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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Uniting the world  
against AIDS



## **Maximizing returns on investments:** UNAIDS support to countries to make Global Fund money work

JUNE 2011

## Terminology:

In this document, the term “UNAIDS” used alone refers to the UNAIDS Secretariat and the 10 UNAIDS Cosponsors. The term “UNAIDS Secretariat” refers to the Secretariat in Geneva, plus the UNAIDS regional support teams and the UNAIDS country offices. The 10 UNAIDS Cosponsors are the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children’s Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

A “joint team” is made up of all United Nations (UN) staff working full time or part time on AIDS. The specific composition and name of these teams may vary from country to country. Regardless of the term used locally, the term “joint team”, for the purposes of this document, makes reference to the institutional mechanism of the UN country team that is given the responsibility of implementing the AIDS component of the United Nations Development Assistance Framework (UNDAF).

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*The world can achieve the UNAIDS vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS and the Global Fund have a critical part to play in achieving this vision. We are stronger together.*

Michel Sidibé,  
Executive Director, UNAIDS

# PARTNERING TO FIGHT AIDS

This publication describes how the Joint United Nations Programme on HIV/AIDS (UNAIDS) partners with country partners and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to strengthen the global response to AIDS and to accelerate progress towards universal access to HIV prevention, treatment, care and support, and the achievement of the Millennium Development Goals (MDGs). The focus is on the work of the UNAIDS Secretariat and the specific areas of focus of the UNAIDS Cosponsors.

UNAIDS supports the Global Fund with strategic analysis, policy advice and technical expertise on AIDS to make the money work and, ultimately, to save lives. UNAIDS supports countries at all stages of the Global Fund grant cycle, including in the development of HIV grant proposals, the signing of grants, the building of capacity around programme implementation, and on monitoring and evaluation. This

important partnership between UNAIDS and the Global Fund was formally recognized in 2003 in a memorandum of understanding, which was renewed in 2008.

The first part of the publication highlights UNAIDS Secretariat's action in four key areas:

- Engaging partners;
- Setting strategic priorities;
- Mobilizing resources;
- Grant implementation.

The second section summarizes the substantive contributions of the Cosponsors.

## UNAIDS ADDED VALUE

- UNAIDS' commitment to optimize value for money in policy and strategy development makes available Global Fund resources go further.
- UNAIDS' global, regional and country structures support countries to effectively and efficiently access and use Global Fund resources.
- UNAIDS' focus on key populations, civil society, human rights and gender ensures that Global Fund support reaches those who need it most.
- UNAIDS harnesses the expertise and resources of the UNAIDS Secretariat and the 10 UNAIDS Cosponsors – UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank – to the goal of achieving universal access.

# UNAIDS AROUND THE WORLD



With strong support structures in place at country and regional levels and a long-standing partnership with countries, UNAIDS provides the Global Fund with a crucial link to country operations.

To address increasing requests from countries for technical support, the UNAIDS Secretariat has brokered and funded the creation of Technical Support Facilities (TSFs) in five regions of the world: southern Africa, western and central Africa, eastern Africa, South-East Asia and the Pacific, and South Asia. The TSFs promote coordination, coherence and partnership in the provision of technical support

across all priority areas. The TSFs draw heavily on the expertise of the UNAIDS and also cast a wider net to involve civil society and the private sector in providing support to national coordination authorities, including country coordinating mechanisms (CCMs), and national implementers.

UNAIDS Cosponsors are also present at the country, regional and global levels, creating an invaluable pool of expertise that allows multiple issues to be addressed coherently and comprehensively with countries in a timely and effective manner.

# ENGAGING PARTNERS

The promotion of country ownership and sustainable impact lies at the heart of all that UNAIDS does.

UNAIDS participates in Global Fund processes at the global, regional and national levels, and works to ensure that others, including partners from governments, civil society and the private sector, development partners and non-AIDS state actors, can do the same.

UNAIDS supports implementing partners in identifying and voicing their interest in the national and global governance forums of the Global Fund. At the same time, through its national and regional level staff UNAIDS helps to communicate high-level Global Fund policies and strategies to countries in an accessible and timely way through information materials, guidelines, workshops and, increasingly, social media.

*UNAIDS has the authority and capacity to bring partners together and create opportunities for us to share information and reach consensus on key issues. At the Global Fund Implementers Forum organized by UNAIDS in Dakar, April 2011, we openly and constructively discussed our experiences of working with the Global Fund, and, with UNAIDS support, we made sure that the voice of civil society has been taken into account.*

**Karlo Boras, Executive Director, Yugoslav Youth Association Against AIDS, and Developing Country Nongovernmental Organization (NGO) Representative to the Global Fund Board, Serbia**

UNAIDS works with partners, and together they advocate for Global Fund reforms that will promote sustainable, long-term capacities and systems and reduced complexity.

UNAIDS ensures that all relevant constituencies, including people living with and affected by HIV, and other vulnerable groups and their representatives, are represented in CCMs, and that they have the skills and information needed to play a meaningful role in national decision-making regarding when and how best to use the Global Fund. UNAIDS has worked to build the capacity of CCMs and improve CCM governance through, for example, promoting inclusivity, supporting the effective functioning of CCM secretariats, and providing ongoing technical support and mentoring on specific issues. Eleven CCMs were strengthened through TSFs in 2010.

In many countries, UNAIDS plays a central role in convening and coordinating Global Fund processes and in facilitating information and data flow.

## Empowering civil society

UNAIDS and the Global Fund recognize that civil society organizations are a critical element of a country's AIDS response. Ongoing UNAIDS technical support to civil society organizations and networks on issues ranging from improving engagement with Global



Fund governance mechanisms, via strategic planning, to building capacity for dual-track financing is continually empowering the civil society constituency.

In 2009–10 The Global Fund started the development and implementation of the Community Systems Strengthening (CSS) Framework. This provided an opportunity for civil society to engage more actively in Global Fund processes and to access much-needed funding. Working closely with civil society, UNAIDS provided policy guidance to ensure that CSS was integrated into the Global Fund funding package and supported the development of the CSS Framework and a set of independent CSS indicators. UNAIDS rolled out a set of CSS guidelines and organized a CSS consultation and trainings ahead of Round 10. Phase 1 Round 10 funding for CSS interventions amounted to US\$ 60 million.<sup>1</sup>

*From the outset, UNAIDS has supported the Movement of People Living with HIV as a strategic partner, defending our rights to prevention, diagnosis and treatment, building our expertise and providing essential financial support. In Ukraine more than 60% of people living with HIV die from tuberculosis (TB). UNAIDS leadership, working closely with civil society and the State to strengthen the integrated approach to TB and HIV, is being measured by the number of prevention programmes, the number of people put on treatment and the lives saved.*

**Dmytro Sherembey, Deputy Head of the Coordination Council of the All Ukrainian Network of People Living With HIV/AIDS, Ukraine**

<sup>1</sup> Annex 5 to Global Fund Round 10 Technical Review Panel (TRP) report: analysis of the TRP's Round 10 funding recommendations.

# SETTING STRATEGIC PRIORITIES

The present economic and development climate makes it absolutely essential that available resources are put to optimal use. This demands far greater efforts to focus resources where they deliver the greatest returns through more effective and equitable approaches to setting priorities and allocating resources. To this end, UNAIDS provides evidence-informed strategic analysis and policy advice to countries and the Global Fund Board, through its different committees (including the Policy and Strategy Committee and the Portfolio and Implementation Committee, of which UNAIDS is a member) and the Global Fund Secretariat.

As described below, UNAIDS' recent support to priority setting has included: supporting countries as they develop and strengthen their national strategic plans and promote national strategies as a basis for alignment and harmonization; identifying key thematic areas where value for money and impact can be maximized, including elimination of vertical transmission of HIV and the integration of HIV and TB programming; and addressing key populations (such as sex workers, men who have sex with men, transgender people and injecting drug users), and advance human rights and gender equality to promote an equitable response and to help break the cycle of new HIV infections. UNAIDS supports priority setting through strengthening the

evidence base, and it works to facilitate countries to move from policy and strategy into practice.

## National strategies

UNAIDS supports the development and validation of national strategic plans based on evidence and human rights. During strategy development, UNAIDS works with all partners to develop country-specific gap analyses to determine priority areas for investment and to identify where technical support by partners should be directed.

*During 2010, UNAIDS has supported us in the costing of regional HIV plans and in the development of public investment projects, which will greatly enhance the sustainability of current interventions. This has been a strategic support for us and the national response to HIV.*

**Fernando Cisneros, National Coordinator of Objective 4, Peruvian Institute of Responsible Parenting, Global Fund Sub-Recipient, Peru**

In 2009–10, UNAIDS supported Malawi, Kenya and Rwanda in the revision of their national strategic plans and preparation of their Global Fund National Strategy Applications (NSA) by providing technical support to CCMs and Principal Recipients (PRs) and by supporting in-country visits to assess preparedness. The lessons learned will feed into the development of the second wave of NSAs.





*I recently [November 2010] returned from Kigali, where I signed the National Strategy Application for HIV/AIDS in Rwanda. The HIV/AIDS National Strategy Application was consolidated with two active HIV grants into a single stream of funding worth US\$ 380 million for a period of three years. UNAIDS support and collaboration was invaluable to the grant successes and consolidation.*

Michel Kazatchkine, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria

UNAIDS recognizes the importance of health systems strengthening for achieving the goal of universal access, and UNAIDS works with countries during strategy development to foster better coordination between national health systems and AIDS responses.

### Thematic priorities

At the Global Fund Board meeting in May 2009, UNAIDS highlighted the need for the Global Fund to ensure a stronger focus on PMTCT when evidence showed that virtually eliminating HIV among babies could avert around 2.1 million child infections cumulatively between 2009 and 2015, and that investments in PMTCT add additional value by providing a point of entry to more effective prevention, treatment and care services for mothers.

Twenty countries (accounting for over 85% of the global burden of mother-to-child HIV transmission) were supported by UNAIDS and the Global Fund Secretariat to reprogramme Global Fund resources to strengthen and scale up PMTCT services. A total of US\$ 76 million (over two years) has been added to the PMTCT budget, which represents an estimated increase of 95% over the current Global Fund PMTCT funding portfolio.

*Swaziland has increased funding for PMTCT from US\$ 600 000 to US\$ 3.7 million by reprogramming Round 7 funds going into Phase 2, and will aim to virtually eliminate mother-to-child vertical transmission of HIV by 2015. To do this, we need to increase awareness of the benefits of PMTCT and ensure that women know where, how and when to access it. Concerted community action and the involvement of a wide range of civil society participants in social mobilization is ongoing, and UNAIDS is playing a pivotal technical support role as we seek to engage communities in saving mothers and their babies.*

Benedict Xaba, Minister of Health, Swaziland

In addition, UNAIDS supported countries to develop PMTCT components in Round 10 proposals, and a financial tracking carried out by UNAIDS shows that PMTCT Phase 1 budgets in approved HIV proposals increased from 3.5% in Round 9 to 8.1% in Round 10.

UNAIDS also advocates for the integration of HIV and TB interventions; an increase in the number of HIV and TB proposals including TB/HIV collaborations was consequently seen in Round 10. Of the approved Phase 1 budget, 4.9% went to collaborative HIV/TB activities in Round 10 compared with 0.6% in Round 9.<sup>2</sup>

## Key populations

UNAIDS advocates for the human dignity, equality, rights, security and empowerment of all people vulnerable to and affected by HIV. UNAIDS championed the Global Fund most at-risk populations (MARPS) channel introduced in Round 10 and provided direct technical support to countries and regional networks applying for these funds. Twelve MARPS proposals were approved, and, overall, funding to interventions aimed at key populations, such as sex workers, men who have sex with men, transgender people and injecting drug users, increased in Round 10 compared to previous rounds.

UNAIDS Secretariat's advocacy and programmatic work, in partnership with UNDP and key Global Fund Board constituencies, including private foundations and civil society, were instrumental for the inclusion of human rights as one of the six priority objectives in the draft Global Fund 2012–16 Strategy.

*During MARPS proposal development, excellent guidance and advice which contributed directly to the quality of our successful proposal were provided by officers from UNAIDS and WHO. In addition, the local consultant who was responsible for compiling the inputs and writing the final proposal used the UNAIDS MARPS toolkit intensively.*

Kaki Lochoshvili, Executive Director, Global Projects Implementation Centre, CCM Member and PR Representative; David Otiashvili, Chairman of the Board of the Georgian Harm Reduction Network and CCM member, Georgia

## Gender

UNAIDS gender policies, together with Global Fund strategies on gender equality and sexual orientation and gender identities, create a solid evidence-based gender and AIDS platform informing gender-responsive policy and programme decisions at global and country levels.

In 2010, China became one of the first countries to roll out the UNAIDS Action Framework: Addressing Women,

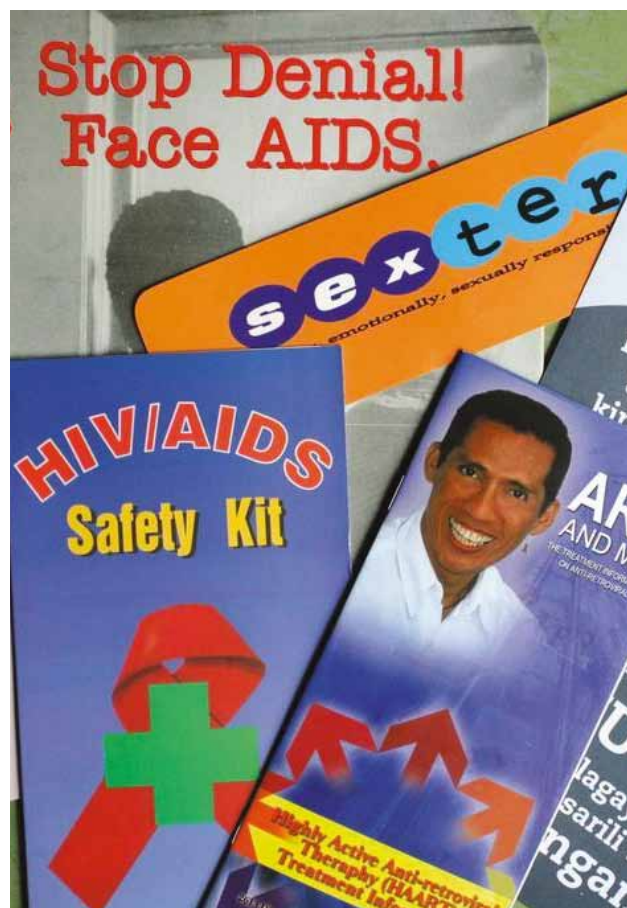
<sup>2</sup> UNAIDS-commissioned financial tracking of funds in approved Global Fund Round 9 and Round 10 proposals.

Girls, Gender Equality and HIV. During a joint Global Fund and UNAIDS mission, a roadmap was developed to bring about gender-related strategic changes within China's consolidated Global Fund HIV grant in five strategic areas.

*Powerful partnerships between key women's organizations and community-based groups are being forged as we mobilize around the roll out of the UNAIDS Action Framework. Under the Framework banner, the All China Women's Federation and UNAIDS together convened a landmark advocacy action on women's rights and HIV/AIDS that was launched at a High Level Forum on World AIDS Day 2010.*

Zhen Yan, Vice President of the All China Women's Federation, China

UNAIDS support to gender in Round 10 included training gender experts who were later contracted to be part of Global Fund proposal writing teams and support to global and regional reviews where gender was integrated. Gender guidance was also provided to the Global Fund Round 10 proposals guidelines, and to the Global Fund Technical Review Panel (TRP).





## Evidence

Strong monitoring and evaluation plans, that put into practice the principle of “Know your epidemic, know your response” underpin the effectiveness of programmes, enhance accountability and make it possible to demonstrate results and impact. Consequently, they also support the mobilization of new resources. For these reasons, the strengthening of national monitoring and evaluation frameworks, and their alignment with Global Fund monitoring and evaluation frameworks, has become an increasingly important aspect of the technical support and capacity development provided by UNAIDS, often through monitoring and evaluation advisers in countries and TSFs.

*The Ministry of Health has Global Fund support for the elaboration of a new study on epidemiological surveillance among men who have sex with men, which will give vital information on the epidemic situation among this group, which has the highest prevalence in Peru. Based on the vast expertise of UNAIDS in the area of surveillance, CONAMUSA [Multisectoral National Coordinator for Health] requested UNAIDS technical support in this process. UNAIDS*

*participated in a committee which defined the terms of reference for the study and shared updated information on the use of probabilistic methods in surveillance studies with populations at greatest risk. The inclusion of probabilistic methodologies in the surveillance studies in Peru represents a quantum leap forward for the HIV information system in the country and is a major contribution to building the capacity of the Ministry of Health, the PR and CONAMUSA.*

Rául Raygada, CCM Deputy Chairman/People Living With HIV representative, Multisectoral National Coordinator for Health (CONAMUSA), Peru

UNAIDS also supports the Global Fund in monitoring and evaluating the performance of grants, reviewing and strengthening monitoring and evaluation plans in country proposals (including the development of the monitoring and evaluation toolkit and the recent addition of CSS indicators), and participating in the Global Fund Monitoring and Evaluation Reference Group (MERG).

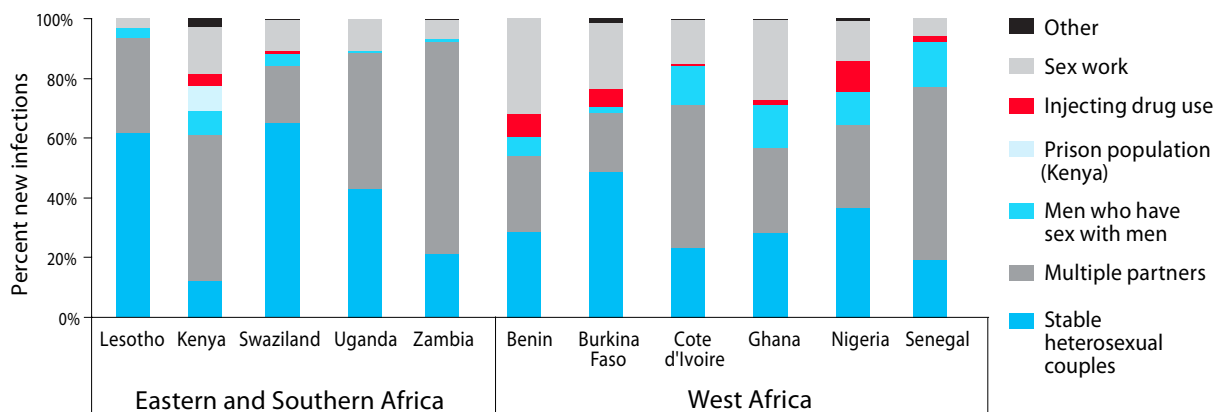
UNAIDS influences research spending towards provision of better strategic information, analysis of returns on investment, programmatic gap analysis and mapping of risks, vulnerability and barriers. UNAIDS’ operational research provides guidance on how to direct resources to interventions that return the greatest value for money.

UNAIDS builds capacity at the country level for defining, compiling, analysing and disseminating consistent, credible, high-quality scientific information and strategic

knowledge, particularly in generating disaggregated data and returns on investment across different interventions.

The true value of monitoring and evaluation and research findings is fully realized only when findings are disseminated and acted upon in policy development and programme implementation, and UNAIDS has therefore embraced social media and community dialogue, among other means, to ensure that knowledge translates into practice and results.

**Putting into practice the principles of “Know your epidemic, know your response”**



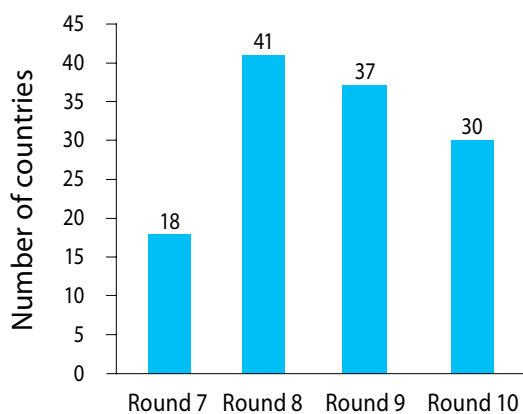
Source: UNAIDS

# RESOURCE MOBILIZATION

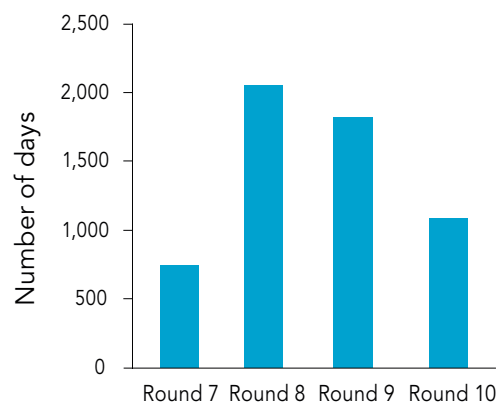
Accessing Global Fund grants remains a huge challenge for many countries. The processes and obligations are complex and are not always fully understood, and many countries find the proposal development process taxing. UNAIDS therefore provides, brokers and coordinates technical support during Global Fund proposal development in response to requests from countries and regional networks.

TSFs supported 30 applicants during the development of Round 10 proposals and provided approximately 6 000 days to support the preparation of Global Fund proposals for Rounds 7 to 10. It is estimated that support from the TSFs in the last three Rounds of Global Fund has helped countries mobilize US\$ 1.7 billion for the first two years of implementation<sup>3</sup>.

**Number of countries that received TSF support for Global Fund proposal development (Rounds 7-10)**



**Number of TSF technical support days provided to support Global Fund proposal development (Rounds 7-10)**



The UNAIDS Secretariat, with Cosponsors, bi-laterals and civil society, also provided an expert review of draft proposals in Geneva and at the Vienna 2010 HIV/AIDS Conference, and regional peer review workshops were held in western and central Africa, the eastern Mediterranean, southern and eastern Africa, and Asia.

Fifteen countries received intensive support from the UNAIDS Secretariat and WHO in Round 10, including the development of country fact sheets containing key epidemiological and financial data that were shared with the Global Fund Technical Review Panel (TRP) to maximize understanding of complex country contexts. The countries that received intensified support included several countries that had faced repeated failures in previous Global Fund rounds. Thirteen of the high-priority countries submitted proposals with a success rate of 69%, compared with the overall proposal success rate of 41%<sup>4</sup>.

<sup>3</sup> Report on Technical Support Facilities: How the TSF help build an efficient and sustainable AIDS response (May 2011).

<sup>4</sup> Global Fund Round 10 Technical Review Panel report.



*UNAIDS made an important contribution to our Round 10 success by helping the proposal development team keep focus on a key set of priorities and objectives, by funding one aspect of required technical assistance, and by participation in the United Nations Peer Review Process, which, with the Mock TRP we ourselves commissioned, proved extremely constructive.*

**Roslyn Morauta, Chair, Papua New Guinea CCM and Chair of Papua New Guinea Round 10 Core Working Group, The Independent State of Papua New Guinea**

*In an effective joint operation, the National AIDS Control Council, the Ministry of Health, the Joint UN Team on AIDS and the Clinton Foundation implemented a comprehensive gap and costing analysis which provided us with a credible evidence-base for our Round 10 proposal. The coordination role played by UNAIDS throughout was vital to the ultimate success of the proposal.*

**Professor Alloys Orago, Director, National AIDS Control Council, Kenya**

*Cameroon's Round 10 success was underpinned by the reinvigoration of high-level political commitment brokered through the efforts of the UNAIDS joint team.*

**Dr Jean Bosco Elat, National Aids Control Programme Manager, CCM member and PR Representative, Cameroon**

## **Responding to the new architecture**

As the Global Fund grant architecture, priority thematic areas and proposal formats evolve, UNAIDS works to enable countries to understand and respond to these changes, leading to strengthened “ownership” of Global Fund processes at the country level. UNAIDS provides input into the design of Global Fund application forms and guidelines and, as a member of the Global Fund Portfolio and Implementation Committee, supports the review and approval of the overall application package. UNAIDS also provides technical guidelines to applicants to facilitate the application process.

*Along with other technical agencies and partnerships, UNAIDS participates in regular briefings with the Global Fund Technical Review Panel conducted ahead of the Technical Review Panel review of proposals. The briefings provide technical updates on a predetermined list of topics and on key messages that UNAIDS focused on with countries around proposal development. UNAIDS also engages with Technical Review Panel members during a debrief process following the proposal review. UNAIDS also provides input on the recruitment of Technical Review Panel members.*

**Sarah Churchill, Manager, Country Proposals Team, Global Fund to Fight AIDS, Tuberculosis and Malaria**

The demands of the new Global Fund architecture will impact on all countries considering a Round 11 application. UNAIDS will continue to provide technical support if requested to countries engaged in the challenging, complex and time-consuming processes of grant consolidation (mandatory from Round 11), in the development of national strategic plans and NSAs, and in piloting the Health Systems Funding Platform.

*Through the Rolling Continuation Channel mechanism, China has consolidated its Global Fund HIV Round 3 grant with four other grants. The objectives and activities in the consolidated grant are in alignment with China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006–2010) (Annex 5) and framework for the HIV and AIDS response. UNAIDS provided critical support to this pioneering grant consolidation process, and contributed directly to the consolidated grant that will strengthen China's fight against HIV and AIDS.*

**Dr Han Mengjie, Assistant Director, State Council AIDS Working Committee Office, and Deputy Director, National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention, China**

### **In 2010, Technical Support Facilities :**

- Supported 30 countries to develop Global Fund Round 10 proposals
- Helped unblock Global Fund grant implementation challenges in 27 countries through 40 technical assistance assignments
- Strengthened Country Coordinating Mechanisms in 11 countries
- Used regional consultants in 85% of all assignments



Photo credit: UNAIDS/P.Virot

# IMPLEMENTATION

The Global Fund is the leading international source of HIV funding in many countries. Therefore, improving country capacity to implement and manage Global Fund grants is a top priority and is vital for scaling up and enhancing AIDS responses. UNAIDS supports countries with technical support to unblock the implementation challenges many grants are encountering and with longer-term capacity-building interventions. The UNAIDS Secretariat, with other Cosponsors, aims to strengthen the management and governance capacities of CCMs, PRs and Sub-Recipients (SRs) by training and orienting the people tasked with operating them.

UNAIDS staff in country offices spend up to 50% of their time supporting countries in the effective use of Global Fund grants,<sup>5</sup> and TSFs helped unblock implementation challenges in 27 countries during 2010.

Implementation bottlenecks include weak grant oversight by PRs, SRs and CCMs procurement and supply chain management problems, financial reporting and accountability issues, and issues arising from blocked political processes.

*In 2009 and 2010, UNAIDS supported the CCM to design and implement Global Fund dashboards for our HIV grants by providing technical recommendations on the development of the strategic monitoring process, the identification of key grant indicators, and on the means to verify and analyse the grant data received. The process of developing the dashboards has contributed greatly to building the capacity of members of the CONAMUSA Assembly and its Strategic Monitoring Technical Committee, of which UNAIDS is also a member, in the area of monitoring and evaluation. For the first time, we have an opportunity to make a systematic follow-up of the progress of our Global Fund grants and to identify problems to be addressed in a timely manner. UNAIDS is playing an important role in this process and its sustainability.*

**Carmen Méndez, CCM Executive Secretary (acting), Multisectoral National Coordinator for Health (CONAMUSA), Peru**

In the United Republic of Tanzania, for example, the eastern Africa TSF supported orientation efforts to enable Global Fund stakeholders to explore various options for single-stream funding (NSAs, grant consolidation and reprogramming) on existing or pending grants. An action plan for single-stream funding was developed.

In western and central Africa a broad regional partnership has been established to support Global Fund processes,



Photo credit: UNAIDS/PIrot

including UN organizations, bilateral cooperation partners, civil society and the private sector. Joint team missions, for example to the Central African Republic, Chad, Guinea, Niger and Togo, have been particularly effective in bringing about change.

A UN joint team workshop on grant implementation support is credited with stimulating coordinated support on Global Fund grant implementation and improved donor coordination in South Africa.

In Indonesia, the South-East Asia and the Pacific TSF targeted technical support to the financial management, programme management and monitoring and evaluation

<sup>5</sup> Annual UNAIDS Country Coordinator survey.



capacities of the national PR, which was then able to implement all planned activities in Global Fund Round 9.

The South Asia TSF provided technical support to restructure and strengthen the CCM and governance guidance in Bangladesh and to operationalize the CCM oversight plan in Nepal.

### Building sustainable capacity

The UNAIDS Secretariat is moving to increase longer-term capacity development support to countries and has provided 12 months of continuous support to the Zambian National AIDS Authority (also the CCM Secretariat)

and the Myanmar CCM Secretariat. In 2011, this approach will be extended through a 10-country pilot.

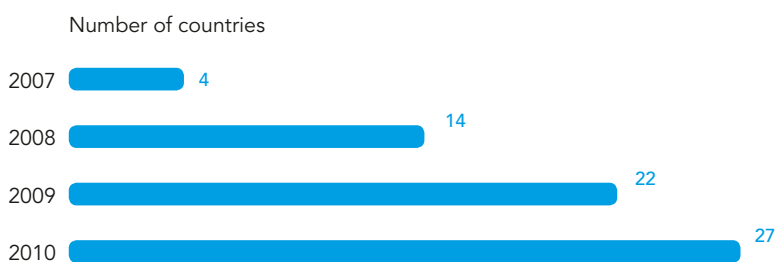
*UNAIDS has shown outstanding leadership in Myanmar, not only in the area of HIV and AIDS, where it has excelled, but also in providing critical support for the Myanmar CCM, its subgroups, Secretariat and Executive Working Group. I can honestly say that without the skilful, hard work of the UNAIDS team here, the creation and governance of the Myanmar CCM and the successful application for the Global Fund Round 9 grant would have been extremely difficult, if not impossible.*

John Hetherington, Country Director, PSI Myanmar, and CCM member, Myanmar

## Promoting country leadership on technical support

UNAIDS has advocated strongly for the inclusion of technical support activities in Global Fund proposals and budgets, and has worked with the Global Fund to develop guidance for the preparation of technical support plans and to support countries to prepare their plans. An analysis of 15 proposals in Round 10 shows that 80% included a request for technical support.<sup>6</sup>

### Number of countries receiving support for Global Fund Grant Implementation



<sup>6</sup> Internal analysis carried out by Bilateral and Multilateral team in Global Fund.

# OVERVIEW OF COSPONSOR FOCUS AREAS

UNAIDS Cosponsors have specific areas of expertise and comparative advantage to contribute to the goal of making Global Fund money for HIV and AIDS work. The following brief summaries provide a snapshot of the support each provides.

## United Nations Refugee Agency

UNHCR focuses on addressing HIV in humanitarian emergencies. Following an analysis of approved Global Fund proposals with HIV and/or malaria components from Rounds 1–8 for countries in Africa hosting populations of at least 10 000 refugees and/or internally-displaced persons (IDPs) which showed that most countries had not included these populations in their funding applications, UNHCR and Global Fund joined hands to ensure that refugees and IDPs are not marginalized.

UNHCR takes an active role in Global Fund processes at the country level to advocate for the inclusion of refugees and IDPs into grants, and in numerous countries UNHCR is a member of the CCM. At the global level, UNHCR and the Global Fund are working to ensure that guidance for Round 11 includes background on ongoing humanitarian emergencies. A steering group, consisting of the Global Fund, UNHCR, WHO, WFP and UNICEF, has been established to support country, regional and global processes to improve the inclusion of refugees and IDPs into country proposals and grants.

## United Nations Children's Fund

The Global Fund Partnership Strategy and UNICEF's Engagement Strategy outline 12 areas of collaboration throughout the lifecycle of Global Fund grants, including but not exclusive to: grant writing, strategic information for monitoring and evaluation, procurement and supply chain management, technical support for grant implementation pertaining to women, children and young people, PR and SR grant management roles, periodic reviews and global advocacy. UNICEF is also actively engaged in improving Global Fund grant performance in relation to MDGs 4 and 5 through providing input to the new global strategy and facilitating the participation of Global Fund country teams into national level discussions on maternal and child health.

Engagement on the elimination of mother-to-child transmission of HIV (MTCT) remains a priority output of the UNICEF – Global Fund partnership. The elimination of MTCT Initiative was jointly announced by UNICEF, WHO, the UNAIDS Secretariat and the Global Fund in September 2009. It called for the strong engagement of partners to reach a common goal of virtual elimination of mother-to-child transmission of HIV by 2015. With the support of partners, Global Fund has re-invested over US\$ 76 million in 11 countries for MTCT; 10 countries have switched to more efficacious regimens; and 10 of the high-burden countries in sub-Saharan Africa have committed to the target of virtual elimination in the framework of their Global Fund grant.



UNICEF has been actively engaged at country level to support countries to reprogramme funds, has supported countries to mobilize additional funds from domestic or donor sources, and has convened stakeholders nationally and globally. To date, 53% of pregnant women living with HIV and knowing their status have received antiretroviral drugs (ARVs) to prevent transmission of HIV to their infants (54% in sub-Saharan Africa) and the total number of children born with HIV has decreased. UNICEF and the Global Fund will intensify efforts in 22 countries which constitute 88% of global mother-to-child transmission of HIV.

### United Nations World Food Programme

WFP plays a lead role in integrating food and nutrition within the AIDS response, including in humanitarian emergencies. As evidence of the cost effectiveness of food and nutrition interventions accumulates, significant opportunities have arisen to build coalitions to advocate for their inclusion in Global Fund proposals and approximately 50% of all Round 10 HIV proposals included a food and nutrition component.

Given its mandate within UNAIDS, WFP provides technical support in the development of the food and nutrition components of Global Fund proposals. Some WFP country offices are recipients of Global Fund grant money for the integration of food and nutrition support (for HIV and TB) or proposals have positioned WFP as a SR with responsibility for specific activities (for instance, in the Democratic Republic of the

Congo, Djibouti, Ethiopia and Georgia). In other cases, such as in Malawi, the request has been built directly into the HIV treatment programme. More often than not, WFP's HIV and TB activities are part of broader food security programmes, often in relief and recovery contexts.

### United Nations Development Programme

The Global Fund's relationship with UNDP is focused on three interlinked objectives:

- Supporting implementation by serving as a temporary PR in countries facing exceptional development challenges and/or complex emergencies;
- Developing the capacity of national entities to take over the management of Global Fund programmes as soon as circumstances permit, or to improve their performance while they are already serving as PRs; and
- Strengthening policy and programme quality of Global Fund related work, both at the country and global levels, in line with UNDP's role as a cosponsor of UNAIDS and with UNDP's core mandates in governance and capacity development.

As of 1 June 2011, UNDP is supporting implementation by serving as temporary PR in 30 countries and territories, with 65 active grants (2–5 year duration) totalling approximately

US\$ 1.17 billion. Currently, UNDP is managing 10% of Global Fund grant volume for all active, signed grants. Notwithstanding the difficult country circumstances where UNDP serves as interim PR, the overall performance ratings of grants managed by UNDP significantly exceeds the average for grants managed by other PRs in countries where circumstances are relatively less challenging and involve lower risk.

UNDP works to develop the capacity of national entities to take over the management of Global Fund programmes as soon as circumstances permit, and has fully handed over the role of PR to national entities in 12 countries. It is in the process of doing so in a further nine countries for at least one grant. In another eight countries, UNDP has helped strengthen the capacity of prospective and current national PRs.

UNDP also engages with the Global Fund and its country partners on substantive policy and programmatic issues including promoting the inclusion of human rights and gender equality initiatives into Global Fund grants and ensuring that financing reaches key populations (such as men who have sex with men and local networks of people living with HIV). UNDP also helps to align grants with national development plans and poverty reduction strategies, promotes appropriate public-sector reform and anticorruption initiatives, and promotes the principles of national ownership, aid effectiveness and sustainability.

*The Ministry of Health and Social Welfare of the Government of Liberia and UNDP/Liberia have had an excellent collaborative partnership in tackling the national response to deadly diseases in Liberia [through Global Fund financing]. Despite difficult and challenging conditions, our combined efforts have yielded remarkable outcomes. Within the framework of the partnership with UNDP, the Ministry was able to produce adequate treatment guidelines and policies, develop standard operating procedures and tools to ensure quality care and treatment, achieve accurate data production and reporting, and scale up service delivery points. Capacity building was a major activity during recent grants. This resulted in major gains, as demonstrated when the Ministry assumed the Principal Recipient function of the HIV grant in early 2010.*

**Bernice T Dahn, Deputy Minister for Health and Chief Medical Officer, Liberia**

## United Nations Population Fund

UNFPA focuses on the integration of HIV into sexual and reproductive health (SRH) services and on increasing access to HIV prevention. UNFPA provides technical support to

countries for the development of Global Fund proposals and grant implementation and also works to strengthen the capacities of CCMs, PRs and SRs. UNFPA has also been an active member of CCMs in several countries.

SRH–HIV linkages have been woven into Global Fund grants in countries such as Belarus, Kazakhstan and Armenia and in eastern and southern Africa. Strengthening of youth and adolescent SRH, together with Y-PEER peer education networks, has taken place in Armenia, the Republic of Moldova and Tajikistan. UNFPA technical support and co-financing has enabled comprehensive services for key populations, such as sex workers, to be developed within Global Fund funded projects in the Russian Federation and Tajikistan.

UNFPA trained participants from 18 countries in SRH and HIV linkages resulting in the issues being reflected in Round 10 proposals submitted by eastern and southern African countries. In collaboration with the Global Youth Coalition, UNFPA has also trained AfriYAN Youth Network leaders from Zambia, Kenya, South Africa, Burundi and Malawi in the Global Fund process and how to ensure integration of youth issues into Global Fund proposals.

UNFPA has consistently advocated for healthy-lifestyle education, adoption of safe and harmless behaviours, scaling up of HIV prevention, including in rural and mobile populations, and improving access to health care services for voluntary counselling and testing, early diagnosis, and HIV treatment, care and support, within Global Fund grants.

At the global level, UNFPA contributed to the development of the Global Fund Sexual Orientation and Gender Identities Strategy and supported networks of sex-workers to advocate for the inclusion of their HIV-related needs in the draft 2012–2016 Global Fund Strategy.

*The AIDS related priority areas addressed by UNFPA strengthened strategic partnerships with relevant stakeholders, contributing to the advancement of national priorities. The support has facilitated evidence-based programming and the dissemination of the methodology for conducting routine and sentinel HIV surveillance in Armenia and in the region. Support by UNFPA, within the high-priority sector of SRH, particularly in promoting the SRH–HIV linkages, will contribute to the identification of synergies between the work of national stakeholders from the SRH community and those in the HIV field and encourage them to work in unison and in full acknowledgement of the anticipated benefits inherent in linking the HIV and SRH responses.*

**Samvel Grigoryan, Director, National Center for AIDS Prevention, Armenia**



## United Nations Office on Drugs and Crime

UNODC focuses on protecting drug users from becoming infected with HIV and on ensuring access to comprehensive HIV services for people in prisons and other closed settings. The UNODC HIV team works at country level to support countries to develop injecting drug use and prisons components in Global Fund proposals and to advocate for the scale-up of these interventions. UNODC works to strengthen the management and governance capacities of CCMs, PRs and SRs in the fields of prevention, treatment and care among people who use drugs and people in prisons, and advocates for the inclusion of representatives from these groups in CCMs, particularly in countries with a significant epidemic among injecting drug users.

## International Labour Organization

ILO works to scale up HIV workplace policies and programmes and to mobilize the private sector. ILO actively engages with national workplace and private-sector partners, facilitates their engagement with CCMs, and promotes the prioritization of workplace and private-sector co-investment programmes as part of the overall national response. Over the past three Global Fund rounds, ILO has supported national workplace and private-sector actors to mobilize approximately US\$ 170 million for the world of workplace and private-sector AIDS response in 23 countries in the African, Asian, European and Caribbean regions. ILO and its constituents also support

grant implementation through technical support, for example to the Southern African Development Community (SADC), and by serving as PR, for example in India, or SR or sub-SR (SSR), for example in Ghana, Sierra Leone and Zimbabwe.

*The Ministry of Labour and Employment, in collaboration with ILO, has been implementing a comprehensive project on HIV and AIDS in the workplace in India since 2001 with our partnering employer and worker organizations. A national policy on HIV and AIDS and the World of Work was launched in 2009. ILO is a valued technical partner and SR in our approved Global Fund Round 9 project, which aims to reach out to workers in the informal sector and migrants.*

Anup Pandey, Joint Secretary,  
Ministry of Labour and Employment, India

## United Nations Educational, Scientific and Cultural Organization

UNESCO has provided advocacy and technical support for countries to mobilize and leverage financial support from the Global Fund to build country capacity for effective and sustainable education responses to HIV; to strengthen comprehensive HIV and sexuality education; and to advance gender equality and protect human rights.

In most countries, the education sector has not been sufficiently engaged in the Global Fund process but where the Global Fund has invested in the sector, such as in Belarus and Namibia, there have been significant results. Activities have included training of peer educators, training in counselling and setting up school-based support groups for orphans and vulnerable children, integration of HIV in the curriculum for comprehensive sexuality education and mainstreaming of HIV into other subjects, establishment of an HIV and AIDS workplace programme and a network of HIV-positive teachers, and establishment of a school feeding programme. In Viet Nam, the Ministry of Education and Training has been tasked with curriculum roll-out to continuing education centres and integration of the reproductive health and HIV curriculum in the coming national textbook revision in 2015 under the Round 10 proposal.

UNESCO has been an active member of CCMs or been represented in the Global Fund proposal drafting or reviewing panels in several countries, including China, Mongolia, Viet Nam and Kenya.

## World Health Organization

WHO aims to ensure that Global Fund programmes are informed by the best available evidence and are consistent with current technical norms and with global HIV and health priorities. WHO has advocated for maximizing the benefits of HIV, TB and malaria efforts on the health of women and children and has worked with the Global Fund Secretariat to develop technical guidance on improving maternal newborn and child health within the context of current Global Fund support. In 2009–10, WHO worked with the UNAIDS and Global Fund Secretariats to prioritize investment in PMTCT. WHO also collaborated with the UNAIDS Secretariat, the Global Fund Secretariat and civil society to develop guidance for HIV prevention, treatment and care for key populations. WHO has been active in strengthening national health strategies and in advancing the application of the Joint Health System Funding Platform.

WHO and UNAIDS developed the WHO Resource Kit for Global Fund Proposal Development, and WHO has provided technical support, directly or indirectly, to about 90% of applicants since the Global Fund was established. During Round 10 proposal development, WHO worked with the UNAIDS Secretariat to provide intensive and effective support to 15 high-priority countries.

WHO supports implementation by assisting in the translation of global norms and standards into national and local contexts, by designing training programmes for health-care providers, and by supporting the design and implementation of monitoring and evaluation systems. In addition, WHO has assisted over 40 countries to develop plans and capacity for procurement and supply chain management and is currently working with the Global Fund Secretariat to address drug theft and the use of counterfeit drugs. WHO hosts the Global Fund-related Expert Review Panel for non-prequalified health products. WHO serves as a SR in about 20 countries and has recently supported five countries to make transitional arrangements for continuation of programme activities when grants experienced implementation challenges.

*In Round 10, a small number of applicants submitted their budget using the WHO Costing Tool. Overall, the TRP found that the tool provided for better accuracy and presentation of required information.*

Global Fund TRP, 2010

## World Bank

The World Bank partners with the Global Fund in areas of fiduciary and technical support.

The World Bank serves as a trustee of the Global Fund, managing the institution's funds, which totalled US\$ 19 billion in December 2010. As a trustee, the World Bank provides a range of services, including financial and risk management, cash-flow and liquidity management, management of Global Fund partner relationships and transactions, accounting and regular reporting to the Secretariat on the financial status of the Global Fund, committing and disbursing trust fund resources, and related information technology infrastructure and systems development.

The World Bank also works with the Global Fund to enhance national capacity for the design and implementation of impact evaluations to strengthen HIV prevention policies. These impact evaluations improve knowledge on the measurable outcomes of programmes that aim to strengthen social norms and reduce multiple and concurrent sexual partnerships. Technical support is provided to countries to improve impact evaluation design, enhance integrated mathematical modelling, and support efficient and effective implementation of HIV prevention programmes.

# MOVING FORWARD

*The Global Fund to Fight AIDS, TB and Malaria is a lifeline to communities and people living with HIV. It has transformed the relationships between these groups and national governments by providing a mechanism to develop and fund country-owned responses to these three diseases.*

Michel Sidibé, Executive Director, UNAIDS

The UNAIDS 2011–15 strategy, Getting to Zero, provides renewed clarity and authority to inform UNAIDS technical leadership and coordination roles at global, regional and country levels and to guide global and country priority setting.

UNAIDS will seek to maximize linkages with the UN Secretary General's Global Strategy for Women's and Children's Health, and will provide support to the Global Fund to identify synergies and opportunities for results-driven integration with the broader mother and child health and human development communities at the levels of policy, implementation and funding in the drive to Get to Zero and to achieve MDGs 4 and 5 on child mortality and maternal health and MDG 6 on combating HIV and other diseases by 2015.

UNAIDS will continue to focus on supporting countries in protecting human rights in the context of HIV and in creating protective social and legal environments that enable access to HIV programmes, and also to advance country capacity to reduce stigma and discrimination and to realize equitable service provision for those most affected by HIV. Communities will be mobilized to demand transformative social and legal change.

UNAIDS will continue to strengthen the governance and oversight capacities of CCMs and play a critical role in bringing together various sectors to work synergistically for greater impact and country ownership.

Day to day, UNAIDS will continue to engage in political brokering, community organizing, social mobilization, generating and sharing strategic information, offering evidence-based policy recommendations and giving voice to the voiceless – vulnerable groups and people living with HIV, who, too often, face barriers to life-saving services and are excluded from the decision-making processes that affect them most.

## **RESOURCES AT UNAIDS**

- [www.unaids.org/en/ourwork/programmebranch/programmeeffectivenessandcountrysupportdepartment/](http://www.unaids.org/en/ourwork/programmebranch/programmeeffectivenessandcountrysupportdepartment/)
- [www.aidsspace.org](http://www.aidsspace.org)
- [www.unaids.org/en/dataanalysis/tools/aidsinfo/](http://www.unaids.org/en/dataanalysis/tools/aidsinfo/)
- [www.who.int/hiv/pub/toolkits/GF-Resourcekit/en/index.html](http://www.who.int/hiv/pub/toolkits/GF-Resourcekit/en/index.html)
- [www.aidsprojects.com/resources/global-fund-application-tool/gf-tool-kit/](http://www.aidsprojects.com/resources/global-fund-application-tool/gf-tool-kit/)

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