

GLOBAL REVIEW PANEL

FINAL REPORT



REFINING & REINFORCING

THE UNAIDS JOINT PROGRAMME MODEL

“For the United Nations to achieve its full purpose and potential, it too must change ... The United Nations must focus on delivery rather than process; and on people rather than bureaucracy”

António Guterres
United Nations Secretary-General

GLOBAL REVIEW PANEL ON THE FUTURE OF THE UNAIDS JOINT PROGRAMME MODEL

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* Panellists were invited in their personal capacity

FOREWORD

EMBRACING TRANSFORMATION IN BRIGHT, YET TURBULENT TIMES

“It was the best of times, it was the worst of times.” When we survey the state of the world, we find this well-worn adage never truer than today.

We live in an age of remarkable affluence. Global extreme poverty is falling rapidly. People are living longer. Spectacular technological capabilities enable us to learn, connect, heal and advance human progress. More women world leaders are in office than ever before. Building on the experiences and gains of the Millennium Development Goals, all nations of the world committed to the 2030 Agenda for Sustainable Development (2030 Agenda)—an agenda of unprecedented scope and significance that advances our shared values of peace, prosperity, human rights and equality.

Yet, inequality, insecurity and disparity in wealth, power and opportunity are reaching crisis proportions. Conflict, famine and weather-related disasters have forced millions from their homes. The unequal distribution of the gains of globalization is increasingly clear and driving populist movements around the world, in hand with an unprecedented interrogation of the efficacy and fairness of current economic and development models.

In this complex and challenging age of light and darkness, hope and despair, the United Nations becomes ever more crucial. Global health and development challenges such as the AIDS epidemic—which transcends borders, hits hardest the most vulnerable and marginalized among us and demands the steadfast commitment of a diverse array of stakeholders united behind a common vision—can only be overcome through a collective response led by the United Nations. It is but the United Nations, with its system of interconnected, multisectoral agencies and its mandate to convene all nations of the world, that can break down silos, go beyond identity politics and unite Member States, civil society, the private sector and others, in embracing the values enshrined in its Charter and driving progress for people everywhere—including people living with and affected by HIV.

The Joint United Nations Programme on HIV/AIDS (UNAIDS)—a unique, multilateral cosponsored partnership of 12 United Nations entities that multiplies the impact of leadership, investment and results—has united countries and partners to achieve vast, life-saving results. It is a platform for engaging top political leadership, gathering the best evidence, deploying world-class technical expertise, overcoming barriers to HIV services and enhancing coordination so that resources have the greatest possible impact. The generous support of the international community, including the many countries participating in The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) as well as the United States of America through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), has been leveraged significantly—the majority of AIDS investments now come from domestic sources.

Addressing the challenges of today’s world, however, requires systemic reform of the UN Development System, as called for by the Secretary-General. The United Nations needs to embrace opportunities to be more effective, efficient and accountable to truly operate as a system and to reinvigorate trust in this essential institution. The Joint Programme too must evolve in order to continue leading the world in the response to end AIDS. This is why we called for a review of the Joint Programme model. And this is why we so fully embrace the findings and recommendations presented in this report.

We are encouraged that the report recognizes the irreplaceable value of the Joint Programme and its strong foundation of assets—among them country presence, political legitimacy and its role as an international standard bearer so that data and evidence are used to drive decision-making. The report also impresses upon us at the Joint Programme—and upon all actors in the AIDS response—that tinkering

around the edges of reform will not be enough. Fulfilling our mandate under 2030 Agenda requires a strategic repositioning of how we do things—how we partner, budget, implement, govern and are held accountable.

Implementation of the recommendations made here will fundamentally change our approach to supporting countries—how we ensure limited resources are allocated in a dynamic and differentiated way that not only reflects the variable needs of countries and the capacity of the United Nations, but incentivizes action and how we hold ourselves and others accountable through innovative and inclusive mechanisms that drive results and reinvigorate confidence.

The process through which the report was developed further reflects the United Nations that we sorely need today. Produced by a diverse group of leaders who—pooling their expertise from around the world, engaging in online virtual consultations with stakeholders—committed to the vision to end the AIDS epidemic, resulting in a bold, strategic report within months. We commend the Global Review Panel, with special thanks to the Co-Chairs, Minister Awa Marie Coll-Seck and Ambassador Lennarth Hjelmåker, for its leadership and dedication to a process characterized by its urgency, decisiveness and inclusiveness.

This report reflects a new era for the United Nations. It offers practical solutions to transforming the way the Joint Programme works. As the United Nations charts out its reform agenda, this report provides the first organizational effort to translate the directions set out in the Quadrennial Comprehensive Policy Review (QCPR) into specific, actionable recommendations on financing and accountability, joint working and governance. But these recommendations should not stop at the door of the Joint Programme, we encourage Member States, as well as our colleagues across the UN Development System, to consider these recommendations as they take their own steps towards organizational repositioning as, together, we build a United Nations fit for purpose in leading the world to achieve the vision of the 2030 Agenda and ensure no one will be left behind.

Helen Clark
UNDP Administrator
Chair of the United Nations Development Group

Michel Sidibé
UNAIDS Executive Director

WORD OF THANKS

FROM MINISTER AWA MARIE COLL-SECK AND AMBASSADOR LENNARTH HJELMÅKER, CO-CHAIRS OF THE GLOBAL REVIEW PANEL

This Global Review Panel has been a unique process. Called for with urgency by the UNAIDS Programme Coordinating Board (PCB), it occurred when it was most needed in the realignment processes of the Joint Programme. This was neither an auditing exercise nor an independent evaluation such as those performed by a consulting firm—it was a task for those with a deep understanding and commitment to the AIDS response and knowledge of the Joint Programme.

The Global Review Panel was established to make recommendations for a sustainable and fit for purpose Joint Programme by revising and updating its operating model. Despite our condensed timeline, it was successful in engaging a large number of stakeholders. From the diversity of its membership to the inclusive nature of its deliberations, the Global Review Panel is a real reflection of the unique nature of the Joint Programme.

We express our gratitude to the Co-Conveners, Helen Clark and Michel Sidibé for putting their trust in us in inviting us to co-chair the panel. We thank them for their engagement and guidance throughout the process.

We would like to offer our sincere thanks to our esteemed panel members for their commitment and contributions to the entire review process, including its meetings, consultations and several rounds of revisions, leading to the present report. Thanks to them,

we believe that we have done our best to fulfil the panel's mandate to present bold, actionable and politically savvy recommendations for the future of the Joint Programme model. We are glad that we were able to work with such dedicated and knowledgeable colleagues over the past few months.

We thank the United Nations Uganda Country Team for its support in carrying out a mini consultation in Kampala, Uganda, as well as the commitment from the United Nations Resident Coordinator, Rosa Malango, and the UNAIDS country office staff under the leadership of Amakobe Sande. They helped us to bring together a wide range of stakeholders that resulted in rich and productive consultations. We thank all partners who took part in the consultations, government representatives, civil society and development partners. A special thanks to H.E. Susan Eckey, Ambassador of Norway to the Republic of Uganda, for hosting the opening evening event during the consultations. We also thank Dr Anders Nordstrom, WHO Representative to Sierra Leone, for his creative ideas, thoughtful leadership and active participation in the Kampala consultation. We are greatly appreciative of his engagement in this process.

We would like to express our gratitude for the valuable feedback on our draft provided by a number of experts who were able to take a step back and share their thoughts with us on the questions faced by the panel in the broader perspective of the 2030 Agenda, United Nations reform and global health architecture.

Finally, we thank friends and colleagues in the Joint Programme, both the leadership and staff of the Cosponsors and the Secretariat. Special thanks goes to colleagues of the Global Review Panel support team, Kent Buse, Laetitia Bosio and Chris Fontaine, for coordinating the panel and for the team's analytical support to its publications.

SUMMARY

BUILDING ON SUCCESS: A RENEWED UNAIDS JOINT PROGRAMME TO LEAD THE WORLD IN ENDING THE AIDS EPIDEMIC

Following an analysis undertaken on the UNAIDS Joint Programme across the pillars of financing and accountability, joint working and governance—and in consideration of its role in 2030 Agenda—the

Global Review Panel makes the recommendations below to revise and update the model of the Joint Programme.

Implementation of these recommendations will reinvigorate the Joint Programme model, retain UNAIDS' provocative leadership role, position the Joint Programme at the centre of system-wide United Nations reform, provide important impetus to wider efforts to strengthen the global health architecture and, most critically, help to bring about human dignity, social justice and the end of the AIDS epidemic.

1. RECOMMENDATION

Reinvigorate collaborative action at country level within and beyond the United Nations system to Fast-Track the AIDS response.

- Refine the Joint Programme at country level within the framework of the Resident Coordinator System so its support is tailored to country-level priorities and the needs of people living with HIV and key populations at higher risk of infection, and bound by country compacts that maximize the comparative advantages of individual Cosponsors, leverage the capacities and expertise of other partners and support the national sustainable development agenda.
- Prioritize Fast-Track countries in the allocation of the Joint Programme's human and financial resources.
- Establish an inclusive country-level platform for government, civil society, communities and international partners to regularly review the state of the epidemic and response within the context of the Sustainable Development Goals (SDGs), to promote mutual accountability and to inform decision-making on national priorities and programmes.

2. RECOMMENDATION

Put money where it is most needed through dynamic resource mobilization and allocation.

- Ensure the Joint Programme is sufficiently and efficiently financed to set the global vision for the AIDS response, deliver against the UNAIDS 2016–2021 Strategy and play its critical role in the HIV ecosystem by:
 - Protecting the resources and core leadership, advocacy and accountability functions of the Secretariat.
 - Establishing a dynamic and differentiated approach to allocation of core funding to Cosponsors that resources Joint Programme functions, including incentivizing joint work, delivering results at the country level and facilitating mobilization of complementary non-core resources.
 - Identifying an appropriate proportional relationship to finance the Joint Programme's normative, technical and political contributions to the Global Fund processes.

3. RECOMMENDATION

Reinforce accountability and results for people.

- Adopt a simplified and transparent reporting framework that holds Cosponsors and the Secretariat accountable for individual and joint results, shows the impact of those results for people living with and affected by HIV, captures the entirety of the Joint Programme financing and performance and demonstrates that the sum of the Joint Programme's work is greater than its component parts.
 - Communicate effectively and publicly on the results and added value of the Joint Programme in formats that are more accessible and understandable to a diversity of stakeholders, including civil society and the general public, and tells a compelling story of how joint United Nations work makes a difference in the lives of people.
 - Ensure the results of the Joint Programme are placed within the wider context of the 2030 Agenda through regular PCB reviews of the investments and actions of all partners towards global targets.
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The world has committed to achieving the most ambitious development agenda in history. Universal, inclusive and indivisible, the 2030 Agenda demands new approaches and new ways of working collaboratively to improve the lives of all people within a rapidly changing world. United Nations Secretary-General, António Guterres, has called on the UN Development System to meet this challenge by increasing the pace of United Nations reform to become more nimble, efficient and effective.

Member States are committed to systemic change and have stressed the need for stronger coordination among United Nations system agencies, joint programming and integrated action at country level, more transparent governance that better engages civil society, further harmonization of United Nations systems and processes, more sustainable funding approaches, more effective use of resources, strengthened results-based management and higher accountability.

The Joint Programme is an innovative partnership that aims to lead the world in its historic quest to end the AIDS epidemic. It embodies the approaches demanded by the 2030 Agenda—a model that was, in many respects, 20 years ahead of its time. Hallmarks of the Joint Programme include a governance structure that welcomes civil society to the table of global policy debate, principles of cosponsorship, a formal Division of Labour and a Unified Budget, Results and Accountability Framework (UBRAF) that guides the collective efforts of 11 United Nations system cosponsoring organizations and a robust Secretariat that fulfils critical leadership, coordination and accountability functions.

The establishment of the Joint Programme began a broader transformation of the national and global health architecture

to respond to AIDS. A coalition of civil society, governments, researchers, scientists, the private sector and development partners has demonstrated the potential of inclusive multi-stakeholder and multisectoral approaches to deliver health services and bring about greater social justice.

This exceptional response, propelled by the activism of people living with and affected by HIV, has yielded remarkable gains. Rapid and sustained scale-up of HIV treatment is one of the greatest successes of global public health. The number of people living with HIV accessing antiretroviral therapy has increased by an order of magnitude since 2005, reducing AIDS-related deaths globally by 45% and reversing declines in life expectancy in sub-Saharan Africa. A global plan to eliminate mother-to-child transmission of HIV has halved new HIV infections among children in just five years. Countries that have put in place comprehensive HIV prevention programmes have successfully reduced HIV infections.

However, AIDS is not over. The number of adults acquiring HIV each year remains alarmingly high. The cost of maintaining all people living with HIV on treatment for the rest of their lives threatens to reach exorbitant and unsustainable proportions if significant progress is not achieved in preventing new infections. The UNAIDS 2016–2021 Strategy seeks to focus support on 35 Fast-Track countries, while recognizing the need for universal action on prevention, treatment, care and support. Closing gaps in service coverage requires leveraging HIV responses to strengthen health systems, as well as intensified efforts to reach and empower women and girls and enhance their agency and to ensure people living with, at risk of, and affected by HIV know their rights and have access to justice to prevent and challenge violations of human rights.

There is a window of opportunity to fill these gaps. A Fast-Track agenda to achieve a critical set of milestones by 2020 and set the world on track to ending the epidemic by 2030 was endorsed by the United Nations General Assembly in 2016. As the world urgently scales up its efforts and investments to achieve the Fast-Track commitments, the Joint Programme is more relevant than ever. The technical leadership and support of the Cosponsors is complemented by the Secretariat's roles in political leadership and advocacy, convening stakeholders, strategic information, giving voice to people living with and affected by HIV and supporting civil society. In short, the Joint Programme has become indispensable to the AIDS ecosystem. To operate at its full potential and stay at the cutting edge of United Nations reform, the Joint Programme must evolve.

The Global Review Panel on the future of the UNAIDS Joint Programme model has been convened to develop recommendations for a refined and reinforced UNAIDS that addresses today's challenges of an evolving epidemic and increasingly complex environment. While recognizing the singular value of the Joint Programme, the panel has determined that reforms to its approaches to financing and accountability, joint working and governance will need to address:

- A disconnect between strategic decisions of the UNAIDS PCB and the financing of the Joint Programme.
- Static resource allocation across the Joint Programme, as well as uneven commitment, culture and mindset regarding joint working and overlapping roles and responsibilities—the 12 entities of the Joint Programme are not optimally contributing what is needed, where it is needed, in line with their respective comparative advantages.
- Gaps in financial and performance reporting and accountability. Accountability is undermined by insufficient reporting on the results of the Cosponsors and the Secretariat and the value for money of the Joint Programme's work.
- A serious threat of growing complacency among some donors regarding the Joint Programme. The contributions of UNAIDS are not well recognized, in part due to insufficient effort by the Joint Programme to communicate its added value and the positive impact of its investments in the lives of people affected by the epidemic.
- The evolving epidemic and shifting landscape of the response, which demand the engagement of new actors, particularly partners critical to taking AIDS further out of isolation.
- The underutilization of the Joint Programme's unique form of United Nations governance to improve coherence and engagement across Cosponsor boards and to integrate the response in the breadth of the 2030 Agenda.

These findings have led the Global Review Panel to a firm conclusion: by refining and reinvigorating its model, the Joint Programme will remain critical to ending the AIDS epidemic and can reinforce efforts to improve the performance of the United Nations system and achieve the SDGs more effectively and sustainably. Pressure to perform is higher than ever. The panel urges the responsible stakeholders to urgently take on board the recommendations made in this report.

INTRODUCTION

AN EXCEPTIONAL RESPONSE TO A DEVASTATING DISEASE—BUT STILL A LONG WAY TO GO

The AIDS epidemic is among the most severe in recent human history. Nearly 80 million people have been infected with HIV, of which 35 million people have died of AIDS-related causes. Globally, efforts to prevent new HIV infections among adults are not showing sufficient impact. The number of adults acquiring HIV each year—approximately two million—has remained static over the past seven years. Despite treatment gains, the epidemic continues to claim more than one million lives each year.

The AIDS response is also an emblem of what is possible. Propelled forward by people living with and affected by HIV, a coalition of civil society, governments, researchers, scientists, the private sector and development partners has demonstrated the potential of the multilateral system, and the broader global community, to bring about greater social justice.

This unprecedented mobilization has delivered enormous gains. A remarkable 18.2 million people living with HIV were on treatment by the middle of 2016. The number of people dying from AIDS-related illnesses fell by 45%, from a peak of 2 million in 2005 to 1.1 million in 2015. In the world's most affected region, Eastern and Southern Africa, the number of people on treatment has more than doubled since 2010, reaching nearly 10.3 million people in 2016. Since 2009, 1.2 million HIV infections among children have been averted.

Progress has inspired the once unthinkable—that the epidemic can be ended. The global community has embraced this bold idea as a target of the 2030 Agenda. In 2015, the UNAIDS PCB approved a Fast-Track strategy that guides the world, and specifically the Joint Programme, on how to reach the 2030 Agenda commitment, including reaching a set of milestones by 2020. The Fast-Track approach and 2020 milestones were subsequently endorsed by the United Nations General Assembly within the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (2016 Political Declaration).

EMBRACING INNOVATION: JOINT PROGRAMME ARISES AS KEY COMPONENT OF THE RESPONSE

The innovations of the AIDS response changed the face of global health, including at the United Nations. In the early 1990s, duplication, territorial rivalries and insufficient engagement among United Nations system agencies were impeding the scale-up of the global response to AIDS. (1) Recognition that no single actor or sector could respond to the multifaceted causes and consequences of AIDS intensified demands for greater United Nations coordination, collaboration and action. Proposals for a single United Nations agency for AIDS gave way to inspiration for a novel mechanism that could bring to bear the collective weight of the international development system in responding to AIDS.

Thus, emerged the Joint United Nations Programme on HIV/AIDS (UNAIDS): a bold effort in coordinated United Nations action and broad stakeholder engagement focused on supporting countries to respond to an urgent and complex health and development challenge. UNAIDS brings together 11 United Nations system cosponsoring organizations (Table 1, UNAIDS Cosponsors)—70% of whose staff are working on HIV are in the field—and a robust Secretariat that is also largely field based. Cosponsors commit to a set of principles, including that each must bring its comparative advantage to the Joint Programme, and that its governing body approves a specific budget for HIV activities and regularly places HIV issues on its agenda (Annex 1, Principles for Cosponsorship).

The Joint Programme was established amidst a broader transformation of the national and global health architecture to respond to AIDS. Since the early 1990s, countries have established national AIDS councils located within the office of the president or prime minister to provide high-level oversight and intersectoral coordination. Internationally, AIDS ascended bilateral and multilateral political agendas.

In 2002, the Global Fund was established as an international financing partnership between governments, civil society organizations, the private sector and affected communities, and today invests approximately US\$ 4 billion annually to support programmes in countries and communities.

In 2003, the United States introduced PEPFAR, which remains the world's largest international assistance programme dedicated to one disease. Innovative financing mechanisms such as UNITAID quickly followed to help speed up the availability of low-cost medicines and diagnostics. Civil society organizations—including networks of people living with and affected by HIV, community based and faith based—deliver a range of functions, from advocacy and service delivery to playing a watchdog role. Public-private partnerships, particularly those involving pharmaceutical

companies, have led to steep decreases in the prices of antiretroviral medicines and diagnostics.

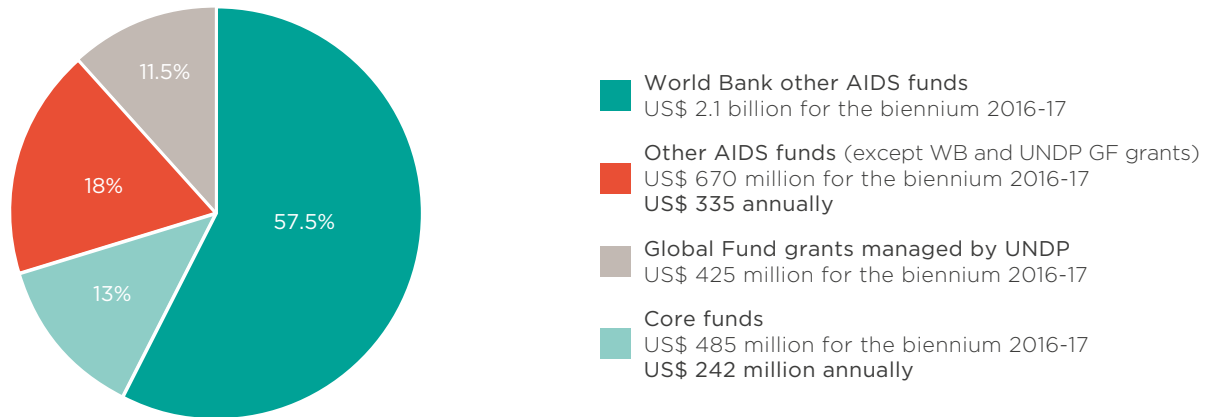
Over the years, the Joint Programme has evolved to become a key component of the AIDS ecosystem, providing global leadership, vision and strategic direction for the entire global AIDS response, as well as critical support to communities of people living with and affected by HIV, civil society, countries, bilateral donors and other funding partners, such as the Global Fund and PEPFAR. It is considered the foremost global authority on the HIV epidemic, its economics and politics, and an influential advocate for well-resourced, evidence-informed and rights-based responses to HIV.

The UNAIDS 2016–2021 Strategy is operationalized by the UBRAF. Reporting on the UBRAF focuses on the core budget approved by the UNAIDS PCB, but also captures the role of non-core resources at a higher level of abstraction to reflect more fully the role the United Nations system plays in the global AIDS response. Figure 1 shows the broad nature of the funding mobilized and managed by the United Nations system for the response to end the AIDS epidemic, including the Joint Programme's UBRAF which represents 13% of total United Nations funds. Much of these non-core resources are heavily earmarked; for example, the resources that the United Nations Development Programme (UNDP) receives as interim Principal Recipient of Global Fund grants to support the implementation of Global Fund grants in challenging operating environments. The majority of non-core resources of the World Bank are an estimated percentage of the concessional loans and grants provided through the International Development Association and the International Bank for Reconstruction and Development for the achievement of broader development goals that are supportive of the AIDS response. Core UBRAF resources are a critical source of flexible unearmarked financing for Cosponsors, which complement Cosponsor organizational resources in strengthening their HIV capacity to deliver on their Joint Programme functions. The Joint

Programme’s integrated and joined-up approach resonates strongly with the 2030 Agenda and United Nations Secretary-General António Guterres’ United Nations reform agenda. The fulfilment of the 2030 Agenda—its 17 goals and commitment to leave no one behind—will rely on enhancing integration and mainstreaming delivered through unprecedented collaboration among global

partners across sectors. As the United Nations Economic and Social Council (ECOSOC) emphasized, the Joint Programme model was as relevant to progress across the Millennium Development Goals as it is to the 2030 Agenda, particularly as an example of “enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact.” (2)

Figure 1: 2016-2017 Core UBRAF funds in the context of total projected financing for HIV through the UN system¹



¹ In 2016-2017, US\$ 425 million Global Fund HIV grants managed by UNDP covered 12 countries and 60% of the amount is for procurement of health commodities such as antiretroviral medicines, test kits and condoms.

UNAIDS COSPONSORS

ILO	Based on the principles of the International Labour Standard on HIV/AIDS and the world of work, the International Labour Organization (ILO) provides leadership in increasing access to HIV legislation, policies and programmes for mobile, migrant and vulnerable workers through the workplace. ILO mobilizes the private sector to respond to the HIV-related needs of its employees. ILO also prioritizes voluntary, confidential HIV counselling and testing for workers (VCT@WORK), HIV-sensitive national social protection floors and economic empowerment initiatives for vulnerable populations.
UNDP	The United Nations Development Programme (UNDP) is a founding Cosponsor of UNAIDS, a partner of the Global Fund and a Cosponsor of several other international health partnerships. As the lead on human rights and law in the UNAIDS Joint Programme, UNDP's work on HIV and health leverages the organization's core strengths and mandates in human development, governance and capacity development to complement the efforts of specialist health-focused United Nations agencies.
UNESCO	The United Nations Educational, Scientific and Cultural Organization (UNESCO), a founding Cosponsor of UNAIDS, is responsible for leading efforts to support countries in scaling up the education sector response to HIV. The agency draws on its unique spectrum of competencies across the diverse spheres of education, the sciences, culture, communication and information to push for a truly multisectoral and comprehensive response to HIV.
UNFPA	The United Nations Population Fund (UNFPA) is a founding Cosponsor of UNAIDS. Addressing HIV is integral to UNFPA's goals of achieving universal access to sexual and reproductive health and realizing human rights and gender equality. It promotes integrated HIV and sexual and reproductive health services for young people, key populations and women and girls, including those living with HIV. UNFPA supports the empowerment of these populations to claim their human rights and access the services they need.
UNHCR	The United Nations High Commissioner for Refugees (UNHCR) provides leadership, technical support and programming for the provision of HIV services for populations affected by humanitarian emergencies, including programmes to address sexual and gender-based violence and to ensure protection and human rights for people living with HIV. UNHCR co-convenes the Inter-Agency Standing Committee Task Force on Addressing HIV in Humanitarian Settings, which involves coordinating HIV technical support for displaced populations.

UNICEF	<p>The United Nations Children’s Fund (UNICEF), a founding Cosponsor of UNAIDS, is the leading voice for children in the global AIDS response. It aims for an AIDS-free generation in which all children are born free of HIV, and where children living with and affected by the virus have access to the treatment, care and support they need to thrive. UNICEF’s HIV response for children strives to ensure that neither age nor poverty, gender inequality nor social exclusion determines access to HIV prevention, treatment and care.</p>
UNODC	<p>The United Nations Office on Drugs and Crime (UNODC) is the convening organization for HIV prevention, treatment, care and support among people who use drugs and those living and working in prisons. It collaborates with national and international partners, including civil society and other UNAIDS Cosponsors, to assist countries in developing and implementing interventions designed to guarantee that these vulnerable and often very diverse populations can access optimum HIV services.</p>
UN WOMEN	<p>UN Women’s strategic approach to HIV includes providing technical and financial support to Member States and women’s organizations, particularly those of women living with HIV, in the area of gender equality and AIDS. To reduce the vulnerability of women and girls to HIV, UN Women seeks to address the challenges that stem from unequal power relations between women and men.</p>
WFP	<p>The World Food Programme’s (WFP) HIV work is focused on linking food and health systems for impact on HIV. WFP maintains a holistic approach to HIV programming, leveraging multiple context- appropriate entry points, including food and nutrition support, social safety nets, technical support to governments and national partners, school meals and supply chain and logistics support services. WFP also co-leads addressing HIV in humanitarian emergencies.</p>
WHO	<p>The World Health Organization (WHO) is the directing and coordinating authority for international health within the United Nations system. It provides leadership on complex global health matters, produces norms and standards, monitors and assesses health trends and shapes the health research agenda. As a founding Cosponsor of UNAIDS, WHO provides technical support to countries and helps them address pressing public health issues, including HIV treatment and care and HIV/TB coinfection.</p>
WORLD BANK	<p>As a founding UNAIDS Cosponsor, and under the Division of Labour, the World Bank is the lead agency for support to strategic planning, including costed and prioritized multisectoral national AIDS plans and conducting analysis to underpin evidence-informed policies. In addition, the World Bank co-leads assistance provided on sexual transmission of HIV with UNFPA and social protection with UNICEF.</p>

COMPLACENCY AND A GROWING THREAT OF EROSION ACROSS THE RESPONSE TO END THE AIDS EPIDEMIC AND WITHIN THE JOINT PROGRAMME

While the AIDS response has much to celebrate, the epidemic is far from over. The number of adults acquiring HIV each year—more than 1 million—remains alarmingly high. Considerable gaps and shortcomings in prevention efforts threaten progress towards the end of the AIDS epidemic. Despite record levels of treatment access, of the 36.7 million people living with HIV globally in 2015, more than 18 million were still not accessing treatment. The cost of maintaining all people living with HIV on treatment for the rest of their lives threatens to reach exorbitant and unsustainable proportions if significant progress is not achieved in preventing new infections each year and in bringing down the cost of newer and more effective treatments.

Within these global numbers lie stark disparities in service access and social vulnerability, across regions, within countries, between men and women and young and old and among specific populations being left behind. In many countries, key populations continue to be pushed to the fringes of society and denied or excluded from access to basic health care, including HIV prevention and treatment services.

While the response continues to grapple with these enduring challenges, a new threat looms—complacency. The availability of treatment has allayed fears of a renewed global health catastrophe and new development challenges have ascended the political agenda. Member States, and the multilateral system itself, face unprecedented challenges within an evolving geopolitical ecosystem struggling to address environmental challenges, deepening income inequality, increasing numbers of people displaced by conflicts and natural disasters and rising anti-globalization sentiments.

Similarly, the panel notes the serious threat of a growing complacency among some partners in relation to the Joint Programme. This includes both the concern that the contributions of the Joint Programme are taken for granted and underfunded

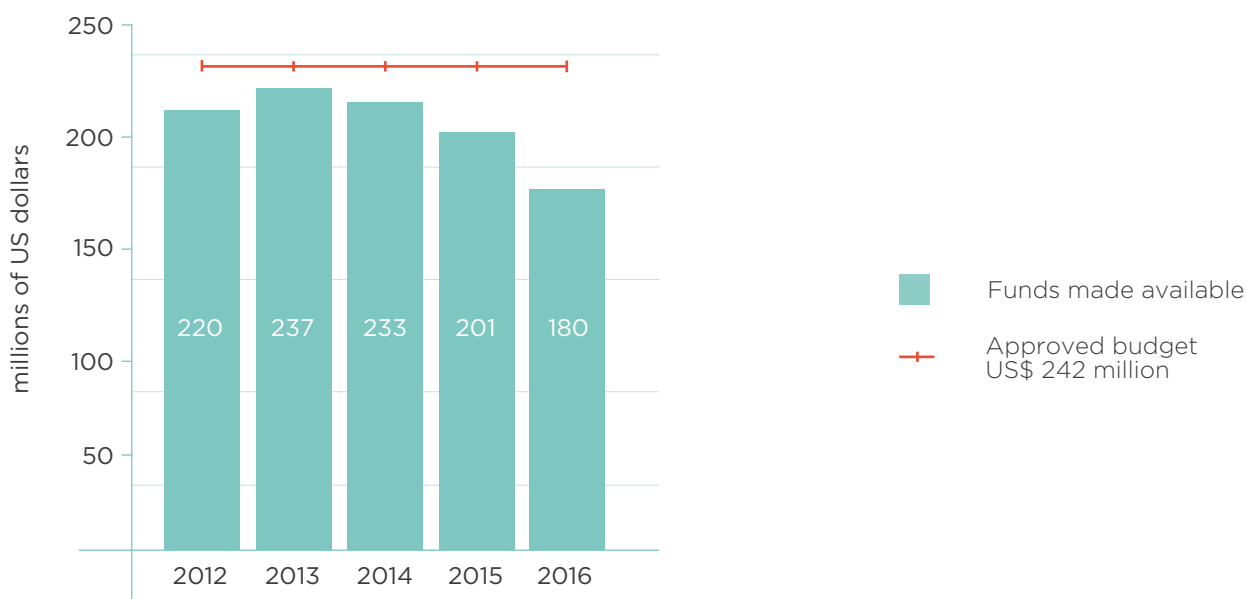
and that this may be weakening the commitment to joint work among Cosponsors and the Secretariat.

Fundamental questions are being raised regarding the application of the Joint Programme's model: Is the Secretariat reaching beyond its catalytic and coordinating role in leadership and advocacy, sometimes behaving as a standalone agency and competing with Cosponsors? When does the Secretariat's leadership, advocacy and accountability work stray into the realm of the programmatic or substantive work of Cosponsors? Are Cosponsors consistently living up to the principles of cosponsorship? Has Cosponsors' work on HIV become too reliant on funds raised by the Secretariat? Has a reduction of funding for the Joint Programme had the unintended consequence of reducing capacity on HIV? In the era of sustainable development that demands more coherent and transparent joint United Nations action, how can the Joint Programme capitalize more consistently on its joined-up nature and the comparative advantage of its various Cosponsors? Are Member States elevating AIDS not only within the UNAIDS PCB, but also within the boards of the Cosponsor agencies?

Despite strong political support expressed for the Joint Programme in the General Assembly, ECOSOC and recent UNAIDS PCB meetings, a growing disconnect between the global ambition to end AIDS and the level of financing for the Joint Programme is further threatening its sustainability. In 2015, the UNAIDS PCB adopted the most ambitious strategy for the AIDS response and the Joint Programme to date—its successful implementation will rely on long-term predictable and stable core financing for the Secretariat and dynamic, differentiated and catalytic allocation across the Joint Programme based on thematic and regional proposals.

Shortly after the adoption of the UNAIDS 2016–2021 Strategy, the PCB approved a two-year UBRAF of US\$ 484 million. Despite a greater Fast-Track ambition, the Joint Programme continued to hold to a zero-growth budget, as it did for the previous four bienniums. Nonetheless, just 70% of the PCB-approved core budget for 2016 and 2017 is likely to be mobilized—a continuation of a downward trajectory in core funding that began in 2013 (Figure 2). Funding shortfalls are already severely impacting the capacity of Cosponsors and the Secretariat to deliver the level of support described within the UNAIDS 2016–2021 Strategy. (3) In addition to this gap between ambition and core funding, there are questions

Figure 2: Core funds raised against the UNAIDS Board-approved budget, 2012-2016



of whether all Cosponsors are mobilizing a sufficient level of non-core resources and whether their respective boards and senior management have sufficiently prioritized the response to end the AIDS epidemic—opting by default to rely more on the efforts of the Secretariat to mobilize resources for the Joint Programme. There is also a question as to whether reduced HIV-specific focus and capacity within Cosponsor organization threatens their ability to continue to mobilize adequate levels of non-core resources, undermines leadership on HIV within their organizations and weakens the ability to mainstream HIV within their strategic plans and the broader 2030 Agenda. Perceived weaknesses in reporting and accountability, exacerbated by the way the Joint Programme reports its results, further threaten its financing. The United Kingdom of Great Britain and Northern Ireland’s 2016 Multilateral Development Review concluded that “further savings and delivery of greater impact will require review and prioritization of staffing and the current model of financing Cosponsor organizations; at present it is difficult to assess the value that these allocations deliver.” The United Kingdom has since earmarked its contribution to the Secretariat for 2017.

JOINING FORCES TO BRING AIDS OUT OF ISOLATION

The days when AIDS sat atop the global health and development agenda have passed. Today, the new narrative to end the epidemic is but one issue within an increasingly complex, interconnected agenda of humanitarian and development challenges. To remain effective and relevant, the response to end AIDS must increasingly align with efforts to achieve the health-related SDGs of ensuring healthy lives and promoting well-being for all at all ages as well as other SDGs that will be critical to progress on health, gender and development.

The SDGs demand new approaches to development and new ways of working collaboratively within a rapidly changing world. Delivering on the 2030 Agenda requires a repositioning of both UNAIDS and the wider UN Development System. Through the 2016 QCPR of operational activities for development of the United Nations system, Member States have called for a UN Development System that is more strategic, integrated, coherent, nimble, accountable and results oriented.

The United Nations Secretary-General has pledged to lead a comprehensive reform effort, with a focus on transforming the United Nations internal management through simplification, decentralization and flexibility. The Secretary-General has placed particular emphasis on increasing the accountability of United Nations system entities, noting that a strong culture of accountability requires independent capacity of evaluation to measure not only agencies' performance according to their mandates, but how they perform in relation to their contributions to reaching the SDGs. (4)

The Global Review Panel strongly believes that the AIDS response, with a reinvigorated Joint Programme at its helm, will reinforce efforts to achieve these development goals more effectively and sustainably. The AIDS response has advanced frontiers on equality, sexual and reproductive health and rights, stigma and discrimination, human rights, inclusion and participation. Efforts to prevent HIV infections are linked to broader determinants of health. For example, risk reduction requires the engagement of communities and the empowerment of people with knowledge and resources. Similarly, sustainable HIV treatment programmes are reinforcing efforts to achieve universal health coverage, delivering new models of non-communicable disease prevention and management and enhancing economic productivity. HIV programmes need to be integrated into development programmes and efforts to strengthen health systems and the costs reflected in national health, development and humanitarian response financing strategies and plans. Beyond health, promoting respect for the human rights and non-discrimination of people living with HIV and key populations is part of wider efforts to strengthen inclusive and effective governance to achieve social justice for all.

Pursuing effective and mutually beneficial integration with wider health, development and humanitarian efforts demands openness among AIDS actors to more integrated ways of working. How to operationalize the step change needed to take the AIDS response further out of isolation and address the shared determinants of a range of health and development outcomes remains a key question. Moreover, it raises questions as to how to ensure the coherence of the broader global health and development architecture, including its financing and normative roles as well as efforts to address the structural drivers of risk and vulnerability.

A REFINED AND REINFORCED UNAIDS JOINT PROGRAMME FIT FOR THE FUTURE

The Global Review Panel on the future of the UNAIDS Joint Programme model shares the conviction that the Joint Programme has played, and continues to play, a critical role within the global AIDS response. At the 2016 financing dialogue for the Joint Programme, Member States and civil society representatives noted the importance of UNAIDS' leadership, its unique contribution of ensuring political commitment to the response across ministries, its ability to bring affected communities to the centre of the response and its collection and dissemination of essential strategic information, among others, as functions and roles that cannot be replaced by other bilateral or multilateral entities or non-state actors.

We further note the Joint Programme's commitment to organizational change to strengthen its effectiveness, efficiency and accountability within an evolving environment. Through ongoing repositioning, the Secretariat and Cosponsors are taking action to align and consolidate their organizational structures to be best positioned to deliver on the UNAIDS Strategy and 2030 Agenda. The 2015-2016 Multilateral Organization Performance Assessment Network (MOPAN) also reports signs of considerable progress from its last assessment in 2012, including a shift to a more field-based organization, reductions in overall staffing levels and systems that ensure greater individual accountability for results. (5)

Yet frustrations have grown regarding the Joint Programme's challenges and shortcomings, particularly in the area of adequate reporting and accountability for the use of both core and non-core resources. Weaknesses in the ability of the Joint Programme to effectively and collectively communicate its added value as Cosponsors and the Secretariat working together contribute to a lack of awareness among partners regarding some of the critical contributions of UNAIDS. For example, the Joint Programme provides critical support to countries throughout the life-cycle of Global Fund HIV grants. To date it has assisted more than 100 countries in mobilizing and effectively using more than US\$ 16 billion disbursed by the Global Fund.

These factors are likely contributing to the decline in financial commitments to UNAIDS despite the strong financial support for the AIDS response evidenced by the successful fifth replenishment of the Global Fund. If it is to fulfil its role in implementing its UNAIDS 2016–2021 Strategy and leading a Fast-Track response, UNAIDS must squarely address these perceived weaknesses.

Beyond the need to address the budget shortfall, we urge partners—and UNAIDS itself—to appreciate that the Joint Programme is more than simply a joint budget. Whatever the levels of core and non-core resources, the Joint Programme’s approach of joint planning, working and reporting should be retained with the right set of incentives.

The panel’s work has led to the conclusion that the multisectoral and inclusive partnership approach of the Joint Programme is more relevant than ever. The Joint Programme stands at the forefront of global efforts to employ multisectoral approaches to

improve health and well-being at a time when such approaches are increasingly appreciated as critical to the wider achievement of 2030 Agenda. The Joint Programme must continue to innovate, to push boundaries and to challenge the status quo. Doing so will require it to reinvigorate and reset its joint nature, especially at the country level, in order to restore its value as more than the sum of its parts. Deliberate steps must be taken to give far greater prominence and attention to the drivers and incentives for joint work, as opposed to agency-specific initiatives and branding. Independent evaluations make it clear that complex partnerships are difficult to sustain, yet they are the only mechanisms to address complex challenges; well-functioning and well-resourced partnerships deliver multiplier effects. (6) A refined and reinforced Joint Programme model, with Cosponsors delivering stronger integration, can support a Fast-Track approach in countries and become among valuable pathfinders for United Nations reform to accelerate delivery of results against the SDGs.

GLOBAL REVIEW PANEL ON THE FUTURE OF THE UNAIDS JOINT PROGRAMME MODEL: MANDATE AND PROCESS

At the UNAIDS PCB in December 2016, the UNAIDS Executive Director, Michel Sidibé, with the support of the Cosponsor heads of agencies, proposed that the Joint Programme model be reviewed. In response, the PCB responded positively to the proposal of a review to ensure a more effective Joint Programme and a refined model, identifying three fundamental pillars of special interest: financing and accountability, joint working and governance. In the light of the PCB's decisions, UNDP Administrator, Helen Clark, Chair of the United Nations Development Group, agreed to co-convene the review alongside Mr Sidibé. The Co-Conveners invited Awa Marie Coll-Seck, Minister of Health, Republic of Senegal and Lennarth Hjelmåker, Ambassador for Global Health, Sweden, to serve as Co-Chairs. The panel gathered experienced and technical members with a deep knowledge of the Joint Programme and the evolving development landscape, including PCB Chairs, Member States and civil society.

This report is a product of two formal meetings of the panel, a public online virtual consultation, a multi-stakeholder country consultation held in Kampala, Uganda and extensive discussions with PCB members, experts, civil society, Cosponsor and Secretariat leadership and staff and other national and global stakeholders. The full panel composition can be found in the section, Global Review Panel on the future of the Joint Programme model, at the beginning of this report. Details on the panel's process of consultation, deliberation and report development are provided in Annex 3, Global Review Panel Consultation Process.

The what of UNAIDS—its contribution to the achievement of the UNAIDS 2016-2021 Strategy—was taken as a given. The panel was tasked to focus on the how; how UNAIDS works, specifically on the three fundamental pillars identified by the PCB. Our review

has aimed at how to reinforce strengths and address shortcomings at UNAIDS so that it may more effectively support countries in their efforts to end the AIDS epidemic and maintain its role as an incubator of innovation within the United Nations system.

THREE FUNDAMENTAL AREAS OF THE JOINT PROGRAMME TO REFINE, REINFORCE AND RESET

As requested by the PCB, our review focuses on how the Joint Programme can be refined and reinforced to deliver on the UNAIDS 2016–2021 Strategy and the 2016 Political Declaration across three fundamental pillars: Financing and accountability; Joint working, and; Governance.

These are areas where the Joint Programme has succeeded in establishing novel and effective approaches, yet have not adequately evolved to meet the challenges of today's epidemic and the response.

In undertaking this review, the Joint Programme has demonstrated that it is keenly aware of the need to respond to the demands of, and operate within, the new context at country and global levels. It recognizes that delivering on the UNAIDS 2016–2021 Strategy and 2030 Agenda will require much more than improving efficiency within existing arrangements: it demands bold commitment to boosting the impact of the Joint Programme by transforming the way it works and is held accountable for results. The recommendations provided seek to offer support and guidance for such a transformation.

THE THREE PILLARS OF THE JOINT PROGRAMME MODEL: FINDINGS AND RECOMMENDATIONS

AREA 1: FINANCING AND ACCOUNTABILITY

CONTEXT AND CHALLENGES

With the rapidly evolving geopolitical and global economic landscape—and a broad and ambitious sustainable development agenda—the debate on where and how to mobilize development finance has intensified. Shared development ambitions must be followed by a shared responsibility to invest in development. The United Nations system, including the Joint Programme, plays a critical role in supporting countries' efforts to increase domestic funding and to access international and private funds and, critically, transition towards sustainable financing arrangements that are country led and country owned.

The 2016 Political Declaration includes a commitment to adequately invest in a Fast-Track approach—US\$ 26 billion annually by 2020. While domestic investment has increased, total annual investment in low- and middle-income countries has decreased slightly in recent years to US\$ 19 billion in 2015, constituting a US\$ 7 billion investment gap.

The United Nations system itself is facing a challenging funding environment. Furthermore, in the context of 2030 Agenda, the demands for improved transparency, value for money and accountability of the United Nations system have gained new momentum. Transforming the Joint Programme's approaches to financing and accountability will rely on putting forward-looking processes in place that incentivize broader and more sustainable resource mobilization, reward results at country level and report joint and individual Cosponsor and Secretariat deliverables.

The UBRAF is the only one of its kind in the United Nations system, bringing together the efforts of 12 entities into one framework, providing a complete results chain from inputs through to impact. The UBRAF guides the allocation and use of core funds raised by

the Secretariat for the Joint Programme. The funds that Cosponsors receive from the core UBRAF are used to leverage resources from their own organizations as well as additional, but considerably less, flexible funding. Figure 3 shows the proportion of core resources provided by the UBRAF and non-core funding mobilized by each Cosponsor, including the Global Fund grants managed by UNDP and the estimated contribution of World Bank loans and grants to broader development goals that are supportive of the AIDS response.

The UBRAF has been continually refined in recent years. While fundraising for the Joint Programme has historically matched the ambition and expectations of the PCB expressed within the UBRAF, funding provided by donors has fallen short of the PCB-approved core budget since 2010. This has resulted in a gap between what the Joint Programme is asked to do and the resources the Joint Programme is provided to do it—a gap that has consistently increased over the past five years and led to a significant overall funding shortfall in 2016.

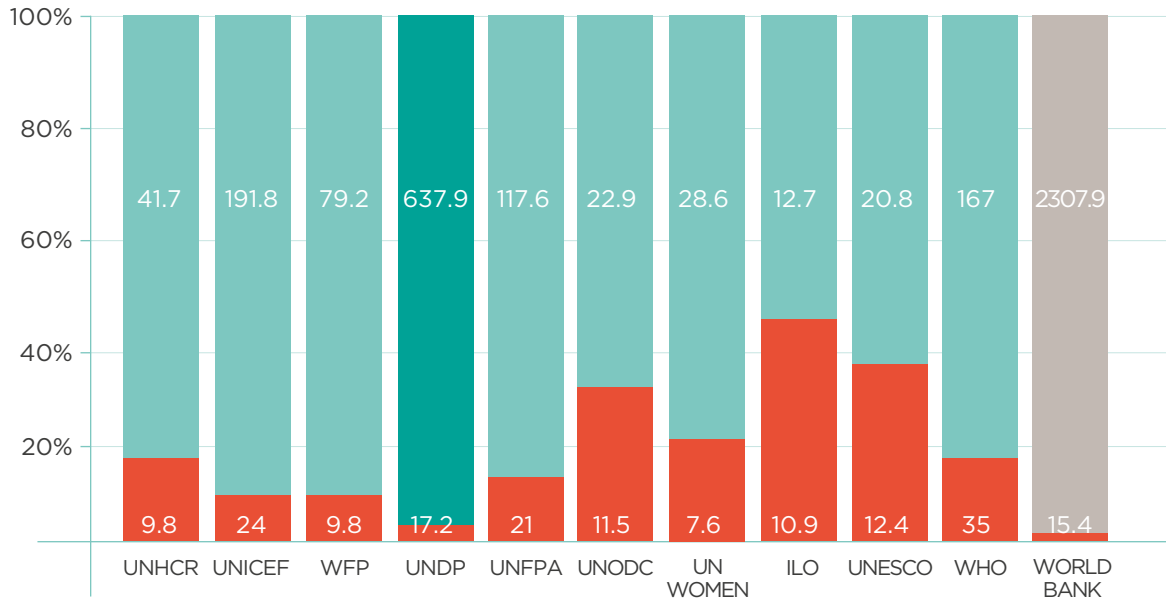
Thus, while there is strong political support for the UNAIDS 2016–2021 Strategy, such support has not been translated into financial commitments for the Joint Programme. A range of factors contributes to this discrepancy; while some remain unclear, several factors have emerged during recent UNAIDS PCB meetings and during the work of the panel, as discussed below.

STATIC RESOURCE ALLOCATION AMONG THE COSPONSORS AND THE SECRETARIAT

The allocation of UBRAF resources to support Cosponsors' work under the UNAIDS 2016–2021 Strategy is guided by a set of criteria, including the quality of Cosponsor proposal submissions, adequate country focus and demonstrated commitment to the AIDS response. Allocation criteria, however, are overly broad and experience shows that they could have been used more rigorously and consistently.

Figure 3: HIV resources leveraged by Cosponsors under a fully funded UBRAF, 2014-2015

PROPORTIONS OF HIV RESOURCES LEVERAGED BY COSPONSORS



- Percentage of concessional World Bank loans and grants
- Percentage of non - core funds for UNDP
- Percentage of non - core funds mobilized
- Percentage of core UBRAF allocation

NOTES

1. The majority of UNDP non-core funds mobilized are Global Fund grants.
2. The majority of World Bank non-core resources are concessional loans and grants for broader development goals, supportive of the AIDS response.

As a result, the proportion of resources allocated to each Cosponsor and the Secretariat is largely consistent year after year. While this has provided predictability and stability for planning HIV work, the existing UBRAF allocation criteria do not seem to be used to address changing priorities, particularly at country level; rather, allocations appear to be based more on historical precedent than application of agreed criteria. The allocation process also does not consider the diversity in levels of financial need among Cosponsors and the Secretariat. Some Cosponsors are almost completely reliant on core UBRAF for their HIV work. Some of the seemingly well-resourced Cosponsors have very limited capacity to reallocate any non-core HIV funding since the vast majority of non-core funding available to them is earmarked. For these reasons, over the short term, earmarked funds cannot readily replace funds for core technical capacity. This situation reflects a larger trend of Cosponsors receiving less unearmarked funding.

A static, mechanical allocation process is neither strategic nor efficient. The Joint Programme must establish a more strategic, differentiated and dynamic process of resource allocation, creating space for frank and open discussions that allow prioritization between programmatic areas, countries, regions and organizations. Nonetheless, the effective functioning of the Joint Programme does require a minimum level of predictability in funding flow over a two-year time frame both for Cosponsors and the Secretariat.

Panel members concluded that a minimum allocation of flexible core funding for Cosponsors could provide an incentive to stay engaged in the Joint Programme and reduce competition for resources across the Joint Programme. Panel members also agreed that the core UBRAF must include dedicated resources to support country responses, particularly in Fast-Track countries. Additional funding for the Cosponsors from the UNAIDS core budget would be based on proposals focusing on gaps and priorities in Fast-Track countries.

INADEQUATE BREADTH AND SPECIFICITY IN FINANCIAL AND RESULTS REPORTING TO THE PCB

PCB members and partners have expressed dissatisfaction that reporting does not adequately capture the specific results achieved by individual Cosponsors and the Secretariat. The PCB members find that reporting does not sufficiently describe: the impact of results attributable to the Joint Programme and the individual organizations; value for money of UNAIDS work, and; added value of joint working.

The breadth of reporting is also considered too limited in two respects.

First, current results reporting is focused on the UBRAF resources mobilized by the Secretariat and Cosponsors, while detailed financial reporting to the PCB is limited to core resources.

As depicted in Figure 1, the core budget of US\$ 485 million is just 13% of the total HIV funds of the Cosponsors and Secretariat. Cosponsors currently report on financial expenditure of non-core UBRAF resources at a higher level. Even though financial tracking systems differ, the Cosponsors individual systems should be used to provide more detailed reporting to the PCB on expenditure of non-core UBRAF resources and ensure greater accountability.

Secondly, there are considerable additional resources outside the United Nations system dedicated to the AIDS response. Since the PCB plays a broader role in global agenda setting, provision for an overview of the entire response and review of global investments, in addition to its oversight of the Joint Programme, should be considered.

INSUFFICIENT AWARENESS OF THE UNAIDS ROLE IN THE GLOBAL HIV ECOSYSTEM AND SUPPORT TO PARTNERS IN THE AIDS RESPONSE, INCLUDING TO GLOBAL FUND PROCESSES

The recent replenishment of the Global Fund of US\$ 13 billion demonstrates continued global commitment towards ending AIDS, tuberculosis and malaria. Ensuring that these funds deliver the greatest impact will rely on a fully functional HIV ecosystem in which the Joint Programme is a critical actor. As a financing mechanism, the Global Fund draws on the normative, technical and political contributions of the entire Joint Programme to ensure the effective delivery of programmes and the optimal use of funds. Yet the UNAIDS funding shortfall will likely have serious implications for its partnership with the Global Fund, including the weakening of its support to countries to build long-term sustainable capacity to manage the response, to formulate and implement investment cases and to access and optimize support from the Global Fund. In short, a weak Joint Programme will put investments in the Global Fund at considerable risk.

Through our review, we have found a lack of recognition of the Joint Programme's unique contributions to optimizing the effectiveness of global initiatives, such as the Global Fund. Lack of recognition of the Joint Programme's role among donors, countries and other partners is in part due to its failure to more regularly and effectively communicate its added value.

Moving forward, static resource allocation, inadequate reporting and insufficient awareness of the Joint Programme's critical role must certainly be addressed. Yet, even if these factors are rectified, there is no guarantee that funding for the Joint Programme will again reach the levels envisioned in the UBRAF. Above all, the Joint Programme must retain access to unearmarked funding and utilize a flexible budget instrument that ensures efficient and effective use of available resources.

GLOBAL REVIEW PANEL RECOMMENDATIONS ON FINANCING AND ACCOUNTABILITY TO MEMBER STATES AND THE UNAIDS PCB:

1. Ensure that the PCB's endorsement of the UNAIDS 2016–2021 Strategy is matched by financial commitments to the Joint Programme and its delivery of results.

Following the adoption of the UBRAF, specific thematic business cases for investment in the Joint Programme could be developed by Cosponsors and the Secretariat, primarily at regional and country levels, in line with the UNAIDS 2016–2021 Strategy. Such an arrangement aims to further incentivize mobilization of resources by Cosponsors and the Secretariat and to improve transparency and oversight of these funds by the PCB.

2. Ensure that the global AIDS response architecture and system is adequately funded, including the symbiotic Joint Programme–Global Fund partnership, through resource complementarity.

- a. In relation to the Global Fund, Member States identify an appropriate proportional relationship in financing the Global Fund as a financing mechanism and UNAIDS as a strategic, normative and technical partner. Proportional and separate contributions to each entity would reflect the need for adequate financing of the Global Fund and its partners, in this case the Joint Programme, in particular at country level.
 - b. To enable long-term, stable and predictable funding of the global health and AIDS architecture, the respective boards of the Global Fund and UNAIDS may develop a mechanism that would enable the transfer of funds pledged for the Global Fund to the Joint Programme and other Global Fund technical partners.
 - c. Explore innovative funding strategies that complement Member States' financial commitments, such as contributions from the private sector, foundations and others.
3. Ensure the specific functions of the Secretariat are adequately resourced and establish a dynamic and differentiated resource allocation to the Cosponsors.
 - a. The Secretariat's core funding for its leadership, advocacy, strategic information and accountability functions must be protected.
 - b. After consultation with the UNAIDS Committee of Cosponsoring Organizations (CCO), the UNAIDS Executive Director should present to the PCB a formula for allocation of core resources to the Cosponsors, on the basis of the principles of cosponsorship and drawing upon the diverse experience and strengths of Cosponsors, that encourages mobilization of complementary non-core resources. Such a formula would be transparent and simple, based on the following principles:
 - I. The core UBRAF must leverage and catalyse mobilization of other funds and integration of AIDS within the broader SDG agenda.

- II. A minimum allocation of core funds could be provided to Cosponsors from the UBRAF for Joint Programme functions in order to incentivize joint work, further mainstream HIV within the work of the Cosponsors and sustain leadership on AIDS among and within Cosponsor organizations.
- III. Country-level priorities should drive the work of the Joint Programme and Cosponsor resources above any minimum core allocation should fund country-level work.
- IV. Funding envelopes for countries should be focused on Fast-Track countries and populations in greatest need, based on contextual priorities and bottom-up approaches.
- V. — Allocations and disbursements above the minimum core should be based on: (a) Capacity and expertise to address priority gaps, and (b) Performance against clearly defined deliverables and annual impact milestones.

Possible process for allocating funding to Fast-Track countries

Core funding envelopes for Fast-Track countries would be drawn from the balance available after the Secretariat budget and Cosponsor minimum allocations have been funded. Presence of a UNAIDS country office with capacity to coordinate the support and strengthen accountability should be a prerequisite.

Variables used to determine the size of each country envelope

- Epidemiological data such as disease burden and HIV incidence.
- Particular epidemic contexts; for example, concentration among key populations and country contexts, such as human rights barriers and levels of HIV-related stigma.
- The size of gaps in the HIV response; for example, antiretroviral therapy, combination HIV prevention and community engagement.
- Country income levels and the size of resource gaps.
- The capacity of the UNAIDS Joint Programme in the country.

Identification of country priorities and addressing country support needs

- Country priorities and gaps identified within national investment cases, HIV response plans and health and development plans.
- Assessment of Cosponsors' capacity and expertise to provide required support at country level.
- In collaboration with country partners, coordinated by the UNAIDS country director and within the framework of the Resident Coordinator System, development of proposals by the UN Country Team and the Joint UN Teams on AIDS with clear deliverables that address specific priorities and/or gaps at country level.
- Continued funding tied to quality and timely reporting against clearly defined deliverables and outcomes within the United Nations Development Assistance Framework (UNDAF) and Joint UN Teams on AIDS annual plans.

PCB REQUEST TO COSPONSORS AND SECRETARIAT

4. Present joint results and individual Cosponsor and Secretariat results through a simplified and transparent reporting framework that improves accountability.
 - a. Improve monitoring and evaluation systems to provide more comprehensive reporting to the PCB by individual Cosponsors and the Secretariat, including achievements against the UNAIDS 2016–2021 Strategy and the UBRAF, as well as milestones and evaluation findings.
 - b. Improved reporting on core UBRAF funds, to be complemented by reporting to the PCB on non-core resources, to ensure the full contribution of Cosponsors to the Joint Programme can be appreciated. Reporting by Cosponsors should cover the range of their HIV-related activities, spending and contributions, with reporting on the use of non-core funds considered a prerequisite for receiving core UBRAF resources.
5. Bolster public understanding of the Joint Programme, bringing to light its added value and approach of working across mandates, sectors and partnerships through:
 - a. Public communications that show the overall results and performance of the Joint Programme in formats that are more accessible to a diversity of stakeholders, including the general public, and demonstrate UNAIDS' pathfinder in how the United Nations can work collaboratively on Delivering as One, United Nations reform and the SDGs.
 - b. Public communications that actively use dual branding, making clear that results are achieved by one or more Cosponsors and/or the Joint Programme Secretariat.
 - c. Public communications that demonstrate how Cosponsors add value by leveraging their full mandate beyond their HIV-specific work, by both contributing to overcoming current barriers in the response; for example, gender, youth, rights, education and workplace, as well as contributing to broader SDG efforts.
 - d. Enhancing joined-up fundraising and advocacy with the Global Fund, PEPFAR, UNITAID and others, demonstrating the unique contributions and symbiotic roles of various partners within a greater HIV ecosystem.

AREA 2: JOINT WORKING

CONTEXT AND CHALLENGES

The proliferation of actors in the AIDS response, particularly at country level, continues to result in duplication, inefficiencies and missed opportunities in accelerating progress. Under the leadership of countries, the Joint Programme can, and should, support countries in their efforts to coordinate partners and ensure the United Nations speaks and acts together as one, as well as align HIV actors to respond to country needs and priorities, guide integration in the context of the SDGs and streamline monitoring and accountability mechanisms.

The strength of the Joint Programme is derived from the expertise and comparative advantages of a diverse range of United Nations agencies, guided and coordinated by an effective Secretariat. Strong examples of the Joint Programme working effectively include the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive, the Global Commission on HIV and the Law and its follow up and the 'All In' initiative. At country level, given the vast heterogeneity in national epidemics, capacity and priorities, Secretariat and Cosponsor presence, roles and functions vary widely. Nonetheless, what remains universal is that the effectiveness of the Joint Programme hinges on core Secretariat functions and the capacity of Cosponsors to engage in their mandated areas—when these are priorities for the national AIDS response—especially in the context of Agenda 2030.

The foundation of policy and operational coherence in the Joint Programme reflects a clear commitment, culture and mindset

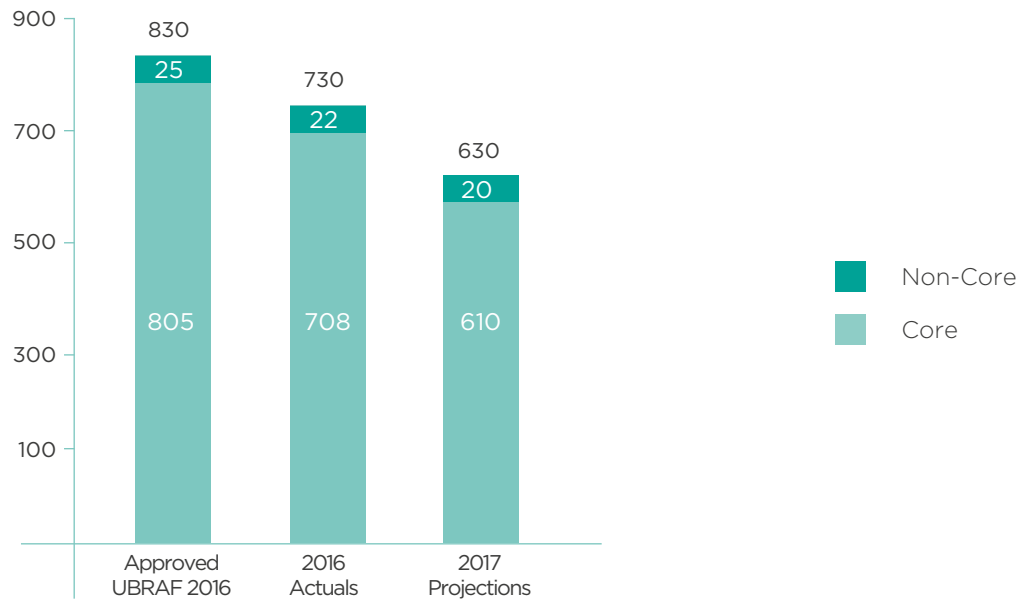
on joint working among Cosponsor and Secretariat leadership at global, regional and country levels. The principles of joint work are then pursued through various tools, including a Division of Labour that designates one or more Cosponsors as conveners for 15 thematic areas (Annex 2, Joint Programme Division of Labour). The Division of Labour was designed to be a flexible instrument that maximizes Cosponsors' comparative advantages and that can be adapted based on individual country circumstances. The 2030 Agenda and the SDGs require the agility to respond to diverse and shifting country needs and United Nations capacity.

The UNAIDS Cosponsors translate policy ambition into real results for people by bringing together their collective technical expertise and programmatic capacity. Dedicated Cosponsor HIV staff at global and regional levels are critical to providing normative guidance, policy leadership and technical support to country offices, keeping AIDS visible and high on the agenda within Cosponsor organizations, implementing innovative initiatives and leveraging additional resources for the response. The presence of dedicated HIV staff varies significantly across countries and has declined in number in recent years. Overall, the number of Cosponsor HIV staff has been reduced by 27%—from 862 staff full-time equivalent to 629—in 2016 (Figure 4). The impact of these cuts is being felt most in non-Fast-Track countries and in Latin America and the Caribbean, the Middle East and North Africa and Eastern Europe and Central Asia, but significant reductions—from 384 to 24 staff full-time equivalent—also took place in Fast-Track countries in sub-Saharan Africa.

Figure 4: Reductions in Secretariat and HIV-specific Cosponsor staffing, 2016-2017

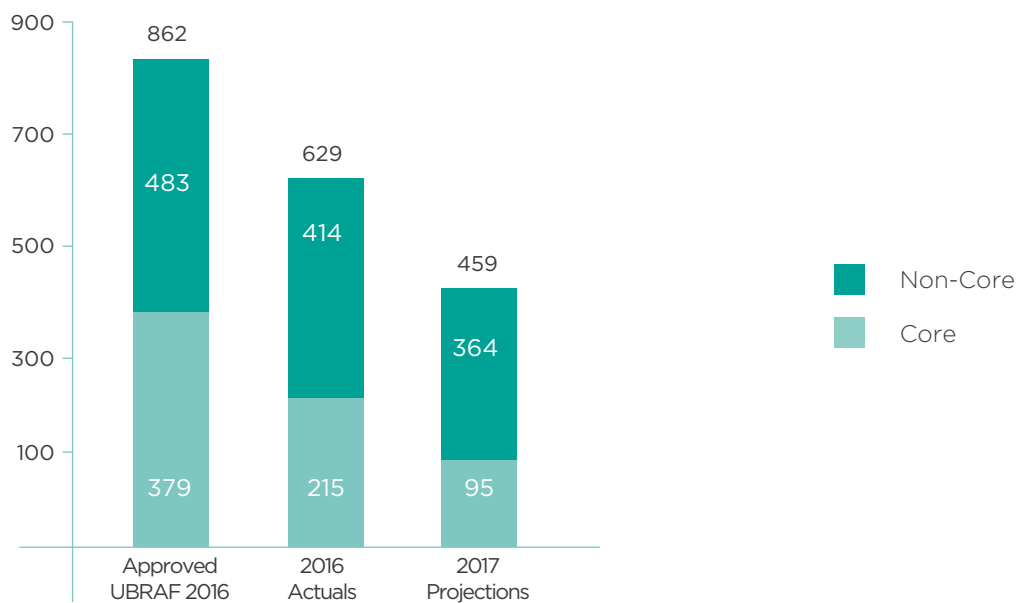
SECRETARIAT STAFF BROKEN DOWN BY CORE AND NON-CORE FUNDS

Number of FTEs



COSPONSOR STAFF BROKEN DOWN BY CORE AND NON-CORE FUNDS

Number of FTEs



Further mainstreaming and integrating HIV into Cosponsor programmes and strategies is a top priority for ending the AIDS epidemic by 2030. This will require a sharpened role for Cosponsors—not a reduced one—and presents opportunities to incentivize the engagement of additional Cosponsor staff who may not be funded as HIV-specific.

The Secretariat is a driving force in setting the global AIDS agenda, while mobilizing political commitment and financial resources, operating as a centre of excellence on HIV policy, brokering partnerships and collecting, collating and disseminating strategic information on the epidemic and the response across all sectors.

The existence of a dedicated Secretariat at global, regional and country levels has clearly facilitated more consistent coordination among the United Nations agencies within the Joint Programme. Its roles of leadership and advocacy; supporting country, regional and global AIDS champions, coordination, coherence and partnerships and mutual accountability are well defined in the Joint Programme. The Secretariat functions remain critical in all countries supported by UNAIDS—whether they are Fast-Track or otherwise.² For non-Fast-Track countries, Secretariat offices have often served as the strongest voice on critical issues such as human rights, particularly for people living with and affected by HIV. This role must be protected and where a Secretariat office is not cost effective, efforts need to be made to build on experiences of housing Secretariat staff in resident coordinator and Cosponsor offices.

In addition to its country offices and global headquarters, the UNAIDS Secretariat has six regional support teams (RSTs) which work closely with the regional Cosponsor AIDS staff to provide support to the UNAIDS country directors and Joint UN Teams on AIDS. RSTs fulfil a role in advancing the response and ensuring coherence across the UNAIDS Joint Programme by: 1) bridging global policy setting and country implementation, reporting and accountability; 2) engaging Cosponsors, building partnerships and leveraging expertise, networks and opportunities beyond the United Nations at the regional level, (including regional peer learning and review, not least through regional political bodies); 3) engaging in advocacy on politically challenging issues; and 4) providing technical backstopping to countries, particularly those with small UNAIDS country Secretariat offices or where there is no UNAIDS presence.

The value of strategic and effective RSTs has been reinforced by the UNAIDS 2016–2021 Strategy, which places particular emphasis on strengthening locally-tailored responses by fostering regional leadership and accountability.

The 2015-2016 MOPAN praises UNAIDS' use of strategic information, its convening power and its accountability systems to be among its key strengths. However, it also raises a number of concerns regarding efficiency and effectiveness, including the need for sufficient resources for joint work, potential duplication of functions, one-way accountability, limited participatory decision-making and the lack of an independent evaluation function; the latter having the potential to contribute to improving programmatic decision-making and strengthening joint work.

While the Joint Programme has been committed to developing and improving upon its tools and structures to strengthen joint working, the panel identifies the following five core challenges that continue to undermine efforts to improve joint working.

UNEVEN UNDERSTANDING, APPLICATION AND COMMITMENT TO JOINT WORKING

Inadequate understanding of the Joint Programme, both within and outside the United Nations.

Both the Uganda and online virtual consultations during the panel's review raised concerns regarding the lack of clarity among stakeholders on designated roles and responsibilities of the Secretariat and Cosponsors. A better understanding of the Joint Programme's role could help to overcome existing overlaps, gaps and inefficiencies in the delivery of United Nations support at country level, as well as unrealistic expectations of what the Joint Programme can and should deliver. It is worth exploring how to communicate the collective results of the Joint Programme more effectively so as to give greater visibility to value added.

Need for stronger systems and mechanisms to reinforce a culture of, and commitment to, joint working.

The 2015-2016 MOPAN suggests that UNAIDS needs to address issues related to staffing and decision-making, ensuring there is a collective approach to implementation and mutual accountability for results. While some Cosponsors report annually to their boards on

their HIV activities, other Cosponsors and their respective boards appear ambivalent regarding the priority they place on delivering on their roles in the Joint Programme, resulting in the inability of the Joint Programme as a whole to leverage its comparative advantages. For example, as a major investor in health and development and a Cosponsor of the Joint Programme, it is crucial that the World Bank actively takes part in the Joint Programme at country level. Cosponsor HIV units should more consistently and effectively influence corporate priority setting and decision-making within their organizations and optimize linkages between AIDS work and the broader health and development contributions of each Cosponsor. Member States and civil society play a critical role in ensuring that AIDS remains a specific focus as it is taken out of isolation and integrated into relevant programmes and strategies.

Dissonance between individual Cosponsor responsibilities and capacities within the Joint Programme at country level.

In an increasing number of countries, the failure to apply or adapt the distribution of responsibilities within the Joint Programme to country circumstance has served as a barrier to the provision of United Nations technical support in key areas of the response. This occurs specifically when the lead Cosponsor does not have in-country presence or is unable to dedicate sufficient human and financial resources—as may have been the case for Cosponsors with the sudden 50% reduction of core UBRAF resources and the overall reduction in flexible core resources for the UN Development System—and no other entity within the Joint Programme at country level has the capacity to fill the gap. In Asia and Pacific, for example, out of a total of 16 countries, only eight countries have Joint UN Teams on AIDS and seven countries have Joint UN Plans on AIDS. While some Cosponsors are active on HIV in the region, more than half have only limited AIDS-related engagement at the country level, undermining their capacity to fulfil their responsibilities. In Uganda, a Fast-Track country, participants in the panel's country consultation reported that a number of key Cosponsors were insufficiently engaged to respond to country needs.

Expanding role of the Secretariat.

In many instances we observe the Secretariat taking on a technical role beyond its mandate to lead and coordinate. In some cases, this has occurred in response to partner requests where Cosponsor capacity is lacking. In other situations, the Secretariat has moved ahead on areas that should have been led by Cosponsors. Some

stakeholders view this as duplication, competing with and edging out Cosponsors from their domain of expertise, while others see it as the Secretariat exercising leadership by taking on critical issues or responding to needs when Cosponsors may not be in a position to do so. The reality is likely a mixture of the two, with the interaction of these forces resulting in a continuous cycle of Secretariat expansion and Cosponsor retreat.

Dissolution of regional Joint UN Teams on AIDS.

As the footprint of the Joint Programme at country level reduces, the backstopping role of Cosponsor and Secretariat regional entities and the policy bridging role of RSTs become even more critical. However, the Joint Programme is experiencing disengagement of some Cosponsors from regional Joint UN Teams on AIDS when they are needed most, including to leverage regional political institutions.

EVOLVING GLOBAL AND NATIONAL CONTEXT AND HIV RESPONSE

The Joint Programme may not be optimally leveraging and coordinating the resources of the entire United Nations system due to the lack of formal cosponsorship with specific United Nations entities; for example, ensuring services for migrants. It also needs to strengthen its role in core areas such as human rights protection, where progress across countries is highly disparate and, in many contexts, is eroding and is setting back efforts to ensure access to services, particularly for key populations identified in the UNAIDS 2016–2021 Strategy; these include men who have sex with men, sex workers, people who inject drugs, prisoners and transgender people, as well as women and refugees. Major opportunities to address these shortcomings lie in strengthening working arrangements at country, regional and global levels with United Nations entities that have the required mandates and capabilities, such as the International Organization for Migration and the Office of the United Nations High Commissioner for Human Rights.

Furthermore, opportunities to optimize the multisectoral strength of the United Nations for the AIDS response, particularly in the context of the SDGs and QCPR, lie in expanding joint work between Joint UN Teams on AIDS and non-HIV-specific teams of both its Cosponsors and other United Nations organizations at country and regional levels, within the framework of the Resident Coordinator System. Identifying mechanisms to incentivize and

solidify such working arrangements in a flexible and time-bound manner will be critical to maintaining AIDS high on the United Nations agenda and driving the Fast-Track response, especially as the number of Cosponsor staff with HIV-specific capacities declines. Some RSTs have begun moving in this direction; lessons from their experience should inform more systematic efforts across UNAIDS.

NEED FOR COLLECTIVE CLARITY ON ROLES, RESPONSIBILITIES, RESULTS AND GAPS ACROSS THE GLOBAL RESPONSE TO END AIDS

Achieving a more regular and structured debate among the broad range of actors engaged in the HIV response is imperative for enhanced coordination, accountability and discussion of longer-term strategic issues. The Joint Programme should enhance its role in enabling a collective assessment of the contributions of the range of stakeholders involved in the response, including countries most affected, countries and foundations committing the greatest resources, people living with HIV and key populations, providers of technical support, medicines, commodities and innovations and other stakeholders, as well as the private sector and other global health initiatives. To the extent possible, the independence of such reviews from political influence or competing or conflicting interests among stakeholders must be assured, including through close engagement of academic institutions and centres of excellence. Both the Lancet–University of Oslo Commission on Global Governance for Health and the UNAIDS–Lancet Commission on Defeating AIDS—Advancing Global Health call for the establishment of independent scientific monitoring bodies. The UNAIDS platform, particularly given the intergovernmental nature of its PCB and engagement of civil society, is uniquely qualified to generate political support for—and provide practical lessons towards—the establishment of such a body.

MISSING KEY STAKEHOLDERS RELEVANT TO THE JOINT PROGRAMME

The evolving epidemic and shifting landscape of the AIDS response demand the engagement of a new breed of actors, particularly

those who can work towards taking AIDS out of isolation. Broad engagement of stakeholders in the AIDS response has been facilitated by the UNAIDS PCB, which is among the most inclusive in the United Nations system and is considered a pathfinder for multi-stakeholder governance for the wider global health architecture. However, not all constituencies of the AIDS response are able to consistently engage with the Joint Programme. Key stakeholders with limited opportunities for interaction include: (1) the private sector, including corporations that produce the bulk of medicines and other commodities for the AIDS response; (2) private foundations that provide significant financial resources to the AIDS response; (3) the scientific community and research entities charged with developing cutting-edge tools and approaches and evaluation approaches; (4) United Nations entities outside the Joint Programme, as well as key bilateral agencies, though a number of bilateral agencies are already represented on the PCB; and (5) young people whose future is at stake.

Those with most at stake—people living with or affected by HIV, those countries most affected by the epidemic or those members who contribute most to the Joint Programme and AIDS response—should be more effectively engaged and represented. Since it may not be practical to formally adjust the composition of the PCB, it may be necessary to identify alternative and complementary mechanisms that ensure more systematic joint working among all relevant stakeholders. The PCB would be well-suited to hosting such mechanisms, which could further provide guidance and momentum to establishing broader governance efforts, such as a Multi-Stakeholder Platform on Governance for Health called for by the Lancet–University of Oslo Commission on Global Governance for Health. (7)

BUDGET SHORTFALLS FORCING DIFFICULT DECISIONS

Budget reductions are placing additional pressure on the Joint Programme to prioritize its work in geographic and technical areas where it provides the maximum added value. Prioritization is resulting in major shifts and, in most cases, reductions in the footprint of the Joint Programme at country level (i.e. size of the Secretariat and composition and strength of Cosponsor HIV-related representation).

STRENGTHENING UNAIDS JOINT WORKING

The Global Review Panel recommends the strengthening of joint working of all relevant stakeholders in the Joint Programme—Secretariat/Cosponsor leadership, staff and their respective boards, as follows.

6. Recommit to the principles and practices of joint working to ensure communities and countries benefit from the total work of the United Nations system to deliver on the UNAIDS 2016–2021 Strategy by strengthening Cosponsor ownership and reaffirming the role of the Secretariat, by:
 - a. Retaining the critical roles performed by the Secretariat, both globally and at country level. Roles include leadership, agenda setting and advocacy, coordination and convening of the United Nations and other partners to ensure coherence, supporting generation of strategic information, monitoring and evaluation of initiatives across the response and mutual accountability.
 - b. Reaffirming the principles of cosponsorship, including the integration of HIV into their core work.
 - c. Strengthening staff competencies within the Secretariat that facilitate joint working. At country level, Secretariat functions should primarily entail political leadership, coordination, advocacy, strategic information, monitoring and accountability, which would ultimately better facilitate Cosponsors to fulfil their mandates. Where Cosponsors are unable to play their role within the Division of Labour, the Secretariat should step in on an interim basis while a more sustainable solution is identified. A protocol will need to be developed in the context of the compact outlined below.
 - d. Improved opportunities for secondments or short-term staff exchanges between the UNAIDS Secretariat and Cosponsors and among Cosponsors to ensure overall strengthening of the Joint Programme and promote joint working.
7. Enhance multi-stakeholder debate and consensus on action-oriented policy recommendations through a forum that

systematically engages a broad group of stakeholders in deep reviews of the UNAIDS 2016–2021 Strategy.

- a. The PCB should establish a partnership forum comprised of experts and thought leaders from a range of stakeholders—including Member States, multilateral and bilateral institutions, global initiatives and non-state actors such as civil society, implementing organizations, academia, foundations and the private sector—charged with taking a deep dive into the result areas of the UNAIDS 2016–2021 Strategy and providing advice and action-oriented policy recommendations in the form of a state of the result area report submitted to the PCB. The forum could be co-chaired by the PCB Chair and an alternating stakeholder. Such a forum could have regional level counterparts to focus on regional issues. Efforts must be made to minimize the additional costs of the establishment and functioning of the partnership forum to ensure value for money.
- b. In line with the modus operandi of the PCB, the UNAIDS Executive Director may grant observer status to all relevant stakeholders, including foundations, to participate and speak in PCB meetings. The PCB should consider ways to enrich the participation of these stakeholders as constituency voices, while also ensuring that conflicts of interest are avoided. This broader engagement should be reviewed after two years to assess its added value.
- c. Encourage Member States to include representatives of stakeholders that are currently under-represented in their delegations to the PCB.

UNAIDS Cosponsors and Secretariat:

8. Optimize the comparative advantages of the Cosponsors and Secretariat by reviewing and refining how roles and responsibilities are distributed to ensure the Joint Programme seamlessly delivers against the 2016 Political Declaration, the result areas within the UNAIDS 2016–2021 Strategy and 2030 Agenda by:
 - a. Reviewing and refining the Division of Labour on a regular basis to ensure alignment with the SDGs and the result areas within the UNAIDS 2016–2021 Strategy and

the 2016 Political Declaration and that convener and agency partner roles are consistent with Cosponsors' capacities and commitments to deliver results.

- b. Ensuring that the Division of Labour is used as a global level guideline that is adapted to the country context based on the priorities of the response and the presence and capacities of Cosponsors, the Secretariat and other United Nations entities, as described below.

- 9. Assess and identify the optimal configuration of the United Nations response, country by country.

Establish a system or process, within the framework of the Resident Coordinator System, to ensure that the right mix of capacities is in place in countries for the delivery of coordinated and coherent support to countries and other partners in the response. This would be informed by country needs and priorities, the comparative advantage of Cosponsors and the Secretariat, capacities and contributions of non-UN actors and gaps in the national response and in line with the UNAIDS 2016–2021 Strategy. Such a system would elaborate the ideal footprint of the Joint Programme:

- a. In Fast-Track countries, ensure the Secretariat is appropriately staffed to play its political leadership, coordination, coherence and accountability functions and that relevant Cosponsors have adequate human and financial resources to support the evidence-informed and human rights-based priorities of the country's response.
- b. In other countries, ensure the Joint Programme provides a basic package of support to guard against resurgence of the HIV epidemic and explore options where the Secretariat functions of advocacy, convening and coordination could be maintained through a more limited presence of Secretariat staff supported by the resident coordinator's office. In a limited number of cases, explore if these functions could be taken on by the resident coordinator's office.
- c. In the absence of sufficient capacity or presence of a Cosponsor with the relevant mandate to meet the

nationally identified needs, ensure that channels of alternative support are available by clearly assigning responsibility to other offices of the Cosponsor; for example, a regional office, to other parts of the Joint Programme and/or to other United Nations entities when capacity and expertise exist locally. If these entities are not able to provide the required support, the responsibility will fall to the Secretariat on an interim basis while a more sustainable solution is identified.

- d. At the regional level, reinvigorate the regional Joint UN Teams on AIDS and hold them accountable for clear deliverables, while strengthening the political role of the Secretariat's regional directors in building innovative, results-based networks, strategically engaging regional organizations and platforms in the AIDS response and encouraging commitment and action at country level, as well as reinforcing Cosponsor capacities in countries through joint fundraising or finding workaround solutions.

- 10. Take steps towards arriving at a tailored footprint of the Joint Programme at country level (see Recommendation 9, above), based on country compacts and an effective Joint Programme approach.

- a. Using the refined global Division of Labour as a guide:
 - I. Articulate, through a process of prioritization, country-level commitments by individual Cosponsors and the Secretariat that respond to country needs and priorities, within the context of existing country frameworks and in the light of the range of partners in the national AIDS and health response.
 - II. Reflect these commitments in a Joint Programme compact for UN Country Teams within the UNDAF process.
 - III. Capacitate the Secretariat to adopt an oversight role in implementation of compacts.

- b. Fostering a mindset and establishing mechanisms that create incentives and enforce sanctions to strengthen joint work and partnerships and reduce gaps and duplication. Mechanisms may include:
- I. Establishing virtual issue-based, time-limited joint teams across agencies on specific high priority deliverables.
 - II. Co-locating relevant staff, including at regional level where possible, especially in Fast-Track countries.
 - III. Housing of the UNAIDS office within the resident coordinator's office, where possible, with a view to enhancing coherence and effectiveness at the country level.
 - IV. Funding incentives to strengthen Cosponsor delivery in line with the outcomes of the UNAIDS 2016–2021 Strategy and engage staff beyond HIV-specific teams.
 - V. Ensuring that joint working, including collaborative efforts with non-United Nations partners, features in the indicators of staff performance appraisals.

Such mechanisms would:

- I. Ensure that the resident coordinator provides necessary back up to the UNAIDS country director (UCD) to ensure that the UCD is able to exert leadership on AIDS issues and ensure that all needed technical support is secured from relevant United Nations agencies.
- II. Ensure the UN Country Team is leveraged to support and collaborate with partners more effectively in the response to end the AIDS epidemic, as well as more closely link the AIDS response to the broader health agenda and overall development efforts, without losing sight of strategic contributions to the UNAIDS 2016–2021 Strategy.
- III. Continue to pursue linkages between the Joint Programme and the Resident Coordinator System by ensuring reciprocal reporting on performance of the UCD and Joint UN Teams on AIDS and ensure HIV-related inputs and objectives, including the full range of Joint Programme work, are included in resident coordinator and UN Country Team performance frameworks in relevant countries.

AREA 3: GOVERNANCE

CONTEXT AND CHALLENGES

Accelerating progress and holding stakeholders accountable in achieving the SDGs demand inclusive and cross-sector governance at global and county levels as never before. The AIDS response has been a pioneer in establishing inclusive governance mechanisms, including the Joint Programme.

UNAIDS remains the only cosponsored joint programme in the United Nations system established by an intergovernmental body, ECOSOC. The Joint Programme is guided by its PCB, a governance structure unique in its small size and its level of inclusiveness with Member States, Cosponsors and civil society—and specifically people living with and affected by HIV—as board members, through the establishment of a constituency approach to representation. Its deliberate constituency structure and openness to granting observer status further enhances inclusiveness. The agenda includes a standing item on leadership that allows for guest speakers to address the PCB on relevant issues. The two-day PCB meetings are complemented by a day-long thematic session which fosters dialogue on key topics.

The UNAIDS inclusive governance model has been recognized by ECOSOC as a lesson learned for the United Nations system for progress in the sustainable development era. This multi-stakeholder composition has also influenced other multilateral mechanisms, such as Gavi, The Vaccine Alliance, the Global Fund and the Roll Back Malaria Partnership.

The CCO (8) gathers Cosponsor heads of agencies and facilitates the input of Cosponsors into the strategy, policies and operations of the Joint Programme, including PCB proceedings. The CCO is also tasked with ensuring that relevant PCB decisions are discussed by the respective boards of Cosponsors agencies and that relevant objectives in the UNAIDS global level results frameworks are incorporated into Cosponsors' results frameworks.

These features make UNAIDS well positioned to assemble a diverse set of stakeholders for transformative dialogues aimed at local,

regional and global action, with due attention to a broad range of issues relevant to the response; for example, workplace, education or human rights. Through our review, however, the panel found that these unique governance forums are not fully utilized and hampered by three core challenges that should be addressed.

POLICY DELIBERATIONS WITHIN THE GOVERNANCE OF THE JOINT PROGRAMME ARE NOT SUFFICIENTLY STRATEGIC AND LINKED TO THE DELIVERY OF THE UNAIDS 2016–2021 STRATEGY IN THE CONTEXT OF THE SDGS.

In between High-Level Meetings on AIDS in the United Nations General Assembly, there is a need for regular reviews of progress against the commitments in the 2016 Political Declaration, including the resource gaps and 2030 Agenda. Currently, the PCB and CCO focus mainly on the operations and contributions of the Joint Programme and devote only limited time to addressing challenges and identifying solutions in delivering on the broader global UNAIDS 2016–2021 Strategy. Yet, the UNAIDS Global AIDS Monitoring system covers the response and could provide a foundation for broader UNAIDS PCB discussion. The challenge of funding and accountability provides a prime example: the PCB dedicates significant time to reviewing the UBRAF, while forgoing the opportunity to lend its leadership to securing long-term sustainable funding for the response as a whole in an era of increasing scarcity, including the country-by-country mosaic of domestic, innovative financing and external financing from a plethora of sources.

Similarly, the CCO does not fully realize its potential as a forum for high level, strategic discussion. Currently, the CCO is chaired by a Cosponsor head of agency on an annually rotating basis. This arrangement has served to enhance the leadership level engagement of Cosponsors in the UNAIDS PCB and broaden ownership. However, more consistent leadership of the CCO, with greater continuity, is needed to raise discussion to a strategic level, as opposed to focusing on operational or budget issues of the Joint Programme. This would also assist in ensuring continued high level engagement of the Cosponsors.

AIDS AND HEALTH ARCHITECTURE AT COUNTRY LEVEL REMAINS FRAGMENTED, LEADING TO DUPLICATION AND INEFFICIENCIES, AS WELL AS A CHALLENGE TO COUNTRY OWNERSHIP AND COHERENT UNITED NATIONS SUPPORT.

At the country level, the Joint Programme, including the Secretariat and a varying constellation of Cosponsors, operates among many other AIDS actors in an increasingly complex health and development environment. Understanding and adapting to that complexity—particularly in taking the AIDS response out of isolation and making it more sustainable—remains a challenge. In some cases, this complexity has limited the Joint Programme’s ability to deliver results within its areas of comparative advantage, address the most pressing needs of the AIDS response and effectively support sustainable country ownership. Coordination is more important than ever, especially to minimize duplication and inefficiencies and strengthen the ability of national authorities to manage the response.

INCONSISTENCIES ACROSS UNAIDS AND COSPONSOR BOARDS ON AIDS

In addition to facilitating Cosponsor inputs, the CCO seeks to ensure policy coherence between the PCB and the boards of the Cosponsors. Member States have been found to exercise different positions or different levels of support to AIDS-related issues on different boards. Efforts must be made to ensure consistency between positions and contributions made by members at the PCB and at the Cosponsor boards, including the appropriate allocation of Cosponsor resources to HIV-related activities.

Furthermore, some Cosponsors do ensure PCB decisions are reported to or discussed regularly in their own boards, which has been amplified with the engagement of UNAIDS leadership in these discussions; for example, UNDP and UNFPA. Such continuity, however, is highly variable and remains inadequate. In some cases, commitment to the AIDS response, including AIDS-related policies, investments and activities among Cosponsor boards, may be considered insufficient in fulfilling the principles of cosponsorship. In other cases, Cosponsor boards may include AIDS regularly in their agendas, yet provide no visibility or

attribution to the Joint Programme, despite significant funds originating through the Joint Programme.

In this regard, civil society plays a critical role in monitoring the coherence of Cosponsor and Member State discussion across the various boards. It is critical that civil society organizations, in their capacity as members of the UNAIDS PCB non-governmental organization delegation, have the resources to systematically engage with Member States, Cosponsors and other partners across relevant boards. All governing bodies of the UNAIDS Cosponsors should more meaningfully and systematically engage with civil society, including people living with HIV and other key population groups.

THE GLOBAL REVIEW PANEL RECOMMENDATION TO STRENGTHEN UNAIDS GOVERNANCE

11. Enhance oversight by the PCB of global efforts to Fast-Track and end the AIDS epidemic.

The PCB should undertake a regular and systematic review of progress, beyond the scope of the UBRAF, towards the targets in the UNAIDS 2016–2021 Strategy. The review would focus on:

- a. Epidemic and response updates provided by the annual UNAIDS Global AIDS Monitoring of progress towards global targets. This will require synchronization of at least one PCB meeting per year to the Global AIDS Monitoring reporting timeline.
- b. Development of a scorecard of Member States’ financial commitments to the Joint Programme, both core and non-core, and the wider AIDS response that facilitates tracking of financing gaps and identification of strategic approaches to fully finance the AIDS response and increasing its effectiveness, with a particular focus on the result areas in the UNAIDS 2016–2021 Strategy.
- c. Deliberations and findings of the partnership forum on select 2016–2021 Strategy result areas (see Recommendation 7, under Strengthening joint working).

UNAIDS Cosponsors and Secretariat:

12. Work towards shared multi-stakeholder, multisectoral platforms at country level for monitoring and review of the response, including stakeholder roles, capacities and results, by building on existing mechanisms and platforms.
 - a. The Joint Programme should work with relevant partners in countries, particularly the Country Coordinating Mechanism and PEPFAR, to harmonize monitoring, reporting and evaluation instruments and align them with country systems.
 - b. Building on the Global AIDS Monitoring exercise, the Joint Programme should support countries to establish an inclusive platform that would allow government, civil society and international partners to regularly review the state of the epidemic and response, promote mutual accountability and inform decision-making on national programmes and priorities. Such reviews could be informed by an independent evaluation.
13. Reinvigorate the strategic policy focus and coherence of the CCO.
 - a. The CCO should engage in regular in-depth discussions on the result areas of the UNAIDS 2016–2021 Strategy. Cosponsor heads of agencies would be expected to subsequently report back to their respective boards on these strategic discussions.
 - b. The UNAIDS Executive Director should co-chair CCO meetings with a Cosponsor agency head who would co-chair on a rotational basis so as to facilitate

continuity and accountability as well as broader ownership. The Cosponsor Co-Chair and the UNAIDS Executive Director would jointly manage the agenda of the CCO.

- c. The UNAIDS Executive Director should submit a short report on outcomes of each CCO to the United Nations Secretary-General.

All relevant stakeholders in the Joint Programme: the UNAIDS Secretariat, Cosponsors leadership, their staff and their boards.

14. Pursue greater policy coherence across the boards of UNAIDS and its Cosponsors and ensure greater commitment to the AIDS response:
 - a. Within the PCB and Cosponsor boards, as well as the boards of the Global Fund, UNITAID, Stop TB Partnership, etc., Member States are encouraged to ensure coherence of their positions on the AIDS response and the Joint Programme. Civil society plays a key monitoring role in promoting such coherence and commitment to the response.
 - b. All Cosponsor agency heads—supported by their respective global AIDS coordinators, who play a vital role in mainstreaming HIV across their organizations—should commit to ensuring that relevant AIDS policy decisions made in the PCB are brought for substantive discussion within their respective boards, and that reporting recognizes, where relevant, that Cosponsor outputs and results are generated by the organization as a Cosponsor of the Joint Programme.

CONCLUSIONS AND NEXT STEPS

In the view of the panel, the mandate of the Joint Programme remains as relevant today as it was 20 years ago when initially conceived. To reach the global commitments for 2020 and 2030, the AIDS response needs the Joint Programme to continue to fulfil its functions. We offer here several recommendations on refining, resetting and reinforcing financing and accountability, joint working and governance, so as to provide the needed momentum and to support efforts at all levels. If these recommendations are taken on board, we believe it would have positive returns on investments in the Joint Programme, bringing better results for countries.

In our deliberations on how to refine and reinforce the model, the panel was cognizant of the need for continued work to strengthen the global health architecture, including the role and mandate of the Joint Programme. Given its contributions to multisectoral partnerships to address the social determinants of the HIV

epidemic, the Joint Programme could provide important input, as well as impetus, to wider discussion and efforts to strengthen the global health architecture—particularly informed by the Joint Programme’s cross-sectoral advocacy, coordination and accountability functions—to serve the 2030 Agenda.

The panel looks forward to a broader deliberation of its recommendations by the CCO, a multi-stakeholder consultation and, as the last step, the PCB. We hope that the endorsement of our final recommendations by the PCB will lead to the implementation of a set of reforms that reinforce the critical role the Joint Programme plays in the response to end AIDS and positions the Joint Programme as a front runner in United Nations reform and as a clear model for engaging on all other goals and targets of 2030 Agenda.

ANNEX 1. PRINCIPLES FOR COSPONSORSHIP

The following guiding principles for Cosponsoring organizations were confirmed and agreed in 2004 by the Committee of Cosponsoring Organizations and endorsed by the 15th Programme Coordinating Board meeting in June 2004.

1. The organization must bring an identifiable comparative advantage to the UNAIDS partnership and have a mandate to carry out activities related to HIV/AIDS.
2. The organization must be a UN-system body.
3. The governing body should approve a specific budget for HIV/AIDS activities and put HIV/AIDS on its agenda for regular consideration under the institutional and policy framework of UNAIDS.
4. The organization should designate its own core resources to backstop HIV/AIDS issues, including a dedicated unit headed by senior staff.
5. There should be a commitment to participate in the Unified Budget and Workplan (UBW) on HIV/AIDS processes at the global and regional levels, including assistance in mobilizing resources for the same.
6. The organization must implement a clear, well-disseminated HIV/AIDS workplace policy.
7. No less than USD 4 million of organization's own resources (at global and regional levels) must be devoted to HIV/AIDS-related activities.
8. For sustained membership, the organization should have its own resources for HIV/AIDS -related activities (at global and regional levels), greater than what is received from the UBW.
9. HIV/AIDS activities underway in at least 40% of countries where organization has a presence.
10. The organization must have a track record of active participation in UN Theme Groups on HIV/AIDS at country level.

ANNEX 2.

UNAIDS JOINT PROGRAMME

DIVISION OF LABOUR

DIVISION OF LABOUR AREA	CONVENERS	AGENCY PARTNERS		
REDUCE THE SEXUAL TRANSMISSION OF HIV	UNFPA WORLD BANK	UNHCR UNICEF WFP	UNDP ILO	UNESCO WHO
PREVENT MOTHERS FROM DYING AND BABIES FROM BECOMING INFECTED WITH HIV	UNICEF WHO	WFP UNFPA		
ENSURE THAT PEOPLE LIVING WITH HIV RECEIVE TREATMENT	WHO	UNHCR UNICEF	WFP UNDP	ILO
PREVENT PEOPLE LIVING WITH HIV FROM DYING FROM TUBERCULOSIS	WHO	UNICEF WFP	UNODC ILO	
PROTECT DRUG USERS FROM BECOMING INFECTED WITH HIV AND ENSURE ACCESS TO COMPREHENSIVE HIV SERVICES FOR PEOPLE IN PRISONS AND OTHER CLOSED SETTINGS	UNODC	UNICEF UNDP	UNFPA UNESCO	WHO WORLD BANK
EMPOWER MEN WHO HAVE SEX WITH MEN, SEX WORKERS AND TRANSGENDER PEOPLE TO PROTECT THEMSELVES FROM HIV INFECTION AND TO FULLY ACCESS ANTIRETROVIRAL THERAPY	UNDP UNFPA	UNESCO WHO	WORLD BANK	
REMOVE PUNITIVE LAWS, POLICIES, PRACTICES, STIGMA AND DISCRIMINATION THAT BLOCK EFFECTIVE RESPONSES TO AIDS	UNDP	UNHCR UNICEF UNFPA	UNODC UN Women ILO	UNESCO WHO

MEET THE HIV NEEDS OF WOMEN AND GIRLS AND STOP SEXUAL AND GENDER-BASED VIOLENCE	UNDP UNFPA UN Women	UNHCR UNICEF WFP	UNODC ILO	UNESCO WHO
EMPOWER YOUNG PEOPLE TO PROTECT THEMSELVES FROM HIV	UNICEF UNFPA	UNHCR WFP	ILO UNESCO	WHO
ENHANCE SOCIAL PROTECTION FOR PEOPLE AFFECTED BY HIV	UNICEF WORLD BANK	UNHCR WFP	UNDP ILO	WHO
ADDRESS HIV IN HUMANITARIAN EMERGENCIES (NATURAL DISASTERS AND CRISIS SITUATIONS)	UNHCR WFP	UNICEF UNDP	UNFPA UNODC	WHO
INTEGRATE FOOD AND NUTRITION WITHIN THE HIV RESPONSE	WFP	UNHCR UNICEF	WHO	
SCALE UP HIV WORKPLACE POLICIES AND PROGRAMMES AND MOBILIZE THE PRIVATE SECTOR	ILO	UNESCO	WHO	
ENSURE HIGH-QUALITY EDUCATION FOR A MORE EFFECTIVE HIV RESPONSE	UNESCO	UNICEF UNFPA	ILO	WHO
SUPPORT STRATEGIC, PRIORITIZED AND COSTED MULTISECTORAL NATIONAL AIDS PLANS	WORLD BANK	UNHCR UNICEF WFP UNDP	UNFPA UNODC UN Women	ILO UNESCO WHO
LEADERSHIP, ADVOCACY AND COMMUNICATION	UNAIDS SECRETARIAT	ALL COSPONSORS		
PARTNERSHIPS, MOBILIZATION AND INNOVATION	UNAIDS SECRETARIAT	ALL COSPONSORS		
STRATEGIC INFORMATION	UNAIDS SECRETARIAT	ALL COSPONSORS		
COORDINATION, CONVENING AND COUNTRY IMPLEMENTATION SUPPORT	UNAIDS SECRETARIAT	ALL COSPONSORS		
GOVERNANCE AND MUTUAL ACCOUNTABILITY	UNAIDS SECRETARIAT	ALL COSPONSORS		

ANNEX 3.

GLOBAL REVIEW PANEL CONSULTATION PROCESS

The Global Review Panel on the Future of the Joint Programme Model gathered experienced and regionally representative technical members with a deep knowledge of the Joint Programme and the evolving development landscape as mandated by the PCB (see Terms of Reference). Within an expedited timeline, the panel engaged with a diverse range of stakeholders through several consultations.

Multi-stakeholder online virtual consultations

A series of online virtual consultations, held from 30 January to 15 February 2017, provided an open platform for all stakeholders to inform the work of the Global Review Panel. Participants responded to a set of questions framed around the three pillars of the Joint Programme and engaged in general discussion. The consultation received over 400 comments, in six languages, from every UNAIDS region. Multiple stakeholder networks achieved wider engagement by consulting with constituencies and submitting comments on their behalf. These included human rights and harm reduction advocates, networks of people living with HIV, young people, people who inject drugs and men who have sex with men. Several Member States submitted inputs, as did a number of Cosponsors. The panel Co-Chairs produced a summary of the consultation findings, which informed the development of the panel's final report.

Country consultation in Kampala, Uganda

To ensure that a strong country perspective informed the proceedings of the Global Review Panel, the Co-Chairs held a series of mini consultations in Kampala, Uganda, from 21 to 23 February. The consultation team was led by Co-Chair Lennarth Hjelmåker. The consultation was structured around four round tables involving the Government of Uganda, civil society organizations,

development partners, the UN Country Team and the Joint UN Programme of Support on AIDS in Uganda, respectively. The panel Co-Chairs produced a summary of the consultation discussion and findings, which informed the development of the panel's report and recommendations.

Independent experts

To provide an independent review of the findings, analysis and recommendations of the Global Review Panel, several experts were consulted by the Co-Chairs during the review process. Independent experts were identified for their extensive experience in global health, familiarity with the AIDS response, understanding of global and national health architecture and/or expertise regarding the Joint Programme. The panel would like to take this opportunity to express gratitude for the valuable feedback of Nadia Isler, Director, Sustainable Development Goals Lab, United Nations Office at Geneva; Sigrun Møgedal, Vice Chair, International Steering Committee - Robert Carr Fund; Nana Poku, Executive Director, Health Economics and HIV and AIDS Research Division and Bernhard F. Schwartlander, WHO Representative in China.

UNAIDS Committee of Cosponsoring Organizations

The CCO was closely involved in the proceedings of the Global Review Panel. Helen Clark, Chair of the United Nations Development Group, served as Panel Co-Convener. Ertharin Cousin, Executive Director, WFP and Phumzile Mlambo-Ngcuka, Executive Director, UN Women—chairs of the CCO in 2016 and 2017, respectively—served as panel members. Cosponsors were invited to submit comments on several drafts of the report and to review the report prior to its finalization.

UNAIDS

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. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at [unaids.org](https://www.unaids.org) and connect with us on Facebook, Twitter, Instagram and YouTube.

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