



**Joint Meeting of the Executive Boards
of UNDP/UNFPA, UNICEF and WFP
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Background document

**Agenda item 3: HIV/AIDS: Follow-up to the recommendations
of the Global Task Team**

Background Paper for the Joint Meeting of the Executive Boards, January 2006

Follow-up to the Recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

I. Introduction

1. Within the context of the growing global AIDS crisis, United Nations reform processes and the Paris Declaration on aid effectiveness, the *Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors* was formed in March 2005 to strengthen the institutional architecture of the HIV/AIDS response. The team proposed ten recommendations to improve coordination, harmonization and alignment of efforts to support national responses. The recommendations, which are aimed at multilateral institutions, international partners and national stakeholders, were developed to address several major challenges, including: insufficient harmonization of support from multilateral institutions with national priorities; uneven coordination of United Nations system responses at the country level; inadequate financing for technical support to address implementation bottlenecks; insufficient accountability, monitoring and evaluation; and lack of broad-based national ownership of AIDS responses in a number of countries.

2. The Global Task Team recommendations focus on four key areas: (a) empowering inclusive national leadership and ownership; (b) alignment and harmonization; (c) reform for a more effective multilateral response; and (d) accountability and oversight. They are aimed at ensuring that the work of multilateral institutions, international partners, governments and civil society promotes the ‘Three Ones’ principles for coordination of national responses and “making the money work.”¹ While countries are now receiving more funding than ever before from a variety of sources – including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the United States President’s Emergency Plan for AIDS Relief and the World Bank – they are often unable to implement necessary programmes due to insufficient or overstretched technical and human resource capacities. A central pillar, therefore, is ensuring national ownership of HIV/AIDS plans and processes and reducing transaction costs and the burden of parallel project implementation and reporting requirements.

Endorsement of Global Task Team recommendations

3. The Global Task Team recommendations have been well received by the cosponsoring organizations of the Joint United Nations Programme on HIV/AIDS (UNAIDS), international partners and national Governments, and were welcomed and supported in the 2005 World Summit outcome document of the United Nations General Assembly. The recommendations were endorsed by the UNAIDS Programme Coordinating Board in June 2005 and by the Executive Boards of UNDP/UNFPA and UNICEF in September 2005, and will be submitted to the Executive Board of the World

¹ ‘Three Ones’ principles: One national coordinating authority, one national action framework, and one national monitoring and evaluation system.

Food Programme (WFP) for endorsement at its May 2006 annual session. The Executive Boards of UNDP/UNFPA, the United Nations Children's Fund (UNICEF) and WFP requested that the HIV/AIDS segment of their joint meeting in January 2006 provide an update on follow-up to the recommendations of the Global Task Team. The recommendations have also been presented to the governing board of the World Bank and endorsed by the Global Fund Board, and they will be submitted to the boards of the remaining UNAIDS cosponsors in 2006.

II. Implementation of Global Task Team recommendations

4. The UNAIDS secretariat and cosponsors have prioritized implementation of the Global Task Team recommendations. A joint roll-out framework, consisting of 25 actions identified from the recommendations, has been developed, with one multilateral organization acting as focal point for each action with support from implementing partners. The UNAIDS secretariat is monitoring the overall implementation of the recommendations and will report on progress to global forums, including to the UNAIDS Programme Coordinating Board in June 2006.

5. While implementation of all the recommendations is a priority, this report focuses on those specific actions for which UNDP, UNFPA, UNICEF and WFP are most directly accountable. As described below, progress has already been made in rolling out these measures, and priority has been placed on ensuring that implementation plans support country-led processes and further the achievement of sustainable results.

UNAIDS division of labour and consolidated United Nations technical support plan

6. In response to the Global Task Team recommendation for a clearer division of labour, the UNAIDS cosponsors and secretariat established the *UNAIDS technical support division of labour* based on the respective comparative advantages of each team member (recommendation 3.3). The division of labour identifies a lead organization and main partners for 17 areas of technical support, providing a tool for improving coordination of United Nations system support and strengthening accountability. The lead organization serves as a single entry-point for government and other relevant country-level stakeholders requiring technical support, and is primarily responsible for coordinating the provision and/or facilitation of support. (see annex: UNAIDS technical support division of labour)

7. In addition, the *United Nations consolidated technical support plan for AIDS* was developed to help accelerate and improve implementation of multilateral funding initiatives such as GFATM and the World Bank-supported multi-country HIV/AIDS programme for Africa (MAP). The plan estimates technical support needs for 45 high priority countries for 2006-7, and details key areas of support that will be provided by the Cosponsors and Secretariat. The activities outlined in the plan are in addition to those already covered by the 2006-2007 UNAIDS unified budget and work plan. Together with the division of labour, the technical support plan responds to the need for greater alignment and harmonization among partners, and is aimed at helping countries to address short- and medium-term bottlenecks that hinder the scaling up of programmes.

The plan was presented at the Global Fund replenishment meeting in September 2005, and although it has been well received by donors and other partners, it has yet to be adequately funded.

8. The UNAIDS secretariat and cosponsors are intensifying efforts to ensure that the division of labour results in more effective, coordinated programming at the country, regional and global levels. UNDP, UNFPA, UNICEF and WFP are strengthening internal capacities to provide support under their lead areas and are working, together with the other cosponsors, to address the implementation bottlenecks identified in the technical support plan.

9. As the lead organization for *HIV/AIDS, development, governance, mainstreaming, human rights and gender*, UNDP has realigned its strategic areas of focus to reflect this lead role more clearly. The organization has revised its three HIV/AIDS service lines and is strengthening support to countries, including by developing capacities of existing staff and increasing the number of staff dedicated to HIV/AIDS at the regional and country levels. UNDP is also working to improve coordination under its lead areas; for example, a global governance and development planning consultation was convened in November 2005 with participation from the UNAIDS secretariat and cosponsors, donors and national partners. As a result, a reference group on HIV/AIDS and governance has been established and a framework outlined for governance-related diagnosis and support at the country level, to be facilitated through the Resident Coordinator system. In early 2006, UNDP and the UNAIDS secretariat will host an inter-agency technical meeting on HIV/AIDS and human rights to map and review global, regional and country activities of all cosponsors. In addition, along with the World Bank and the UNAIDS secretariat, UNDP is working to support more effective mainstreaming of HIV/AIDS into Poverty Reduction Strategy Papers (PRSPs).

10. The lead responsibilities of UNFPA in the area of *provision of information and education, condom programming, prevention for young people outside schools and prevention efforts targeting vulnerable groups* connect soundly with efforts to strengthen linkages between sexual and reproductive health (SRH) and HIV/AIDS. In collaboration with the International Planned Parenthood Federation (IPPF), the UNAIDS secretariat and WHO, UNFPA has produced a framework for priority linkages and an annotated inventory of related tools and case studies. In partnership with EngenderHealth, the International Community of Women Living with HIV, IPAS, IPPF, WHO and others, significant progress has been made in preparing an operational framework on SRH for women living with HIV. Guiding inter-agency collaboration on young people, UNFPA and cosponsors and partners such as YouthNet are fostering youth participation, including within national development processes, and UNFPA has collaborated with Futures Group and other partners to survey costing and coverage of services targeting young people. UNFPA and UNICEF are discussing joint programming guidance, including for very young adolescents (10-14 years), and prevention of mother-to-child transmission (PMTCT). Concerning vulnerable populations, UNFPA, the UNAIDS secretariat and partners are developing a comprehensive United Nations response strategy addressing HIV/AIDS and sex work. The UNFPA-led global programme to enhance

reproductive health commodity security, launched in 2005, is a five-year programme targeting all developing countries plus 15 'first-wave' countries. The programme focuses on stimulating national efforts to meet all sexual and reproductive health commodity needs and encompassing male and female condom programming (including dual protection). In 2006, UNFPA will continue to increase its resources to support national responses to HIV/AIDS and to meet the challenges of achieving universal access to reproductive health.

11. UNICEF and WHO are the lead organizations for *prevention of mother-to-child transmission*, and UNICEF is also the lead organization for *care and support for people living with HIV/AIDS, orphans and vulnerable children, and affected households* and for *procurement and supply management, including capacity-building*. In October 2005, UNICEF, UNAIDS and partners launched a Global "Unite for Children, Unite against AIDS" campaign. The aim is to rapidly take to scale programmes for primary prevention, paediatric AIDS treatment, 'PMTCT Plus', and protection for children affected by HIV/AIDS. Using the campaign as a platform for joint action, UNICEF will develop specific partnerships with other UNAIDS cosponsors to position children more centrally in the HIV/AIDS agenda; discussions have already taken place with WHO and WFP. Inter-agency task teams and global partners' forums on children affected by HIV/AIDS, PMTCT and paediatric AIDS are paving the way for joint programming. For example, UNFPA and UNICEF are strengthening collaboration to carry out the comprehensive strategy on prevention of mother-to-child transmission, and recently endorsed the related 'Abuja call to action', preparatory to the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA). In the area of procurement and supply management, UNICEF is working with other agencies to identify bottlenecks, propose solutions and evaluate progress on building national capacity. UNICEF is also planning to increase its HIV/AIDS-related expenditure from 9 to 14 per cent of total programme expenditures over the next four years.

12. WFP is the lead organization in the area of *dietary/nutrition support*, and co-lead with UNHCR in the area of *humanitarian emergencies*. WFP and the Office of the United Nations High Commissioner for Refugees (UNHCR) are working to ensure that HIV/AIDS is incorporated as a cross-cutting issue in the current Interagency Standing Committee cluster system for improving humanitarian responses, and WFP is working with governments, UNAIDS cosponsors and other partners to ensure that nutritional support is integrated in care and treatment programmes, including PMTCT programmes. WFP uses its school feeding, food-for-work, and food-for-training programmes to promote HIV prevention and awareness activities. Food distribution sites in refugee and internally displaced persons' camps have also proven to be effective platforms for the dissemination of HIV-prevention messages. Through the launch of 'wellness centres', WFP is also ensuring that workers who are key to emergency operations, including port and other transport workers, have access to information and services to prevent HIV and sexually-transmitted infections.

Joint United Nations teams on AIDS at the country level

13. In order to develop a more coherent and cohesive United Nations system response to HIV/AIDS, the Global Task Team recommended the establishment of joint United Nations teams on AIDS at the country level – which will develop unified United Nations country support programmes on AIDS – within the context of national planning frameworks (recommendation 3.1). The Secretary-General has directed all Resident Coordinators to establish joint United Nations teams on AIDS, and the UNAIDS secretariat and the United Nations Development Group are working to ensure that joint teams are functional in a first phase of up to 10 countries. The joint teams will work under the authority of the Resident Coordinator system and the overall guidance of the United Nations country team, with UNAIDS Country Coordinators providing facilitation. The teams will consist of operational level staff working on HIV/AIDS, and their joint programmes will include United Nations technical support plans. Theme groups on HIV/AIDS will continue to function, focusing on ensuring policy coherence and strengthened advocacy for national efforts. The establishment of the joint teams will enable United Nations system organizations to better coordinate implementation of joint programmes and individual activities that reflect the agreed division of labour among UNAIDS cosponsors.

Enhanced Programme Acceleration Funds (PAF)

14. The Global Task Team recommended the expansion and refocusing of the PAF to provide greater assistance to countries, and urged enlarging its scope to finance technical support by the United Nations system, local entities and regional institutions, among others (recommendation 3.4). The UNAIDS secretariat, UNDP, UNFPA, WHO, the World Bank and representatives of civil society established a working group to clarify how an enhanced PAF mechanism could be effectively set up for rapid disbursement while maintaining accountability. The aim is to scale up funding for the provision and facilitation of technical assistance, including implementation of the consolidated United Nations technical support plan. The working group has developed a proposal for an enhanced PAF mechanism to provide assistance through country-led participatory processes.

Global Joint Problem Solving and Implementation Support Team

15. The Global Task Team recommended the establishment of a United Nations system-Global Fund problem-solving team to support efforts to address country-level implementation bottlenecks (recommendation 3.2). In response, the global joint problem-solving and implementation support team (GIST) was established as a forum for international and multilateral partners to mobilize and harmonize effective support to address bottlenecks, challenges and obstacles to accelerated implementation of national AIDS responses. In its initial phase, GIST is focusing on United Nations system-Global Fund joint problem-solving. Its core members – the Global Fund, the UNAIDS secretariat, UNDP, UNFPA, UNICEF, WHO and the World Bank– hold monthly meetings with country-level partners to review technical support requests and needs assessments submitted by countries, and to decide on prompt, results-oriented action. So

far, the team has assessed needs and provided support for the Caribbean sub-region, as well as for ten countries: Bolivia, Comoros, Guinea Bissau, Honduras, Mozambique, Myanmar, Nepal, Niger, Nigeria and Senegal.

16. Niger provides a good example of the work GIST has already achieved within a relatively short time. The country has experienced difficulties in reaching Global Fund AIDS grant targets with subsequent delays in receiving grant disbursements. The Government of Niger requested support from GIST – and WHO, UNAIDS, the Global Fund and the German Agency for Technical Cooperation (GTZ) undertook a joint technical support needs assessment mission to the country. Based on the results of the needs assessment, GIST members and GTZ made specific commitments and began providing immediate technical support in two key areas: (a) procurement, management and distribution of antiretroviral medicines; and (b) policy, management and harmonization; in order to help Niger unblock its Global Fund grant. UNDP and the UNAIDS regional support team for West and Central Africa are providing technical assistance and funding initiatives to strengthen the capacity of the country coordination mechanism and promote the involvement of civil society.

17. In Guinea Bissau, priorities include improvement of the functioning of AIDS coordination mechanisms, development of synergies to scale up the national response, and strengthening of procurement and supply management capacities. The UNAIDS secretariat, UNDP and the World Bank have worked together to increase the delivery of programmes funded through both Global Fund and MAP resources, and to simplify procedures relating to management and procurement. UNICEF has assessed the distribution systems for supplies, and has identified strategies that will enable hospitals and clinics to distribute anti-retrovirals and other AIDS supplies more effectively.

Mainstreaming HIV/AIDS into Poverty Reduction Strategy Papers

18. In line with the Global Task Team recommendation on ensuring that resources and technical support are made available for integrating AIDS more fully into PRSPs, the UNAIDS secretariat, UNDP and the World Bank have launched a joint initiative to support countries in PRSP mainstreaming (recommendation 1.2). The initiative is providing technical support for integrating HIV/AIDS into new PRSPs more effectively, and for improving mainstreaming and implementation modalities in existing PRSP processes.

19. Coordinated by UNDP, this support is being provided through regional trainings and country-level technical assistance. A central committee, comprised of representatives from UNAIDS, UNDP, the World Bank, and key resource persons, was formed in August 2005, and \$1.2 million was mobilized to support implementation of the first phase of the initiative. A review of existing PRSP mainstreaming guides and tools has been undertaken, and training materials have been developed. Based on a preliminary analysis of PRSP status, seven countries were selected for the initiative and began rollout in 2005: Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania and Zambia. Country assessment missions were undertaken in the seven countries and issues papers developed for each country. In November 2005, a regional capacity-building workshop was held in

Johannesburg, where country representatives developed individual country action plans. The initiative is providing technical and financial resources to implement country follow-up activities, and UNAIDS cosponsors will be contributing to this process. In 2006, the initiative will be expanded to a number of additional countries, including Albania, Burkina Faso, Burundi, Guyana, Kenya, Madagascar, Malawi, Mozambique, Uganda and Vietnam.

III. Challenges and priorities

20. The Global Task Team recommendations provide a strong basis for accelerating and strengthening efforts to halt the spread of HIV/AIDS by improving the coordination and harmonization of support to national responses. In a relatively short time, the UNAIDS cosponsors and secretariat have made significant progress in implementing the recommendations. While these efforts will continue to unfold, it is important to maintain the momentum that has been generated in the months following the recommendations, particularly at the country level.

21. The UNAIDS division of labour has provided a framework for reducing duplication of activities among cosponsors, and for clarifying roles, responsibilities and accountabilities. In order to support national leadership and ownership effectively and strengthen alignment to national processes, it is imperative that the agreed lead roles and responsibilities are clearly articulated, adapted and applied at country and regional levels. This requires a coherent understanding of the lead agency concept and its role as a framework for all United Nations country teams, as well as the involvement, commitment and support of national stakeholders and international donors. For example, United Nations theme groups will need to adapt the division of labour to meet country needs and priorities and report their decisions formally to country-level stakeholders.

22. In implementing their lead roles, UNAIDS cosponsors must continue to prioritize and mainstream HIV/AIDS response more effectively within their organizations. Adequate human and financial resource capacities are needed for cosponsors to deliver on the agreed UNAIDS division of labour and the United Nations consolidated technical support plan. In turn, support from international donors to fund the plan is necessary for its effective roll-out in order to overcome implementation bottlenecks.

23. Finally, the Global Task Team recommendations provide an important platform for advancing national, regional and global efforts to achieve the goals of the Declaration of Commitment on HIV/AIDS and the Millennium Development Goal of halting the spread of HIV/AIDS. The synergies that have resulted from the Global Task Team process are helping to promote and support effective operationalization and integration of the *UNAIDS Prevention Action Plan* and the initiative on *scaling up towards universal access to HIV prevention, treatment, care and support*.²

² The UNAIDS Prevention Action Plan will be shared with the UNAIDS Programme Coordinating Board in December 2005.