

PROGRESS ON THE IMPLEMENTATION OF THE UNAIDS JOINT PROGRAMME ACTION PLAN

Additional documents for this item: UNAIDS/PCB (42)/CRP1

Action required at this meeting—the Programme Coordinating Board is invited to:

See draft decision point in the paragraphs below:

70. *Take note of* the report on the implementation of the UNAIDS Joint Programme Action Plan and *look forward to* further updates on the implementation of the Action Plan and revised operating model of the Joint Programme as part of regular reporting on the 2016–2021 Unified Budget, Results and Accountability Framework;
71. *Acknowledge* the work to date conducted through the review of the integrated approach including the country envelopes, and *request* UNAIDS to conduct a further review of the revised operating model by 2020.

Cost implications for decisions: none

I. OVERVIEW

1. The Joint Programme Action Plan is based on the recommendations of the Global Review Panel on refining and reinforcing the UNAIDS Joint Programme Model. Its aim is to deploy human and financial resources where they are needed most; reinvigorate country-level joint work and collaborative action; and reinforce accountability and results for people through strengthened coherence and effectiveness of the Joint Programme in implementing the UNAIDS 2016–2021 Strategy.
2. This report has been developed in response to decision point 5.3 of the 40th Meeting of the Programme Coordinating Board (PCB) requesting the Executive Director and the Committee of Cosponsoring Organizations (CCO) “to submit to the 41st and 42nd PCB sessions a report on progress of the implementation of the UNAIDS Joint Programme Action Plan for consideration and future guidance”. It is the second of two reports. It includes further updates on the implementation of the Action Plan and revised operating model of the Joint Programme as part of regular reporting on the 2016–2021 Unified Budget, Results and Accountability Framework (UBRAF).

II. BACKGROUND AND CONTEXT

Global Review Panel

3. At its 39th session in December 2016, the PCB asked UNAIDS to establish a Global Review Panel (the Panel hereafter) on the future of the Joint Programme Model. It was co-convened by the Executive Director of UNAIDS, Michel Sidibé, and United Nations Development Programme (UNDP) Administrator and UN Development Group Chair, Helen Clark, and was co-chaired by Awa Coll-Seck, Minister of Health, Senegal, and Lennarth Hjelmåker, Ambassador for Global Health, Sweden. Its task was to provide recommendations for a sustainable and fit-for-purpose Joint Programme.
4. The Panel’s report validates the added value and fundamental elements of the unique Joint Programme. It also endorses UNAIDS multisectoral approach and central role within the global health architecture, including as a vital partner of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United States President’s Emergency Plan for AIDS Relief (PEPFAR).
5. The Panel described UNAIDS model as the most effective arrangement for leveraging the competencies of each cosponsoring agency. Nothing that the Joint Programme embodies the key approaches required by Agenda 2030, the Panel called it a model 20 years ahead of its time. The recommendations from the Panel’s report place strong emphasis on reinvigorating country-level joint work and collaborative action, and on reinforcing accountability and results for people.

Action Plan

6. Embracing the recommendations of the Global Review Panel and building on the UNAIDS 2016–2021 Strategy, the Joint Programme developed an Action Plan. The Plan seeks to shape a more cohesive, integrated and effective partnership. It presents a set of near-term actions and deliverables that emphasize flexibility, differentiation, prioritization and inclusiveness.
7. The new model articulated in the Plan focuses on tailored country presence, smarter investments at the country level, greater attention to the drivers and incentives for joint work, and strengthening the strategic focus of the Joint Programme’s governance mechanisms. Because the HIV response has no one-size-fits-all solutions, the Plan

emphasizes forward-looking, flexible approaches that are custom-built for each country context and led by diverse teams, as called for in Agenda 2030 and the 2016 Quadrennial Comprehensive Policy Review (QCPR). This Action Plan squarely positions the Joint Programme as a pathfinder amid the broader reform of the UN Development System.

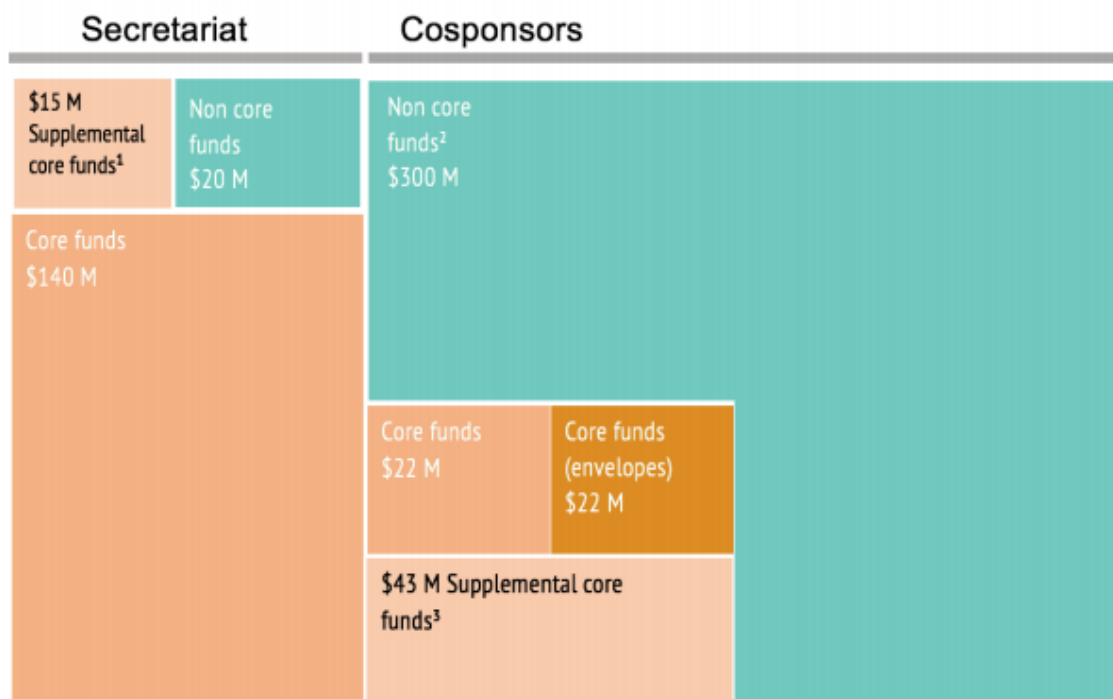
8. At its 40th meeting in June 2017, the PCB welcomed and affirmed the UNAIDS Joint Programme Action Plan (UNAIDS/PCB (40)/17.4) and requested its implementation. Subsequently, a first report on progress in the implementation of the Action Plan was presented at the 41st PCB meeting in December 2017.
9. Under the leadership of the UN Secretary-General and the guidance of Member States and stakeholders, the UN is engaged in an ongoing process of transformation and reform. The purpose is to reinforce its capacity to meet new demands and deliver its vital services in the most effective and efficient ways. This implies a constant emphasis on transparency, accountability, integrity, efficiency and flexibility, while creating an environment in which improvement is expected and innovation is welcomed. These efforts are aimed at delivering results to people most in need, doing more with what we have and strengthening accountability.
10. The UN Secretary-General's vision for UN Reform entails six key areas of UN Development System repositioning:
 1. A new generation of UN Country Teams,
 2. Reinvigorating the role of the Resident Coordinator System,
 3. Revamping the regional approach,
 4. Strategic direction, oversight and accountability for system-wide results,
 5. Funding the UN Development System, and
 6. Following up on the UN Development System repositioning efforts at the global, regional and country levels.
11. From the UNAIDS Joint Programme's perspective, the implementation of the Action Plan demonstrates ongoing realignment to ensure that UNAIDS remains fit for purpose while demonstrating effectiveness and efficiency for optimal implementation of the 2016–2021 UNAIDS Strategy, the 2016 Political Declaration on Ending AIDS, and the Sustainable Development Goals. Efforts have emphasized cost consciousness, results-based budgeting and risk management, and accountability for results across the Joint Programme.
12. The UN Secretary-General has set the wheels in motion with regards to wider, systemic changes within the UN. The Joint Programme, through its Action Plan, is an innovator in the field of UN reform and it is poised to adapt to the changes needed to transform the UN and enable it to achieve its 2030 Sustainable Development Goals (SDGs).
13. Working with its partners from the Global Health Partnership, H6, the Joint Programme aims to show that global health is a driving force for change across the SDGs. Through the refined Joint Programme operating model, which foresees more efficient human and financial resources deployment, greater impact under the UN Resident Coordinator leadership is expected. Empowering and deploying multiskilled staff, with particularly strong skills in areas such as human rights and gender, the Joint Programme is expected to both deliver across the SDGs and champion UN reform.
14. Following the presentation of the first report on the implementation of the Action Plan, Member States took note of the report; looked forward to a further update at the 42nd meeting of the Programme Coordinating (decision 6.1), and encouraged Member States

and other stakeholders to make contributions towards the full funding of the core UBRAF, in accordance with decisions 6.5 and 6.6 of the 40th PCB meeting, and additional contributions in line with the UNAIDS Joint Programme Strategic Resource Mobilization Plan (decision 6.2).

III. RESOURCE ALLOCATION, MOBILIZATION AND ACCOUNTABILITY

15. As mentioned in the previous report (UNAIDS/PCB (41)/17.20, the 40th PCB (decision 6.8), approved the 2018–2019 UBRAF budget and revised resource mobilization and allocation model (see Figure 1).

Figure 1. Revised resource allocation and mobilization model of the Joint Programme (per year)



1 Supplemental funds to strengthen political advocacy, strategic information and support to civil society.

2 Non-core funds are for the most part earmarked for very specific purposes and cannot easily replace more flexible core funds.

3 Supplemental funds raised through joint resource mobilization efforts.

16. Of the annual US\$ 184 million core budget of the Joint Programme, US\$ 140 million is allocated to the Secretariat and US\$ 44 million to the Cosponsors. Each of the 11 Cosponsors receives a core allocation of US\$ 2 million flexible funds per year. The balance, US\$ 22 million, is allocated to Cosponsors by way of country envelopes to leverage joint action in the Fast-Track countries and in support of populations in greatest need in other countries.
17. The envelope allocations for countries are based on a formula established at the global level. This is followed by a regional level review and validation. The gaps and priorities that require funding are identified and agreed to at the country level. Two thirds of the US\$ 22 million (US\$ 15 million) have been allocated to Fast-Track countries, and one third has been dedicated to other countries.

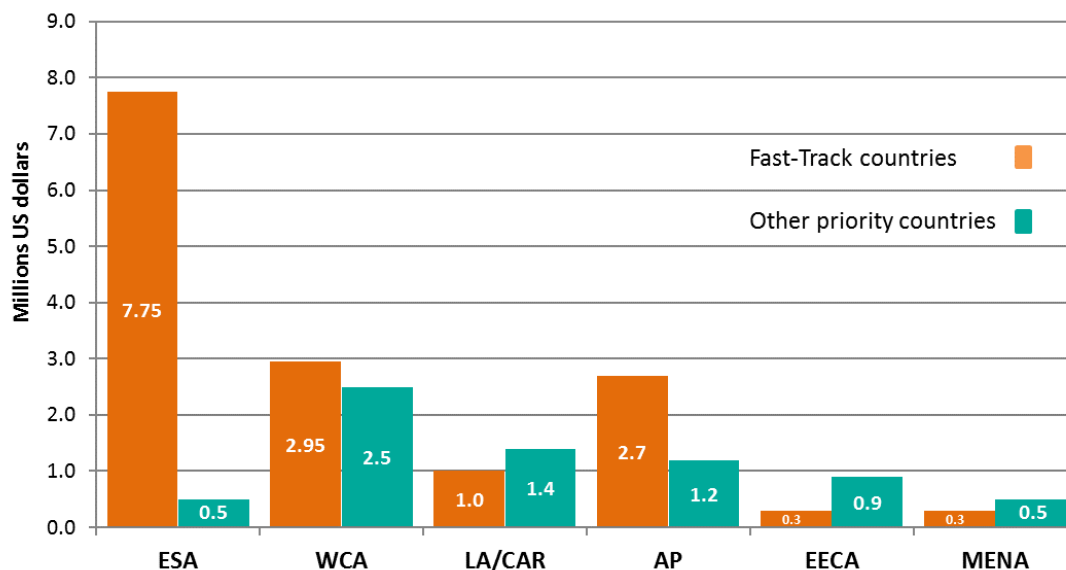
18. The total amount transferred to the Cosponsors in 2018 from the core UBRAF remains the same as in 2017 and 2016 (approximately US\$ 43 million), compared to the US\$ 87 million annual budget approved by the PCB.
19. The amounts transferred to individual Cosponsors in 2018 differ. The final allocations to Cosponsors (Table 1) show that the establishment of country envelopes and transfer of the US\$ 22 million earmarked for Cosponsors at the global level respond to the PCB request for dynamic and differentiated resource allocation. It is important to note that while most Cosponsors received increased funding between 2017 and 2018, the Cosponsors that had a decrease in core UBRAF funding experienced a reduction in HIV-specific capacity at a critical moment for the HIV response.

Table 1: Approved Cosponsor allocations and transfers (US\$)

Agency	Total funds transferred in 2016	Total funds transferred in 2017	Total funds transferred in 2018		Total 2018	Difference between 2017 and 2018
			Fixed allocation	Country envelope		
UNHCR	2.450.000	2.450.000	2.000.000	559.700	2.559.700	4%
UNICEF	6.000.000	6.000.000	2.000.000	4.924.100	6.924.100	15%
WFP	2.450.000	2.450.000	2.000.000	1.039.300	3.039.300	24%
UNDP	4.300.000	4.300.000	2.000.000	2.151.900	4.151.900	-3%
UNFPA	5.250.000	5.250.000	2.000.000	3.692.050	5.692.050	8%
UNODC	2.875.000	2.875.000	2.000.000	1.404.250	3.404.250	18%
ILO	2.725.000	2.725.000	2.000.000	800.900	2.800.900	3%
UNESCO	3.100.000	3.100.000	2.000.000	1.300.450	3.300.450	6%
WHO	8.750.000	8.750.000	2.000.000	4.976.050	6.976.050	-20%
WB	3.850.000	3.850.000	2.000.000	140.000	2.140.000	-44%
UNWomen	1.900.000	1.900.000	2.000.000	901.300	2.901.300	53%
Total	43.650.000	43.650.000	22.000.000	21.890.000	43.890.000	1%

20. Figure 2 shows the 2018 allocation of envelope funds for Fast-Track and other priority countries, by region. By the end of February 2018, all country envelope resources were transferred to Cosponsor headquarters, which disbursed them to country offices in accordance with the country-level allocation decisions. By the end of April, all country-level Joint UN Teams on AIDS had received the envelope resources in support of Joint UN Plan implementation.

Figure 2: Country envelopes by region, 2018 (in US\$ millions) (Total: US\$ 22 million)



Enhanced joint resource mobilization efforts

21. Having been endorsed by the 41st PCB, the UNAIDS Joint Programme Strategic Resource Mobilization Plan 2018–2021 is now being implemented.
22. Under the first pillar of the Plan, which focuses on sustaining, strengthening and engaging government donor funding, a resource mobilization approach has been established for each of the top 20 government donors. This approach is being updated and revised continuously.
23. Increased core contributions to the core UBRAF from Denmark and Sweden are supporting the 2018–2019 budget. Country-level fund raising efforts resulted in additional resources for country offices in Brazil, Central African Republic, China, Egypt, Equatorial Guinea and Haiti. Some of these additional funds were provided by the Government of Equatorial Guinea to support “Start Free Stay Free AIDS Free” in the country, while the Dutch Embassy provided other funds to the UNAIDS Secretariat to support sexual and reproductive health and rights for women living with HIV in Egypt. Resources were also mobilized from the joint UN programme fund for the Central African Republic and from the Ministry of Foreign Affairs of Canada through the H6 partnership framework (specifically with the UNAIDS Secretariat, the World Health Organization, the UN Children’s Fund and the UN Populations Fund), for Haiti.
24. The second pillar of the Plan focuses on expanding work with corporations, foundations and individuals. The implementation of the comprehensive digital strategy, designed to increase online donations from individuals, has begun. This includes work on an improved online donation interface using an optimized platform within the UNAIDS website.
25. In view of improving strategic engagement of the corporate sector, a *Guide for business* was developed and issued in six languages in early 2018. The publication underscores the business case for companies to be part of the solution in ending AIDS by 2030, and summarizes the approach taken by UNAIDS to support effective action, built around a focus on HIV testing, prevention, treatment and care, and human rights. Subsequently, a

guide for UNAIDS regional and country offices was developed, with the aim of supporting the development of local strategies to engage business in national responses.

26. The third pillar of the strategic resource mobilization plan includes innovative financing. UNAIDS is taking exploratory steps to define which approaches it could use to mobilize additional funds to fill gaps in UBRAF funding. Consultations are ongoing with external experts and key partners around the possibility of establishing a blended finance instrument for HIV and health.
27. UNAIDS is also supporting resource mobilization for the AIDS response beyond the Joint Programme. An “innovations marketplace” that took place in January 2018 led to a work stream that links potential investors to health innovations and new technology products that have potential for making an impact in countries.

Joint Programme investment book

28. The investment book is proposed as a part of the Resource Mobilization Strategy and will be a product designed for use by staff members of the Joint Programme in their discussions with donors (including foundations, high net worth individuals, corporate and public sector) to address particular epidemic and country contexts. It is being developed in conjunction with a fundraising and dissemination strategy. It will be a frequently updated, living document that is available online and in print with the capability of viewing each “investment opportunity” via pdf files.
29. With the goal of ending AIDS by 2030, the investment book is informed by the “theory of change” (outlining the intended vision, assumptions and desired outcomes, as well as the obstacles and steps for achieving the desired change). In addition, explicit links are made regarding the interconnectivity of AIDS and the global health, wealth and rights landscape (e.g. health: AIDS as it links to cervical cancer, infant mortality, etc.; wealth: AIDS and the cost of inaction, the benefits of prevention in economic terms, etc.; rights: AIDS as it links to stigma and discrimination, and intimate partner violence etc.). In addition, linkages are drawn between the steps that can be taken to address these various issues. For example, addressing the rights of people living with HIV and reducing stigma carries economic benefits which become evident in the labour force.
30. Discussions with Cosponsors have informed the development of the conceptual framework and will continue to inform the process. The framework takes into account three gap areas which were identified during the discussions: key populations, shrinking space and funding of civil society and the need for more disaggregated data.
31. Each investment opportunity featured will be catalytic in nature, i.e. it will transcend business as usual. Each opportunity will be presented by category: for example, key populations and prevention; HIV in fragile states, shrinking civil society space; transition and sustainability, etc. Each will be results-based and value-oriented and will be broken down by theme, geography and monetary amount. In many cases, the investment book may be used in advance of formal grant proposal discussions.
32. For each investment opportunity, the value added and the comparative advantage of the Joint Programme will be emphasized.

Value of the Global Fund and the Joint Programme relationship recognized

33. The PCB Chair held an informal meeting with the Global Fund Board Chair and Vice-Chair on the margins of the Global Fund Board meeting in Skopje, Macedonia in May of

this year. The meeting provided an opportunity to discuss strengthened collaboration between the Joint Programme and the Global Fund in areas of strategic importance to both institutions.

34. The PCB Chair and Global Fund Board Chair and Vice-Chair discussed specific programmatic areas where enhanced collaboration between the Global Fund and UNAIDS could help accelerate progress. Discussions focused on specific engagement around prevention, the western and central Africa catch-up plan, and national ownership, sustainability and transition. Also discussed was the forthcoming Global Fund replenishment round, with UNAIDS expressing strong support to help make the replenishment a success.
35. Next steps following the meeting of the PCB Chair and Global Fund Board Chair and Vice-Chair will include the two Secretariats working towards the development of a memorandum of understanding between the UNAIDS Secretariat and the Global Fund. This will have a clear focus and specific outcomes, with the issues discussed in the Chairs' meeting serving as a framework. Also proposed was to formalize discussions between the Chairs on a regular basis on the margins of PCB/Global Fund Board meetings annually.

Strengthened accountability and transparency

36. As part of overall efforts to improve accountability, transparency and organizational learning, the PCB highlighted the need for UNAIDS to strengthen its evaluation function. At the 38th meeting of the Board in June 2016, appreciation was expressed for the increased emphasis on external evaluations under the UNAIDS 2016–2021 UBRAF. The Board encouraged “the further strengthening of performance reporting with independent evaluation and validation” (decision 7.3).
37. In response to the recommendations of the PCB and external reviews, UNAIDS has taken steps to strengthen evaluation in order to improve accountability, organizational learning and transparency. This includes dedicating additional resources to evaluation and strengthening in-house evaluation capacity to enhance the assessment of the relevance, efficiency, effectiveness, impact and sustainability of UNAIDS' work. This will primarily be done through independent, impartial and rigorous evaluations of policies, programmes, crosscutting themes and activities of the Joint Programme (see UNAIDS 2018 Evaluation Plan included in Annex 3).
38. UNAIDS' evaluation policy will be updated in consultation with the Cosponsors to bring it in line with the revised norms and standards for evaluation defined by the United Nations Evaluation Group. The revised policy will present the context and rationale for a strong evaluation function and will lay out the concepts, purposes and intended use of evaluations. It will also outline guiding principles, norms and standards for evaluation in UNAIDS, clarify roles and responsibilities, and highlight the need for evaluation partnerships with evaluation units of Cosponsors. It is proposed that a technical advisory group of independent evaluation experts, nominated by Member States, civil society and Cosponsors, be established to provide oversight and guidance on evaluation.

IV. JOINT WORKING

Refined Division of Labour

39. The UNAIDS Division of Labour has been updated and the refined document has been agreed by the CCO. In the spirit of the Joint Programme and the Action Plan, the document is a product of the collaborative effort of the 11 Cosponsors and the Secretariat, who worked together under the leadership of the CCO Chair, UN Women (2017) and UNHCR (2018).
40. The refined document builds on the Division of Labour 2010 and advances the successes and the important lessons of joint programming and joint working. It is aligned with the SDGs and the 2016 Political Declaration on Ending AIDS and reasserts the Joint Programme as a champion and a forerunner of the UN reform.
41. The document places achievement of results for people at the centre of Joint Programme operations at all levels. It outlines the roles and responsibilities of Cosponsors and the UNAIDS Secretariat and serves to guide the Joint Programme organizations' capacities and resources for achieving the goals and commitments of the 2030 Agenda and the 2016 Political Declaration.
42. It is foreseen that, in line with the strategic direction of UN reform, the Division of Labour will be applied at regional and country levels as an adaptable framework. The purpose is to enable the Joint Programme to deliver effectively at country level, address the regional dimensions of the HIV epidemic relevant to country priorities, make substantive contributions to regional processes and influence the global dialogue. At country level, the document will assist the UN Country Team and the Joint UN Team on AIDS to assign roles and responsibilities within the United Nations Development System in order to enable mutual accountability and a context specific, integrated and impactful response to country priorities and needs.

Integrated approach (Country Capacity Assessments, Joint Plans and Envelopes)

43. As mentioned in the previous report to the PCB (UNAIDS/PCB (41)/17.20), the integrated approach was rolled out to all Joint Programme countries following the 40th PCB meeting in June 2017, as part of the implementation of the Joint Programme Action Plan. The approach was designed in synergy with the revised resource allocation model and built on and further improved the existing Joint Programme tools and practices. A decentralized approach was adopted with envelope resource allocation decision-making devolved to the country level, based on parameters established at the global level and guidance and support provided from the regional and global levels.
44. The integrated approach brought together, on a single online platform, the Joint UN Plan, the country capacity assessment of human and financial resources, and the country envelope, with the Joint UN Plan serving as a platform to access the country envelope funding.
45. By the end of 2017, the Joint UN Teams on AIDS in the 97 countries where the Joint Programme operates had conducted assessments of the Joint Programme's capacity and developed or updated 2018–2019 Joint Plans that are based on the prioritized country targets. The Joint Teams in 71 eligible countries finalized the allocation of country envelope funding. By April 2018, the envelope funds were disbursed to the country-level Joint Teams (please see the previous section for details on country envelope resources).

46. In early 2018, the regional Joint UN Teams in all regions conducted regional peer reviews of the programmatic quality of country-level Joint UN Plans. In reviewing the Plans, the regional teams specifically looked at attributable contribution for results for people (“In the Joint Plan, have we articulated well how many people, of what population groups, in what locations will benefit in what way as a result of the UN support?”) and optimized capacities (“Have the available Joint Programme human, technical and financial resources been planned for greatest impact?”). The review was also an opportunity to discuss regional and global implications of country-level commitments, including the areas where the country-level Joint UN Teams would require continued support.
47. The depth and breadth of the regional peer review discussions varied by region. In general, the peer reviews confirmed that implementation of the integrated approach reinvigorated the “jointness” of the Joint Programme effort and its focus on the 2016 Political Declaration commitments and prioritized country targets as corporate deliverables. The approach helped reinforce the message that resources go where they are most needed. It also contributed to enhancing cohesion in the engagement of UN country-level, regional and headquarter teams for effective country support and results for people.
48. For integrated and effective UN contribution and results for people at country level, the Joint UN Teams on AIDS will require continued attention and support in several areas.
- Strategic focus on what really matters: placing emphasis and resources where they will have the greatest impact.
 - Planning for results for people: in every deliverable, even when working to strengthen systems, it is important to plan for exactly how many people, of what population groups and in what locations will benefit as a result.
 - Prioritization: choosing strategically the few areas where the UN is best equipped to engage and where UN support will make the greatest difference for people. This may mean that, in countries with a small UN presence, the Joint Team could decide to work on just one or two priorities that have the greatest potential to make an impact.
 - Game changers versus routine: using available resource (e.g. country envelopes) strategically as the means to accelerate progress towards ending AIDS, rather than supporting routine work.
49. Regarding UN capacity on the ground, the country capacity assessment and joint planning and the regional peer reviews once again highlighted that the Joint Programme presence at country level is shrinking commensurate with the decrease in available core UBRAF funds. This has led to a reduction in dedicated HIV-related Cosponsor capacity at regional level. The trend makes it challenging for the Joint Programme to continue delivering, even on its priority commitments.
50. Regarding the configuration of the Joint Programme country presence, an inclusive Joint Programme dialogue at headquarters, regional and country levels could be beneficial for repositioning the UN Development System and transitioning to a new generation of UN Country Teams, underpinned by joint resource mobilization. The findings of the global analysis of the country capacity assessment data (currently underway) could feed into this dialogue. In the meantime, further effort will be required to support the Joint UN Teams in using capacity assessment in joint UN planning processes.
51. It should be noted that observations and conclusions of the regional peer reviews are consistent with the findings of a more systematic review (formative evaluation) of the implementation of the integrated approach that was undertaken in February–May 2018 (please refer to the conference room paper for further detail).

52. The regional peer reviews fed into the 2018 Global Peer Review. Within the framework of the 2016–2021 UBRAF, the annual Global Peer Review is an essential accountability mechanism of the Joint Programme. Following established practice, the 2018 Global Peer Review consisted of an internal meeting of the Cosponsors and the Secretariat, followed by a multistakeholder consultation on UBRAF implementation. During the review, the Joint Programme and external stakeholders had the opportunity to consider 2016–2017 achievements, implementation challenges, gaps and bottlenecks, and to map a collective way forward. Cosponsor and Secretariat colleagues based in the field participated (virtually and in-person) and contributed throughout the meeting.
53. As in previous years, the Global Peer Review built on a bottom-up process of reporting through the Joint Programme Monitoring System. The Review covered overarching progress at country, regional and global levels towards achieving the targets set out in the UBRAF and the UNAIDS Strategy, pertinent to the achievement of the commitments of the 2016 Political Declaration; the strategic focus on results for people; the coherence and joint approach of the planned global, regional and country level action; as well as areas where results have not materialized as expected, and why this is the case, including identification of gaps and populations, countries and regions left behind.

Review of the integrated approach

54. A review of the implementation of the integrated approach was undertaken in early 2018 to identify strengths and weaknesses, and to build on strengths while addressing weaknesses. The review, designed as a formative evaluation (i.e. when activities are still taking shape), covered the period June 2017 to May 2018.
55. The review examined the relevance and effectiveness, efficiency, inclusiveness and consideration of human rights and gender equality of the country processes of the Action Plan. It included a desk review, an online survey and a country case study in each of the six regions: Zambia (eastern and southern Africa), Côte d'Ivoire (western and central Africa), Iran (Middle East and North Africa), India (Asia-Pacific), Peru (Latin America and the Caribbean) and Belarus (eastern Europe and central Asia) conducted by joint teams of reviewers.
56. The selected countries represent very different epidemics in different regions, and the sizes of the country envelopes and the presence of HIV capacity of the Joint Programme also vary. In addition, the countries all seemed to hold positive lessons that could help guide possible adjustments for the 2019 process.
57. Through structured interviews and focus group discussions, feedback was received in the six countries from 197 individuals representing the UN system, national authorities, civil society organizations and other partners. 371 responses (283 from Cosponsors and 88 Secretariat) were received via the online survey, representing a 64% response rate.
58. The findings, conclusions, recommendations and supporting evidence are included in the report of the review, which is available to the PCB as a conference room paper.

Differentiated country support

59. The integrated approach is being implemented in all countries where the Joint Programme operates and there is hands-on engagement by the regional Joint UN Teams to support country-level action. This had led to more inclusive and systematic planning and implementation of differentiated support to countries.
60. The differentiation encompasses countries with diverse capacity among Joint UN Teams on AIDS, from those with little or no HIV-dedicated UN capacity, to those with UNAIDS Secretariat presence but limited Joint Programme engagement. Differentiated support is delivered through in-country, regional or virtual support mechanisms, taking into account the resource environment and the nature of the demands. The existing systems and mechanisms, such as the Joint Programme Monitoring System and the Resident Coordinator's Report will serve as a platform for review.

More transparent, precise monitoring and evaluation framework

61. All planning, monitoring and reporting is aligned to the UBRAF cycle. Implementation of the integrated approach continues to evolve. It has allowed the Joint Programme to expand the participation of country level and regional Joint UN Teams in planning, monitoring and reporting processes. The approach also enhances the use of the data for decision-making purposes. The explicit link between the planned UN action (the Joint UN Plan) and the prioritized country targets enables the Joint Programme to monitor progress in achieving the set deliverables as a contribution to achievement of results for people.
62. Annual performance-based allocation of the country envelope resource will require quality performance monitoring data. Reflecting the refinement of the Joint Programme operating model, the Joint Programme Monitoring System is being revised to accommodate the recent changes and allow for analysis of progress against milestones and targets, expenditure data, and reporting which continues to distinguish between collective and individual results, by each Cosponsor and the Secretariat. The Joint Programme Monitoring System guidance will be updated accordingly.
63. Reporting will continue to occur through the performance monitoring report that is presented to the PCB on an annual basis. Reporting material will also be posted on the UNAIDS results portal. All reporting will be International AID Transparency Initiative compliant. The format of the performance monitoring report to be presented to the 44th PCB meeting will be adjusted to align it to the revised operating model. As currently, the format will ensure reporting that links resources to outputs and results.

Cosponsor accountabilities for ending AIDS in UN country programmes

64. The country-level Joint UN Plans, including the country capacity assessments, show that while the Joint Programme field presence has shrunk and financial resources dedicated to HIV have decreased, the Cosponsors and the Secretariat remain committed. They work together to ensure that relevant Fast-Track priorities and 2016 Political Declaration targets are addressed through agency country programmes and action plans as part of UN Development Assistance Frameworks (UNDAF) or similar UN planning instruments and results frameworks.
65. The unwavering commitment of the UNAIDS Cosponsors and the Secretariat to jointly support the world in the effort to end the AIDS epidemic by 2030 was reaffirmed in the recently revised UNAIDS Division of Labour.

V. IMPROVING GOVERNANCE

CCO thematic discussion

66. The Executive Heads of the Cosponsoring organizations of the Joint Programme welcomed the opportunity for a discussion during the latest CCO meeting on the UNAIDS Secretariat's commitment to zero tolerance for harassment, the current media coverage on this issue, the Five-Point Plan, and the establishment of an Independent Expert Panel on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at UNAIDS Secretariat, which shall report to the UNAIDS PCB.
67. It was acknowledged that the issue of sexual harassment is structural and present across society; as such, it is also present in the UN System. This is also why the Secretary-General has called for strengthening the UN System's prevention and response to harassment and protection of dignity at work. The CCO also acknowledged that women are overwhelmingly affected by sexual harassment and that a women-centred approach should be adopted. The discussions on harassment held during the CCO helped prepare the discussions of the Heads of Agency with the Secretary-General on the same topic at the Chief Executives Board meeting.
68. The challenge in effectively addressing complaints of sexual harassment was recognized. It was highlighted that the UN needs to work on building trust in the system for people to come forward and report cases of harassment. The approach also needs to ensure adequate capacity for quality and timely investigations into allegations.

Enhanced cross-Board participation and discussions

69. One way in which the Joint Programme is strengthening cross-Board participation and discussions is by ensuring that HIV remains on the agenda of the boards of Cosponsors and other entities. This year, an important side event on HIV prevention took place at the World Health Assembly: "Towards universal coverage with HIV prevention services and commodities—the Global HIV Prevention Coalition and Road Map". The event gave Member States of the Global HIV Prevention Coalition the opportunity to report on progress made since the inauguration of the Global Prevention Coalition in October 2017 and to discuss HIV prevention as a critical component of Universal Health Coverage. The meeting was also a chance for new countries to express their commitments to primary HIV prevention and to join the Coalition. In addition, a progress report on implementation of the Global Health Sector Strategy on HIV for the period 2016–2021 was presented at the World Health Assembly (WHA 71/41) and it refers to the health sector contribution to reaching the targets set by UNAIDS.
70. During the 61st session of the Commission on Narcotic Drugs earlier this year, UNAIDS, in particular UNODC, WHO and the Secretariat, organized a series of side events highlighting the linkages between drug policy, harm reduction and the HIV epidemic. The events included guided site visits to community-based, holistic harm reduction service centres to support Member States that are implementing such programmes in their countries. Other side events presented the IDU Implementation Tool, which offers programmatic guidance for developing and implementing comprehensive services for people who inject drugs in partnership with communities. WHO and the UNAIDS Secretariat also supported the Commission on Narcotic Drugs process through formal statements delivered to the Commission, emphasizing the linkages between HIV, drug policies, health and rights.

71. Enhanced governance was evident also in the collaboration between Member State representatives to develop the 42nd PCB Thematic Segment on “Ending tuberculosis and AIDS—a joint response in the era of the Sustainable Development Goals”. Member States also worked together to ensure that appropriate reference to HIV/TB coinfection was included in the resolution tabled at the World Health Assembly, drawing on the work of the PCB working group and ensuring common language and cohesion in the manner the topic and its challenges are addressed.
72. UN Women Executive Board First Regular session in 2018 included a briefing on UN Women’s follow-up to the recommendations of the UNAIDS PCB to refine the Joint Programme operating model. The Executive Board has also been briefed on UN Women’s approach to responding to HIV to “reach those furthest behind first”. The approach includes ensuring that national HIV strategies are informed by sex- and age-disaggregated data and gender analysis, that effective actions for tackling the root causes of inequalities are scaled up, and supporting women and girls in all their diversity to meaningfully engage in decision-making in HIV responses.

VI. DRAFT DECISIONS

The Programme Coordinating Board is invited to:

70. *Take note* of the report on the implementation of the UNAIDS Joint Programme Action Plan and *look forward to* further updates on the implementation of the Action Plan and revised operating model of the Joint Programme as part of regular reporting on the 2016–2021 Unified Budget, Results and Accountability Framework;
71. *Acknowledge* the work to date conducted through the review of the integrated approach, including the country envelopes, and *request* UNAIDS to conduct a further review of the revised operating model by 2020.

[Annexes follow]

Annex 1

UNAIDS DIVISION OF LABOUR 2018

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths, and to end the AIDS epidemic as a public health threat as a contribution to achieving the Sustainable Development Goals. A champion and a forerunner of UN Reform, UNAIDS unites the efforts of 11 UN Cosponsors—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and The World Bank—and the UNAIDS Secretariat. Achievement of sustainable results for people is at the centre of the Joint Programme operations at all levels.

The Division of Labour outlines the roles and responsibilities among Cosponsors and the UNAIDS Secretariat so as to enable the Joint Programme to collectively deliver integrated and impactful contributions at country, regional and global levels. It is in line with the Secretary-General's vision for a repositioned UN development system and the 2030 Agenda, leveraging comparative advantage to bring added value, capacity and skill sets required to address country needs. The Division of Labour:

- serves as a means to guide investment of the Joint Programme organizations' capacities and resources towards achievement of commitments and targets of the 2030 Agenda for Sustainable Development and the 2016 Political Declaration on Ending AIDS;
- supports the operationalization of the UNAIDS 2016–2021 Strategy through the Unified Budget, Results and Accountability Framework (UBRAF);
- Is all-encompassing, covering policy, advocacy, standards, guidance and tool development and the management, implementation, brokering and delivery of high-quality technical support;
- provides an overall framework to inform the Joint Programme's engagement at regional and country levels, in the context of and in line with UN Development System repositioning standards; and
- Normally has one or two convening agencies per area – each agency with relevant mandate and technical expertise – to both facilitate the contributions of broader UNAIDS family members and ensure the quality of overall results in the respective area.

The document is an update of the *2010 Division of Labour* to the current context (notably following the commitments of the UNAIDS Joint Programme Action Plan), and is designed to be reviewed and refined on a regular basis. More detail of the work covered under the Division of Labour Areas can be found in the UBRAF.

Key principles

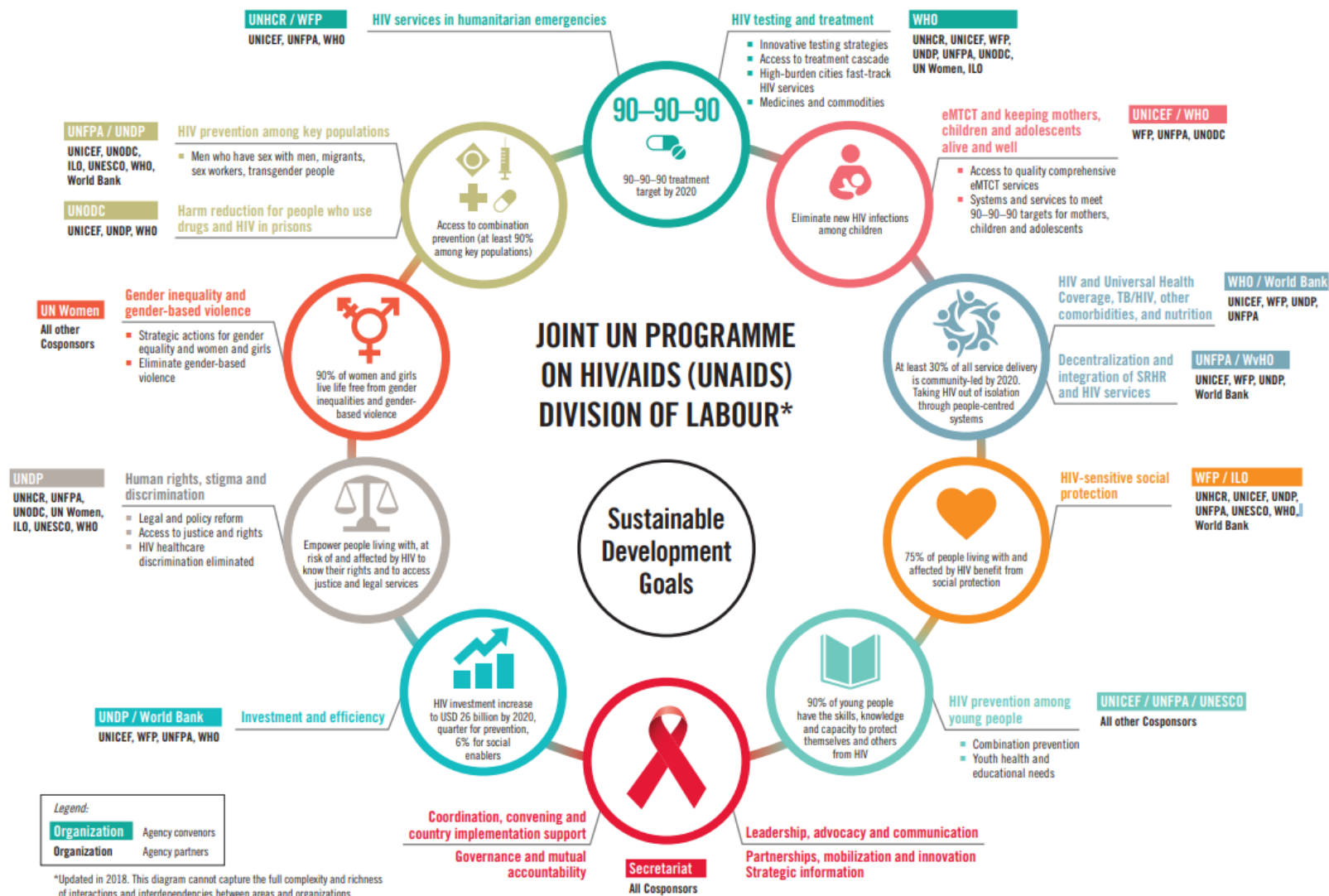
The revised Division of Labour is underpinned by the commitment from all Cosponsors and the Secretariat at all levels to ensure:

- a people-centered and rights-based multi-sectoral HIV response designed to address health and development inequities;
- a comprehensive, efficient, effective, and sustainable HIV response based on a continuum approach that addresses social determinants of health, prevention, testing, treatment and care, and human rights;
- resources mobilized for the Joint Programme and clearly applied to strengthening multisectoral HIV responses and securing country level impact towards ending AIDS;
- the HIV response is evidence-based and makes best use of existing and emerging science and strategic information;
- the integration of HIV across and within key sectors, strengthening critical programmatic linkages;
- mutual and reciprocal accountabilities through clear operational management mechanisms among Cosponsors and the Secretariat, with a focus on delivering results and reporting through mechanisms such as the Joint Programme Monitoring System, Performance Monitoring Report, and CCO report;
- multi-sectoral and multi-stakeholder partnerships towards ending AIDS are sustained and strengthened as critical mechanisms for progress and accountability;
- information is systematically communicated and disseminated to stakeholders, including civil society, on the working of the Joint Programme including the contributions of Cosponsors;
- regular reflection on the successes and lessons learned from the implementation of the Division of Labour at country, regional and global levels;
- strengthened strategic oversight through the Committee of Cosponsoring Organizations, engagement with the UNAIDS Programme Coordinating Board and Cosponsor boards as appropriate.

The Division of Labour cannot capture the full complexity and richness of interactions and interdependencies between areas and agencies, which may include memorandums of understanding, interagency task teams, special initiatives and many other formal and informal platforms and processes.

Any ambiguities arising from Joint Programme work not adequately described within this Division of Labour document will be resolved collaboratively by Joint Programme organizations.

Figure 1: Revised Division of Labour Infographic



SDGs	Fast-Track Commitment	Division of labour area (link to UNAIDS Strategy SRA)	Convenors	Agency partners
Good health and well-being [SDG 3]	1. 90–90–90 treatment target by 2020	HIV testing and treatment (1) <ul style="list-style-type: none"> Innovative testing strategies Access to treatment cascade High-burden cities Fast-Track HIV services Medicines and commodities 	WHO	UNHCR, UNFPA, WFP, UNDP, UNODC, UN Women, ILO
		HIV services in humanitarian emergencies (1.5)	UNHCR / WFP	UNICEF, UNFPA, WHO
Reduced inequalities [SDG 10]	2. Eliminate new HIV infections among children	eMTCT and keeping mothers, children and adolescents alive and well (2) <ul style="list-style-type: none"> Access to quality comprehensive eMTCT services Systems and services to meet 90–90–90 targets for mothers, children and adolescents 	UNICEF / WHO	WFP, UNFPA, UNODC
Gender equality [SDG 5]				
Just, peaceful and inclusive societies [SDG 16]	7. At least 30% of all service delivery is community-led by 2020	HIV and Universal Health Coverage, TB/HIV, other comorbidities, and nutrition (8)	WHO / World Bank	WFP, UNDP, UNFPA, UNESCO
	10. Taking HIV out of isolation through people-centred systems	Decentralization and integration of SRHR and HIV services (8.1)	UNFPA / WHO	WFP, UNDP, UNESCO, World Bank
Global partnerships [SDG 17]	6. 75% of people living with and affected by HIV benefit from social protection	HIV-sensitive social protection (8.2)	WFP / ILO	UNHCR, UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank
	5. 90% of young people have the skills, knowledge and capacity to protect themselves from HIV	HIV prevention among young people (3) <ul style="list-style-type: none"> Combination prevention Youth health and educational needs 	UNICEF/ UNFPA/ UNESCO	All other Cosponsors
		HIV prevention among key populations (4) Men who have sex with men, migrants, sex workers, transgender people	UNFPA / UNDP	UNICEF, UNODC, ILO, UNESCO, WHO, World Bank
		Harm reduction for people who use drugs and HIV in prisons (4.2)	UNODC	UNICEF, UNDP, WHO

SDGs	Fast-Track Commitment	Division of labour area (link to UNAIDS Strategy SRA)	Convenors	Agency partners
	4. Eliminate gender inequalities	Gender inequality and GBV (5) <ul style="list-style-type: none"> Strategic actions for gender equality and women and girls Gender-based violence 	UN Women	All other Cosponsors
	9. Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services	Human rights, stigma and discrimination (6) <ul style="list-style-type: none"> Legal and policy reform Access to justice and rights HIV healthcare discrimination eliminated 	UNDP	UNHCR, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO
	8. HIV investment increase to US\$ 26 billion by 2020, quarter for prevention, 6% for social enablers	Investment and efficiency (7)	UNDP / World Bank	UNICEF, WFP, UNFPA, WHO
		Leadership, advocacy and communication	Secretariat	All Cosponsors
		Partnerships, mobilization and innovation	Secretariat	All Cosponsors
		Strategic information	Secretariat	All Cosponsors
		Coordination, convening and country implementation support	Secretariat	All Cosponsors
		Governance and mutual accountability	Secretariat	All Cosponsors

A comprehensive approach to reducing sexual transmission of HIV is embedded across all Division of Labour areas. Although less overtly visible in this Division of Labour revision, it remains a core priority of the HIV response and of the Joint Programme.

Roles and responsibilities of Cosponsors

Within their mandate and areas of expertise, Cosponsor functions contain some or all of the following:

- normative and operational guidance, policy development and support to country level planning and implementation;
- promoting innovation to improve efficiency and quality, achieve equity and maximize impact;
- integration and partnerships to engage and motivate a wide range of partners at national and local levels to raise HIV awareness and demand equitable and effective services;
- data and information particularly the generation, analysis, use and sharing of HIV-related knowledge to improve policy, strategies and programmes;
- technical support, capacity building and implementation support; and
- thematic advocacy and communication to ensure HIV and AIDS receives the attention and focus it deserves from policy makers, donors, government and implementers.

Convening agency or agencies in each Division of Labour area

Convening agencies ensure that, under designated areas of responsibility, the collective Joint Programme support is tailored to country priorities and achievement of sustainable results for people. They provide technical expertise and leadership, advocacy, coordination and consultation under the designated area of responsibility. They serve as the entry point for requests for, inter alia, technical support, guidance and advocacy within the designated Division of Labour area. Convening agencies play a brokering or steering role and should not be viewed nor discharge their role as the sole provider of UN support in their designated area(s) under the Division of Labour. As appropriate, conveners may extend beyond the UNAIDS family to bring in other partners with a comparative advantage. They:

- provide technical leadership, tools and timely updates to agency partners;
- advance the strategic focus of the area in the context of a dynamic and evolving scientific, operational and policy environment;
- convene agency partners for agenda-setting and planning and refer technical support requests from countries as appropriate;
- involve agency partners on setting standards, developing or revising normative guidance, policy development, planning and programming;
- solicit the necessary managerial support and human resources capacity to convene the work of the area, and engage in resource mobilization;
- ensure collective analysis and timely reporting in accordance with the agreed accountability frameworks; and
- as applicable, coordinate and lead the generation of data.

Agency partners in thematic areas of the Division of Labour

Agency partners contribute to the achievement of results in the designated Division of Labour area. They:

- provide technical expertise;
- collaborate on planning and programming, ensuring dissemination of all relevant policies, standards, strategic guidance, tools and other materials;
- provide support to the development of rights-based, evidence-informed advocacy on collectively agreed priorities;
- collaborate on building support and ownership and stimulating demand for appropriate responses, including contributing to resource mobilization;
- collaborate on mobilizing and strengthening partnerships; and
- Track and report on their agencies' contributions to global, regional and country-level progress on agreed targets and deliverables.

Role and responsibilities of the Secretariat

The UNAIDS Secretariat maintains overall responsibility for ensuring strategic focus, functioning and accountability across all Joint Programme work on the following:

1. *Leadership, advocacy and communication*: to drive the global AIDS agenda; advance inclusion, human rights and social justice; leverage global and regional mechanisms for rights of people; and advocate for AIDS out of isolation.
2. *Partnerships, mobilization and innovation*: to ensure financing of the AIDS response and sustainability; foster and expand core programmatic partnerships; and galvanize momentum around shared and ambitious AIDS Global Initiatives, ensuring coherence and mutual reinforcement in their implementation and seamless integration in regional and country programmes and processes.
3. *Strategic information*: to monitor the implementation of the 2016 Political Declaration on ending AIDS and targets setting; lead processes for generation of AIDS-related data; and promote integration of AIDS information into wider disease monitoring and surveillance systems in collaboration with Cosponsors, including new visualization and dissemination tools.
4. *Coordination, convening and country implementation support*: to ensure implementation support; effective Joint Programme support and full integration into the UN Development Assistance Framework (UNDAF)/ UN Partnership Framework (UNPAF) and other sustainable development priorities.
5. *Governance and mutual accountability*: to prioritise, together with the Cosponsors, resource mobilization to fully fund the Joint Programme; support the Joint Programme's inclusive governance model; lead efforts to effectively align the Joint Programme with the 2017–2020 Quadrennial Comprehensive Policy Review; reinforce accountability; and continue to spearhead efforts to demonstrate the contribution of the Joint Programme to system-wide UN reform.

Regional and country-level application of the Division of Labour

In the spirit of the UN Reform, at regional and country levels the Division of Labour will be applied as an adaptable framework enabling the Joint Programme and the UN Development System as a whole to deliver effectively at country level, address the regional dimensions relevant to country priorities, make impactful contributions to regional processes, and influence actively the global dialogue.

At country level, the UNAIDS Division of Labour will assist the UN Country Team and the Joint UN Team on AIDS to assign roles and responsibilities within the United Nations Development System to enable a context specific, synergistic, impactful response to country priorities and needs. Examples of specific tasks that contribute to successfully adapting and integrating the Division of Labour in the UN operations at country level include:

Resident Coordinator

- Supports the Joint Programme Heads of Agency in ensuring that country priorities and needs pertinent to ending the AIDS epidemic and other relevant SDG commitments and targets are integrated appropriately in the UNDAF processes (including the UN presence configuration) and reflected in mutual accountability frameworks;
- Oversees adaptation of the Division of Labour to the country context for integrated, impactful contribution aligned with the UNDAF (or similar partnership framework); and
- Ensures that heads of agencies are accountable towards the Joint Programme deliverables in their designated Division of Labour areas.

Heads of United Nations agencies

- Lead and contribute to adaptation of the UNAIDS Division of Labour to the country context;
- Lead and contribute to integration in the UNDAF processes (including UN presence configuration) of the country priorities and needs pertinent to ending the AIDS epidemic and other relevant SDG commitments and targets, as pertains to their respective agency mandate;
- Lead and contribute to development and implementation of mutual accountability frameworks.
- Coordinate programming and technical support in the Division of Labour areas (co-) convened by their respective agency;
- Facilitate the integration of Division of Labour areas into their agency's overall programmes; and
- Where there is no UNAIDS Secretariat presence, designate a Cosponsor Head of Agency to lead and facilitate the Joint UN Team on AIDS (or a similar mechanism as relevant).

UNAIDS Country Director

- Leads and supports the UN Resident Coordinator and the UN Country Team in:
 - integrating the country priorities and needs pertinent to ending the AIDS epidemic and other relevant SDG commitments and targets in the UNDAF processes (including the UN presence configuration);
 - adapting the UNAIDS Division of Labour to the country context, as a contribution to the integrated UN response to national priorities and needs; and
 - developing and implementing mutual accountability frameworks as relates to the UN response to address national priorities and needs pertinent to ending the AIDS epidemic and other relevant SDG commitments and targets;
- Coordinates and facilitates the development, implementation and monitoring of the Joint UN Plan on AIDS as part of UNDAF; collaborates with the convening agencies, as per the country-adapted Division of Labour, to ensure that the UN support is strategically focused and prioritized, demand driven, tailored to address national priorities, and makes a measurable contribution to achieving sustainable results for people; and leads and facilitates the Joint UN Team on AIDS or a similar mechanism as relevant;
- Supports the convening agencies in soliciting and securing expertise necessary to meet national needs, drawing on the capacities available across the Joint Programme, as well as in other resident and non-resident UN agencies;
- Conveys information about the country-level Division of Labour, including contact information for relevant thematic focal points, to national counterparts, Cosponsors and the UNAIDS Secretariat at the global and regional levels;
- Informs United Nations Country Teams and Global Coordinators of the respective Division of Labour area convener(s) when an intervention is necessary; and
- Ensures periodic review of the country-adapted Division of Labour and supports speedy and diplomatic resolution on any contested areas of work should they arise.

Annex 2

2018-2019 UBRAF Budget—Country envelopes allocations for 2018

Eastern and southern Africa

Amount by country and by Cosponsor (US\$), 2018

Country/Cosponsor	2018 (US\$)
Botswana	
UNDP	72,000
UNFPA	50,000
WHO	46,000
UNICEF	45,000
UNESCO	40,000
World Bank	25,000
UN WOMEN	22,000
Botswana Total	300,000
Uganda	
UNICEF	120,000
UNFPA	100,000
WHO	80,000
UN WOMEN	80,000
UNDP	80,000
WFP	70,000
ILO	50,000
UNESCO	20,000
Uganda Total	600,000
Rwanda	
UNFPA	97,000
UNICEF	92,000
WHO	91,000
Rwanda Total	280,000
Swaziland	
WHO	100,000
UNFPA	90,000
WFP	60,000
UNESCO	50,000
UNICEF	
Swaziland Total	300,000
Zambia	
UNODC	125,000
WHO	125,000
UNICEF	125,000
UNFPA	95,000
UNESCO	80,000
Zambia Total	550,000
Namibia	
UNFPA	100,000
UNICEF	95,000

UNDP	40,000
UNESCO	35,000
WHO	30,000
UNODC	
Namibia Total	300,000
Angola	
UNICEF	100,000
UNDP	90,000
WHO	65,000
UNFPA	45,000
Angola Total	300,000
Mozambique	
UNDP	299,800
WHO	282,100
UNICEF	220,100
UNFPA	220,100
ILO	77,900
Mozambique Total	1,100,000
South Africa	
UNICEF	297,000
WHO	297,000
UNFPA	131,000
UNODC	90,000
UNDP	80,000
UNESCO	70,000
UN WOMEN	70,000
World Bank	65,000
South Africa Total	1,100,000
Kenya	
UNDP	79,900
UNICEF	78,200
UNESCO	74,900
UNODC	70,000
UNFPA	70,000
WHO	64,300
ILO	60,000
WFP	51,350
UNHCR	51,350
Kenya Total	600,000
Lesotho	
UNICEF	88,200
WHO	57,200
UNFPA	55,100
UNESCO	36,900
UNDP	32,600

WFP	30,000
Lesotho Total	300,000
Madagascar	
UNICEF	72,000
UNFPA	45,000
UNDP	44,000
WHO	43,000
ILO	8,000
UNESCO	8,000
Madagascar Total	220,000
Malawi	
UNFPA	100,000
UN WOMEN	90,000
WHO	70,000
WFP	60,000
UNDP	60,000
UNESCO	30,000
UNODC	20,000
UNHCR	20,000
Malawi Total	450,000
South Sudan	
IOM	92,000
WHO	80,000
UNFPA	53,000
UNESCO	30,000
WFP	30,000
UNHCR	15,000
South Sudan Total	300,000
Tanzania	
UNICEF	225,000

ILO	155,000
WHO	87,000
UNFPA	58,000
UNESCO	55,000
UN WOMEN	35,000
UNODC	35,000
UNDP	30,000
World Bank	20,000
Tanzania Total	700,000
Zimbabwe	
UNDP	115,000
UNFPA	55,000
UN WOMEN	55,000
UNICEF	50,000
WHO	50,000
WFP	45,000
ILO	40,000
UNESCO	40,000
Zimbabwe Total	450,000
Ethiopia	
WHO	112,000
UNHCR	72,000
UNFPA	56,000
UNESCO	56,000
UNODC	56,000
WFP	28,000
UN WOMEN	20,000
Ethiopia Total	400,000
Grand Total	8,250,000

Western and central Africa

Amount by country and by Cosponsor (US\$), 2018

Country/Cosponsor	2018 (US\$)
Benin	
WHO	59,550
UNICEF	34,450
UNDP	28,000
WFP	28,000
UNFPA	
Benin Total	150,000
Cameroon	
UNICEF	75,000
WHO	75,000
UNFPA	50,000
ILO	30,000
UN WOMEN	30,000
UNESCO	30,000
WFP	20,000
UNDP	20,000
UNHCR	20,000
Cameroon Total	350,000
Central African Republic	
UNICEF	62,600
UNFPA	44,700
WFP	40,300
WHO	40,300
UNHCR	35,800
UN WOMEN	22,400
UNDP	17,900
Central African Republic Total	264,000
Côte d'Ivoire	
UNFPA	85,000
WHO	60,000
UNICEF	60,000
UNESCO	30,000
WFP	20,000
UNHCR	20,000
UNDP	15,000
ILO	10,000
Côte d'Ivoire Total	300,000
Democratic Republic of Congo	
UNICEF	75,000
WHO	50,000
UNHCR	50,000
UNDP	35,000
WFP	35,000
UNESCO	35,000
UNFPA	20,000
Democratic Republic of Congo Total	300,000

Equatorial Guinea	
UNICEF	45,000
UNFPA	45,000
WHO	40,000
UNDP	20,000
Equatorial Guinea Total	150,000
Gabon	
WHO	37,500
UNICEF	37,500
UNESCO	37,500
UNFPA	37,500
Gabon Total	150,000
Ghana	
UNICEF	60,000
UNDP	60,000
WHO	60,000
UNESCO	60,000
UNFPA	60,000
Ghana Total	300,000
Republic of Guinea-Bissau	
UNICEF	67,000
UNFPA	35,000
WFP	30,000
WHO	24,000
Republic of Guinea-Bissau Total	156,000
Nigeria	
WHO	345,000
UNICEF	300,000
UNFPA	165,000
ILO	140,000
UNODC	50,000
UNDP	50,000
UN WOMEN	50,000
Nigeria Total	1,100,000
Niger	
UNICEF	75,000
WFP	40,000
UNHCR	35,000
Niger Total	150,000
Senegal	
WHO	70,000
UNESCO	40,000
UNICEF	40,000
Senegal Total	150,000

Sierra Leone	
UNICEF	199,300
WFP	108,700
Sierra Leone Total	308,000

Togo	
UNICEF	64,500
UNFPA	45,500
UNDP	40,000
Togo Total	150,000

Burkina Faso	
UNICEF	50,000
WFP	30,000
WHO	30,000
UNDP	26,000
UNFPA	20,000
UNHCR	20,000
Burkina Faso Total	176,000

Burundi	
WHO	46,000
UNICEF	42,000
UNFPA	32,000
UN WOMEN	15,000
WFP	15,000
Burundi Total	150,000

Guinea Conakry	
UNFPA	75,000
UNICEF	65,000
WHO	30,000
WFP	25,000
UNDP	25,000
UNHCR	
Guinea Conakry Total	220,000

Mali	
UNICEF	130,000
WHO	100,000
UNFPA	70,000
Mali Total	300,000

Liberia	
UN WOMEN	22,900
UNDP	22,200
WFP	21,950
UNICEF	21,400
UNHCR	20,900
UNFPA	20,500
UNESCO	20,150
Liberia Total	150,000

Republic of the Congo	
WHO	51,000
UNICEF	40,000
UNFPA	35,000
WFP	20,000
UNDP	15,000
UNHCR	15,000

Republic of the Congo Total	176,000
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Chad	
UNICEF	100,000
UNFPA	80,000
WHO	60,000
WFP	20,000
UNESCO	20,000
UNHCR	20,000

Chad Total	300,000
Grand Total	5,450,000

Latin America and the Caribbean

Amount by country and by Cosponsor (US\$), 2018

Country/Cosponsor	2018 (US\$)		
Argentina		Guatemala	
WHO	87,000	WHO	38,000
UNDP	52,000	UNICEF	26,000
UNFPA	41,000	UNFPA	24,000
Argentina Total	180,000	UNESCO	19,000
Brazil		WFP	18,000
UNFPA	115,000	IOM	18,000
UNDP	100,000	UN WOMEN	17,000
UNESCO	95,000	ILO	10,000
UNICEF	90,000	Guatemala Total	170,000
Brazil Total	400,000	Haiti	
Colombia		WHO	80,250
UNFPA	60,000	UNICEF	75,750
WHO	60,000	UNFPA	68,000
UNDP	35,000	UNDP	41,000
UN WOMEN	25,000	UNESCO	35,000
Colombia Total	180,000	Haiti Total	300,000
Cuba		Jamaica	
WHO	60,000	WHO	100,000
UNFPA	50,000	UNICEF	65,000
UNICEF	40,000	UNFPA	55,000
Cuba Total	150,000	UN WOMEN	50,000
Dominican Republic		UNDP	30,000
UNICEF	36,000	Jamaica Total	300,000
WHO	28,000	Peru	
WFP	28,000	UNFPA	51,000
UNFPA	28,000	UNICEF	42,500
UNODC	28,000	WHO	32,500
UNDP	22,000	UNESCO	24,000
Dominican Republic Total	170,000	Peru Total	150,000
Ecuador		Venezuela	
UNFPA	50,000	WHO	85,500
WHO	50,000	UNICEF	68,500
UNICEF	50,000	UNFPA	52,000
Ecuador Total	150,000	UNHCR	44,000
		Venezuela Total	250,000
		Grand Total	2,400,000

Asia-Pacific

Amount by country and by Cosponsor (US\$), 2018

Country/Cosponsor	2018 (US\$)
China	
ILO	65,000
WHO	61,000
UN WOMEN	60,000
UNESCO	59,000
UNDP	55,000
China Total	300,000

Indonesia	
WHO	165,000
UNODC	105,000
UN WOMEN	75,000
UNICEF	60,000
ILO	55,000
UNFPA	40,000
Indonesia Total	500,000

Malaysia	
UNHCR	70,000
WHO	50,000
UNDP	30,000
Malaysia Total	150,000

Myanmar	
WFP	110,000
UNFPA	50,000
UNICEF	50,000
UNODC	30,000
WHO	30,000
UNESCO	30,000
Myanmar Total	300,000

Thailand	
UNICEF	70,000
UNDP	50,000
World Bank	30,000
Thailand Total	150,000

Viet Nam	
WHO	129,000
UN WOMEN	87,000
UNODC	51,000
UNICEF	33,000
Viet Nam Total	300,000

Papua New Guinea	
UN WOMEN	75,000
UNICEF	50,000
WHO	50,000
UNFPA	25,000
Papua New Guinea Total	200,000

Pakistan	
WHO	125,000
UNFPA	75,000
UNDP	50,000
UNODC	50,000
Pakistan Total	300,000

India	
UNICEF	240,000
WHO	190,000
UNODC	150,000
UNDP	120,000
ILO	100,000
UNESCO	100,000
UNFPA	100,000
India Total	1,000,000

Bangladesh	
WHO	65,000
UNICEF	45,000
UNFPA	40,000
Bangladesh Total	150,000

Philippines	
WHO	180,000
UNDP	100,000
UNFPA	100,000
UNICEF	90,000
UNODC	80,000
Philippines Total	550,000
Grand Total	3,900,000

Eastern Europe and central Asia

Amount by country and by Cosponsor (US\$), 2018

Country/Cosponsor	2018 (US\$)
Belarus	
UNFPA	54,500
UNICEF	41,000
UNDP	29,500
WHO	25,000
Belarus Total	150,000
Kazakhstan	
UNODC	67,000
UNICEF	67,000
UNESCO	16,000
Kazakhstan Total	150,000
Kyrgyzstan	
UNFPA	50,000
UNODC	40,000
UNICEF	36,000
UNESCO	24,000
Kyrgyzstan Total	150,000
Moldova	
UNFPA	54,000
UNICEF	50,000
WHO	46,000
UNDP	
Moldova Total	150,000
Tajikistan	
UNICEF	65,000
WHO	38,000
UNODC	37,000
UNFPA	10,000
Tajikistan Total	150,000
Ukraine	
UNICEF	100,000
WHO	90,000
UNODC	65,000
UNFPA	45,000
Ukraine Total	300,000
Uzbekistan	
UNODC	100,000
UNICEF	50,000
Uzbekistan Total	150,000
Grand Total	1,200,000

Middle East and North Africa

Amount by country and by Cosponsor (US\$), 2018

Country/Cosponsor	2018 (US\$)
Egypt	
UNODC	100,000
UNICEF	30,000
WHO	20,000
Egypt Total	150,000
Iran	
WHO	80,850
UNFPA	59,150
UNODC	55,250
UNICEF	54,100
UNHCR	50,650
Iran Total	300,000
Somalia	
WFP	55,000
UNFPA	55,000
UNDP	40,000
Somalia Total	150,000
Sudan	
WHO	152,000
UNICEF	48,000
Sudan Total	200,000
Grand Total	800,000

Annex 3

Attachment I

UNAIDS Evaluation Plan 2018

UNAIDS 2016–2021 SRA	UBRAF 2016–2021 reference outputs	Evaluation title	Purpose of the evaluation	UN Partners	Type of evaluation	Planned evaluation completion date	Estimated cost	Source of funding
Across Strategic Result Areas	Across UBRAF outputs and Secretariat functions	Review of the refined operating model of the UNAIDS Joint Programme and implementation of the Joint Programme Action Plan	<p>To assess progress in the implementation of the Action Plan in relation to joint work and country processes. The relevant Action Plan results are: Result 1, Action Area I; and Result 4, Action Area II (http://www.unaids.org/sites/default/files/media_asset/20170621_PCB40_Action-Plan_17.4_EN.pdf). Specifically, the evaluation will assess:</p> <ul style="list-style-type: none"> ○ the progress against the expected results at global, regional and country levels; and ○ the relevance, effectiveness, efficiency, inclusiveness and gender equality and human rights responsiveness of the processes to achieve these results. <p>The evaluation is expected to provide actionable recommendations for the second year of the Action Plan.</p> <p>The review includes a desk analysis, an online survey addressed to all members of the Joint Programme, and six country case studies (one per region).</p>	<p>Joint evaluation (all Cosponsors)</p> <p>Representatives from Cosponsors from the regional level part of the team of evaluators for the case studies</p>	<p>Process / formative evaluation.</p> <p>The evaluation covers all countries (not only the countries eligible for envelope funds).</p>	June 2018	US\$ 20,000	UNAIDS Secretariat core funds; Cosponsor regional resources

			The evaluation spans the period from June 2017 to May 2018.					
Focus on a subset of Strategic Result Areas to be defined	Focus on a subset of outputs to be defined	Mid-term evaluation of the 2016–2021 Unified Budget, Results and Accountability Framework (UBRAF)	<p>Stocktaking of what has been achieved under the 2016–2021 UBRAF with a forward-looking component of what needs to be done/changed under UNAIDS next Strategy to ensure progress towards the 2030 targets.</p> <p>The evaluation will focus on specific areas and themes yet to be agreed (e.g., efforts to promote and effects of comprehensive sexuality education; efforts to expand HIV services for key populations; efforts to intensify HIV prevention; efforts to integrate HIV into the broader health agenda; efforts to influence the legal and policy environment).</p>	Joint evaluation	Programme evaluation (regional/country focus tbd)	Start 2018 and end mid-2019	US\$ 200 000	UNAIDS Secretariat core funds
Across Strategic Result Areas	Across Secretariat functions	Review of the Management and Administration of the Joint United Nations Programme on HIV/AIDS (UNAIDS)	Provide an independent assessment of the management and administration of UNAIDS and to identify opportunities for further improvements, inter alia, in the areas such as governance, organizational structure, executive management, strategic planning, financial management, human resources management, information and communication technology, management and oversight mechanisms as well as related areas.	Joint Inspection Unit of the United Nations system (JIU)	Programme management evaluation	Data collection starts mid-2018. Preliminary findings mid-2019	-	Funded by JIU

Attachment II

Management Response and Tracking Template

Evaluation recommendation 1				
Management response:				
Key action(s)	Time frame	Responsible	Tracking	
			Comments	Status
1.1				
1.2				
1.3				

Evaluation recommendation 2				
Management response:				
Key action(s)	Time frame	Responsible	Tracking	
			Comments	Status
2.1				
2.2				
2.3				