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**Conference Room Paper**

**Country Case Study: United Republic of Tanzania**

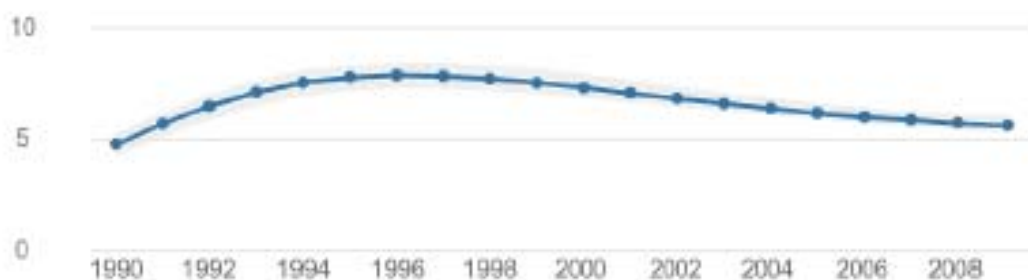
**Enhanced UN support and effectiveness to the national AIDS response  
through joint programme planning and mutual accountability**

## Key HIV and AIDS information for Tanzania (2010)

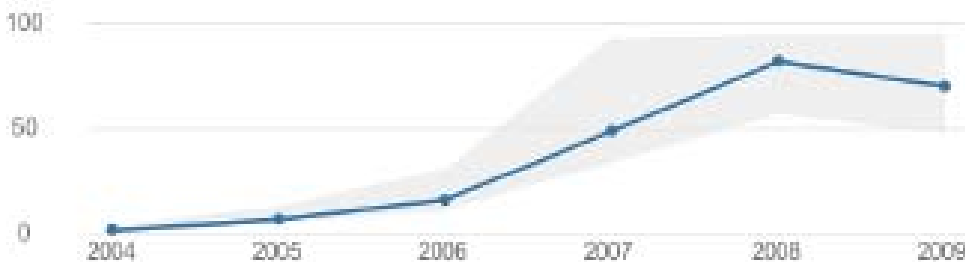
(Source: 2010 Global Report)

- Number of people living with HIV:	<b>1,432,062</b>
- Adults aged 15-49 prevalence rate:	<b>5.6%</b>
- Adults aged 15 and up living with HIV:	<b>1,200,000</b>
- Women aged 15 and up living with HIV:	<b>730,000</b>
- Children aged 0 to 14 living with HIV:	<b>232,062</b>
- Annual deaths due to AIDS:	<b>86,000</b>
- Orphans due to AIDS aged 0-17:	<b>1,300,000</b>
- ART coverage:	<b>52%</b>
- PMTCT coverage:	<b>93%</b>

### HIV prevalence 1990-2008, ages 15-49 (%)



### PMTCT Coverage 2004-2009



### Funding for AIDS

**Total amounts in 2008/2009:** US\$ 401,870,000  
of which the principal components come from:

- **GFATM grants (current portfolio):** US\$ 532,759,387
- **PEPFAR funds (2010):** US\$ 358,000,000
- **Domestic funding (2008/2009):** US\$ 8,800,000
- **UN (2011-2015):** US\$ 40,000,000

### UNAIDS Programme-wide staff capacity in-country 2012

- **Full-time staff working on HIV:** 12 (UNAIDS Secretariat: 5, UNDP: 1, UNFPA: 1, UNICEF: 2, WHO: 1, ILO: 1, UNESCO: 1)
- **Part-time staff working on HIV:** 6 (UNICEF: 2, UNFPA: 1, WFP: 1, FAO: 1, IOM: 1)

## INTRODUCTION

1. This case study reports on how the UNAIDS family in Tanzania has enabled mutual accountability around HIV, resulting in enhanced UN coherence, support and effectiveness to the national HIV response. It explains how it has done this through the wider UN Country Team (UNCT) with its participatory and comprehensive result-based programming and management processes, coupled with the realignment of the UN under the One UN Programme and the development of the UN's first Development Assistance Plan (UNDAP).
2. HIV is an integral aspect of Tanzania's national development agenda. To complement this national focus and priority, HIV is firmly integrated in Tanzania's new UNDAP which serves as the continuation of the Joint UN Programme of Support on AIDS. The pre-existing norm of working together on a joint issue, through a joint team and programme, sharing the same principles, has facilitated the transition between the Delivering as One (DaO) initiative and the Joint UN Programme of Support on AIDS, to the UNDAP. The support provided by the UN through these mechanisms has supported the national HIV response in achieving a number of successes:
  - a stronger focus on prevention interventions through the development and implementation of the National Multisectoral Prevention Strategy;
  - development and implementation of the Gender Operational Plan at all levels (national, regional and districts);
  - stronger cohesion around the implementation of the agreed June 2011 High Level Meeting Commitments and Targets;
  - the virtual elimination of the mother-to-child-transmission (MTCT) with the development of the Global Plan for the elimination of MTCT;
  - continued scale up of the treatment & care programme, the medical male voluntary circumcision and scaling up HIV response in and through workplaces in both public and private sectors as well as formal and informal work settings; and
  - support of increased involvement and role of key populations in the HIV response as well as the strategies to improve the legal environment for People living with HIV (PLHIV), key populations and the availability of relevant services. This is of particular importance in the context of Tanzania, where stigma & discrimination is still an important driver of the epidemic.
3. This case study focuses on joint programme planning that enables mutual accountability of the UNCT on HIV to enhance UN support and effectiveness to the national HIV response.

### HIV and AIDS in Tanzania

4. Tanzania has a population of almost 45 million, out of which 1.4 million people are living with HIV. Since the Millennium Summit in 2000 and the establishment of the Millennium Development Goals (MDGs), Tanzania has made significant progress on MDG 6. During the peak of the epidemic in 1995, Tanzania's HIV prevalence rate was 8.1%, which has since steadily declined to 7% in 2004 and is currently at 5.7%. On the semi-autonomous island of Zanzibar, the current prevalence rate is at 0.6%, with the epidemic largely focused amongst key populations (primarily female sex workers, men who have sex with men and people who inject drugs). Despite progress in Tanzania, an estimated 100,000 Tanzanians were newly infected with HIV in 2009, which accounts for approximately 275 new infections every day. In the same year, there were 86,000 AIDS-related deaths in Tanzania.

5. More than half the Tanzanian population living with HIV are women, almost 12% are children aged 14 and under, and approximately 1.3 million children have been made orphans due to AIDS. HIV prevention, care and treatment services have been promoted and scaled up nationwide, with current anti-retroviral therapy (ART) coverage estimated at 52% and approximately 68% of HIV positive pregnant women and 50% of HIV-exposed infants receive anti-retroviral prophylaxis to prevent mother-to-child transmission. But only 39% of young women and 42% of young men have comprehensive knowledge about HIV.
6. The AIDS epidemic on Tanzania mainland has stabilized and is characterized as a mature, mixed epidemic affecting all sectors of the population and with particular high prevalence in some high-risk behaviour groups. The main mode of transmission is heterosexual intercourse, estimated to account for over 80% of all new infections. Key drivers of the epidemic include low and inconsistent condom use, and low risk perception (leading to high-risk behaviour, particularly multiple concurrent sexual partnerships and age-disparate sexual relationships). It is expected that the epidemic in mainland Tanzania will stabilize following a continued decline in HIV prevalence and incidence over recent years, along with an increased uptake of ART and the scaling up of PMTCT and male circumcision.
7. In 2007, the Government of Tanzania launched the second National Multi-Sectoral Framework on HIV (2008-2012). It focuses on four thematic areas: a) enabling environment; b) prevention; c) care and treatment and; d) impact mitigation. Other relevant strategic documents developed include the Health HIV/AIDS Strategic Framework and the National multi-sector HIV prevention.

### **System-Wide Coherence, Delivering as One and UNDAF in Tanzania**

8. In 2007, the Government of Tanzania formally signalled its interest to pilot the DaO approach, and subsequently become one of eight pilot countries. The DaO approach was developed to respond to the challenges of a changing world and test how the UN family can provide development assistance in a more coordinated way to better serve and support countries in their pursuit of Internationally Agreed Development Goals (IADGs), including the MDGs.
9. Key to the DaO concept is ensuring that development operations are more strategic and effective, harnessing the expertise from across the UN system, and creating synergies that increase the ability of countries to achieve the MDGs. DaO is based on four pillars: One Leader, One Budget, One Programme and One Office. The principle of the One Programme includes being responsive to the national development framework, strategy and vision; being strategic and results-based, with clear outcomes and priorities; building on national analysis and reflecting the UN's added value in the specific country context; and effectively delivering a multi-sectoral approach to development and humanitarian needs, with due attention to cross-cutting issues.
10. Based on the experiences of the Joint Programmes under DaO, Tanzania's UN Country team then sought to establish a single, coherent One UN Country Plan for **all** UN agencies' activities for the subsequent programming cycle. Aligned to the Government's own planning cycle, the UN Development Assistance Plan (UNDAP) 2011-2015 was developed which replaced the UNDAF as the country's One Programme.
11. Part of the One UN reform process, and to further encourage UN agencies to work together, was the establishment of a Single Budgetary Framework, the One Fund, which serves as a vehicle for the realisation of the 'One Budget' component of the reform. This contains a clear demonstration of costs and grants appropriate authority to the Residence Coordinator to negotiate the One Programme with the government on behalf of the entire UN system. At the start of the UNDAP, UN agencies were nominated to serve as managing agents for different areas of work, thus providing a single contact point to manage all related financial management issues including reporting.

12. The Single Budgetary Framework (the One Fund) is managed on several principals, one being allocation to respective One Programmes based on performance criteria. It is a fully transparent budgetary framework which has been established for the entire UNCT's Programme of Cooperation for 2011-2015. It encompasses a coherent results based management system with clear annualised targets for the entire plan; including programming component resourced by agencies' own funds.
13. The four year US\$ 777 million UNDAP for Tanzania was approved in June 2011 and is recognized as a ground-breaking initiative and cooperative process which clearly highlights the contribution of the UN to Tanzania's national development priorities and international commitments. It articulates in greater detail than ever before the UN contribution to the national priorities outlined in the country's Poverty Reduction Strategies (PRS). It encouraged agencies to focus upon their comparative advantages, relevance and capacity to deliver. The UNDAP is nationally executed under the overall co-ordination of the Joint Government of Tanzania and UN Steering Committee (JSC), co-chaired by the Permanent Secretary of the Ministry of Finance and the UN Resident Coordinator.

### **Joint UN Team and Joint UN Programme of Support on AIDS**

14. Following a request by the UN Secretary-General to Resident Coordinators in 2005, the Joint UN Team on AIDS and the Joint UN Programme of Support on AIDS were established by the UNCT to support the national HIV response in 2006. The Joint UN Team on AIDS is chaired by the UNAIDS Country Coordinator (UCC) and the members are formally appointed to cover specific technical support areas as per the UNAIDS Division of Labour.
15. Under the DaO initiative, all HIV-related activities supported by the UN agencies have progressively taken place under a common HIV programme. It has expanded over time and today, all activities related to HIV from different UN agencies feature in the HIV component of the One Programme. As a result of the UNDAP, the Joint UN Team on AIDS operates under increased accountability, where only one agency is responsible for a set of key actions, but accountability is shared at the output level.
16. Since its inception, the Joint Team on AIDS has played an important role in addressing the national response to HIV, despite having a relatively small budget. Several results achieved include costing the entire national multisectoral strategy framework (NMSF), setting up a forum to bring civil society into policy dialogue with the government, and developing a gender operational plan for HIV against a background of gender discrimination, inequities and gender-based violence. This also includes taking a lead in focusing on Zanzibar's key populations, a sensitive issue in a traditional society that has in the past preferred not to directly confront the existence and needs of these populations. Development, functioning and regular updates of the national monitoring and evaluation (M&E) systems, both on mainland Tanzania and Zanzibar, also contributed to constructive policy and strategic dialogues among all stakeholders. These are having a significant positive and far-reaching impact on the national response.
17. Through strong advocacy by the UNCT, in collaboration with development partners, the UNDAP has been critical in influencing the prioritization of interventions of the NMSF and for the Global Fund for AIDS, TB and Malaria (GFATM) proposal development. It has also influenced the political decision to develop alternative sources of funding (AIDS Trust Fund) and to revisit the orientation of the up-coming national strategic framework in line with the 2011 High Level Meeting (HLM) Commitments and the Political Declaration, and through the adoption of the investment framework approach. Finally, the UNDAP strongly emphasizes and mainstreams cross-cutting considerations such as gender and human rights, capacity building, environment sustainability and result-based management (RBM). These cross-cutting considerations are defined at outcome, output and key action levels and monitored by

the respective programme working groups and UN interagency groups on gender, human rights and RBM. This has also encouraged the placement of gender experts in a number of relevant public institutions.

18. Below are examples of selected Cosponsors' "agency-specific" activities, funded by the Unified Budget and Workplan (UBW) and other resources, from the UNDP annual work-plan 2011-2012 (July 2011-June 2012), to support the overall objectives of the Joint Team and the HIV component:

- **UNDP:** Strengthening civil society including participation and coordination interventions for key populations; mainstreaming human rights and gender in planning and implementation at decentralized level; strengthening coordination, leadership, oversight and accountability mechanisms at national, regional and district levels.
- **UNICEF:** Prevention interventions including strategic information on youth and adolescents; behavioural change communication interventions; PMTCT and care & treatment for women and children.
- **UNFPA:** Prevention interventions on social behavioural communication changes for young people and key populations; life skills-based sexual reproductive health (SRH) and HIV education for young people out of school; enhancing faith-based-organizations (FBOs) engagement in the national HIV response; strengthening national capacity for comprehensive programming; integration of SRH and HIV prevention programmes; implementation of gender operational plan and communication & advocacy for most vulnerable children.
- **WHO:** Supporting the development of proposals for AIDS, TB & malaria and other communicable diseases; strengthening national capacity for implementation of medical male circumcision interventions; operationalize quality HIV care & treatment services; antiretroviral pharmaco-vigilance; HIV drug resistance surveillance; collaborative TB/HIV activities.
- **ILO:** Supporting national partners to develop and implement workplace programmes that scale up HIV prevention, treatment care, and support and stigma and discrimination against workers living with HIV; provision of support to private sector (formal and informal) institutions to generate gender disaggregated, evidence-based information on impact of HIV on the formal and informal business sector; and implementing economic empowerment activities targeting most affected communities along the main transport corridors in Tanzania.
- **UNAIDS Secretariat:** Capacity building of civil society for coordination and policy involvement; strengthening existing M&E systems; support and advocacy for research and programmes on key populations and main drivers of the epidemic; resource mobilization (GFATM and Advocacy); coordination among national partners; support and advise for the development of HIV laws (mainland Tanzania & Zanzibar); PMTCT coordination.

19. The four-year UNDP is signed by the UN Resident Coordinator and Ministry of Finance on behalf of the UN and government and similarly the one year joint work plans are signed by the UN Resident Coordinator and Ministry of finance, replacing the need to sign multiple work plans between individual agencies and government/national partners. However, for accountable purposes, Letters of Understanding or other commitment documents are signed individually by agencies and respective national partners to indicate commitment by both parties to implement the specific areas if support under the lead of a particular UN agency.

20. The implementation of the HIV component of the One Programme is still facing some challenges:

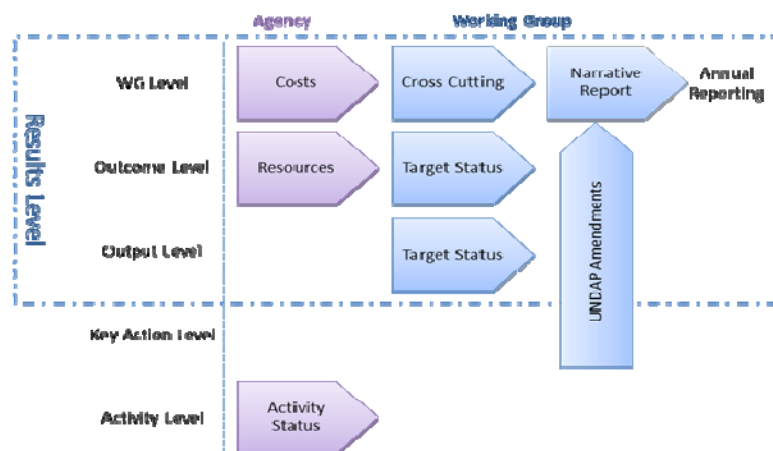
- There is a need to further streamline the various management processes used by the UN agencies in order to improve and facilitate coordination among agencies and between UN agencies and national stakeholders. In particular transaction costs would be further reduced for the national stakeholders if funds for programme activities could be transferred through a unique channel. Annual reviews offer opportunity to discuss with implementing partners on ways to resolve this implementation challenge.
- While the Joint UN Programme of Support on AIDS preceding the UNDAF and the UNDAF itself have been critical to develop a genuine joint programming exercise, the implementation phase of the component is suffering from reduced communication between UN agencies as it is very much agency focussed. This is detrimental to an optimum coordination and monitoring of the interventions.
- There is a need to balance stronger accountability with the capacity of the Joint UN Team and the HIV component to adapt to emerging national needs and priorities. This feature, well appreciated by national partners, should be carefully retained as the UN system is considered as a partner of choice in that regard.
- Finally, a greater focus on the HIV component toward the HLM and Political Declaration commitments and targets, and the achievement of the UNAIDS “3 Zeros”, could be achieved through additional efforts of the various UN agencies to streamline their interventions at national and districts level.

### Delivering as One: UNCT Accountability

21. The UNDAF is composed of 10 different programmes (including one on HIV), coordinated and implemented by ten inter-agency working-groups (WG), carried out through a set of annual cross-cutting and operational work-plans (AWPs). Responsibilities under each programme are shared among UN agencies with national partners where key actions clearly articulate the division of labour across single agencies. A set of activities is to deliver planned outputs through progress against agreed annual targets, which in turn are expected to result in the desired UNDAF

outcome. The annual review and reporting on the AWP is carried out at least once a year, capturing results and implementation.

22. Under the UNDAF, a single, fully transparent budgetary framework has been established for the entire UNCT's Programme of



Cooperation for 2011-2015. This encompasses a coherent results based management system with clear annualised targets for the entire plan; including programming components resourced by agency own funds. Allocations from the One UN Fund (earmarking permitted at sector level only) emphasise delivery of results. The previous managing agent function for the One UN Fund has been eliminated with retention of a lead agency (with clear lines of authority and accountability) to oversee coordination and reporting at working group level.

23. Annual UNDAF reviews inform the annual One Fund allocations to WGs, through capturing relevant information and data regarding UN Tanzania's delivery at the activity, output, outcome and WG level, including expenditure across core, non-core, One Fund resources, as well as direct implementation, direct management and indirect variable costs. In addition to

these criteria and targets, WGs need to present AWP that are fully aligned to the UNDAP, clearly highlighting the division of labour. WGs are also required to report upon their performance regarding cross-cutting considerations, in particular gender equality and women's empowerment as well as human rights.

24. One Fund allocations to each UNDAP programme is dependent upon the aforementioned annual reviews and summary of narrative reports highlighting performance against established criteria. This performance assessment is complimented by a review of an Inter-Agency Performance Team (IPAT) which assesses and forwards recommendations on allocations for the next 12 months. These are discussed by the UNCT, which in turn present the recommendations to the JSC for a final decision. This process ultimately results in 'performance scores' used to determine entitlement to allocations.
25. Accountability arrangements have been introduced as a result of the on-going UN reform process in Tanzania. They are strengthening the performance of the One Programme, and therein the coordinated support provided by the UN to national entities in the overall HIV response.
26. These arrangements pertain particularly to: (i) ensuring a strong Joint UN Team on AIDS support the HIV programme under the UNDAP, with a strong objective of building national capacity through flexible technical assistance and an operating structure that allows for continuous dialogue both with the Government and the development partners; (ii) the creation of a steering committee (Programme Management Committee) for the HIV Programme with national partners; (iii) the review of the Division of Labour (DoL) amongst UN agencies and assigned leadership for technical areas working with national technical working groups; (iv) ensuring the organization of regular planning meetings with national counterparts which is undertaken in a flexible and transparent manner; (v) the organisation of specific meetings on such items as GFATM support and training, adolescent girls, human rights, RBM training, coordinated support to the review process on HIV etc. (vi) the alignment of UN agencies to the government annual planning cycle: July to June.
27. Just before the UNDAP was established, the Joint UN Programme of Support on AIDS was reviewed and rated as one of the top programmes among the other 11 country-wide joint programmes being assessed. This allowed an increased financial entitlement for the HIV/AIDS component of the One Programme.
28. It is worth noting that each agency's accountability and performance monitoring systems recognize the importance of working together, and at organizational level, supervisors from the UN agencies monitor individual staff members working on the Joint UN Programme of Support on AIDS. Their programme performance is evaluated via a formal appraisal system together with published minutes of the Programme Working Group meetings.
29. With the creation of a detailed AWP along with a web-based Result Management System (RMS) (for the 10 new Programmes under UNDAP), it is important to mention that the UNAIDS UBRAF (Unified Budget, Results and Accountability Framework) reporting will be made easier. In fact, the RMS enables the entire UN system to not only collectively plan but also to share responsibility in a transparent manner by reviewing and reporting systematically on delivery against planned results (specifically annual targets), expenditure by source of funding as well as management costs on a biannual basis.

## **CONCLUSION**

30. The Joint UN Team, through the Joint UN Programme of Support on AIDS, is supporting strategic "upstream" interventions under a robust UN Delivering as One framework. This is especially important in Tanzania where some 90% of funding for HIV programmes are donor supported and where UN financial inputs are very limited. UN agencies are well-placed in



supporting strategic areas and their support is having a significant impact on the national response.

31. With the development and implementation of UNDAP, the issue of accountability is taken more seriously, and is being further emphasized as one agency is responsible for a set of key actions. The case study specifically shows how UN reform in Tanzania and its corresponding participatory, comprehensive planning and review processes under the UNDAP, is reinforcing mutual accountability around AIDS. This in turn strengthens UN support to the Government of Tanzania in achieving the targets on HIV globally set by the UN General Assembly in 2011.
32. Enhanced accountability and transparency has increased national ownership of the UNDAP programme, including the HIV programme. This was highly rated in the recent DaO evaluation. The development of these mechanisms has allowed a smooth transition from joint programmes to joint programming whereby the Joint UN Team and the related partners have worked together in an effective partnership.
33. The UNDAP process and the structure of the plan has taken into account cross-cutting issues such as human rights, gender equality, social protection and HIV/AIDS. Activities and indicators for these issues are now part and parcel of the various AWP, particularly in the HIV component.
34. The example of UN collaboration in Tanzania confirms that leadership, delegation, performance and accountability are simpler to establish where management arrangements are explicitly and formally determined within agencies and the UNCT. This is further enforced with defined clarity of roles and responsibilities of the Joint Team members, and guidance on how the team should be managed and how the Joint Programme should be implemented. It is also important to stress that strong accountability requires: (i) a robust results based-framework; (ii) a “bespoke” and clear division of labour – at the output level and; (iii) clear reporting responsibilities.
35. Overall, the issue of joint programming and joint implementation in the area of HIV, like for other programmes, has benefitted from the Delivering as One initiative in Tanzania. It is clear that the overall HIV response in Tanzania has benefitted significantly from the collective support provided by the UNAIDS family through the One UN and UNDAP mechanisms developed by the wider UN family in partnership with national authorities. Namely: (i) the specific responsibilities assumed under the One UN Programme, the UNDAP, which ensures an effective division of labour that is accountable for a specific agreed area in the national HIV response; (ii) increased transparent and efficient funding allocations through the One Fund which are allocated to individual UNDAP programmes according to explicit work-plans aligned to UNDAP outcomes and outputs, and ultimately awarded according to weighted performance criteria and measurement; (iii) the harmonization amongst all pertinent actors involved in the national HIV response, readily available to support national authorities in identifying focused interventions for key and vulnerable populations; (iv) technical support provided for the development and costing of the Tanzania’s NMSF, which serves as the central coordinating tool outlining the needs and actions required to respond to the national HIV epidemic.
36. The programming phase of the UNDAP, and its HIV/AIDS component, is an excellent model for UN reform and harmonization. The challenge is now to ensure that the UN’s joint approach remains cohesive throughout the implementation phase.