

# UNAIDS Unified Budget, Results and Accountability Framework 2012-2015



# Strategic context

- Crystallizing moment of the HLM
- Game changing budget approach
- UBRAF – an instrument to implement the UNAIDS Strategy in full alignment with the Political Declaration

# Overview of presentation

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- **Game changing budget approach**
- Main elements of the UBRAF
- Country case study (PMTCT in Nigeria)
- Results and accountability
- Case study (WHO and TB/HIV)
- Budget and resource allocation
- PCB Subcommittee deliberations and recommendations

# Consultative process

December - January

February - March

April - May

**Conceptualization**

**Development**

**Finalization**

- A highly consultative process to shape the UBRAF
- Input sought from wide range of stakeholders
- Feedback and comments through the internet and meetings
- Valuable contributions from member states and civil society

# UBRAF 2012-2015

- Translates UNAIDS Strategy into action.
- Goals and targets are derived from UNAIDS Strategy and consistent with the Political Declaration adopted by the UN General Assembly.
- Demonstrates the catalytic role of UNAIDS in leveraging commitment and resources.
- Focus on results and strengthened accountability, in particular at the country level

# From UBW to UBRAF

## Unified Budget and Workplan

- Based on 2009-11 Outcome Framework and Priority Areas
- Workplan and budget primarily for global and regional action
- Accountability primarily based on reporting to the PCB against outcome and output level indicators



## Unified Budget, Results and Accountability Framework

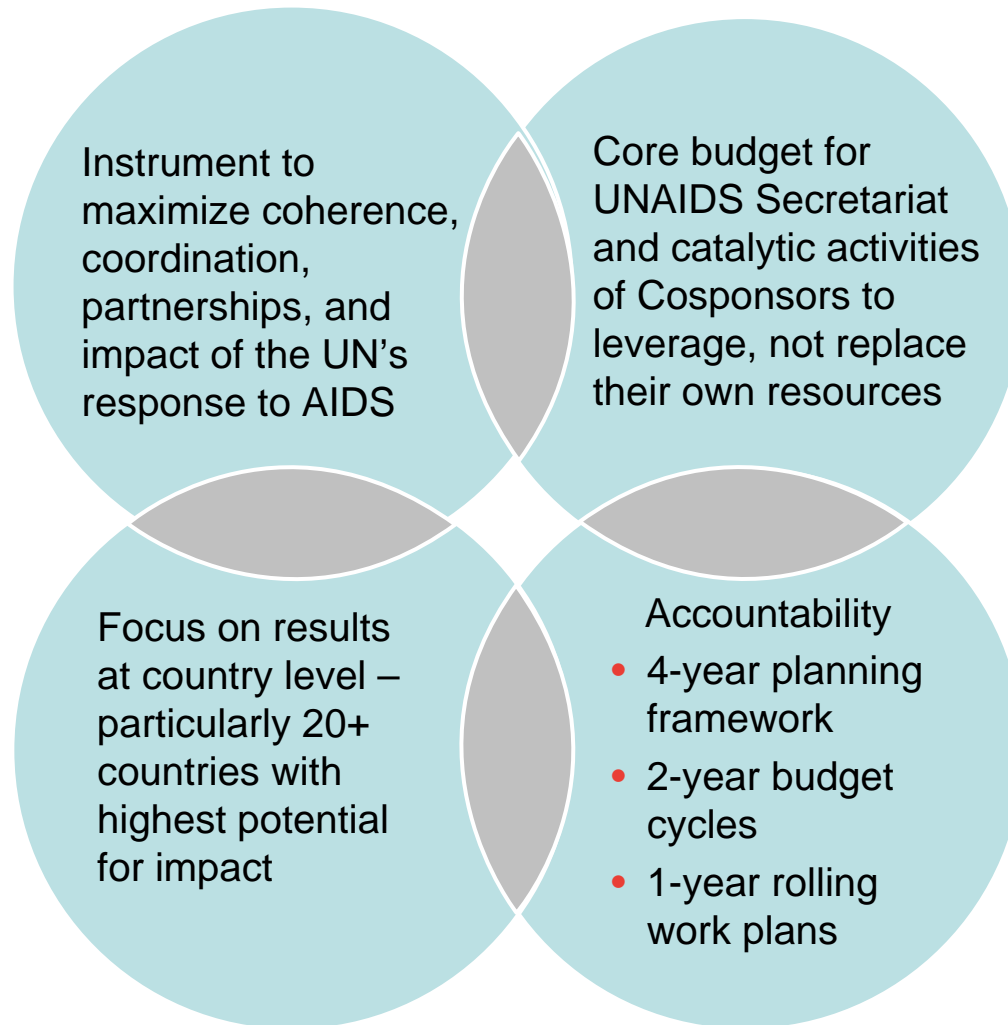
- Strategy-based approach with actions cascading from strategic goals and with a country focus
- Framework to achieve results at country level with resources identified for global action, high-impact countries and other countries by region
- Accountability linked to achievement of strategic goals, with annual performance reviews at global, regional and country level

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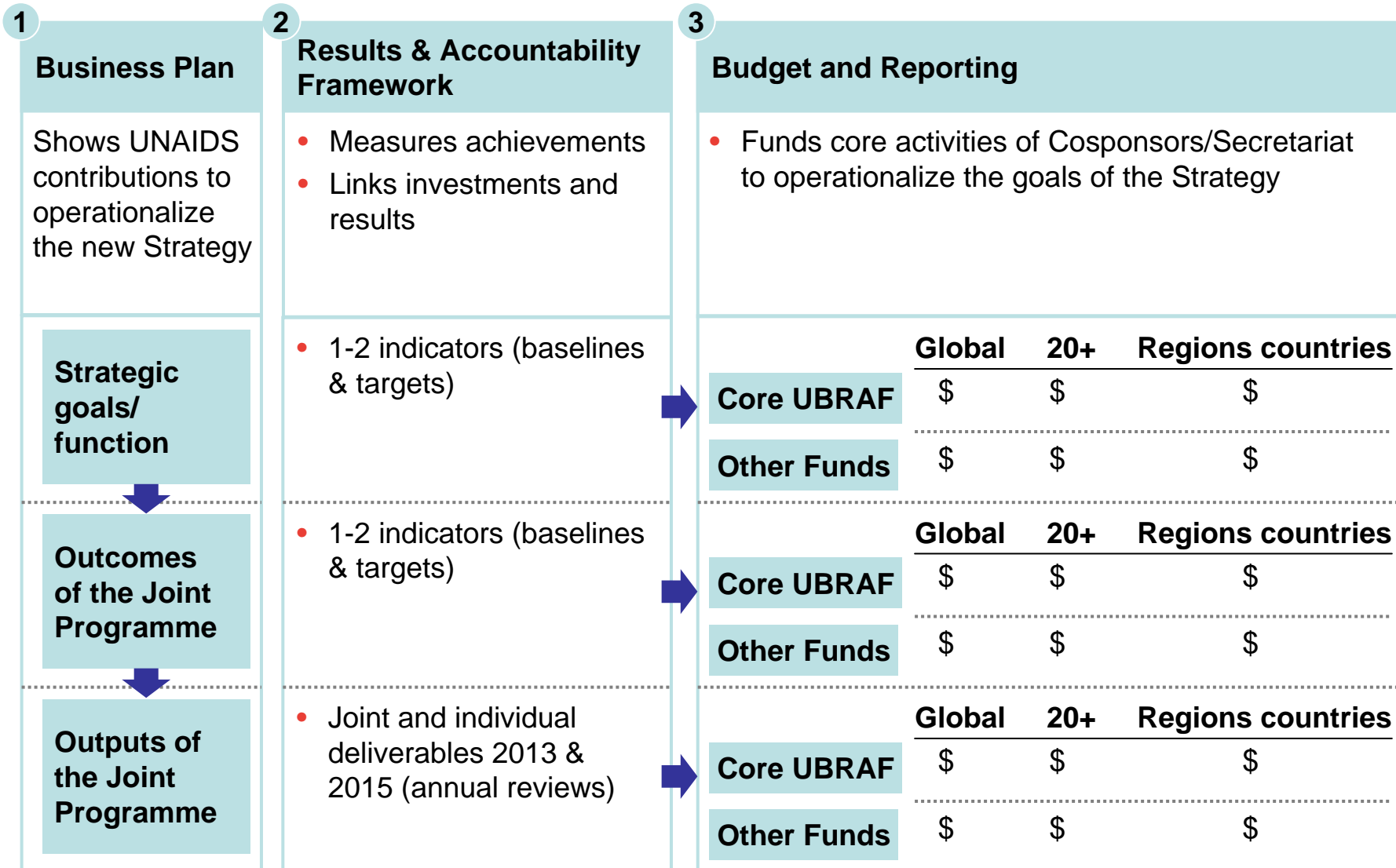
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# A new instrument





# Main elements of the UBRAF



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*Dr. Deborah Odoh, Federal Ministry of Health*
- Results and accountability in the UBRAF
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# Context



Population: ~150 million

HIV positive persons: 3.1 million

Annual births: ~6 million

HIV prevalence in ante natal clinics: 4.1%

HIV+ pregnant women: 229,480

HIV exposed infants: 57,000

Nigeria contributes 30% to the global MTCT burden

# PMTCT Successes



	2004	2010
<b>Sites offering PMTCT services</b>	<b>67</b>	<b>718</b>
<b>Pregnant women counselled and tested</b>	<b>18,554</b>	<b>907,387*</b>
<b>HIV + pregnant women receiving complete course of prophylaxis</b>	<b>645</b>	<b>26,133</b>
<b>HIV exposed infants receiving prophylaxis</b>	<b>516</b>	<b>14,573</b>
<b>Labs with PCR capacity for Early Infant Diagnosis (EID)</b>		<b>20</b>
<b>Dried Blood Spot (DBS) collection sites</b>	<b>-</b>	<b>&gt;200</b>
<i>* 31,577 positive</i>		

- 2010-2015 Strategic Plans
- PMTCT Scale-Up Plan and 2-year Operational Plan
- Re-programming of Global Fund R9 for PMTCT
- Update of PMTCT guideline and training documents
- Mapping of HIV/AIDS services (ongoing)
- Presidential directive for free ANC delivery services
- Accreditation of additional EID labs

# Successes II



## Millennium Village Project (MVP)

- UNAIDS – MVP collaboration has successfully implemented PMTCT services in two villages which has led the Government to initiate similar projects in over 100 villages using MDG debt relief funds

## Conditional Grant Scheme (CGS)

- 19 States currently benefitting to revitalize primary healthcare systems; over 2,800 primary facilities constructed/refurbished with significant contribution to the 30% reduction in maternal mortality recorded between 2003 - 2008

# Eliminating Paediatric HIV



- Nigeria is signatory to the Political Declaration on Intensifying efforts to Eliminate HIV and AIDS
- National scale-up plan targets elimination by 2015
- Government is committed to increased domestic funding, health systems strengthening, decentralization and integration to increase access to services

# Challenges



- Coordination of partners working on PMTCT
- Inequitable geographical distribution of services and variable quality of services
- Human resources (urban-rural discrepancy; capacity building and mentoring)
- Need for stronger collaboration with the private sector
- Procurement and supply management systems
- Monitoring and evaluation systems

# Opportunities for Elimination of MTCT

- Existing health system strengthening and PMTCT grants (Global Fund R8, R9 and GAVI)
- Federal Government has allocated funds from the MDG debt relief gains to improve MCH/PMTCT services
- Midwives services scheme is strengthening service delivery at Primary Health Care level with Federal Government MDG funds
- Support from international partners (PEPFAR, CIDA, DFID, UN, etc)





# Priorities for UN Support with UBRAF

- Advocacy for increased domestic funding at State and Local Government levels (effective leveraging of resources)
- Strengthening coordination structures (all levels)
- Health system strengthening with emphasis on integration of services to improve Maternal & Child Health
- Increased engagement with Civil Society Organizations
- Increased community based activities to ensure adequate demand creation for services
- Capacity building and mentoring of health workers in public and private sectors
- Improving monitoring and evaluation systems



# Next Steps



- Increased collaboration with international partners for well coordinated technical and financial support
- National consultation on the elimination of MTCT with all stakeholders in July 2011
- Advocacy for increased domestic funding at State and Local Government levels
- Review Maternal, Newborn and Child Health strategy to include PMTCT and build capacity for HIV-RH integration
- Targeted expansion of PMTCT services to high burden States

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# Outputs and Deliverables

**Output: Maternal and child health systems and services strengthened, including antenatal care and deliveries by skilled attendants, and PMTCT integrated with sexual and reproductive health.**

## Joint deliverables

### **UNICEF, UNFPA, WHO**

Provide policy operational guidance & technical support to countries to improve linkages and integration of HIV interventions and services within maternal, neonatal and child health services.

### **UNICEF, WFP, WHO**

Increase access to optimal ARV regimens for pregnant women, primary prevention with special attention to adolescent girls and optimal infant and young child feeding.

### **UNICEF, WHO**

Ensure coordinated responses through strategic partnerships on key thematic areas including strengthening of community systems and integration of health care services by national governments, partners and civil society organisations into national responses.

## Individual deliverables

### **UNFPA**

Support primary prevention of HIV among women of childbearing age and prevention of unintended pregnancies among women living with HIV

### **UNODC**

Advocate and promote provision of PMTCT services for women living in prisons and other closed settings.

# Linking investments to results

**Core resources for strengthening maternal and child health systems and services including antenatal care and deliveries by skilled attendants, and integration of PMTCT with sexual and reproductive health (US\$)**

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,300	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,300
WFP	0	57,600	2,900	0	0	12,700	2,900	0	10,400	86,500
UNFPA	190,400	151,000	88,600	23,100	46,200	121,100	35,200	28,000	68,800	752,400
WHO	249,200	154,700	54,900	0	9,600	22,200	16,600	26,200	34,700	568,100
<b>Subtotal Output</b>	<b>556,500</b>	<b>440,600</b>	<b>175,400</b>	<b>38,500</b>	<b>75,100</b>	<b>206,600</b>	<b>77,500</b>	<b>71,600</b>	<b>152,500</b>	<b>1,794,300</b>

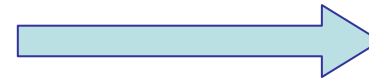
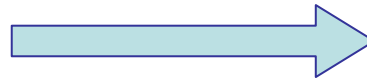
# Results and accountability

1. For each strategic goal and function, deliverables have been identified for the Cosponsors and Secretariat
2. Indicators have been identified to measure progress and an executive dashboard will be used to track progress
3. Annual progress reviews will provide the PCB an overview as well as in-depth assessments of achievements
4. A mid-term review will be conducted ahead of the 2014-2015 biennium to revise the UBRAF, if necessary
5. Further work is underway to identify baselines and targets for indicators where these do not exist as yet

# Dimensions of accountability



**Planning and budgeting: goals, outcomes, outputs, deliverables, resources**



**Performance monitoring instruments, mechanisms and processes**



**Reporting on progress, achievements and expenditures**



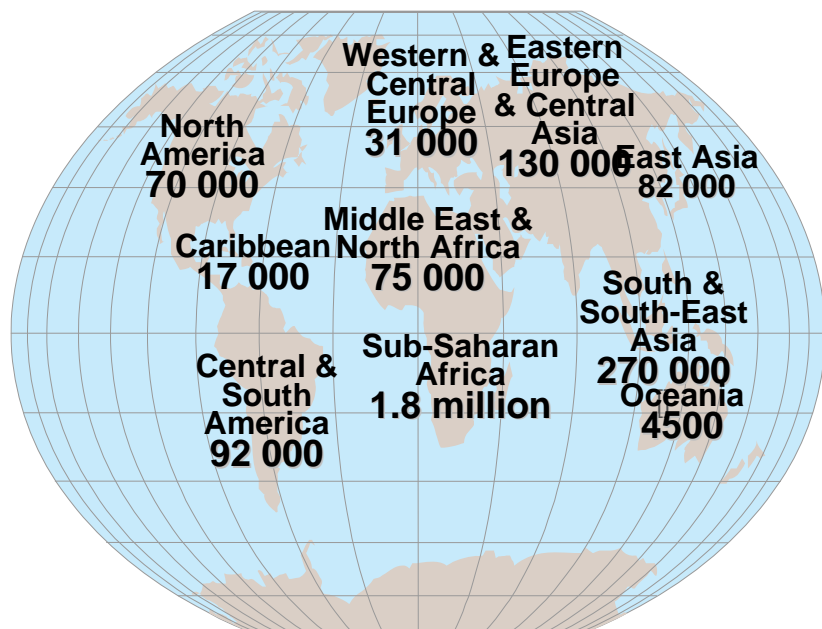
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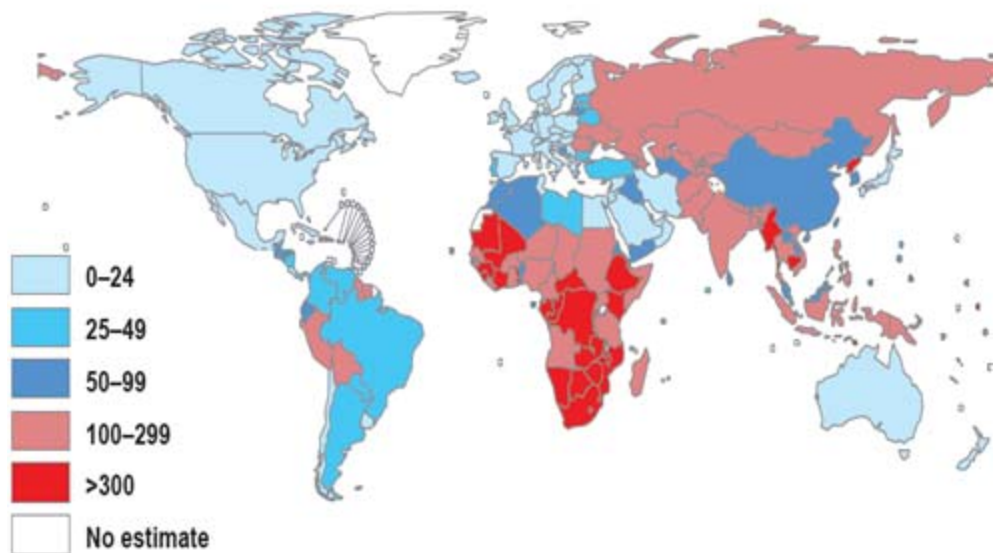
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*Dr. Gottfried Hirnschall, WHO*
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# HIV and TB burden, 2009



Adults & children newly infected with HIV



TB incidence per 100,000 population

- **TB leading cause of death among PLHIV**
- **HIV-associated TB accounted for**
  - **400,000 (23%) of all TB deaths**
  - **22% of all deaths among PLHIV**

# What is our strategic approach?...

## Policy for collaborative TB/HIV activities

- ✓ Establish mechanisms for collaboration
  - Coordination bodies & joint planning
  - Surveillance and M&E
- ✓ Decrease burden of HIV in TB patients (TB programmes)
  - Provide HIV testing & counselling
  - Introduce HIV prevention methods
- ✓ Implement *Three I's for HIV/TB* (HIV programmes)
  - PLHIV receive Isoniazid Preventive Therapy (currently <1%)
  - PLHIV screened for TB (<5%)
  - Infection control is often an afterthought
  - Only 40% of eligible people are on ART

# What the Joint Programme aims to achieve

- 50% reduction in TB deaths among adults and children living with HIV by 2015
- Universal access to comprehensive and integrated HIV and TB prevention, diagnosis and treatment services
- *Three Is for HIV/TB* as well as earlier initiation of ART at country level
- Increased TB literacy among PLHIV and work with networks of people at risk for TB
- Reduced vulnerability and factors that put individuals at risk of HIV-related TB

.... This served as the basis for  
UBRAF goals, outputs and outcomes



# What do we aim to achieve and how will we measure it?

## Outcomes

**More people living with HIV diagnosed and receiving TB treatment.....from <5% to 100%**

**Percentage receiving treatment for TB and HIV...from 17% to 100%**

**Percentage of TB patients who had an HIV test results recorded in TB register.....from 26% to 100%**

# How do we work together?

2010 - Development of **HIV/TB business case** and joint costed work plan convened by WHO, with ILO, WFP, WB, UNHCR, UNODC, UNICEF supported by UNAIDS Secretariat

2011 - **HQ and Regional UBRAF** planning and budgeting process with a country focus

2011 – Initiated Linked **Interagency HIV/TB and HIV Treatment working group (PAWG)**

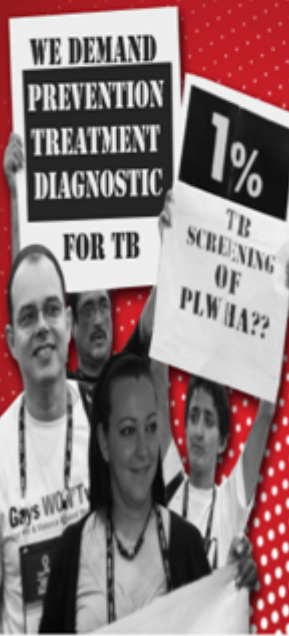
At regional and country level: **UN joint teams**



WHO *Three I's for HIV/TB Meeting*, Geneva, Switzerland

NO  
MORE  
PEOPLE

LIVING WITH HIV  
DYING OF TB



# Engagement with civil society

## Selected activities

- 2010 WHO co-organized with ARASA-*WHO Three I's for HIV/TB* community workshop
- 2010 WHO engaged human rights experts to cost human rights and community support
- Development of HIV/TB related policy and guidelines
- Participation of community representatives in international and regional meetings on *Three I's for HIV/TB*



# What is new?

- HIV/TB gets more focus as separate priority area
- HIV/TB promoted as model of integration/linkage across programmes
- Strengthened multi-sectoral and community engagement in the TB and HIV response
- Enhanced joint planning and implementation by Cosponsors
- Greater accountability of cosponsors on all resources
- Clarified DoL and engagement of Cosponsors:
  - **WHO** – Convening agency; policy framework; strategic information; normative tools and guidelines; technical support to countries
  - **ILO** – Workplace programs; PPP; migrant workers
  - **UNHCR** – Programmes for refugees and IDPs
  - **UNICEF** – TB prevention, diagnosis & treatment among infants and in MNCH services
  - **UNESCO** – TB and PLHIV for learners and teachers
  - **UNODC** - HIV/TB services in prisons, drug treatment services and detention centres
  - **WB** – Addressing HIV/TB in national strategic planning and health systems strengthening
  - **WFP** – Food assistance & nutritional support for 3 I/s
  - **Secretariat** – Advocacy and multisectoral planning

# Next steps

1. Maintain UN Cosponsor HIV/TB and Treatment Working Group as main global coordinating mechanism
2. Increase joint activities to capitalize on Cosponsor strengths at all levels
3. Monitor implementation and report on progress
4. Review Global Fund and other funding in HIV/TB to ensure adequate financial resources
5. Mobilize additional resources for technical support, particularly at country level





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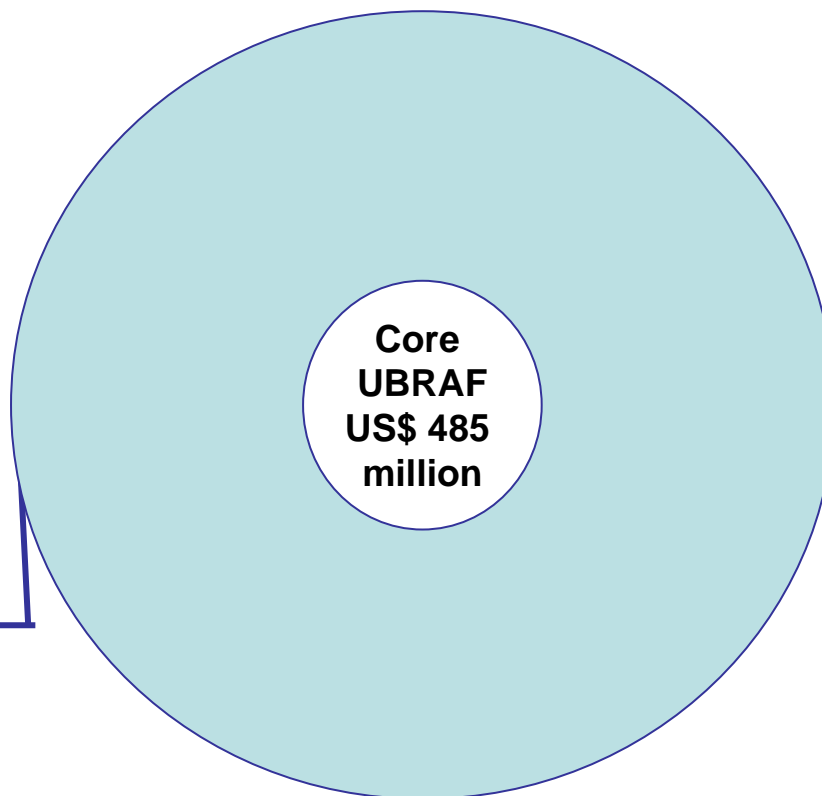
# Budget and resource allocation

1. A zero-growth budget is proposed, which represents a real decrease in purchasing power.
2. Budget allocations are based on epidemic priorities, where the biggest impact on the epidemic can be made.
3. Additional support will be provided for the 20+ high-impact countries through UN Joint Teams and Joint Programmes of Support

# Total UN HIV/AIDS spending and UBRAF core funds

**Total HIV-targeted funds: ~USD 3,888 million** (Core UBRAF and other HIV-specific funds of the UN)

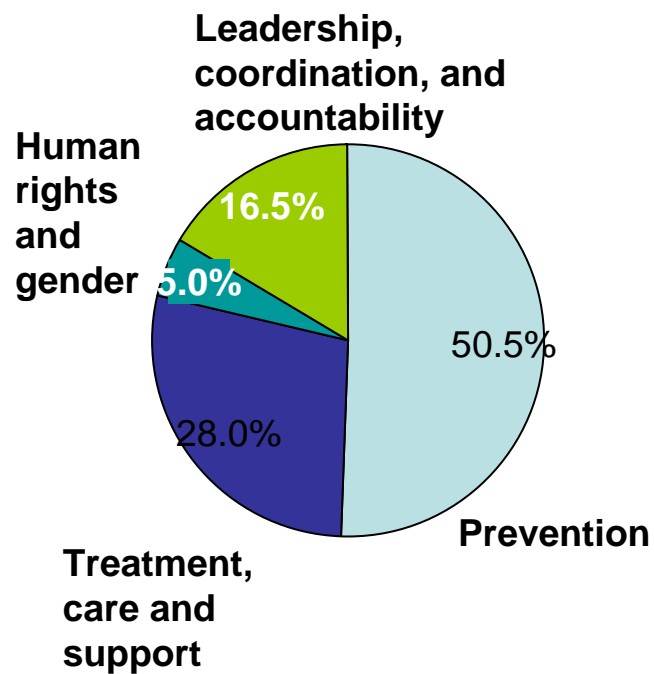
Other HIV specific funds  
~3,403 million (88%)



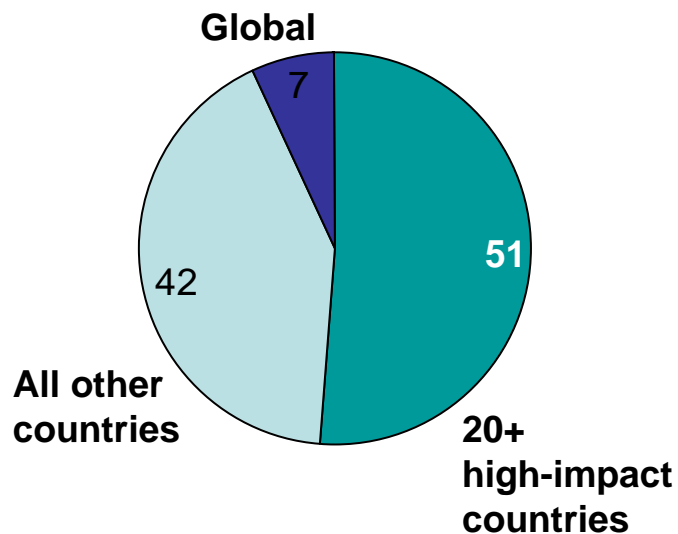
# All UN resources for HIV/AIDS

Total = USD 3,888 million

## Per cent of all resources by strategic direction / function



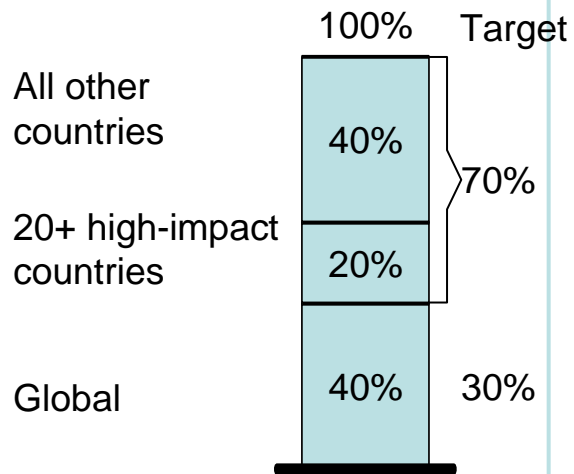
## Per cent of all resources by geographic distribution



# Breakdown of core resources

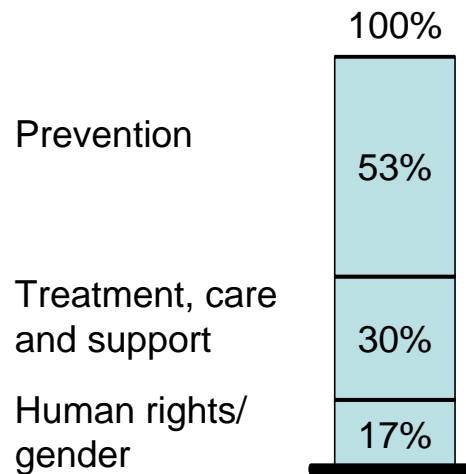
## Geographic distribution

100% = ~USD 485 million



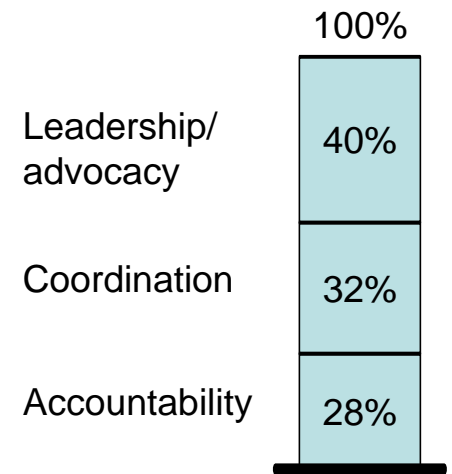
## Strategic directions

100% = ~USD 155 million



## Strategic functions

100% = ~USD 330 million



# Next steps

1. Continuing to refine indicators, targets and baselines prior to implementation of the UBRAF
2. Implementing the UBRAF to achieve the commitments in the Political Declaration of the General Assembly
3. Reporting back annually to the PCB on progress and achievements

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*Madame Mariame Sy, Chair (Senegal)*

# PCB Subcommittee

- Re-established by the 26<sup>th</sup> PCB in June 2010 with a revised mandate
- Composed by 13 representatives of member states, NGOs, Cosponsors and UNAIDS Secretariat
- Three meetings took place in December 2010, March and April 2011
- Organisation of two multi-stakeholder consultations to increase opportunities for input



# PCB Subcommittee: main challenges

- Considerable time pressure (from December 2010 to end of April 2011)
- Additional workload relating to the organisation of two multi-stakeholder consultations
- Timely availability of documents online in both English and French ahead of meetings
- Constraints overcome through a collective commitment

# PCB Subcommittee: key issues

- Maintaining flexibility to adapt to national contexts and different aspects of the epidemic
- Allocating resources to encourage joint work at country level as well as establish appropriate accountability
- Developing ways of measuring long-term effects of policy advocacy and normative and technical support
- Establishing regular reporting on 'non-core' funds to ensure their alignment with UNAIDS Strategy
- Ensuring mechanisms are simple and build on existing processes to maximize coherence and synergy

# PCB Subcommittee: key issues (2)

- Recognizing different priorities at global, regional and country levels
- Focusing objectives to make them precise and results-based, emphasizing the value added of UNAIDS
- Clarifying the role of Cosponsors and the Secretariat, showing contributions at output and deliverable levels
- Reflecting better the role of civil society, including through common standards to work with civil society

# PCB Subcommittee: recommendations

## The PCB to:

- Recognize the value of multi-stakeholder consultations and the subcommittee in the development of the UBRAF
- Urge all constituencies to use 2012-2015 Results and Accountability Framework to meet their reporting needs
- Request annual reports to the PCB on the implementation of the 2012-2015 UBRAF
- Approve the 2012- 2015 UBRAF