



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB(38)/16.11
Issue date: 30 May 2016

THIRTY-EIGHTH MEETING

Date: 28-30 June 2016

Venue: Executive Board Room, Geneva, Switzerland

Agenda item 4.3

2016-2021 Unified Budget, Results and Accountability Framework

Report of the PCB Working Group to Review and Further Develop the Results and Accountability Framework of the 2016-2021 UBRAF

Additional documents for this item: UNAIDS/PCB(38)/16.10

Actions required at this meeting – the Programme Coordinating Board is invited to:

see decisions in below paragraphs

36. *take note* of the report and conclusions of the PCB working group established in accordance with decision 7.2 of the 36th PCB “to review and further develop the Results and Accountability Framework and to present the revised Results and Accountability Framework to the 38th meeting of the Programme Coordinating Board”; and
37. *accept* the recommendation of the PCB working group to *approve* the final, prioritised and more detailed 2016-2021 Unified Budget, Results and Accountability Framework by the Programme Coordinating Board at its 38th meeting.

Additional cost implications for decisions: *none*

I. INTRODUCTION

1. At its 36th meeting from 30 June to 2 July 2015, the Programme Coordinating Board requested “*the UNAIDS Secretariat to establish a working group, with representation from Cosponsors and independent experts, to review and further develop the Results and Accountability Framework so that it is suited to guide the work of the Joint Programme in line with the priorities established by the updated Strategy, and enables strategic reporting to member states and the Programme Coordinating Board that can be used to make a critical assessment of the Joint Programme’s achievements and challenges faced in implementing the Strategy, and to present the revised Results and Accountability Framework to the 38th meeting of the Programme Coordinating Board*” (decision 7.2).
2. At its 37th meeting from 26 to 28 October 2015, the Programme Coordinating Board approved the 2016-2021 Unified Budget, Results and Accountability Framework, recalling decision point 7.2 of the 36th meeting of the PCB and noting that it “*looks forward to the presentation of a revised Results and Accountability Framework for approval at the 38th meeting of the Programme Coordinating Board*” (decision 6.1).
3. At its 37th meeting, the Board approved US\$ 485 million as the core budget for 2016-2017 and noted that “*it looks forward to a clear link between the results and resources as set out in the final, prioritized and more detailed Results and Accountability Framework*” (decision 6.2).
4. This report presents a summary of the deliberations and recommendations of the PCB working group in accordance with the decisions of the 36th and 37th meetings of the Programme Coordinating Board.

II. ESTABLISHMENT OF THE PCB WORKING GROUP

5. Following the 36th meeting of the Programme Coordinating Board (30 June to 2 July 2015), Board members were requested to suggest experienced independent experts who could be considered for the working group to review and develop the Results and Accountability Framework to be presented to the 38th meeting of the Programme Coordinating Board.
6. Members of the working group were expected to meet the following criteria:
 - good understanding of HIV, health and/or related issues and familiarity with the work of UNAIDS, at country, regional and/or global levels;
 - in-depth knowledge and understanding of monitoring and evaluation as well as results-based management concepts and frameworks;
 - experience in creating and/or managing results and accountability frameworks and using performance monitoring data to improve effectiveness, efficiency, relevance and impact; and
 - experience in indicator development, data collection and analysis, and/or performance assessments and reviews.
7. Following a briefing of the Bureau of the Programme Coordinating Board at the beginning of September 2015 on steps taken to establish the working group, regional groups of the PCB who had not suggested candidates were contacted to ascertain their interest in participating in the working group. As a result, additional nominations were received and consultations took place with member states to constitute a balanced working group.

8. The working group was comprised of four independent experts nominated by member states, two independent experts nominated by the Programme Coordinating Board civil society delegation, two Cosponsor representatives and two representatives of UNAIDS Secretariat. The working group was chaired by the expert from Germany. A list of the members of the working group is annexed.

III. MEETINGS AND PROCESS

9. During an introductory webinar in November 2015, the PCB working group considered how to structure its work drawing on a review of documents, the experience of members of the working group, face-to-face as well as virtual interaction and the need to balance expectations of different constituencies in terms of structure, level of detail, performance monitoring, accountability and reporting.
10. A first face-to-face meeting of the PCB working group on the UBRAF took place in December 2015. Discussion focused on ways of improving the structure, presentation and reporting of the UBRAF and ways of refining the indicators. The working group concluded that additional work was needed to be able to meet the expectations of the Programme Coordinating Board and agreed to continue working virtually and electronically through January and February 2016 and to meet in March for a second face-to-face to agree on a more detailed and prioritised UBRAF to be finalized in April 2016.
11. At the second face-to-face meeting the PCB working group concluded that considerable progress had been made towards a final, more detailed and prioritized 2016-2021 UBRAF. Discussions focused on ways of explaining better what the UBRAF can and cannot be given inherent complexities of the Joint Programme, how to address gaps and shortcomings in the UBRAF, refinements needed to finalize the UBRAF indicators, and ways of improving the presentation of the 2016-2021 UBRAF further. The working group agreed on the structure and presentation of a more detailed and prioritised UBRAF and validated the UBRAF indicators.
12. The PCB working group members found that the group provided a useful forum for in-depth and productive discussions on the UBRAF. They were able to apply their expertise; balance alternative options for a revised framework and performance monitoring; and reach consensus on a revised 2016-2021 UBRAF that is technically sound, meets UN standards for planning, reporting and accountability and accounts for the inherent complexities of the Joint Programme, with a clearer understanding on what the UBRAF can and cannot be. In particular, the PCB working group ensured inclusion of civil society perspectives for stronger engagement of civil society in the implementation of the UBRAF and improved monitoring of this engagement.
13. During the months of March and April 2016, the UNAIDS Secretariat and Cosponsors developed a more detailed and prioritised UBRAF, reflecting all the working group recommendations. The UNAIDS Secretariat led field testing and collection of baselines for the UBRAF indicators in 60 countries with a UNAIDS Joint Programme presence. Subsequently, the Secretariat and Cosponsors agreed on milestones for 2017 and 2019 and targets for 2021.
14. At the end April 2016, the Programme Coordinating Board Bureau as well as Member States, Civil Society and other stakeholders were briefed on the revised 2016-2021 UBRAF. In May 2016, the working group reviewed and endorsed the final, prioritised and more detailed 2016-2021 Unified Budget Results and Accountability

Framework to be presented to the 38th Programme Coordinating Board in June 2016.

IV. SUMMARY OF DISCUSSIONS AND RECOMMENDATIONS

A. On a revised and more detailed 2016-2021 UBRAF

15. The PCB working group acknowledged the long and consultative process on the UBRAF that had preceded the establishment of the working group. It recognized that the development of the UBRAF was guided by regional, global and on-line consultations to define the priorities, role and functions of the Joint Programme, and it reviewed and considered findings from the Mid-Term Review on the 2012-2015 UBRAF and feedback from member states, civil society, other partners and external assessments. In particular, the PCB working group recognised the efforts made to reduce the complexity of the UBRAF and the significance of the UBRAF as an instrument to achieve UNAIDS vision and the Sustainable Development Goals (SDGs).
16. The PCB working group proposed and discussed several options on how to revise and improve the UBRAF, acknowledging that the Joint Programme is a complex programme and the UBRAF should be built on the understanding that several complementary tools and methods are required for collecting data and information to provide a clear picture of its results. Key issues discussed and agreed upon recommendations by the PCB working group are presented in the following paragraphs.
17. **Improved presentation and structure of the UBRAF document.** The PCB working group recommended merging Part I and Part II of the UBRAF into one document to improve the presentation and flow, to delete repetitive parts and shorten the overall document. It also requested a clearer explanation of boundaries and limitations of the UBRAF. It suggested giving more prominence to outputs and output descriptions, moving content that was presented as an Annex to the main text.
18. **UBRAF outputs.** The UBRAF presents a list of country outputs – what the Joint Programme wants to achieve at country level and against what it wants to be measured. UBRAF outputs capture progress/ changes at country level that are plausible results of the support of the Joint Programme. After considering several options, the PCB working group recommended maintaining outputs that cover results at country level (intermediate outcomes) to which UNAIDS makes a significant contribution jointly with Governments, donors and other partners. This option provides more relevant information about expected results from Joint Programme contributions, but requires a clearly articulated theory of change for the outputs. Therefore, the PCB working group requested a further elaboration of the theory of change that underlines outputs and the linkages to the UNAIDS Strategy. Following further revision and refinement, outputs were reduced from 22 (UBRAF version presented to the 37th Programme Coordinating Board) to 20 (with outputs 5.1 and 5.2 on gender, and outputs 7.1 and 7.2 on sustainability and efficiency merged).
19. **Role and functions of the Joint Programme.** Members of the PCB working group considered that there was not sufficient clarity on the role and functions of the Joint Programme and requested an additional level to be added to the UBRAF framework, to capture the organizational functions, defining more clearly the respective roles and functions of the Secretariat and the Cosponsors. Joint Programme actions (presented in Annex 1 of the UBRAF document) were reviewed and mapped against core functions to provide a better picture of the activities of Cosponsors at country

level. The Division of Labour among the Cosponsors and the Secretariat was also added as an Annex.

20. **Budget estimates and allocation of resources.** At the request of the working group, the financial information contained in tables and charts was reviewed and the presentation revised to include only essential information. The working group also requested clarity on the difference between core and non-core funds (also known as 'other AIDS funds'). The working group agreed on a definition of non-core funds as: *“regular or extra-budgetary resources that contribute to the achievement of UBRAF outputs and which are or can be measured through UBRAF indicators”*.
21. Although the PCB working group recognised that financial accountability for non-core funds rests with each Cosponsor and their respective Boards, there was full agreement that the PCB provides the best forum to guide the planning and implementation of the UN System support to the global response to AIDS. It was therefore agreed that non-core funds should be reflected in the UBRAF and that reporting on non-core AIDS funds should be strengthened under the 2016-2021 UBRAF.
22. The budget presented in the UBRAF is an estimate of the resources that the Joint Programme will need in 2016-2017 to achieve the milestones identified in the UBRAF. As recommended by the PCB working group, the overall risk of not being able to deliver on the outputs due to a shortfall in funding has been noted in the revised 2016-2021 UBRAF and it was agreed that reporting on UBRAF implementation should be adjusted to funding levels. In addition, more detail on programming and resource deployment for the UNAIDS Secretariat and the Cosponsors has been provided through a new section in the UBRAF.
23. **Regional dimensions.** The PCB working group valued the UBRAF focus on regional priorities, anchored in the UNAIDS 2016-2021 Strategy. The different epidemic patterns across regions of the world provide the rationale and opportunity for regional approaches to fast-track the AIDS response. At regional level, the Joint Programme helps adapt the global vision and translate it into practice that suits regional contexts and enables an effective AIDS response in each country. The PCB working group recommended expanding regional summaries with maps to show the presence of the Joint Programme at country level; regional estimated allocations of core and non-core funds of UNAIDS Secretariat and Cosponsors and percentage allocation of funds to Fast-Track countries in each region. Updated regional profiles should be prepared every two years to take into account epidemiological and other changes.
24. **A broad range of monitoring and evaluation tools.** The revised 2016-2021 UBRAF offers a broad range of monitoring and evaluation tools that together provide a more comprehensive and valid picture than any single method or source of information would do. In particular, the PCB working group recommended strengthening provisions for independent evaluation to:
 - i. show evaluation as a fundamental part of a robust performance measurement system, and;
 - ii. provide more detail on the role evaluation plays. In order to strengthen accountability, the PCB working group recommended expanding the sources of data allowing triangulation as well as more rigorous inclusion of external perspectives.

25. Members of the PCB working group recommended more external validation of data. Moreover, the PCB working group recommended exploring options for differentiated reporting formats, i.e., different kinds of reporting serving different purposes. The chapter on planning, monitoring, evaluation, reporting and accountability (the UBRAF cycle) was expanded and restructured accordingly.
26. **Role and contribution of civil society and other partners.** The PCB working group agreed that the role and engagement of civil society, the private sector, and other partners should be more clearly reflected in the UBRAF. It was recommended to expand the narrative on partnerships with, and engagement of, civil society and other stakeholders. The group recognised that strong civil society engagement is critical to the HIV response and it requires regulatory, social and cultural space as well as financial resources. Supporting and strengthening the engagement of civil society in the AIDS response, including organizations representing people living with HIV and key populations, should remain at the core of UNAIDS work.

B. On UBRAF Indicators

27. The PCB working group assessed UBRAF indicators for validity, relevance and reliability, and proposed concrete indicators and measurement methods. The review and analysis of UBRAF indicators ensured that:
- outputs relate well to the result areas in the UNAIDS Strategy;
 - indicators are appropriate proxy measures for the outputs; and
 - indicators measure elements that are plausible results of the work of the Joint Programme at country level and provide information on performance of the Joint Programme over time.
28. The PCB working group recommended prioritizing measurement questions under each indicator and limiting them to the extent possible (where possible, to no more than four questions covering major contributions of the Joint Programme). In consultation with content area experts and relevant Cosponsors, the PCB working group proposed concrete measurement questions that are specific and that can be easily answered with “*Yes, No or Not Relevant*”, reducing demands on data collection. An indicator should be considered as met only if answers to all its measurement questions are “*Yes*”, excluding the cases of non-relevance. The approach was aimed at avoiding scoring formulas that are difficult to interpret, and to simplify quality assurance. With a few exceptions, data should be collected through the Joint Programme Monitoring System (JPMS), which uses data from the national monitoring system, reviews, assessments, and observations by Joint Team members.
29. **Qualitative and quantitative information.** The UBRAF indicators capture quantitative information, while qualitative information is collected through Joint Programme Monitoring System (JPMS) progress reports under each output. The PCB working group confirmed that no additional text/narrative should be collected with the indicators.
30. **Measurement of strengthening and engagement of civil society.** Through a consultative process led by members of the PCB working group nominated by the Programme Coordinating Board NGO delegation, measurements related to civil society strengthening and engagement were developed. Across result areas, indicators include measurements of investment in and engagement of civil society and key population groups in the HIV response at country level – as plausible results

of Joint Programme efforts. This is in line with UNAIDS guidance that calls for meaningful engagement with civil society to be incorporated into all areas of the Joint Programme's work. An indicator was developed to measure UNAIDS Secretariat performance in supporting civil society with their resource mobilization. It was recommended that additional information be collected through narrative/qualitative reports.

31. Following the finalization of UBRAF indicators by the PCB working group, the UNAIDS Secretariat led the process to field test and establish baselines, milestones for 2017 and 2019, and targets for 2021.
32. The PCB working group concluded that the new set of 2016-2021 UBRAF indicators is significantly strengthened compared to the previous set. The working group appreciated the move from "process" indicators to "results" indicators, with indicators measuring elements that are plausible results of the work of the Joint Programme at country level.

V. CONCLUSIONS OF THE PCB WORKING GROUP

33. The PCB working group agreed that the revised 2016-2021 UBRAF includes major improvements, in particular:
 - a clearer and simpler structure;
 - a stronger link between resources and results;
 - explicit criteria for the allocation of resources;
 - fewer/prioritised outputs (20 compared to 64 in the 2012-2015 UBRAF);
 - improved reflection of regional differences and priorities;
 - more clarity on the roles and functions of the Cosponsors and Secretariat;
 - a theory of change linking UBRAF outputs to higher level results, explaining how the Joint Programme contributes to outcomes and impact.
34. In relation to the revised and finalised UBRAF indicators, the working group welcomed:
 - the reduction in the number of indicators and the shift from process indicators to monitoring changes at country level to which the Joint Programme contributes more directly; and that
 - the additional independent assessment/reporting tools that are included in the revised 2016-2021 UBRAF to provide a more complete picture of what has been achieved and triangulation of results. Renewed attention is given to evaluation and inclusion of external perspectives and data validation.
35. Based on the revisions as summarised in this report, the PCB working group concluded that:
 - i. the revised 2016-2021 UBRAF – following the review and further development – represents a significant improvement on the 2016-2021 UBRAF presented to the 37th meeting of the Programme Coordinating Board in October 2015;
 - ii. the revised 2016-2021 UBRAF is suited to guide the work of the Joint Programme in line with the priorities established by the 2016-2021 Strategy, enables strategic reporting, and can be used to make a critical assessment of the Joint Programme's achievements and challenges faced in implementing the Strategy;

- iii. the UBRAF is a unique instrument – the only one of its kind in the UN system – bringing together the efforts of 12 UN organisations into one framework, and the first multi-agency results and accountability framework to be adopted under the 2030 Agenda for Sustainable Development, reflecting calls for issue based coalitions, joint programming, joint teams, and attribution to collective results under the SDGs.

The Programme Coordinating Board is invited to:

36. *Take note* of the conclusions of the PCB working group; and
37. accept the recommendation that the final, prioritised and more detailed 2016-2021 Unified Budget, Results and Accountability Framework be approved by the Programme Coordinating Board at its 38th meeting.

[Annex follows]

ANNEX

Membership of the PCB Working Group to Review and Further Develop the Results and Accountability Framework of the 2016-2021 UBRAF

Independent experts nominated by member states

Dr. Brigitte Jordan-Harder (Germany): Dr. Jordan-Harder is a physician with background in international public health, communicable disease control and sexual and reproductive health with emphasis on HIV/AIDS. Her experience includes: programming, implementation and monitoring of HIV prevention, care and treatment and sexual and reproductive health programmes; support to multi sectoral responses to HIV; policy and strategy development; planning, evaluation and review; design and management of results oriented monitoring systems.

Mr. Stein Erik Kruse (Norway): Mr. Kruse is a Senior Consultant with the Nordic Consulting Group. He has experience of programme evaluations; building monitoring and evaluation systems at project, sector and agency levels; results based management and measurement; strategy analysis and formulation; project and programme development and sector/ country programming; and organisational development and research, including with multilateral organizations and on public health and HIV/AIDS.

Dr. Juliana Givisiez (Brazil): Dr. Givisiez is an epidemiologist with background in public health. She has been working in the Department of STIs, AIDS and Viral Hepatitis in Brazil since 2009, primarily in the Monitoring & Evaluation team. Her main activities were focused on strategic information, especially the development and monitoring of indicators and projects and the elaboration of national and international reports. She has recently been assigned as the coordinator of the Department's international cooperation activities.

Mr. Raymond Yekeye (Zimbabwe): Mr. Yekeye is Programme Director at the National AIDS Council in Zimbabwe. He has also served as the Co-Chair of the Indicators Working Group of MERG (Monitoring and Evaluation Reference Group) since its establishment. He has extensive background and country experience in monitoring and evaluation, as well as on programmatic HIV issues from the East and Southern Africa region. Currently he is also the chair of the organizing committee of the 2015 International AIDS Conference for Africa (ICASA).

Independent experts nominated by the PCB NGO delegation

Ms. Luisa Orza (ATHENA network). Luisa Orza is Programmes Director for the ATHENA Network as well as a Salamander Trust Associate, and STOPAIDS Trustee. Prior to this, she was M&E Officer for ICW from 2004 - 2009. Over the past ten years Luisa's work has focused primarily on the sexual and reproductive health and rights of women living with HIV; strengthening the leadership and participation of women living with HIV, including young women living with and most affected by HIV; and on preventing and addressing violence against women in the context of and response to HIV.

Dr. Michael Arnold (Center for Sexuality and Health Disparities). Dr. Arnold is a researcher with over 15 years of experience in programme evaluation, behavioral and psychosocial health research, and social policy analysis. Research topics include the influence of programme, policy, and environmental factors on the well-being of marginalized and disadvantaged groups. His experience with qualitative methods and using data to promote social justice is particularly relevant to the working group.

UNAIDS Cosponsor representatives

Dr. Gottfried Hirnschall (alternate: Mr. Kerry Kutch), WHO Geneva

Mr. Chris Castle (alternate: Ms. Ariana Stahmer), UNESCO Paris

UNAIDS Secretariat representatives

Ms. Mary Mahy, UNAIDS Geneva

Mr. Vinay Saldanha, UNAIDS Moscow

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