

UNAIDS Evaluation Summary

In the interest of sharing the findings of the UNAIDS evaluation more broadly, volunteers from the PCB NGO Delegation, their consultative group and communications facility have put together a short version of the Second Independent Evaluation (SIE) report. We wanted to make the findings more accessible to non-English and non-French speakers, so we prepared this short version quickly for the translation into Spanish, Portuguese, Russian, Chinese and Arabic. It is intended to accompany the official summary section of the final report (also translated), which lays out the recommendations of the Evaluation Team. The relevant recommendations for each section are therefore listed by number but not repeated in this short version. All documents pertaining to the report can be found on the [evaluation webpage](#).

Members of civil society participated in the stakeholder's consultations held around the report. All comments are public on the evaluation webpage, and civil society input is reflected in some places in the final document. These include consideration of the 5 year evaluation of the Global Fund, information on country-level engagement with PLHIV, the mainstreaming of gender in the work of UNAIDS and attention to the challenges and shortcomings of prevention. Other comments, notably around the voting rights on the PCB, do not seem to be reflected in the final report. This version cannot capture the depth of the full report, but is intended to highlight some of the key issues and promote discussion. Note: The Evaluation Report will be the key topic of the December PCB meeting in Geneva. Please share your thoughts and comments with the NGO Delegates as they prepare for this meeting. You can pass on your feedback through via the communications facility, either by email (pcbfcf.ssimon@gmail.com) or on our website (www.unaidspcbngo.org).

INTRODUCTION AND CONTEXT

The Second Independent Evaluation (SIE) of UNAIDS looks at how the joint programme provides global leadership in response to the epidemic; promotes global consensus on policy and programmatic approaches; strengthens the capacity of the UN system to monitor trends and ensures that appropriate and effective policies and strategies are implemented at country level; strengthens the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level; promotes broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions; and advocates greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

The evaluation focuses on the following questions:

A. The changing context

- How UNAIDS has responded to the recommendations of the first independent evaluation
- The evolving role of UNAIDS within a changing environment
- Strengthening health systems
- Delivering as One (UN Reform)

B. How UNAIDS works

- The governance of UNAIDS
- The division of labour between the Secretariat, cosponsors, agencies and countries
- The administration of the joint programme

C. Aspects of fulfilling the mandate

- Involving and working with civil society
- Gender dimensions of the epidemic
- Technical support to national AIDS responses
- Human rights
- The greater and meaningful involvement of people living with HIV

The Evaluation Team, supervised by the Oversight Committee, developed a methodology (see inception report), a framework from the terms of reference (from which the “evaluation questions addressed” in each section below are taken), carried out 12 country visits (Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Swaziland, Kazakhstan, Ukraine, Iran, India, Indonesia, Vietnam, Peru and Haiti), and consulted via two stakeholder’s workshops, a workshop for team leaders of country visits, and various progress reports to the Oversight Committee and the PCB.

Evaluation Question addressed: *The evolving role of UNAIDS within a changing environment*

Given the changing global, regional and country environments, this section looks at the clarity of the role and priorities of the Joint Programme, especially concerning working relationships with the Global Fund, PEPFAR, UNITAID, bilateral donors, private sector, civil society, regional organizations and others.

Findings:

HIV remains a significant global health problem. The global response has been sustained, via initiatives such as the Global Fund, UNGASS, etc; and, resources to tackle HIV and AIDS have increased considerably in recent years, expanding access to treatment. However, provision of free antiretrovirals is and will continue to be a challenge due to: out of pocket costs, the high rate of new infections; and the need for second and third line treatments.

Other findings include:

- UNAIDS and the Global Fund have built a constructive partnership that is considered strong by both and has improved with time.
- UNAIDS has had limited influence on PEPFAR policy or programming.
- Commitments under the Paris Declaration¹ have had little obvious effect on the way UNAIDS works at country level
- UNAIDS needs to adapt its role according to country circumstances in order to find a better balance between supporting national policy and pushing for more effective policies at country level.
- The roles of the Secretariat, UNDP and the World Bank are not clear at country level. Clarity of UNAIDS' role is especially needed in middle income countries, where donors are withdrawing and a global strategy for adaptation to specific country circumstances is needed.
- UNAIDS has established strategic partnerships but needs to clarify partnership objectives and ways of working with greater transparency, clearer rationale, and opportunities for review.
- Some valuable synergies have been developed in the field of research and resource tracking (i.e., vaccines, HIV funding, microbicide research)
- Despite guidance and measures to increase prevention efforts, UNAIDS leadership and support for effective prevention measures fall short. Countries are not consistently using evidence to inform prevention policies and programmes.

Evaluation question addressed: *Response to the Five Year Evaluation of UNAIDS (first evaluation)*

This section addresses how UNAIDS has responded to the recommendations and activities from the first evaluation. It identifies factors which facilitated or limited UNAIDS' implementation of these recommendations. Implementation was evaluated at headquarters, regional and country levels to determine the overall effectiveness, efficiency, equity and acceptability of the joint programme.

Findings:

Recommendations that were under the direct control of the UNAIDS Secretariat and for which resources were available have mostly been implemented. The team cited Secretariat progress around: stronger country level focus and monitoring and evaluation (M&E) at country level, work with civil society, support to the Global Fund, global advocacy, public expenditure monitoring, and the Programme Acceleration Fund (PAF)². Examples of little or no progress included: governance issues and the PCB, ECOSOC mandate, allocations of Cosponsors' responsibility and revision of their MOU,

¹ Commitments under the 2005 Paris Declaration were intended to improve country ownership, foster greater alignment with national policies, lead to harmonisation of donor efforts, and work through national systems wherever possible.

² The PAF is a secretariat managed facility used by UN organisations to make a strategic contribution to the national response. Approximately US\$16 million of UBW funding has been allocated in each biennium since 2002-2003.

reform of Committee of Cosponsoring Organization (CCO) and impact evaluation, and the application of the Unified Budget and Workplan (UBW) over country level resources. Implementation of recommendations at country level was less effective but has been strongest in support to the Global Fund, theme groups³ and support to national M&E capacity.

Evaluation question addressed: *Delivering as One*

UN Reform, Global Task Team (GTT)⁴ and the Paris Declaration on Aid Effectiveness all influence the context in which UNAIDS operates. This section assesses the impact of these changes on how UNAIDS is viewed (by countries, co-sponsors donors and staff) and on how it works to meet its mandate (particularly in countries).

UN reform findings:

- UN reform has not significantly affected UNAIDS at global level, partly because the major focus of reform has been at country level
- It is too soon to tell whether Regional Directors' Teams (RDT) will support the UNAIDS approach
- The broader reform process has yet to directly enhance the effectiveness of UNAIDS at country level
- The UNAIDS 'model' has not been adopted more widely by the UN

Evaluation question addressed: *Strengthening Health systems*

The Evaluation should include an assessment of UNAIDS' role in strengthening health systems and determine what improvements could be made to strengthen health systems in ways that support UNAIDS objectives.

Findings:

- UNAIDS has not articulated a clear common joint programme position on HIV and health systems strengthening and has had limited global influence. While UNAIDS Secretariat says it has a clear position, it is not known by external actors or cosponsors and there is not a clear joint position across UNAIDS. Not having a common position has lessened influence.

³ At the start of the evaluation period, coordination at country level took place through the UN Theme Group on HIV/AIDS. Membership was at the UN Country Team (UNCT) level and theme groups were typically supported by one or more technical working groups. In 2003, the secretariat started to place senior staff at country level, as UNAIDS Country Coordinators (UCCs). This arrangement for coordination is almost unique to HIV.

⁴ The Global Task Team (GTT) on Improving AIDS Coordination Among Multilateral Institutions and International Donors was formed when leaders from donor and developing country governments, civil society, UN agencies, and other multilateral and international institutions met in London on 9 March 2005, and agreed to develop a set of recommendations within 80 days on improving the institutional architecture of the response to HIV and AIDS. The particular focus was on how the multilateral system can streamline, simplify and further harmonize procedures and practices to improve the effectiveness of country-led responses and reduce the burden placed on countries. The Final Report was published on 14 June 2005 with recommendations under four main headings: 1. Empowering inclusive national leadership and ownership; 2. Alignment and harmonization; 3. Reform for a more effective multilateral response; 4. Accountability and oversight.

- The respective roles of the UNAIDS Secretariat, WHO (and different departments therein) and the World Bank are unclear
- Cosponsors have strengthened health systems through their mandates but there is limited evidence of the added value of the joint programme
- UNAIDS has ensured cross-linkages between national HIV and health strategies and plans
- There is evidence of increased funding for health systems strengthening by major HIV donors but tracking funding is a challenge
- Despite a growing body of research, the evidence base for the impact of HIV funding and programmes on health systems remains relatively weak
- Strengthening systems in other sectors is also critical, in particular for effective prevention efforts

Relevant Recommendations: 1, 3

GOVERNANCE OF UNAIDS

Evaluation Question addressed:

This section reviews the governance and accountability structures of UNAIDS (PCB, CCO and the UBW); and its relationships with the Co-sponsors and other UN bodies on a wide range of issues. It considers progress on recommendations of the Global Task Team (GTT) review, and the Review of the NGO/Civil Society Participation in the PCB.

Background

UNAIDS was established on 1st January 1996 as a joint global programme of UN agencies working on HIV/AIDS, with the Economic and Social Council (ECOSOC) of the UN General Assembly being responsible for oversight. It started with six cosponsoring UN agencies (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank) and a small Secretariat, and subsequently expanded to include UNODC, ILO, WFP, UNHCR. ECOSOC retains formal governing responsibility in relation to UNAIDS at a broad oversight level. But, *de facto*, the oversight role has been delegated to the PCB. The PCB is unique as a UN governing body as it includes representation not only from the member states but also from the NGO sector and the cosponsors.

The primary link between the PCB and the cosponsors is supposed to be through the Committee of Co-sponsoring Organizations (CCO), the only Standing Committee of the PCB, which comprises the executive heads of the cosponsor agencies or their designated representatives. There is no clear hierarchy of goals and objectives or clear link between ECOSOC objectives, the UNAIDS Mission Statement, five focus areas for UNAIDS and the UBW (Unified Budget and Workplan).

Findings:

- There is no formal mechanism in the ECOSOC charter, or in practice, that links the work and the decisions of the PCB with the work and decisions of the governing boards of the Co-sponsors.
- There is lack of clarity about what issues the PCB should become involved in to ensure proper oversight without micromanagement, especially given that the PCB only meets for two, 2-day meetings a year, has few sub-committees of the board, and tends to focus on future actions versus past performance.
- Evaluators continue to argue that voting rights for NGO delegation remains less of a need given that the PCB runs by consensus; and other organizations that have NGO voting rights (like the GF) are not UN bodies like the PCB.
- NGO participation in the PCB is unique in the UN system and the evaluation shows there is clear value to this. There are good examples where civil society has had influence on Bureau and in decision making. NGO participation is limited by the practice of the Chair and the fact that delegates are volunteers with large amounts of work. The establishment of the CF should help although too early to say.
- Less evidence of the success/value of the Co-sponsors participation in PCB.
- Monitoring and evaluation of PCB decisions is insufficient and there is disconnect between UBW and impact at country level
- Follow through on board decisions has been a challenge for the PCB, but experience with the GTT shows a more systematic approach is possible

Conclusions

- There is need to increase effectiveness of the Committee of Co-sponsoring Organizations and linkages to Co-sponsors' governing boards
- ECOSOC objectives remain relevant and provide flexibility. However, the diversity and changing nature of objectives, in strategic frameworks, mission statements, focus areas and, more recently the UBW, has contributed to lack of clear direction and weak accountability.
- Formal arrangements between the PCB and cosponsor governing bodies remain weak and have undermined progress with accountability.
- The PCB is widely regarded as a reasonably effective example of a UN governing body, but could do more to direct its attention to performance of the joint programme and improve accountability structures.
- The emergence of global coordinators has established an effective working link between the cosponsors and the Secretariat but the CCO fails to perform its executive role.
- Current practice has created a situation whereby cosponsors neither speak individually nor are held to account at PCB meetings. There are concerns that some procedures such as the drafting group can undermine the voice of participants at the PCB.
- Strategic frameworks have changed too often to be useful and have never provided a satisfactory framework to monitor performance. It is too early to judge the quality of reporting under the 2008-2009 UBW.

Relevant Recommendations: 7, 15, 16, 17, 18 and 19.

DIVISION OF LABOR (DoL) and joint working

Evaluation question addressed:

This section reviews the components of UNAIDS, and the operational relationships between Secretariat, Cosponsors and other institutions, like the Global Fund, at headquarters, regional and country levels. This includes evaluating the efficiency of UNAIDS in terms of coordination, consistency and compatibility of activities and programmatic strategies and, how the 'Division of Labour' has affected working relationships in country, taking into account the perspective of national governments. Does UNAIDS fulfill its global coordination role on AIDS?

Findings: Global level

- Being a cosponsor has helped agencies keep HIV a policy priority and expanded cosponsor capacity
- Cosponsors see benefits from being members of UNAIDS: the availability of funds through the UBW; the role of the Secretariat and Executive Director in maintaining HIV as a high profile issue; and greater awareness of global issues and trends.
- The appointment of global coordinators by Cosponsors has been successful and has increased cosponsor HIV capacity.
- Increasingly, there is a trend towards narrow accountability, with groups within agencies who receive money from the UBW being accountable for one or more specific UBW objective. Such an approach may lead to strong accountability, but does not support HIV as an agency-wide priority.
- Cosponsor funding commitments to HIV have declined since 2006-2007, so UBW funds have become important in maintaining capacity at global and regional levels
- The original intent was that the Secretariat should not become another UN agency, but the Secretariat's budget is comparable to, or even greater than, that of some of the smaller UN agencies.
- There is a tendency of drastic growth of funding commitments from global, regional and supplemental budgets by cosponsors, as well as cosponsor core funding to AIDS from the biennium 2004-2005 to the biennium of 2006-2007.

	Funding commitments from global, regional and supplemental budgets of cosponsors (US\$ mln), biennium			Cosponsor core funding to AIDS (US\$ mln), biennium		
	2004-2005	2006-2007	2008-2009	2004-2005	2006-2007	2008-2009
Total by ten cosponsors:	252	709	417	86	114	67

Source: Data provided by Secretariat

- The Unified Budget and Workplan (UBW) process has supported joint programming approaches at a global level
- The UBW still does not entirely meet PCB members' needs. The current UBW results framework will not identify the added value of UNAIDS as a joint programme, as compared to having ten separate cosponsor organizations.
- The division of labour has brought limited benefits at the global level but not clarified lead roles.

Country level

- The division of labor has had more influence at country level, with the impact of joint teams⁵
- Team working at country level has improved. It is too early to judge definitively whether joint teams will make a real difference in programming intentions but UCCs report better working as a team; simpler access to the team by country partners; and movement to 'deliver as one'.
- Further progress with the joint team approach is constrained by several challenges:
 - UN theme groups and joint teams – maintaining separate roles and responsibilities;
 - The need for leadership;
 - The possibility of conflict of interest – the role of the UCC;
 - The World Bank – the missing cosponsor at country level?
 - The implications of technical support.
- Division of labour falls short of planned roles for lead agencies.
- Implementing the lead agency concept to be been difficult. None of the 12 countries visited showed any evidence of the concept being applied as intended.
- Not all stakeholders are aware of the division of labour and therefore which agency should be approached for what types of technical support.
- In general, there is little evidence to suggest that the DoL has led joint teams to put in place the systems and structures for technical support proposed in the 2005 Division of Labour document.

Incentives for joint working

- Joint teams are an attempt to enhance accountability, but real power in the UN at country level rests with the heads of agencies. The joint team approach tries to shift accountability to the team. The key weakness is that heads of agencies are not accountable for the work of their staff in the joint team.
- Different performance reporting systems for each agency at country level mean that work is repeated and staff are required to focus on their own agency's priorities and mandates.
- Current financial procedures make it difficult to adopt either joint programming approaches, or to implement a joint programme.
- Despite significant investment, many of the expected benefits of joint teams have not been delivered.

Conclusions:

- Progress has been made in joint programming at global level. This has come about through the combined effects of steadily improving structure and content of the UBW; some rationalization of roles and responsibilities prompted by the GTT division of labour; global coordinators have been the most significant. Pre-existing arrangements such as the Inter-Agency Task Teams (IATTs) have not been so influential.
- The division of labour has not led to a process at any level by which staff numbers or their distribution among the cosponsors and Secretariat has been rationalized against either comparative advantage or the strategic objectives of the UBW.

⁵ Joint teams were introduced to change systems and processes for working on HIV under the Resident Coordinator (RC) System. The joint team approach was introduced by the Secretary-General in late 2005 with detailed guidelines issued in 2006. Support at the highest level within the UN and arrangements grounded within the established coordination structure at country level made this an important initiative, much more so than the division of labour.

- The combined initiatives of joint teams and division of labour have led to better team working and perceived improvements in UN effectiveness and efficiency at country level. The influence of joint teams has been greater than that of the division of labour.
- Structural factors, such as the need for a new round of United Nations Development Assistance Framework (UNDAF) planning to enable joint programming to take effect reveal the long time-lag inherent in systemic reform.
- At country level, concepts linked to the division of labour such as lead agency, single point of entry and coordination of technical support have not yet been effectively implemented. No examples were found of coherent planning for technical support or of a joint team-wide analysis of capacity and plan for staffing.
- The Resident Coordinator (RC) has little direct authority over heads of agency at country level and that there is no accountability for joint team working to the UCC; heads of agencies are accountable to their headquarters and action and accountability are driven by headquarter strategies and corporate results frameworks. Only where corporate performance indicators match with UNAIDS performance indicators are priorities and reporting compatible.
- Funding arrangements lead to fragmentation and competition between the cosponsors and the Secretariat country office. Neither the joint team nor the divisions of labour tackle financial incentives, though arrangements in the 'Delivering as One' pilot countries might offer scope for reform.

Relevant Recommendations: 3, 4, 6, 8, 10

ADMINSTRATON OF THE UNAIDS SECRETARIAT

Evaluation Question addressed:

This section evaluates how the administration and business practice of the UNAIDS Secretariat has evolved since its creation, including its institutional relationships with WHO and UNDP, and whether it has been able to keep up with the changing pace and types of demands that have emerged over time, including transfer of resources to countries.

Findings:

- Secretariat operates under two sets of rules, regulations and data systems for staff (ERPs). One under WHO (Geneva based staff, international professional staff at regional and country level, and some country staff) and another under UNDP (country staff where WHO is not operational).
- The WHO ERP was introduced in 2008 and there have been problems with implementation leading to frustration and operational inefficiencies.
- For staff under UNDP, there is confusion as to whether staff report to UNAIDS or UNDP, and a feeling that staff under WHO system are treated better
- There are operational inefficiencies related to two parallel administration systems
- History of problems related to timely transfer, slow approval process and insufficient monitoring of Programme Acceleration Funds (PAF) which are used to help scale-up national responses.
- Secretariat has around 1000 staff (~3/4s under WHO and ~1/4 under UNDP; ~1/3rd in Geneva and 2/3rds in Regional Support Teams (RSTs) and country offices). This has grown significantly in the 5 years studied by the evaluation
- The quadrupling of staff has not been planned in a coordinated or rationale way and has not been driven by UBW planning processes.
- The PCB has not exercised sufficient oversight in this rapid staff expansion, nor has it been coordinated with Co-sponsors
- Non renewal of contracts is a difficult and complex process after 5 years of service and requires significant compensation; many existing staff will reach 5 years of service in next few years.
- Staff morale and culture is rated high in Staff Survey but confidence in management efficiency and change management is questionable.

Relevant recommendations: 5, 19, 20, 21, 22, 23, 24

INVOLVING AND WORKING WITH CIVIL SOCIETY

Evaluation question:

The extent to which UNAIDS has been able to support, include, engage and incorporate in a meaningful and measurable way the concerns and capacities of civil society, and what types of functional relationships and partnerships have evolved at different operational levels is reviewed here, and it is noted that this should be an integral part of all questions to be addressed by this Independent Evaluation.

Findings:

- **There is no common approach to civil society involvement across UNAIDS.**

Working with civil society has been one of the success areas of UNAIDS but opportunities to maximize effectiveness have been missed because of the lack of a strategic approach. There is no joint programme framework or strategy for engagement with civil society and no shared objectives across UNAIDS.

There are no joint team objectives or deliverables for work with civil society, which makes it difficult to identify the added value of the joint programme in regard to civil society involvement. In most of the 12 countries visited, there is no joint team plan for working with civil society and cosponsors have their own plans for engaging with their civil society partners.

Civil society involvement in planning, implementation and M&E of Secretariat and cosponsor activities and joint programmes of support appears to be limited.

- **The UNAIDS Secretariat leads on civil society engagement** (even at country level).

The Secretariat is viewed by civil society and some cosponsors as more inclusive, open to dialogue, flexible, responsive and non-bureaucratic than other parts of the UN system. Cosponsors are generally thought by other stakeholders to be less engaged than the Secretariat.

Most respondents to the evaluation survey agreed with the statement that the Secretariat has been able to support, engage with and address the concerns of civil society, but a significant proportion of NGO networks (28 per cent), FBOs (31 per cent) and PLHIV organisations (41 per cent) disagreed or strongly disagreed.

Although partnerships is a core institutional priority for the UNAIDS Secretariat, the Civil Society Partnerships (CSP) team in Geneva is reported to be over-stretched, to lack institutional support and to have been marginalised by the recent restructuring of the organisation. The CSP Geneva budget is limited and has decreased during the period covered by this evaluation. However, during the last 4 years, there has been an increase in resource allocation at country level, mainly through the recruitment of Social Mobilisation and Partnership Officers (SMPOs). But SMPOs do not have consistent objectives and are reported not to have the same opportunities for skills development as M&E Advisers.

The RSTs are reported to have a limited budget for civil society engagement and that cosponsor resource allocation to work with civil society varies from country to country.

Through World Bank MAP funding US\$1 billion was committed through during 2000-2006, nearly 40 per cent was allocated to initiatives implemented by civil society organisations; thousands of NGOs, FBOs, PLHIV and community groups have received grants. The NGO Delegation has requested this information at PCB meetings but cosponsors report that tracking funding for civil society is a challenge.

- **UNAIDS advocacy for civil society representation has contributed to increased civil society involvement in policy, programming and M&E.** However, government views about the role of civil society differ. While most governments recognise the role of civil society in service delivery, some are less comfortable with civil society engagement in advocacy.

There has been an increase in civil society representation in National Partnership Forums (NPFs), Country Coordinating Mechanisms (CCMs) and National AIDS Commissions (NACs). Increased representation has resulted in greater civil society involvement in policy and strategy development and in implementation of programmes and services. Increased involvement in M&E is demonstrated by civil society inclusion in UNGASS reporting, which improved between the 2005 and 2007 rounds, according to the UNAIDS 2008 report on the global AIDS epidemic. Civil society provided input in 82 per cent of countries reporting for UNGASS 2008, participating in completion of the National Composite Policy Index (NCPI) in 132 of the 147 countries that reported.

Challenges to civil society meaningful involvement include limited donor support for civil society to play an advocacy and accountability role, weak coordination and networking structures, poor understanding of policy and legislation, limited capacity for participation in policy dialogue and strategic planning, and representation, governance and accountability issues.

Meaningful involvement also depends on the effectiveness of mechanisms for participation, otherwise it lacks purpose and decision making power and does not provide a mechanism for civil society to influence government policy. Governments are not always willing to share policy space, nor are the staff of the joint programme always open and capable of working with civil society.

- **Civil society involvement has had a positive influence but there is no consensus on the objectives of involvement and no systematic assessment of impact on national responses.**

At global level, civil society involvement is considered to provide an important reality check, to bring a different perspective to policy debates and to play an important role in agenda setting.

Country informants also identified a range of tangible benefits resulting from increased participation in policy and decision-making bodies, in particular opportunities for dialogue and advocacy with government, but the extent to which this is translated into real influence varies.

National M&E frameworks lack indicators to assess civil society representation and participation in policy making and its impact.

An assessment of the results of the Africa MAP 2006-2008 (World Bank, 2007) found that civil society is engaged but the objectives of engagement are unclear. It also found that use of civil society funds

was demand driven and not strategic, activities were often not prioritised and cost-effectiveness was not considered.

- **UNAIDS has facilitated some increases in resource mobilisation for civil society and provided important support for civil society capacity building.**

At global level, one example is the Global Fund's shift to dual track financing, which is seen in part as due to UNAIDS' influence and experience. There is, however, no comprehensive overview of trends in funding for civil society organisations, so it is difficult to determine whether there has been an overall increase in funding. Funding is not tracked globally and capturing funding for civil society at country level, for example, through National AIDS Spending Assessments, is challenging.

Support for resource mobilisation has largely focused on umbrella organisations and networks; smaller NGOs report problems in accessing funding. And moreover, there are few mechanisms to enable grassroots organisations to access funding.

The Global Fund and PEPFAR have clearly contributed to greater funding for civil society. But (donor and national government) funding varies between countries. Moreover, there is a consensus that donors as well as governments focus on support for civil society for service delivery, not for advocacy.

The Secretariat has provided support to build the capacity of regional civil society networks. However, it was suggested that there is a need to focus on the environment, conditions and mechanisms that enable civil society engagement as a whole at regional level rather than direct support for specific organisations.

Due to lack of a clear strategy for civil society capacity building and of a joint team approach, UNAIDS' capacity building for civil society at country level tends to be fragmented, with the Secretariat and cosponsors working individually with civil society partners through specific projects, rather than strategically. Secretariat capacity building efforts have tended to focus on civil society umbrella organisations and Global Fund recipients.

- **Representation and accountability are a challenge.**

A common issue raised by almost all global and country informants is how civil society umbrella organisations and networks represented on global and national policy and decision-making bodies are selected and the extent to which they represent and consult their constituencies.

Representation and accountability are a particular challenge at global level, given the size and diversity of civil society; civil society efforts are therefore focusing on improving accountability.

In most countries visited, civil society informants were either unaware of or had no communication with the PCB NGO Delegation.

The NGO Delegation is strengthening consultation and feedback processes through the Communication Facility, which is funded by the UNAIDS Secretariat. Some donors and cosponsors questioned this, suggesting the need for "a reality check on the amount of funding requested to support NGO Delegation participation in the PCB." Global civil society and PLHIV organisation

informants raised concerns about lack of commitment to funding civil society participation and, more specifically, the short timeframe for feedback they are often given by the Secretariat and cosponsors, which does not allow for adequate consultation with their constituencies.

One of the challenges, include “*sheer number and diversity of civil society organisations*” which requires a more nuanced view of what constitutes successful participation and the fact that civil society groups are often only marginally connected with their own constituents.

- **Some important sectors of civil society have received less attention**

UNAIDS has tried to be inclusive, but the Secretariat and cosponsors are viewed as having reached out less effectively to some constituencies and to have avoided providing support for representation and capacity development for ‘difficult’ groups, such as sex workers, IDUs and MSM. This is also the case for FBOs, trade unions, private sectors and media.

Global representatives of FBO networks agree that UNAIDS has recently stepped up efforts to work with FBOs. The Secretariat and cosponsors have engaged with FBOs on service provision and training for health professionals, supported action by religious leaders to address stigma and discrimination, and promoted FBO representation in the PCB NGO Delegation.

With respect to the private sector, a 2007 survey by the World Economic Forum identified four regional and more than 40 national business coalitions supporting the private sector to address HIV. However, the extent to which UNAIDS has succeeded in fully engaging the private sector is debatable.

GREATER AND MEANINGFUL INVOLVEMENT OF PEOPLE LIVING WITH HIV

Evaluation question addressed:

Here the evaluators examine the extent to which UNAIDS has enabled the active and meaningful engagement of people living with HIV through 1) transparent and democratic selection processes and choices of representatives; 2) involvement in the design of policy making; 3) involvement in the implementation of programmes; and 4) involvement on the monitoring and evaluation of UNAIDS programmes.

Findings:

- **UNAIDS has advocated effectively for the involvement of PLHIV.**

This is a key achievement of UNAIDS, and there is clear evidence that UNAIDS’ support has played a critical role in strengthening the capacity and leadership of PLHIV organisations and increasing PLHIV involvement in global, regional and national policy, programming and M&E. However, findings from country visits suggest there is limited evidence of PLHIV involvement in the design, implementation and M&E of UNAIDS programmes. There is still more to be done to ensure that involvement is meaningful and to address the barriers to meaningful involvement.

Within the UN system, the UNAIDS Secretariat has been proactive in increasing the visibility of PLHIV through the establishment of UN+ in 2005. PCB NGO delegates view UNAIDS as a strong proponent of GIPA in the workplace, citing the establishment of UN+ and the presence of openly positive staff in

Secretariat and cosponsor workforces at global and country levels as important developments. Staff involved in UN+ report that it is still difficult to engage positive staff. The relatively small budget and staff allocated to UN+ and UN Cares limits the scope of activities.

- **The UNAIDS Secretariat has been most actively engaged with PLHIV organisations.**

There is no common vision or strategy for PLHIV involvement across the joint programme or, at country level, across joint teams. Cosponsors report that there has been global discussion of PLHIV involvement but that there is no overarching strategy.

Cosponsors are perceived to have been less engaged and less open to PLHIV perspectives than the Secretariat. Though there are indeed some examples of co-sponsors supporting PLHIV, it is not consistent across countries. There is little evidence that co-sponsors address PLHIV involvement in their work.

- **UNAIDS has provided important support for national PLHIV networks and organisations.**

UNAIDS, in particular the Secretariat, has provided critical support for the establishment of national PLHIV networks and umbrella organisations and for strengthening their member associations. It has also provided support to strengthen the governance and institutional, financial and M&E capacity of PLHIV organisations. But the support is not consistent across countries and owing to its own capacity limitations. The support at country level has mainly focused on national networks and umbrella organisations.

Key future challenges for UNAIDS will be meeting the growing demand for ongoing support in programme and financial accountability from PLHIV organisations that are Global Fund recipients; capacity building for smaller PLHIV organisations and support groups with weak management, technical and financial capacity.

- **There is evidence of increased PLHIV involvement in policy development, programme implementation and M&E.**

At global level there has been significant improvement in PLHIV representation on policy and decision-making bodies. However, global PLHIV networks report that involvement is sometimes inconsistent and insufficient time is allowed for meaningful consultation. PLHIV networks also highlighted instances where they have either not been consulted or their views have not been taken into account, and that consultations tend to be more like “rubber stamping”.

However, in feedback to the evaluation survey, while most categories of respondents think that the UNAIDS Secretariat has been effective in supporting the involvement of PLHIV in global, regional and national policy making, PLHIV organisations take a less favourable view, with 41 per cent stating that the Secretariat has not been very effective at global and regional levels and 36 per cent that it has not been very effective at country level. Responses about the effectiveness of the Secretariat in supporting PLHIV involvement in implementation and M&E at global, regional and national levels were similar.

Despite progress, involvement at country level is still often less than meaningful. India suggested that representation needs to be more meaningful and those in Swaziland described their involvement as

'tokenistic'. In the Pacific region, questions were raised about whether HIV-positive people have true representation.

Challenges to meaningful involvement identified by PLHIV organisations in countries visited include and echoed in the Global Fund evaluation included:

- Poverty and limited education of most members of PLHIV organisations.
- Stigma and discrimination.
- Weak management and financial capacity, especially in smaller organisations.
- Lack of technical expertise, skills and understanding of processes.
- Tokenism and lack of government understanding of meaningful involvement.
- Language and logistical barriers.
- Lack of experience in advocacy and lobbying.
- No indicators in national M&E frameworks to measure PLHIV involvement.

- **PLHIV leadership is stronger, but governance remains a challenge.**

In eight of the 12 countries visited, respondents stated that national PLHIV leadership has increased. Despite this, informants expressed concerns about: accountability of national networks and transparency of funding; relatively weak leadership or leadership centred on one organisation or individual; lack of representation of PLHIV whose behaviour is criminalised, for example HIV-positive sex workers or drug users; and conflict and competition for funds among PLHIV organisations.

- **PLHIV involvement has had a positive influence but the outcomes of involvement are not measured systematically.**

Although described in guidance and tools developed by PLHIV organisations, there appears to be no common understanding of 'active' or 'meaningful' involvement, the objectives of involvement or how outcomes should be measured. While there are differences in views about the importance of this, without clear objectives, systematic measurement of the impact of involvement is difficult.

Nevertheless, there are a number of areas where PLHIV involvement is perceived to have had a positive influence. PLHIV involvement has enriched global debates and played an important role in influencing global policy, for example, getting access to treatment on to the agenda, influencing WHO and UNAIDS guidance on provider initiated testing and counselling, and highlighting sexual and reproductive health and rights issues from a PLHIV perspective.

In many countries, PLHIV involvement has helped to ensure the introduction of legislation to protect the human and legal rights of PLHIV, challenge legislation that would criminalise HIV transmission, reduce stigma and discrimination, increase treatment access and ensure provision of critical interventions such as opioid substitution therapy. The most tangible outcome is where representation on CCMs has enabled PLHIV organisations to access Global Fund resources.

Increased integration of GIPA principles in national HIV strategies and plans is attributed to PLHIV involvement. But, putting these principles into practice is a challenge and many informants stated that GIPA has “*fallen off the agenda*”.

Conclusions:

- Engagement with civil society and PLHIV organisations has been a cornerstone of the UNAIDS approach and has contributed to their increased involvement in policy, programming and M&E at global, regional and country levels.
- Whilst there is good evidence of influence on policy-making at global level and to a lesser extent at regional level, at country level more barriers to meaningful involvement remain.
- Work with civil society and PLHIV is supported by cosponsors, but there is no common vision across UNAIDS or coherent engagement across joint teams. At country level the Secretariat is seen as leading in this area, reinforced by a significant investment in Social Mobilisation and Partnership Officers.
- Support for resource mobilisation and capacity building has focused on national networks and umbrella organisations and capacity building and technical support from the Secretariat and cosponsors has been fragmented and piecemeal. Demands for support are likely to increase as a result of Global Fund dual track financing.
- There are no agreed objectives for civil society or PLHIV involvement; without clear and measurable objectives it is difficult to assess impact of involvement.
- More attention needs to be given to engagement with the private sector.

Relevant Recommendations: 2, 9, 11, 12, 13, 14

TECHNICAL SUPPORT (TS)

Evaluation question addressed:

This section looks at technical support by UNAIDS via activities in, and the needs and priorities of, affected countries, and the quantity and quality of support rendered, including transaction costs, accessibility of funding, coordination mechanisms such as Joint UN Teams and others designed to enhance service delivery. To what extent does UNAIDS allow for flexible procedures that are adaptable to different national or regional situations?

Background:

Provision of TS is highly valued by recipient countries and there are examples of excellent work. But there is scope for better coordination to reduce duplication. There has been under-investment in prevention. Much expenditure has been directed towards prevention activities that are not well-targeted but are often more politically acceptable, such as mass media and youth programmes.

Findings

- UNAIDS Secretariat has provided capacity building support for regional and national civil society networks and organizations, but a lack of a clear strategy means the support at country level is divided, with the Secretariat and cosponsors working individually with civil society partners through specific projects, rather than strategically. Secretariat capacity building efforts have tended to focus on civil society umbrella organizations and Global Fund recipients.
- UNAIDS has provided important support for national PLHIV networks and organisations. But support is not consistent across countries and limits in UNAIDS capacity has resulted in a focus on national networks and umbrella organizations at country level.
- UNAIDS capacity to respond to requests for has expanded but increased demand has also meant challenges for coordination. The Secretariat and cosponsors, such as UNFPA, have expanded country staff to increase technical support and established or supported by UNAIDS other structures (eg. Technical Support Facilities (TSFs), AIDS Strategy and Action Plan Service (ASAP) based at the World Bank and WHO Knowledge Hubs).
- Cosponsors are not always directly involved with the TSFs and some expressed concerns about a shift from the role originally envisaged for the TSFs.
- The ASAP conducts confidential external reviews of draft national strategies and provides technical and financial support to assist countries to strengthen their strategic response. As of 2008 support had been provided to over 50 countries.
- The role of the Knowledge Hubs, which were established with German technical cooperation - GTZ support to support Global Fund implementation, is generally less well understood and there are some concerns about duplication, for example, with UNODC harm reduction work.
- Informants reinforced concerns identified by the GTT independent review about proliferation of and competition between technical support providers and the respective roles and sustainability of these providers. UNAIDS lacks a coherent strategic framework for technical support, technical support is still prone to duplication and competition, and initiatives are for the most part managed separately.
- UNAIDS Secretariat and cosponsors have provided a wide range of technical support for national responses. However, UNAIDS has no system for tracking technical support provided by UN

agencies at country level, so it is difficult to assess the volume or quality of technical support delivered across the joint programme.

- UNAIDS has provided critical inputs to Global Fund processes, providing TS to 85 per cent of Global Fund Round 5 and 6 proposals. The Secretariat estimates that 50 per cent of the level of effort of country offices is directed to providing support to Global Fund grants, and there are some concerns about the opportunity costs of this.
- The Global Fund evaluation found an inadequate global partnership framework for provision of technical assistance in support of grant implementation and notes that a more coherent effort is required. The implications of the Global Fund shift from round-based funding to support for validated National Strategic Applications and of dual track financing need to be considered. Specific issues are the potential conflict of interest between TS for strategy development and for strategy validation and increased needs for technical support from civil society.
- At country level, joint teams have improved information sharing about TS, but have not functioned as intended as an entry point for, or noticeably strengthened planning and coordination of, technical support.
- Technical support is on the whole timely, relevant and valued by national partners. However, UN technical support is still too often supply driven, and national partners see the UN as better at providing short term 'technical' inputs than longer term support.
- UNAIDS TS is not systematically monitored or evaluated at country level.
- UNAIDS has facilitated some increases in resource mobilization for civil society and provided important support for civil society capacity building.
- UNAIDS, the Secretariat especially, has facilitated increased access to funding for civil society.
- At regional level, the Secretariat has provided funding through the RST budget, facilitated training for civil society in proposal development, and used the PAF to build the capacity of networks, so they are well positioned to be Global Fund recipients.
- At country level, civil society representation on CCMs and UNAIDS' advocacy for inclusion of civil society organizations in Global Fund proposals, has paid dividends. The Secretariat also supports the Civil Society Action Team (CSAT), which is assisting civil society organizations to access Global Fund grants. Cosponsors have played an important role in development of Global Fund proposals and in ensuring that civil society benefits from grants.
- Support for resource mobilisation has largely focused on umbrella organisations and networks; smaller NGOs report problems in accessing funding.
- Secretariat capacity building efforts have tended to focus, partly due to limited resources and limited sub-national presence, on civil society umbrella organisations and Global Fund recipients.

Conclusions:

- UNAIDS capacity to respond to requests for TS has expanded
- The Secretariat and cosponsors have provided a wide range of quality TS
- There is scope to further improve planning and coordination of TS
- UNAIDS has strengthened the Three Ones and provided important TS for M&E
- TS is on the whole timely, relevant and valued by national partners
- UNAIDS TS is not systematically monitored or evaluated at country level

Relevant Recommendations: 2, 3, 11, 12

HUMAN RIGHTS AND GENDER

Human Rights

Evaluation question addressed:

This section looks at how UNAIDS' programmes and policies have contributed to strengthening the rights of vulnerable populations, have addressed issues of gender inequality, stigma and discrimination, and the empowerment of vulnerable populations, and ensure that programme objectives reflect the priorities expressed by vulnerable populations themselves. This includes mechanisms to enable meaningful participation of vulnerable populations in policy and programme development.

Findings:

- Globally, UNAIDS in particular the Secretariat, has played a critical role in highlighting HIV and HR issues
- UNAIDS needs to strengthen capacity to address HR
- There is a lack of clarity about the roles of UNDP and Secretariat, and the role of UNDP needs to reassessed
- Country work is not strategic and inconsistent
- Leadership concerning the rights of key populations could have been bolder; empowerment of key populations and support of their meaningful participation is mixed
- There has been progress in strengthening legal frameworks, but enforcement is a challenge
- At Global level, the Secretariat has produced policy guidance and briefing notes on HIV and human rights (including the rights of MSM, criminalization, and advocacy materials), as well as publicly speaking out in favor of human rights approaches and working with the Office of the High Commissioner for Human Rights (OCHCHR) towards the International Guidelines on HIV/AIDS and Human Rights.
- At regional level, there have been some activities in the Pacific and in West and Central Africa such as workshops, trainings, and capacity building for legal drafting, national HIV- related laws assessments, and supporting countries to better address the needs of key populations.
- The UNAIDS Human Rights Reference Group considers that cosponsors have a more limited understanding of HIV and human rights issues and have taken less action and are less willing to speak out on controversial issues than the Secretariat.
- The International Task Team on HIV-related Travel Restrictions is an example of how the UN can make a significant difference and enhance collaboration among cosponsors.
- Despite these efforts, UNAIDS continues to fail in challenging the criminalization of homosexuality, the exclusion of sex workers and people who use drugs from health services and to pay adequate attention to MSM, particularly at country level where UNAIDS needs to address the needs of these populations and speak out for their rights.
- UNAIDS has been inconsistent and unstrategic in fulfilling its role in assisting governments to meet their international human rights commitments. There is tension due to lack of agreement on harm reduction and sex work, for example, thus lacking coherent and effective leadership. The sex work guidance was a classic example of how UNAIDS did not meaningfully involve sex work networks in the process and in highlighting the tensions among cosponsors on different perspectives.

- The division of labor fragments UNAIDS and the work to address the multiple needs of affected populations, where mandates are unclear and collaboration is difficult, particularly at country level.
- There is a lack of common HIV and human rights objectives for joint teams and joint programmes of support, often meaning that leadership and action depend on individual commitment. Of the 12 countries visited, with the exception of Vietnam (a One Country Pilot) and Ukraine, the UN is not speaking with one voice on HIV and human rights and there are often conflicting and differing positions. There is fragmented support to countries, which depend separately on cosponsors and the Secretariat.
- Lack of data is a constraint to UN action. UNGASS reports for 2008 present some data on progress and outcomes for key populations but there is a lack of appropriate indicators and data collection related to key populations most relevant to the dynamics of the epidemic, especially on human rights and legal protection. This is a fundamental barrier to monitoring progress with implementing UNGASS commitments.
- Representation of MSM, sex workers and drug users in policy, programmes and M&E is limited at country level.
- UNAIDS leadership and support for action on stigma and discrimination is strong, but the challenge is to catalyse country action. According to UNGASS reporting, only 33% of countries use performance indicators or benchmarks for reduction of HIV-related stigma and discrimination. UNAIDS' campaign approach should be complemented by practical action on stigma and discrimination linked to clear and achievable objectives, as set out in the guidance for national AIDS responses.
- UNAIDS contribution to action on legal frameworks that protect the rights of vulnerable populations has been less than on reducing stigma and discrimination, but the programme is aware of this and are taking some steps to work on strengthening legal frameworks for protection of key populations.

Gender dimensions of the epidemic

Evaluation question addressed:

This section examines the extent to which gender equality has been incorporated as an integral part of the work of UNAIDS at the global and national levels and the extent to which these issues have been incorporated in national strategies and actions. This includes the degree to which UNAIDS has supported countries in their efforts to address the gender dimensions of the epidemic.

Findings:

- global leadership has been weak
- developing policy guidance has been slow
- mainstreaming of and capacity in gender need to be strengthened
- roles of cosponsoring agencies are unclear
- engagement with organisations working on gender has been limited
- approach not strategic
- inadequate attention until recently

- UNAIDS has failed to provide strong leadership on gender and HIV, and there is a frustration at the slow pace, bureaucratic inefficiencies, and lack of recognition of gender issues across the UN system. The Inter Agency Task Team on Gender and HIV was not effective and disappeared.
- Gender is a contentious area where it has been difficult to achieve consensus. Progress has been hindered by strategic differences, such as whether gender and HIV work should focus on women and girls or on gender dynamics between women and men, and lack of consensus about how broadly to define gender and HIV work.
- The concept of “feminization” has been challenged, stating that it is inappropriate in concentrated epidemics and UNAIDS has moved away from the term, challenged by others who see this as a sign of reduced commitment to women and girls.
- Concerns expressed that the decision to concentrate on women and girls and sexual minorities separately will result in continued failure to address gender dynamics that increase the risk of HIV.
- UNAIDS has made only a moderate contribution to addressing gender inequality
- There has been a lack of coherent leadership on gender-based violence and HIV
- There has been little progress on developing global guidance
- Need for clear agreement on what UNAIDS aims to achieve and the respective roles of cosponsors in gender and HIV. Importance of ensuring that the division of labour and lead agency arrangement is not used as a reason for other agencies not to work on gender and human rights
- Resistance to undertaking genuinely transformative gender work and dealing with sexuality, and there is no explicit mainstreaming strategy for gender and HIV across the board
- UNAIDS capacity to address gender and HIV limited at global level- three full time staff within the Global Coalition on Women and AIDS (GCWA); UNFPA and World Bank each have two staff who are not fully dedicated to gender and HIV; WHO has one staff person in the Gender and Women’s health team working on HIV and other cosponsors have focal points covering gender and HIV issues but no primary staff responsible.
- UNDP has increased its staff capacity in Asia-Pacific and Eastern-Southern Africa, and at Headquarters, and has created two posts focused on MSM and sexual diversity.
- UNAIDS has had limited effectiveness in developing internal capacity on gender and HIV. There is little evidence of action to improve capacity in gender and HIV at country level and no formal assessment of expertise has been conducted
- The respective roles of UNDP, UNIFEM, UNAIDS Secretariat, and the GCWA are unclear- concerns about parallel structures and potential for duplication of activities.
- Role of UNIFEM needs to be reviewed and it has been hindered by the fact that it is not a cosponsor.
- GCWA’s mandate is to focus on global advocacy, evidence and policy development, and country support. It has produced reports and supported the establishment of country coalitions and leadership training for women, but questioning whether there is a need for it. Questions about its relationship with the Secretariat, which hosts and funds the coalition, and the implications for challenging the UN. There is a concern about duplication with the Secretariat and UNDP.
- UNAIDS has done poorly in establishing global and country partnerships with organizations working on gender, and the Secretariat and cosponsors have not reached out effectively. Concerns raised that women’s organizations not involved in consultations on the action framework or in the UNGASS reporting processes in many countries.
- In all countries visited, UNAIDS’ engagement with ministries responsible for women is confined to bilateral relationships with UNFPA. Engagement at country level has been with networks of

positive women or sex workers. There is little evidence in the 12 countries that UNAIDS has taken a consistent approach to analysis of the gender dimensions of the epidemic. Gender and HIV activities are mostly implemented individually by the Secretariat and cosponsors, rather than as part of a joint team approach, and are therefore fragmented and uncoordinated.

- National capacity on gender and HIV remains weak. Gender issues in national HIV strategies are not linked to other national plans and National AIDS Commissions (NACs) and CCMs do not engage with women's organizations or government ministries, and there is a lack of capacity to translate commitments into programmatic action.
- The UNAIDS review of progress in implementing the recommendations of the Secretary General's Task Force found that gender and HIV action plans were not linked to wider planning and budgeting processes, organizations addressing harmful gender norms were not well funded or included in national responses, and there had been a focus on policy and advocacy with insufficient attention to defining and supporting programmatic responses.
- UNGASS reporting by countries on indicators disaggregated by sex has increased, attributed in part to UNAIDS' support.
- MSM and transgender issues have not been well addressed by UNAIDS until recently.
- There has been a range of policy and advocacy work by cosponsors, together with inclusion of MSM indicators in the UNGASS 2008-2010 reporting framework, but these initiatives have yet to be well integrated into agencies' overall HIV strategies.
- UNDP has taken forward the agenda on sexual minorities since establishing a team of staff, developing an action framework on universal access for MSM and transgender which sets out clear objectives and roles and responsibilities of the Secretariat, UNDP and other cosponsors, and a series of practical actions, as well as a Request for Proposals to encourage UNDP and joint team work on MSM issues at country level.
- There has been good work on sexual minorities at the regional level: West and Central Africa, Pacific, and Latin America and the Caribbean.
- UNAIDS has been more effective in its work on sexual minorities than on gender norms.

Relevant Recommendations: 14, 2