

MOPAN 2015-16 Assessments

**Joint United Nations Programme
on HIV/AIDS (UNAIDS)**

Institutional Assessment Report



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Preface

ABOUT MOPAN

The Multilateral Organisation Performance Assessment Network (MOPAN) is a network of donor countries with a common interest in assessing the effectiveness of multilateral organisations. Today, MOPAN is made up of 18 donor countries: Australia, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Luxembourg, the Netherlands, Norway, Korea, Spain, Sweden, Switzerland, the United States of America and the United Kingdom. Together, they provide 95% of all development funding to multilateral organisations.

The mission of MOPAN is to support its members in assessing the effectiveness of the multilateral organisations that receive development and humanitarian funding. The Network's assessments are primarily intended to foster learning, and to identify strengths and areas for improvement in the multilateral organisations. Ultimately, the aim is to improve the organisations' contribution to overall greater development and humanitarian results. To that end, MOPAN generates, collects, analyses and presents relevant information on the organisational and development effectiveness of multilateral organisations. The purpose of this knowledge base is to contribute to organisational learning within and among multilateral organisations, their direct clients, partners, and other stakeholders. MOPAN members use the findings for discussions with the organisations and with their partners, and as ways to further build the organisations' capacity to be effective. Network members also use the findings of MOPAN assessments as an input for strategic decision-making about their ways of engaging with the organisations, and as an information source when undertaking individual reviews. One of MOPAN's goals is to reduce the need for bilateral assessments and lighten the burden for multilateral organisations. To that end, MOPAN members are closely involved in identifying which organisations to assess and in designing the scope and methodology of the assessments to ensure critical information needs are met.

MOPAN 3.0 — A reshaped assessment approach

MOPAN carries out assessments of multilateral organisations based on criteria agreed by MOPAN members. Its approach has evolved over the years. The 2015-2016 cycle of assessments uses a new methodology, MOPAN 3.0. The assessments are based on a review of documents of multilateral organisations, a survey of clients and partners in-country, and interviews and consultations at organisation headquarters and in regional offices. The assessments provide a snapshot of four dimensions of organisational effectiveness (strategic management, operational management, relationship management and performance management), and also cover a fifth aspect, development effectiveness (results). Under MOPAN 3.0, the Network is assessing more organisations concurrently than previously, collecting data from more partner countries, and widening the range of organisations assessed. Due to the diversity of the organisations' mandates and structures, MOPAN does not compare or rank them.

MOPAN assessed 12 multilateral organisations in the 2015-2016 cycle. They are the African Development Bank (AfDB); Gavi; the Global Fund to Fight Aids, Tuberculosis and Malaria (The Global Fund); the Inter-American Development Bank (IDB); the International Labour Organization (ILO); the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Development Programme (UNDP); the United Nations Environment Programme (UNEP); UN-Habitat; the United Nations Children's Fund (UNICEF); the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA); and the World Bank.

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We would like to thank all participants in the MOPAN 2015-2016 assessment of UNAIDS. UNAIDS' senior management and staff made valuable contributions throughout the assessment, in particular in relation to the document review and headquarters interview processes, and they provided lists of their direct partners and co-sponsors to be surveyed. Survey respondents contributed useful insights and time to respond to the survey. The MOPAN Institutional Lead, Luxembourg, represented MOPAN in this assessment, liaising with UNAIDS throughout the assessment and reporting process. MOPAN members provided the MOPAN Country Facilitators who oversaw the process in the partner countries where the survey took place.

Roles of authors and the MOPAN Secretariat

The MOPAN Secretariat, led by Björn Gillsäter (until early May 2016) and Chantal Verger (since then), worked in close co-operation with the MOPAN Technical Working Group and IOD PARC on all methodological aspects. Together they developed the Key Performance Indicators (KPIs) and micro-indicators (MIs), designed the survey and its methodology, and defined the approach to the document review. The MOPAN Secretariat drew up lists of survey respondents with the help of MOPAN members and the multilateral organisations being assessed, and approved the final survey questionnaire. IOD PARC carried out the survey in partnership with Ipsos mori. It also analysed the survey, carried out the document reviews, conducted the interviews, analysed the data and drafted the reports. The MOPAN Secretariat oversaw the design, structure, tone and content of the reports, liaising with MOPAN's Institutional Leads and the focal points of the multilateral organisations. Jolanda Profos from the MOPAN Secretariat provided the oversight for this UNAIDS report.

IOD PARC is an independent consultancy company specialising on performance assessment and managing change in the field of international development. Through this blended expertise IOD PARC helps organisations, partnerships and networks identify the needs, chart the journey and deliver improved performance to achieve greater impact.

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Acronyms and abbreviations

| | | | |
|--------|---|----------|--|
| AA | Administrative Agent | MSM | Men who have sex with men |
| AIDS | Acquired immunodeficiency syndrome | NASA | National AIDS spending assessment |
| CCO | Committee of Cosponsoring Organisations | NGO | Non-governmental organisation |
| CSO | Civil society organisation | PALMS | Performance and Learning Management System |
| DFID | Department for International Development (United Kingdom) | PCB | Programme Coordinating Board |
| EALA | East African Legislative Assembly | PLHIV | People living with HIV |
| PMTCT | Prevention of mother-to-child transmission | PUNO | Participating UN organisation |
| ECOSOC | United Nations Economic and Social Council | PWID | People who inject drugs |
| ERP | Enterprise resource planning system | RST | Regional support team |
| GBV | Gender-based violence | SDG | Sustainable Development Goal |
| GF | The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) | TASO | The AIDS Support Organisation |
| GIPA | Greater Involvement of People living with HIV | TB | Tuberculosis |
| GNP+ | Global Network of People Living with HIV | UAC | Uganda AIDS Commission |
| HIV | Human immunodeficiency virus | UBRAF | Unified Budget, Results and Accountability Framework |
| IATI | International Aid Transparency Initiative | UBW | Unified Budget and Workplan |
| ILO | International Labour Organization | UCD | UNAIDS country director |
| INGO | International non-governmental organisation | UN | United Nations |
| IPSAS | International Public Sector Accounting Standards | UNAIDS | Joint United Nations Programme on HIV/AIDS |
| JPMS | Joint programme monitoring system | UNDP | United Nations Development Programme |
| JUSPA | Joint UN Programme of Support on AIDS | UNESCO | United Nations Educational, Scientific and Cultural Organization |
| KPI | Key Performance Indicator | UNFPA | United Nations Population Fund |
| MARPs | Most-at-risk populations | UNHCR | United Nations High Commissioner for Refugees (the Refugee Agency) |
| MENA | Middle East and North Africa | UNICEF | United Nations Children's Fund |
| MGLSD | Ministry of Gender, Labour and Social Development (Uganda) | UNODC | United Nations Office on Drugs and Crime |
| MI | Micro-indicator | UN-SWAP | United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women |
| MOPAN | Multilateral Organisation Performance Assessment Network | UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| | | WFP | World Food Programme |
| | | WHO | World Health Organization |

Executive summary

This institutional assessment of UNAIDS (specifically its Secretariat) covers the period from 2014 through mid-2016. Applying the MOPAN 3.0 methodology, the assessment considers organisational systems, practices and behaviours, as well as the results UNAIDS achieves. The assessment considers five performance areas: four relate to organisational effectiveness (strategic management, operational management, relationship management and performance management) and the fifth relates to development effectiveness (results). It assesses UNAIDS's performance against a framework of key indicators and associated micro-indicators that comprise the standards that characterise an effective multilateral organisation, and gives an overview of its performance trajectory. MOPAN last assessed UNAIDS in 2012.

Context

UNAIDS

- It was established by United Nations Economic and Social Council in 1994 to undertake a joint and co-sponsored UN programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility.
- It comprises 11 UN cosponsoring organisations: UNDP, UNICEF, UNFPA, WHO, UNESCO, the World Bank, UNODC, ILO, WFP, UNHCR and UN Women.
- It is accountable to the Programme Coordinating Board, its governing body, comprises representatives of 22 governments, the 11 Cosponsors and five representatives of non-governmental organisations.
- It works through five focus areas aimed at driving a more effective global response to HIV and AIDS.
- It is funded through voluntary contributions from governments, corporations and civil society organisations, and has recently experienced a financial crisis.
- It has been carrying out major organisational reform processes during its 2011-15 and 2016-21 strategic planning periods.

Organisation at a glance

- Established in 1994
- Expenditure: USD 477 million (2015)
- Active in 92 countries
- Over 750 core staff
- Secretariat operates through:
 - Geneva headquarters
 - 6 regional offices
 - 86 country offices

Overall performance

The 2016 MOPAN assessment concludes that while performance can be improved in some areas, following institutional reform processes, the UNAIDS Secretariat meets most of the requirements of an effective multilateral organisation.

Its partners and the Cosponsors still highly value UNAIDS, and stakeholders continue to recognise its strengths in building partnerships, particularly at national and regional levels. At the same time, some partners have voiced concerns relating to decision making and accountability.

UNAIDS has built on its experience in developing the “*getting to zero*” strategy. It has also used an effective consultative approach to broker agreement on the new strategic plan and on the highly ambitious 2016 Political Declaration on HIV and AIDS, adopted by the General Assembly in 2016.

There are signs of considerable progress from the last MOPAN assessment in 2012, as well as areas where attention is still needed. The continued commitment by UNAIDS to organisational development has brought

further positive changes in terms of a shift to a more field-based organisation, reductions in overall staffing levels, and systems that ensure greater individual accountability for results. Considerable progress has been made in moving to more results-based reporting and, particularly, in the use of performance indicators, baselines and targets. However, there is still work to be done. Progress is needed to ensure that evaluative and more analytical data are both available and used in programmatic decision-making. Similarly there is evidence that UNAIDS' structure has been further developed to ensure mutual accountability, for example through the development of the Joint Programme Monitoring System. However, tensions remain and have been exacerbated by the current financial crisis, raising some concerns about the Secretariat's commitment to participatory decision making.

Key strengths and areas for improvement for UNAIDS

Key strengths

- **Contribution to change**, particularly in tackling stigma and discrimination
- **Use of strategic information**, working to gather, analyse and utilise information on the epidemic
- **Use of convening power and partnerships**, bringing stakeholders together to reach consensus
- **National level co-ordination** to ensure key stakeholders have a voice in decision making
- **Systems for mutual accountability** to enable partners to see and track contributions to global targets
- **Commitment to organisational change** to ensure it is fit for purpose

Areas for improvement

- **Organisational architecture** and ensuring this is congruent with its vision and operating model
- **Cross-cutting issues**, including clear guidance and systems, plus integrating environmental sustainability and climate change
- **Financial resources**, including improved forward planning and engagement with Cosponsors for joint resource mobilisation
- **Global-level co-ordination and co-operation**, including transparency in decision making at the highest level
- **Evidence of effectiveness and impact** through evaluative or more analytical data than currently



INTRODUCTION



1.1 The Joint United Nations Programme on HIV/AIDS

Mission and mandate

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established by United Nations Economic and Social Council Resolution 1994/24 in 1994 to “undertake a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility”. The UN combined the expertise, resources and networks of various agencies to draw together six UN bodies in a joint and cosponsored programme, the Joint United Nations Programme on HIV/AIDS (UNAIDS), co-ordinated by the UNAIDS Secretariat in Geneva. The original six UN Cosponsors were the UNDP, UNICEF, UNFPA, WHO, UNESCO and the World Bank. The United Nations Office on Drugs and Crime joined as a Cosponsor in 1999, ILO in 2001, WFP in 2003, UNHCR in 2003, and UN Women in 2012.

The original United Nations Economic and Social Council resolution set out six programme objectives, namely to:

- Provide global leadership in response to the epidemic
- Achieve and promote global consensus on policy and programme approaches
- Strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at country level
- Strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities
- Promote broad-based political and social mobilisation to prevent and respond to HIV/AIDS
- Advocate greater political commitment at global and country levels including the mobilisation and allocation of adequate resources

Governance

UNAIDS is accountable to the Programme Coordinating Board (PCB), its governing body that provides inter-governmental support and oversight. The Programme Coordinating Board comprises representatives of 22 governments from all geographic regions, the 11 Cosponsors (with full rights of participation with the exception of the right to vote), and five representatives of non-governmental organisations, including associations of people living with HIV. The latter are invited to participate in PCB meetings but cannot take part in formal decision making and do not have voting rights. The PCB oversees all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. Meetings take place twice a year and the Executive Director of UNAIDS serves as the Secretary.

UNAIDS is headed by an Executive Director, who is appointed by the Secretary-General of the United Nations, upon the consensus recommendation of the Cosponsoring Organisations. The Executive Director is responsible for the overall management of UNAIDS.

At global level, the Committee of Cosponsoring Organisations (CCO) comprises representatives from the 11 UNAIDS Cosponsors and the UNAIDS Secretariat. It meets twice a year and the Chair rotates annually among all Cosponsors. The CCO serves as the forum for the Cosponsors to meet on a regular basis as a standing

committee of the Programme Coordinating Board, to consider matters of major importance to UNAIDS, and to provide input from the cosponsoring organisations regarding UNAIDS policies and strategies.

At regional and country level, UNAIDS facilitates co-ordination among the cosponsoring organisations where present. Cosponsors are expected to incorporate UNAIDS policies and technical guidance into their respective policies and actions, which are aligned with the Unified Budget, Results and Accountability Framework (UBRAF) and respective national priorities.

Organisational structure

The UNAIDS Secretariat headquarters are in Geneva. UNAIDS had a staff of 820 in 2014-15, which has been reduced to 788 by the end of 2015, with around 30% based in Geneva and 70% in the countries and regions. Six regional support teams (Eastern and Southern Africa, West and Central Africa, Middle East and North Africa, Asia and Pacific, Latin America and the Caribbean, Eastern Europe and Central Asia) oversee UNAIDS staff working in country offices around the world.

Strategy and services

UNAIDS has five focus areas aimed at driving a more effective global response to HIV and AIDS, based on the original programme objectives:

- Mobilising leadership and advocacy for effective action on the epidemic
- Providing strategic information and policies to guide efforts in the AIDS response worldwide
- Tracking, monitoring and evaluation of the epidemic as the world's leading resource for AIDS-related epidemiological data and analysis
- Engaging civil society and developing partnerships
- Mobilising financial, human and technical resources to support an effective response

UNAIDS has two relevant strategic plans: the 2011-15 "*getting to zero*" strategy and the recently approved 2016-21 strategy, "*On the Fast Track to End AIDS*". The Unified Budget, Results and Accountability Frameworks set out the results areas and outputs and the core budgets for achieving these, in support of both strategies.

In December 2014, the UNAIDS Programme Coordinating Board asked the Executive Director to undertake a multi-stakeholder consultative process to update and extend the UNAIDS 2011–2015 strategy. A series of consultations were held: ten regional consultations, including seven in the regions where UNAIDS works; two online global consultations, to give the process a broader reach; and a global consultation in Geneva in April 2015, with participants from 50 Member States, all Cosponsors and four NGOs on the Programme Coordinating Board. A draft outline of the strategy was presented to the Programme Coordinating Board in June 2015 and the final draft was shared in September 2015, before the Board approved the final "*On the Fast Track to End AIDS*" 2016-21 strategy in October 2015.

The High-Level Meeting on Ending AIDS in June 2016 in New York built on the framework created by the new strategy. UNAIDS organised another series of virtual dialogues on important topics, including gender, key populations and youth. The Secretary General's Meeting Report noted an unparalleled opportunity to end one of the most devastating modern health challenges, and to build on the momentum of the AIDS

response to accelerate results across the sustainable development agenda. The meeting resulted in the adoption by the UN General Assembly of the ambitious “*Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030*”. The declaration recommits the global community to the UNAIDS 90-90-90 treatment target: that by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression. The declaration also commits to the target of ending the AIDS epidemic by 2030.

Finances

In 2012-13 and 2014-15 UNAIDS had a core budget of nearly USD 485 million per biennium, USD 310 million of which was allocated to the Secretariat.

Since 2008-09 UNAIDS has worked within a core budget that has not increased. In 2016, however, its core income is reduced by nearly 30%, which will require UNAIDS to reduce costs while also seeking to achieve the ambitious targets set out in the new strategy.

The ECOSOC Resolution that established the Joint Programme envisaged that the co-sponsors would contribute some of their own resources to its activities. However, over the years the budget of the UNAIDS Joint Programme has been funding both the Secretariat and a core HIV budget for the Co-Sponsors, which can be argued created a certain dependence on the side of the co-sponsors.

Organisational change initiatives

The Secretariat has been carrying out organisational changes throughout the periods of the 2011- 2015 and 2016-21 strategies. The organisation undertook a major realignment of resources in 2011-12, after the “getting to zero” strategy was approved, with a focus on achieving a 70:30 ratio of staff in the field and headquarters, respectively. The realignment also focused on reducing the number of posts in UNAIDS: from 904 in 2011, to 819 in 2013, and to 788 staff in 2016.

1.2 The assessment process

Assessment framework

This MOPAN 3.0 assessment covers the period from 2014 to mid-2016 and looks specifically at the UNAIDS Secretariat. It addresses organisational systems, practices and behaviours, as well as results achieved during the latter period of the 2011-15 strategy and the start of the 2016-21 strategy period. The assessment focuses on five performance areas. The first four performance areas, relating to organisational effectiveness, each have two Key Performance Indicators. The fifth performance area (results), relating to development effectiveness, is comprised of four KPIs.

Each KPI is based on a set of micro-indicators (MIs) that, when combined, enable assessment against the relevant KPI. The full set of KPIs and MIs is available in Annex 1.

Table 1: Performance Areas and Key Performance Indicators

| Performance Area | KPI |
|-------------------------|--|
| Strategic Management | KPI 1: Organisational architecture and financial framework enable mandate implementation and achievement of expected results |
| | KPI 2: Structures and mechanisms in place and applied to support the implementation of global frameworks for cross-cutting issues at all levels |
| Operational Management | KPI 3: Operating model and human/financial resources support relevance and agility |
| | KPI 4: Organisational systems are cost- and value-conscious and enable financial transparency/accountability |
| Relationship Management | KPI 5: Operational planning and intervention design tools support relevance and agility (within partnerships) |
| | KPI 6: Works in coherent partnerships directed at leveraging and/or ensuring relevance and catalytic use of resources |
| Performance Management | KPI 7: Strong and transparent results focus, explicitly geared to function |
| | KPI 8: Evidence-based planning and programming applied |
| Results | KPI 9: Achievement of development and humanitarian objectives and results – e.g. at the institutional/corporate-wide level and regional/country level, with results contributing to normative and cross-cutting goals |
| | KPI 10: Relevance of interventions to the needs and priorities of partner countries and beneficiaries |
| | KPI 11: Results delivered efficiently |
| | KPI 12: Sustainability of results |

UNAIDS' specific role as a Joint Programme involving 11 Cosponsors means that MOPAN's Key Performance Indicators and micro-indicators have been interpreted as appropriate for this assessment. In particular, the normative work of UNAIDS on the HIV and AIDS response has been emphasised within the assessment process.

Lines of evidence

Four lines of evidence have been used in the assessment: a document review, a survey, interviews and consultations. These evidence lines have been collected and analysed in a sequenced approach, with each layer of evidence generated through the sequential assessment process, informed by, and building on, the previous one. See Annex 2 for a list of documents analysed as part of the UNAIDS assessment and Annex 3 for a process map of the assessment. The full methodology for the MOPAN 3.0 assessment process is available at <http://www.mopanonline.org/ourwork/ourapproachmopan30/>.

The following sequence was applied:

- The assessment began with the collection and analysis of over 100 documents. This included a limited number of independent evaluations, of which just 1 evaluation and 2 mid-term reviews were available. An interim version of the document review was shared with UNAIDS. It set out the data extracted against the indicator framework and recorded an assessment of confidence in the evidence for each of the Micro Indicators. UNAIDS provided feedback and further documentation to enable the finalisation of the document review, which was completed in September 2016.
- An online survey was conducted in May 2016 to gather both perception data and an understanding of practice from a diverse set of well-informed partners of UNAIDS. The survey generated a total of 96 responses drawn from 13 countries (Brazil, Burkina Faso, Colombia, Haiti, India, Liberia, Moldova, Mozambique, Nepal, Nigeria, Somalia, Tajikistan, Vietnam), including from donor and national government

representatives, UN agencies, and INGOs and NGOs. An analysis of both the quantitative and qualitative survey data has informed the assessment. Annex 4 presents results of the Partner Survey.

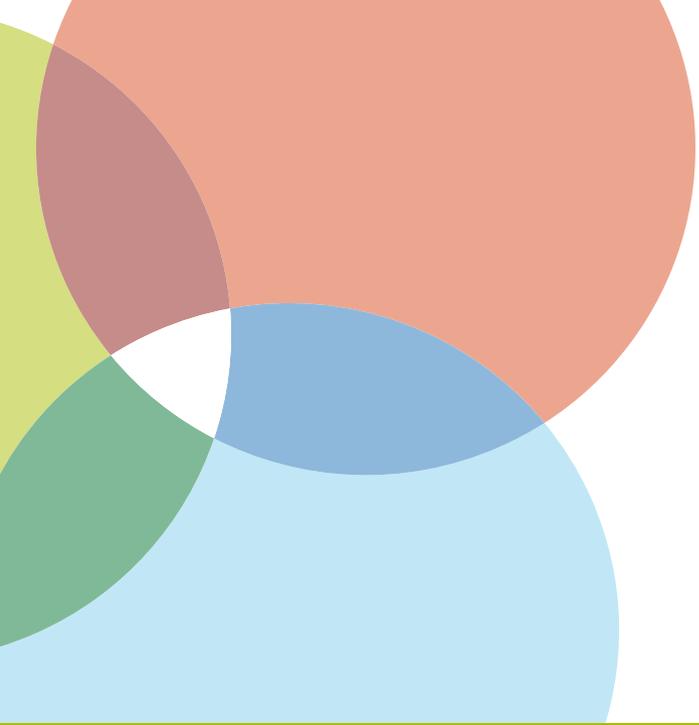
- Interviews and a limited amount of consultations were carried out at the UNAIDS Secretariat in Geneva in June 2016 with 30 senior and technical staff, ensuring coverage of all of the main parts of the organisation. The interviews were further supplemented with telephone interviews with around ten senior staff from regional support teams and country offices and with five representatives of co-sponsoring organisations. The interviews were carried out in a semi-structured way, guided by the findings and evidence confidence levels of the interim document review.
- Discussions were held with the Institutional Leads of the MOPAN 3.0 UNAIDS assessment, as part of the analytical process, to gather insights on current priorities for the organisation from the perspective of MOPAN member countries.

Analysis took place against the MOPAN 3.0 scoring and rating system that assessed data from all evidence lines combined. These scores and the evidence that underpins them form the basis for this report. Annex 1 presents the detailed scoring and rating system as applied to UNAIDS.

The main limitations of the report, in some areas, are limited evaluative evidence available to assess results; and changes underway in UNAIDS' institutional systems which have occurred outside the period of this assessment. This assessment report itself therefore represents only a snapshot view of UNAIDS at a particular moment in time.

1.3 Structure of the report

This report has three sections. Section 1 introduces UNAIDS and the MOPAN 3.0 assessment process. Section 2 presents the main findings of the assessment in relation to each performance area. Section 3 presents the conclusions of the assessment.



2. ASSESSMENT OF PERFORMANCE

2.1 ORGANISATIONAL EFFECTIVENESS

PERFORMANCE AREA: STRATEGIC MANAGEMENT

Clear strategic direction geared to key functions, intended results and integration of relevant cross-cutting priorities

Strategic management: UNAIDS has a strong strategic focus and financial framework, but its organisational architecture is not yet fully congruent with its vision and operating model. With a new strategic plan in place and the Unified Budget, Results and Accountability Framework (UBRAF) providing a single framework aligning results with resources, UNAIDS is well placed to address the ambitious commitments in the 2016 Political Declaration on HIV and AIDS. A reform process to ensure that UNAIDS structures continue to match the strategic focus of the organisation has been ongoing since 2011, although there have been some concerns about the lack of consultation in the process of reorganisation. In recognition that both the UNAIDS Secretariat and its Cosponsors are operating in a very difficult financial context, a review is underway of UNAIDS staffing arrangements. In terms of normative frameworks: human rights and good governance are central principles of UNAIDS' work and gender is strongly reflected in its corporate commitments and the current strategic plan. Environmental sustainability and climate change, however, are not integrated into the organisation's strategic plan or corporate objectives.

SCORING COLOUR CODES

Highly unsatisfactory
(0.00 – 1.00)

Unsatisfactory
(1.01 – 2.00)

Satisfactory
(2.01 – 3.00)

Highly satisfactory
(3.01 – 4.00)

KPI 1: Organisational architecture and financial framework enable mandate implementation and achievement of expected results

KPI 2: Structures and mechanisms in place and applied to support the implementation of global frameworks for cross-cutting issues

KPI 1: Organisational architecture and financial framework enable mandate implementation and achievement of expected results

UNAIDS' performance against this KPI is rated as **highly satisfactory**.

A results-oriented strategic plan, linked to the Sustainable Development Goals: Over the past two years, UNAIDS has developed and set out its strategic direction, using its mandate for collaborative planning and execution to bring the international community together around the issue of HIV and AIDS. UNAIDS used an extensive consultative process to develop a global political consensus which resulted in the UN General Assembly Political Declaration on Ending AIDS in June 2016. This declaration provides the framework for the current 2016-21 strategic plan and is set out in a clear and time-bound vision to fast track the response to AIDS.

This strategic plan, like previous plans, is based on a process of regularly reviewing progress towards the global targets and the progress made by UNAIDS. The strategy is also premised on a clear and explicit analysis of UNAIDS' comparative advantage in addressing the HIV epidemic. These are identified as:

UNAIDS' convening power, its advocacy role, the quality of data it generates, its commitment to confront, and build consensus among, diverse actors, and its proven capacity in multiple sectors that derives from the expertise and experience of its Cosponsors. UNAIDS works towards a coherent, inter-sectoral, evidence-informed and rights-based response, with inclusive governance and mutual accountability at the core. This role appears to be internalised and well understood by management and staff alike.

The 2016-21 strategic plan is the first agency plan in the UN system to be explicitly linked to the Sustainable Development Goals (SDG) and to make clear links to commitments in the Quadrennial Comprehensive Policy Review. The strategic plan was developed in a wide-ranging consultative process that included cosponsoring organisations and other key stakeholders. It established both global targets and results frameworks that are based on five of the Sustainable Development Goals (SDG): good health and well-being; reduced inequalities; gender equality; just, peaceful and inclusive societies and global partnerships. This broad vision is further elaborated in a set of clear organisational outcomes and indicators.

The 2016-21 strategic plan is further elaborated in the Unified Budget, Results and Accountability Framework (UBRAF), which provides a single framework for UNAIDS core funds. A proportion of these funds are allocated as catalytic funding for the 11 Cosponsors; core funds also include other AIDS funds that UNAIDS works to mobilise at country, regional and global levels. The core budget has remained constant since the 2008-09 fiscal year, as agreed with donors, meaning that UNAIDS has faced significant ongoing reductions in its real resourcing as costs have risen.

Reorganisation for improved effectiveness: In 2010 the Secretariat initiated a major reorganisation aimed at making UNAIDS a more field-based organisation in line with its strategic plan. The initiatives concentrated on two strategic areas: first, the optimal deployment of staff and other resources, including championing staff development and innovation; and, second, enhancing the business model for greater effectiveness, efficiency and accountability. Under this process, the Secretariat has reduced the number of staff and is achieving its target ratio of 30:70 for headquarters to field staff, respectively. Prior to reorganisation, the Secretariat implemented both the frameworks for staff rules and regulations of the World Health Organization and the UN Development Programme, which required it to use two separate management systems. Currently, all Secretariat staff have a UNAIDS contract and are governed by a single set of staff regulations and rules.

Some tension remains with Cosponsors on reorganisation, relating to perceived disparities in staffing at the country level between Cosponsors and the Secretariat. Strategies for avoiding duplication and overlap between technical departments of the Secretariat and the Cosponsoring agencies are also not clearly set out, although these are being worked on.

A financial framework under strain: The ongoing process of ensuring that the operating model aligns with UNAIDS' overarching aims began in 2011. Organisational changes are being made in response to the changing needs in tackling HIV and to the limitations of the core budget. UNAIDS' core budget consists entirely of voluntary contributions, whilst at the same time it represents less than 1% of overall funding available for HIV.

The Programme Coordinating Board has requested a review of staffing arrangements of both the UNAIDS Secretariat and the Cosponsors, in recognition that they are operating in a very difficult financial context and have experienced a significant reduction in funding.

UNAIDS' resource mobilisation and allocation also have raised concerns. Given the significant financial crisis facing its core funds, there were concerns that UNAIDS had not sufficiently planned for the challenges

ahead and, as of June 2016, had not presented full contingency plans to the Programme Coordinating Board. The rationale for budget cuts to regional and country offices is also perceived as insufficiently clear or transparent. Decision making around reductions to the core funds allocated to Cosponsors has also been perceived as insufficiently transparent, with a lack of clarity around the rationale for the number and level of Secretariat and Cosponsor organisation staff tasked with implementing the cuts.

KPI 2: Structures and mechanisms in place and applied to support the implementation of global frameworks for cross-cutting issues at all levels

UNAIDS' performance against this KPI is rated as **satisfactory**.

The four cross-cutting areas considered for this assessment are gender equality, good governance, environmental sustainability and human rights. Good governance is interpreted by MOPAN as peaceful and inclusive societies for sustainable development; reduced inequality; access to justice for all; and effective, accountable and inclusive institutions at all levels.

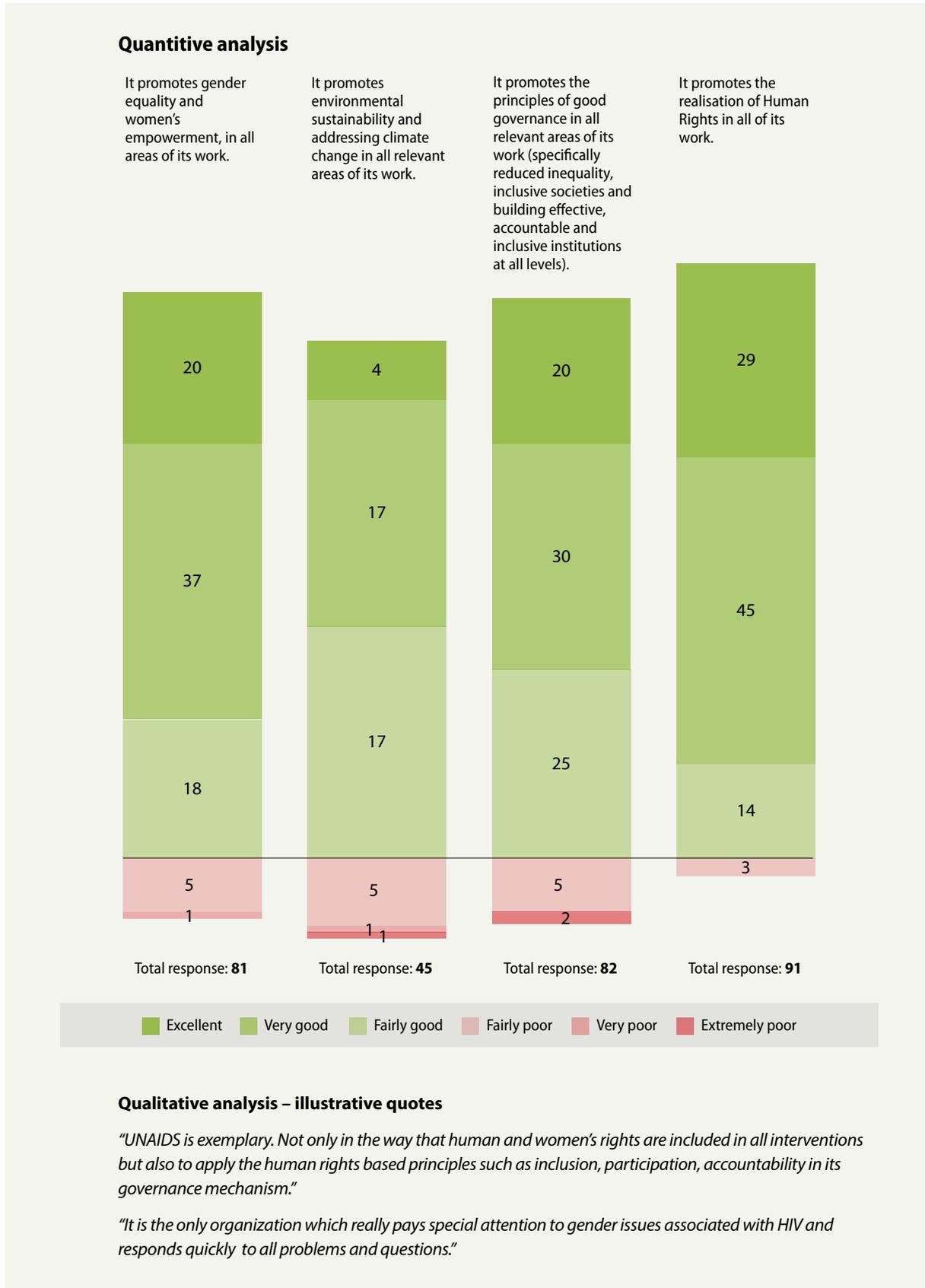
A strategic plan that integrates some cross-cutting issues: UNAIDS' strategic plan reflects a clear commitment to gender equality and the empowerment of women, good governance and human rights. Environmental sustainability and climate change are not currently integrated into the organisation's strategic plan or corporate objectives.

Variable integration of cross-cutting issues into guidance and tools: The commitment to the cross-cutting issues reflected in high-level strategic documents is given operational force by a range of policy instruments and operational and programming tools that aim to translate intent into results. However, the integration of cross-cutting issues across these instruments and tools is varied, as follows:

- **Human rights** are a foundational principle of UNAIDS strategy and programming, and inform the way UNAIDS works in all countries. Human rights are reflected strongly in the current and past strategic plans, which include targets and indicators for the elimination of HIV-related stigma and discrimination and promote universal respect for human rights, dignity and equal opportunity to build more inclusive societies. UNAIDS encourages countries to work with service providers in health care, workplace and educational settings to eliminate HIV-related stigma and discrimination, including against people living with HIV and key populations. The current approach used by UNAIDS emphasises speed in the scale up and early initiation of HIV treatment in a manner consistent with human rights.
- Country and regional documentation shows a range of significant efforts in linking the HIV and AIDS response with human rights. These include: the training of legislators and the judiciary in HIV and human rights in West and Central Africa; regional workshops on integrating human rights into HIV national strategic plans and frameworks in the Caribbean, Eastern Europe and Central Asia; and dialogue in 19 Asia Pacific countries in Asia Pacific to review legal and policy barriers to services for people living with HIV and key populations.
- UNAIDS has produced guidance and tools to help embed a human rights-based approach into HIV and AIDS programming. In 2013, the Secretariat, in partnership with the Global Network of People Living with HIV (GNP+), developed the "positive health, dignity and prevention" operational guidelines. These guidelines articulate a commitment to the application of the Greater Involvement of People Living with HIV (GIPA) principles and to placing people living with HIV at the centre of decision making, policy design and programme implementation.

- While it is clear there is a focus on human rights in UNAIDS work, there is only limited evidence that it is made explicit in developing interventions. For example, human rights are not set out in the criteria for formal assessment processes for interventions. While the Secretariat has human and financial resources for advancing human rights as a cross-cutting issue, these resources have been reduced over time. Courses are available to staff but are not mandatory. However, elements of human rights principles are evident in the UNAIDS Secretariat Competency Framework, which includes the values of “integrity” and “respect for diversity”.
- **Gender equality** is reflected in UNAIDS’ corporate commitments, strategic plan and accountability systems, forming a core area of work for the organisation. Gender features in the guiding principles for all aspects of UNAIDS work in the 2016-21 strategic plan, and is also one of the three strategic directions identified. It is also explicitly reflected in the narrative of the Unified Budget, Results and Accountability Framework (UBRAF) and specific results provide an accountability mechanism. A set of core actions is identified for the global response to HIV and AIDS to achieve gender equality and empower women and girls.
- A Gender Action Plan developed in 2013 outlines a structured agenda for improving gender balance within UNAIDS. It is linked to the UN System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP), which aims to nurture a supportive organisational culture for all staff. UNAIDS has assessed itself as meeting or exceeding 80% of UN-SWAP indicators, with lower scores for resource allocation, gender architecture/parity and coherence. While strong guidance and tools exist, the MOPAN assessment has not been able to confirm that UNAIDS uses these systematically across programmes.
- **Good governance** is explicitly identified as a cross-cutting area within UNAIDS’ 2011-15 and 2016-21 strategic plans and associated documentation. UNAIDS engages with health and justice ministries, members of parliaments, People Living with HIV, and national AIDS bodies to develop laws and policies that support effective AIDS responses and protect human rights. While the Secretariat has human and financial resources for advancing good governance as a cross-cutting issue, there is only limited evidence that governance is integrated into interventions. There is no evidence that staff members have received any relevant training.
- UNAIDS’ policy on **climate change and environmental sustainability** is entirely focused on an emissions reduction strategy for the Secretariat. Environmental sustainability and climate change are currently not integrated into the organisation’s strategic plan or corporate objectives. UNAIDS recognises that this should be addressed going forward.

Figure 1: Partner Survey Analysis – Strategic Management
 An illustration of aggregated partner views from across the countries



PERFORMANCE AREA: OPERATIONAL MANAGEMENT

Assets and capacities organised behind strategic direction and intended results to ensure relevance, agility and accountability

Operational management: UNAIDS in recent years has undergone an organisational transition to align its structures with its strategic priorities and organisational architecture. Cost efficiency has been a particular focus, and is strongly reflected in the 2011-15 and 2016-21 strategic plans. Efforts have also been made to align budget and financing to key functions, using the Unified Budget, Results and Accountability Framework. Prioritising investments, actions and results in support of UNAIDS' vision remains an ongoing challenge.

The Secretariat is currently undergoing an internal reorganisation, with a view to ensuring the optimal deployment of staff and expertise at all levels. Some donors and Cosponsors expressed concerns however about the degree of consultation with Cosponsors, for whom the effects of the restructuring have been significant.

The Secretariat has invested in organisational systems to support more effective work and ensure a focus on cost and value. These include programme reporting and financial, administrative and human resources systems. UNAIDS has well-established systems in place to provide transparency, accountability and a high standard of financial reporting. The Unified Budget, Results and Accountability Framework provides a clear overarching statement that sets out the criteria and proposed resource allocations to partners. However, some Cosponsors perceive a lack of consultation and transparency around the allocation of resources.

SCORING COLOUR CODES

Highly unsatisfactory
(0.00 – 1.00)

Unsatisfactory
(1.01 – 2.00)

Satisfactory
(2.01 – 3.00)

Highly satisfactory
(3.01 – 4.00)

KPI 3: Operating model and human/financial resources support relevance and agility

KPI 4: Organisational systems are cost- and value-conscious and enable financial transparency/accountability

KPI 3: Operating model and human/financial resources support relevance and agility

UNAIDS' performance against this KPI is rated as **satisfactory**.

Efforts to diversify the funding base: The Unified Budget, Results and Accountability Framework (UBRAF) for 2016-21 clearly sets out that resource mobilisation for the wider AIDS response is a core role of UNAIDS, consistent with its mandate. Resource mobilisation is based on the UBRAF, and emphasises multi-year funding based on biennial budget forecasts. Considerable efforts have been made to diversify the funding base, such as working with low- and middle-income countries to increase domestic funding and strategically engaging with the private sector in areas such as; investing for social impact, delivering services, strengthening and managing supply chains, workplace initiatives, social marketing, and

global advocacy. It is recognised that the private sector in particular has limited capacity to replace the considerable funding provided by bilateral donors.

Mechanisms for re-allocation at country level: At the country level, UNAIDS has promoted country-led decision making for aid reallocation and reprogramming partly through the “*Know Your Epidemic – Know Your Response*” analytical tool. It also supports national decision making through convening stakeholders, mobilising resources, generating research and information, and other efforts. The UNAIDS tool, “*Investing for results. Results for people*”, is an investment approach that aims to enable countries to decide how best to allocate AIDS resources efficiently and effectively, and for maximum impact. It poses key programmatic and investment questions that national AIDS responses should be able to answer before making decisions on how to allocate resources for AIDS.

UNAIDS regional directors and country directors have delegated financial authority, although limits are not high. Designated regional support team directors, country directors, country officers and operations officers are authorised to sign work plan-approved activities up to a maximum of USD 200 000. Staff members feel they have sufficient delegated authority and that the level of delegation has improved.

Realignment of staffing for efficiency, but with partner concerns: A process has been underway since 2011 to align staffing at the global, regional and country level with key strategic priorities. As part of this process, some country offices have been closed to maximise cost efficiency. Cosponsors expressed concerns that in the absence of discussions between the Secretariat and the cosponsoring organisations, at either the country, regional or global level, there remains a lack of clarity over how to continue to support AIDS responses in these countries and what the roles of the Cosponsors present in country would be in the absence of UNAIDS.

The targeted 30:70 headquarters-to-field staff ratio was met in 2014. The Secretariat has cut staffing by 10% since the beginning of the realignment. At the same time, in the absence of a clear rationale for staffing adjustment, there are concerns that UNAIDS budget cuts and subsequent reductions in Cosponsor field staff could affect the ability of the joint programme to meet the targets in the new strategic plan. Cosponsors raised serious concerns relating to the internal reorganisation exercise, citing that no consultations had taken place with them to minimise the impact of restructuring.

UNAIDS is currently undergoing an internal reorganisation with a view to ensuring the optimal deployment of staff and expertise at all levels. In parallel, at the request of the Programme Coordinating Board, a review is underway of UNAIDS work methods in order to improve effectiveness, teamwork, communication and information sharing across all parts of the Secretariat and with partners.

Comprehensive staff performance management systems: The Secretariat has put in place a system for performance assessment and staff learning, the Performance and Learning Management System (PALMS). The system ensures that staff work plans and capacity development are linked to the objectives in the strategic plan. It also aims to provide a clear process for managing staff performance, including disagreements and complaints, and gives human resource managers the capacity to monitor compliance on a real-time basis.

KPI 4: Organisational systems are cost- and value-conscious and enable financial transparency/ accountability

UNAIDS' performance against this KPI is rated as **satisfactory**.

Transparent criteria for resource allocation: The Unified Budget, Results and Accountability Framework provides a clear overarching statement, setting out the criteria and proposed country resource allocations. These criteria are based on the priority areas and countries, as set out in the global targets of the current strategic plan. The allocation of core funds is guided by the decisions, recommendations and conclusions of the Programme Coordinating Board in relation to epidemic priorities, the comparative advantages of UNAIDS, and the performance of the Cosponsors and the Secretariat.

However, the criteria do not explicitly refer to the Cosponsors and their capacities in-country. There are perceived concerns: the degree of transparency in resource allocation to Cosponsors; the proposed discussions on joint planning and joint resource mobilisation, as well as with discussions on the sustainability and predictability of funding, have not materialised.

Costs linked to results: The Unified Budget, Results and Accountability Framework (UBRAF) connects results with costs by linking core and non-core resources to eight strategic results areas and five UNAIDS Secretariat core functions. For each strategic goal and function, specific output deliverables are identified and resource needs defined from either core UBRAF resources or other AIDS resources raised by Cosponsors. The UBRAF moves beyond its predecessor, the Unified Budget and Workplan (UBW), in several ways: it provides a more explicit description of UNAIDS' contribution to the AIDS response; provides expected results at the country level over a longer (four-year) period; presents detailed budgets that show investments of UNAIDS resources; enables direct reporting by countries and regions; and tracks performance against benchmarks and targets.

UNAIDS uses the enterprise resource planning (ERP) system of the World Health Organization (WHO) to track costs and has put in place its own iTrack system to more closely track costs. However, these are not linked to results.

Robust measures for financial control: UNAIDS' financial control systems are rigorous. Its accounts and operations use an internal control framework based on the World Health Organization's framework, and are subject to external audit by WHO's external auditors. WHO's internal control framework and external audits meet international standards, as the organisation adopted International Public Sector Accounting Standards (IPSAS) in 2012.

For the four financial years up to 2015, UNAIDS' financial statements were based on International Public Sector Accounting Standards. These standards provide greater transparency, increased accountability and a higher standard of financial reporting for UN agencies. The 2015 financial statements, schedules and financial notes have been audited and received an unqualified/unmodified audit opinion for 2015. The internal audit reports are publicly available through the interim financial management updates prepared for the Programme Coordinating Board.

Figure 2: Partner Survey Analysis – Operational Management

An illustration of aggregated partner views from across the countries

Quantitative analysis

It has sufficient staffing in the country to bring together the programmatic resources of its Co-Sponsors to support national partners towards a coordinated national response to HIV and AIDS.

Its staff are sufficiently senior/experienced to work successfully in the country.

Its staff can make the critical strategic or programming decisions locally in the country to support the national HIV response.

It provides sufficient guidance and analysis to partners to inform optimal resource allocation (domestic and international) in accordance with the epidemic priorities of the country.

Information on budgets and financial resources are easily available to partners (financial transparency).

It provides reliable and strategic information to government and partners to maximise use of national and international resources for AIDS to meet national goals.



Qualitative analysis – illustrative quotes

"The available UNAIDS staff are very professional, but human resources issues need to be improved in terms of supporting personnel."

"There has been very little sharing of information regarding the UNAIDS country budget and programming and it's not clear what and how program activities have been funded."

PERFORMANCE AREA: RELATIONSHIP MANAGEMENT

Engaging in inclusive partnerships to support relevance, leverage effective solutions and maximise results in line with the Busan Partnership commitments

Relationship management: UNAIDS has a clear understanding of its role as a co-ordinator and convener. It works effectively to support a wide range of partners to ensure that responses to HIV and AIDS are relevant and effective and maximise results.

At the country level, there is evidence that much co-ordination is working well. UNAIDS uses its convening power to bring together a wide range of partners. Its programming approaches prioritise alignment behind local responses and focus on advocacy for policy dialogue, technical support to build capacity and resource mobilisation. The commitments made in the political declarations on HIV and AIDS provide an overarching framework for global mutual accountability, and the UNAIDS strategic plans and the Unified Budget, Results and Accountability Framework set out clear responsibilities in the joint programme and for the Secretariat respectively.

However, at the global level, there are concerns about the transparency of decision-making. Efforts by the Cosponsors to engage UNAIDS on joint planning and joint resource mobilisation have not come to fruition. Additionally, there are concerns about potential duplication: there is a risk that the technical units of the Secretariat and Cosponsors overlap and duplicate efforts. Transparency of information is another area where UNAIDS still has progress to make, in order to ensure that the standards of the International Aid Transparency Initiative (IATI) are met. It also needs to generate and apply more explicit accountability requirements to beneficiaries.

SCORING COLOUR CODES

| | | | |
|---|--|--------------------------------------|---|
| Highly unsatisfactory (0.00 – 1.00) | Unsatisfactory (1.01 – 2.00) | Satisfactory (2.01 – 3.00) | Highly satisfactory (3.01 – 4.00) |
|---|--|--------------------------------------|---|

KPI 5: Operational planning and intervention design tools support relevance and agility

KPI 6: Works in coherent partnerships directed at leveraging and/or ensuring relevance and catalytic use of resources

KPI 5: Operational planning and intervention design tools support relevance and agility

UNAIDS' performance against this KPI is rated as **satisfactory**

As a technical partner, coordinator and convener, UNAIDS plays major roles in mobilising support and resources, collecting and distributing data, establishing global strategies, and providing technical assistance.

Prioritisation of the national context for HIV and AIDS: UNAIDS' interventions and engagement are strongly geared to informing and improving the national response to HIV and AIDS. The 2011-15 and the 2016-21 strategies clearly state that national strategies and goals are the guiding principle for UNAIDS

engagement. This focus on national strategies and goals is also echoed throughout guidance for joint programming, and country programme documents are generally aligned with and reference national strategies, plans and targets.

Context analysis is a major area of UNAIDS' work as part of developing national strategies and plans. UNAIDS helped more than 100 countries diagnose gaps and revise strategies to respond to AIDS in stocktaking exercises supported as part of the 2013 mid-term review of the 2015 targets. Key tools and instruments are captured in Box 1.

Box 1: Tools for context analysis

- The “know your epidemic” tool helps countries analyse ‘their’ epidemic before designing their response
- The “Investing for results. Results for people” tool aims to ensure that countries respond to HIV in a manner that best fits their national and local contexts, and their unique epidemic patterns
- Revised joint team guidance stresses the importance of defining context in the preparation of Joint Programmes of Support and that one size does not fit all

Development of national strategies and plans that integrate cross-cutting issues: UNAIDS' guidance sets out the need for a national technical assistance plan (based on the technical support needs assessment) and a technical support plan that describes how UNAIDS will address perceived gaps in a national government's plans. The national technical assistance plans aim to respond to wider capacity limitations that constrain the HIV response. These constraints can include: poor governance; corruption; weak institutional capacity and unsound or inappropriate policies and incentives; weak service delivery capacity; complex procurement and supply chain challenges; punitive legal and social environments; discriminatory and coercive practices that deter access to services; and discriminatory gender norms. The specific activities designed to address these needs are reflected in the overall programme of support and also in individual agency work plans.

Many examples are available where cross-cutting issues are integrated within national and regional HIV and AIDS strategies and plans. The Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV has influenced national AIDS responses and helped foster political commitment. Work on good governance and human rights have been similarly prominent. UNAIDS' commitment to building sustainable responses to HIV is strongly reflected in both the 2011-15 and 2016-21 strategies. However, guidance specifies that there should be “consideration of mainstreaming issues such as human rights, gender equality and women's empowerment” approval procedures do not require assessment of the extent to which these cross-cutting issues have been integrated in the design. Environmental sustainability is not included as a consideration.

Comprehensive corporate strategies on risk but unclear operationalization: UNAIDS' approach to risk includes a risk management committee and risk management policy. This policy, which is linked to the achievements and results of the Unified Budget, Results and Accountability Framework, addresses strategic and operational risks, and sets out a step-by-step process for risk management. UNAIDS managers are responsible and accountable for assessing, addressing, monitoring and reporting key risks, and adhering to internal controls. This involves identifying and managing risks related to their team's objectives and assigning risk owners for the respective risk categories. However, there was no detailed analysis of mitigation strategies for operational risk in joint programmes reviewed.

An emphasis on sustainability: The revised guidance for joint teams includes many references to improving the long term sustainability of the national HIV and AIDS response, including in relation to UNAIDS' role in supporting the Global Fund's funding model and as part of the checklist for joint programmes. These include recognition of the political, financial and operational dimensions of sustainability. The Mid-term assessment of the Unified Budget, Results and Accountability Framework pointed to UNAIDS' work with health and justice ministries, members of parliaments, people living with HIV and national AIDS bodies to develop laws and policies that support effective AIDS responses and protect human rights as part of sustainability intentions.

Efforts to improve administrative efficiency: Efforts have been made to streamline administrative processes in the Secretariat to support efficiency in partnerships including the implementation of a single administrative system in 2011. This has harmonised and simplified administrative and operational processes and improved human resources management. They in turn have resulted in faster work processes. Activity work planning has also been streamlined. Procedural efficiency has been enhanced by the consolidation of several core business activities.

KPI 6: Works in coherent partnerships directed at leveraging and/or ensuring relevance and catalytic use of resources

UNAIDS' performance against this KPI is rated **satisfactory**.

Strong adaptive capacity: UNAIDS has the necessary agility to adapt when conditions change. In its role as a convener and co-ordinator, it aims to support adaptation and responsiveness to the changing nature of the epidemic. The "*Investing for results. Results for people*" framework emphasises agility and responsiveness in its approach, in particular "*reviewing and renewing national strategic plans*" as appropriate in the light of the changing nature of the epidemic. Country offices have a high degree of autonomy that allows flexibility of response to changing circumstances and the flexible use of funds, where these are needed.

Partnerships based on clear understanding of comparative advantage: Partnerships are based on a clear analysis and understanding of UNAIDS' comparative advantage as a technical partner, convener and coordinator to support the HIV response at national level. They are oriented around UNAIDS' joint nature, and therefore its scope to coordinate and convene, as well as support multi-sectoral responses. The avoidance of duplication is reflected in the 2016-21 Unified Budget, Results and Accountability Framework, in which Cosponsors outline their intended contributions and identify 'their' individual deliverables to maximise collective results. The division of labour ensures that a clear separation of lines of responsibility is formally enshrined, and operational guidance at the country level reflects this. Institutions must have a clearly defined comparative advantage to qualify as a UNAIDS Cosponsor or to engage as a partner. However, Cosponsors have recently raised issues of potential duplication, querying the comparative advantage of the Secretariat having technical units that overlap with the expertise of Cosponsor organisations.

Although UNAIDS prioritises alignment behind the national response at the country level, there is no explicit guidance on the use of country financial systems as the main mechanism through which financial resources should be directed, and UNAIDS does not monitor its trend in using country systems and associated investments to strengthen them.

Robust procedures for coherence and coordination but some challenges encountered: The Unified Budget, Results and Accountability Framework (UBRAF) operationalises the UNAIDS strategy by combining

the efforts of Cosponsors and the Secretariat in a single framework. In terms of coherence, the joint programme's remit to increase coordination and coherence through harmonised action at the global and country level is strongly reflected in its corporate strategies as well as in the UBRAF. The UBRAF also delineates areas of responsibility and areas of joint working and partnership, and allocates responsibilities for results. Efforts to identify and apply synergies are also evident in specific areas of intervention. At the country level, there is evidence that co-ordination is working well. Survey and interview data support this view.

However, at the global level, challenges of coordination have arisen. Efforts by the Cosponsors to engage the Secretariat on joint planning and joint resource mobilisation, as well as in discussions on sustainability and predictability of funding, have not yet succeeded. Funding cuts also are undermining synergies; for example one Cosponsor reported a 30% reduction in staffing at the country and regional level. The 'partnership model' of UNAIDS is therefore being challenged in the current climate.

There are specific examples of country-level coordination related to planning, implementation and monitoring. UNAIDS bring partners together for the development of joint work plans at the national, regional and headquarters level, and for the development of joint technical support plans at the regional level. These provide for combined country support missions, reviews of national strategies and operational plans, and other forms of technical support. UNAIDS has joined with international partners in various mechanisms to improve the co-ordination and effectiveness of technical support. These include a joint working group to co-ordinate country support on Global Fund issues, as well as a newly established informal working group on technical support for Global Fund grant implementation.

Limited transparency of information: UNAIDS still has progress to make in the area of transparency of information. The Unified Budget, Results and Accountability Framework provides the main vehicle to coordinate business practices as they relate to HIV and AIDS among Cosponsor organisations. Information such as strategies and plans, financial reports and corporate reports are accessible, but this does not yet meet the standards of the International Aid Transparency Initiative (IATI), particularly in terms of accessibility of activity level publications. Furthermore, there are indications that the organisation is not always as open as it could be.

Strong strategic but weaker operational commitment to accountability to beneficiaries: UNAIDS' commitment to accountability to people living with HIV and AIDS in planning, design and decision making is set out in its strategic plans and governance arrangements. The position of Civil Society Organisations as board members provides beneficiaries with a channel for their voice. Both the 2011-15 and 2016-21 strategic plans emphasise the importance of "legitimate and balanced representation" in formulating strategies and plans, specifically citing people living with HIV and AIDS. However, at a more operational level, no clear standards and procedures are available for direct beneficiary feedback. Box 2 describes how the issues are addressed within UNAIDS, according to information supplied by management.

Box 2: UNAIDS approaches for accountability to beneficiaries

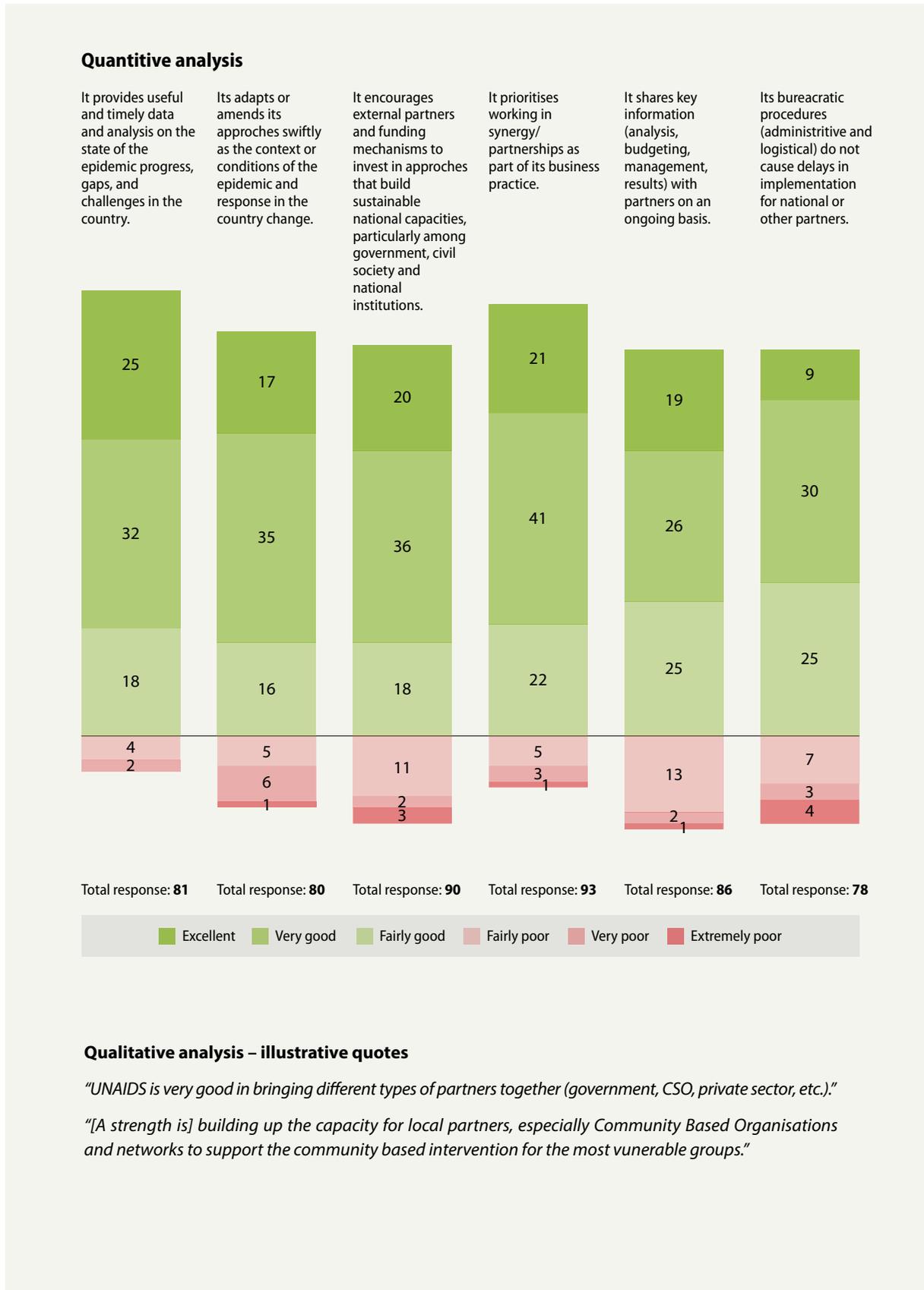
- Engaging non-state actors in decision making, particularly civil society and affected populations
- Ensuring inclusive responses that also involve civil society and affected populations, and reach the most vulnerable
- Adopting programmatic responses that reduce stigma and discrimination, and increase access to justice
- Ensuring accountability through ownership, particularly by communities, affected populations and local authorities
- Adopting a partnership approach among development partners, government and civil society, including people living with HIV.

Programming tools and/or approval systems however do not explicitly contain a requirement for accountability to beneficiaries, and while monitoring processes are clear about the participation of key populations, there is no explicit guidance on their engagement in evaluations.

Strong mechanisms for mutual accountability: As a joint programme, UNAIDS has integrated mutual accountability within its collective strategy and associated results frameworks. The main vehicle for this is the Unified Budget, Results and Accountability Framework (UBRAF), which holds Cosponsors individually and collectively to account. Tools to ensure mutual accountability include annual performance reviews, conducted by Cosponsors and the Secretariat, at country, regional and global levels; a mid-term review of the UBRAF in 2014; and regionally based initiatives such as the African Union Roadmap for Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa.

Knowledge is gathered and systematized: As the global repository of data on HIV and AIDS, UNAIDS houses an extensive dataset on the HIV epidemic and the response to AIDS. The consultation for the 2016-21 strategy and the Unified Budget, Results and Accountability Framework highlighted the importance of UNAIDS' role in both gathering strategic information and strengthening countries' capacity to collect and use national and sub-national data and information on the epidemic and response. Key tools include the "*Know your epidemic*" HIV prevention toolkit, as well as the "*Investing for results. Results for people*" tool. Capacity development aims also feature strongly throughout both the 2011-15 and 2016-21 strategies and intended results, in line with the primacy of supporting the national response.

Figure 3: Partner Survey Analysis – Relationship Management
 An illustration of aggregated partner views from across the countries



PERFORMANCE AREA: PERFORMANCE MANAGEMENT

Systems geared to managing and accounting for development and humanitarian results, as well as the use of performance information, including evaluation and lesson learning

Performance management: UNAIDS applies results-based approaches across the organisation. The Programme Coordinating Board has played an active role in both encouraging UNAIDS to develop this approach and accompanying systems and in ensuring that the corporate strategy has a sound logic.

While it is clear in several areas that UNAIDS uses lessons learned and best practices in planning and programming and has a system for tracking performance, the organisation lacks an independent evaluation function and has carried out few evaluations of its role and approach. This gap, alongside coverage weaknesses and a lack of systems to ensure evaluation quality and follow up, has prevented systematic and rigorous assessment of its results.

SCORING COLOUR CODES



KPI 7: Strong and transparent results focus explicitly geared to function

UNAIDS' performance against this KPI is rated as **highly satisfactory**.

Prioritisation of data gathering and use: Data collection and analysis, and the use of this data for monitoring, are two of the key comparative advantages of UNAIDS. The organisation applies its experience of developing effective global monitoring systems to the development of better organisational monitoring systems. As noted in UNAIDS' current strategy, the AIDS response has one of the world's most rigorous reporting and accountability mechanisms in global health and development. The Secretariat seeks to continuously improve the monitoring and reporting systems. It has established the Global Implementation Support Team, a forum for sharing real-time information among major technical support providers and a practical tool (the Coordinating AIDS Technical Support database) to help countries monitor technical support. It has also improved the understanding of technical support needs, and enhanced technical support to address key gaps including support for civil society. UNAIDS has also developed real-time monitoring, which can support rapid programme corrections using web-based data visualisation (such as situation rooms) and alert systems (such as for stock-outs).

The development of the current UNAIDS strategic plan has gone through a comprehensive process of data analysis and modeling, and consultation at the national and regional levels. These set targets and established baselines at the national levels that are relevant to local contexts and dialogue at the international level. The 2016-21 Unified Budget, Results and Accountability Framework presents outputs and gives a brief description of what the joint programme will do under each output. It also includes a

short theory of change in terms of how and why the outputs contribute to strategy results/outcomes. Targets were set jointly by the Secretariat and the Cosponsors drawing on baselines collected in April 2016 in all countries with a joint programme presence, and they factor in the maximum potential resources available.

A strong results-based management approach and architecture: UNAIDS' Programme Coordinating Board has set a clear direction for UNAIDS' results-based management approach, identifying several parameters and principles to guide performance monitoring, reporting and accountability. The Executive Director's report of October 2015 contains a clear statement of intent to ensure the application of results-based management approaches, which have been followed through in guidance and capacity building. In addition to providing the lead on developing a results-based management approach, the Programme Coordinating Board also has played an active role in developing the current Unified Budget, Results and Accountability Framework (UBRAF), particularly in ensuring that it has a more clear and simple structure. The UBRAF serves as a clear results framework for UNAIDS and establishes linkages between the corporate and country level, providing a framework both for the Secretariat and for the Cosponsors.

The Joint Programme Monitoring System is the main means for ensuring that staff understand targets and indicators and use them in planning. Guidance for setting targets and indicators exist, as do tools for measuring and managing results. However there are indications that some confusion remains and that further work, in the form of guidance or capacity building, is required. UNAIDS reports regularly to the Programme Coordinating Board on progress in implementing its strategies and the Board is engaged in ensuring that the strategy is updated. Reporting to the Board includes a focus on progress over time and notes areas where additional focus is required. This reporting is still a work in progress, with both UNAIDS and the Cosponsors building their capacity to report against the objectives of the new strategic plan.

Performance data used in planning: UNAIDS takes an evidence-based approach to planning, reflected in its use of performance data to inform decision making and country-level plans. The mid-term review of the Unified Budget, Results and Accountability Framework found that, data generated by the Joint Programme Monitoring System within the Secretariat have contributed to better planning and articulation of results at both country and regional levels. These also improved co-ordination among global interagency mechanisms. At the same time, there is a strong reliance on monitoring data (uptake of services, access to treatment, etc.) but not on evaluative or more analytical data that could also contribute to programmatic decision making.

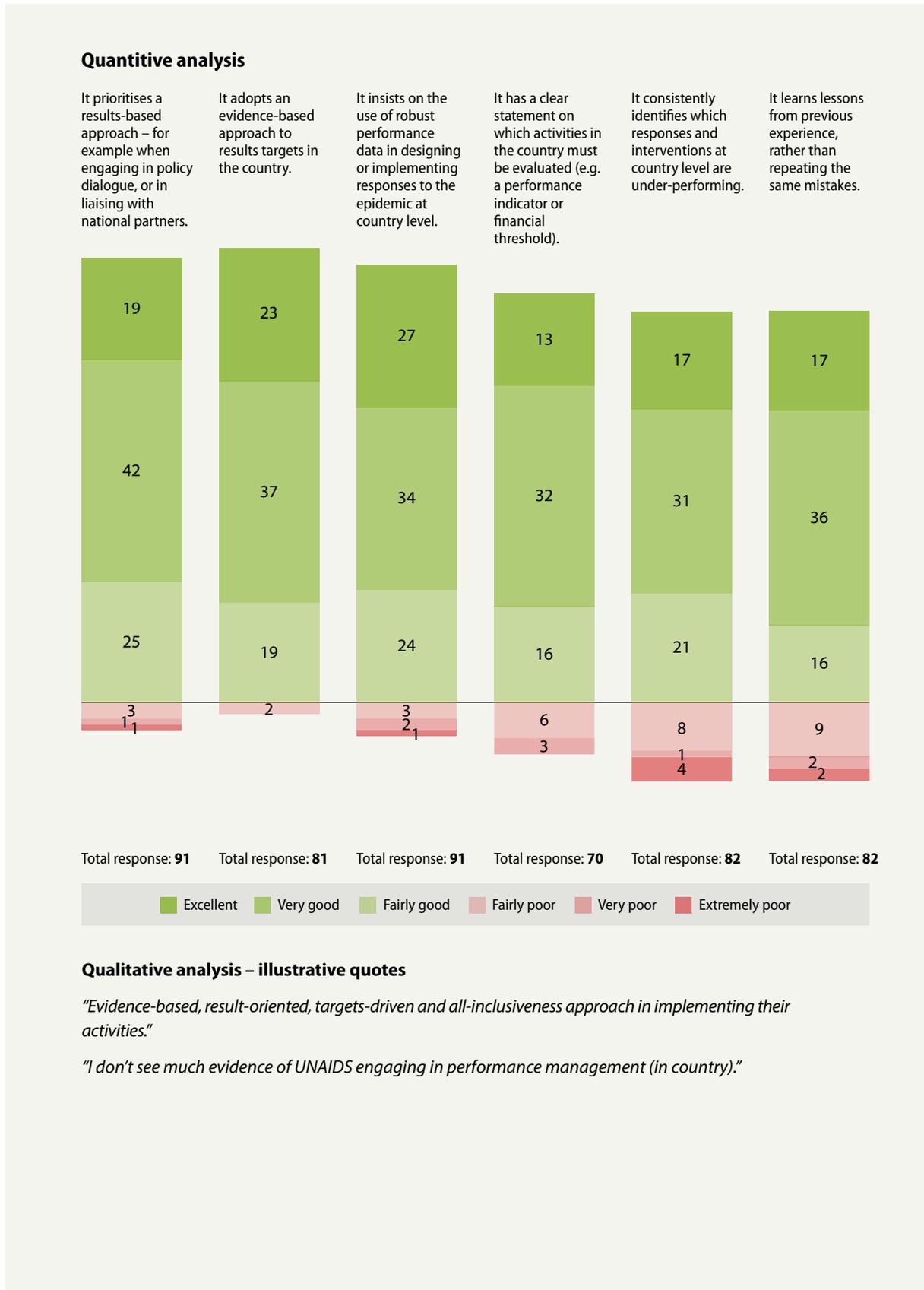
KPI 8: Evidence-based planning and programming applied

UNAIDS' performance against this KPI is rated as **highly unsatisfactory**.

Weak evaluation systems: While there is an evaluation function within UNAIDS, it is not currently independent; the Joint Inspection Unit review of evaluation systems in the UN system recommended that the structural independence of the function be reconsidered. There is no evaluation policy for UNAIDS at present and no evaluation manual. While an evaluation plan exists for 2016, there were no such plans for 2014 and 2015, and the evaluations that were undertaken did not have a clear rationale for selection. As the head of the evaluation function reports to the Executive Director, they have only limited discretion in deciding the evaluation programme, with only a limited focus on evaluations in the organisation to date. There is no budgetary independence, as the budget is decided within the Secretariat internal budgeting process. While it has been possible to identify evaluations that have been undertaken, no quality assurance framework is available to ensure the quality of evaluations of the joint programme. Work is underway to develop a more consistent and coherent approach to evaluations.

Informal learning systems: UNAIDS undertakes a wide range of data gathering activities at the national level to guide joint UN and national strategies for HIV and AIDS. While the evidence base is used to develop interventions, there is no formal system to evaluate results or to incorporate learning into developing new interventions. Interviews provided evidence that UNAIDS draws on lessons and evidence to inform the development of new approaches and interventions, but that these systems are informal rather than formal. UNAIDS' way of working is that it incorporates lessons learned. However, no evidence has been encountered of the uptake of lessons learned, beyond those for the Second Independent Evaluation of UNAIDS, whose last update to the Programme Coordinating Board was in December 2011. UNAIDS does hold a repository of evaluations on HIV and AIDS, including their recommendations, but most of these are conducted by actors outside of UNAIDS.

Figure 4: Partner Survey Analysis – Results Management
 An illustration of aggregated partner views from across the countries



Organisational Effectiveness scoring summary

SCORING COLOUR CODES

| | | | |
|--|---------------------------------|-------------------------------|--------------------------------------|
| Highly unsatisfactory (0.00 – 1.00) | Unsatisfactory (1.01 – 2.00) | Satisfactory (2.01 – 3.00) | Highly satisfactory (3.01 – 4.00) |
|--|---------------------------------|-------------------------------|--------------------------------------|

PERFORMANCE AREA: STRATEGIC MANAGEMENT

Clear strategic direction geared to key functions, intended results and integration of relevant cross-cutting priorities.

| | | | | |
|--|--------|--------|--------|--------|
| KPI 1: Organisational architecture and financial framework | MI 1.1 | MI 1.2 | MI 1.3 | MI 1.4 |
| KPI 2: Implementation of cross-cutting issues | MI 2.1 | MI 2.2 | MI 2.3 | MI 2.4 |

PERFORMANCE AREA: OPERATIONAL MANAGEMENT

Assets and capacities organised behind strategic direction and intended results, to ensure relevance, agility and accountability.

| | | | | | | |
|--|--------|--------|--------|--------|--------|--------|
| KPI 3: Operating model and human/financial resources | MI 3.1 | MI 3.2 | MI 3.3 | MI 3.4 | | |
| KPI 4: Financial transparency/accountability | MI 4.1 | MI 4.2 | MI 4.3 | MI 4.4 | MI 4.5 | MI 4.6 |

PERFORMANCE AREA: RELATIONSHIP MANAGEMENT

Engage in inclusive partnerships to support relevance, leverage effective solutions and maximise results in line with the Busan partnership commitment.

| | | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| KPI 5: Planning and tools support relevance and agility | MI 5.1 | MI 5.2 | MI 5.3 | MI 5.4 | MI 5.5 | MI 5.6 | MI 5.7 | | |
| KPI 6: Leveraging/ensuring catalytic use of resources | MI 6.1 | MI 6.2 | MI 6.3 | MI 6.4 | MI 6.5 | MI 6.6 | MI 6.7 | MI 6.8 | MI 6.9 |

PERFORMANCE AREA: PERFORMANCE MANAGEMENT

Systems geared to managing and accounting for development and humanitarian results, as well as the use of performance information, including evaluation and lesson learning.

| | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|--------|
| KPI 7: Strong and transparent results focus | MI 7.1 | MI 7.2 | MI 7.3 | MI 7.4 | MI 7.5 | | |
| KPI 8: Evidence-based planning and programming | MI 8.1 | MI 8.2 | MI 8.3 | MI 8.4 | MI 8.5 | MI 8.6 | MI 8.7 |

2.2 DEVELOPMENT EFFECTIVENESS

PERFORMANCE AREA: RESULTS

Achievement of relevant, inclusive and sustainable contributions to humanitarian and development results in an efficient way

Results: Independent evidence of UNAIDS' performance is constrained by a lack of evaluations available. At the highest level, the HIV targets of Millennium Development Goal 6 have been achieved and measurable progress has been made, with reasonable evidence of the realisation of benefits for target groups. In terms of UNAIDS' contributions, there is evidence of results in terms of contributing to significant changes in national development policies and system reforms, of interventions having addressed the needs and priorities of specific target groups, and of improvements to national policy environments and systems to address HIV and AIDS.

There is much more limited evidence of results having been delivered efficiently and of the sustainability of the results achieved. In both cases, the results come in the main from UNAIDS' corporate reporting and are not supported by evaluative evidence.

SCORING COLOUR CODES

Highly unsatisfactory
(0.00 – 1.00)

Unsatisfactory
(1.01 – 2.00)

Satisfactory
(2.01 – 3.00)

Highly satisfactory
(3.01 – 4.00)

KPI 9: Achievement of development and humanitarian objectives and results

KPI 10: Relevance of interventions to needs and priorities of partner countries and beneficiaries

KPI 11: Results delivered efficiently

KPI 12: Sustainability of results

KPI 9: Achievement of development and humanitarian objectives and results

UNAIDS' performance against this KPI is rated as **highly satisfactory**.

Given UNAIDS' role as a technical partner, convener and coordinator rather than as a direct implementer, and because this assessment does not consider interventions undertaken directly by Cosponsors, results information mostly refers to high-level achievements. One caveat to the results reported is that it is not feasible to discern from data available the precise contribution of UNAIDS in achieving the results below. However, given the logic chain from the 2011-15 strategic plan to the reported results, at minimum 'some' contribution can be presumed.

Progress on global AIDS targets: Significantly, Millennium Development Goal 6 has been achieved and measurable progress has been made under the "three zeros" target. These include halting and reversing the trajectory of the epidemic. The "15 by 15" target set by UNAIDS – moving from no treatment access in

1996 to 15 million people on treatment by 2015 – was met nine months ahead of the “15 by 15” deadline. This is the first time in UN history such a goal was achieved early. Globally, the annual number of AIDS-related deaths decreased by 42% from 2004 to 2014. In 2013 there were 1.5 million [1.4 million–1.7 million] AIDS-related deaths. AIDS-related deaths have fallen overall by 35% since 2005, when the highest number of deaths was recorded. In the past three years alone, AIDS-related deaths have fallen by 19%, which represents the largest decline in the past ten years. The number of AIDS-related deaths decreased significantly between 2009 and 2013 in several countries with examples including South Africa (51%), the Dominican Republic (37%), Ukraine (32%), Kenya (32%), Ethiopia (37%) and Cambodia (45%).

Demonstrable results for beneficiaries: In terms of the realisation of benefits for target groups, UNAIDS reports a wide range of specific results. These include: decreased AIDS-related deaths and new infections; reduced numbers of children being infected with HIV; increased awareness of HIV status; a 27-fold increase since 2003 in access to antiretroviral therapy; increases in scaling up voluntary medical male circumcision, which has the potential to avert more than 20% of all new infections up to 2030; and the adoption by 78 countries of treatment for all people living with HIV. There is also evidence of a wide range of country-specific results in UNAIDS’ own reporting.

Contributions to national AIDS policies and needed system reforms: UNAIDS reports records broad results in terms of contributing to significant changes in national AIDS policies and programmes and system reforms, as they are linked to UNAIDS’ approach of strengthening national responses to HIV and AIDS. These include: increased capacity of partners to generate robust data; development of tailored national responses and joint plans; development of national guidelines; increased access to treatment; development of networks of civil society and faith-based organisations to tackle HIV and AIDS; systems for the rapid diagnosis of HIV and AIDS, particularly in key populations; development of harm reduction approaches, e.g. for drug users; support for social protection systems for those living with HIV; development of community-based interventions in access and adherence to HIV treatment; and developing a school curriculum for education on sexuality and HIV.

Positive contributions on gender and good governance, but no results on environmental sustainability and climate change: The effects of UNAIDS’ interventions on gender equality are generally satisfactory. Gender results, documented in ten reports, can mostly be attributed to the implementation in more than 90 countries of the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2010-14). Results are wide-ranging, but a mid-term review of the Agenda in 2012 found that, as of 2012, just over half the UN accountability targets were achieved, with 67%, 17% and 55% achieved at the global, regional and country level, respectively. Stakeholders identified inadequate funding as the primary barrier to the Agenda’s implementation and as the main way to accelerate action for women and girls.

UNAIDS’ interventions have helped improve governance. Nine documents contain evidence of results on good governance, mostly related to inclusive approaches and enhancing institutional capacity for epidemic responses. Results fall into categories of: enhanced accountability, strengthened capacity and communities, increased local ownership, and reformed legal frameworks.

No results have been identified in relation to environmental sustainability and climate change.

KPI 10: Relevance of interventions to the needs and priorities of partner countries and beneficiaries

UNAIDS' performance against this KPI is rated as **highly satisfactory**.

Mostly relevant and coherent interventions: UNAIDS' efforts at the country level align behind national strategies and plans. Their relevance to the needs and priorities of target groups, therefore, should in theory always be assured because they are evidence-based. Documentation shows positive evidence regarding the relevance of interventions to the needs and priorities of particular target groups. UNAIDS works at the global and country levels to tackle stigma and discrimination, enhancing inclusion for key populations in particular (although such populations have not been universally targeted).

In line with UNAIDS' role in supporting national responses to the epidemic, including supporting the achievement of national goals and objectives, evidence shows that it strengthens national policy environments and systems to better address HIV and AIDS. Some examples are HIV-related legislation and policies, the adoption of standards and thresholds, and improved data reporting.

Given UNAIDS' role as a convener and coordinator, all results documented relate to a coordinated response by its partners and 11 Cosponsoring organisations. Nonetheless, the documentation includes some specific examples related to coherence. These include the achievement of the "15 by 15" target and the UNAIDS-supported *Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa*. This was adopted by the African Union in 2012, and provides an integrated, multi-sectoral approach to enhance sustainable responses to the three diseases. There are also country-level examples of coherent planning from Brazil and El Salvador.

Other examples of specific country and regional level results are reflected in Box 3.

Box 3: Specific results

- UNAIDS support to the East African Legislative Assembly (EALA) contributed to the passing of the East African Community HIV and AIDS Prevention and Management Bill in April 2012. This regional HIV bill seeks to protect and promote the human rights of people living with HIV and create a common, responsive legal framework for HIV in the region applying a rights-based approach.
- In Cambodia, the UNAIDS Secretariat helped involve key population organisations in country dialogues and supported efforts to develop Global Fund concept notes to refocus the country's Global Fund HIV grant. Such efforts included convening over ten focus group discussions with people living with HIV and key populations in different regions, a meeting with civil society involving 150 representatives from 20 provinces, and interviews with people living with HIV and key population leaders.

However, the mid-term review of the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV found that, with the exception of work with transgender communities, limited actions have been undertaken to understand how women of diverse sexual orientation are differentially affected by the HIV epidemic. Similarly, limited action is directed towards people with disabilities, prisoners, asylum seekers, and racial and ethnic minorities and women who use drugs. Overall, reported positive examples of action in relation to key populations appear to be small-scale and often operating in isolation of broader initiatives for women and girls in the HIV response, although efforts have been made to include learning in the analysis of national responses.

KPI 11: Results delivered efficiently

Evidence on efficiency is limited, but that available indicates that UNAIDS' performance against this KPI is **satisfactory**.

Limited evidence on efficiency: Efficiency is one of the three central tenets of both the UNAIDS 2011-14 and 2016-21 strategies. In terms of the efficient use of resources to tackle the epidemic, the Unified Budget, Results and Accountability Framework has directed the AIDS response to focus on countries where the biggest impact on the epidemic can be made. This has enabled resources to be used to generate maximum gains.

Timeliness is reported only in relation to the achievement of global goals, which have been achieved on or ahead of schedule, although the precise contribution of UNAIDS to this achievement is not explicit in documentation.

KPI 12: Sustainability of results

UNAIDS' performance against this KPI is rated as **satisfactory**.

Positive contributions to capacity building and strengthened enabling environments for development:

The available evidence on sustainability of interventions is reported mainly in relation to sustainable financing for HIV and AIDS strategies. Results documented by corporate reporting show that domestic financing has grown significantly, though many countries still rely on external resources.

Significant gains are reported in management information in terms of building institutional and community capacity and/or government ownership. These include: enhanced capacity of networks and civil society; strengthened gender equality within AIDS responses, and increased political commitment to gender; enhanced ability to apply for Global Fund grants as a result of UNAIDS technical support; and country-level results on civil society capacity enhancement.

UNAIDS' role in supporting national responses to the epidemic, including supporting the achievement of national goals and objectives, means that the documentation contains a wide range of evidence that the organisation contributed to improving the enabling environment for development. But documentation also highlights UNAIDS' engagement with civil society that enabled non-governmental organisations to promote a rights-based approach to policy making and intervention, and take on a watchdog role to ensure access to HIV care and support in many countries. UNAIDS' support has also facilitated the creation of national and local mechanisms for accountability for HIV and AIDS responses and expenditure. These include through the creation and publication of data, the "*Investing for results. Results for people*" framework, and an improved policy environment in many countries.

Development Effectiveness scoring summary

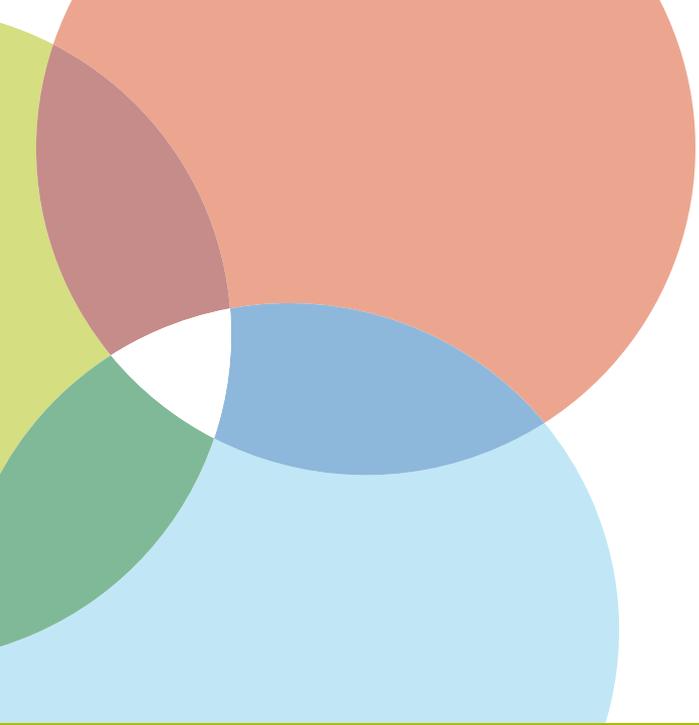
SCORING COLOUR CODES

| | | | |
|---|--|--------------------------------------|---|
| Highly unsatisfactory (0.00 – 1.00) | Unsatisfactory (1.01 – 2.00) | Satisfactory (2.01 – 3.00) | Highly satisfactory (3.01 – 4.00) |
|---|--|--------------------------------------|---|

PERFORMANCE AREA: RESULTS

Achievement of relevant, inclusive and sustainable contributions to humanitarian and development results in an efficient way.

| | | | | | |
|---------------------------------------|---------|---------|---------|--------|--------|
| KPI 9: Achievement of results | MI 9.1 | MI 9.2 | MI 9.3 | MI 9.4 | MI 9.6 |
| KPI 10: Relevance of interventions | MI 10.1 | MI 10.2 | MI 10.3 | | |
| KPI 11: Results delivered efficiently | MI 11.1 | MI 11.2 | | | |
| KPI 12: Sustainability of results | MI 12.1 | MI 12.2 | MI 12.3 | | |



3. CONCLUSIONS

3.1 CURRENT STANDING OF THE ORGANISATION AGAINST REQUIREMENTS OF AN EFFECTIVE MULTILATERAL ORGANISATION

This section brings together the findings of the analysis against the micro-indicators (MIs) and Key Performance Indicators (KPIs) of the MOPAN assessment methodology to report against MOPAN's understanding of the current requirements of an effective multilateral organisation. These are reflected in four framing questions corresponding to relevance, efficiency, effectiveness and impact/sustainability.

Illustrative quotes from Partner Survey on overall performance

"A very positive organisation that leads the way on human rights-based approaches to health."

"Its greatest strength is that UNAIDS believes in the power of civil society and is willing to support positive initiatives."

"The biggest strength is that it produces high quality data."

RELEVANCE

Does UNAIDS have sufficient understanding of the needs and demands it faces in the present, and may face in the future?

UNAIDS has enhanced its organisational relevance thanks to efforts on several fronts. It has just completed a major consultation exercise as part of the process of agreeing its new strategic plan. This plan is the first to be clearly linked to the Sustainable Development Goals, and the 2016 *"Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030"*, adopted by the UN General Assembly. These processes have been based on UNAIDS' capacity to generate strategic information and a comprehensive evidence base on the epidemic and the response, and on its ability to act as a convener bringing together a diverse range of stakeholders. The key role it plays in supporting regional bodies and national governments, its work to better understand the epidemic in context and to respond effectively to it, and the organisational reforms on which these efforts are based, have made UNAIDS more relevant to stakeholders.

UNAIDS' efforts in gathering information and disseminating knowledge not only improve its own understanding of the epidemic, but also enhance the wider global community's understanding. UNAIDS has collated and maintains an extensive dataset on the HIV epidemic and the response to AIDS. Consultations on the 2016-21 strategic plan and the Unified Budget, Results and Accountability Framework have highlighted the importance of UNAIDS' role on both gathering strategic information and strengthening countries' capacity to collect and use national and sub-national data and information on the epidemic and response. UNAIDS produces a range of knowledge products to inform the global response. These include: the Global Report that sets out the current situation; the Gap Report that gives information and analysis on the people left behind; and forward-looking analyses, such as the 2016 report, *Cities Ending the AIDS Epidemic*.

The organisation also plays a key role working with regional bodies and national authorities. It supports the effective production and use of data on the epidemic, and brings diverse stakeholders together to plan and implement responses. For work at the country level, UNAIDS has developed a number of tools to ensure that interventions and engagement are highly relevant and inform and improve the national response to

HIV and AIDS. The *“Investing for results. Results for people”* framework provides an investment approach to enable countries to decide how best to allocate AIDS resources for maximum efficiency, effectiveness and impact. The fast track approach also enables countries to set their own targets and strategies. The *“Know your epidemic, know your response”* tool, promotes country-led decision making for resource allocation.

These approaches build on another key strength of the UNAIDS approach — its role as a convener and co-ordinator to consolidate the UN response, provide global leadership and advocacy, and support and sustain national responses. UNAIDS also brings together the approaches of its 11 Cosponsoring organisations in an effective inter-sectoral response. The current UNAIDS strategic plan places emphasis on a strategic leadership agenda, setting out ambitious fast track targets to end the AIDS epidemic by 2030 and following through on these targets with renewed political commitment and novel forms of collective leadership. Most importantly, UNAIDS has worked at the country level to bring together government, NGOs and, uniquely, key populations to focus attention on the epidemic in the local context and to develop and implement local responses.

Challenges include ensuring that its organisational architecture is congruent with its vision and operating model and ensuring that cross-cutting issues are integrated consistently. A reform process to ensure that UNAIDS structures continue to match the strategic focus of the organisation has been ongoing since 2011. Concerns raised by Cosponsors and other partners suggest that UNAIDS needs to address issues relating to strategic planning, decision making and staffing, ensuring that consultation is followed through with greater transparency. Environmental sustainability and climate change are also not sufficiently well integrated into the organisation’s strategic plan or corporate objectives.

EFFICIENCY

Is UNAIDS using its assets and comparative advantages to maximum effect in the present, and is it prepared for the future?

UNAIDS’ comparative advantage as a technical partner, convener and co-ordinator to support the HIV response at national and regional levels is clearly articulated both in the documentation and by staff. This comparative advantage derives from its status as a joint programme, which provides it with the scope to coordinate and convene at national, regional and global levels, as well as to support multi-sectoral responses. The UNAIDS approach at national and regional levels has worked well to date. However, recently Cosponsors have raised concerns that insufficient resources have been allocated for them to be able to continue to implement the joint programme. UNAIDS staff raised similar concerns about the resources available for work at these levels.

UNAIDS continues to align its various structures with its new strategic priorities. The efforts undertaken up to this point have both enhanced its organisational relevance and improved efficiency. Avoiding duplication is a key principle of UNAIDS and is reflected in the Unified Budget, Results and Accountability Framework 2016-21. Cosponsors outline their contribution and identify ‘their’ deliverables to maximize collective results. The division of labour ensures that a clear separation of lines of responsibility is formally enshrined, and operational guidance at country level reflects this.

While Cosponsors tended to agree that UNAIDS is the right model to facilitate a co-ordinated and effective response to HIV, they at the same time raised concerns over limited participatory decision making, co-operation on publications, inefficiencies, one-way accountability, and reporting. More critically,

Cosponsors raised concerns about a potential duplication of functions, with Cosponsors' own technical units overlapping with those of UNAIDS.

UNAIDS has used its technical capacity to support national governments to leverage resources. In situations where there are funding constraints, UNAIDS has adopted a dual-track approach, working at the country level both to ensure that funds are spent efficiently and that sustainable financing for the AIDS response is available.

UNAIDS is operating in a difficult financial context and has experienced a reduction in the number of multi-year funding commitments received. This may undermine UNAIDS' ability to fully implement its Unified Budget, Results and Accountability Framework. At the same time, it is unclear why UNAIDS has not engaged with the Cosponsors in joint planning and joint resource mobilisation to overcome this. Going forward, these options should be explored.

EFFECTIVENESS

Are UNAIDS systems, planning and operations fit for purpose? Are they geared in terms of operations to deliver on their mandate?

UNAIDS has in recent years undergone a significant organisational transition that means that its structures are effectively aligned with its strategic priorities and organisational architecture. This is backed by the Unified Budget, Results and Accountability Framework (UBRAF) that has ensured that resourcing is effectively aligned with key functions and intended results, with resourcing clearly delivering against key results area and intended activities. UNAIDS has also ensured that its systems, planning and operations are effective in delivering the UBRAF. This has included continued reforms to its human resources systems and the development of systems for mutual accountability between UNAIDS and its partner countries for the joint programme. However, significant gaps remain, particularly in involving Cosponsors in high-level decision making and the current lack of an independent evaluation function.

As part of the strategic realignment process undertaken since 2011, there has been a greater focus on performance-based management for human resources. Strengthening staff deployment and skills for an increased country focus was a key objective of the realignment process, which was geared to the realisation of the UNAIDS vision, mission and strategy for 2011-15. Over the period of realignment, the Secretariat has evolved from a largely headquarters-based to a field-based organisation. At the same time an overall 10% decrease in staffing has been achieved through a process of continually ensuring that staffing is focused on delivering the organisation's objectives. In addition to this shift in the balance of staff, systems have been put in place to ensure effective performance-based management of human resources. As a result, greater individual accountability for results is becoming embedded into institutional systems.

As a joint programme, mutual accountability is integrated within UNAIDS' collective strategy and associated results frameworks. The main vehicle for this is the UBRAF, which holds Cosponsors individually and collectively to account. At the country level, there is generally strong co-operation and co-ordination, although Cosponsors expressed concerns about the declining resources available to them at part of the joint programme. At the global level, there remains considerable room for improvement, specifically in a perceived lack of transparency around decision making. Cosponsors raised particular concerns that they have not been fully involved in decisions about the allocation of resources against the UBRAF.

One notable gap in UNAIDS systems is the lack of an independent evaluation function. There have been few evaluations that have focused on the organisation's specific role and approach. As a result, while staff can describe clearly the organisation's added value, this is not backed up with evaluative evidence. It is also clear that there is strong reliance on monitoring data, such as the uptake of services and access to treatment, and not on evaluative or more analytical data that have the potential to contribute to programmatic decision making.

IMPACT/SUSTAINABILITY

Is UN-Habitat delivering and demonstrating relevant and sustainable results in a cost-efficient way?

At the highest level, the HIV targets under Millennium Development Goal 6 (to halt and reverse the spread of HIV/AIDS and to provide universal access to treatment) have been achieved. Measurable progress also has been under the "three zeros" approach, including halting and reversing the trajectory of the epidemic. However it is not possible to identify UNAIDS' exact contribution. Target groups have benefitted from a number of results, including decreased AIDS-related deaths and new infections; reduced numbers of children being infected with HIV; increased awareness of HIV status; and a 27-fold increase since 2003 in access to antiretroviral therapy.

More closely linked to UNAIDS' approach of strengthening national responses to HIV and AIDS, there is evidence of results in terms of contributions to significant changes in national development policies and programmes and to system reforms. Evidence also exists that UNAIDS' support has addressed the needs and priorities of specific target groups, with efforts at the global and country level to tackle stigma and discrimination. These efforts enhance inclusion for key populations in particular, although such populations have not been universally targeted. UNAIDS' corporate reporting also records a range of achievements related to an improved national policy environment and systems to address HIV and AIDS. Examples are HIV-related legislation and policies, the adoption of standards and thresholds, and improved data reporting. More limited and specific examples relate to coherence. Some of these are the achievement of the "15 by 15" target; the UNAIDS-supported Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa, adopted by the African Union in 2012; and country-level examples of coherent planning from Brazil and El Salvador.

Significant gains are reported by UNAIDS in terms of building institutional and community capacity and/or government ownership. These include: the enhanced capacity of networks and civil society; strengthened gender equality within AIDS responses, and increased political commitment to gender; enhanced ability to apply for Global Fund grants as a result of UNAIDS technical support; and country-level results on civil society capacity enhancement.

Evidence of results having been delivered efficiently, and of the sustainability of the results achieved, is much more limited. In both cases, the results come in the main from UNAIDS' corporate reporting and are not backed up with evaluative evidence. The corporate documentation presents positive results in relation to UNAIDS' resource and cost efficiency from two perspectives: efficient use of resources to tackle the epidemic and efficiency within the Secretariat itself. Such institutional reforms are considered to have significantly enhanced the efficiency of the response by enabling resources to be used to generate maximum gains. The available evidence on sustainability of interventions is reported mainly in relation to sustainable financing for HIV and AIDS strategies. Results documented by corporate reporting show that domestic financing for country-level response has grown significantly, although many countries still rely on external resources.

The absence of evaluations of UNAIDS programmes and approaches means that evidence of UNAIDS' contributions to relevant, inclusive and sustainable results is limited. This is a significant limitation for UNAIDS and has been a limitation in carrying out this assessment.

3.2 The performance journey of the organisation

Comparison with previous assessments

The MOPAN 3.0 methodology has significantly evolved since UNAID's last MOPAN assessment in 2012. It is not therefore feasible to provide a direct comparison. Nonetheless, it is possible, on the basis on the analysis presented here, to identify some areas of progress since 2012. Table 2 summarises key strengths and areas for improvement identified by the 2012 MOPAN assessment.

Table 2: Summary of strengths and areas for improvement from the MOPAN 2012 assessment

| Strengths in 2012 |
|--|
| <ul style="list-style-type: none"> ● UNAIDS is highly valued by its direct partners and Cosponsors ● UNAIDS' highly consultative approach is crucial to the achievement of its mandate and its "getting to zero" strategy ● UNAIDS' effectiveness in building partnerships is highly valued and recognised by stakeholders as one of its strengths |
| Areas for improvement in 2012 |
| <ul style="list-style-type: none"> ● UNAIDS will need to provide consistent leadership to support efforts in organisational development ● There is room for improvement in UNAID's ability to measure its own performance, particularly in moving from activity-based to results-based reporting and in the use of performance indicators, baselines and targets ● There are significant challenges in ensuring that defined roles of the Cosponsors and the Secretariat are respected at all levels of the joint programme |

This 2016 MOPAN assessment concludes that, while performance can be improved in some areas, following institutional reform processes, the UNAIDS Secretariat meets most of the requirements of an effective multilateral organisation.

UNAIDS is still highly valued by its partners and the Cosponsors; the organisation also continues to be recognised by stakeholders for its strengths in building partnerships, particularly at national and regional levels. However, concerns relating to decision making and accountability remain. UNAIDS has built on its experience in developing the "getting to zero" strategy, and has used a highly effective consultative approach to getting agreement for the new strategic plan and for the adoption by the General Assembly of the highly ambitious *2016 Political Declaration on HIV and AIDS*.

There are signs of considerable progress from the 2012 MOPAN assessment, as well as areas where attention is still needed. UNAIDS' continued commitment to organisational development has brought further positive changes in terms of a shift to a more field-based organisation, reductions in overall levels of staffing, and systems that ensure greater individual accountability for results. Considerable progress has been made in moving to more results-based reporting and particularly in the use of performance indicators, baselines and targets (See Table 3). At the same time, there is still work to be done (See Table 4).

Progress is needed to ensure that evaluative and more analytical data are both available and used in programmatic decision making. Finally, although there is evidence that the UNAIDS' structure has been further developed to ensure mutual accountability — for example through the development of the Joint Programme Monitoring System — tensions remain. The current financial crisis has exacerbated those tensions, raising concerns about the Secretariats' commitment to participatory decision making.

Table 3: Strengths identified in 2016

Strengths

- **Contribution to change** – UNAIDS' focus on sensitive and difficult issues has enabled contributions to tackling stigma and discrimination through, for example, changes in national and regional policy and programmes. This has been a key contribution to the achievement of the HIV targets and to making progress under the “three zeros” approach, including halting and reversing the trajectory of the epidemic.
- **Use of strategic information** – UNAIDS plays a key role in gathering, analysing and using information on the HIV/AIDS epidemic at national, regional and international levels. It also plays a key role in building the capacity of others to do the same and to support international efforts, working with national and regional partners over many years to build the quality of the data collected and to develop ways to present and utilise information for maximum effect.
- **Use of convening power** – UNAIDS has developed considerable experience in bringing together a wide range of stakeholders at all levels to reach consensus on ways forward in tackling the epidemic and to agree on targets for progress. The approach used is based on strong partnerships, built up and maintained over time, with UNAIDS playing a key supportive and capacity-building role.
- **National-level co-ordination** – UNAIDS's role is often difficult to convey as a tangible result, as the organisation works behind the scenes to bring others together, ensure that key stakeholders have a voice in decision making, and identify gaps in capacity and work to fill them. While the results are clear, it is important that UNAIDS record these roles and provide evidence of its contribution.
- **Systems for mutual accountability** – UNAIDS has used its experience in the collection and analysis of strategic information to assist in the development of the Joint Programme Monitoring System. Working with the Cosponsors, and with the assistance of donors, targets, baselines and indicators have been developed for the current strategic plan. Using the system, the Cosponsors will be able to see and track the contributions they make together towards progress against these targets.
- **Organisational change** – UNAIDS has shown an ongoing commitment to organisational change and has made the necessary reforms, in terms of its systems and human resource management, to ensure it is fit for purpose. The challenge now is to continue with these reforms in the face of a financial crisis, balancing the need for further reform with the need to enable the organisation to deliver against the ambitious targets of the current strategic plan.

Table 4: Areas identified for improvement and/or attention in 2016

| Areas for improvement |
|---|
| <ul style="list-style-type: none"> ● Organisational architecture – UNAIDS has work to do in ensuring that its organisational architecture is congruent with its vision and operating model, and that cross-cutting issues are integrated consistently. A reform process has been underway since 2011 to ensure that UNAIDS’ structures continue to match the strategic focus of the organisation. Concerns raised by Cosponsors and other partners suggest that UNAIDS needs to address issues relating to staffing and decision making, ensuring there is a collective approach to implementation and mutual accountability for results. |
| <ul style="list-style-type: none"> ● Cross-cutting issues – While UNAIDS shows a clear commitment at the strategic level to human rights, gender equality and governance, it appears to rely to a greater extent on the commitment of its staff rather than on ensuring that guidance and systems are fully taken forward. Environmental sustainability and climate change are currently not integrated into the organisation’s strategic plan or corporate objectives. UNAIDS needs to put in place guidance and mechanisms to ensure consistent progress against cross-cutting issues at all levels. |
| <ul style="list-style-type: none"> ● Financial resources – UNAIDS is operating in a difficult financial context and has experienced a reduction in the number of multi-year funding commitments. This risks UNAIDS’ ability to implement the Unified Budget, Results and Accountability Framework. While efforts have been made to diversify financial resources, concerns have been raised about UNAIDS’ forward planning. It is also of concern that UNAIDS has not engaged with the Cosponsors in joint planning and joint resource mobilisation, options that should be explored going forward. |
| <ul style="list-style-type: none"> ● Global level co-ordination and co-operation – Co-operation and co-ordination have been strong at the country level, although the financial crisis has put strains on the joint programme. At the global level, there remains considerable room for improvement. While there have been efforts to improve mutual accountability, Cosponsors increasingly raise concerns around a perceived lack of transparency in decision making at the highest level. |
| <ul style="list-style-type: none"> ● Evidence of effectiveness and impact – The absence of evaluations of UNAIDS programmes and approaches means that there is limited evidence of UNAIDS’ contributions to relevant, inclusive and sustainable results. Coupled with the reliance on monitoring data and not on evaluative or more analytical data in programmatic decision making, this is an area that needs to be addressed as a matter of urgency. |



4. ANNEXES

1. Detailed scoring and rating on KPIs and MIs for UNAIDS
2. List of documents analysed for UNAIDS
3. Process map of the MOPAN 3.0 assessment of UNAIDS
4. Results of the MOPAN survey of UNAIDS Partners

Annex 1: Detailed scoring and rating on KPIs and MIs for UNAIDS

The Scoring and Rating was agreed by MOPAN members in May 2016.

Scoring

For KPIs 1-8: The approach **scores** each Micro Indicator per element, on the basis of the extent to which an organisation implements the element, on a range of 1-4. Thus:

| Score per element | Descriptor |
|-------------------|---|
| 0 | Element is not present |
| 1 | Element is present, but not implemented/implemented in zero cases |
| 2 | Element is partially implemented/implemented in some cases |
| 3 | Element is substantially implemented/implemented in majority of cases |
| 4 | Element is fully implemented/implemented in all cases |

KPIs 9-12: An adapted version of the scoring system for the OECD DAC's Development Effectiveness Review is applied. This also **scores** each Micro Indicator on a range of 0-4. Specific descriptors are applied per score.

| Score per element | Descriptor |
|-------------------|-----------------------|
| 0 | Not addressed |
| 1 | Highly unsatisfactory |
| 2 | Unsatisfactory |
| 3 | Satisfactory |
| 4 | Highly satisfactory |

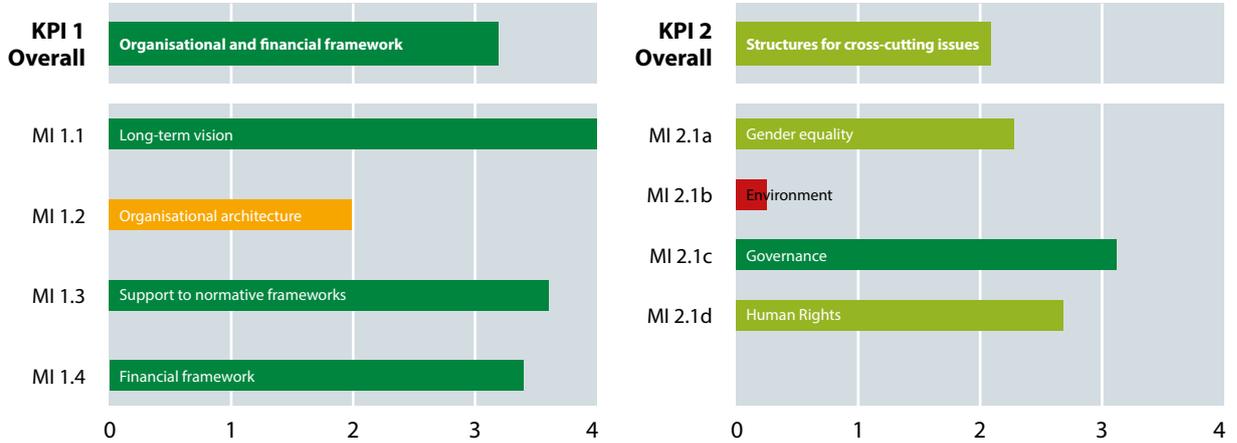
Rating

Taking the average of the constituent scores per element, an overall **rating** is then calculated per MI/KPI. The ratings scale applied is as follows:

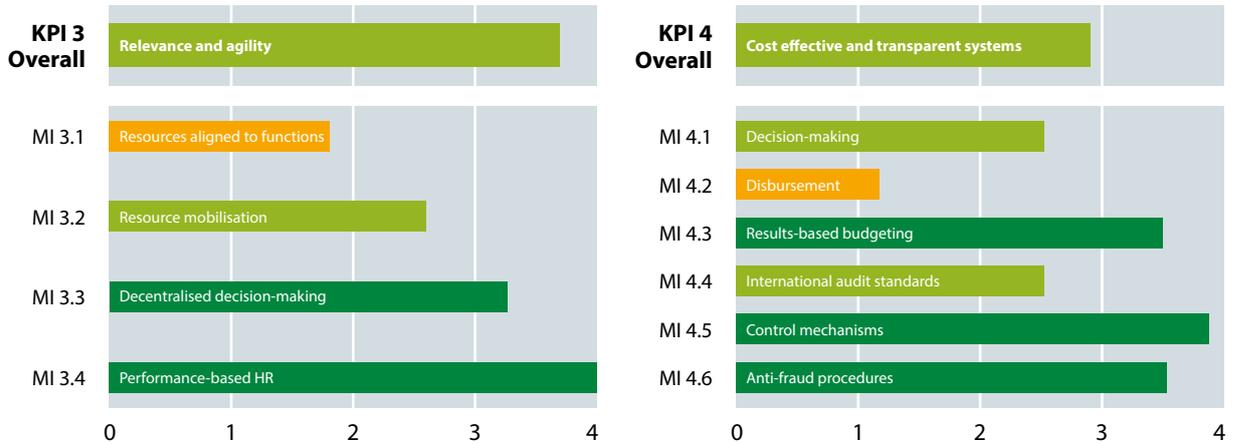
| Rating | Descriptor |
|--------|-----------------------|
| 3.01-4 | Highly satisfactory |
| 2.01-3 | Satisfactory |
| 1.01-2 | Unsatisfactory |
| 0-1 | Highly unsatisfactory |

MOPAN scoring summary

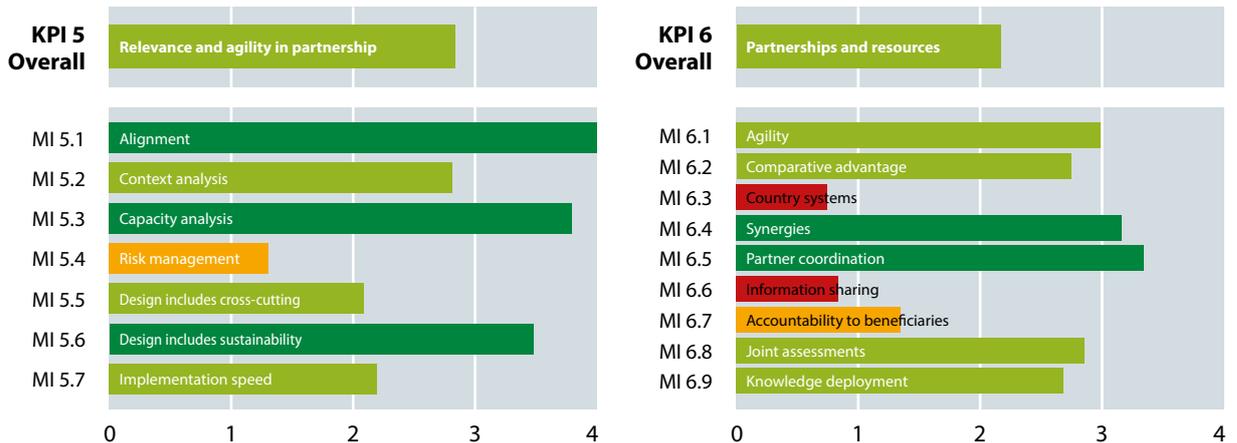
PERFORMANCE AREA: STRATEGIC MANAGEMENT



PERFORMANCE AREA: OPERATIONAL MANAGEMENT

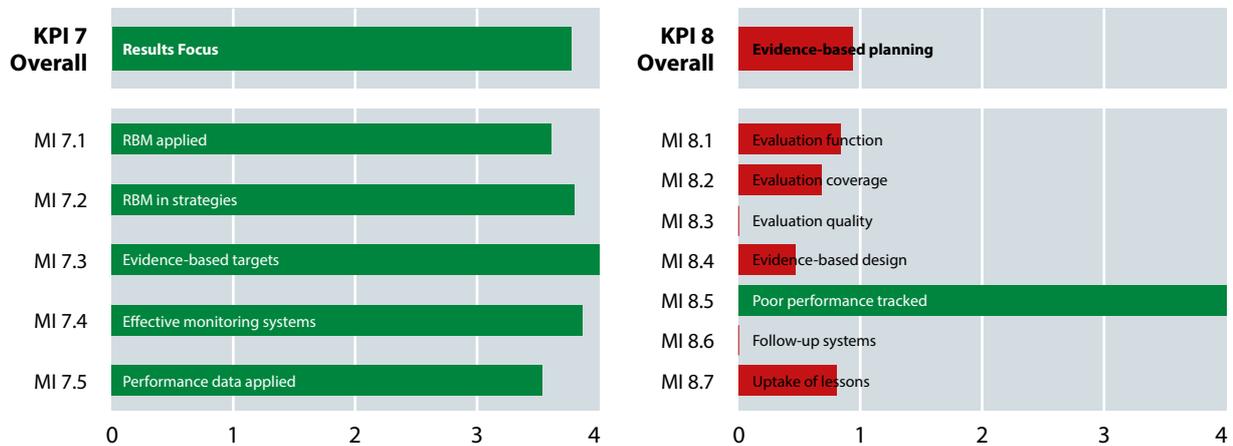


PERFORMANCE AREA: RELATIONSHIP MANAGEMENT

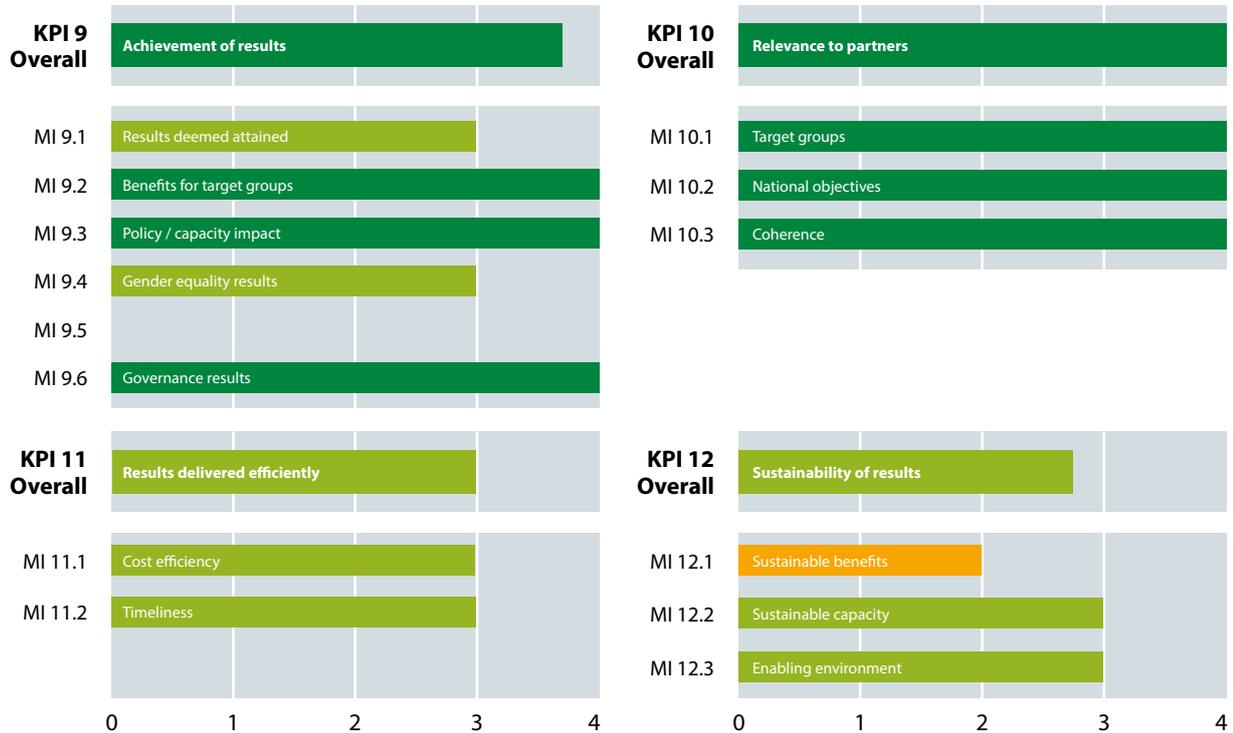


MOPAN scoring summary

PERFORMANCE AREA: PERFORMANCE MANAGEMENT



PERFORMANCE AREA: RESULTS



SCORING COLOUR CODES



Performance Area: Strategic Management

Clear strategic direction geared to key functions, intended results and integration of relevant cross-cutting priorities

KPI 1: Organisational architecture and financial framework enables mandate implementation and achievement of expected results

| | | | |
|--------------------------|-------------|---------------------------|----------------------------|
| Overall KPI Score | 3.25 | Overall KPI Rating | Highly satisfactory |
|--------------------------|-------------|---------------------------|----------------------------|

MI 1.1: Strategic plan and intended results based on a clear long term vision and analysis of comparative advantage

| Element | Score | Narrative | Source Documents |
|--|-------|---|---|
| Element 1: The Strategic Plan (or equivalent) contains a long term vision | 4 | UNAIDS' current and new Strategic Plans are both based on political level resolutions and set out a clear and time bound vision of the 'three zeros' (zero new infections, zero AIDS-related deaths and zero discrimination) and the 90/90/90 targets (By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, 90% of all people receiving antiretroviral therapy will have viral suppression). The strategic plan was developed in an wide-ranging consultative process, working with cosponsoring agencies and other key stakeholders, and has established both global targets and results framework that are based on five of the SDGs. | 1, 2, 3, 4, 5, 12, 13, 14, 16, 17, 18, 19, 21, 22, 23, 25, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 41, 42, 46, 66, 72, 103, 104, 105, 106 |
| Element 2: The vision is based on a clear analysis and articulation of comparative advantage | 4 | The strategy is premised on a clear and explicit analysis of UNAIDS' comparative advantage, which is well understood and articulated by the organisation's staff. Its dimensions include: UNAIDS' role in the normative agenda as a UN agency; its convening capacity; its co-ordination function; its role as a programmatic entity of 10 cosponsoring organisations; its country-level partnerships; its near-universal presence in low and middle income countries; and its human rights mandate. | |
| Element 3: A strategic plan operationalises the vision, including defining intended results | 4 | The broader vision is elaborated in a set of clear organisational outcomes and | |

| | | | |
|---|---------------------|--|-----------------|
| Element 4: The Strategic Plan is reviewed regularly to ensure continued relevance | 4 | indicators. The new strategic plan is supported by the Unified Budget, Results and Accountability Framework (UBRAF), which provides a single framework covering UNAIDS core funds, a proportion of which goes as catalytic funding for the 11 Cosponsors, and other AIDS funds that UNAIDS works to mobilise at country, regional and global levels. | |
| Overall Score: | 4 | UNAIDS has reviewed both the progress towards the global targets and the organisation's role in making progress towards these targets. The 2012–2015 UBRAF, UNAIDS' operational instrument to help achieve the goals in UNAIDS strategy and the targets of the 2011 UN General Assembly Political Declaration on HIV and AIDS underwent a mid-term review in 2014. | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 1.2: Organisational architecture congruent with a clear long term vision and associated operating model

| Element | Score | Narrative | Source Documents |
|---|-------|--|------------------------------------|
| Element 1: The organisational architecture is congruent with the strategic plan | 2 | <p>UNAIDS has been through a major restructuring, aimed at making it more of a field-based organisation, in line with its strategic plan. In 2012, UNAIDS articulated overarching objectives to strengthen the organization in order to address the significant increase in demands for services and the remaining gaps in the response. This resulted in a strategic realignment process from 2013 in order to reinforce the UNAIDS Secretariat as an organization ‘fit for purpose’ in the global response to AIDS. Specific areas of focus have included: organizational strengthening through the optimal deployment of staff and resources, including addressing staff development and innovation; and enhancing the business model for greater effectiveness, efficiency and accountability. Three specific Secretariat-wide initiatives—in the areas of human resources, administration and organizational design – were set in motion.</p> <p>The survey responses presented divergent views on staffing, with 58% of respondents agreeing that UNAIDS had sufficient staffing in the country for a UN coordinated response to HIV and AIDS, while 28% found the staffing levels insufficient. The majority of respondents agreed that UNAIDS had staff in place at the appropriate level to build relationships, ensure continuity and make decisions at a local level.</p> | 1, 2, 9, 12, 19, 20, 28, 29,35, 42 |
| Element 2: The operating model supports implementation of the strategic plan | 2 | <p>However, the Cosponsors raised issues around the number and level of UNAIDS’ staff and the number of Cosponsoring Agency staff tasked with implementation, noting that there were no consultations on how many staff or what level of staff were necessary in each context and this reorganisation has resulted in a disparity at the country level between Cosponsors and UNAIDS. Similarly, there are concerns from the Cosponsors that there is duplication and overlap between technical departments of UNAIDS and the Cosponsoring agencies and some Cosponsors at global level were not aware of what technical units actually existed within the secretariat.</p> <p>Recognising that both UNAIDS (both the secretariat and its Cosponsors) are operating in a very difficult financial context, having experienced a significant reduction in funding, staffing arrangements of both UNAIDS and the Cosponsors are currently being reviewed as requested by the PCB to ensure optimum organisational structures.</p> <p>The process of ensuring that the operating model is congruent with UNAIDS’ overarching aims has been ongoing, with organisational changes being made in response to the changing needs of HIV and to the core budget, which has remained the same since 2008-9.</p> <p>UNAIDS has operated with a core budget of zero nominal growth over eight years (from</p> | |

| | | | |
|---|----------|---|--|
| <p>Element 3: The operating model is reviewed regularly to ensure continued relevance</p> | <p>2</p> | <p>2008 through 2015) and has had to adjust accordingly, there are some recent concerns raised by Cosponsors that UNAIDS has not fully planned for the challenges of continuing to raise core funds. UNAIDS has expressed concerns that failing to raise enough funding will impede the achievement of the results of the Strategic Plan.</p> <p>Cosponsors generally agreed that the UNAIDS as a joint programme was the right model but that it was not working at an optimal level. Improvements, such as more transparency around decision-making, more cooperation on publications and guidelines, mutual accountability, and better communication should be implemented.</p> <p>The operating model is reviewed, through the periods of the previous and current strategic plans. However Cosponsors reported that they were not consulted as fully as they could have been in this review process. The findings of the reviews and the plans for further realignment are presented to the PCB.</p> <p>UNAIDS has updated and extended its Human Resource Strategy for 2016-2021 relying primarily on a Secretariat-wide survey, where staff were invited to describe an organisation that is fit for purpose and able to best respond in the new environment.</p> | |
| <p>Element 4: The operating model allows for strong cooperation across the organisation and with other agencies</p> | <p>2</p> | <p>Additionally, work is ongoing to reorganise the Secretariat with a view to ensuring the optimal deployment of staff and expertise at all levels. This involves a prioritization of what the Secretariat needs to deliver in each country, region and globally to drive the new Strategy. This will include refocusing and rationalising country, RST, Liaison Office and headquarters structures with a view to achieving maximum cost effectiveness.</p> <p>UNAIDS staff noted that some country offices had been closed during this ‘repositioning’ process to maximize cost efficiency. Cosponsors held that there were no discussions either at country, regional or global level between the Secretariat and the Cosponsoring Agencies around how to continue to support the AIDS responses in these countries and what the roles of the Cosponsors (those present in country) in the absence of UNAIDS.</p> <p>At global, regional and national levels, Globally UNAIDS works with the 11 Cosponsoring agencies, all of who were involved in the development of the current strategic plan. Regional bodies were involved in the consultation plans for the current strategic plan, which places a strong emphasis on the role of regional leadership. At the national level, UNAIDS support national responses, working with government, NGOs and other stakeholders to develop and implement plans and interventions to respond to the targets</p> | |

| | | | |
|---|-----------------------|---|------------------------|
| <p>Element 5: The operating model clearly delineates responsibilities for results</p> | <p>2</p> | <p>in the strategic plan.</p> <p>Cosponsors did participate in planning processes, notably in the development of the Strategic Plan. At the same time, Cosponsors have raised concerns about the lack of transparency in some aspects of decision making. Out of the 6 Cosponsors interviewed directly, 4 Cosponsors noted a sense of ‘one- way accountability. Efforts to improve cooperation at global level, such as the Cosponsors’ request to be included in joint planning and resource mobilisation have not been taken up by UNAIDS.</p> <p>At country level, out of the 10 UN agencies that responded to the survey question on the sharing of key information (analysis, budgeting, management, results), 4 agencies rated UNAIDS as excellent, 2 agencies rated UNAIDS as very good and 1 agency as fairly good. 3 agencies rated UNAIDS as fairly poor.’</p> <p>Cosponsors also raised concerns around the publication of data or guidelines, citing issues around delays (so the data is no longer the most up-to-date data available), lack of consultation at key points in the production of knowledge products or a very limited time to feedback on publications.</p> | |
| <p>Overall Score:</p> | <p>2</p> | <p>The UBRAF provides a clear framework for UNAIDS to work effectively with these other agencies, with the current plan providing a clear division of labour and responsibilities.</p> <p>Cosponsors have raised concerns about the lack of transparency in some aspects of decision making, however. Additionally, Cosponsors noted a sense of ‘one-way’ accountability from their side only, whereas they felt the Secretariat was not accountable to them.</p> | |
| <p>Overall Rating</p> | <p>Unsatisfactory</p> | | <p>High confidence</p> |

MI 1.3: Strategic plan supports the implementation of wider normative frameworks and associated results (i.e. the quadrennial comprehensive policy review (QCPR), replenishment commitments, or other resource and results reviews)

| Element | Score | Narrative | Source Documents |
|---|-------|--|--|
| Element 1: The strategic plan is aligned to wider normative frameworks and associated results | 4 | <p>UNAIDS' new strategic plan is the first agency plan to be explicitly linked to the newly agreed SDGs, as well as making clear links to the QCPR.</p> <p>UNAIDS' current and successor Strategic Plans reference the 2011 United Nations Political Declaration on HIV and AIDS, adopted by the UN General Assembly in June 2011, with its set of 10 global AIDS targets. The 2016-2012 Strategy is explicit on its links to the UN's Quadrennial Comprehensive Policy Review – 'The Strategy aligns with the cycles of United Nations funds and programmes, as required by the United Nations Quadrennial Comprehensive Policy Review. Goals and targets are set for 2020, rather than 2021 (the year the Strategy ends) to align with the 2020 mid-term review of the SDGs.</p> | 1, 2, 3, 4, 5, 9, 12, 13, 19, 20, 21, 23, 25, 26, 27, 28, 32, 35, 36, 41, 46, 65, 79, 98 |
| Element 2: The strategic plan includes clear results for normative frameworks | 4 | <p>The strategic plan was developed in a wide-ranging consultative process, working with cosponsoring agencies and other key stakeholders, and has established both global targets and results framework that are based on five of the SDGs: good health and well-being, reduced inequalities, gender equality, just, peaceful and inclusive societies and global partnerships.</p> | |
| Element 3: A system to track results is in place and being applied | 4 | <p>UNAIDS has put in place the Joint Programme Monitoring System (JPMS) to enable the Secretariat and the Cosponsors to track results. There is good evidence from interviews that this system is being used by both UNAIDS and the Cosponsors, however staff at country level reported confusion from Cosponsors as did the Cosponsors themselves.</p> <p>Clear lines of accountability are set out in the UBRAF 2016-2021, with Cosponsors outlining their contributions and identify 'their' deliverables to maximize collective results. The Division of Labour ensures that a clear separation of lines of responsibility is formally enshrined, and operational guidance at country level reflects this.</p> | |
| Element 3: Clear accountability is established for achievement of normative results | 4 | <p>UNAIDS publishes reports annually to inform the global response, including the Global Report, setting out the current situation on tackling the epidemic, and the Gap Report (2014) and the Prevention Gap Report (2015), giving information</p> | |

| | | | |
|---|---------------------|---|------------------------|
| Element 4: Progress on implementation on an aggregated level is published at least annually | 2 | and analysis on the people being left behind. The UNAIDS also updates the PCB annually on progress in implementing the strategic plan and the annual Performance Monitoring Report provides information and technical data on the work of the Cosponsors. There remains, however, a gap between reporting on the global situation and reporting on the contribution that implementation makes to this progress. | |
| Overall Score: | 3.6 | | High confidence |
| Overall Rating: | Highly satisfactory | | |

MI 1.4: Financial Framework (e.g. division between core and non-core resources) supports mandate implementation

| Element | Score | Narrative | Source Documents |
|---|---------------------|--|--|
| Element 1: Financial and budgetary planning ensures that all priority areas have adequate funding in the short term or are at least given clear priority in cases where funding is very limited | 1 | <p>There have been recent concerns that decision making around reductions to the core funds that go to Cosponsors has been insufficiently transparent.</p> <p>UNAIDS has also faced the issue that its core budget has remained constant since 2008-2009, meaning that there have been significant ongoing cuts to the organisation's budget. Again, concerns were raised in interviews that cuts to budgets for regional and country offices could affect the capacity of the organisation to be able to deliver against the ambitious Fast Track targets.</p> | 1, 3, 4, 8, 10, 11, 12, 16, 18, 20, 23, 25, 26, 29, 30, 31, 34, 39, 40, 41, 43, 44, 45, 73 |
| Element 2: A single integrated budgetary framework ensures transparency | 4 | <p>The Secretariat receives 2/3 of core resources, and the implementing arm (Cosponsors) receives 1/3 divided by 11 Cosponsors. This 50% cut for Cosponsors was a shock (who expected a cut of 20%), and came as a surprise in spite of months of requesting information. Cosponsors interviewed reported a distinct lack of transparency around finance, and noted that this restricts the ability of Cosponsors to plan and deliver results. The net cut over 2 years is 80%, and for the Secretariat 20%. UNDP's allocation was USD 8.6 million - then it was to be USD 4.3 million - now it stands at USD 1.5 million.</p> | |
| Element 3: The financial framework is reviewed regularly by the governing bodies | 4 | <p>The new strategic plan is supported by the Unified Budget, Results and Accountability Framework (UBRAF), which provides a single framework covering UNAIDS core funds, a proportion of which goes as catalytic funding for the 11 Cosponsors, and other AIDS funds that UNAIDS works to mobilise at country, regional and global levels.</p> | |
| Element 4: Funding windows or other incentives in place to encourage donors to provide more flexible/un-earmarked funding at global and country levels | 4 | <p>The PCB receives annual updates on the financial and budgetary planning and is actively involved in reviewing progress. The greatest proportion of UNAIDS core funds comes as un-earmarked funds. The PCB approved a window to provide earmarked funding through UNAIDS Secretariat to support the achievement of the global AIDS targets through contributions which are over and above the core funding.</p> | |
| Element 5: Policies/measures are in place to ensure that earmarked funds are targeted at priority areas | 4 | <p>The PCB approval of earmarked funds includes measures to ensure that they are targeted at the global AIDS targets.</p> | |
| Overall Score: | 3.4 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

KPI 2: Structures and mechanisms in place and applied to support the implementation of global frameworks for cross-cutting issues at all levels

Overall KPI Rating

2.13

Overall KPI

Satisfactory

MI 2.1: Corporate/sectoral and country strategies respond to and/or reflect the intended results of normative frameworks for cross-cutting issues.

a) Gender equality and the empowerment of women

| Element | Score | Narrative | Source Documents |
|--|-------|---|---|
| Element 1: Dedicated policy statement on gender equality available and showing evidence of use | 2 | Gender is reflected in UNAIDS corporate commitments, strategic plan and accountability systems, forming a core area of work for the organisation. Gender is a strategic priority in the Guiding Principles for all aspects of UNAIDS work in the 2016-2021 Strategy; and is also one of the three strategic directions identified. There is, however, no separate and dedicated statement on gender equality that is used to guide the work of UNAIDS. | 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 26, 27, 29, 32, 34, 35, 43, 44, 46, 51, 56 |
| Element 2: Gender equality indicators and targets fully integrated into the organisation's strategic plan and corporate objectives | 4 | Gender equality indicators and targets are set out against the main objectives in the strategic plan and as part of the strategic direction focused on human rights and gender equality. A set of core actions is identified for the global response to HIV and AIDS to achieve gender equality and empower women and girls. Gender is explicitly reflected in the narrative of the UBRAF and specific results (Result are 5) provide an accountability mechanism. Whilst strong guidance and tools exist, it is clear from assessments and evaluations that these are still not systematically used across programmes. The secretariat has put in place a gender assessment tool and a costing tool and, while there is evidence that these tools are being used, they are still not being used systematically. | |
| Element 3: Accountability systems (including corporate reporting and evaluation) reflect gender equality indicators and targets | 4 | There is evidence of gender considerations incorporated into operational guidelines, with operational guidance for Positive Health, Dignity and Prevention, the HIV-related human rights costing tool and guidance on working | |

| Element | Score | Narrative | Source Documents |
|--|--------------|--|------------------|
| Element 4: Gender screening checklists or similar tools used for all new intervention | 2 | <p>with civil society all integrating gender concerns prominently. Gender is also integrated into guidance on HIV in Emergency Contexts and the Coordination of HIV Technical Support in a rapidly changing environment from the perspective of the epidemic's differential impact on men and women and the role of unequal gender relations with respect to HIV risk, vulnerability, impact and service access. Tools available to support gender assessments and build the capacity of national partners include a roadmap for incorporating gender equality issues in national responses, programming guidance to address the links between HIV and violence against women, and a compendium of gender equality and HIV indicators to support enhanced data collection and analysis.</p> <p>The human resources to address gender have been cut over the period of the assessment, from 4 staff to 2 at HQ. Generally, the role of both human rights and gender personnel seems to be generating guidance, finding entry points for human rights and gender and linking what is happening at country level and elevating this discourse to the HLM.</p> <p>Capacity development efforts for staff have been relatively limited. Country-level staff were trained in 2014, and an online webinar was piloted with WHO.</p> | |
| Element 5: Human and financial resources (exceeding benchmarks) all available to address gender issues | 1 | | |
| Element 6: Capacity development of staff on gender is underway or has been conducted | 1 | | |
| Overall Score | 2.33 | | |
| Overall Rating: | Satisfactory | | High confidence |

b) Environmental Sustainability and Climate Change

| Element | Score | Narrative | Source Documents |
|--|------------------------------|---|-------------------------------|
| Element 1: Dedicated policy statement on environmental sustainability and climate change available and showing evidence of use | 1 | UNAIDS policy on climate change and environmental sustainability is entirely focused on an Emissions Reduction Strategy for the Secretariat and does not cover the environmental sustainability and climate change aspects of the programme. | 28,29, 91, 108, 109, 111, 112 |
| Element 2: Environmental sustainability and climate change indicators and targets fully integrated into the organisation's strategic plan and corporate objectives | 0 | Environmental sustainability and climate change are not integrated into the organisation's strategic plan or corporate objectives. | |
| Element 3: Accountability systems (including corporate reporting and evaluation) reflect environmental sustainability and climate change indicators and targets | 1 | The accountability systems that do exist focus entirely on the Secretariat Strategy and do not cover environmental sustainability and climate change in the strategic plan. Environmental screening and impact assessments are currently not carried out. | |
| Element 4: Environmental screening checklists or similar tools used for all new intervention | 0 | There are no resources or capacity to address environmental sustainability and climate change currently. There is also no capacity development of staff on environmental sustainability and climate change. | |
| Element 5: Human and financial resources (exceeding benchmarks) are available to address environmental sustainability and climate change issues | 0 | | |
| Element 6: Capacity development of staff on environmental sustainability and climate change is underway or has been conducted | 0 | | |
| Overall Score: | 0.33 | | |
| Overall Rating: | Highly Unsatisfactory | | High confidence |

c) Good governance (peaceful and inclusive societies for sustainable development, reduced inequality, provide access to justice for all and build effective, accountable and inclusive institutions at all levels)

| Element | Score | Narrative | Source Documents |
|--|-------|--|--|
| Element 1: Dedicated policy statement on good governance available and showing evidence of use | 4 | Good governance is explicitly identified as a cross-cutting area within both UNAIDS' 2011-2015 and 2016-2021 Strategies and associated documentation. UNAIDS plays a key role in engaging with health and justice ministries, members of parliaments, People Living With HIV, and national AIDS bodies to develop laws and policies that support effective AIDS responses and protect human rights. As an external international body that is perceived as neutral, UNAIDS is able to bring together a wide range of key stakeholders in dialogue on legislation and programmes to address often difficult issues. UNAIDS plays a key role in Leadership and Advocacy for global commitments on HIV, at global, regional and country levels. | 1, 2, 3, 4, 5, 9, 12, 13, 14, 15, 16, 19, 21, 22, 23, 24, 25, 34, 35, 41 |
| Element 2: Good governance indicators and targets fully integrated into the organisation's strategic plan and corporate objectives | 4 | The indicators and targets in the UBRAF reflect the governance focus. Specifically, good governance is addressed from the perspectives of: <ul style="list-style-type: none"> Engaging non-state actors in decision-making, particularly civil society and affected populations Ensuring inclusive responses which also involve civil society and affected populations, and reach the most vulnerable Adopting programmatic responses which reduce stigma and discrimination, and increase access to justice Ensuring accountability through ownership, particularly by communities, affected populations and local authorities Adopting a partnership approach between development partners, government and civil society, including people living with HIV. | |
| Element 3: Accountability systems (including corporate reporting and evaluation) reflect good governance indicators and targets | 4 | | |
| Element 4: Good governance screening checklists or similar tools used for all new intervention | 2 | The results are tracked in regular reporting on the UBRAF. The 2014 Mid Term Review of the 2012-2015 UBRAF found that UNAIDS had worked successfully on good governance issues, including engaging with health and justice ministries, members of parliaments, People Living With HIV, and national AIDS bodies to develop laws and policies that support effective AIDS responses and protect human rights. Dialogues on HIV and the law were held in 49 countries, with | |

| | | | |
|--|---------------------|---|-----------------|
| Element 5: Human and financial resources (exceeding benchmarks) are available to address good governance issues | 4 | UNDP helping 65 countries undertake legal environment assessments and reviews. Other achievements included the drafting of legislation, based on public health evidence and human rights principles; the development of advocacy and guidance materials to reduce HIV stigma and discrimination and increase access to justice. UNAIDS also invested in strengthening the capacity of organizations of key populations to take their place at the centre of policy-making and service provision. | High confidence |
| Element 6: Capacity development of staff on good governance and climate change is underway or has been conducted | 1 | While it is clear that there is a focus on governance issues in UNAIDS work, there is only limited evidence that a focus on governance is made explicit in developing interventions. However, there are human and financial resources in UNAIDS for taking forward governance as a cross-cutting issue. There are courses available to staff through PALM but they are not mandatory. However, elements of good governance principles are evident in the UNAIDS Competency framework. (Values: integrity, respect for diversity. Core Competencies, being accountable, communicating with impact, working in teams. Managerial competencies: developing and empowering others and building relationships and networks) | |
| Overall Score: | 3.17 | | |
| Overall Rating: | Highly Satisfactory | | High confidence |

d) Any other cross-cutting issues included in organisational mandates/commitments (Human Rights)

| Element | Score | Narrative | Source Documents |
|---|-------|---|---|
| Element 1: Dedicated policy statement on human rights available and showing evidence of use | 4 | <p>Human Rights are a foundational principle of UNAIDS strategy and programming and are central to the organisation's strategic planning and to the way in which it works. The human rights approach informs the way in which UNAIDS works in all countries and there is evidence of innovative approaches in often difficult circumstances.</p> <p>The Strategy promotes universal respect for human rights, dignity and equal opportunity to build more inclusive societies. It encourages countries to work with service providers in health-care, workplace and educational settings to eliminate HIV-related stigma and discrimination, including against people living with HIV and key populations. To prevent and challenge violations of human rights, programmes to empower people living with, at risk of, and affected by HIV to know their rights and access legal services should be brought to scale. Countries are further encouraged to remove punitive laws, policies and practices that block an effective AIDS response, including travel restrictions and mandatory testing, and those related to HIV transmission, same-sex sexual relations, sex work and drug use. (2011-2015 Strategy). The 90-90-90 approach emphasizes speed in scale-up and early initiation of HIV treatment in a manner consistent with human rights.</p> | 1, 2, 3, 4, 5, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 34, 35, 36, 37, 39, 40, 42, 45, 55, 56, 61, 63, 68, 72 |
| Element 2: Human rights indicators and targets fully integrated into the organisation's strategic plan and corporate objectives | 4 | <p>The strategic plan includes targets and indicators for the elimination of HIV-related stigma and discrimination, and results are being tracked in regular reporting. Results against the strategic plan targets and indicators are reported annually.</p> | |
| Element 3: Accountability systems (including corporate reporting and evaluation) reflect human rights indicators and targets | 4 | <p>Country and regional documentation records a range of significant efforts in linking the HIV and AIDS response with human rights. These include the training of legislators and the judiciary in HIV and Human Rights in West and Central Africa; regional workshops on integrating human rights into HIV national strategic plans and frameworks in the Caribbean and Eastern Europe and Central Asia; and dialogues in 19 countries in Asia Pacific to review legal and policy barriers to services for people living with HIV and key populations.</p> | |
| Element 4: Human rights screening checklists or similar tools used for all new intervention | 2 | <p>While it is clear that there is a focus on human rights in UNAIDS' work, there is only limited evidence that a focus on these issues is made explicit in developing interventions. It seems that the focus on human rights is implicit, rather than being set out in formal assessment processes for interventions.</p> <p>UNAIDS has produced guidance and tools to help embed a human rights based</p> | |
| Element 5: Human and financial resources (exceeding benchmarks) are available to address human rights issues | 1 | | |

| Element | Score | Narrative | Source Documents |
|--|--------------|---|------------------|
| Element 6: Capacity development of staff on human rights is underway or has been conducted | 1 | approach into HIV and AIDS programming. In 2013, the Secretariat, in partnership with the Global Network of People Living with HIV (GNP+), developed the Positive Health, Dignity and Prevention: Operational Guidelines. These guidelines articulate a commitment to the application of the Greater Involvement of People Living with HIV (GIPA) principles and placing people living with HIV at the centre of decision making, policy design and programme implementation. | |
| Overall Score: | 2.67 | While there are human and financial resources in UNAIDS for taking forward human rights as a cross-cutting issue, the support from HQ is limited. There are courses available to staff through PALM but they are not mandatory. However, elements of human rights principles are evident in the UNAIDS Competency framework (Values: integrity, respect for diversity.) | |
| Overall Rating: | Satisfactory | | High confidence |

Performance Area: Operational Management

Assets and capacities organised behind strategic direction and intended results, to ensure relevance, agility and accountability

KPI 3: Operating model and human/financial resources support relevance and agility

Overall KPI Rating

2.92

Overall KPI

Satisfactory

MI 3.1: Organisational structures and staffing ensure that human and financial resources are continuously aligned and adjusted to key functions

| Element | Score | Narrative | Source Documents |
|--|-------|--|---|
| Element 1: Organisational structure is aligned with, or being reorganised to fit the requirements of, the current Strategic Plan | 2 | <p>UNAIDS has in recent years undergone an organisational transition to align its various structures with its strategic priorities and organisational architecture. This has particularly arisen from an emphasis on cost effectiveness, which is strongly reflected in UNAIDS' strategic documentation, including its respective Strategies for 2011-2015 and 2016-2021.</p> <p>UNAIDS is currently undergoing an internal reorganisation exercise, with a view to ensuring the optimal deployment of staff and expertise at all levels. In parallel, a review of ways of working aims to improve effectiveness, teamwork, communication and information sharing across all parts of the Secretariat and with partners.</p> <p>Efforts have been made to align staffing at global, regional and country level with key strategic priorities. The targeted staffing ratio of 30:70 HQ to field was met</p> | 1, 2, 3, 4, 6, 20, 26, 27, 28, 29, 35, 36, 51, 52, 71 |

| | | | |
|--|-----------------------|--|------------------------|
| <p>Element 2: Staffing is aligned with, or being reorganised to, requirements set out in the current Strategic Plan,</p> | <p>2</p> | <p>in 2014. As of 1 April 2015 the Secretariat had a total number of 832 staff, with 595 staff at Regional, Country and Liaison Offices and 237 staff members at Headquarters, a ratio of 72:28. An overall 10% decrease in staffing has been achieved since the beginning of the realignment. At the same time, there are concerns expressed that cuts to UNAIDS field staff and reductions in the availability of Cosponsor field staff could affect the ability of the joint programme to meet the targets in the new strategic plan.</p> <p>The internal restructuring exercises up until 2015 had a clear purpose and intent, with the aim to ensure that the organisation could deliver the strategic plan. In 2016, UNAIDS has faced a significant reduction in its core funding and there have been concerns both that the Secretariat has not fully planned for this and that decisions made on resource allocations have not been made in a fully transparent manner. Cosponsors who are tasked as implementers of the Strategic Plan, report not being consulted on the current or previous internal restructuring exercises and have expressed concerns about overlap or duplication with their own technical departments.</p> | |
| <p>Element 3: Resource allocations across functions are aligned to current organisational priorities and goals, as set out in the current Strategic Plan</p> | <p>1</p> | <p>UNAIDS has updated and extended its Human Resource Strategy for 2016-2021 relying primarily on a Secretariat-wide survey, where staff were invited to describe an organisation that is fit for purpose and able to best respond in the new environment. Additionally, work is ongoing to reposition the Secretariat with a view to ensuring the optimal deployment of staff and expertise at all levels. This involves a prioritization of what the Secretariat needs to deliver in each country, region and globally to drive the new Strategy. This will include refocusing and rationalising country, RST, Liaison Office and headquarters structures with a view to achieving maximum cost effectiveness.</p> | |
| <p>Element 4: Internal restructuring exercises have a clear purpose and intent, aligned to the priorities of the current Strategic Plan</p> | <p>2</p> | <p>UNAIDS staff noted that some country offices had been closed during this 'repositioning' process to maximize cost efficiency. Cosponsors held that there were no discussions either at country, regional or global level between the Secretariat and the Cosponsoring Agencies around how to continue to support the AIDS responses in these countries and what the roles of the Cosponsors (those present in country) in the absence of UNAIDS.</p> <p>Some efforts have also been made to align budget and financing to key functions. The UBRAF for 2014-2015 recognises that 'Prioritizing investments, actions and results in support of UNAIDS vision remains an on-going challenge. Considerable work will be required to support a culture change towards stronger cost consciousness, value for money, results-based budgeting and management, and accountability for results at global, regional, national and sub-national levels'. However, given UNAIDS' current financial crisis, there are concerns that the Secretariat has insufficiently prepared contingency plans for budgetary adjustment in the light of resource limitations.</p> | |
| <p>Overall Score:</p> | <p>1.75</p> | | |
| <p>Overall Rating:</p> | <p>Unsatisfactory</p> | | <p>High confidence</p> |

MI 3.2: Resource mobilisation efforts consistent with the core mandate and strategic priorities

| Element | Score | Narrative | Source Documents |
|---|--------------|---|--|
| Element 1: Resource mobilisation strategy/case for support explicitly aligned to current strategic plan | 3 | <p>The UBRAF for 2016-2021 is clear that resource mobilisation for the wider AIDS response is a core role of UNAIDS, consistent with its mandate; bearing in mind the renewed emphasis on domestic resource allocation, emphasised in PCB documentation from 2015. Resource mobilisation is based on the UBRAF and emphasises multi-year funding, based on biennial budget forecasts. However, the current context is severely affecting the attainment of multi-year funding.</p> <p>UNAIDS has made efforts to diversify its funding base, although recognises that the private sector in particular has a limited capacity to be able to replace the considerable funding provided by bilateral donors.</p> <p>At country level, the Investment Cases, supported by UNAIDS, set out the basis for resource mobilisation, with a number of examples of successes. As of mid-2016, 41 countries have Investment cases available, 11 are in progress and 18 have planned them. As with the UBRAF, the investment cases include clear targets, monitoring and reporting mechanisms, based on the global goals set out in the strategic plan.</p> <p>The reporting on the UBRAF includes biennial budget forecasts and sets targets for resource mobilisation. However, in an increasingly difficult funding environment, targets set have not been/ will not be met.</p> <p>There have been efforts by the Cosponsors to engage UNAIDS on joint planning/ joint resource mobilisation, along with discussions on sustainability and predictability of funding, although not all of these have come to fruition. Cosponsors have been involved in joint planning and joint resource mobilisation. However, in 2015, all 11 Cosponsors submitted a letter to UNAIDS requesting joint planning around resources and resource mobilisation. In 2016, the Cosponsors requested that they be consulted prior to decision-making relating to resources.</p> | 1, 2, 3, 4, 5, 12, 13, 21, 24, 40, 42, 73, 102 |
| Element 2: Resource mobilisation strategy/case for support reflects recognition of need to diversify the funding base, particularly in relation to the private sector; | 2 | | |
| Element 3: Resource mobilisation strategy/case for support seeks multi-year funding within mandate and strategic priorities. | 3 | | |
| Element 4: Resource mobilisation strategy/case for support prioritises the raising of domestic resources from partner countries/institutions, aligned to goals and objectives of the Strategic Plan/relevant country plan | 2 | | |
| Element 5: Resource mobilisation strategy/case for support contains clear targets, monitoring and reporting mechanisms geared to the Strategic Plan or equivalent | 3 | | |
| Overall Score: | 2.6 | | |
| Overall Rating: | Satisfactory | | High confidence |

MI 3.3. Aid reallocation/programming decisions responsive to need and can be made at a decentralised level

| Element | Score | Narrative | Source Documents |
|--|---------------------|--|--|
| Element 1: An organisation-wide policy or guidelines exist which describe the delegation of decision-making authorities at different levels within the organisation | 4 | <p>This indicator has been adapted for UNAIDS in relation to its support for decision-making at national level, given its particular role as a convenor, co-ordinator and technical partner at country level rather than a funder. UNAIDS' role as a Joint Programme means that it is both supporting the allocation of resources for the epidemic at national level, through convening discussions by UN Joint Teams and national partners, and acting as a technical partner. UNAIDS' increased emphasis on becoming a field-focused organisation has sought to decentralise decision-making to country level. The majority of respondents (69 respondents) to the survey reported that UNAIDS provides sufficient guidance and analysis to Co-Sponsors and other partners to inform optimal resource allocation in accordance with the epidemic priorities of the country</p> <p>UNAIDS Regional Directors and Country Directors have delegated financial authority, though limits are not high. According to UNAIDS' Field Operations Manual, designated RST directors, UCDS, country officers and operations officers are authorized to sign workplan-approved activities from US\$ 15 000 up to a maximum of US\$ 200 000, as detailed in the UNAIDS Delegation of Financial and Administrative Authority. In addition, Regional Directors and Country Directors can reprogramme funds within a workplan. There is evidence from interviews that staff feel that they have sufficient delegated authority and that the level of delegation has been improved.</p> <p>In its work to support national responses, there is also evidence that UNAIDS promotes country-led decision-making for aid reallocation and reprogramming partly through the "Know Your Epidemic – Know Your Response" analytical tool, to re-prioritize the national response and reallocate resources. It also supports national decision-making through functions such as convening stakeholders in decision-making, mobilizing resources, generating research and information among others. The UNAIDS 'Investing for Results-Results for People' tool is an investment approach which aims to enables countries to decide how best to allocate AIDS resources efficiently and effectively, and to generate maximum impact. It poses key programmatic and investment questions that national AIDS responses should be able to answer before making decisions on how to allocate resources for AIDS.</p> | 1, 2, 3, 4, 5, 6, 13, 19, 20, 21, 22, 23, 28, 61, 62, 75, 76, 77, 78 |
| Element 2: (If the first criterion is met) The policy/guidelines or other documents provide evidence of a sufficient level of decision making autonomy available at the country level (or other decentralised level as appropriate) regarding aid reallocation/programming | 3 | | |
| Element 3: Evaluations or other reports contain evidence that reallocation / programming decisions have been made to positive effect at country or other local level, as appropriate | No evidence | | |
| Element 4: The organisation has made efforts to improve or sustain the delegation of decision-making on aid allocation/programming to the country or other relevant levels | 3 | | |
| Overall Score: | 3.33 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 3.4: HR systems and policies performance based and geared to the achievement of results

| Element | Score | Narrative | Source Documents |
|--|---------------------|---|-----------------------------|
| Element 1: A system is in place which requires the performance assessment of all staff, including senior staff | 4 | <p>The 2015 External Audit pointed to a need for full implementation of human resource policies regarding performance management with greater focus on managing underperformance. UNAIDS has put in place a system for performance assessment and staff learning, the Performance and Learning Management system (PALM). The system ensures that staff workplans and capacity development are linked to the objectives in the strategic plan. The system provides a clear process for managing staff performance, including disagreements and complaints, and gives HR managers the capacity to monitor compliance on a real-time basis.</p> <p>An update in 2015 to the PCB reported that, after one year of implementation of the new policy and PALM system (1 April 2014 to 31 March 2015), the Secretariat had reached near full compliance of all aspects of the performance cycle (planning, mid-term review and final evaluation).</p> <p>The PALM system is clearly linked to organisational improvement and the achievement of results. The Single Administrative System implemented in 2011 brought all UNAIDS staff under a single set of UNAIDS contracts, a single framework of human resources regulations and rules, and one enterprise resource planning (ERP) platform. This was followed with the establishment of an integrated staffing table that provides the real-time data required to make informed management decisions related to the Secretariat workforce.</p> <p>The PALM system provides the basis for decision-making related to performance assessment and provides real-time information to line managers and the HR section on both how the system is being used and the performance of staff.</p> <p>The PALM system includes a clear and transparent process for managing disagreements and complaints relating to staff performance assessments, which the HR section is able to monitor in terms of compliance.</p> | 2, 3, 4, 19, 26, 27, 28, 29 |
| Element 2: There is evidence that the performance assessment system is systematically and implemented by the organisation across all staff and to the required frequency | 4 | | |
| Element 3: The performance assessment system is clearly linked to organisational improvement, particularly the achievement of corporate objectives, and to demonstrate ability to work with other agencies | 4 | | |
| Element 4: The performance assessment of staff is applied in decision making relating to promotion, incentives, rewards, sanctions etc | 4 | | |
| Element 5: A clear process is in place to manage disagreement and complaints relating to staff performance assessments | 4 | | |
| Overall Score: | 4 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

KPI 4: Organisational systems are cost and value conscious and enable financial transparency/accountability

| | | | |
|---------------------------|-------------|--------------------|---------------------|
| Overall KPI Rating | 2.85 | Overall KPI | Satisfactory |
|---------------------------|-------------|--------------------|---------------------|

MI 4.1: Transparent decision-making for resource allocation, consistent with strategic priorities

| Element | Score | Narrative | Source Documents |
|---|-------|---|---|
| Element 1: An explicit organisational statement or policy exists which clearly defines criteria for allocating resources to partners | 1 | <p>The UBRAF provides a clear overarching statement, setting out the criteria and proposed amounts for allocation of resources to partners. These criteria are based on the priority areas and countries, as set out in the global targets and the strategic plan.</p> <ul style="list-style-type: none"> • Criteria 1: HIV severity score, a composite of variables, which includes HIV incidence, prevalence, number of people living with HIV and Human Development Index; • Criteria 2: Number of staff in a country office, to ensure resources are directed where they can be best leveraged; • Criteria 3: Country income classification based on World Bank ranking, to provide an indication of how much and to what level financial help may be needed; • Criteria 4: Adjustment factor based on concentrated epidemics, to take into account specific epidemics patterns (e.g., IDU) while the overall prevalence could be low, and; • Criteria 5: Availability of other HIV funds (PEPFAR, Global Fund, in-country- resources), to capture the catalytic and leveraging nature of UBRAF resources. (Document 3, page 37) | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16, 19, 22, 23, 38 |
| Element 2: The criteria reflect targeting to the highest priority themes/countries/areas of intervention as set out in the current Strategic Plan | 4 | | |

| | | | |
|--|---------------------|---|------------------------|
| <p>Element 3: The organisational policy or statement is regularly reviewed and updated</p> | <p>2</p> | <p>Specific criteria used in determining the allocation of resources are also set out: these include the overall quality of UBRAF submission; Country focus and Commitment. Additionally, documentation states that funding will be provided to UN Joint Teams on AIDS and Joint Programmes of Support to intensify action in specific high impact countries.</p> <p>However, the criteria do not explicitly refer to the Cosponsors and their capacities in country. There have been efforts by the Cosponsors to engage UNAIDS on joint planning/ joint resource mobilisation, along with discussions on sustainability and predictability of funding, although not all have come to fruition. In 2015, all 11 Cosponsors submitted a letter to UNAIDS requesting joint planning around resources and resource mobilisation. In 2016, the Cosponsors requested that they be consulted prior to decision-making relating to resources.</p> | |
| <p>Element 4: The organisational statement or policy is publicly available</p> | <p>3</p> | <p>The allocation of core funds is guided by the decisions, recommendations and conclusions of the PCB, relating to epidemic priorities, the comparative advantages of the UN and the performance of the Cosponsors and the Secretariat.</p> <p>The allocation of core funds is reviewed regularly and updated in reporting of decisions made by the PCB. However, given the concerns raised by the Cosponsors with regard to the lack of transparency, it is clear that there is a need for the broad statement set out in the UBRAF to be reviewed. Both the strategic plan and the UBRAF are publicly available.</p> | |
| <p>Overall Score:</p> | <p>2.5</p> | | |
| <p>Overall Rating:</p> | <p>Satisfactory</p> | | <p>High confidence</p> |

MI 4.2: Allocated resources disbursed as planned

| Element | Score | Narrative | Source Documents |
|--|----------------|--|------------------------|
| Element 1: The institution sets clear targets for disbursement to partners | 1 | During the year ended 31 December 2015, a total amount of US\$ 239.3 was expended for the implementation of activities contained in the 2012–2015 UBRAF, and was distributed as follows: US\$ 85 million was expended to Cosponsors and US\$ 154.3 million was expended for the Secretariat. | 6, 7, 8,10, 11, 35, 73 |
| Element 2: Financial information indicates that planned disbursements were met within institutionally agreed margins | 2 | At the most recent PCB meeting, there was a 50% cut in funding of Cosponsors. The net cut over 2 years to Cosponsors was 80% and to the Secretariat 20%. This will likely affect the Cosponsors' ability to implement the Joint Programme. One Cosponsor has already lost 30% of capacity at country and regional level Total expenses for 2014-2015 biennium amounted to US\$ 478 million (US\$ 238.7 million expended in 2014 and US\$ 239.3 million expended in 2015). In addition to the amount expended, US\$ 3 million was encumbered during the same financial year, which together represents a financial implementation rate of 99.2%. All of the 6 Strategic Directions and Functions in the 2011-2015 strategy had an implementation rate of over 96%. | |
| Element 3 Clear explanations are available in relation to any variances | 1 | | |
| Element 4: Variances relate to external factors rather than internal procedural blockages | 1 | UNAIDS has experienced a reduction in the number of multi-year funding commitments received. As at 31 December 2015 only US\$ 2 million was available in multi-year pledges towards the UBRAF, compared to US\$ 28 million in 2014 for the financial period 2015 and US\$ 49.5 million made in 2013 for financial period 2014. In addition, many donors make their pledges during the latter part of the first quarter and only pay their contributions in the second, third or fourth quarter of the year. This risks the UBRAF's continuity in implementation. | |
| Overall Score: | 1.25 | | |
| Overall Rating: | Unsatisfactory | While the reduction in the number of multi-year funding commitments could be considered as an external factor, there have been concerns that UNAIDS has failed to plan sufficiently for potential problems such as this. | High confidence |

MI 4.3: Principles of results based budgeting applied

| Element | Score | Narrative | Source Documents |
|--|---------------------|---|--|
| Element 1: The most recent organisational budget clearly aligns financial resources with strategic objectives/intended results of the current Strategic Plan | 4 | <p>The UBRAF links core and non-core resources to eight strategic Results Areas and five UNAIDS Secretariat Core Functions. The UBRAF moves beyond its predecessor, the Unified Budget Workplan (UBW) through providing a more explicit description of UNAIDS contribution to the AIDS response; providing expected results at country level over a longer (four-year) period; presenting detailed budgets which show investments of UNAIDS resources; enabling direct reporting by countries and regions, and tracking performance against benchmarks and targets.</p> <p>For each strategic goal and function, specific deliverables for each of the outputs are identified and resource needs defined, from either core UBRAF or other AIDS resources the Cosponsors raise themselves.</p> <p>UNAIDS uses the WHO Enterprise Resource Planning system (ERP) to track costs and to link these to results. The system is relatively new.</p> <p>The mid-term Review of the UBRAF found that it had improved UNAIDS' performance, monitoring and reporting. Allocations and disbursements are linked to performance, based on financial implementation, leveraging resources, and the quality/timeliness of reporting. Measuring performance has become more systematic, with progress against approved budgets and workplans assessed annually via a peer review involving Cosponsors and the Secretariat.</p> | 1, 2, 3, 4, 5, 9, 10, 11, 12, 13, 16, 17, 19, 20, 21, 22, 23, 25, 28, 29, 35, 38, 42 |
| Element 2: A budget document is available which provides clear costings for the achievement of each management result | 4 | | |
| Element 3: Systems are available and used to track costs from activity through to result (outcome) | 2 | | |
| Element 4: There is evidence of improved costing of management and development results in budget documents reviewed over time (evidence of building a better system) | 4 | | |
| Overall Score: | 3.5 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 4.4: External audit or other external reviews certifies the meeting of international standards at all levels, including with respect to internal audit

| Element | Score | Narrative | Source Documents |
|--|--------------|--|------------------------|
| Element 1: External audit conducted which complies with international standards | 4 | <p>The accounts and operations of UNAIDS are subject to audit by both internal and external auditors of WHO. Documentation records that internal and external audits meet international standards, including the adoption of the International Public Sector Accounting Standards (IPSAS) in 2012.</p> <p>The External Auditor letter of transmittal, Audit Opinion and Report for the year ended 31 December 2015 commended UNAIDS Management for preparing quality financial statements which warranted the issuance of an unqualified/unmodified opinion for four years since the adoption of IPSAS in 2012. The Auditors also commended UNAIDS Management for implementing the seven recommendations issued for 2014 and confirmed closure of all seven recommendations, reflecting 100% implementation. It also identified three areas where UNAIDS' governance of financial resources could be improved: deriving lessons learned from the assessment of the UNBRAf in pursuit of greater efficiency and focus; highlight the improvement of policies and practices on asset management; and full implementation of human resource policies regarding performance management (see indicator 3.4).</p> <p>No management response to the external audit was made available during the period of the assessment.</p> <p>2015 was the fourth year that UNAIDS financial statements have been prepared based on IPSAS, whose intent is to provide greater transparency, increased accountability and a higher standard of financial reporting for UN agencies. The 2015 financial statements, schedules and financial notes have been audited and received an unqualified/unmodified audit opinion for 2015. The internal audit reports are publicly available through the interim financial management updates prepared for the PCB.</p> | 6, 7, 8, 9, 28, 29, 73 |
| Element 2: Most recent external audit confirms compliance with international standards across functions | 3 | | |
| Element 3: Management response is available to external audit | 0 | | |
| Element 4: Management response provides clear action plan for addressing any gaps or weaknesses identified by external audit | 0 | | |
| Element 5: Internal audit functions meet international standards, including for independence | 4 | | |
| Element 6: Internal audit reports are publicly available | 4 | | |
| Overall Score: | 2.5 | | |
| Overall Rating: | Satisfactory | | High confidence |

MI 4.5: Issues or concerns raised by internal audit mechanisms (operational and financial risk management, internal audit, safeguards etc) adequately addressed

| Element | Score | Narrative | Source Documents |
|---|---------------------|--|----------------------------|
| Element 1: A clear policy or organisational statement exists on how any issues identified through internal control mechanisms will be addressed | 4 | UNAIDS has adopted an internal control framework based on the WHO framework. This aims at strengthening monitoring of compliance and management actions in case of breaches in compliance with the ultimate objective of ensuring the achievement of goals and targets in UNAIDS Strategy and the UBRAF. | 6, 7, 8, 9, 52, 53, 54, 80 |
| Element 2: Management guidelines or rules provide clear guidance on the procedures for addressing any identified issues, including timelines | 4 | Through a formal agreement between UNAIDS and WHO, the WHO Office of Internal Oversight (IOS) provides oversight services for UNAIDS. The Office of Internal Oversight guidelines are used to guide the implementation of internal audit recommendations. | |
| Element 3: Clear guidelines are available for staff on reporting any issues identified | 4 | As part of the internal control framework, roles and responsibilities for internal controls are clearly defined and any deficiencies in the operations need to be systematically evaluated and reported. The UNAIDS Ethics Guide provides guidance and describes the values, policies and practices expected of all UNAIDS' staff members and also provides a compilation of relevant policies. | |
| Element 4: A tracking system is available which records responses and actions taken to address any identified issues | 4 | A tracking system for internal audit recommendations is maintained and used to ensure timely and adequate implementation of audit recommendations. Internal audits and follow up to internal audit recommendations are shared with the External Auditor to ensure effective audit coverage and to avoid any duplication of efforts. | |
| Element 5: Governing Body or management documents indicate that relevant procedures have been followed/action taken in response to identified issues, including recommendations from audits (internal and external) | 4 | Both internal and external audit reports are submitted to UNAIDS Programme Coordinating Board on annual basis. These reports present a summary of the findings of the audits and the recommendations issued as well as the status of audit recommendations. Feedback from Board members on the reports or issues raised in the reports is captured in the reports of the Board. | |
| Element 6: Timelines for taking action follow guidelines/ensure the addressing of the issue within twelve months following its reporting. | 3 | In the case of internal audit recommendations, auditees are given six months from the date of the issuance of the final report to provide an initial update on progress in implementation. In the case of external audit recommendations, an action plan, including a timeline, for the implementation of the external audit recommendations is developed and shared with the External Auditor, although this is not within twelve months. | |
| Overall Score: | 3.83 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 4.6: Policies and procedures effectively prevent, detect, investigate and sanction cases of fraud, corruption and other financial irregularities

| Element | Score | Narrative | Source Documents |
|--|-------|--|--|
| Element 1 : A clear policy/guidelines on fraud, corruption and any other financial irregularities is available and made public | 2 | UNAIDS has established and made public clear policies and guidelines on fraud, corruption and any other financial irregularities. These include a fraud prevention policy, fraud awareness guidelines; whistle blower protection policy and financial disclosure policy. While the whistle blower protection policy was updated in 2013 and in 2015, the other policies have not been updated since 2005. | 1, 2, 8, 15, 19, 29, 30,35, 40, 49, 50, 51, 52, 53, 54, 73 |
| Element 2: The policy/guidelines clearly define the roles of management and staff in implementing/complying with the guidelines | 4 | The policies and guidelines clearly define the roles and responsibilities of management and staff of UNAIDS and lay down the procedures to allow for the reporting of fraud and suspected fraud. The policies and guidelines also clarify the role of the Ethics Officer, Ombudsman, Office of Internal Oversight Services and Human Resources Management. | |
| Element 3: Staff training/awareness-raising has been conducted in relation to the policy/guidelines | 4 | UNAIDS conducts regular training on ethics and fraud for staff members. This includes training on ethics and fraud as part of the UNAIDS Country Directors induction programme to ensure heads of offices are aware and implement ethics and fraud guidelines. The Ethics Officer also provides outreach, training and education on the fraud policy and the whistleblower protection policy. The Ethics Officer also provides confidential advice and guidance to staff on ethical issues and communicates to staff on all ethics-related issues and events. | |
| Element 4: There is evidence of policy/guidelines implementation, e.g. through regular monitoring and reporting to the Governing Body | 3 | External auditors in 2014 recognised efforts already made in implementing risk management, including a whistle blower policy, fraud awareness guidelines and updated ethics guide. The external auditors commended UNAIDS for progress made in the implementation of ERM and encouraged UNAIDS to continue to sustain the progress made to date. | |
| Element 5: There are channels/mechanisms in place for reporting suspicion of misuse of funds (e.g. anonymous reporting channels and “whistle-blower” protection policy | 4 | The Office of Internal Oversight carries out investigations of alleged fraud and reports findings in the annual report submitted to the UNAIDS Programme Coordinating Board. A ‘fraud button’ exists on UNAIDS website for anonymous reporting of suspicion of misuse of funds. The whistleblower protection policy lays down the procedures to allow for the reporting of fraud and suspected fraud. The whistle blower policy and protection against retaliation policy clearly spell out the various scenarios regarding information, protection against retaliation, disciplinary | |

| | | | |
|---|----------------------------|---|------------------------|
| <p>Element 6: Annual reporting on cases of fraud, corruption and other irregularities, including actions taken, ensures that they are made public</p> | <p>4</p> | <p>measures etc. The Office of Internal Oversight carries out investigations of the alleged fraud independently.</p> <p>Any cases of fraud are included in the annual financial report, which is presented to the PCB. The report of the Office of Internal Oversight is submitted to the PCB, providing details of any fraud activities that may have occurred during the year and actions taken to address exposure and mitigate risks. During the Board meetings, UNAIDS provides information on the risks, internal controls and mitigation measures that are in place to prevent fraud, corruption and other irregularities.</p> | |
| <p>Overall Score:</p> | <p>3.5</p> | | |
| <p>Overall Rating:</p> | <p>Highly satisfactory</p> | | <p>High confidence</p> |

Performance Area: Relationship Management

Engaging in inclusive partnerships to support relevance, to leverage effective solutions and to maximise results (in line with Busan Partnerships commitments)

| KPI 5: Operational planning and intervention design tools support relevance and agility (within partnerships) | | | |
|---|-------------|--------------------|---------------------|
| Overall KPI Rating | 2.84 | Overall KPI | Satisfactory |

MI 5.1: Interventions aligned with national /regional priorities and intended national/regional results

| Element | Score | Narrative | Source Documents |
|--|---------------------|--|---|
| Element 1 : Reviewed country or regional strategies make reference to national/regional strategies or objectives | 4 | Both the 2011-2015 and the 2016-2021 Strategies are clear that the guiding principle for UNAIDS engagement are national strategies. This is echoed in the Second Guidance paper for joint programming and interviews all confirmed that country joint support programmes are aligned with national plans on HIV/AIDS. 1 country programme reviewed makes country or regional strategies make reference to national/regional strategies or objectives | 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 22, 23, 25, 28, 29, 32, 34, 35, 38, 39, 40, 42, 46, 59, 60, 63, 64, 65, 66, 67, 71, 72, 75, 76 |
| Element 2: Reviewed country strategies or regional strategies link the results statements to national or regional goals | 4 | Based on all the global and national guidance and considering the global recommendations that all Joint UN Teams on AIDS should develop a Joint Programme of Support on AIDS that is aligned to the national priorities of the response and which will contribute to the achievement of the targets set by the government. | |
| Element 3: Structures and incentives in place for technical staff that allow investment of time and effort in alignment process. | 4 | UNAIDS' second guidance paper states that joint planning should be a joint team effort with support from the UN theme group or the UN country team. Heads of agency must also allow time for their staff to participate in AIDS strategic planning exercises, even if designated staff are only working part time on AIDS. The majority of respondents to the survey agreed that UNAIDS' support the national government's HIV and AIDS strategies and plans. | |
| Overall Score: | 4 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 5.2: Contextual analysis (shared where possible) applied to shape the intervention designs and implementation

| Element | Score | Narrative | Source Documents |
|--|-------|--|--|
| Element 1 : Intervention designs contain a clear statement that positions the intervention within the operating context. | 4 | <p>The Mid Term Review of the UBRAF reports that UNAIDS remains the source for authoritative information on HIV and AIDS used by national authorities, civil society and international partners such as the Global Fund and PEPFAR. (An example has been noted of a partner using UNAIDS’ data in an advocacy piece relating to the HIV response in West and Central Africa). Stocktaking exercises supported by UNAIDS as part of the 2013 mid-term review of the 2015 targets helped more than 100 countries diagnose gaps and revise strategies to respond to AIDS. Programme guidance is not meant to be a “one-size-fits-all” directive—the objective is to strike a balance between desirable global common denominators and flexibility for adaptation to diverse country contexts. In particular, it is noted, ‘certain country contexts may require adaptations in the composition to address the specific circumstances.’</p> <p>UNAIDS provided support to countries to understand their HIV epidemic through the HIV estimates process. This process helps countries develop an understanding of their HIV epidemic including the number of new infections, number of people living with HIV and the number of AIDS related deaths. In addition, these data are used to monitor progress toward the 90x90x90 targets. The Investing for Results-Results for People tool also aims to ensure that countries respond to HIV in a manner that best fits their national and local contexts, and their unique epidemic patterns. It is based on three tenets: equity, evidence and efficiency, and applies four fundamental principles: country ownership; community engagement; shared responsibility and global solidarity; and grounded in the local epidemiological context. Revised Joint Team Guidance also stresses the importance of defining context in the preparation of Joint Programmes of Support and that ‘one size does not fit all’.</p> <p>UNAIDS has provided substantial support to the Investment Cases, which an important vehicle for countries to deliver strategic, rights-based, sustainable responses to HIV. The process of developing investment cases provides countries with new opportunities to explore options for innovative funding and service delivery, to identify specific steps to enhance equity and inclusiveness for key populations, to use available evidence to understand better the health and economic benefits of timely, rights-based, smart HIV investments and to</p> | 1, 2, 3, 4, 5, 13, 14, 16, 18, 19, 21, 22, 25, 30, 34, 39, 40, 55, 75, 99, 110 |
| Element 2: Context statement has been developed jointly with partners | 4 | | |
| Element 3: Context analysis contains reference to gender issues, where relevant | 4 | | |
| Element 4: Context analysis contains reference to environmental sustainability and climate change issues, where relevant | 0 | | |
| Element 5: Context analysis contains reference to governance issues, including conflict and fragility, where relevant | 2 | | |

| | | | |
|--|--------------|--|-----------------|
| Element 6: Evidence of reflection points with partner(s) that take note of any significant changes in context. | 3 | eliminate inefficiency in HIV programmes. | |
| Overall Score: | 2.83 | Consistent with good practice in AIDS programming, every programme of support should reflect the UNAIDS cross-cutting “non-negotiables” of: promoting human rights; and promoting equality between men and women. The Investing for Results tool addresses good governance through pointing to “the need for full understanding of the legal and socio-cultural environment and measuring the extent to which stigma and discrimination block the demand for and use of available services for the population as a whole.’ | |
| Overall Rating: | Satisfactory | By its very nature, the joint team should, as part of its regular meetings, review progress and contextual change on a regular basis. | High confidence |

MI 5.3 Capacity analysis informs intervention design and implementation, and strategies to address any weaknesses are employed

| Element | Score | Narrative | Source Documents |
|--|---------------------|---|----------------------|
| Element 1 : Intervention designs contain a clear statement of capacities of key national implementing partners | 4 | Documentation records the capacity limitations which constrain the HIV response, linking these to poor governance, corruption, weak institutional capacity and unsound or inappropriate policies and incentives, as well as weak service delivery capacity or complex procurement and supply chain challenges, punitive legal and social environments, discriminatory and coercive practices that deter access to services and discriminatory gender norms. Capacity development aims accordingly feature strongly throughout both the 2011-2015 and 2016-2021 Strategies. | 2, 5, 21, 34, 61, 75 |
| Element 2: Capacity analysis considers resources, strategy, culture, staff, systems and processes, structure and performance | 3 | Revised programme guidance states that steps include: Collectively identify priorities and gaps in the national strategic plan based on the UN's comparative advantage through a consultative process with key stakeholders. The UN Learning Strategy on HIV/AIDS provides guidance on building the capacity of UN staff around AIDS related issues. UNAIDS also has a tool to map UN financial and technical resources available for HIV to identify how they can be allocated and strengthened. | |
| Element 3: Capacity analysis statement has been developed jointly where feasible | 4 | The joint UN programme of support is defined as: "a collective articulation of all UN actions to support the national response towards universal access, including activities which may be informally joint, formally joint (i.e. follows the UNDG guidance note of 2003), or implemented by individual agencies but developed and agreed upon through a collective process | |
| Element 4: Capacity analysis statement includes clear strategies for addressing any weaknesses, with a view to sustainability | 4 | Programme guidance dictates that there should be both a national technical assistance plan (based on the technical support needs assessment), and a UN technical support plan, which describes how the UN will address perceived gaps in the national government's plan. The specific activities designed to address these needs are reflected in the overall programme of support and individual agency workplans. Participating in the technical support needs assessment may be part of the overall programme of support. | |
| Element 5: Evidence of regular and resourced reflection points with partner(s) that take note of any significant changes in the wider institutional setting that affect capacity | 4 | By its very nature, the joint team should, as part of its regular meetings, define strategies for strengthening cooperation among agencies, including harmonizing programme cycles, administrative procedures and financial regulations. The joint team should review progress regularly (monitoring), with outcome assessment (evaluation) being done up to twice per year. Ongoing monitoring can be accomplished informally during regular joint team meetings, or through reporting systems designed by the team. Indicators for both monitoring and evaluation purposes look at joint team establishment and functioning, as well as progress made towards development and implementation of the programme of support. | |
| Overall Score: | 3.8 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 5.4: Detailed risk (strategic, political, reputational, operational) management strategies ensure the identification, mitigation, monitoring and reporting of risks

| Element | Score | Narrative | Source Documents |
|--|----------------|--|------------------|
| Element 1 : Intervention designs include detailed analysis of and mitigation strategies for operational risk | 1 | <p>The Enterprise Risk Management (ERM) framework is tasked to ensure that risk identification, assessment, evaluation and corrective actions are integrated into all decision making and planning processes at all levels of UNAIDS Secretariat. However, no detailed analysis of and mitigation strategies for operational, strategic, political or reputational risk were identified in Joint Programmes reviewed.</p> <p>UNAIDS Managers have the responsibility and accountability for assessing, addressing, monitoring and reporting key risks, and adhering with internal controls. This involves identifying and managing risks related to their team's objectives and assigning risk owners for the respective risk categories.</p> <p>UNAIDS Managers are tasked to ensure that risk management processes are clearly documented, and escalating, if necessary, management of risks to higher levels.</p> | 52, 53, 54 |
| Element 2: Intervention designs include detailed analysis of and mitigation strategies for strategic risk | 1 | | |
| Element 3: Intervention designs include detailed analysis of and mitigation strategies for political risk | 1 | | |
| Element 4: Intervention designs include detailed analysis of and mitigation strategies for reputational risk | 1 | | |
| Element 5: Risks are routinely monitored and reflected upon by the partnership | 1 | | |
| Element 6: Risk mitigation actions taken by the partnership are documented and communicated | 3 | | |
| Overall Score: | 1.33 | | |
| Overall Rating: | Unsatisfactory | | High confidence |

MI 5.5: Intervention designs include the analysis of cross-cutting issues (as defined in KPI 2)

| Element | Score | Narrative | Source Documents |
|--|-------|--|---|
| Element 1: Intervention design documentation includes the requirement to analyse cross cutting issues | 2 | Revised Guidance for Joint UN Programmes and Teams for country level planning and programming contains many references to the importance of cross cutting issues. For example; under its checklist for Joint Programmes the <i>consideration</i> (but not a requirement) of whether the Joint Programme integrates UN programming principles of human rights based approaches; gender mainstreaming; and results-based management, capacity-building and environmental sustainability. Guidance for the development of 2016-2017 activity workplans specifies 'Consideration of mainstreaming issues such as human rights, gender equality and women's empowerment' – dimensions which are also reflected in the Terms of Reference for the Activity workplanning Quality Assurance Review Group. Guidance for planning, monitoring and reporting for staff specifies quality review of workplans by those responsible for technical areas (e.g., human rights, prevention, etc.) but does not specify the integration of e.g. gender and environmental concerns | 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 26, 27, 28, 29, 32, 34, 35, 43, 44, 46, 51, 40, 55, 56, 61, 63, 68, 72, 76, 77, 93 |
| Element 2: Guidelines are available for staff on the implementation of the relevant issue | 3 | | |
| Element 3: Approval procedures require the assessment of the extent to which cross-cutting issues have been integrated in the design | 2 | One of UNAIDS' core functions is to generate guidance to improve the response to HIV and AIDS. Guidance is available on Gender Equality, the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, on Human Rights and costing, on working with Civil society, on programmes to reduce stigma and promoting Health, Dignity and Prevention as well as a Technical update on HIV incidence assays for surveillance and monitoring purposes. | |
| Element 4: Intervention designs include the analysis of gender issues | 3 | The joint country survey shows that 90% of countries that launched the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV have initiated action to better understand their epidemic, context and response, as recommended by the Agenda. In addition, 60% of UN accountability targets related to data collection were fully completed in the agreed timelines, and 40% were partially achieved. Countries have adopted different approaches to develop evidence to inform national planning processes. In Botswana, for example, the National AIDS Coordinating Authority, Ministry of Health, Ministry of Women's Affairs and Ministry of Statistics worked together with PEPFAR to strengthen collection and analysis of sex-disaggregated epidemiological and qualitative data. The results were used to inform the National Operational Plan for scaling up HIV prevention. Chad undertook an analysis of the vulnerabilities experienced by women, reviewing epidemiological | |
| Element 5: Intervention designs include the analysis of environmental sustainability and climate change issues | 0 | | |

| | | | |
|---|--------------|--|-----------------|
| Element 6: Intervention designs include the analysis of good governance issues | 3 | <p>data, context and response, and used the data to inform its national strategic plan on HIV.</p> <p>The survey indicates that whilst monitoring and evaluation around gender equality needs to be strengthened to guide implementation, surveyed countries also provide examples of increasing participation and capacity strengthening of networks of women living with HIV with regards to data collection, analysis, reporting and monitoring. For instance, Mexico trained and supported networks of women living with HIV to collect data on how the HIV epidemic affects women. Environmental sustainability is not included in monitoring and evaluation.</p> | High confidence |
| Element 7: Plans for intervention monitoring and evaluation include attention to cross cutting issues | 2 | <p>UNAIDS and partners have also developed advocacy and guidance materials to reduce HIV stigma and discrimination and increase access to justice. Fifty countries completed the People Living with HIV Stigma Index, which has informed talks on improving legal and social environments for effective AIDS responses.</p> | |
| Overall Score: | 2.14 | | |
| Overall Rating: | Satisfactory | | |

MI 5.6: Intervention designs include detailed and realistic measures to ensure sustainability (as defined in KPI 12)

| Element | Score | Narrative | Source Documents |
|---|---------------------|---|---|
| Element 1 : Intervention designs include statement of critical aspects of sustainability, including; institutional framework, resources and human capacity, social behaviour, technical developments and trade, as appropriate. | 4 | Revised Guidance for Joint Teams contains many references to improving the long-term sustainability of the national HIV response, including in relation to UNAIDS' role in supporting the Global Fund's New Funding Model and as part of the checklist for Joint Programmes. A Background note on Shared responsibility and global solidarity for an effective, equitable and sustainable HIV response for the post-2015 agenda, presented to the 37 th Programme Co-ordination Board, approaches sustainability from many dimensions, including political, financial and operational. | 2, 3, 13, 16, 19, 35, 40, 73, 74, 75, 81, 110 |
| Element 2: Key elements of the enabling policy and legal environment that are required to sustain expected benefits from a successful intervention are defined in the design | 4 | The Midterm assessment of the UBRAF noted that at the country level, UNAIDS worked with health and justice ministries, members of parliaments, PLHIV and national AIDS bodies to develop laws and policies that support effective AIDS responses and protect human rights. Dialogues on HIV and the law were held in 49 countries, with UNDP helping 65 countries undertake legal environment assessments and reviews. UNAIDS has helped countries draft legislation, based on public health evidence and human rights principles, and convened consultations on laws. In Congo, El Salvador, Guatemala, Mongolia, Nicaragua, Senegal and Togo, UNAIDS inputs have informed HIV-related laws. | |
| Element 3: The critical assumptions that underpin sustainability form part of the approved monitoring and evaluation plan. | 2 | | |
| Element 4: Where shifts in policy and legislation will be required these reform processes are addressed (within the intervention plan) directly and in a time sensitive manner. | 4 | One country example comes from Mozambique, where the National Strategic Plan III orientates itself to the principle of the "Three Ones" - One Coordinating Body, One National Strategic Plan and One Monitoring & Evaluation Plan, emphasizing the need to consolidate and strengthen the coordination between the central, provincial and district level as a way to reinforce this principle. The following guiding principles are reaffirmed across the key areas of the national strategy: human rights; multisectorial response, results-orientation; economy of resources; communication and domestication of messages; systems strengthening and decentralization. | |
| Overall Score: | 3.5 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 5.7: Institutional procedures (including systems for engaging staff, procuring project inputs, disbursing payment, logistical arrangements etc.) positively support speed of implementation

| Element | Score | Narrative | Source Documents |
|--|--------------|---|--------------------------------|
| Element 1 : Internal standards are set to track the speed of implementation | 2 | <p>UNAIDS' Performance Monitoring and Evaluation procedures applies reports from implementing partners as the basis for periodic reports on the progress, achievements and results of the Joint Programme. These outline any challenges faced in implementation as well as resource utilization as articulated in the Annual Work Plan. Surveys and evaluations to obtain baseline data and measure progress against baselines will be undertaken jointly with the United Nations and partners where appropriate. However, these do not require the inclusion of standards set to track implementation speed.</p> <p>Evidence reflects significant efforts to make progress for streamlined and efficient delivery in UNAIDS operations. Joint Programme Monitoring System Guidance emphasises harmonised approaches and the use of submission through electronic tools, to support swift reporting. The use of similar tools is also evident in activity workplanning (which initially requires the submission of a one-page template through an electronic system); and in field guidance to staff (UNAIDS Field Operations manual), which outlines a wide range of electronic systems to support efficiency. In particular, the Enterprise Resource Planning tool is intended to support efficiency in the management of budgets, workplans and financial transactions. Country examples include Uganda, where the joint programme attained moderate efficiency through: minimizing duplication and wastage by working through existing systems and structures; use of an Administrative Agent (AA) instead of a parallel funding mechanism; pooling resources and shared responsibility for interventions such as Global Fund proposals and National Strategic Plan development, high level advocacy, 'Protect the Goal' and eMTCT campaign launches, and analytical studies. Efficiencies were further realised through robust M&E mechanism that ensured timely reporting; prioritizing capacity enhancement as a pre-requisite for attainment of results; sharing of international experience and innovation in cost reduction approaches. However, delays in accessing funds at agency country office level delayed implementation often resulting in the need to request for a no cost extension. There were delays in determining the DFID funded districts of operation, which resulted in late implementation of some JUPSA activities. Additionally, the programme faced a challenge of different financial reporting systems and timelines between different PUNOs occasioning different experiences.</p> | 28, 29, 39, 75, 76, 77, 78, 83 |
| Element 2: Organisation benchmarks (internally and externally) its performance on speed of implementation across different operating contexts | 1 | | |
| Element 3: Evidence that procedural delays have not hindered speed of implementation across interventions reviewed | 3 | | |
| Element 4: Evidence that any common institutional bottlenecks in speed of implementation identified and actions taken leading to an improvement. | 3 | | |
| Overall Score: | 2.25 | | |
| Overall Rating: | Satisfactory | | High confidence |

KPI 6: Working in coherent partnerships directed at leveraging / ensuring relevance and catalytic use of resources

Overall KPI Rating

2.29

Overall KPI

Satisfactory

MI 6.1: Planning, programming and approval procedures enable agility in partnerships when conditions change

| Element | Score | Narrative | Source Documents |
|--|--------------|--|--------------------------|
| Element 1 : Mechanisms in place to allow programmatic changes and adjustments when conditions change | 3 | <p>UNAIDS, in its role as convenor and co-ordinator, aims to support adaptation and responsiveness to the changing nature of the epidemic. This is particularly the case as the epidemic itself changes, and as an increasing range of countries has the resources to tackle the HIV and AIDS responses themselves. The Investing for results, Results for people framework emphasises agility and responsiveness in its approach, in particular 'reviewing and renewing national strategic plans' as appropriate in the light of the changing nature of the epidemic.</p> <p>Country offices have a high degree of autonomy that allows the flexible use of funds, although these are small proportion of UNAIDS funds. In particular, there is a high degree of delegated authority to the head of the country office, between \$15-200,000, which means that revisions can be made at the appropriate level. (see also MI 3.3).</p> <p>UNAIDS supported mid-term reviews (stocktaking exercises) of national AIDS programmes in more than 100 countries, using the opportunity to renew commitments to HIV prevention, diagnosing gaps and fostering leadership, coherence and accountability at all levels of the response; advocating for effective evidence-based combination prevention; and seeking to integrate new prevention technologies in priority populations and geographic areas where new infections are occurring. Furthermore, when Multistakeholder reviews in 2014-2015 recommended that the UBRAF be simplified and that UBRAF indicators be strengthened, UNAIDS instigated processes to develop the 2016-2021 UBRAF and the 2016-2021 UBRAF indicator set.</p> <p>However, at global level, there have been efforts by the Cosponsors to engage UNAIDS on joint planning/ joint resource mobilisation, even discussions on sustainability and predictability of funding but none have come to fruition. In 2015, all 11 Cosponsors submitted a letter to UNAIDS requesting joint planning around resources, in 2016, the Cosponsors requested that they be consulted prior to decision-making. This lack of transparency around finances arose in both the survey and the interviews with Cosponsors.</p> | 1, 5, 11, 25, 34, 60, 75 |
| Element 2: Mechanisms in place to allow the flexible use of programming funds as conditions change (budget revision or similar) | 4 | | |
| Element 3: Institutional procedures for revisions permit changes to be made at country/regional/HQ level within a limited timeframe (less than three months) | 3 | | |
| Element 4: Evidence that regular review points between partners support joint identification and interpretation of changes in conditions | 3 | | |
| Element 5: Evidence that any common institutional bottlenecks in procedures identified and actions taken leading to an improvement | 2 | | |
| Overall Score: | 3.0 | | |
| Overall Rating: | Satisfactory | UNAIDS has put in place the iTrack system to more closely monitor the use of funds. The system is new and still needs to be proven. | High confidence |

MI 6.2: Partnerships based on an explicit statement of comparative advantage e.g. technical knowledge, convening power/partnerships, policy dialogue/advocacy

| Element | Score | Narrative | Source Documents |
|---|-------|--|--|
| Element 1 : Corporate documentation contains clear and explicit statement on the comparative advantage that the organisation is intending to bring to a given partnership | 4 | <p>UNAIDS' comparative advantage for the partnership is reflected in its mission statement, which articulates the organisation's role in:</p> <ul style="list-style-type: none"> • Uniting the efforts of United Nations Cosponsors, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV; • Speaking out in solidarity with the people most affected by HIV in defense of human dignity, human rights and gender equality; • Mobilizing political, technical, scientific and financial resources and holding ourselves and others accountable for results; • Empowering agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact; and • Supporting inclusive country leadership for comprehensive and sustainable responses that are integral to and integrated with national health and development efforts. | 1, 2, 3, 4, 12, 21, 29, 34, 55, 65, 84, 85, 95 |
| Element 2: Statement of comparative advantage is linked to clear evidence of organisational capacities and competencies as it relates to the partnership | 3 | <p>As set out in the UBRAF: To support national priorities, the UBRAF and the Division of Labour among UNAIDS Cosponsors and Secretariat maximize the effectiveness and impact of UN HIV-related resources. They provide a basis for adapting work based on the comparative advantage and core mandates of each organization, their in-country presence, existing national priorities, capacity, and the availability of funding. The Joint UN Teams on AIDS are responsible to ensure the activities of the Joint Programme are strategic, catalytic, innovative and inclusive for greater impact.</p> | |
| Element 3: Evidence that resources/ competencies needed for intervention area(s) are aligned to the perceived comparative advantage | 2 | <p>However, the cuts in funding are constraining the Cosponsors' organisational capacity. Cosponsors have borne a net cut in funding of 80% over two years. One Cosponsor reported a 30% reduction in staffing at country and regional level prior to the most recent but of 50%</p> | |

| | | | |
|--|---------------------|--|------------------------|
| <p>Element 4: Comparative advantage is reflected in the resources (people, information, knowledge, physical resources, networks) that each partner is able (and willing) to bring to the partnership</p> | <p>2</p> | <p>The Joint Programme’s policy and operational coherence are reinforced through the UNAIDS Division of Labour, which assures reciprocal accountability among Cosponsors and the UNAIDS Secretariat at the global, regional and country levels. Guided by this Strategy, United Nations joint teams on AIDS and joint programmes of support implement UNAIDS’ efforts at the country level, under the leadership of the United Nations resident coordinators. There are concerns that the reductions in funds available to Cosponsors will affect their ability to bring sufficient resources to the partnership.</p> <p>Cosponsors have noted a trend of ‘one-way accountability’ and have formally requested meetings specifically relating to resource mobilisation and joint planning.</p> | |
| <p>Overall Score:</p> | <p>2.75</p> | | |
| <p>Overall Rating:</p> | <p>Satisfactory</p> | | <p>High confidence</p> |

MI 6.3: Clear adherence to the commitment in the Busan Partnership for Effective Development Cooperation on the use of country systems

| Element | Score | Narrative | Source Documents |
|---|------------------------------|--|---|
| Element 1 : Clear statement on set of expectations for how the organisation will seek to deliver on the Busan commitment/QCPR statement (as appropriate) on use of country systems within a given time period | 0 | <p>UNAIDS prioritises alignment behind the national response at country level. Accordingly, several operational policies encourage the use of country systems where applicable, for example for health systems strengthening, monitoring and evaluation, procurement and service delivery.</p> <p>There are processes carried out in collaboration with partners that are used to diagnose the condition of country systems and these are used consistently at country level. These include the support for preparations of proposals to the Global Fund, the Investing for Results tool and the Investment Cases that many countries have prepared.</p> <p>However, no clear guidance is available on the use of country financial systems as the main mechanism through which financial resources should be directed. No procedures are available to respond to issues, reasons for non-use of financial systems or of monitoring the trend on the use of country systems.</p> | 1, 2, 3, 4, 5, 12, 13, 17, 19, 25, 32, 34, 64, 75 |
| Element 2: Internal processes (in collaboration with partners) to diagnose the condition of country systems | 4 | | |
| Element 3: Clear procedures for how organisation to respond to address (with partners) concerns identified in country systems | 0 | | |
| Element 4: Reasons for non-use of country systems clearly and transparently communicated | 0 | | |
| Element 5: Internal structures and incentives supportive of greater use of country systems | 0 | | |
| Element 6: Monitoring of the organisation trend on use of country systems and the associated scale of investments being made in strengthening country systems | 0 | | |
| Overall Score: | 0.67 | | |
| Overall Rating: | Highly Unsatisfactory | High confidence | |

MI 6.4: Strategies or designs identify synergies, to encourage leverage/catalytic use of resources and avoid fragmentation

| Element | Score | Narrative | Source Documents |
|--|---------------------|---|---|
| Element 1 : Strategies or designs clearly recognise the importance of synergies and leverage | 4 | Increasing co-ordination and coherence is part of UNAIDS' mandate. Key strategic documents recognise the need to enhance synergies across HIV response, and identify measures to enhance collaboration. UNAIDS works as a convener at the national level, supporting key stakeholders to work together in developing the national AIDS response, and as a coordinator in the UN joint programmes or support, with the 11 Cosponsors. | 1, 2, 3, 4, 5, 12, 13, 19, 25, 34, 72, 75 |
| Element 2: Strategies or designs contain clear statements of how duplication/fragmentation will be avoided based on realistic assessment of comparative advantages | 2 | The 2016-2021 Strategy continues this theme: 'As a convener and coordinator, UNAIDS will continue to create new spaces for discussion and new models of collaboration that acknowledge and work within our increasingly complex environment'. The Division of Labour set out in the strategy is specifically oriented to ensuring an explicit delineation of responsibilities and avoiding duplication. | |
| Element 3: Strategies or designs contain clear statement of where an intervention will add the most value to a wider change. | 4 | UNAIDS key tools – the UBRAF and the Investing for results, results for people framework – are focused on and geared to, the creation of synergies. The Investing for results tool is explicit on the avoidance of duplication: 'A strong country-led response can ensure that the investments made in health and development are synergized, key services are integrated and duplication avoided.' | |
| Element 4: Strategies or designs contain a clear statement of how leverage will be ensured | 2 | Cosponsors however reported fragmentation in terms of producing guidelines/publications on specific thematic/technical issues. Cosponsors were not involved or only minimally involved. Cosponsors recognised that there was a need for technical units at one point at a time, however many Cosponsors stated that currently there was a doubling up of functions at Secretariat level, with policy capacity that exists in Cosponsors agencies. | |
| Element 5: Strategies or designs contain a clear statement of how resources will be used catalytically to stimulate wider change | 4 | UNAIDS has supported the development of Investment Cases for many countries, with the cases setting out the means by which the national response can ensure leverage to stimulate wider change. | |
| Overall Score: | 3.2 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 6.5 Key business practices (planning, design, implementation, monitoring and reporting) coordinated with other relevant partners (donors, UN agencies, etc.) as appropriate

| Element | Score | Narrative | Source Documents |
|--|-------|---|---|
| Element 1 : Evidence that the organisation has participated in joint planning exercises, such as the UNDAF | 4 | In line with its role as convenor and co-ordinator, UNAIDS aligns its planning and design amongst Cosponsors and partners. The 2016-2021 Strategy outlines the extensive consultation processes (including with Cosponsor organisations) that were undertaken to formulate the Strategy. The UBRAF provides the main vehicle to co-ordinate business practices as they relate to HIV and AIDS among the Cosponsor organizations. There are a range of examples of the ways in which UNAIDS participates actively in joint programming, implementation, monitoring and reporting. UNAIDS leads on the production of the GAP report, working with a range of partners to identify information gaps and the means to address them. UNAIDS bring partners together for the development of joint workplans at the national, regional and HQ level, as well as Joint Technical Support Plans at the regional level that provide for combined country support missions, reviews of national strategies and operational plans and other forms of technical support. | 1, 2, 3, 4, 5, 13, 14, 15, 16, 19, 20, 21, 24, 25, 28, 29, 33, 34, 35, 48, 75, 76, 77, 82, 83, 93 |
| Element 2: Evidence that the organisation has aligned its programme activities with joint planning instruments, such as the UNDAF | 4 | The implementation of joint strategies and activities at country level aims to ensure coherence and co-ordination, as reflected in the Guidance to Joint Teams. | |
| Element 3: Evidence that the organisation has participated in opportunities for joint programming where these exist | 2 | UNAIDS has joined with other international partners in various mechanisms to improve the coordination and effectiveness of technical support. These include a joint working group to coordinate country support on Global Fund issues, as well as a newly established informal working group on technical support for Global Fund grant implementation. However, Cosponsors expressed concerns about lack of consultation and engagement in terms of programme planning in countries where UNAIDS has changed its operational model (opening/ closing offices, increasing/ decreasing presence, balance around staff levels on the Joint Team at country level). | |
| Element 4: Evidence that the organisation has participated in joint monitoring and reporting processes with key partners (donor, UN etc) | 4 | The linking of the UBRAF to Cosponsors' corporate results frameworks; Alignment of indicators in the UBRAF with other UN initiatives, global AIDS and MDG (SDG) indicators; The launch of a Joint Programme Monitoring System (JPMS) web-based tool in 2012 to enable reporting at country, regional, global organizational and thematic levels to be captured in a uniformed way. A web-based tool, the Joint Programme Monitoring System (JPMS) was introduced in 2012 to streamline collecting, collating and facilitating the analysis of performance information. Data are collected through indicator forms and text boxes for qualitative information on progress. Data entry starts at the country | |
| Element 5: Evidence of the identification of shared information gaps with partners and strategies developed to address these | 2 | | |

| | | | |
|--|---------------------|--|-----------------|
| Element 6: Evidence of participation in the joint planning, management and delivery of evaluation activities | 4 | level, by Joint UN Teams on AIDS, and provides a basis for programme adjustments. UNAIDS provides a lead role in supporting the collection and analysis of data on the epidemic and information on the response globally. UNAIDS has worked for many years to build national capacity for data collection and analysis and continues to develop innovative ways for the utilisation of data. UNAIDS also publishes the Gap Report, giving information and analysis on the people being left behind, drawing on the data gathered at the national level. | |
| Overall Score: | 3.33 | At the country level, there is evidence from interviews with UNAIDS staff and Cosponsors and from UNAIDS own database of evaluations, that the organisation actively participates in joint planning, management and participates in evaluation activities of Cosponsors. | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 6.6: Key information (analysis, budgeting, management, results etc.) shared with strategic/implementation partners on an ongoing basis

| Element | Score | Narrative | Source Documents |
|--|------------------------------|---|--|
| Element 1 : Clear corporate statement on transparency of information | 0 | There is no clear corporate statement on transparency of information. | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 20, 25, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 47, 56, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70,71, 83, 95 |
| Element 2: The organisation has signed up to the International Aid Transparency Initiative | 0 | UNAIDS has not yet signed up to IATI. While information is available on analysis, budgeting and management, this does not yet meet the standards of IATI. | |
| Element 3: Information is available on analysis, budgeting, management in line with the guidance provided by the International Aid Transparency Initiative | 1 | While UNAIDS makes information on its strategies and programmes available, some interviews suggested that the organisation is not always as open as it could be. | |
| Element 4: Evidence that partner queries on analysis, budgeting, management and results are responded to in a timely fashion | No evidence | In response to a survey question on whether UNAIDS shares key information (analysis, budgeting, management, results) with Co-Sponsors and other partners on an ongoing basis, a majority of respondents assessed UNAIDS positively. | |
| Element 5: Evidence that information shared is accurate and of good quality. | 2 | | |
| Overall Score: | 0.75 | | |
| Overall Rating: | Highly Unsatisfactory | | High confidence |

MI 6.7: Clear standards and procedures for accountability to beneficiaries implemented

| Element | Score | Narrative | Source Documents |
|--|-------|---|------------------|
| Element 1 : Explicit statement available on standards and procedures for accountability to beneficiary populations e.g. Accountability to Affected Populations | 4 | <p>UNAIDS' commitment to accountability to People Living with HIV and AIDS in planning, design and decision-making is clear in documentation. The position of CSOs as board members provides is unique and provides beneficiaries with a channel for their voice.</p> <p>Both the Strategy for 2011-2015 and the successor Strategy for 2016-2021 emphasise the importance of 'legitimate and balanced representation' in formulating strategies and plans, specifically citing People Living With HIV and AIDS. However, there are no specific details on clear standards and procedures for direct beneficiary feedback to UNAIDS. The documentation available shows that this commitment is implicit, rather than being explicitly stated.</p> | 2, 5, 21, 25, 34 |
| Element 2: Guidance for staff is available on the implementation of the procedures for accountability to beneficiaries | 2 | <p>For example, UNAIDS' guidance for working with civil society articulates the position that: In partnering with civil society, UNAIDS will support civil society to establish mechanisms and processes that ensure people living with HIV and key populations are represented by legitimate representatives chosen through a fair and transparent process led and organised by civil society—and that representation takes into consideration issues such as geography, types and size of organizations, gender, representation of key populations, representation of people living with HIV, and a country's epidemiological profile.</p> | |
| Element 3: Training has been conducted on the implementation of procedures for accountability to beneficiaries | 0 | <p>Similarly, the Investing in Results, Results for People framework stresses the primacy of community ownership: In a people-centred approach, communities take the lead in programme implementation, monitoring and accountability...Community engagement is vital for advocacy, generating demand and ensuring accountability for results.</p> | |
| Element 4: Programming tools explicitly contain the requirement to implement procedures for accountability to beneficiaries | 0 | <p>Although no explicit standards are available for accountability to beneficiaries, UNAIDS management state that the issue is addressed from the following perspectives:</p> <ul style="list-style-type: none"> • Engaging non-state actors in decision-making, particularly civil society and affected populations • Ensuring inclusive responses which also involve civil society and affected populations, and reach the most vulnerable • Adopting programmatic responses which reduce stigma and discrimination, and increase access to justice • Ensuring accountability through ownership, particularly by | |

| Element | Score | Narrative | Source Documents |
|---|----------------|---|------------------|
| Element 5: Approval mechanisms explicitly include the requirement to assess the extent to which procedures for accountability to beneficiaries will be addressed within the intervention | 0 | <p>communities, affected populations and local authorities</p> <ul style="list-style-type: none"> Adopting a partnership approach between development partners, government and civil society, including people living with HIV. <p>Programming tools / approval systems do not explicitly contain a requirement for accountability to beneficiaries. While monitoring processes are clear about the participation of key populations, there does not seem to be explicit guidance on evaluation.</p> | |
| Element 6: Monitoring and evaluation procedures explicitly include the requirement to assess the extent to which procedures for accountability to beneficiaries have been addressed within the intervention | 2 | | |
| Overall Score: | 1.33 | | |
| Overall Rating: | Unsatisfactory | | High confidence |

MI 6.8: Participation with national and other partners in mutual assessments of progress in implementing agreed commitments

| Element | Score | Narrative | Source Documents |
|---|--------------|---|--|
| Element 1: Evidence of participation in joint performance reviews of interventions e.g. joint assessments | 4 | <p>As a Joint Programme, mutual accountability is integrated within UNAIDS' collective Strategy and associated results frameworks. The main vehicle for this is the UBRAF, which holds Cosponsors individually and collectively to account. The UNAIDS Guidance Paper on Joint teams denotes that "Ongoing monitoring can be accomplished informally during regular joint team meetings, or through reporting systems designed by the team. Indicators for both monitoring and evaluation purposes look at joint team establishment and functioning, as well as progress made towards development and implementation of the programme of support." Overall, UNAIDS evaluative function is weak, Cosponsors normally evaluate their own programmes but there are very few joint assessments of UNAIDS' work.</p> <p>The 2016-2021 UBRAF notes that Annual performance reviews, conducted by Cosponsors and the Secretariat, take place at country, regional and global levels.</p> <p>Reviews identify achievements by the Joint Programme, resources budgeted and spent, and areas where progress is not being achieved as expected, and provide the basis for future budget allocations.</p> <p>UNAIDS works at a country level with the Cosponsors to carry out these reviews and now uses the JPMS to record progress and contributions. However, Cosponsors have reported that their work is "invisible" in the final outputs of the JPMS and there are issues around attribution of results.</p> <p>UNAIDS does not carry out a survey of partner perceptions of progress.</p> | 1, 2, 3, 4, 5, 12, 13, 20, 21, 32, 33, 34, 35, 36, 37, 38, 42, 45, 46, 47, 56, 57, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70,71 |
| Element 2: Evidence of participation in multi-stakeholder dialogue around joint sectoral or normative commitments | 4 | | |
| Element 3: Evidence of engagement in the production of joint progress statements in the implementation of commitments e.g. joint assessment reports | 4 | | |
| Element 4: Documentation arising from mutual progress assessments contains clear statement of the organisation's contribution, agreed by all partners | 2 | | |
| Element 5: Surveys or other methods applied to assess partner perception of progress | 0 | | |
| Overall Score: | 2.8 | | |
| Overall Rating: | Satisfactory | | High confidence |

MI 6.9: Deployment of knowledge base to support programming adjustments, policy dialogue and/or advocacy

| Element | Score | Narrative | Source Documents |
|--|-------|--|---|
| Element 1 : Statement in corporate documentation explicitly recognises the organisation's role in knowledge production | 4 | One of UNAIDS' core functions is to build an evidence base to inform the HIV response globally, regionally and nationally. This is reflected in the primacy of 'evidence-informed' responses, reflected in for example the Investing in results, results for people framework and in both relevant corporate Strategies. UNAIDS houses an extensive and disaggregated data collection on the HIV epidemic and the response to AIDS. Documentation records that consultations on the 2016-2021 Strategy and the UBRAF highlighted the importance of UNAIDS' role on strategic information. | 1, 2, 3, 4, 5, 13, 15, 16, 17, 18, 21, 22, 23, 35, 36, 37, 45, 55, 56, 57, 58, 59, 60, 61, 62, 64, 65, 66, 67, 68, 69, 70, 71, 72, 95, 99 |
| Element 2: Evidence of knowledge products produced and utilised by partners to inform action | 2 | There are good examples of the way in which UNAIDS knowledge products have had a direct impact on the responses in some countries. The Investment Cases, developed with the support of UNAIDS, have had an impact on the way in which governments in South Africa and Nigeria have responded to the epidemic. | |
| Element 3: Knowledge products generated and applied to inform advocacy at country, regional or global level. | 4 | UNAIDS has developed innovative approaches to the analysis, display and use of data on the epidemic, enabling governments and local authorities to better understand and respond in a timely manner. These approaches have been piloted in countries such as Kenya, while there have been requests from others including Lesotho for similar help. | |
| Element 4: Evidence that knowledge products generated are timely/perceived as timely by partners | 2 | There is evidence that knowledge products are seen as useful and of high quality, as well as that they are used, although with some caveats. 2014 survey data finds 36% of respondents very satisfied with the information UNAIDS provides, and 44% somewhat satisfied. The remaining 21% were neutral/somewhat dissatisfied or very dissatisfied. Responses to the survey question on High quality inputs to policy dialogue, show, mainly excellent, very and fairly good. However, some questions have been raised by Cosponsors as to the quality of the data in the reports and the lack of consultation or fragmented consultation with Cosponsors prior to publishing key technical reports. | |
| Element 5: Evidence that knowledge products are perceived as high quality by partners | 2 | The piloting of the new system and approach to utilising and presenting data on the AIDS epidemic is a good example of how knowledge products are produced in a format that supports their utility to partners. The pilot, developed in | |

| | | | |
|---|--------------|--|-----------------|
| Element 6: Evidence that knowledge products are produced in a format that supports their utility to partners. | 2 | countries such as Kenya, is now being modified to include community monitoring feedback on services, drawing on experience in Asia. 80% of respondents of the survey used UNAIDS publications. | |
| Overall Score: | 2.67 | | |
| Overall Rating: | Satisfactory | | High confidence |

Performance Area: Performance Management

Systems geared to managing and accounting for development and humanitarian results and the use of performance information, including evaluation and lesson-learning

KPI 7: Strong and transparent results focus, explicitly geared to function

| | | | |
|---------------------------|-------------|--------------------|----------------------------|
| Overall KPI Rating | 3.75 | Overall KPI | Highly Satisfactory |
|---------------------------|-------------|--------------------|----------------------------|

MI 7.1: Leadership ensures application of an organisation-wide RBM approach

| Element | Score | Narrative | Source Documents |
|--|----------------------------|--|---|
| Element 1 : Corporate commitment to a result culture is made clear in strategic planning documents | 4 | <p>UNAIDS' Programme Co-ordinating Board has set a clear direction for UNAIDS' RBM approach, identifying a number of parameters and principles to guide performance monitoring, reporting and accountability. The Executive Director's Report of October 2015 contains a clear statement of intent to ensure the application of RBM approaches, which have been followed through in guidance and capacity building.</p> <p>The JPMS system is the system used by all of the Cosponsors for planning and programming against the objectives in the strategic plan. It has increased transparency, accountability and access to performance information as the system acts as a database, with the ability to review results for a particular theme across all parts of the Joint Programme as a major step forward.</p> <p>The JPMS system is the main means for ensuring that targets and indicators are understood by staff and used in planning. While there is guidance for setting targets and indicators and tools for measuring and managing results, there are some indications from the interviews, that further work is required.</p> <p>The JPMS system is the main means for ensuring that targets and indicators are understood by staff and used in planning. While there is guidance for setting targets and indicators and tools for measuring and managing results, there are some indications from the interviews, that further work is required. UNAIDS has invested considerable resources in the JPMS system and continues to invest in building its performance.</p> <p>No evidence is available against element 6.</p> | <p>1, 2, 3, 4, 5, 9, 13, 14, 16, 19, 20, 21, 24, 25, 34, 35, 36, 38, 42, 61, 62, 63, 64, 65, 66, 68, 69, 70, 71</p> |
| Element 2: Clear requirements/incentives in place for the use of an RBM approach in planning and programming | 4 | | |
| Element 3: Guidance for setting results targets and develop indicators is clear and accessible to all staff | 3 | | |
| Element 4: Tools and methods for measuring and managing results are available | 3 | | |
| Element 5: Adequate resources are allocated to the RBM system | 4 | | |
| Element 6: All relevant staff are trained in RBM approaches and method | No evidence | | |
| Overall Score: | 3.6 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 7.2. Corporate strategies, including country strategies, based on a sound RBM focus and logic

| Element | Score | Narrative | Source Documents |
|--|---------------------|---|---|
| Element 1 : Organisation-wide plans and strategies include results frameworks | 4 | <p>The PCB has provided a lead on the development of an RBM approach and has played an active role in developing the current UBRAF, particularly in ensuring that it has a clearer and simpler structure. The UBRAF acts as a clear results framework for UNAIDS and establishes linkages between the corporate and country level, providing a framework both for UNAIDS and for the Cosponsors.</p> <p>Compared to the 2012-2015 UBRAF, the 2016-2021 UBRAF has a clearer, simpler structure and fewer outputs (27 compared to 64 previously); more explicit links from resources to results; and a greater reflection of regional differences and priorities. The PCB played an active role in ensuring that the new UBRAF had clear linkages between the different levels of the results framework. An annual report on the UBRAF is presented to the PCB annually for discussion.</p> <p>The PCB plays an active role in ensuring that the strategy is updated regularly. The 2012-2015 UBRAF had a mid-term review and the PCB called for a multi-stakeholder consultation in preparation for the 2016-2020 Strategic Plan and accompanying UBRAF.</p> <p>UNAIDS reports regularly to the PCB on progress in implementing its strategies and the PCB is actively engaged in ensuring that the strategy is updated. The reporting to the PCB includes a focus on progress over time and notes areas where further focus is required. It is noted, however, that this reporting is still a work in progress.</p> | 1, 2, 3, 4, 5, 13, 14, 16, 17, 19, 20, 21, 25, 35, 38, 39, 40, 41, 42, 64, 65, 66, 67, 69, 71, 72 |
| Element 2: Clear linkages exist between the different layers of the results framework, from project through to country and corporate level | 4 | | |
| Element 3: An annual report on performance is discussed with the governing bodies | 4 | | |
| Element 4: Corporate strategies are updated regularly | 4 | | |
| Element 5: The annual corporate reports show progress over time and notes areas of strong performance as well as deviations between planned and actual results | 3 | | |
| Overall Score: | 3.8 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 7.3: Results targets based on a sound evidence base and logic

| Element | Score | Narrative | Source Documents |
|--|---------------------|--|---|
| Element 1 : Targets and indicators are adequate to capture causal pathways between interventions and the outcomes that contribute to higher order objectives | 4 | <p>The development of the current UNAIDS Strategic Plan has gone through a comprehensive process of data analysis and modelling, consultation at the national and regional levels, setting targets and establishing baselines at the national levels relevant to local contexts and dialogue at the international level.</p> <p>The 2016-2021 UBRAF presents outputs; a brief description of what the Joint Programme will do under each output, and a short theory of change of how and why the outputs contribute to Strategy results (outcomes). Indicators to measure results of Joint Programme contributions, baselines and quantitative milestones and targets are also provided. Targets were set jointly by the Secretariat and the Cosponsors based on: baselines collected in April 2016 in all countries with a Joint Programme presence and the availability of the maximum amount of estimated UBRAF resources.</p> <p>Targets and baselines were established in all countries with a Joint Programme presence. These form baselines for all of the activities of the Joint Programme. The targets are updated on an annual basis, when UNAIDS updates the global reporting and the GAP reports.</p> | 1, 2, 3, 4, 5, 13, 14, 16, 17, 19, 21, 25, 39, 40, 42, 75, 76 |
| Element 2: Indicators are relevant to the expected result to enable measurement of the degree of goal achievement | 4 | | |
| Element 3: Development of baselines are mandatory for new Interventions | 4 | | |
| Element 4: Results targets are regularly reviewed and adjusted when needed | 4 | | |
| Overall Score: | 4 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 7.4: Monitoring systems generate high quality and useful performance data

| Element | Score | Narrative | Source Documents |
|--|-------|---|---|
| Element 1 : The corporate monitoring system is adequately resourced | 4 | Data collection and analysis and the use of this data for monitoring is one of the key strengths of UNAIDS, with the experience in developing effective global monitoring systems being applied to the development of better organisational monitoring systems. As is noted in UNAIDS current strategy, the AIDS response has in place one of most rigorous reporting and accountability mechanisms in all of global health and development. At Secretariat level, there is evidence of considerable progress in performance monitoring systems since the introduction of the first strategic plan. | 1, 2, 3, 4, 9, 13, 14, 17, 19, 20, 21, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 47, 48, 56, 57, 60, 61, 62, 64, 65, 66, 67, 68, 69, 70, 71, 75, 76, 77, 83, 93 |
| Element 2: Monitoring systems generate data at output and outcome level of the results chain | 4 | The JPMS is the primary means for inputting data at the output and outcome levels of the results chain. The system brings together data from the Cosponsors to enable reporting particular outputs, outcomes or thematic areas. All of the Cosponsors can input data to the system, which is has been developed further to ensure that the reporting facility enables all users to see both 'vertical' reports by individual components, such as country and region, but to 'horizontally' view all entries by a particular output, outcome or thematic area. | |
| Element 3: Reporting structures are clear | 4 | Joint programme Monitoring Guidelines present a clear and comprehensive overview of the monitoring process for staff, at country, regional and HQ level, including timebound processes for the full monitoring cycle. Other key guidance – such as Activity Workplanning and revised Joint Team guidance – also stress the role of the monitoring cycle in planning and programming, and provide detailed guidance. | |
| Element 4: Reporting processes ensure timely data for key corporate reporting, and planning | 4 | There is evidence of effort to continuously improve the monitoring the reporting systems, including the establishment of the Global Implementation Support Team, which created a forum for sharing real-time information among major technical support providers, a practical tool (the Coordinating AIDS Technical Support database) to help countries monitor technical support, improved the understanding of technical support needs and enhanced technical support to address key gaps, including support for civil society. The Fast Track Approach has adopted real-time monitoring, leading to rapid programme corrections using Web-based data visualization (such as situation rooms) and alert systems (such as for stock-outs). At the same time, it is recognised that there are challenges in | |
| Element 5: A system for ensuring data quality exists | 3 | | |

| | | | |
|---|---------------------|--|-----------------|
| Element 6: Data adequately captures key corporate results | 4 | data gathering and ensuring data quality at the country level, with the need for continued capacity building. | |
| Overall Score: | 3.83 | The Mid Term Review of the UBRAF recorded that, the ability to review results for a particular theme across all parts of the Joint Programme is a major step forward. The JPMS has also contributed to better planning and articulation of results at country and regional levels and improved coordination among global interagency mechanisms. | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 7.5: Performance data transparently applied in planning and decision-making

| Element | Score | Narrative | Source Documents |
|---|---------------------|---|---|
| Element 1 : Planning documents are clearly based on performance data | 3 | <p>UNAIDS' prioritisation of an evidence-based approach leads to a strong reflection in documentation on the use of performance data to inform decision-making and country level plans. Within the Secretariat, the data generated by the Joint Programme Monitoring System (JPMS) has, according to the Mid Term Review of the UBRAF, contributed to better planning and articulation of results at country and regional levels and improved coordination among global interagency mechanisms.</p> <p>At the same time, it is noted that there is a strong reliance on monitoring data (uptake of services, access to treatment etc) and not on evaluative or more analytical data that could also contribute to programmatic decision-making.</p> <p>The 2014 UBRAF Thematic Report on Coherence, co-ordination and partnerships points out that more analytic studies are needed on whether countries make the right HIV intervention choices; programme implementation is of sufficient quality and scale; and HIV interventions are effective and sustained. More examples of strategic data use, where empirical data influence the allocation of HIV funds, are required.</p> <p>Corporate performance is reviewed on a very regular basis through 6 monthly and annual reports, with regional syntheses of country reporting, focused on summaries and work planning. The Regional Directors and Senior Management meet 2-3 times a year. RSTs review programmes to identify if any are off track, with senior management becoming involved if there are HR or finance issues.</p> <p>At country level, the emphasis on performance monitoring (whilst recognising data and capacity constraints at national level), as indicated under the Investing for Results, Results for People approach, serves to ensure that country strategies and plans are geared to the specifics of 'their' epidemic.</p> | 1, 2, 3, 4, 13, 17, 19, 23, 24, 25, 83, 101 |
| Element 2: Proposed adjustments to interventions are clearly informed by performance data | 4 | | |
| Element 3: At corporate level, management regularly reviews corporate performance data and makes adjustments as appropriate | 3 | | |
| Element 4: Performance data support dialogue in partnerships at global, regional and country level | 4 | | |
| Overall Score: | 3.5 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

KPI 8: Evidence based planning and programming applied

| | | | |
|---------------------------|-------------|--------------------|------------------------------|
| Overall KPI Rating | 0.93 | Overall KPI | Highly unsatisfactory |
|---------------------------|-------------|--------------------|------------------------------|

MI 8.1: A corporate independent evaluation function exists

| Element | Score | Narrative | Source Documents |
|--|-------|--|--------------------|
| Element 1: The evaluation function is independent from other management functions such as planning and managing development assistance (<i>operational independence</i>) | 0 | While there is an evaluation function within UNAIDS, this function is not currently independent and the Joint Inspection Unit review of evaluation systems in the UN System recommended reconsideration of the structural independence of the function. The head of evaluation reports to the Executive Director and not directly to the PCB. As the head of the evaluation function reports to the Executive Director, they have only limited discretion in deciding the evaluation programme, with only a limited focus on evaluations in the organisation to date. There is no budgetary independence, as the budget is decided within the UNAIDS internal budgeting process. The limited evaluations identified for the assessment were submitted to the appropriate level of decision-making. | 11, 4, 31, 32, 100 |
| Element 2: The Head of evaluation reports directly to the Governing Body of the organisation (<i>Structural independence</i>) | 0 | | |
| Element 3: The evaluation office has full discretion in deciding the evaluation programme | 2 | | |
| Element 4: A separate budget line (approved by the Governing Body) ensures <i>budgetary independence</i> | 0 | | |
| Element 5: The central evaluation programme is fully funded by core funds | 0 | | |
| Element 6: Evaluations are submitted directly for consideration at the appropriate level of decision-making pertaining to the subject of evaluation | 3 | | |

| | | | |
|--|----------------------------------|--|------------------------|
| <p>Element 7: Evaluators are able to conduct their work throughout the evaluation without undue interference by those involved in implementing the unit of analysis being evaluated. <i>(Behavioural independence)</i></p> | <p>No evidence</p> | | |
| <p>Overall Score:</p> | <p>0.83</p> | | |
| <p>Overall Rating:</p> | <p>Highly unsatisfactory</p> | | <p>High confidence</p> |

MI 8.2: Consistent, independent evaluation of results (coverage)

| Element | Score | Narrative | Source Documents |
|---|-----------------------|---|-------------------|
| Element 1 : An evaluation policy describes the principles to ensure coverage, quality and use of findings, including in decentralised evaluations | 0 | There was no evaluation policy for UNAIDS for the period of the assessment, although a policy was drafted in 2015 and an evaluation plan was presented to the PCB in June 2016. | 4, 46, 87, 88, 89 |
| Element 2: The policy/an evaluation manual guides the implementation of the different categories of evaluations, such as strategic, thematic, corporate level evaluations, as well as decentralized evaluations | 0 | While an evaluation plan exists for 2016, there were no such plans for 2014 and 2015 and the evaluations that were undertaken do not have a clear rationale for selection. Work is underway to develop a more consistent and coherent approach to evaluations. While an evaluation plan exists for 2016, with a focus on programmatic, geographical and functional evaluations, the rationale for selection of the evaluations presented is not clearly set out. | |
| Element 3: A prioritized and funded evaluation plan covering the organisation's planning and budgeting cycle is available | 2 | | |
| Element 4: The annual evaluation plan presents a systematic and periodic coverage of the organisations' Interventions, reflecting key priorities | 1 | | |
| Element 5: Evidence from sample countries demonstrate that the policy is being implemented | 0 | | |
| Overall Score: | 0.6 | | |
| Overall Rating: | Highly unsatisfactory | | High confidence |

MI 8.3: Systems applied to ensure the quality of evaluations

| Element | Score | Narrative | Source Documents |
|---|-----------------------|--|------------------|
| Element 1: Evaluations are based on design, planning and implementation processes that are inherently quality oriented | 0 | Whilst it has been possible to identify evaluations that have been undertaken, no quality assurance framework is available to ensure the quality of evaluations of the Joint Programme. There is insufficient evidence to be able to make judgements on element 2-4. | 46, 89, 90, 100 |
| Element 2: Evaluations use appropriate methodologies for data-collection, analysis and interpretation | No evidence | | |
| Element 3: Evaluation reports present in a complete and balanced way the evidence, findings, conclusions, and where relevant, recommendations | No evidence | | |
| Element 4: The methodology presented includes the methodological limitations and concerns | No evidence | | |
| Element 5: A process exists to ensure the quality of all evaluations, including decentralized evaluations | 0 | | |
| Overall Score: | 0 | | |
| Overall Rating: | Highly unsatisfactory | | High confidence |

MI 8.4: Mandatory demonstration of the evidence base to design new interventions

| Element | Score | Narrative | Source Documents |
|---|-----------------------|--|--|
| Element 1: A formal requirement exists to demonstrate how lessons from past interventions have been taken into account in the design of new interventions | 0 | <p>UNAIDS undertakes a wide range of data gathering activities at the national level to guide joint UN and national strategies for HIV and AIDS. Whilst it is clear that the evidence base is used to develop interventions, there is no formal system to evaluate results or to incorporate learning into the developing of new interventions.</p> <p>At the same time, interviews indicate that UNAIDS is an organisation that draws on lessons and evidence to inform the development of new approaches and interventions; however these processes are not systematised or formalised. As there is no formal system, there are no incentives to apply lessons and the uptake of lessons is not tracked.</p> | <p>1, 2, 3, 4, 5, 13, 15, 16, 17, 18, 21, 22, 23, 35, 36, 37, 45, 55, 56, 57, 58, 59, 60, 61, 62, 64, 65, 66, 67, 68, 69, 70, 71, 72</p> |
| Element 2: Clear feedback loops exist to feed lessons into new interventions design | 1 | | |
| Element 3: There is evidence that lessons from past interventions have informed new interventions. | 1 | | |
| Element 4: Incentives exist to apply lessons learnt to new interventions | 0 | | |
| Element 5: The number/share of new operations designs that draw on lessons from evaluative approaches is made public | 0 | | |
| Overall Score: | 0.4 | | |
| Overall Rating: | Highly unsatisfactory | | High confidence |

MI 8.5: Poorly performing interventions proactively identified, tracked and addressed

| Element | Score | Narrative | Source Documents |
|---|---------------------|---|------------------|
| Element 1: A system exists to identify poorly performing interventions | 4 | <p>UNAIDS is not an implementing partner; however it is feasible to track whether systems are in place for identifying and addressing poorly-performing activities supported by the Joint Programme. The ERP and the JPMS, whilst new, are effective systems for tracking and addressing performance of interventions. The system enables interventions to be identified when they are poor and to be tracked over time.</p> <p>There is evidence from interviews that the system for tracking and addressing poor performance is used, with the regional offices taking action in the first instance and senior management taking up larger issues, if required. Interventions that are identified as poor are followed up by the regional offices to take action as required.</p> | 77, 83, 93, 94 |
| Element 2: Regular reporting tracks the status and evolution of poorly performing interventions | 4 | | |
| Element 3: A process for addressing the poor performance exists, with evidence of its use | 4 | | |
| Element 4: The process clearly delineates the responsibility to take action | 4 | | |
| Overall Score: | 4 | | |
| Overall Rating: | Highly satisfactory | | High confidence |

MI 8.6: Clear accountability system ensures responses and follow-up to and use of evaluation recommendations

| Element | Score | Narrative | Source Documents |
|--|-----------------------|--|------------------|
| Element 1: Evaluation reports include a management response (or has one attached or associated with it) | 0 | No management responses were present in the one evaluation reviewed and there is no system in place to track the status of implementation. While there has been reporting of follow up to one evaluation, this does not appear to be part of a formal process. | 46, 92 |
| Element 2: Management responses include an action plan and /or agreement clearly stating responsibilities and accountabilities | 0 | | |
| Element 3: A timeline for implementation of key recommendations is proposed | 0 | | |
| Element 4: A system exists to regularly track status of implementation | 0 | | |
| Element 5: An annual report on the status of use and implementation of evaluation recommendations is made public | 0 | | |
| Overall Score: | 0 | | |
| Overall Rating: | Highly unsatisfactory | | High confidence |

MI 8.7: Uptake of lessons learned and best practices from evaluations

| Element | Score | Narrative | Source Documents |
|--|-----------------------|---|------------------|
| Element 1: A complete and current repository of evaluations and their recommendations is available for use | 3 | <p>UNAIDS does hold a repository of evaluations on HIV and AIDS, including their recommendations. However, it commissions few evaluations of its own work, meaning that the repository is limited.</p> <p>Whilst informal lesson learning systems are in place, there is no evidence of any system or examples of uptake of lessons learned beyond those for the Second Independent Evaluation of UNAIDS, whose last update was to the PCB at December 2011. There is no formal dissemination mechanism and no system to track the uptake of lessons learned.</p> <p>Evidence from interviews suggest that identification and replication of innovative practices takes place informally and is supported by the fact that the Secretariat is relatively flat and lack a strong hierarchy. Efforts are underway to put a more structured innovation hub system in place. There is no corporate policy for disclosure of information applied to evaluations.</p> | 1, 46, 88, 96 |
| Element 2: A mechanism for distilling and disseminating lessons learned internally exists | 0 | | |
| Element 3: A dissemination mechanism to partners, peers and other stakeholders is available and employed | 0 | | |
| Element 4: A system is available and used to track the uptake of lessons learned | 0 | | |
| Element 5: An annual report on the status of use and implementation of evaluation recommendations is made public | 2 | | |
| Element 6: Evidence is available that lessons learned and good practices are being applied | 0 | | |
| Element 7: A corporate policy for Disclosure of information exists and is also applied to evaluations | 0 | | |
| Overall Score: | 0.71 | | |
| Overall Rating: | Highly unsatisfactory | | High confidence |

Performance Area: Results

Achievement of relevant, inclusive and sustainable contributions to humanitarian and development results in an efficient way

| | | | |
|---|------------|---------------------------|----------------------------|
| KPI 9: Achievement of development and humanitarian objectives and results e.g. at the institutional/corporate wide level, at the regional/country level, and contribution to normative and cross-cutting goals | | | |
| Overall KPI Score | n/a | Overall KPI Rating | Highly satisfactory |

MI 9.1: Interventions assessed as having achieved their stated development and/or humanitarian objectives and attain expected results

| Rating | Narrative | Source Documents |
|---|--|---|
| <p>Satisfactory</p> <p><i>Organisations either achieve at least a majority of stated output and outcome objectives (more than 50% if stated) or the most important of stated output and outcome objectives are achieved</i></p> | <p>A total of 15 documents, including one evaluation of a country programme, 2 midterm reviews of strategies and given UNAIDS' role as a technical partner, convenor and co-ordinator, rather than a direct implementer, corporate reports on results were reviewed. One caveat to the results reported is that it is not feasible for discern from the information the precise contribution of UNAIDS in achieving the results below. However, given the logic chain from the 2011-2015 Strategic Plan to the reported results, at minimum 'some' contribution can be robustly presumed.</p> <ul style="list-style-type: none"> One evaluation found that the Joint Programme has had commendable impact on the HIV and AIDS response in all the thematic areas evidenced by the reduction in deaths related to HIV and AIDS and reduction in new infections as well as objectives on governance and human rights. However, there is still a high unmet need for HIV and AIDS services. 2 Reports note that 100% of Joint Teams provided support to the simplification and expansion of access to treatment for children and adults, including key populations in this area in 2014. <p>Highlights of achievements include:</p> <ul style="list-style-type: none"> Achieving the AIDS targets of Millennium Development Goal 6. Measureable progress under the 'three zeros' movement include: halting and reversing the trajectory of the epidemic. The meeting of the '15 by 15' target – Moving from no treatment access in 1996 to 15 million people on treatment by 2015, nine months ahead of the 15 x 15 deadline—the first time in UN history such a goal was achieved early | <p>34, 35, 56, 60, 61, 62, 63, 64, 65, 67, 68, 69, 70, 71, 88</p> |
| | | High confidence |

MI 9.2 Interventions assessed as having realised the expected positive benefits for target group members

| Rating | Narrative | Source Documents |
|---|---|--|
| <p>Highly satisfactory</p> <p><i>Interventions have resulted in widespread and significant positive changes experienced by target group members as measured using either quantitative or qualitative methods.</i></p> | <p>A total of 11 documents, including one evaluation of a country programme, 2 midterm reviews of strategies and given UNAIDS' role as a technical partner, convenor and co-ordinator, rather than a direct implementer, corporate reports on results were reviewed.</p> <ul style="list-style-type: none"> In one evaluation, it was found that the Joint UN Team was a catalyst for intensified focus on reaching key populations (including MARPS) and supported the developed and operationalised numerous national guidance documents for Anti-Retro Viral Therapy (ART), Early Infant Diagnosis (EID), eMTCT, Sexual and Reproductive Health (SRH) and Gender. UN Joint Team contributed to universal access to HIV prevention, treatment and care for people who inject drugs and/or people living in prisons or other closed settings 54% of Joint Teams (N= 94) provided support in 2015 for people who inject drugs, and 71% for people living in prisons or other closed settings. <p>Some specific achievements in relation to positive benefits for target groups include:</p> <ul style="list-style-type: none"> Globally, the annual number of AIDS-related deaths decreased by 42% from 2004 to 2014. The number of AIDS-related deaths decreased significantly between 2009 and 2013 in several countries, including South Africa (51%), the Dominican Republic (37%), Ukraine (32%), Kenya (32%), Ethiopia (37%) and Cambodia (45%). There were 2.1 million [1.9 million–2.4 million] new HIV infections in 2013—a decline of 38% from 2001, when there were 3.4 million [3.3 million–3.6 million] new infections. Globally, the number of children becoming infected with HIV has almost halved in the past five years. Almost half of all people living with HIV (48%) now know their status. As of May 2015, 78 countries had adopted the 500 CD4 threshold, with an additional 12 countries going even further to recommend initiation of HIV treatment for all people living with HIV, regardless of CD4 count. A 27-fold increase since 2003 in access to antiretroviral therapy (ART) has resulted in a 29% decrease in deaths since 2005 and ART is estimated to have averted 6.6 million AIDS-related deaths, including 5.5 million in low- and middle-income countries from 1995–2012. Since December 2012, 3.2 million African men had been circumcised in the 14 sub-Saharan Africa countries where scale-up has been recommended. | <p>34, 35, 56, 61, 62, 63, 65, 68, 69, 71, 88</p> <p>High confidence</p> |

MI 9.3: Interventions assessed as having contributed to significant changes in national development policies and programs (policy and capacity impacts), or needed system reforms

| Rating | Narrative | Source Documents |
|---|--|--|
| <p>Highly satisfactory</p> <p><i>Interventions have made a substantial contribution to either re-orienting or sustaining effective national policies and programmes in a given sector or area of development disaster preparedness, emergency response or rehabilitation. The supported policies or programmes are expected to result in improved lives of target group members</i></p> | <p>A total of 9 documents, including one evaluation of a country programme, 2 midterm reviews of strategies and given UNAIDS' role as a technical partner, convenor and co-ordinator, rather than a direct implementer, corporate reports on results were reviewed.</p> <ul style="list-style-type: none"> At the country level, UNAIDS worked with health and justice ministries, members of parliaments, PLHIV and national AIDS bodies to develop laws and policies that support effective AIDS responses and protect human rights. Dialogues on HIV and the law were held in 49 countries, with UNDP helping 65 countries undertake legal environment assessments and reviews. UNAIDS has helped countries draft legislation, based on public health evidence and human rights principles, and convened consultations on laws. In Congo, El Salvador, Guatemala, Mongolia, Nicaragua, Senegal and Togo, UNAIDS inputs have informed HIV-related laws. Fifty countries completed the People Living with HIV Stigma Index, which has informed talks on improving legal and social environments for effective AIDS responses. At the end of 2012, 55% of countries reported HIV-related legal services, up from 45% in 2009; 57% reported training judges and magistrates on HIV and discrimination, up from 46% in 2008. UNAIDS advocated strongly to remove restrictions on entry, stay and residence. In Uganda, the Joint Team supported the review of laws that target MARPS; HIV infected and affected persons; that included the HIV and AIDS Prevention and Homosexuality Bills. HIV national policy composite index scores increased from 70 out of 100 points in 2010 to 85 by 2014. The percent of districts with institutional capacity for M&E including harmonized resource tracking, database and information systems increased from 0 to 100% (112 districts) by 2014. National composite policy index score increased from 4.6 in 2010 to 80% in 2014 In Uganda, the 'un-blocking' of Uganda from accessing Global Fund (GF) resources and provided support to the Ministry of Health (MOH) and The AIDS Support Organisation (TASO) to manage resources in a timely manner. response. | <p>34, 36, 62, 63, 64, 67, 68, 69, 71</p> <p>High confidence</p> |

MI 9.4: Interventions assessed as having helped improve gender equality and the empowerment of women

| Rating | Narrative | Source Documents |
|---|--|---|
| <p style="text-align: center;">Satisfactory</p> <p style="text-align: center;"><i>Interventions achieve a majority (more than 50%) of their stated objectives</i></p> | <p>A total of 10 documents, including one evaluation of a country programme, 2 midterm reviews of strategies and given UNAIDS' role as a technical partner, convenor and co-ordinator, rather than a direct implementer, corporate reports on results were reviewed.</p> <p>The mid-term review for UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV found that:</p> <ul style="list-style-type: none"> • 81% of countries that launched the Agenda have initiated action in six or more of the nine results areas of the Agenda, and 44% of countries have initiated action in all results areas. • 65% of survey respondents that report the Agenda to have been effective in strengthening the national HIV response for women, girls, gender equality and HIV • 3.5% of countries where the Agenda was launched have improved on the indicator: “national multi-sectoral HIV strategy includes a specific component for Women” between 2010 and 2012 (2.4% report a deterioration) • 11.4% of countries where the Agenda was launched have improved on the indicator: “national multi-sectoral HIV strategy includes a specific budget for Women” between 2010 and 2012 (8.6% report a deterioration) • 12.9% of countries where the Agenda was launched have improved between 2010 and 2012 in the indicator: An Information, Education & Communication strategy on HIV for the general population that includes messaging to fight violence against women implemented <p>Other country specific results include:</p> <ul style="list-style-type: none"> • The Joint Team in Uganda supported the implementation of numerous analytical studies and disseminating reports as well as supporting the mainstreaming of gender and HIV into the labour inspection checklist; and the development of the National Action Plan on Women, Girls, Gender Equality and HIV and AIDS through Ministry of Gender, Labour and Social Development (MGLSD). The Joint Team sensitized cultural leaders on Gender Based Violence (GBV) and developed action plans on mainstreaming gender as well as HIV and AIDS. The Joint Team supported Uganda to mainstream gender into the NSP 2015-2020. Twenty five (25) districts were supported to develop work plans that are not only gender responsive, but also addressing GBV. Engagement of political and legislative leadership on gender and human rights is another area that Joint Team supported. • Actions in Indonesia include a gender sensitive audit of the current National AIDS Strategic Plan; the inclusion of a qualitative study on violence experienced by women living with HIV in 8 provinces; and current ongoing research into improving the existing gender-based violence referral system for women living with HIV and research on violence against sex workers in | <p>34, 35, 56, 59, 60, 61, 62, 68, 69, 71</p> |

Indonesia, which serve as proxies for the strategic areas included in the Agenda for Women and Girls.

- Angola's 2011-2014 National Strategic Plan includes engaging women and adolescent girls in projects to reduce vulnerability and develop life skills, including those to delay sexual debut. The country is empowering women to learn how to negotiate safer sex, with the involvement of schools and communities, and ensuring condoms are freely distributed via health centres, public institutions and NGO networks.
- Brazil, in cooperation with UN agencies, has supported creation of a Lusophone network of women living with HIV in the region, developing their leadership, and strengthening local responses to HIV.
- In the Democratic Republic of Congo, sex workers were educated on family planning and violence prevention.
- In Botswana, in addition to conducting a needs assessment study for female sex workers and men who have sex with men, work has been undertaken to build the capacity of female sex workers as peer educators on prevention of HIV infections in selected sites.
- The Government of Belarus led a national consultation to develop plans to reduce stigma of women involved in sex work, with support of the UN Joint Team on AIDS. Subsequent work included vulnerability studies of most at-risk groups, including people injecting drugs, sex workers and migrants, to inform HIV programming and resource mobilisation for tailored services.
- In Algeria, UNAIDS has contributed to the establishment of a training and support services system for the economic empowerment of women infected and affected by HIV, including female sex workers. This is a joint initiative implemented together with three ministries and networks of people living with HIV.
- Lesotho established one-stop centres for multi-sectoral services to address the needs of survivors of gender- based violence.
- Sri Lanka successfully integrated HIV into its national advocacy and communication under the UniTE campaign to end violence, as called for by the Agenda.
- Concerns outstanding include the need for a more systematic approach to data collection for evidence-based planning and budgeting. Whilst the Agenda fostered political commitment, more is also required to move towards gender-transformative HIV responses, such as moving away from sexual and reproductive health services alone, to address gender-based violence, advancing sexuality education and reducing stigma and discrimination. Women living with HIV and women's rights organisations have not consistently been engaged in meaningful decision making and impactful implementation.

High confidence

MI 9.5: Interventions assessed as having helped improve environmental sustainability/helped tackle the effects of climate change

| Rating | Narrative | Source Documents |
|---------------|---|------------------|
| Not addressed | There is no evidence of interventions helping improve environmental sustainability and helping tackle the effects of climate change | |
| | | No rating |

MI 9.6: Interventions assessed as having helped improve good governance

| Rating | Narrative | Source Documents |
|--|---|---|
| <p>Highly satisfactory</p> <p><i>Interventions include substantial planned activities and project design criteria to promote or ensure 'good governance'. These plans are implemented successfully and the results have helped promote or ensure 'good governance'</i></p> | <p>Documentation records evidence of results against this indicator in 9 documents, related to inclusive approaches and enhancing institutional capacity for epidemic responses.</p> <ul style="list-style-type: none"> Enhanced accountability: Marked improvements have been made in both the generation and access to data, notwithstanding continued capacity constraints. The proportion of countries reporting regular participation of networks of women living with HIV in CEDAW processes has increased to 33% in 2012, compared to 20% in 2011. Capacity strengthening: Documentation contains many examples of strengthened capacity of organizations of key populations, to help them increase their voice in policy-making and service provision. The Network of Sex Work Projects and the Men who have Sex with Men Global Forum are examples, and there are a wide range of country examples within documentation Community strengthening: Examples include 119 municipalities in western and central Africa have committed to leverage their comparative strengths in community mobilisation to increase coverage rates for testing, treatment and viral suppression. Ten have developed action plans, and four major cities have mapped hotspots to reach sex workers with these services. Building local ownership: Documentation contains many examples of local ownership built for prevention strategies and responses. Instances are cited from Democratic Republic of the Congo, Zambia, Gabon and Mozambique, where ownership of the local Fast-Track agenda has been decentralized. Reforming legal frameworks e.g. on compulsory licensing for public health that will allow Cambodians to access generic drugs (Cambodia) | <p>34, 35, 56, 63, 64, 65, 68, 69, 71</p> |
| | | Medium confidence |

KPI 10: Relevance of interventions to the needs and priorities of partner countries and beneficiaries, and extent to which the multilateral organisation works towards results in areas within its mandate

| | | | |
|--------------------------|------------|---------------------------|----------------------------|
| Overall KPI Score | n/a | Overall KPI Rating | Highly satisfactory |
|--------------------------|------------|---------------------------|----------------------------|

MI 10.1: Interventions assessed as having responded to the needs/priorities of target groups

| Rating | Narrative | Source Documents |
|---|--|-------------------|
| <p>Highly satisfactory</p> <p><i>Systematic methods are applied in intervention design to identify target group needs and priorities, including consultation with target groups; and intervention design explicitly responds to the identified needs and priorities</i></p> | <p>Since UNAIDS' efforts at national level align behind national strategies and plans, relevance to the needs and priorities of target groups should, where these are adequately evidence based, in theory always be assured. Documentation finds specific evidence in three documents against this indicator:</p> <ul style="list-style-type: none"> • High-level policy statements, including by the UN Secretary-General and executive heads of the Cosponsors and UNAIDS, were made at global, regional and country levels, calling for stigma and discrimination against people living with and affected by HIV to be eliminated and for laws and policies that ensure human rights and fundamental freedoms. Joint action has been undertaken in 84 countries to advance the recommendations of the Global Commission on HIV and the Law. • UNAIDS has worked to change negative practices and attitudes towards people living with HIV. The Stigma Index is implemented in 70 countries, providing comparable evidence and benchmarks for national AIDS programme managers to help them eliminate barriers to universal access to HIV services, such as antiretroviral treatment. • A range of documents finds evidence of key populations, including PWID, MSM, transgender people, sex workers, prison populations and adolescents, supported to access treatment. UNAIDS also helped countries apply to the Global Fund in pursuit of treatment services for key populations. • UNAIDS Secretariat has brought the voices and interests of key populations to the table as part of Country Dialogues that inform development of Concept Notes submitted to the Global Fund. Participation in planning processes in 44 countries submitting HIV or HIV/TB concept notes in 2014 was facilitated by UNAIDS country and regional teams. <p>However, the Mid-term review of the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV found that, with the exception of work with transgender communities, limited actions have been undertaken to understand how women of diverse sexual orientation are differentially affected by the HIV epidemic. Similarly, limited action is directed towards people with disabilities, prisoners, asylum seekers, and racial and ethnic minorities and women who use drugs. Overall, reported positive examples of action in relation to key populations appear to be small-scale and often operate in isolation of broader initiatives for women and girls in the HIV response.</p> | <p>34, 35, 56</p> |
| | | High confidence |

MI 10.2: Interventions assessed as having helped contribute to the realisation of national development goals and objectives

| Rating | Narrative | Source Documents |
|---|---|---|
| <p>Highly satisfactory</p> <p><i>Interventions are have played a major role in the achievement of specific national development goals or have contributed to meeting humanitarian relief and recovery objectives agreed to with the national government and/or humanitarian community</i></p> | <p>UNAIDS' role in supporting national responses to the epidemic, including supporting the achievement of national goals and objectives, means that documentation contains a wide range of evidence of achievement against this indicator. Specific examples are found in five key documents:</p> <ul style="list-style-type: none"> • HIV-related legislation and policies: At the country level, 65 countries undertook legal environment assessments and reviews. In Congo, El Salvador, Guatemala, Mongolia, Nicaragua, Senegal and Togo, UNAIDS inputs have informed HIV-related laws. In Jamaica, a Men who have Sex with Men Strategy has been produced as well as Ministry of Education guidelines for school personnel to assess and refer students needing sexual and reproductive health services. • Adoption of standards: As of May 2015, 78 countries had adopted the 500 CD4 threshold, with an additional 12 countries recommending initiation of HIV treatment for all people living with HIV, regardless of CD4 count. <p>Data reporting: Countries began reporting HIV treatment data every six months to UNAIDS in relation to the '15 by 15' target, rather than annually as in earlier years. More frequent reporting has enabled national decision-makers and programme implementers to identify gaps and bottlenecks and move quickly to address them.</p> | <p>9, 34, 56, 62, 64</p> <p>High confidence</p> |

MI 10.3: Results assessed as having been delivered as part of a coherent response to an identified problem

| Rating | Narrative | Source Documents |
|---|---|--|
| <p>Highly satisfactory</p> <p><i>The organisation consistently achieved a high level of partnership in implementing its interventions</i></p> | <p>Given UNAIDS' role as a convenor and co-ordinator, the achievements cited above all relate to a co-ordinated response by the 11 Cosponsoring organisations and partners. Nonetheless, some specific examples, found in 5 documents include:</p> <ul style="list-style-type: none"> • The achievement of the “15 to 15” target, which united governments, scientists, clinicians, economists, the private sector, civil society, bilateral and multilateral cooperation and grass roots community activists. ‘The global “15 to 15” movement recognized the supranational character of the AIDS challenge, taking coordinated steps to build knowledge, mobilizing industrial capacity, involving the people most affected and reflecting the most important values of our era, such as equity and the right to treatment.’ • The value of the lessons learned from the unique approach of the Joint Programme has been acknowledged by ECOSOC resolution (E/RES/2013/11). The Resolution cites the Joint Programme as a useful example of good practice for the rest of the UN to enhance strategic coherence, coordination and results-based focus and country-level impact in the post-2015 period | <p>56, 59, 62, 64, 71</p> <p>High confidence</p> |

KPI 11: Results delivered efficiently

| | | | |
|--------------------------|------------|---------------------------|---------------------|
| Overall KPI Score | n/a | Overall KPI Rating | Satisfactory |
|--------------------------|------------|---------------------------|---------------------|

MI 11.1: Interventions assessed as resource/cost efficient

| Rating | Narrative | Source Documents |
|---|--|-----------------------------------|
| <p>Satisfactory</p> <p><i>Results delivered when compared to the cost of activities and inputs are appropriate even when the program design process did not directly consider alternative program delivery methods and their associated costs</i></p> | <p>UNAIDS is not an implementing agency but efficiency is one of the three central tenets of its Strategies 2011-2015 and 2016-2021. Documentation finds positive results in relation to UNAIDS' resource and cost efficiency from two perspectives: efficient use of resources to tackle the epidemic, and efficiency within the Secretariat itself.</p> <p>On the former: a key area of efficiency is targeting. The UBRAF has directed the AIDS response to focus on countries where the biggest impact on the epidemic can be made. This included an additional US\$ 10 million allocated through the UBRAF for Cosponsors to support efforts in 38 High Impact Countries, which will address over 70% of new global infections, over 80% of the global gap in treatment, and over 75% of the gap in prevention of vertical transmission (mother-to-child transmission). This is considered in documentation to have significantly enhanced the efficiency of the response, by enabling resources to be used to generate maximum gains.</p> <p>In terms of efficiency of resource use at country level:</p> <ul style="list-style-type: none"> • UNAIDS has worked with the World Bank and finance and planning ministries to provide guidance on allocative efficiency at national level. • UNAIDS' Investing for Results, Results for People framework emphasises the need for strategic investments, to identify and close programmatic gaps, and ensure resources are targeted where they deliver the greatest impact. Internal documentation reports that this approach has enhanced the efficiency and effectiveness of service delivery, with a particular focus on fostering greater national ownership and financing. | <p>34, 35, 56, 59, 60, 62, 64</p> |
| | | High confidence |

MI 11.2: Implementation and results assessed as having been achieved on time (given the context, in the case of humanitarian programming)

| Rating | Narrative | Source Documents |
|---|---|--|
| <p style="text-align: center;">Satisfactory</p> <p style="text-align: center;"><i>More than half of intended objectives of interventions are achieved on time, and this level is appropriate to the context faced during implementation, particularly for humanitarian interventions.</i></p> | <p>The UBRAF structure channels the Secretariat’s contribution to the achievement of the Sustainable Development Goals (SDGs) relevant to the AIDS response through five strategic functions: S1 – Leadership, advocacy and communication to fast track the AIDS response; S2 – Effective and inclusive partnerships for impact and sustainability; S3 – Strategic information for an evidence informed response and global political agenda; S4 – Coordination, coherence and convening; and S5 – Mutual accountability. All biennial workplan outputs are linked to these strategic functions and UBRAF Strategic Result Areas, and are to be achieved within the timeframe of the workplan.</p> <p>Timeliness is reported here in relation to the achievement of global goals, which have been achieved on or ahead of schedule (though the precise contribution of UNAIDS to this achievement is not explicit in documentation). Specifically:</p> <p><i>Achieving the AIDS targets of Millennium Development Goal 6. The achievement of the ‘15 by 15’ goal three years after its launch and ahead of schedule.</i> UPSA programme attained moderate efficiency through: minimizing duplication and wastage by working through existing systems and structures; use of an Administrative Agent (AA) instead of a parallel funding mechanism; pooling resources and shared responsibility for interventions such as GF proposals and NSP development, high level advocacy, ‘Protect the Goal’ and eMTCT campaign launches, and analytical studies. Efficiencies were further realized through robust M&E mechanism that ensured timely reporting; prioritizing capacity enhancement as a pre-requisite for attainment of results; sharing of international experience and innovation in cost reduction approaches.</p> <p>JUPSA Investments were more largely into HIV prevention (53.8%); followed by treatment, care and support (31.7%) and governance and human rights (14.5%); which is likely to impact positively on combating the HIV and AIDS epidemic.</p> <p>However, full realization of efficiency was limited by inadequate human; high rate of attrition in government departments; low absorption capacities among national implementing partners; late disbursement and delays in accessing funds from headquarters of some Participating UN Organisations (PUNOs) affects timely execution of programmes; non-alignment of financial years and reporting systems for the UN, Government of Uganda (GoU) and ADPs hence time and cost implications; inadequate accountability and transparency in government departments; high level of bureaucracy in UN and GoU and the fact that Joint Programme on AIDS in Uganda relies on partners to deliver services hence limited control of the implementation rate.</p> | <p>19, 48, 49, 74, 94</p> <p style="text-align: center;">Little to no confidence</p> |

KPI 12: Sustainability of results

Overall KPI Score

n/a

Overall KPI Rating

Satisfactory

MI 12.1: Benefits assessed as continuing or likely to continue after project or program completion or there are effective measures to link the humanitarian relief operations, to recover, resilience eventually, to longer-term developmental results

| Rating | Narrative | Source Documents |
|--|--|--|
| <p style="text-align: center;">Unsatisfactory</p> <p style="text-align: center;"><i>Evaluations assess a low probability that the intervention will result in continued benefits for the target group after completion</i></p> | <p>Within the limited evidence base available, one evaluation assessed the projected sustainability of the programme as mixed.</p> <ul style="list-style-type: none"> In Uganda, sustainability would be ensured through: advocacy targeting political, religious and cultural leaders who are expected to ensure continuity of the response; continued engagement of high level leadership to the HIV and AIDS response; wider participation of key stakeholders in the design and implementation of interventions led to increased programme ownership. The laws, policies and strategies that were put in place will transcend the programme. The documented lessons learnt, best practices and success stories will remain key reference points for future HIV and AIDS programmes. The HIV/AIDS Investment Case Report and the AIDS Trust Fund provides a long-term strategy for continued funding for the response. JUPSA further worked with and through existing structures, hence continuity. The integration of HIV and AIDS into primary level and lower secondary curriculum will further ensure institutionalization and continuity of HIV and AIDS. However, sustainability was constrained by frequent changing of priority focus areas on programme areas; heavy reliance on donor funding; the changing priorities of JUPSA, “JUPSA started with ART then PMCT, SMC hence not enough time spent on each priority to totally ground any programme”. <p>Other available evidence against this indicator reports mainly in relation to sustainable financing for HIV and AIDS strategies. Results here include the following:</p> <ul style="list-style-type: none"> The Mid Term Review of the UBRAF reports that the investment approach promoted by UNAIDS has enabled countries to prioritize high-impact interventions, with at least 30 countries making plans for HIV investment cases. There is evidence that domestic financing of the response has grown significantly, though many countries still rely on external resources, in particular for HIV prevention. In 2014, the report on the achievement of the '15 by 15' target points to an estimation that domestic sources (public and private) accounted for 57% of all resources available for HIV programmes. Country examples include Myanmar, which in 2014 increased domestic funding for the AIDS response by US\$ 5 million, enabling the country to increase the number of people receiving antiretroviral therapy from 68 000 to 86 000. In South Africa, national funding for antiretroviral treatment rose by 46% from 2011-12 to 2013-14. Domestic funding for HIV care and treatment in the United States of America rose by 26% between 2010 and 2014. | <p>34, 35, 64, 68</p> <p style="text-align: right; background-color: #0070C0; color: white; padding: 5px;">Medium confidence</p> |

MI 12.2: Interventions/activities assessed as having built sufficient institutional and/or community capacity for sustainability, or have been absorbed by government

| Rating | | Source Documents |
|--|--|-------------------|
| <p style="text-align: center;">Satisfactory</p> <p style="text-align: center;"><i>Interventions may have contributed to strengthening institutional and/or community capacity but with limited success</i></p> | <p>Evidence against this indicator relates mainly to the contributions made by UNAIDS to providing technical support which has in turn improved institutional and community capacity and/or government ownership. One evaluation has made an assessment on the extent to which sufficient institutional and/or community capacity for sustainability has been built.</p> <ul style="list-style-type: none"> • In Uganda, the Joint Programme strengthened the institutional and technical capacity for the HIV and AIDS implementers through supporting the adaptation of the National AIDS Spending Assessment (NASA) methodology. Additionally, the Joint Programme supported the strengthening of governance and management systems for HIV and AIDS implementing partners. The Joint Programme further supported the production of the Citizens Score Report that shows the level of citizens’ involvement in leadership, governance, programme implementation and service delivery; as well as the Gender Score Card that tracks Gender mainstreaming among MDAs and CSOs. • To enhance functioning and effectiveness of the coordination role of government in the national HIV response, The Joint Programme supported finalization of the institutional review and restructuring of UAC which culminated into enhanced technical capacity. Technical and financial support was provided to hire staff at the national and zonal offices and provided on-going technical mentoring for new personnel. Further support was provided to finalise the review of the HIV Partnership Mechanism, and for the implementation of the restructuring recommendations. This included the updating of the Partnership Manual (initiated in June 2014) as the key tool for operations of the Partnership Mechanism. <p>Available corporate results include:</p> <ul style="list-style-type: none"> • Strengthened capacity of the networks such as the Network of Sex Work Projects and the Men who have Sex with Men Global Forum, as well as the Global Power network of African women leaders • A 2012 review of the implementation of the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV in more than 90 countries found that “nearly two thirds of countries strengthened gender equality within their AIDS responses, and gains were made in fostering political commitment and developing an evidence base for policies and programmes” • The Mid Term Review of the UBRAF reports that UNAIDS is a member in nearly 90% of Global Fund Country Coordinating Mechanisms, UNAIDS technical support and capacity building help countries manage all stages of the Global Fund grant cycle, including developing HIV funding requests and building capacity to implement programmes. Technical support facilities established by UNAIDS in Africa and Asia play a key role in scaling up regionally based | <p>34, 35, 56</p> |

| | | |
|--|--|--------------------------|
| | <p>technical support to countries, with a priority on Global Fund grants</p> <ul style="list-style-type: none">• In Cambodia, Zambia and MENA, UNAIDS engagement has contributed to civil society preparing for and positioning itself in the post-2015 era. This includes identifying opportunities to integrate relevant issues within wider areas of health and development, potentially enhancing the effectiveness and sustainability of the AIDS response. | <p>Medium confidence</p> |
|--|--|--------------------------|

MI 12.3. Interventions/activities assessed as having strengthened the enabling environment for development

| Rating | | Source Documents |
|--|--|---|
| <p style="text-align: center;">Satisfactory</p> <p><i>Interventions have made a notable contribution to changes in the enabling environment for development including one or more of: the overall framework and process for national development planning; systems and processes for public consultation and for participation by civil society in development planning; governance structures and the rule of law; national and local mechanisms for accountability for public expenditures, service delivery and quality; and necessary improvements to supporting structures such as capital and labour markets</i></p> | <p>As for Indicators 9.3 and 10.2 above, UNAIDS' role in supporting national responses to the epidemic, including supporting the achievement of national goals and objectives, means that documentation contains a wide range of evidence of achievement against this indicator, with a specific focus on the development of national strategies and plans and the capacity development of civil society. Results highlighted in documentation include:</p> <ul style="list-style-type: none"> • UNAIDS' engagement with civil society, which has enabled nongovernmental organizations to promote a rights-based approach to policy-making and interventions, performing a watchdog role to ensure access to HIV care and support in many countries • The creation of national and local mechanisms for accountability for HIV and AIDS responses and expenditure through the creation and publication of data, and through the Invest for Results, Results for People frameworks <p>Many specific country/regional examples are available in relation to an improved policy environment, including:</p> <ul style="list-style-type: none"> • The inclusion of links between sexual and reproductive health and rights and HIV in national strategic frameworks in seven countries (Botswana, Lesotho, Namibia, Malawi, Swaziland, Zambia and Zimbabwe) as well as in policies and strategies that strengthen integration of the AIDS response in national health and development efforts. At least three countries have reported improved service uptake directly resulting from the integrated services model. • The development by the Southern African Development Community (SADC) of regional minimum standards on SRH and HIV integration, providing guidance to the 15 SADC countries to eliminate parallel systems for HIV-related services. • Increased evidence, planning and resources for addressing HIV- related gender and gender-based violence issues (Cambodia) • The use of the Stigma index data to generate an action plan to reduce discrimination and guide judges, lawyers and associations on human rights related to HIV. (Cameroon) • A range of national and state level initiatives for social protection of people living with HIV and their families as well as of key populations (India) • The use of evidence to integrate HIV and AIDS issues into the National Strategic Plan (2013–2017) (Jamaica) • The development of a national plan for social protection which integrates HIV and AIDS dimensions, and a national strategy against gender based violence (Cote d'Ivoire) | <p>71</p> <div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">Medium confidence</div> |

Annex 2: List of documents analysed for UNAIDS

2a) Bibliography

| Document Name |
|---|
| UNAIDS (2015), <i>“15 by 15” A Global Target Achieved</i> |
| UNAIDS (2014), <i>2012–2015 Unified Budget, Results and Accountability Framework Mid-term review</i> |
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| UNAIDS (2015), <i>All In: to #EndAdolescentAIDS</i> |
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| UNAIDS (2015), <i>Compilation of references to UNAIDS in papers related to the ECOSOC Dialogue on the longer term positioning of the UN development system in the post-2015 context</i> |
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| UNAIDS (2015), <i>Conclusions and Decisions. Meeting of the UNAIDS Monitoring & Evaluation Reference Group October 2015</i> |
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| UNAIDS (2015), <i>World AIDS Day report On the Fast-Track to end AIDS by 2030: Focus on location and population</i> |

2b) List of documents numbered as source material for Document Review

| Document Number | Document Name |
|-----------------|--|
| 1 | UNAIDS (2015), <i>UNAIDS 2016–2021 Strategy: On the Fast-Track to end AIDS</i> |
| 2 | UNAIDS (2011), <i>UNAIDS Strategy 2011-2015 Getting to Zero</i> |
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| 15 | UNAIDS (2015), <i>Sustaining the Human Rights Response to HIV</i> |
| 16 | UNAIDS, <i>Understanding and acting on critical Enablers and development synergies for strategic investments (with UNDP)</i> |
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| 19 | UNAIDS (2015), <i>Coordination of HIV Technical Support in a rapidly changing environment, Agenda item 5, UNAIDS/PCB (33)/13.19</i> |
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| 22 | UNAIDS (2011), <i>Guidance Note: Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses</i> |
| 23 | UNAIDS (2012), <i>The user guide for the HIV-related human rights Costing Tool: costing programmes to reduce stigma and discrimination, and increase access to justice in the context of HIV</i> |
| 24 | UNAIDS (2011), <i>Modus operandi of the programme coordinating board of the Joint United Nations Programme</i> |
| 25 | UNAIDS (2012), <i>Investing for results, Results for people</i> |
| 26 | UNAIDS (2015), <i>Update on strategic human resources management issues, 36th meeting of Programme Coordinating Board</i> |
| 27 | UNAIDS (2014), <i>Update on strategic human resources management issues, 34th meeting of Programme Coordinating Board</i> |
| 28 | UNAIDS (2014), <i>Strengthening UNAIDS Secretariat to deliver on global AIDS targets and position AIDS in the post-2015 development agenda (2014)</i> |
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| 31 | UNAIDS (2015), <i>Analysis of the Evaluation Function in the UN System Joint Inspection Unit Geneva 2014</i> |
| 32 | UNAIDS (2015), <i>Joint statement of the Monitoring and Evaluation Reference Group on establishing evaluation priorities for ending AIDS and achieving SDGs by 2030</i> |
| 33 | UNAIDS (2015), <i>Conclusions and Decisions. Meeting of the UNAIDS Monitoring & Evaluation Reference Group October 2015</i> |

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| 34 | UNAIDS (2014), <i>UBRAF Thematic Report: Coherence, co-ordination and partnerships</i> |
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| 41 | UNAIDS (2015), <i>Resolution adopted by the Economic and Social Council on 8 April 2015 [on a proposal considered in plenary meeting]</i> |
| 42 | UNAIDS (2014), <i>90-90-90 Document</i> |
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| 49 | UNAIDS (2005), <i>WHO Fraud Prevention Policy and Fraud Awareness Guidelines</i> |
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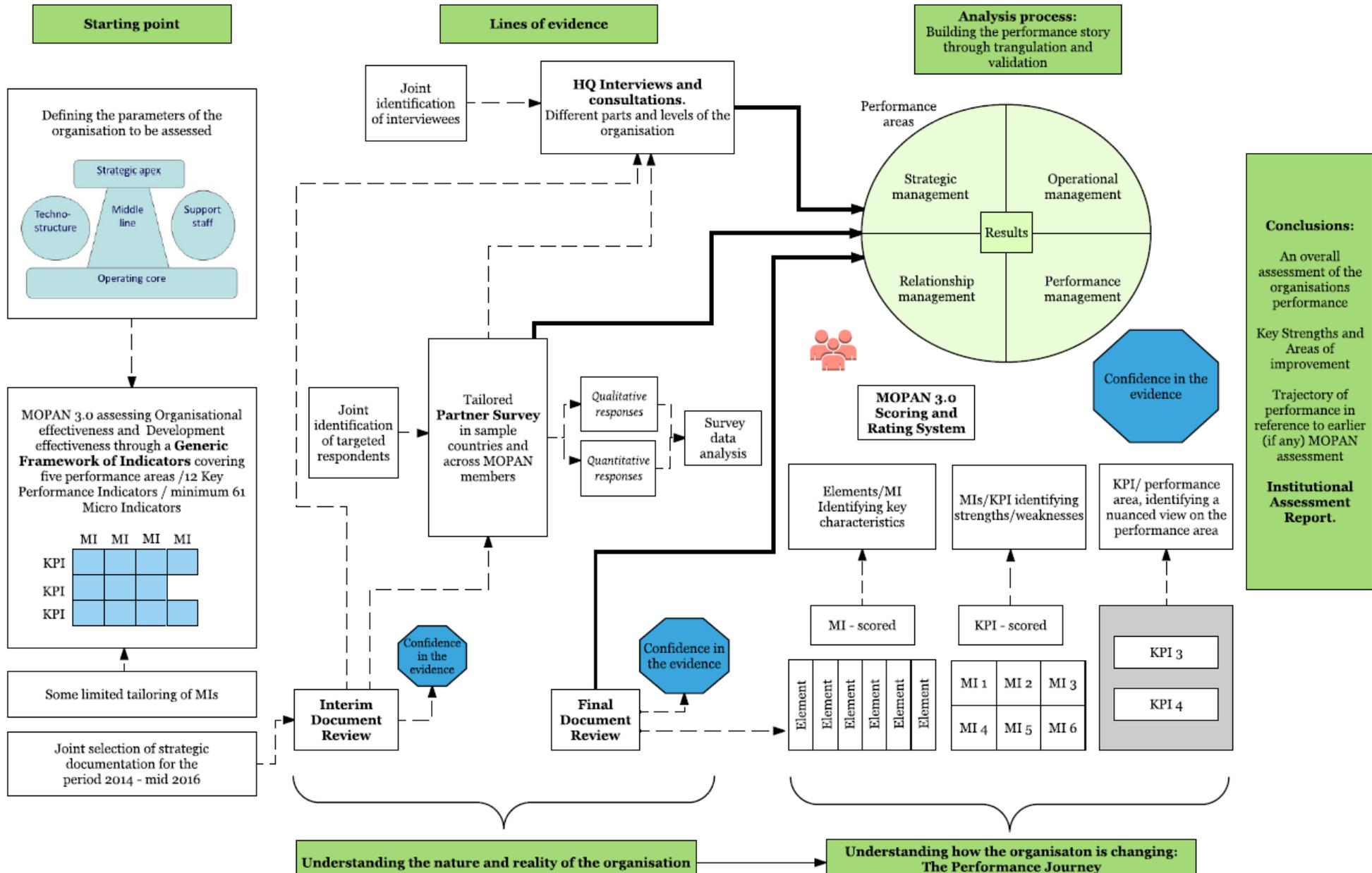
| Document Number | Document Name |
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| 55 | UNAIDS (2014), <i>Ending the AIDS Epidemic: The Advantage of Cities</i> |
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| 94 | UNAIDS (2016) <i>Quarterly reports – UNAIDS Secretariat Financial and Staffing Update (example: Asia and the Pacific)</i> |
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| 105 | UNAIDS (2015), <i>Resolution adopted by the Economic and Social Council on 8 April 2015 - 2015/2, Joint United Nations Programme on HIV/AIDS</i> |
| 106 | UNAIDS (2016), <i>Draft resolution submitted by the President of the General Assembly, 7 June 2016 - Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030</i> |
| 107 | UNAIDS (2014), <i>35th Meeting of the UNAIDS Programme Coordinating Board, Geneva, 9-11 December 2014 - Agenda item 1.4: Report by the NGO representative, When ‘Rights’ cause wrongs: Addressing Intellectual Property barriers to ensure access to treatment for all people living with HIV</i> |
| 108 | UNAIDS (2013), <i>UNAIDS Secretariat Emissions Reduction Strategy 2013</i> |
| 109 | UNAIDS (2016), <i>UNAIDS Secretariat Emissions Reduction Strategy 2016-2017</i> |

| Document Number | Document Name |
|-----------------|--|
| 110 | UNAIDS (2013, 2014, 2015, 2016), <i>Investment Cases for Armenia, Bangladesh, Belarus, Bolivia, Botswana, Burkina Faso, Cote d'Ivoire, Cameroon, Congo, DRC, Ethiopia, Georgia, Ghana, Guatemala, Haiti, Honduras, India, Indonesia, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Lesotho, Liberia, Macedonia, Malawi, Mauritius, Moldova, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, Philippines, Rwanda, Senegal, Sierra Leone, South Africa, Sudan, Swaziland, Tajikistan, Tanzania, Thailand, Togo, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, Zimbabwe</i> |
| 111 | UNAIDS (2014), <i>Emissions reductions offset certificate 2014</i> |
| 112 | UNAIDS (2013, 2014, 2015), <i>Moving towards a climate-neutral UN (UNEP), 2013, 2014 and 2015 reports</i> |

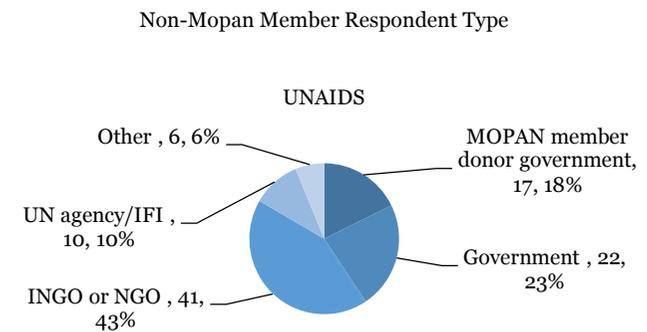
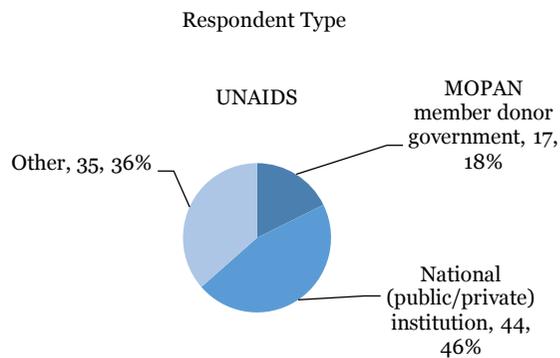
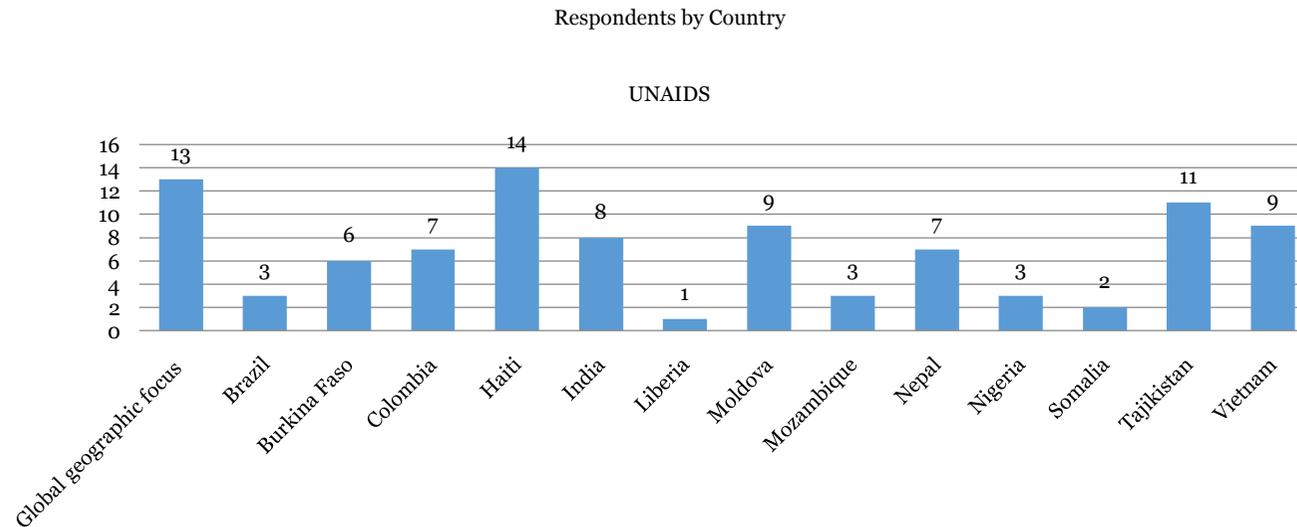
Annex 3: Process map of the MOPAN 3.0 assessment of UNAIDS



Annex 4: Results of the MOPAN survey of UNAIDS Partners

An Evidence Stream for the MOPAN 3.0 assessment of UNAIDS, 2016

Total number of responses for the UNAIDS Survey: 96

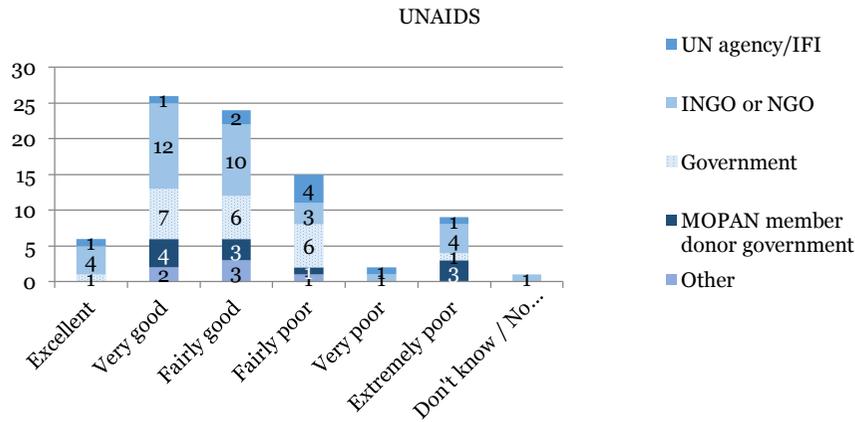


Respondents who identified their geographical focus as "global" were not asked the questions which were only relevant to respondents with a specific country focus. This will be highlighted for the individual questions below.

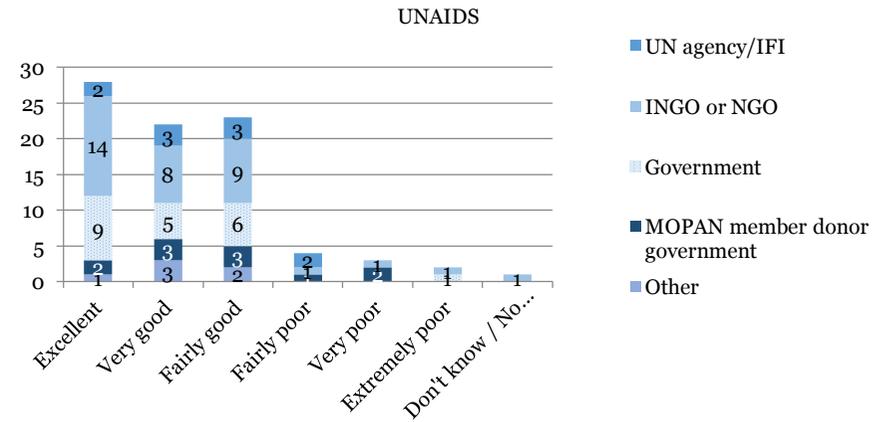
Staffing

How well do you think UNAIDS performs in the areas below?

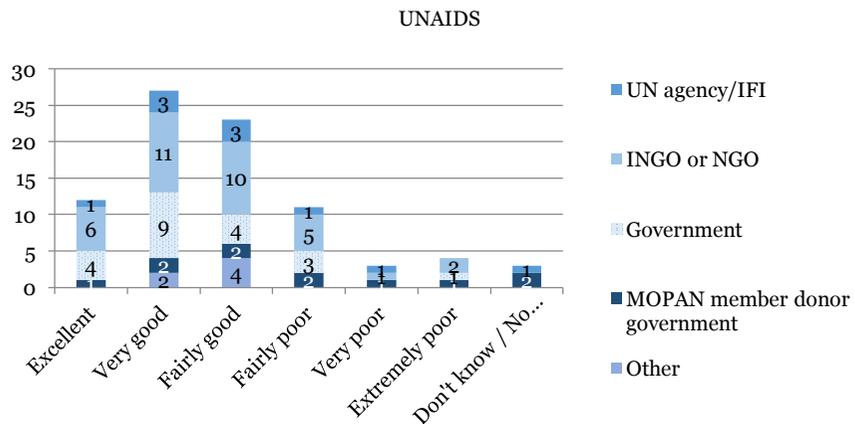
It has sufficient staffing in the country to bring together the resources of its Co-Sponsors for a UN coordinated response to HIV and AIDS.



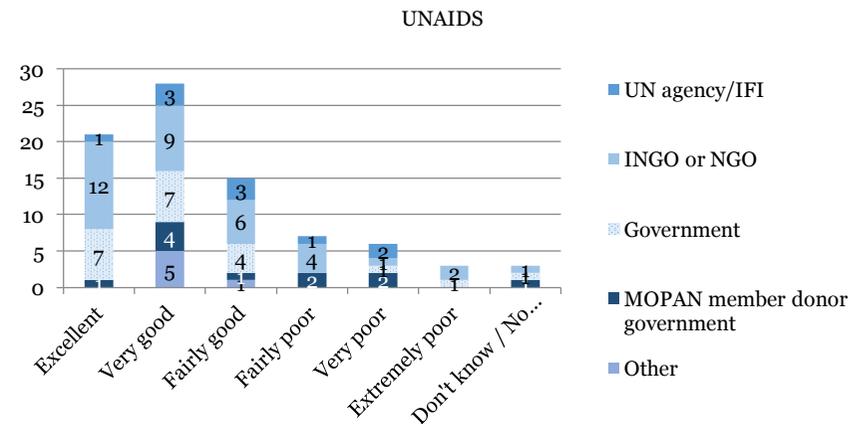
Its staff are sufficiently senior/experienced to work successfully in the country.



It has sufficient continuity of staff to build the relationships needed in the country to ensure a UN coordinated response to HIV and AIDS.



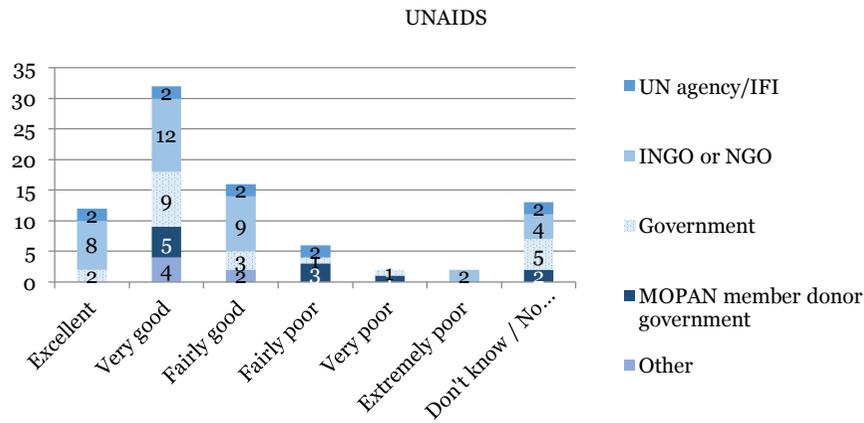
Its staff can make the critical strategic or programming decisions locally in the country to support the HIV response.



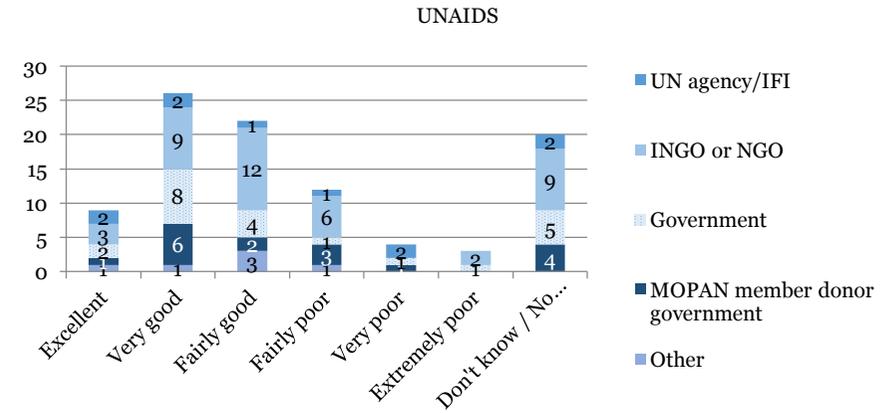
Managing financial resources

How well do you think UNAIDS performs in relation to the statements below.

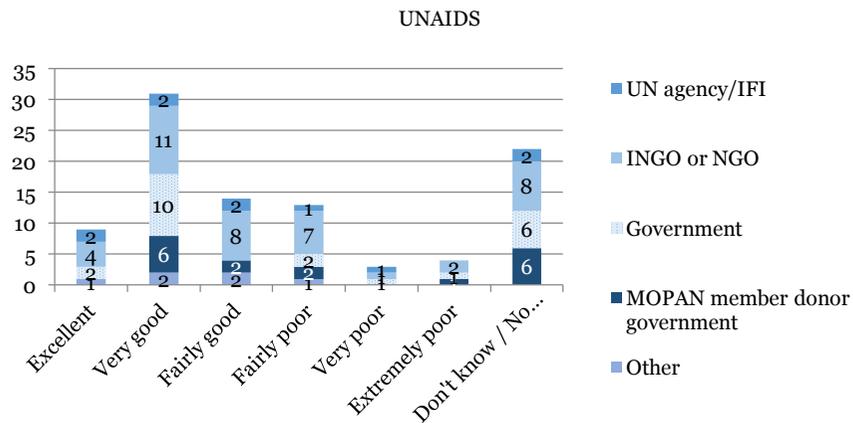
It provides sufficient guidance and analysis to Co-Sponsors and other partners to inform optimal resource allocation in accordance with the epidemic priorities of the country.



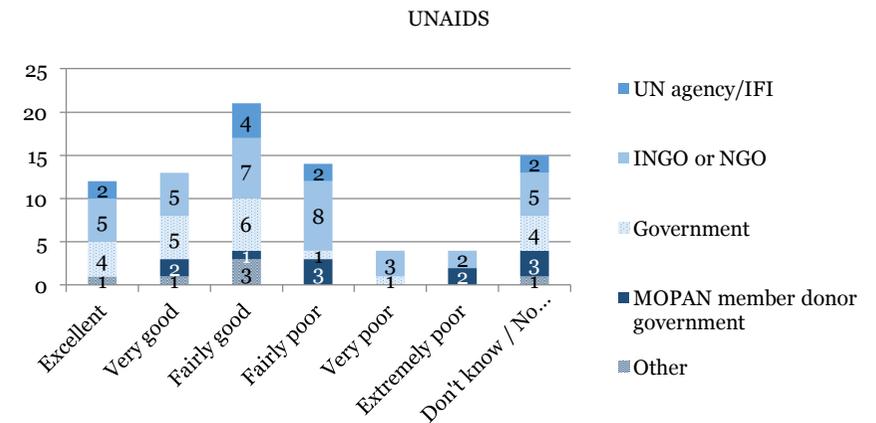
Information on budgets and financial resources are easily available to Co-Sponsors and other partners (financial transparency).



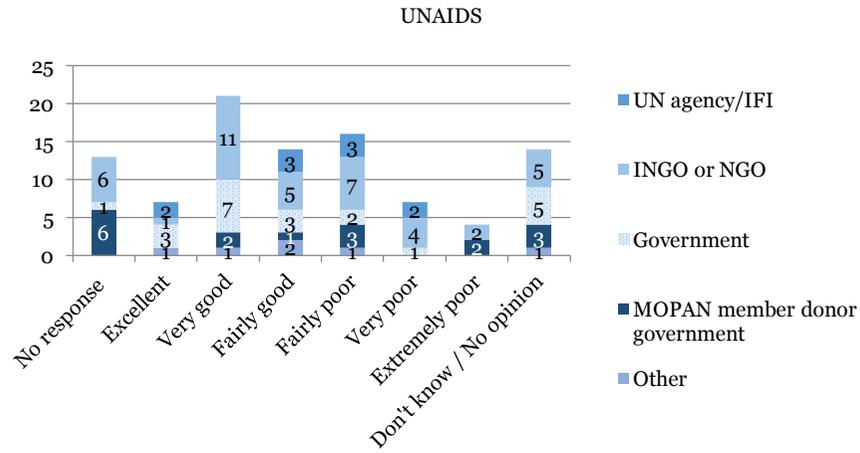
It provides reliable information to Co-Sponsors and other partners on how much and when financial allocations and disbursement will happen (predictability).



It successfully raises resources on behalf of the global community to address the HIV and AIDS epidemic in the country.



It mobilises sufficient flexible financial resources to address the HIV and AIDS epidemic in the country.

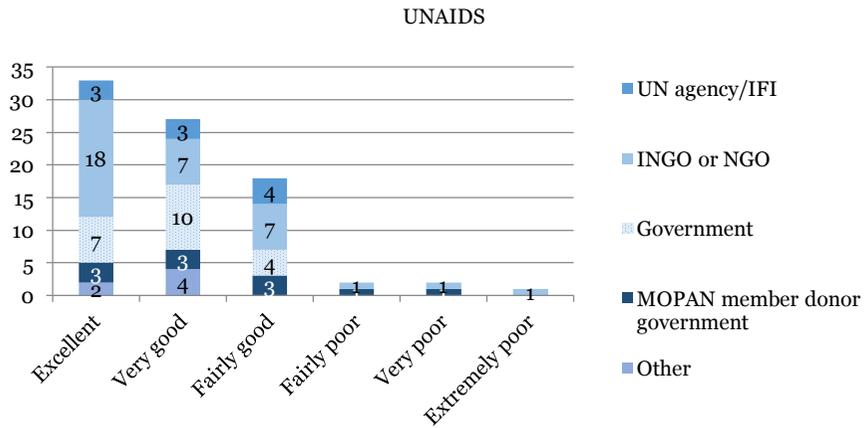


Respondents who identified their geographical focus as "global" were not asked to answer this question since it is only relevant to respondents with a specific country focus.

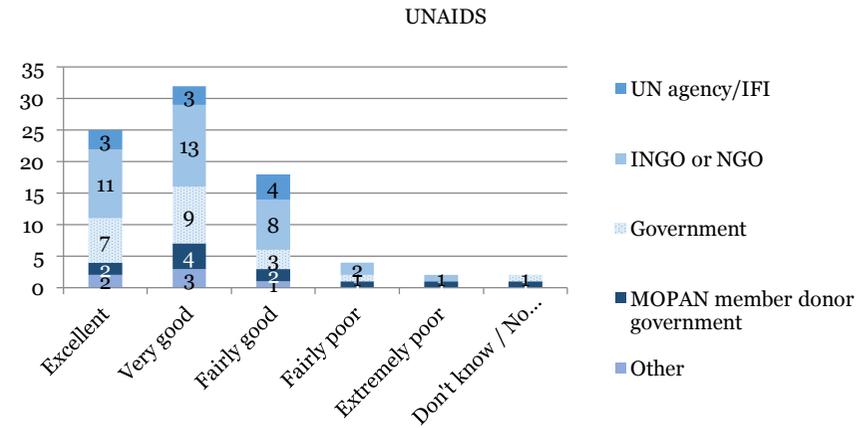
Interventions (programmes, projects, normative work)

How well do you think UNAIDS performs in relation to the areas below

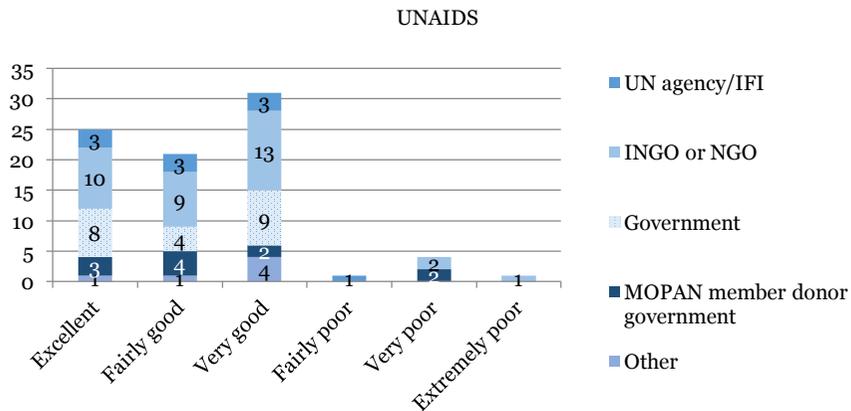
Its activities support the national government's HIV and AIDS strategies and plans in the country.



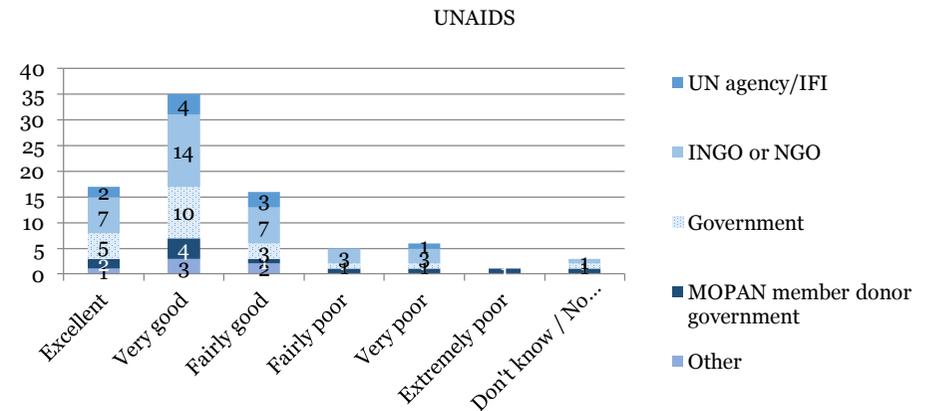
It provides useful and timely data and analysis on the state of the epidemic, progress, gaps and challenges in the country.



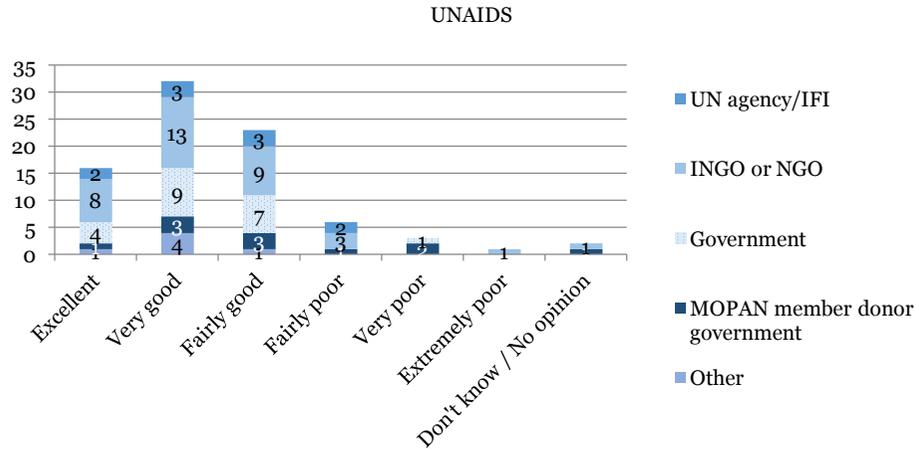
Its engagement in the country is based on a clear understanding of its role as convenor, co-ordinator and advocate of the global response to HIV and AIDS.



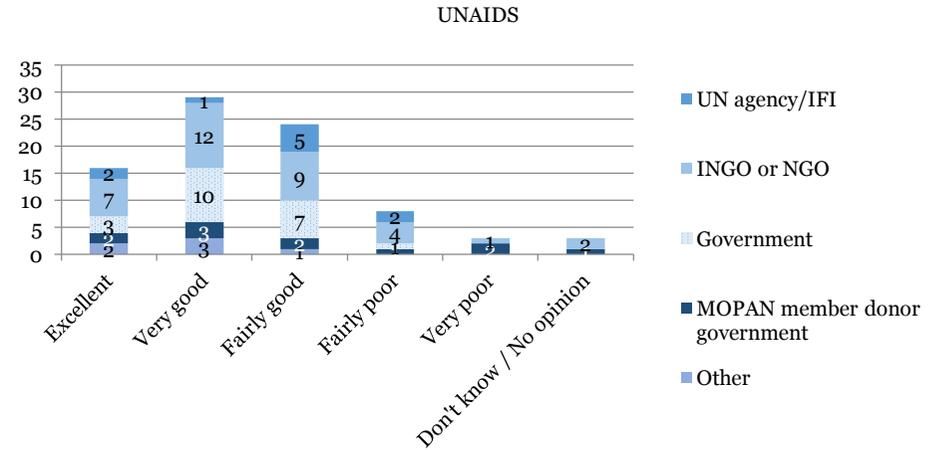
It adapts or amends its approaches swiftly as the context or conditions of the epidemic in the country changes.



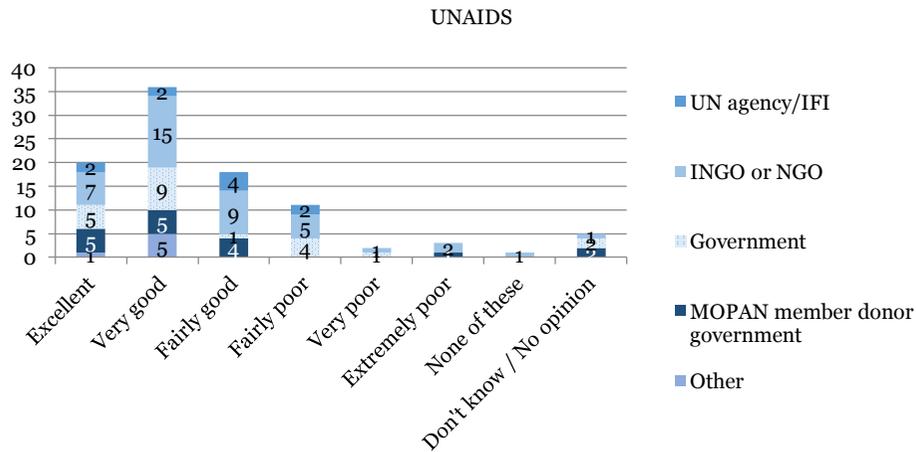
Its activities in the country are based on realistic assessments of national / regional capacities, including government, civil society and other actors, to implement approaches to address the epidemic.



Its activities appropriately identify and manage risks facing the delivery of responses to the epidemic within the context of the country.



It encourages external partners and funding mechanisms to invest in approaches that build sustainable national capacities, particularly among government, civil society and national institutions.



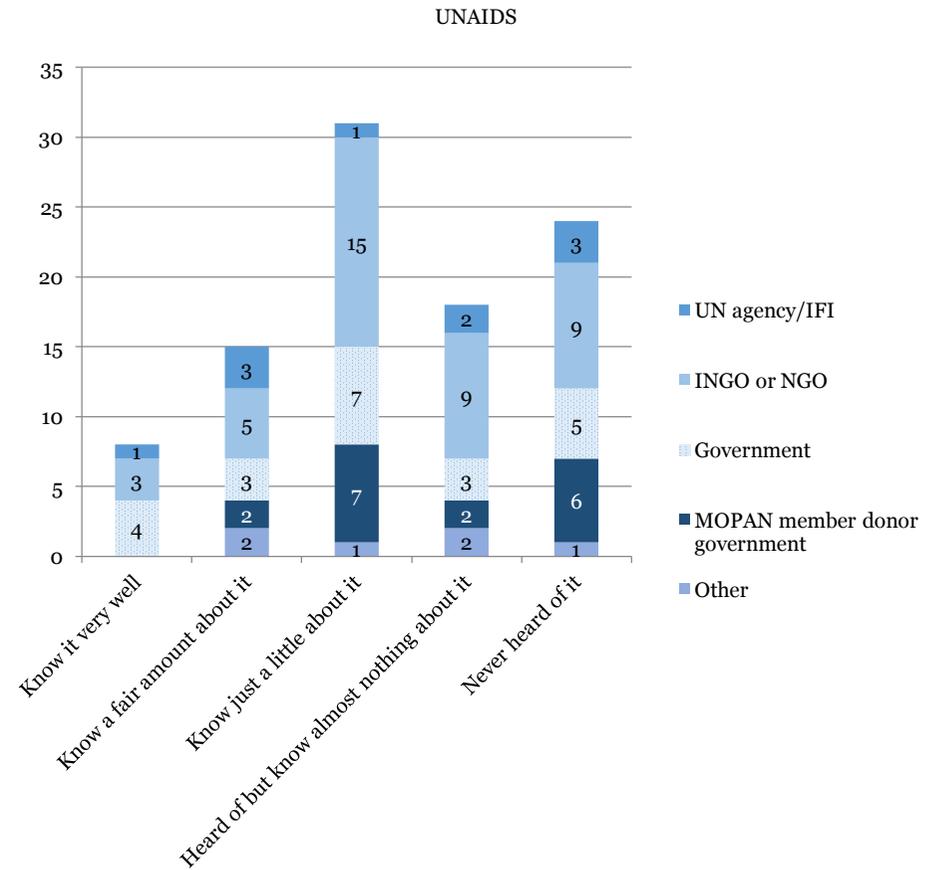
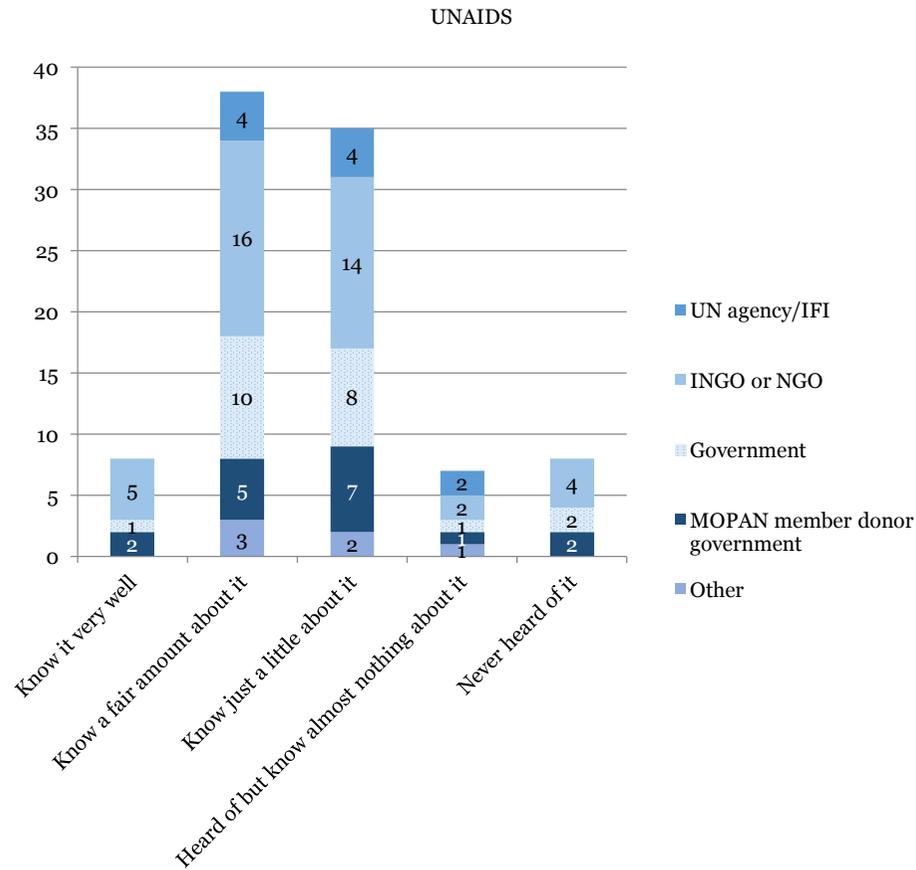
Respondents who identified their geographical focus as "global" were not asked to answer the first two questions since it is only relevant to respondents with a specific country focus.

Interventions (Cross cutting issues) part 1

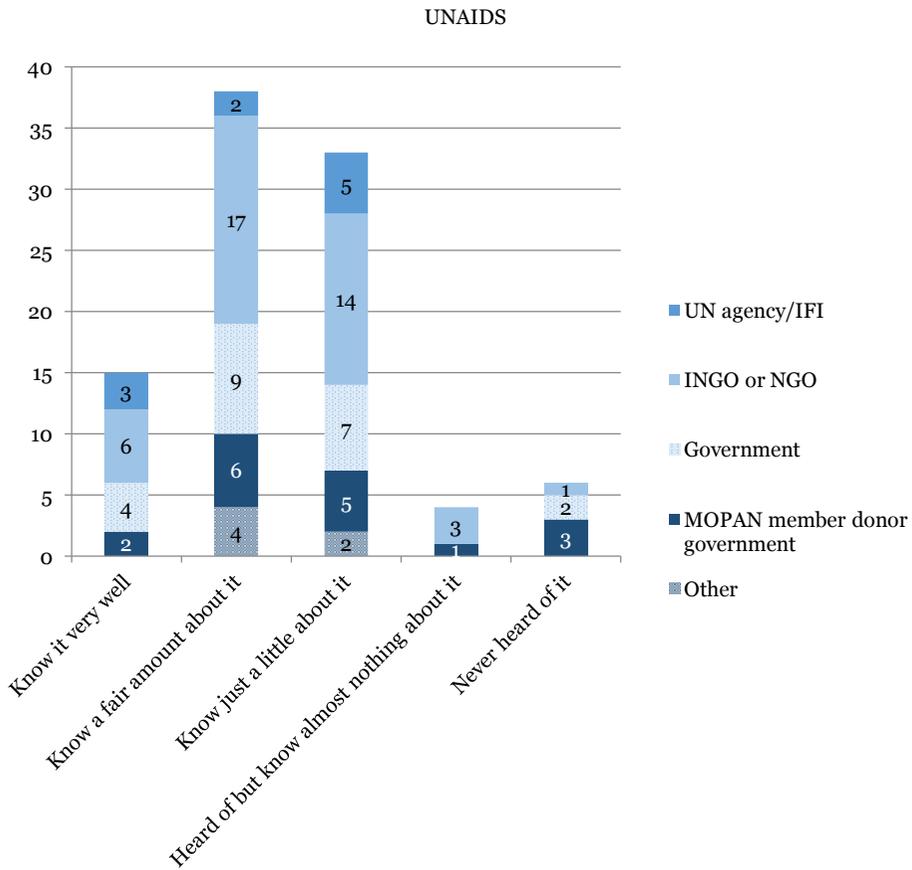
How familiar are you with each of the following?

The Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV 2010–2014 and/or the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV (2009).

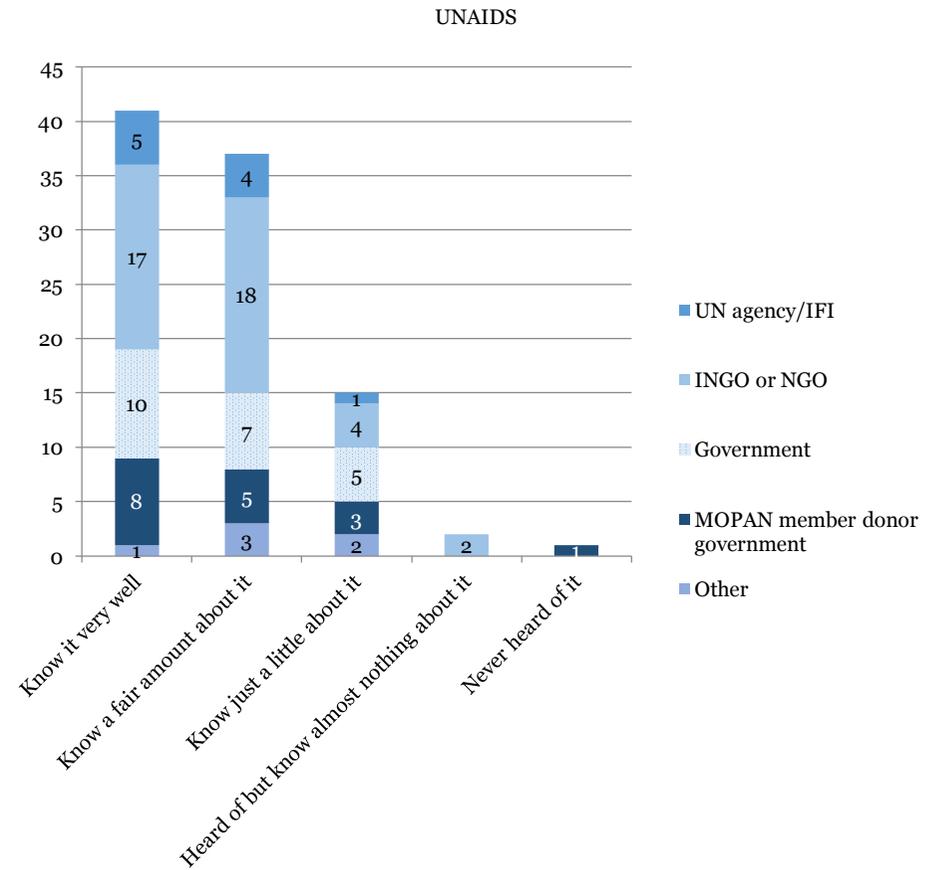
UNAIDS's efforts to ensure that environmental concerns and climate change are linked with efforts to tackle the HIV and AIDS epidemic.



UNAIDS's approach to the promotion of good governance (specifically reduced inequality, inclusive societies and building effective, accountable and inclusive institutions at all levels).



UNAIDS's strategy for addressing Human Rights within the HIV and AIDS epidemic.

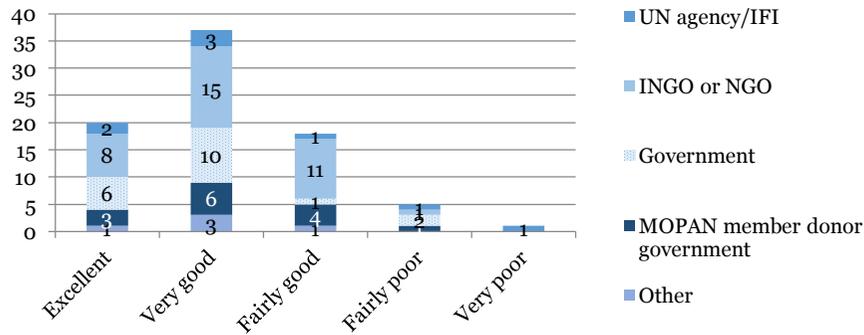


Interventions (Cross cutting issues) part 2

How well do you think UNAIDS performs in relation to the priorities/areas stated below

It promotes gender equality in all areas of its work.

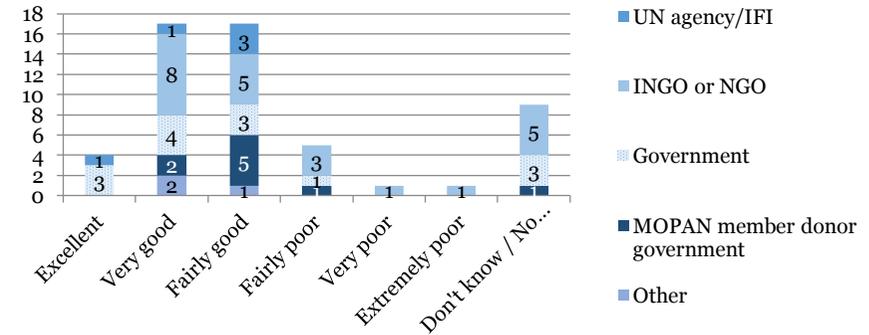
UNAIDS



It promotes environmental sustainability and addresses climate change relevant areas of its work.

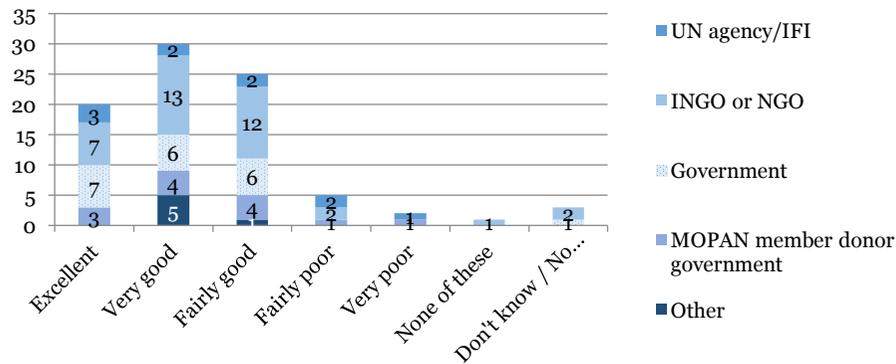
in all

UNAIDS



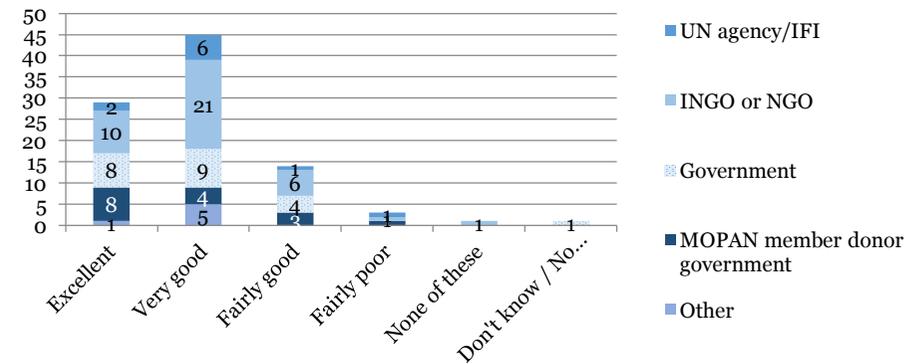
It promotes the principles of good governance in all relevant areas of its work (specifically reduced inequality, inclusive societies and building effective, accountable and inclusive institutions at all levels).

UNAIDS



It promotes the realisation of Human Rights in all relevant areas of its work.

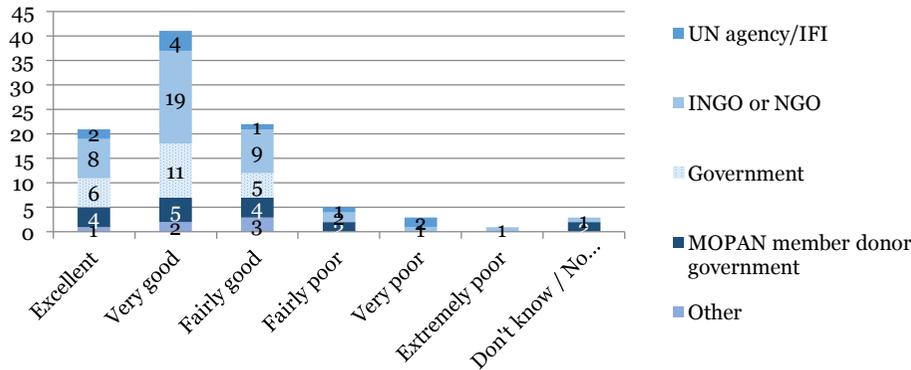
UNAIDS



Managing relationships

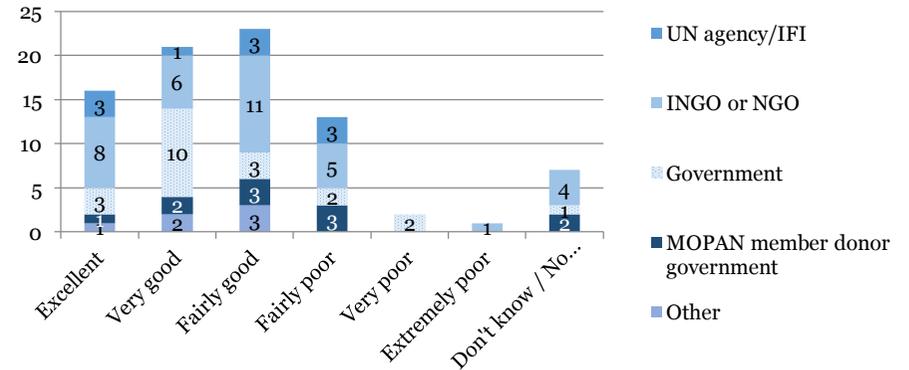
How well do you think UNAIDS performs in relation to each of these areas
 itises working in synergy/ partnerships as part of its business practice.

UNAIDS



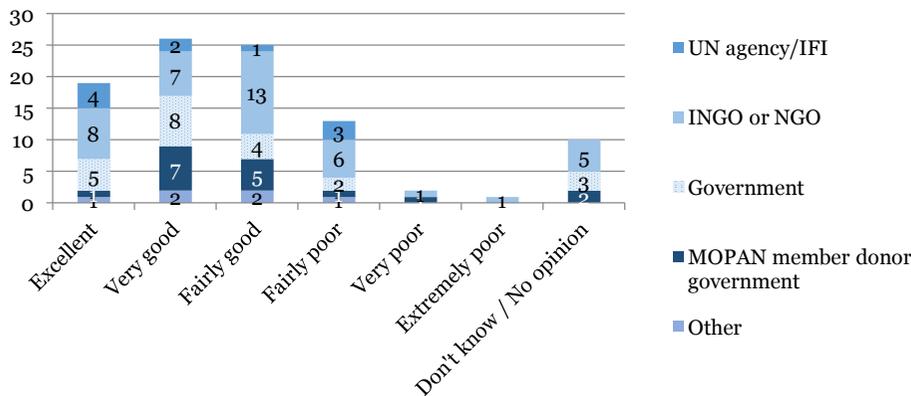
It successfully co-ordinates Co-Sponsors to make sure that financial co-operation for the HIV and AIDS response in the country is coherent and not fragmented.

UNAIDS



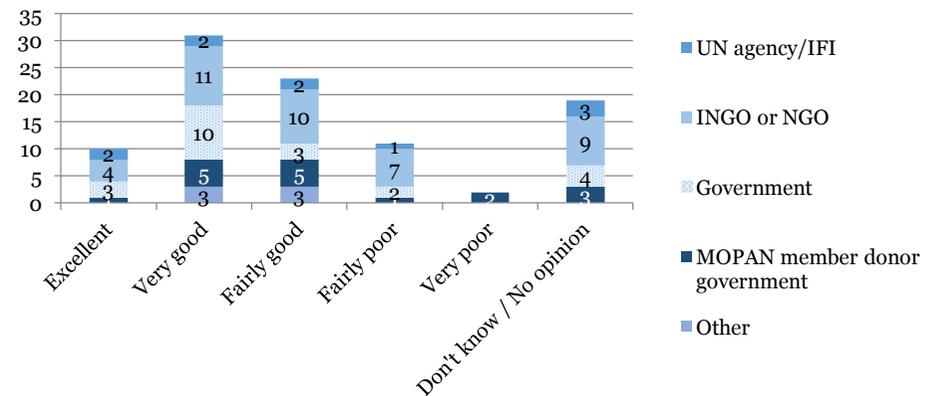
It shares key information (analysis, budgeting, management, results) with Co-Sponsors and other partners on an ongoing basis.

UNAIDS



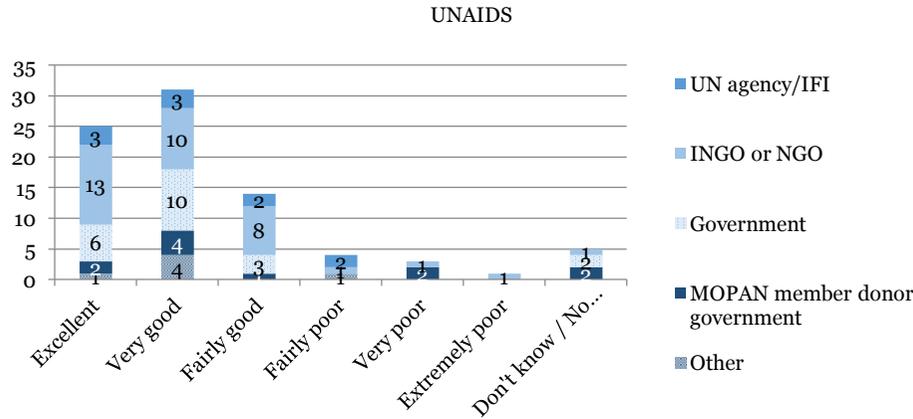
It ensures that its bureaucratic procedures (planning, programming, monitoring and reporting) are synergised with those of its Co-Sponsors.

UNAIDS

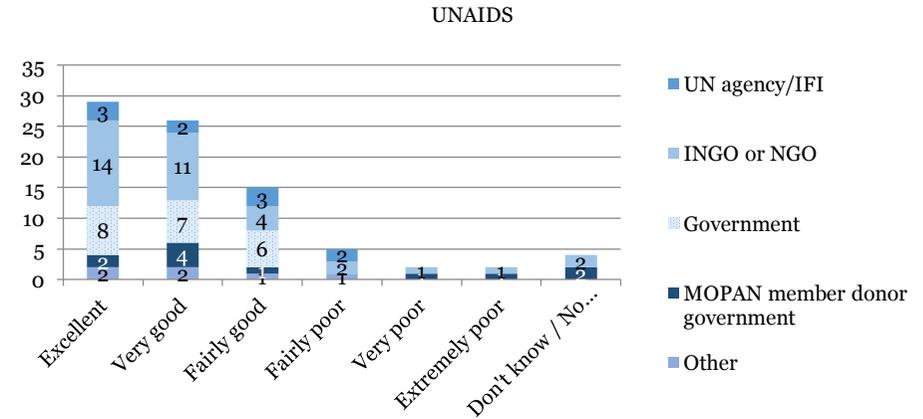


Respondents who identified their geographical focus as "global" were not asked to answer the top right sided question since it is only relevant to respondents with a specific country focus.

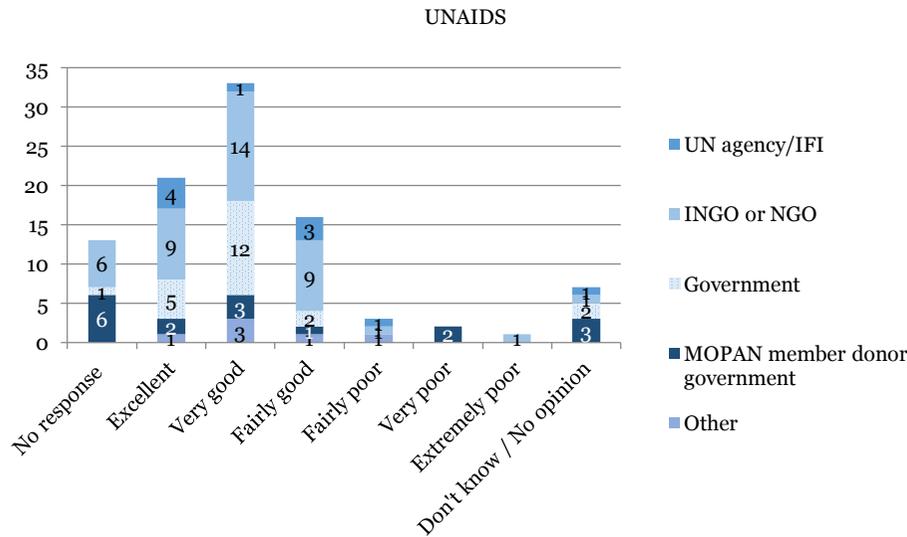
It provides high-quality inputs to policy dialogue on the epidemic in the country.



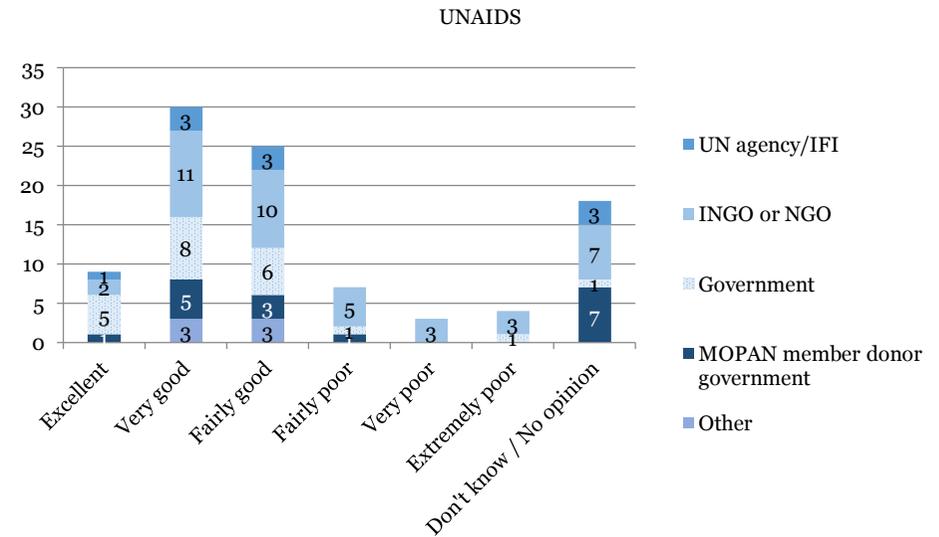
Its views are well respected in policy dialogue forums on the epidemic in the country.



It conducts mutual assessments of progress in the country with national/regional partners.

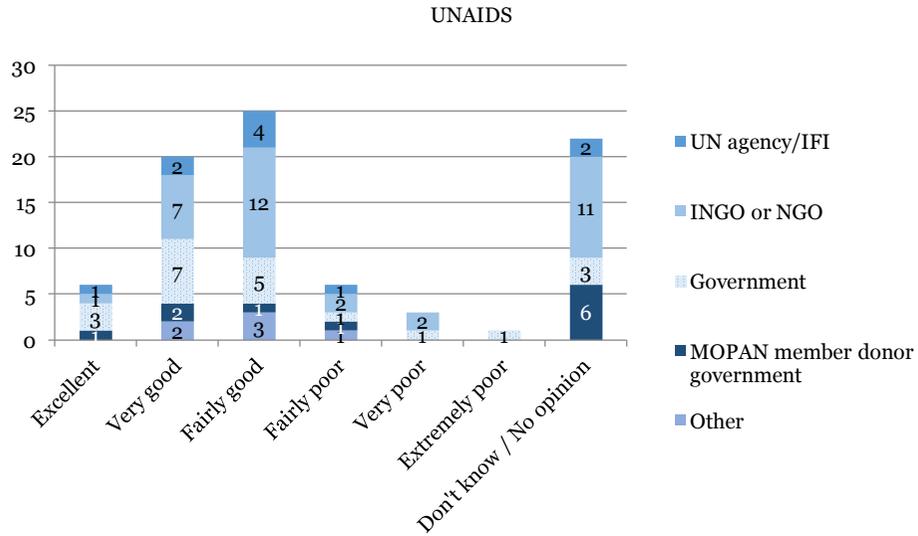


Its bureaucratic procedures (administrative and logistical) do not cause delays in implementation for national or other partners.

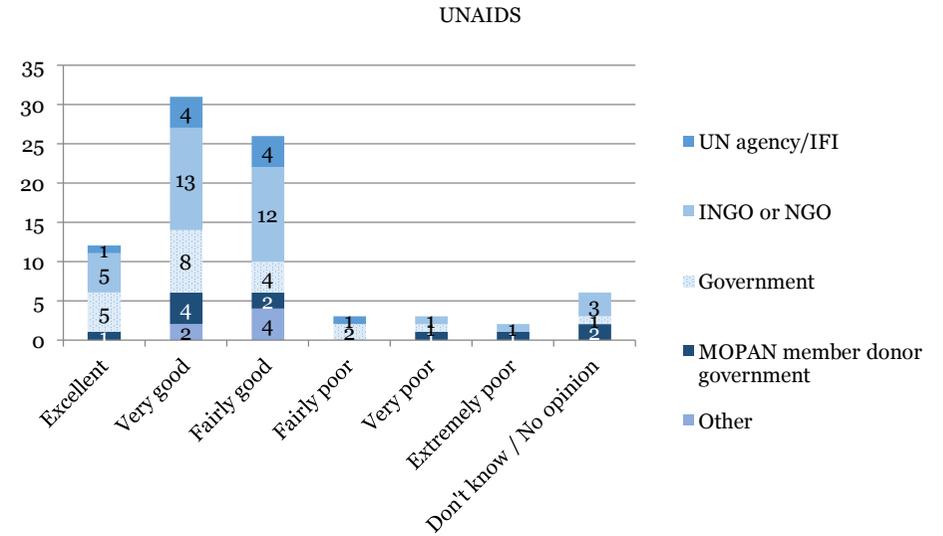


Respondents who identified their geographical focus as "global" were not asked to answer the first three questions since it is only relevant to respondents with a specific country focus.

It channels any programmatic financial resources through country systems (both financial and non-financial) in the country as the default option.



It takes action to build capacity in country systems in the country where it has judged that these are not yet up to a required standard.

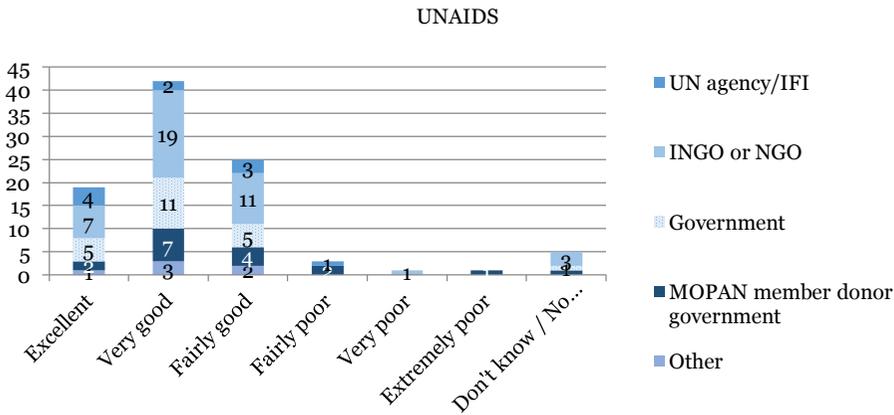


Respondents who identified their geographical focus as "global" were not asked to answer these two questions since it is only relevant to respondents with a specific country focus.

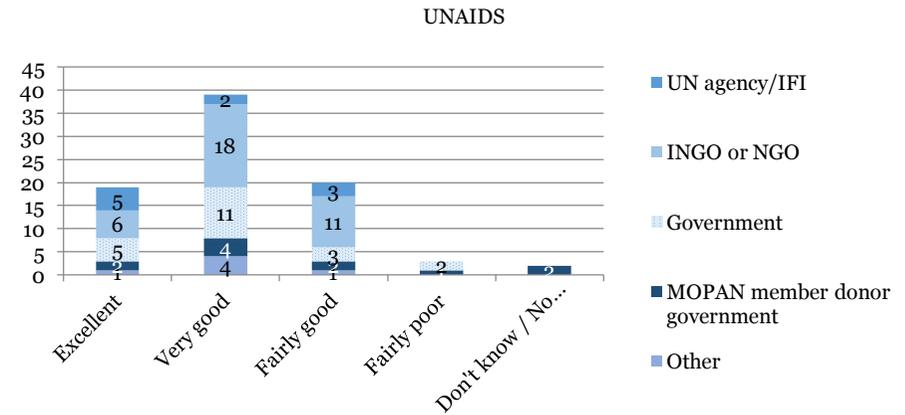
Performance management, part 1

How well do you think UNAIDS performs in relation to the areas below?

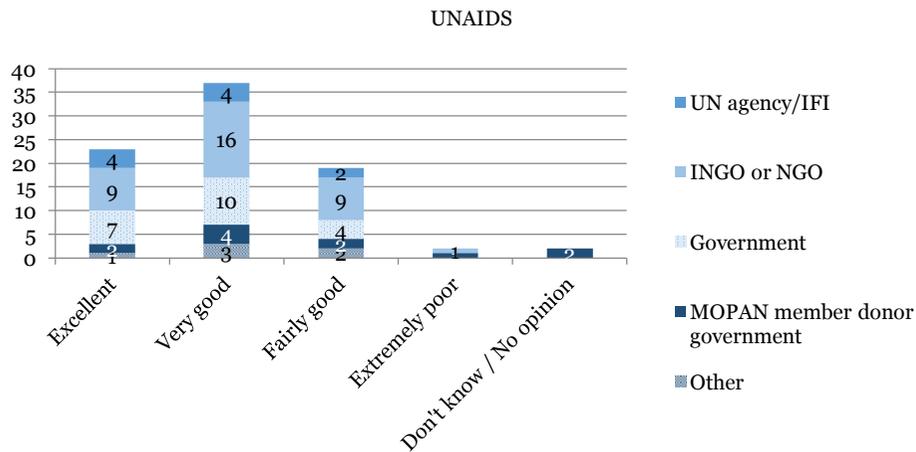
It prioritises a results-based approach – for example when engaging in policy dialogue, or in liaising with Co-Sponsors and national partners.



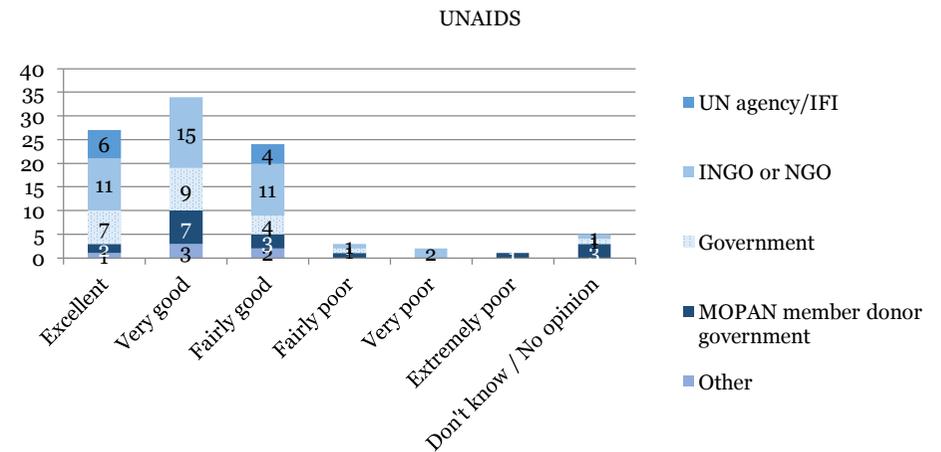
It requires targets and indicators in country frameworks to be aligned with those of national systems in the country.



It adopts an evidence-based approach to results targets in the country.



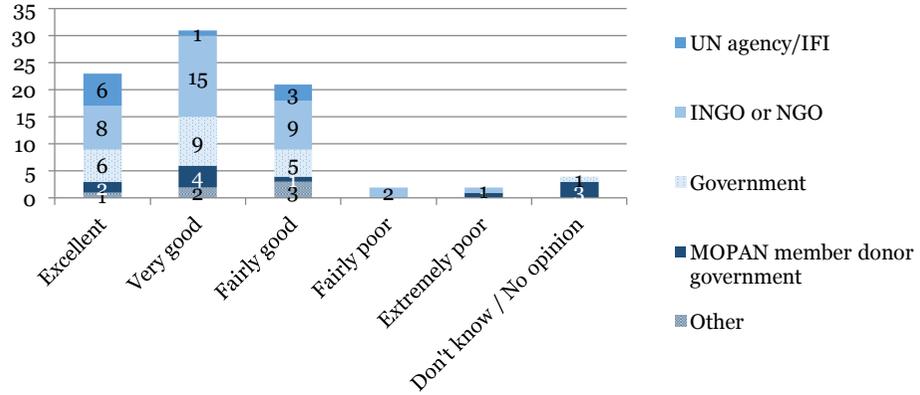
It insists on the use of robust performance data in designing or implementing responses to the epidemic at country level.



Respondents who identified their geographical focus as "global" were not asked to answer the top right and the lower left questions since it is only relevant to respondents with a specific country focus.

It insists on basing its guiding policy and strategy decisions in relation to its work in the country on the use of robust performance data.

UNAIDS

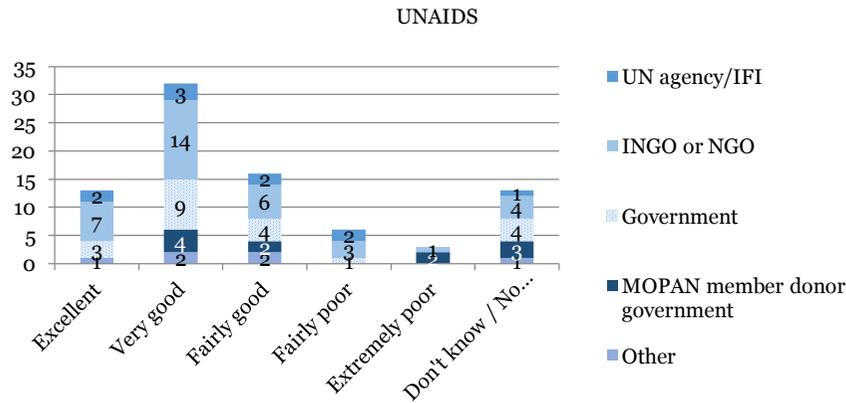


Respondents who identified their geographical focus as "global" were not asked to answer this question since it is only relevant to respondents with a specific country focus.

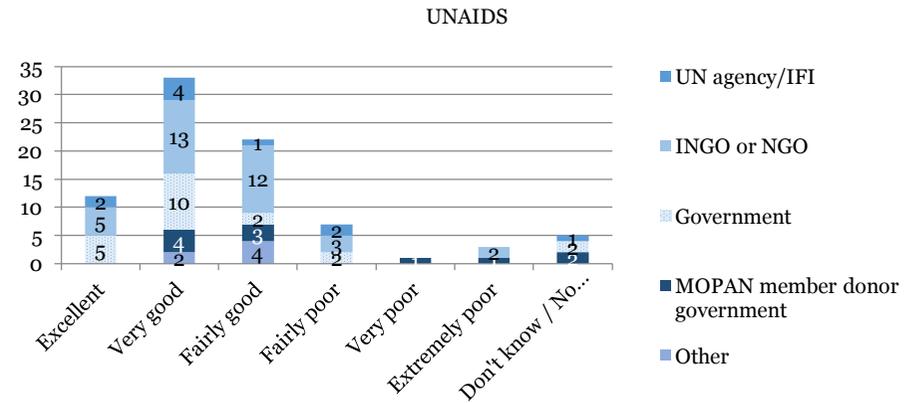
Performance management, part 2

How well do you think UNAIDS performs in relation to the areas below

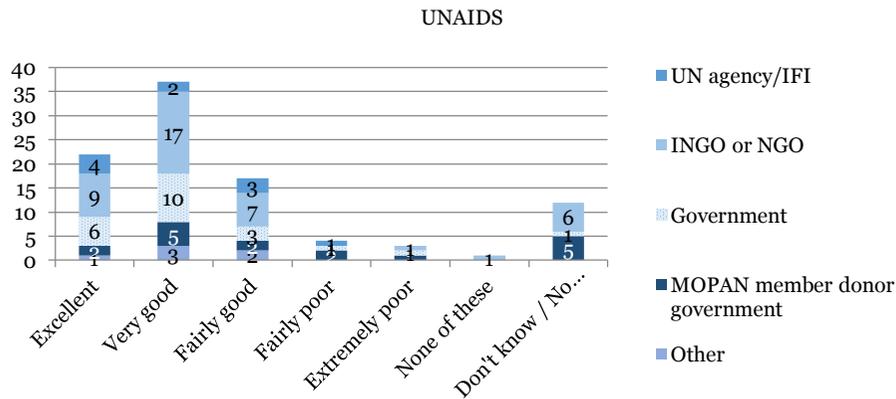
It has a clear statement on which activities in the country must be evaluated (e.g. a financial threshold).



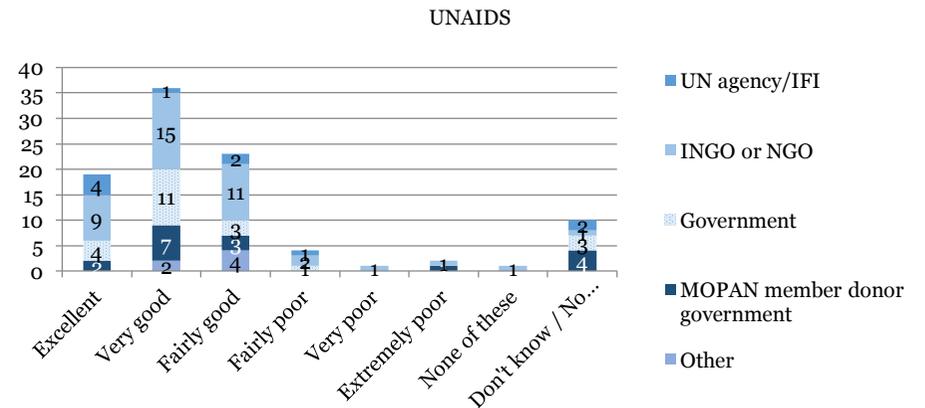
Where activities in the country are required to be evaluated, it follows through to ensure evaluations are carried out.



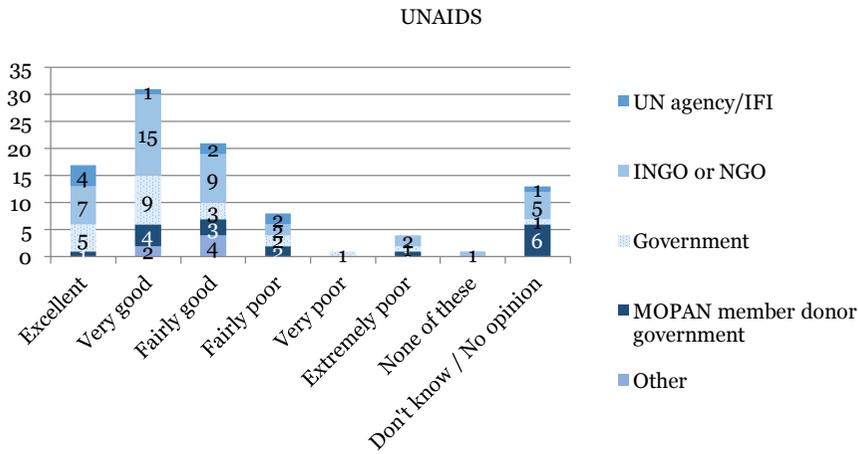
It participates in joint evaluations at the country/regional level.



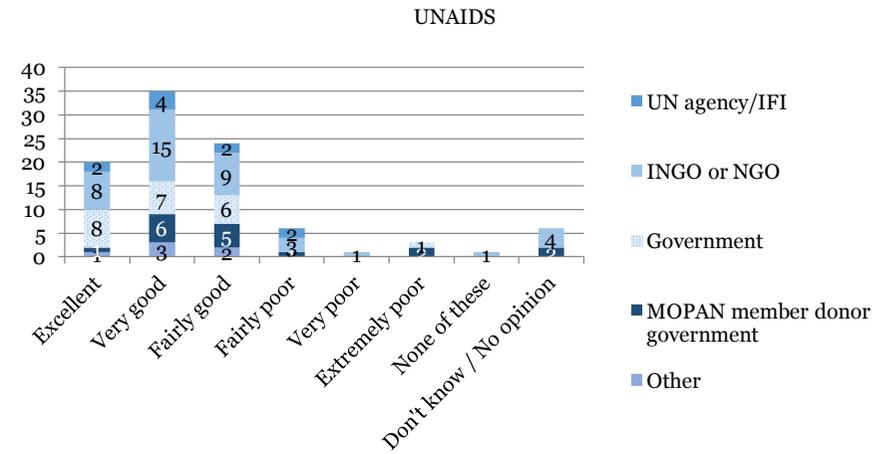
All new intervention designs include a statement of the evidence base (what has been learned from past interventions).



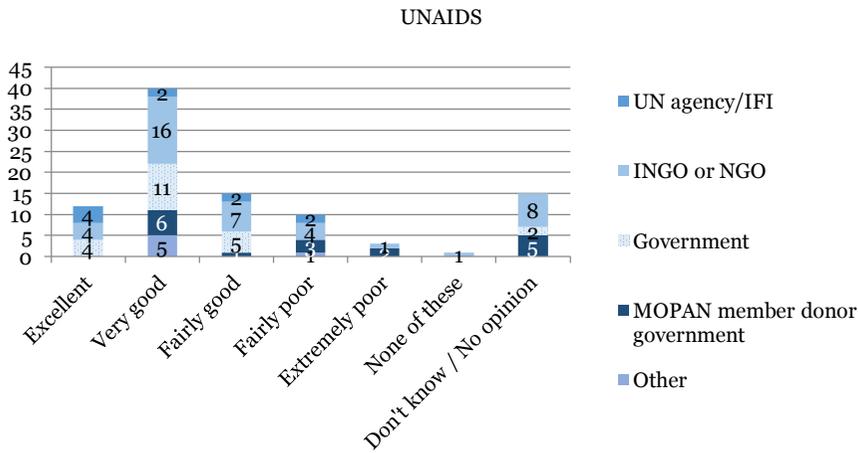
It consistently identifies which responses and interventions at country level are under-performing.



It seeks to support any areas of under-performance in responses, for example through technical support.



It follows up any evaluation recommendations systematically.



It learns lessons from previous experience, rather than repeating the same mistakes.

