS Secretariat.”
- Investment costs - A cost-benefit analysis will be undertaken with a view to recommending the best system to meet UNAIDS evolving organizational needs.

Recommendation 23:

- Timely approval process in place
- Support from senior management

Recommendation 24:

- That values, core competencies and managerial competencies are the foundational elements of a competency assessment and development approach

RISKS AND STRATEGIES FOR THEIR MITIGATION:

Recommendations 5, 20, 21:

- Uneven implementation of capacity assessment – The Secretariat has a coordinating role within the UNAIDS family. However, there is no hierarchical relation between it and the Co-sponsors. Each Co-sponsoring Organization has its own governance system, work plans and budgets. Therefore, the Secretariat and the Executive Director in particular will need to create consensus on all steps of the needs assessment, and mediate between possibly conflicting positions and interests.
- Impact on resources – Major changes in the organization as may be recommended from the capacity analysis will require increased resources. Even in case of staff downsizing, financial resources will be needed in terms of relocation or separation. Any decision will, therefore, need to be holistically analyzed and taken in order to ensure due implementation. Long-term resource mobilization plans should be developed accordingly.

UNAIDS S.I.E. IMPLEMENTATION PLAN

- Impact on staff – Staff motivation can potentially suffer from periods of uncertainty, when it will be hard to predict whether certain functions and jobs may no longer be needed in specific duty stations. Low morale and need for stable working horizons may motivate some staff to search new job opportunities. UNAIDS will need to strengthen talent outreach and management.

Recommendation 23:

- Sustained advocacy from senior management will be essential if change is to become a reality
- Buy-in and commitment of USSA are essential
- UNAIDS have to be mindful of the rules and regulations of the common system – our systems need to be aligned with these systems.

Recommendation 24:

- The competency project applies only to Secretariat staff (although it has been developed based on a benchmarking exercise with key co-sponsor competency frameworks)
- The functional competencies developed in parallel with the values, core and managerial are limited to M&E and Partnership (but can be expanded according to need)

OBJECTIVES:

Recommendations 5, 20, 21:

1. To ensure that the Joint Programme has the optimal number and complement of staff at global, regional and country levels to best deliver on the Outcome Framework and the broader AIDS response
2. That the right-sizing of the UNAIDS family be a transparent, well supported and professionally managed process based on needs at country, regional and global levels, including with reference to the (developing) profile of the epidemic in-country.

Recommendation 22:

1. UNAIDS Secretariat will have one administrative system with the following characteristics:
 - Aligned with organizational needs
 - Transparent
 - Equitable
 - Cost-effective
 - Accountable
 - Adaptable and flexible
 - Simple to use and understand by both clients/users and those managing the administrative systems and processes
 - Clear legal basis
 - Compatible with UN Reform
2. To strengthen internal cohesion and sense of identity for UNAIDS.

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 23:

1. To drive transformational change in how UNAIDS manages its human capital to ensure UNAIDS staff are fit for purpose to optimally deliver results.
2. To ensure that the HR strategy includes the following principles:
 - Flexibility to respond to evolving needs
 - Simplicity, clarity and transparency
 - Integration of all staff irrespective of category under one set of staff rules
 - Accountability, cost-effectiveness and clear ethical standards
 - Merit-based selection and career development
 - Inclusiveness, diversity and well-being, with particular attention to staff living with HIV
 - Strong partnerships between managers, the Staff Association and Human Resources

Recommendation 24:

1. Create a shared vision of effective performance in the Secretariat by aligning our organizational culture with the Outcome Framework and our overall strategic direction
2. Provide the foundation of a comprehensive human resources development strategy which:
 - Provides a systematic framework for people development
 - Guides recruitment and selection decisions
 - Helps staff and managers understand expectations and performance requirements

DELIVERABLES:

Recommendations 5, 20, 21:

- UNAIDS Secretariat to set up a working group, led by Director DMOS, comprising members of DMOS, TCS, a regional director, and a co-sponsor. This group will finalize the data collection, report writing, and recommendation making processes and responsibilities for review by DXD MER and senior management. It will also monitor and support the implementation of the plan.
- The method for collecting and analyzing the staffing data will be discussed at the GC meeting in February 2010.
- The UNAIDS working group will initiate the plan for the capacity needs assessment, ensuring communication throughout the UNAIDS family about supporting the plan.
- UNAIDS Secretariat will review the ongoing staffing analyses (including McKinsey and PWC) to ensure valuable recommendations are incorporated into the assessment and analysis.
- UNAIDS working group will oversee the collection of data from country offices and regional teams by end May 2010 and the analysis of data by end July 2010.

UNAIDS S.I.E. IMPLEMENTATION PLAN

- PCB will review the completed capacity assessment and recommendations for UNAIDS staffing at country, regional, and HQ levels, and the way of filling the gaps at the December 2010 PCB.
- UNAIDS working group will oversee the development of an implementation plan building upon the capacity needs assessment recommendations.

Recommendation 22:

- *Mapping and analyzing current situation*

The project started with the establishment of a dedicated team and a governance structure (start February). The Deputy Executive Director for Management and External Relations has overall responsibility for the project and chairs a Steering Committee that includes Geneva-based directors, one regional Director and one representative of UCCs (who is also board member of the Staff Association).

It was decided to make full use of internal human resources, to capitalize on existing knowledge, take immediate action and cut on costs. Five staff members have, therefore, been assigned to the core project team. These staff belong to the departments of Management and Operational Support, and Financial Management and Accountability.

In order to map and analyze the current situation, the project team will:

- Examine the two administrative systems, including drawing on existing analyses, available at country, regional and headquarters levels;
 - Analyze and document current IT dependencies for access to WHO/GSM and UNDP/Atlas;
 - Outline business functions and workflows of processes (including service delivery model) supported by WHO/GSM in HQ/RST and UNDP/Atlas in Country Offices - Four key areas have been identified: Finance, Programme Management (budget/work planning), General Administration, and Human Resources.
 - Analyze other options for a single administrative system
- *Identification of problems, issues, challenges and lessons learnt arising from the current dual administrative system*

A consultative process will be carried out in order to identify problems and lessons learned with the current situation at headquarters, regional and country levels, as well as priority current and future organizational requirements. In order to ensure a participatory approach, taking in particular into account the views and feedback of the field offices, a staff survey will be undertaken.

- *Analysis of current and future organizational context*

Drawing upon information and consultations related to the previous two deliverables, a detailed analysis of strengths and weaknesses, opportunities and costs of the current and future organizational options will be implemented.

- *Definition of subsequent administrative support requirements*

The requirements and specifications of a future administrative system will be defined, including with reference to: meeting changing organizational needs;

UNAIDS S.I.E. IMPLEMENTATION PLAN

contents/features; service levels; quality/reliability standards; speed of processes; user friendliness; complexity of handling processes; flexibility; interfaces to other systems within UNAIDS; and costs, benefits and risks.

- *Recommendation to PCB*
 - Recommendations will be formulated for a single administrative system for consideration by the EXD.
 - A progress report will be submitted to the 26th PCB meeting (June 2010).
 - The final project report will be submitted to the 27th meeting of the PCB (December 2010).

Recommendation 23:

- UNAIDS comprehensive Human Resources Strategy
- Corresponding HR policies and systems
- Implementation plan to operationalized strategy

Recommendation 24:

- Finalized Competency Framework
 - Consultation with UNAIDS Secretariat Staff Association
 - Endorsement from Senior Management Team
 - Development of a competency handbook for Secretariat staff
 - Delivery of awareness-raising sessions at HQ and in the regions
- Completed competency-based learning activities at Headquarters
 - Design and development of learning activities
 - Delivery of learning activities at HQ
- Completed competency-based learning activities in regions
 - Proposal to Regions of available learning activities
 - Delivery of learning activities in the Regions
- Strategy for incorporating competencies into selection and recruitment process
 - Planning meeting with Staffing and Recruitment Unit to agree on approach
 - Inclusion of competencies in vacancy announcements and job profiles
 - Development of competency-based selection methodology
- Strategy for implementation of a competency-based performance management system
 - Development of project plan for new system
 - Identification of a provider for development and implementation of system
 - Staff training and launch of system

UNAIDS S.I.E. IMPLEMENTATION PLAN

CONSULTATION PROCESS:

Recommendations 5, 20, 21:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors	Consultations and participation in working groups	GC Meeting Feb 2010 and ongoing Working Group Feb-June 2010 Analysis of data, identifying gaps, and recommendations	Agreement on conducting the capacity needs assessment (CNA) Conducting CNA & writing interim report for June PCB July-October 2010
Senior Management of UNAIDS Secretariat	Consultations and oversight of the process	ongoing	

Recommendation 22:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Senior Management	ongoing		To discuss current situation and explain future options.
Current service providers Cosponsors	Consultations as required		To inform of status of project.
UNAIDS staff	Support to all-staff survey	Feb-March 2010	The buy-in of UNAIDS staff is ensured through a participatory process that allows identifying the key issues and concerns.
Staff Association	Regular updates	ongoing	

UNAIDS S.I.E. IMPLEMENTATION PLAN

Recommendation 23:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Constituencies	Senior Management	Throughout 2010	Feedback, input and endorsement of HR strategy
	Staff Association	Throughout 2010	Feedback, input and endorsement of HR strategy

Recommendation 24:

Constituency	Type of engagement (workshop etc)	Timing	Expected Outcome
Cosponsors	Benchmarking of selected competency frameworks	Summer 2009	Competency areas common across co-sponsors included in framework
Secretariat Staff		Fall 2009	Input from over 300 staff members on preliminary framework
UNAIDS Secretariat Staff Association		February 2010	Input to content and roll-out plan for the framework
Senior Management Team		February 2010	Endorsement of framework

UNAIDS S.I.E. IMPLEMENTATION PLAN

RESOURCE REQUIREMENTS:

Budget required (all amounts in US\$):

Item	Budget required	Amount already in UBW for 2010-2011	Difference
Recommendations 5, 20, 21:			
Two staff in recruitment and compensation and benefits	600,000	0	600,000
Consultant for 3 months	70,000	0	70,000
Recommendation 22*	130,000	130,000	0
Recommendation 23 – staff post for organizational development	440,000	0	440,000
Recommendation 24:			
Competency-based learning	312,000	312,000	0
Competency handbook	50,000	0	50,000
Competency-based performance management and learning management systems	350,000	0	350,000
TOTAL:	1,952,000	442,000	1,510,000

* Note: The core project team is currently evaluating cost implications of moving a single administration system. It must be noted that each scenario is likely to entail widely different costs. To date, the following has been made available to the project for the period February to April 2010:

- By the Management and Operational Support Department: 2 P5 and 1 P4 full time, 1 P4 at 50%, US\$100,000 from the departmental 2010-2011 budget, and the availability to use part of the long-term agreement with an external consulting company for the survey;
- By the Financial Management and Accountability Department: 1 P5 and 1 G5 full time, and US\$30,000 from the departmental 2010-2011 budget.
- Additional resources will need to be made available.

UNAIDS S.I.E. IMPLEMENTATION PLAN

WORK STREAM 8: GOVERNANCE

Work Stream plan to be completed following decisions by the PCB on the 3 governance recommendations from the SIE (numbers 15, 16 and 17).

It is expected that the *PCB Task Force on SIE follow-up on all aspects related to governance* will report to the 26th meeting of the Board in June 2010. The report will include advice to the PCB on approval or not of SIE recommendations 15, 16 and 17, as well as additional recommendations. Immediately after the PCB meeting the SIE Implementation Plan will be revised to include detailed implementation of the new governance decisions, as well as an analysis on the impact of these decisions on other parts of the SIE Implementation Plan with a view to the need to mainstream governance throughout the Plan.

UNAIDS S.I.E. IMPLEMENTATION PLAN

ANNEX 3

Diagram showing sequencing of recommendations by work stream and a matrix of linkages between work streams

(see separate sheets)

