

Background Report for UNAIDS Leadership Transition Working Group

Draft

October 2008

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CCM	Country Coordinating Mechanism for the GFATM
CCO	Committee of Cosponsoring Organizations of UNAIDS
CPA	Country Program Advisor (UNAIDS)
CRIS	Country Response Information System
ECOSOC	Economic and Social Council of the United Nations
GFATM	Global Fund for AIDS, TB, and Malaria
GPA	WHO Global Programme on AIDS
HIV	Human Immunodeficiency Virus
ILO	International Labor Organization
IWP	Integrated UN Workplan
PAF	Programme Acceleration Fund
PCB	Programme Coordinating Board of UNAIDS
PLWHA	People Living with HIV/AIDS
RC	UN Resident Coordinator
ROE	UNAIDS Response to the Official Evaluation
UBW	Unified Budget and Workplan of UNAIDS
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations, Educational, Cultural and Scientific Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UN-ISP	UN Country Team Implementation Support Plan to the National Response
UNODC	United Nations Office on Drugs and Crime
UNSSP	Five-Year UN System Strategic Plan
WHO	World Health Organization
WFP	World Food Programme

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I. Introduction

Do we need UNAIDS? What does UNAIDS contribute in the global response to the AIDS pandemic? These questions will be discussed over the course of three consultations to be held in Washington, DC, Oxford, and Durban, convened by the Center for Global Development and the Global Economic Governance Programme, to inform the findings and recommendations of the UNAIDS Transition Working Group. This Group, which is independent of UNAIDS or its Board, is comprised of 15 senior experts on global health and HIV/AIDS drawn from the donor, academic, activist and developing country communities. The Working Group is co-chaired by Ruth Levine of the Center for Global Development and Ngaire Woods of the Global Economic Governance Programme (GEG) at Oxford University. Devi Sridhar of GEG serves as Senior Researcher; Danielle Kuczynski and Kristie Latulippe serve as Program Coordinators.

Since its inception in 1996, UNAIDS has made significant contributions to the fight against HIV/AIDS; however, it is time to reassess what is needed. As the face of the epidemic changes, more players enter the global health landscape, and funding is significantly increased, the organization is faced with an imperative to reflect on its strengths and weaknesses and evolve accordingly.

This background paper is organized into three sections: the main contributions UNAIDS has made, the past and future challenges for UNAIDS, and three scenarios for what a future UNAIDS could look like. This report relies primarily on 29 semi-structured interviews conducted with both Working Group members and broader constituents (See Appendix A for list of interviewees), as well as reviews of formal (academic literature, internal/external UNAIDS evaluations, and UNAIDS publications) and informal (grey) literature. The full academic and media reviews are available upon request.

Box 1: UNAIDS Overview

**See Appendix B for further details on the structure of UNAIDS

Inception: January 1996

Staffing size: 900+

Budget: US \$469 Million

Scope: more than 80 countries worldwide

Leadership: Peter Piot, Executive Director since inception, Under Secretary-General of the United Nations

Description: Joint cosponsored programme of the United Nations; an umbrella organization that links the response to HIV/AIDS across the UN system. UNAIDS does not play a direct role in disbursing funds

Mission: *As the main advocate for global action on HIV/AIDS UNAIDS leads, strengthens and supports an expanded response aimed at preventing transmission of HIV/AIDS, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS and alleviating the impact of the epidemic*

Division of Labor: 10 cosponsoring agencies include; UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank. Activities of the cosponsors are laid out in the Joint Programme around the 7 principal outcomes

7 Principal Outcomes

These outcomes reflect the anticipated impact of activities across the cosponsors through the Joint Programme in the 2008-09 biennium:

- Leadership and resource mobilization
- Planning, financing, technical assistance and coordination
- Strengthened evidence base and accountability
- Human resources and systems capacities
- Human rights, gender, stigma and discrimination
- Most at-risk populations
- Women and girls, young people, children and populations of humanitarian concern

Organizational Structure: At the global level, UNAIDS consists of the Program Coordinating Board (PCB), the Committee of Cosponsoring Organizations (CCO) and the Secretariat

At the country level, UNAIDS operates through a UN theme group established by the resident coordinator, with secretariat staff and a country programme adviser (CPA) tasked with coordinating activities amongst the cosponsoring organizations

**See 2008-09 Unified Budget and Workplan, 2002 Program Coordinating Board 5-year Evaluation of UNAIDS ; See Appendix C for a detailed description of the findings of the 5-year Evaluation and UNAIDS' response

Box 2: UNAIDS History

The UN response to HIV/AIDS has followed a learning curve. Jonathan Mann's Global AIDS Programme was institutionally separate from WHO, and its \$109 million budget was independently funded with donor contributions raised by Mann himself. In 1987, it shifted into WHO and became the Global Programme on HIV/AIDS (GPA), a bigger and better agency that had an enhanced budget and more technical capacity than its predecessor. However, when Mann resigned in 1990 after tension with WHO's former Executive Director Dr. Hiroshi Nakajima, it was thought that the HIV/AIDS response would not survive: "It's not a question of how well the program will do after Jon Mann, but whether there will be a program worth talking about." Shy a decade into its inception, the institution required another reorientation.

When Merson became head of GPA in 1990, there was already growing concern from the donor community about the ability of WHO to manage the program itself and the now-apparent need to coordinate related activities across other UN agencies. Many saw UNAIDS as an opportunity to build a truly collaborative UN response, with a joint workplan, funding responsibilities and shared budget amongst those involved.

Modeled after the WHO Joint Research Programme on Tropical Diseases, UNAIDS set the expectation to be truly collaborative from the beginning, with a joint workplan, funding responsibilities and budget between the 10 co-sponsoring UN agencies. The first five year review of the agency carried out on UNAIDS in 2002, identified 3 external reasons, primarily donor-driven, for the initial reshaping of the agency:

- 1) Donor dissatisfaction in the overall management of WHO, encompassing, in part, criticism that they could not manage the role of coordinating between rivaling UN agencies
- 2) Reformers seeing UNAIDS as an opportunity to demonstrate the potential of the UN as a whole; leading to the emergence of theme groups and the resident coordinator positions
- 3) To give OECD donors more direct control over bilateral aid mechanisms¹.

A new leader was also appointed to the agency: "[Peter] Piot brings the right blend of pragmatism and moral indignation to the job, one which has been made more difficult because the reorganization cut the program's core budget by about 15% and halved its staff while the global epidemic has only increased."

¹ Summarized from PCB Five Year Evaluation of UNAIDS, December 2002

II. Key Contributions of UNAIDS

Based on extensive interviews and literature review, it can be said that the contributions of UNAIDS fall into five key areas: on the first two, UNAIDS gets high marks, while on the latter three, the record is more mixed.

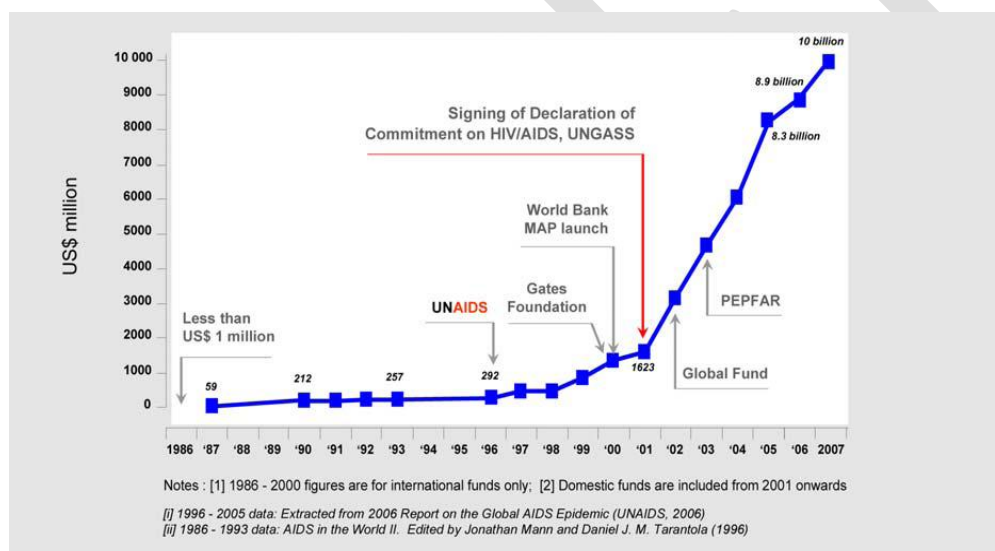
(1) A Global Advocate for HIV/AIDS

To date, UNAIDS has been an effective global advocate for HIV/AIDS research, surveillance and programming for prevention and treatment. There is almost universal

consensus that UNAIDS has made an enormous contribution to placing AIDS on the global agenda as a high-priority disease of “exceptional” importance – a distinction that does not exist for most other disease areas.

It is estimated that spending on HIV/AIDS rose from about US\$300 million in 1996 to \$10 billion in 2007 (Figure 1)¹. Although UNAIDS does not play a role in financing HIV/AIDS activities directly², the sizable new resources for HIV/AIDS and global health more generally, may not have been made available without UNAIDS constantly raising the profile of HIV/AIDS. UNAIDS has also paved the way for new initiatives within the UN family that may not have come to pass without the momentum of the program and buy-in from others. Examples include assisting in the development of the innovative financing mechanism UNITAID³, and leveraging Public Private Partnerships (PPPs) as it did with MTV, among others (see Appendix E for further examples of cosponsor PPPs and other innovative PPP mechanisms).

Figure 1: Total annual resources available for AIDS 1986-2007⁴



UNAIDS has also been successful at keeping HIV/AIDS on the radar in countries where governments were unconcerned about addressing HIV/AIDS or working with those who wanted to strengthen local responses. One respondent also noted UNAIDS key role in mobilizing responses in China, India, Russia, the Caribbean and Eastern European countries.

¹ UNAIDS Unified Budget and Workplan, 2008-09

² Unlike the Global Fund, World Bank MAP, and PEPFAR, UNAIDS does not have a direct role in disbursing funds.

³ UNITAID is housed and administered by the WHO with a mandate to reduce prices for and increase supply of critical health interventions for malaria and TB, and improve access to treatment for HIV/AIDS through mechanisms like pooled procurement. For more information on UNITAID, visit: <http://www.unitaid.eu/>. Accessed 10/04/08.

⁴ Figures from UNAIDS Unified Budget and Workplan 2008-2009

Many respondents pointed to Executive Director Peter Piot as the chief reason UNAIDS has been so successful in advocacy: “the institution is built around one person.” Piot has been viewed as extremely skilled at fundraising, raising public awareness through close relations with the media, and managing the politics of the donors and co-sponsors, while also bringing scientific credibility to the role. While one respondent noted, “No one will challenge Peter on technical and scientific aspects of HIV/AIDS,” others still question whether his scientific credibility is clouded by his strong advocacy position.

(2) Emphasizing the Exceptionality of HIV/AIDS and a Multi-Sectoral Response

Through its policy and practice recommendations, UNAIDS has made a strong case for the exceptionality of HIV/AIDS as a disease, drawing attention to its rapid spread to pandemic levels, the associated stigma and discrimination, the underlying gender imbalance, its impact on social structures, and its clinical complexity. In part through its own design as a program linking together a diverse group of cosponsors, UNAIDS has successfully promoted the notion that HIV/AIDS is not just a health issue but also a social and political issue requiring a multi-sectoral response.

The exceptionality of HIV/AIDS has resulted in an exceptional response, which is demonstrated in several ways. First, unparalleled levels of new resources are being pledged for HIV/AIDS, resulting in an imbalance in funding for HIV/AIDS relative to its global burden of disease⁵. Second, autonomous National AIDS Councils have been created, causing tension with Ministries of Health who focus on improving the health system as a whole. Third, in the realm of trade negotiations, HIV/AIDS has raised the profile of health issues more generally. This can be seen through the 2001 Doha Declaration on Public Health, which resulted in significantly lower drug prices and internationally sanctioned compulsory licensing.

While it can be argued that the extra attention given to HIV/AIDS is detrimental to health systems strengthening, it is countered that HIV/AIDS has brought broader awareness and a financial boost to areas of global health that may never have received this level of attention. In terms of health financing, Shiffman (2007) analyzed possible displacement effects of HIV/AIDS between 1992 and 2005. He shows that while there is evidence of HIV/AIDS attracting a disproportionate amount of funding, the attention that HIV/AIDS has brought to global health may have played a role in increasing overall donor funding for health and population, which quadrupled in those same years. Some feel that UNAIDS advocacy has played a part in increasing this attention.

(3) Technical Role: Surveillance and Policy Guidance

In its technical role, UNAIDS’ record is mixed. UNAIDS compiles epidemiological data⁶ at the global, regional and national levels, and has served as a leading source of information on HIV/AIDS. One respondent noted that it was only after UNAIDS had disseminated the data on the number of those affected by HIV/AIDS and modeled what the epidemic could look like in the future, that the other UN agencies and donor governments started paying

⁵ Sridhar, D. & Batniji, R., 2008

⁶ See challenges section for discussion on WHO’s key role in compiling epidemiological data.

attention to the disease. There has been, however, some controversy over the figures provided by UNAIDS (see *Challenges* section).

Turning to its guidelines on how to address the epidemic, the record is again mixed. UNAIDS has been successful at guiding the institutional response to HIV/AIDS, such as by recommending how governments should organize themselves (e.g. creating one coordinating body just for AIDS) and estimating how much money is needed globally and nationally to respond effectively to the disease. However, its policy guidance, especially on HIV/AIDS prevention, has received more criticism (see *Challenges* section).

(4) *Coordination*

UNAIDS' record on coordination has also been mixed – largely positive at the global level, while predominantly negative at the national level. Several respondents clarified that although viewed by many as an agency with an HIV/AIDS-driven mandate, it is actually a coordinating entity, an umbrella program designed to leverage the resources of the UN system. As one respondent noted, “We are all UNAIDS.” At the global level, UNAIDS is credited with being the voice of the UN family on HIV/AIDS and providing a singular focus in the multilateral architecture. Because of this unified stance, resource mobilization has been facilitated, although there are questions about how this money would best be used. Global coordination has been helped by the seniority of the leadership of UNAIDS. The Executive Director of UNAIDS is directly accountable to the Secretary-General of the UN; the seniority of the Executive Director gives him/her authority to speak on behalf of the UN system as an Under-Secretary General. As one respondent noted, “Peter can get meetings with any head of state and sometimes even has the same access as the UN Secretary General.”⁷

The UN response to HIV/AIDS, compared with responses to other health concerns, has been remarkably unified. For other diseases, there is “squabbling, competition, competing statements from various institutions...thus the world gets confused on who is speaking for what.” Nutrition, for example, has 14 UN agencies implementing programs and making policy recommendations on the topic, but no coordination mechanism at the same level as UNAIDS. The ability to have one voice in the UN family (at least conceptually) with civil society support is seen as a major achievement of UNAIDS, as well as an example of how UN reform could look for other issue areas. One respondent noted that UNAIDS also plays an incubating role until orphan issues can find a home in one of the co-sponsoring agencies. For example, the issue of safe needle exchange policy guidance was housed at UNAIDS until the United Nations Office on Drugs and Crime Prevention (UNODC) took the lead.

In addition – and because it is a coordinating program and not an agency – some respondents noted that it has been able to advocate for key HIV priorities that no single agency could push. The neutral and apolitical role of UNAIDS is disputed by many, but even critics allege that it is more independent than its co-sponsors. As one respondent noted, its structure “allows it to be more objective in its advice. It doesn’t need to respond to political pressures; it remains the least political of the different UN agencies.” However, some assert that UNAIDS has in practice conformed to the political pressures of other donors such as the

⁷ From an independent review conducted in 2008

US when it comes to prevention policies on topics such as needle exchange and sex worker programs (see *Challenges* section).

At the national level, some say that coordination has been weak and highly dependent on the capacity of the UNAIDS secretariat country representative, creating variability in the strength of UNAIDS activities from country-to-country (see *Challenges* section).

(5) Representing Those Who Are Most Affected

UNAIDS has also been credited with including civil society and marginalized groups in the decision-making processes of the Secretariat, thus giving voice to those who are most affected by the epidemic. Linking with these groups, UNAIDS has been able to push for stronger action at the global and national levels by facilitating the formation of in-country civil society coalitions, as it did, for example, in Malawi (see *Challenges* section).

III. Challenges: Past and Future

Despite the many advances that UNAIDS has made, there are simultaneous drawbacks to each of its contributions and many challenges that it has faced in its operations, as well as new issues appearing on the horizon.

(1) Clarifying the Role of UNAIDS

Arguably, the greatest challenge facing the new leadership is to clarify the value added of UNAIDS in light of the fact that observers often ask, What does UNAIDS actually do? As one respondent remarked, “It is hard for most people to describe what UNAIDS is.” As noted above, Peter Piot is seen as the core of the organization and many feel that his departure will leave behind a vacuum that will be difficult to fill. One person went as far as to say, “Everything is about Peter pushing forward with a vision; nobody built a culture or systems to manage people internally and hold them accountable.”⁸

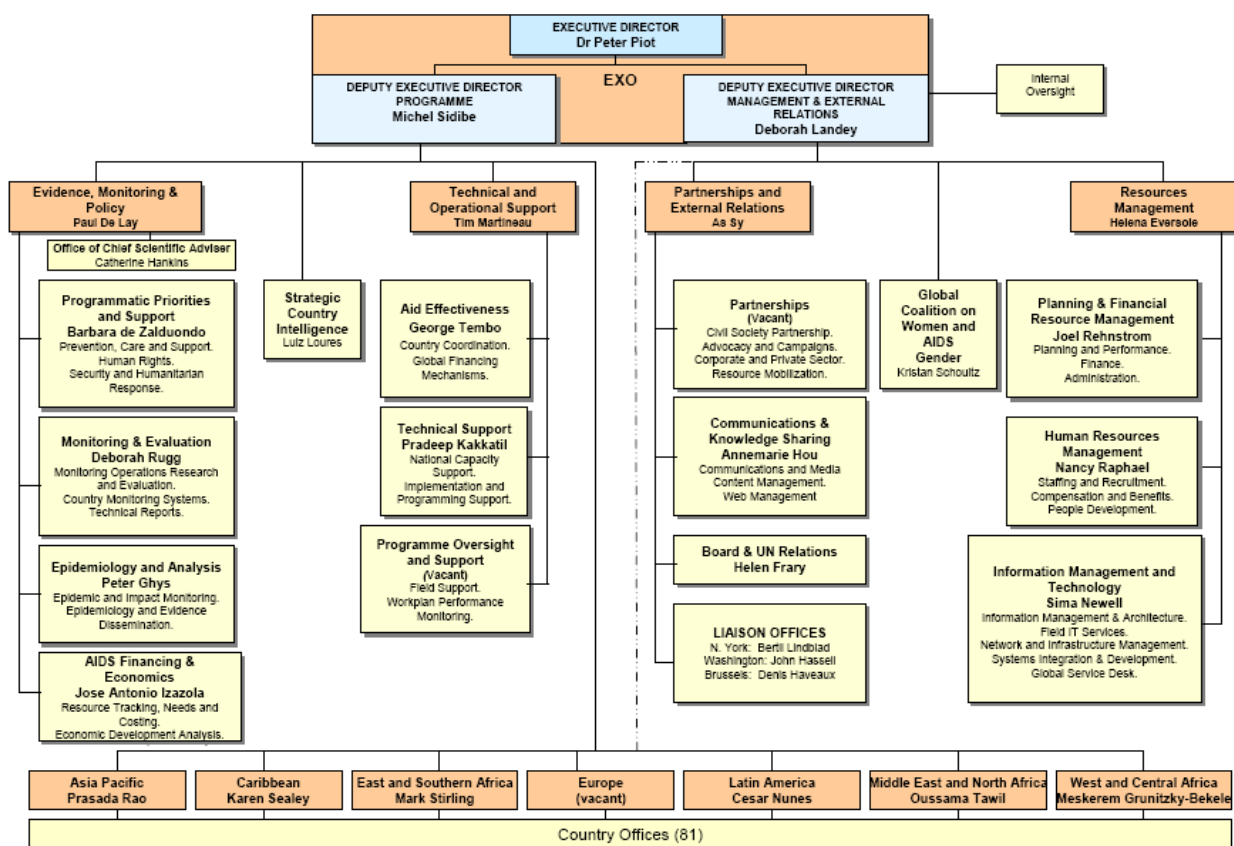
Within the UN system, internal competition and inadequate coordination have limited the effectiveness of UNAIDS. For example, “Multilateral Organization Performance Assessment Network (MOPAN) partners – a network of 9 donor countries that conducts a joint Annual Survey of selected multilateral organizations – reported very little evidence of UNAIDS working with the World Bank or of the World Bank working with UNAIDS...There appeared to be overlap.” Some describe UNAIDS as a “victim of the UN system” and have pointed to politics among its sponsoring agencies as holding back progress. A DFID report noted that “UNAIDS works well with the UN although they can sometimes appear constrained by their co-sponsors.” This is possibly due to a “lack of authority over its co-sponsors”⁹, raising the issue of what UNAIDS as an organization can hold others accountable for, and conflict over who they, in turn, are accountable to. One respondent noted, “UNAIDS has no dollars and no authority from the UN so nobody has to listen to them.”

⁸ From an independent review conducted in 2008

⁹ UK DFID report: UNAIDS development effectiveness summary. 2007.

In addition, limited resources (both human and financial) available to UNAIDS at the country level leads to inadequate capacity to encourage the various co-sponsors to work effectively through Joint Teams and Programmes on AIDS or to coordinate their support to the National AIDS Councils or government ministries (see Appendix C for more details of challenges in implementation at the country level). Inconsistency of in-country talent has been a major drawback. There is concern that its staff, currently at approximately 900 people, has become too large and is in need of restructuring to lessen duplication of functions (see Figure 3). However, in direct contradiction, those on the ground argue that there is a deficient level of staff, and expectations and workload are too heavy for a small number of staff to address at the country level.

Figure 3: Current Organization of UNAIDS



The larger UNAIDS offices are more successful at coordination and harmonization among agencies, particularly with the promotion of the Three Ones as a framework for coordinating “country-led” responses. The Three Ones refers to principals promoted by UNAIDS that in each country, there should be one joint action framework for all partners, one national coordinating authority with a multi-sectoral mandate, and one monitoring and evaluation system. While a laudable goal, and one pushed heavily by UNAIDS, the actual results of moving the Three Ones forward in various countries have been mixed. But variable adoption of each of the three principals embodied in the Three Ones, particularly with respect to monitoring and evaluation, and getting buy-in from other development partners, cannot be entirely attributed to UNAIDS, but should be seen as a result of the

environment in which UNAIDS works. It has not had full support from the co-sponsoring agencies, as one respondent noted. “No one wants to be coordinated...the job of being coordinator is the most thankless and ungrateful job.”

The ability to hold governments and other international institutions accountable for addressing HIV/AIDS in effective ways has also been a major challenge for UNAIDS. With a large percentage of resources coming from outside of the UN system, the organization does not often have the convening power or influence to hold government ministries, donors and non-profits accountable to evidence-based policies and high-priority needs. As one respondent noted, “the big players in AIDS are no longer within UN system. PEPFAR and the Global Fund for HIV/AIDS, TB and Malaria are now major players, so it’s difficult to coordinate a global response.” It is imperative that these organizations be constantly engaged in discussion.

At the country level, it is unclear what mechanism exists to hold bilateral donors accountable for implementing their commitments¹⁰. For example, despite a call by the Programme Coordinating Body in 2006 for donors to fund Joint Programmes of Support on AIDS (pooled monies), some donors continue to fund the individual co-sponsors of UNAIDS through Trust Funds.¹¹ The vast monies available to fund vertical HIV/AIDS programs also create incentives for the co-sponsors to implement separate and uncoordinated HIV activities.

In general, UNAIDS has operated in a reactive environment: some comment that trying to respond to any and all emerging issues related to the pandemic may have hindered the cohesiveness of its approach. Although this has allowed the organization to remain dynamic, it may be missing a clearly articulated vision and definition of its role among new rising players.

(2) Reconciling Objectivity and Advocacy

UNAIDS has had difficulty combining the functions of information reporting and dissemination with advocacy. For example, last year UNAIDS revised its global estimates of HIV/AIDS from 40+ million infected to 33 million and announced that the epidemic has been stabilizing since 2000 and that the rates of infection in many countries are falling¹². While some have pointed to weaknesses in methodology used by UNAIDS as the major contributor to the controversy, others see this as intentional inflation for advocacy reasons. Earlier data demonstrating increasing impact and scale of the epidemic had resulted in heightened interest and funding. Some say that UNAIDS has focused on the rising number of individuals infected, rather than the number of cases prevented, thus highlighting failures in disease control to build support for the pandemic. Perhaps this focus stems from perceived or actual clashes in the advocacy and reporting functions of the program.

¹⁰ HLSP report, 2007.

¹¹ *ibid*

¹² UNAIDS Report on the Global HIV/AIDS Epidemic, 2008

A respondent noted, "One of the key things UNAIDS has done to wide visibility is the production of annual or semi-annual statistics on AIDS numbers, but this has become a tool of advocacy, and the sharp downward revisions from various methods have shaken belief in UNAIDS ability to generate numbers impartially. The problem is simple: users of data should not be producers"; another respondent noted, "Advocacy has conflicted with epidemiology accuracy... It is hard to remain unbiased when you're doing both the epidemiology and the advocacy."

Despite these critiques, as noted above, UNAIDS is a major source of information and has attracted media attention with the "state of the epidemic" data. However, the precise value that UNAIDS adds in providing information about the epidemic is hard to pin down. The bulk of surveillance-related information is actually compiled by the World Health Organization. The data are collected by the WHO (which actually has the right to ask countries for data), which then works closely with UNAIDS on the analysis and modeling to produce the annual report on the state of the epidemic which is released by UNAIDS. It remains to be seen if this arrangement will be maintained in the future.

In keeping with its advocacy role, UNAIDS has also been criticized for propagating consensus rather than evidence. The initiative has adopted a "broad tent approach" which demands that they be "everything to everyone" and does not allow them to take a strong stance on issues and priorities.

(3) Donor Influence

While UNAIDS is thought by some to be more independent than the other UN agencies, a major challenge for the new leadership will be responding to donor governments like the US who exert considerable pressure through PEPFAR. While UNAIDS was successful in its early years (between 1996 and 2001) in providing policy guidance, critics of UNAIDS allege that since the Bush administration came to power the leadership of UNAIDS has had clear parameters from the US on what they could or could not say on certain topics that did not align with US policy. One respondent noted that UNAIDS has consciously misrepresented the face of the epidemic by deflecting attention from the marginalized groups which are the most severely affected. It has preferred to advocate a broad and generalized response instead of one targeted at high-risk groups.

Another respondent said that the consequence of this donor pressure had led to an "emasculatation of UNAIDS" in its policy guidance role since 2001. Commenting on how Peter Piot managed the donors, one respondent noted, "The rigor of UNAIDS has dreadfully weakened in the past few years. They are making major mistakes in recent reports such as on the efficacy of condoms. A body like UNAIDS cannot be making mistakes on condom efficacy. The problem with the report was that everything was overly centralized by Peter Piot, who did not want people with scientific or technical rigor, because they would challenge his misrepresentation of the problem of how AIDS should be tackled. This was him dealing with pressure from the Bush administration." Another respondent noted, "A very key issue, in my experience, has been the rather sub-standard performance of UNAIDS on many technical/scientific issues, especially re HIV prevention. Their stance (including that of

the Director's) has tended to be dominated by political/ideological/"activist"-related concerns, more so than the actual science.”

Others felt adding to the donor pressure is insufficient core public health expertise of UNAIDS staff. He noted that the staffing of UNAIDS is much like UNICEF in that the problem is defined so broadly that anyone can participate resulting in many generalist, and few technically sound specialists.

It should also be noted that while donor influence is generally perceived as detrimental to UNAIDS, there are also benefits to UNAIDS having close relations to donors, given its role in advocacy and fund-raising.

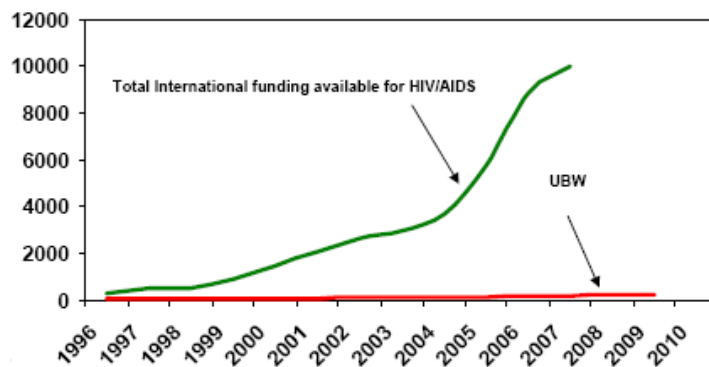
(4) Maintain HIV/AIDS as Public Priority

Along with the rest of the HIV/AIDS community, UNAIDS will also face the challenge of maintaining HIV/AIDS as a public priority and keeping up the funds raised for HIV/AIDS, despite the general trend for donors to move funding back towards health systems strengthening and away from vertical projects; and despite competing issues from outside of health such as climate change. When UNAIDS came on the scene, it was one of the only players, the first mover. Now there are many organizations, donors like PEPFAR or the numerous NGOs in the field, involved in guiding and funding the response who may have taken somewhat of a “second mover advantage”, building on the foundations set down by UNAIDS and overtaking it in prominence and influence.

Today, UNAIDS is far from the biggest contributor to global HIV/AIDS; its budget is but a drop in the bucket of total funding for the pandemic (Figure 2): There are other multilateral and bilateral agencies (PEPFAR, World Bank Multi-Country AIDS Program), organizations that focus on AIDS alone (Treatment Action Campaign, International Aids Vaccine Initiative) and organizations that are broader, with a number of priorities focused across global health and development (e.g., the Global Fund, Bill & Melinda Gates Foundation)¹³ (see Appendix D). The involvement of some of the biggest new donors has caused resources to skyrocket (See Figure 1), but a serious concern is whether the resources are sustainable.

¹³ This triad division was presented in an independent review conducted in 2008

Figure 2: A low investment: UNAIDS budget compared to international AIDS funding (in millions of US\$)



In addition, it has become more and more common to note that the amount of funding allocated to HIV/AIDS is out of proportion with its burden of disease, and in comparison to allocations to primary care and other pressing health needs. “HIV aid often exceeds total domestic health budgets themselves, including their HIV spending. It has created parallel financing, employment, and organizational structures, weakening national health systems at a crucial time and sidelining needed structural reform.”¹⁴ Thus one challenge is to ensure that the positive externalities of HIV/AIDS financing are made more apparent. As one respondent noted, “Yes, it [AIDS] is exceptional, but if we don’t use HIV/AIDS money to build systems than we have missed a great opportunity”. The discussion needs to be focused on how global health initiatives can be used to strengthen country capacity so countries can utilize money in a sustainable manner. In its current form, UNAIDS may not be able to participate meaningfully in that discussion. And, as one respondent noted, “We need a very hard headed normative mode, which is interdisciplinary, and working with system engineers and business strategists, and business experts to look at what kind of system can be built with this money. UNAIDS is going to find problems in this – it is not technical, it is not normative like WHO, it is not a funding agency- what are they doing? Coordinating?”

IV. The Future of UNAIDS

To return to the initial questions posed in this paper, do we need a UNAIDS? What, if at all, are the unique functions of UNAIDS? Based on the above discussion, the key functions of UNAIDS that emerge are advocacy, information provision, consensus building, coordination at global and country level, and the push for AIDS exceptionalism; however, it has been seen that these functions are carried out with variable success. In a way, these perceived core functions complement the seven principal outcomes that are outlined in Box 1 and in detail in the Unified Budget and Workplan for the program. But is UNAIDS the only player providing these functions? Or are other organizations better placed to take these over?

¹⁴ England, R., 2008

To assist in the analysis, we put forth three scenarios which seem plausible for the future of UNAIDS.

(1) No UNAIDS

There is a minority view that UNAIDS should be scaled down over time with the intention of closing it down. The argument underpinning this scenario is that HIV/AIDS is not exceptional, there is no need for a special initiative to address the disease, and that the costs associated with having a single disease-focused organization in the UN system outweigh the benefits. Many of the functions of UNAIDS could be transferred to and managed by other agencies; these important functions of UNAIDS are often being simultaneously carried out by other UN agencies, governments or NGOs, and an entire UN bureaucracy may not be necessary. Table 1 gives a brief overview of other organizations that also provide UNAIDS key roles.

Table 1: Global and national functions of UNAIDS and organizations with overlapping functions

Function of UNAIDS	Institutions with Overlapping Functions
Advocacy	Global: Global AIDS Alliance, Friends of the Global Fight, and many other NGOs National: Global Fund
Collection and Provision of Epidemiological data	Global: WHO, World Bank, Global Fund, PEPFAR, other bilateral donors National: MOH, NAC
Technical and Policy- Focused Consensus Building	Global: Issue focused: IAVI and AVAC for vaccines, IPM for microbicides, Kaiser Family Foundation for policy National:
Coordination at Global and Country Level	Global: Donors, no corresponding agency outside of UN National: NAC, MOH, UNDP
Push for AIDS Exceptionalism	Global/National: Civil society groups, Global Fund, PEPFAR

(2) Keep UNAIDS

Another scenario is to leave UNAIDS as it is. One argument underpinning this scenario is that HIV/AIDS is different, and the nature of the disease makes UNAIDS essential in its current form. Another is that dismantling the organization at this stage would cause more harm than good. As one respondent noted, “When UNAIDS was first created, it was a waste of time, and a waste of resources. It would have been much more sensible that the World

Bank's work on HIV would be strengthened- the Bank has a broad development outlook on problems...but now it has been created and it's probably too late to undo it all. We've spent a decade to develop it- let's leave it alone. I dislike the donor approach to development- if something doesn't work, dump it, and let's start something new, for example, the Global Fund. This is wasteful and more duplication. We should strengthen the organizations that exist – remedy the weakness in the existing UN agencies. Donors don't pay attention to this." Another respondent noted that despite any current shortcomings in practice, that UNAIDS, in its original design, is an important organization that should be strengthened.

(3) UNAIDS as a Special Programme of the WHO

Those who advocate reform often argue that UNAIDS should be linking HIV/AIDS to health systems, to child health, and to related diseases such as malaria and TB. However, if the mandate of UNAIDS were to be expanded to overlap with these discrete health priorities then where would WHO's role fall? UNAIDS is currently 1/4th the size of the WHO. It becomes clear that UNAIDS reflects great confusion in the global health world.

Why was HIV/AIDS first taken out of the WHO despite GPA being the largest program in WHO's history? The key issue was the lack of trust in the WHO, and the failure of the existing health organizations. As Merson et al. note, "There was also growing concern about the senior leadership of the WHO among donor governments, who reacted to the re-election of Hiroshi Nakajima to a second term as Director-General by decreasing their overall support and voluntary contributions to WHO, calling for organizational reform, and devising new health-related initiatives outside the agency's influence or control."¹⁵ At the time of UNAIDS creation, the WHO was very slow responding to HIV/AIDS, the World Bank was not disbursing huge amounts of funding, and donors did not trust either of those institutions to play a new role.

Has this situation changed today? Could UNAIDS be rolled back into WHO? Some who oppose this move list perceived shortcomings of WHO. These include: the regional structure, and weaknesses in the regional office in Africa, WHO's reliance on voluntary contributions that make it susceptible to donor pressure, the dependence of WHO on its member states, the lack of effective senior leadership at the WHO, and WHO's biomedical orientation, resulting in HIV/AIDS losing its multisectoral focus and its "exceptionality."

A strengthened WHO may be prepared to take back UNAIDS. One respondent noted that to stay relevant, a health institution/initiative needs to be normative and/or technical (e.g., WHO) or financial (e.g., Global Fund). Given that UNAIDS has none of these attributes, there is reason to believe that a new version of UNAIDS might be better placed in WHO. The head of the initiative would need to be very senior, at the level of Deputy Director General, and would need to use the infrastructure already created by UNAIDS to collaborate with financing agencies such as Global Fund and PEPFAR.

¹⁵ Merson et al., 2008

Table 2: How would rolling UNAIDS into WHO affect certain functions?

Functions of UNAIDS	Impact on Functions of Rolling into WHO
Advocacy	Weaker: leadership of WHO unlikely to make strong statements on HIV/AIDS. Also hard to prioritize HIV/AIDS given competing disease-areas within WHO.
Information Provision	Mixed: WHO holds both technical and normative authority and expertise, i.e. for surveillance. However, its dependence on voluntary contribution makes it susceptible to donor pressure.
Consensus-Building	Mixed: perhaps weaker given WHO's regional structure, perhaps stronger given WHO's governance (the World Health Assembly).
Coordination at Global and Country Level	Global, Weaker: UNAIDS co-sponsors do not want to be coordinated by WHO given its specialized function and that it is an agency like themselves. Potentially reduced impact on other global actors/donors. Country, Mixed: UNDP, or even MOHs/NACs, might be better suited to take on this role.
Push for AIDS Exceptionalism	Weaker: WHO has a broader mandate to ensure health for all and focus on global burden. Could result in more integrated HIV/AIDS programming.

V. Moving the Debate Forward

In summarizing the key contributions of UNAIDS and its past and future challenges, the report is not intended to be comprehensive, but rather to focus the consultations around key themes. The questions below provide additional points of departure. We hope that these and the paper as a whole will serve as a springboard for further discussion at each of the consultations, especially regarding the scenarios of what a future UNAIDS could look like: where it should be doing more, and less, and how to make sure that it is playing the most effective role it can.

Box 3: Discussion Questions

1. What are the advantages and disadvantages to pursuing a multi-sectoral, but predominantly vertical, response? What are the trade-offs to HIV/AIDS exceptionalism?
2. Why has UNAIDS deviated from its original form?
3. Does the rationale still exist for a disease-specific UN agency?
4. Given its unique space in the UN family, what is UNAIDS in the position to do best? At the Global level? At the country level?
5. What would happen if there was no UNAIDS, what global message would this send?
6. Are there other agencies that UNAIDS could be rolled into instead of WHO? How would UNAIDS rolling into the Global Fund affect its various functions?
7. What kind of mechanism could be established to protect the independence of UNAIDS from donor control?

Appendices for Background Report for UNAIDS Leadership Transition Working Group¹⁶

Appendix A: List of Interviewees

Alanna Armitage, UNFPA Country Rep for Brazil
Stefano Bertozzi, Mexico National Institute of Public Health
Jonathan Brown, World Bank
Siddharth Dube, former Special Advisor to Peter Piot
Simone ellisOluoch-Olunya, UNAIDS Darfur
Roger England, Health Systems Workshop, Grenada
Helene Gayle, CARE USA President
Jacob Gayle, Ford Foundation
Robert Hecht, Results for Development
Carrie Hessler-Radelet, John Snow International
Andrew Jack, Financial Times
Jennifer Kates, Kaiser Family Foundation
Jim Kim, Harvard University
Jeffrey Mecaskey, Save the Children UK
Michael Merson, Duke University
Lazeena Muna, UNAIDS Bangladesh
Nandini Oomman, Center for Global Development
Mead Over, Center for Global Development
Elizabeth Pisani, Author of Wisdom of Whores
Beth Plowman, Independent Consultant
Miriam Rabkin, Rockefeller Foundation/Columbia University
Geeta Rao Gupta, International Center for Research on Women (ICRW)
Francisco Songane, head of WHO Maternal/Perinatal Partnerships
John Stover, Futures Institute
Todd Summers, Gates Foundation
Alex de Waal, Save Darfur
Gill Walt, LSHTM
Alan Whiteside, University of Kwazulu-Natal
Paul Zeitz, Global AIDS Alliance

¹⁶ Research assistance for producing the appendices was provided by Edward Joy and Danny George

Appendix B: Organizational summary

Overview: *“an innovative joint venture of the United Nations family, bringing together the efforts and resources of ten UN system organizations in the AIDS response to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic”.*

Guiding frameworks: Declaration of Commitment on HIV/AIDS/Political Declaration on HIV/AIDS¹⁷, Millennium Development Goals¹⁸, The Three Ones¹⁹, Unified Budget and Workplan²⁰.

Implementation: Provides technical support through:

- 5 Technical Support Facilities (TSFs) globally covering 60 countries, mobilizes experts on a project-specific basis, as need is identified. Can also provide and pay for consultants directly in regions without TSF's;
- the Global Information Support Team (GIST), a high level forum that includes a number of UN agencies, funding entities, bilateral donors and NGOs to mobilize rapid responses and carry out an early warning function;
- Regional Support Teams (RSTs) who provide support to UNAIDS Country Offices, while working with regional partners to coordinate and provide programming and technical support to strengthen national responses, and;
- Through activities of the 10 cosponsors, delivering the majority of technical support: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNSCO, WHO, World Bank²¹. Activities of the cosponsors are focused around 7 principal outcomes (see table 1) around which the Joint Programme for the agency is structured. Funds for country-level HIV/AIDS activities obtained through existing mechanisms of cosponsors.

¹⁷ See notes on 2001 Declaration of Commitment on UNAIDS. UNAIDS website, accessed 09/14/07 at: <http://www.unaids.org/en/AboutUNAIDS/Goals/UNGASS/default.asp>. This declaration was re-affirmed in the Political Declaration on HIV/AIDS in 2006

¹⁸ See notes on 2000 Millennium Development Goals. UNAIDS website, accessed 09/14/08 at: <http://www.unaids.org/en/AboutUNAIDS/Goals/MDG/>

¹⁹ The Three Ones: An agreement by donors to improve the effectiveness of resources for HIV/AIDS through three key principals: one agreed HIV/AIDS Action Framework for coordinating the work of all partners; one National AIDS Coordinating Authority, with a broad-based multisectoral mandate; and one agreed country level Monitoring and Evaluation System

²⁰ The Unified Budget and Workplan outlines the financial and activity requirements of each of the 10 cosponsors and the UNAIDS secretariat by encompassing a Joint Programme of work, a budget, and a Performance monitoring and evaluation framework. See the 2008-09 Unified Budget and Workplan for additional details at: http://data.unaids.org:80/pub/BaseDocument/2007/2008_2009_ubw_en.pdf. Accessed 09/14/08

²¹ For the specific activities carried out by each co-sponsor, see: http://www.unaids.org/en/Cosponsors/DivisionOfLabour/old_default.asp. Accessed 09/14/08

Table 1: Distribution of funds by principal outcome²²

Principal outcomes	Funds to be raised by UNAIDS²³	Cosponsor Supplemental	Cosponsor global and regional resources
1. Leadership and resource mobilization	205 047 372	10 910 352	10 499 342
2. Planning, financing, technical support and coordination	106 761 487	35 658 696	33 577 216
3. Strengthened evidence base and accountability	30 520 600	25 304 976	22 183 096
4. Human resources and systems capacities	45 615 495	108 056 656	66 684 001
5. Human rights, gender, stigma and discrimination	27 467 935	19 307 000	10 954 000
6. Most at-risk populations	16 090 000	23 800 000	11 730 000
7. Women and girls, young people, children and populations of humanitarian concern	32 317 109	24 625 320	29 108 345
Contingency	5 000 000		
Total	468 820 000	247 663 000	184 736 000

²² Re- created from 2008-2009 Unified Budget and Workplan. Each Principal outcome has associated outputs, that all recognize the Joint Programmes' role in contributing to the Political Declaration on HIV/AIDS

²³ The Fund of UNAIDS is financed exclusively from voluntary funds provided by donors including the World Bank. Cosponsors must also raise supplemental funds and funds at the country level for additional resources Includes a provision of US\$100 million from the interagency budget for the salaries of all UNAIDS Country staff together with the operational costs of over 80 UNAIDS country offices and related investments in IT field connectivity

Organizational Structure

UNAIDS Secretariat: Headquarters in Geneva, UNAIDS secretariat is charged with developing the reporting framework and accepts and compiles reports from member states.

Programme Coordinating Board: Includes representatives from 22 governments from all geographic regions, cosponsors, five NGOs that includes an association of PLWA; establishes policies, reviews programs, plans and activities of the Executive Director and the Committee of Cosponsoring Organizations.

Committee of Cosponsoring Organizations: Forum for cosponsors and the UNAIDS secretariat. Review of workplans, budgets, technical and financial proposals/reports. Make recommendations, serves as a standing committee of the Programme Coordinating Board.

UNAIDS Liaison Offices: Located in Brussels, NY, and DC; serve as the primary links with various intergovernmental bodies, officials of governments, and elected officials in these locations.

Special Envoys: Elizabeth Mateka (SE of Secretary-General for AIDS in Africa; Dr. Nafis Sadik, SE for AIDS in Asia and the Pacific; Professor Lars Kallings, SE for AIDS in Eastern Europe and Central Asia; Sir George Alleyne, SE for AIDS in LAC.

Monitoring and Accountability

Reporting Obligations: Under UNGASS²⁴ obligations, the Secretariat reports on progress to the General Assembly. Countries must submit progress reports to UNAIDS secretariat every two years.

Five year external review: UNAIDS is now beginning the process of its second five year external review. An Oversight Committee (OC) has been formed and request for proposals for consultancy services to carry out the external review have been completed. The OC was created by the Program Coordinating Board of UNAIDS and will oversee the process of the review. A draft Inception Report, that will guide the process, was also made available for comment on September 5th 2008²⁵.

²⁴ UNGASS is a Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Twenty-sixth Special Session on Wednesday 27th June 2001, New York.

²⁵ See draft Inception Report at:

http://data.unaids.org/pub/BaseDocument/2008/080905_unaids_sie_inception_report_draft_en.pdf

Appendix C: UNAIDS- Official Evaluation and Official Response Summaries

Evaluation methodology

The evaluation period started in July 2001 and lasted nine months, from the creation of the program until March 2002. The evaluation set out to assess the extent to which UNAIDS has met the goals set out in the ECOSOC resolution 1994/24, and whether the structure and mandate of UNAIDS should be adapted. The evaluation does not cover all the HIV/ AIDS activities of cosponsors, except where they become a component of UNAIDS. As a global program with a wide extent of stakeholder involvement, large samples of people and places were taken. The evaluation team visited more than nine countries to examine the use of UNAIDS in national HIV/ AIDS programs. Evaluation also involved all the cosponsors and the UNAIDS Secretariat, and the headquarters of OECD donors, as well as representatives of the business sector and international NGOs.

Introduction

Six goals were set out in ECOSOC resolution 1994/24:

- To provide global leadership in response to the epidemic
- To achieve and promote global consensus on policy and program approaches
- To strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level
- To strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities
- To promote broad-based political and social mobilization to prevent and respond to HIV/AIDS
- To advocate greater political commitment at the global and country levels including the mobilization and allocation of adequate resources.

Summary of key points

In general, UNAIDS has been successful at the global level whether it be advocacy, fund raising, leadership or providing a global strategy framework. UNAIDS has also worked particularly hard at joining various sectors together in dialogue, such as civil society, PLWHA, the private sector and the government. However, at the national level, the UN's role working alongside the support of OECD has been unclear and complex, and there has been unsuccessful translation into sub-national and sectoral responses. In addition, the UN has collected poor data on behavioral changes and knowing what interventions work under particular circumstances, although statistics on prevalence have made good progress.

The ECOSOC objectives are still relevant, although the review suggests a rewording towards a more simple, clear and measurable message by replacing the six objectives with one goal. The Response to the Official Evaluation (ROE) suggests a periodic review to help clarify or enhance operations of the program.

UNAIDS

- No equivalent to PCB at national level. A combination of overlapping cosponsor mandates, hard-to-understand role of the joint programme and lack of

accountability at country level meant that the joint programme was least-well designed in precisely that area of operations where the need was greatest to provide a better service than the GPA.

- What is “UNAIDS”? Imprecise definition of its position – the combined efforts of the UN system, or a Geneva-based institution? Imprecise concepts such as multisectoral approach, and expanded response. It is suggested that the roles of the programme are redefined with more specific allocation of responsibility. The relationship with The Global Fund must also be made clear and UNAIDS should more diligently monitor fund distribution, ensuring alignment with the national strategy.
- Initially, an unenthusiastic response by the cosponsors: they gained nothing financially, nor did they commit contributions. In fact, “financial arrangements still favour cosponsors working individually on programs”. Took a few years for cosponsors to establish real capacity above and beyond what was required by the GPA. It is recommended that financial incentives are created for agencies to programme jointly, but the ROE proposes no direct action.
- Future shifts in resource devotion from planning to implementation mean that the role UNAIDS plays must evolve. The disease profile has greatly changed in many regions, for example the IDU-led epidemic in Eastern Europe. Changing access to drugs, drug quality and pricing, and drug resistance all add to the challenges. The proportion of expenditure on HIV/ AIDS is increasingly reaching governments via channels that bypass the cosponsors. ROE proposes an expansion of the Programme Acceleration Fund (PAF), especially to promote monitoring and evaluation efforts.
- In response to assessment and criticism of the activities of UNAIDS, and in response to the changing demands of responding to the dynamic HIV/ AIDS epidemic, it is recommended that cosponsors and the Secretariat get a new set of monitorable objectives – a new Memorandum of Understanding. Cosponsors would be required to specify outcome objectives for their contribution towards newly defined roles. The ROE suggests a more incremental approach, proposing a review of the UNAIDS MOU and updating if necessary. Clearer cosponsor roles and monitorable indicators of performance will be including in the UBW.
- UNAIDS plans to give greater emphasis (mainly research) to the dimensions of behavioural change and contextual factors, including gender, stigma and poverty. Also, UNAIDS should improve services to the agents of the expanded response by streamlining its information and capacity development efforts.

Global agenda

- UNAIDS has sought a united global response to HIV/ AIDS, including civil society organizations and development agencies. It is difficult to tell whether rhetoric and public political commitments have been turned into effective action, but there has been success in securing more funding from OECD donors.

- The process of developing a national strategy has often spurred social mobilization and UNAIDS CPAs have helped the process by, for example, holding training courses, specific workshops and meetings, and running pilot projects. However, the approach tends to cluster in capital cities and accessible locations.
- A global consensus and mandate has been reached, and international leaders can be held account to the leadership declarations made at UNGASS to the UN System Strategic Plan (UNSSP).
- The advocacy work of UNAIDS has been successful with new partnerships created and horizontal learning. ROE proposes to strengthen the advocacy and campaigning links between the HIV/AIDS Declaration of Commitment and the Millennium Development Goals.
- At the global level, activities of the secretariat have been instrumental in bringing about consensus over policy and programming. This has not been the case at the country level: uncertain accountability of theme groups, limited control of the PCB over country-level activities and a lack of incentives for cosponsors have meant a genuinely integrated approach has not developed.
- Poor approach to MTCT with no clear message.
- Insufficient distribution of Best Practice Collection and not provided in many languages for which there is demand. ROE proposes actions to resolve this.

Progress at country level

- At the national level, for cosponsor action to be effective, it must complement and integrate with national and OECD bilateral resources and programs. World Bank and OECD bilateral programs have large resources compared to UN agencies. UN cosponsors must find where they have a comparative advantage and work to fill gaps and support an expanded response with policies and technical capacity. In an attempt to work well with national strategies, cosponsors have prepared Integrated UN Workplans (IWP). However, these are mostly poor documents that fail to identify needs and a joint response, and appear to be little more than repackaging of agency programs. Cosponsor programs are tailored towards national strategies rather than designing programs based on national need. It is doubtful whether they help the national response at all. In 2000, a review found that less than half IWPs had their funding secured. The UNAIDS Secretariat has had little influence over the IWPs; funding for the cosponsors' country programs is outside the current scope of the budget, and the theme groups are not accountable to the PCB.
- It is recommended that reforms shift the accountability of country teams to a demand-driven service to meet the needs to national stakeholders, a recommendation the ROE agrees with in principal, supporting government-led joint reviews.

- The influence of the UNAIDS Secretariat at the country level is dependent on the abilities of the CPA and colleagues, and on the disposition of the cosponsors' representatives.
- "Territorial" disputes between cosponsors.
- If progress is defined by movement towards an expanded response, then there is no evidence that progress has been made anywhere. The evaluation team judged that community initiatives and scaling-up are considerably held back by a lack of data.
- Direct technical support has helped in forming national strategies, but this was more accessible under the GPA. It is recommended that UNAIDS assists countries in reporting, data utilization, monitoring and evaluation capacities. ROE proposes intensified efforts to help country actors to develop and expand these capacities, including ensuring that the Country Response Information System (CRIS) is operational in all high prevalence and other priority countries by the end of 2003.
- The Joint Programme has reduced duplication of effort to some extent, but better coordination at the country level is required. It is recommended that the Secretariat expand current work on information management to improve the coordination service. The action proposed in the ROE is presentation of UN support in a fully integrated UN Country Team Implementation Support Plan to the National Response (UN-ISP) which aims to improve transparency, coherency and accountability of UN system efforts, and to reinforce the UN's role and comparative advantage.

Management and governance

- The Unified Budget and Workplan (UBW), introduced in 200-2001, increased the amount of money raised by consolidated appeals.
- UNAIDS is a high-visibility brand name, but this is a mixed blessing with many potentially disruptive demands placed on the Secretariat, for example to help plan and start up the Global Fund.
- The PCB was established to coordinate and control all HIV-AIDS related activities of the cosponsors. Initial control was only over the activities of the secretariat, but after the introduction of the UBW, global and regional activities of cosponsors also came under the PCB's general supervision. However, as long as the cosponsors have other sources of funding, the degree of control that the PCB has over cosponsor activities is "fairly marginal". Donors have also been unresponsive to PCB discussions. Particularly at country level, where the ambitions of the programme are meant to be turned into results, major portions of programs lie beyond the control of the PCB. PCB oversight remains limited to programme activities under the UBW, although it is recommended that, if practical difficulties can be overcome, country level expenditure should be brought under the UBW. The ROE disagrees, proposing that country level objectives should fall under new UN-ISPs which combine budget and finance plans for all agency efforts in support of the National AIDS strategy; clear

objectives for individual agency efforts with monitorable indicators; and the coordinating work of the UN Theme Groups on HIV/ AIDS.

- Linkage between the UNAIDS programme and the cosponsors' boards is weak. The Committee of Cosponsoring Organizations (CCO) is meant to review and report activities of the cosponsors to the PCB, but the mechanism is ineffective and PCB authority is limited to "moral stature". In addition there is poor communication between the cosponsor boards and the PCB leaving most cosponsor activities more aligned with their own individual mandates. It is recommended that the PCB considers a new model of 'expanded governance' (although this is an imprecise term) and to transform the CCO into a management board. The aim is to focus actors on the complementarity of their actions in the overview of an expanded response. ROE believes this action would confuse the governance, accountability and management functions of the Programme. Instead, it is suggested that an inter-agency Programme Planning and Development Group is established to monitor the UBW and UNSSP. This group will ensure that interagency programming and performance monitoring functions are appropriately resourced and financed.
- It is recommended that joint reviews are held that look at performance as measured by national outcome objectives. Review teams should be drawn from government, civil society, UNAIDS and OECD donors. The ROE agrees.
- The IWP and UNDAF lack strategic perspective and are not responsive to country needs. As a result, there is lack of clarity over the support available from the UN. More financial transparency is recommended – cosponsors should make public all country and regional budgets and annual outturn. UN-ISPs should address this.
- The theme groups are a largely untested mechanism, yet they are responsible for improving the coordination of inputs into different country-level ministries. UN agencies still compete for resources at the country level, and the MOU says nothing about the relationship between the PCB and the governing bodies of the cosponsors.
- Relationships between the CPA and cosponsors are often unsettled, partly due to the confusion over the role of CPA support (technical versus coordination/ management) and who they report to (the RC, theme group or Secretariat). Given that the CPAs are funded by the Secretariat, any action that may reinforce the institutional presence of the Secretariat can create animosity amongst cosponsors. At least according to the cosponsors, UNAIDS is not meant to be an agency in its own right.

Appendix D: Major players in the international fight against HIV/AIDS

Funding²⁶:

The majority of international funding for HIV/AIDS comes from governments, in particular the G7, which provided 75% of net ODA²⁷ in 2005. The Netherlands and Sweden are also major donors, with most other members of the DAC²⁸ also providing some assistance. Some governments have a variety of agencies and programs that denote some of their budget towards provision, administration or management of international assistance for HIV/AIDS. In addition to this, several donor governments have launched significant HIV/AIDS related initiatives. For example, in 2003 President Bush announced a 5-year project called the President's Emergency Plan for AIDS Relief (PEPFAR), pledging US\$15bn funding for prevention, care, treatment and research of HIV/AIDS, TB and malaria.

In addition to the donor governments, there are three other major funding streams for HIV/AIDS: multilateral organizations, the private sector, and domestic resources. Multilateral organizations provide assistance for HIV/AIDS using pooled funds from member contributions and other means. Contributions are usually made by governments, but can be provided by private organizations and individuals, as in the case of the Global Fund. The main multilateral organizations providing HIV/AIDS assistance are: the Global Fund, the World Bank, and different entities within the UN system. Other international development banks, including the Inter-American Development Bank, the Asian Development Bank, and the African Development Bank also finance HIV/AIDS efforts.

Research activities are generally not included as part of assessments of the magnitude of foreign assistance, although research is an important part of the response to HIV/AIDS and some donors provide a significant amount of support for international research in this area. U.S. funding for international HIV research was estimated at \$384 million in 2005, approximately 10% of which was provided directly to non-U.S. based organizations. In addition to this amount, the U.S. provides annual funding to the International AIDS Vaccine Initiative (IAVI) and to the International Partnership for Microbicides (and related microbicide research) through its non-research bilateral assistance accounts (close to \$60 million in 2005). Other donor nations also provide funding for HIV research including France, which provided an estimated \$31.1 million for field research activities in 2005. Domestic resources, both spending by affected-country governments and by households/individuals within these countries, represent a significant and critical part of the response. UNAIDS estimates that domestic spending was approximately \$2.1 billion in 2005.

The extent to which affected-country governments provide resources for HIV/AIDS varies due to numerous factors including Gross National Income (GNI), debt, availability of external

²⁶ The Kaiser Family Foundation, July 2006

²⁷ Official Development Assistance (ODA) as defined by the OECD: grants or loans provided by official agencies to countries and territories with the promotion of economic development and welfare as their main objective and provided at concessional financial terms (if a loan, having a grant element of at least 25%). ODA is assistance provided to nations categorized by the OECD DAC as "developing countries and territories", such as those in sub-Saharan Africa; many in Latin America and the Caribbean, including Guyana and Haiti; and many in Asia, including India, China, and Vietnam

²⁸ The Development Assistance Committee: The committee of the OECD which deals with development co-operation matters

resources, and political commitment. In 2002, for example, Latin American country governments were estimated to have accounted for more than 80% of the region's overall HIV/AIDS expenditures, a much greater proportion than countries in sub-Saharan Africa, reflecting in large part GNI differentials between the regions. Similarly, individuals in some countries pay substantial amounts in out-of-pocket (OOP) expenditures for HIV/AIDS care as a proportion of overall AIDS expenditures, with some studies indicating that OOP for HIV/AIDS represented an estimated 45% of total AIDS expenditures in Kenya (2002), 40% in Chile (2002), 30% in Zambia (2002), 14% in Burkina Faso (2003), and about 14% in Colombia (2002).

Funding sources:

Name	The Global Fund
Foundation date	January 2002
HQ location	Geneva
Mandate	<ul style="list-style-type: none"> • Created to finance a dramatic turn-around in the fight against AIDS, tuberculosis and malaria. • The objective of the Global Fund - to provide funding to countries on the basis of proven performance - makes it different from any other international agencies that fund programs in the developing world. All other organizations, for example, the World Bank, the WHO and UNAIDS and many bilateral donors, provide funds and oversee implementation of programs. The focus is on recording what money has been spent on, rather than what targets have been achieved. • "We do not implement programs directly, relying instead on the knowledge of local experts"^a.
Activities	<ul style="list-style-type: none"> • Provides 20% of all international funding to combat HIV/AIDS • The Fund asserts that as of June 2007, 1.9 million lives have been saved thanks to efforts in 136 countries supported by the Global Fund. • Funding projects are proposed by the affected countries themselves, and are judged as having epidemiological merit against the pandemic by a panel of independent scientific experts. Funding stream based on grants, not loans, for the poorest countries. • The Global Fund is the first organization of its kind, incorporated as a Foundation under Swiss law. It is a new kind of public-private partnership. • The Global Fund is a financing mechanism rather than an implementing agency. This means that monitoring of programs is supported by a Secretariat of approximately 250 staff (in 2006) in Geneva. Implementation is done by Country Coordinating Mechanisms which are committees consisting of local stakeholder organizations in-country that include some or all of government, NGO, UN, faith-based and private sector actors. • The Global Fund provides initial grant funding solely on the basis of the technical quality of applications, as evaluated by its

	independent Technical Review Panel. It provides continued funding to programs based solely on the basis of performance.
Governance	<ul style="list-style-type: none"> • The Global Fund's international Board includes representatives of donor and recipient governments, non-governmental organizations, the private sector (including businesses and foundations) and affected communities. Key international development partners also participate, including the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Bank. The latter also serves as the Global Fund's trustee. • The Board meets at least twice annually and is responsible for overall governance of the organization, including approval of grants. • To support the Global Fund in financing effective programs, the Board relies on an independent panel of international experts of health and development. The Technical Review Panel (TRP) reviews eligible grant proposals for technical merit (soundness of approach, feasibility and potential for sustainability). Based on this review the TRP recommends proposals for funding to the Board. The TRP consists of a maximum of 35 experts. Each expert is appointed by the Board for a period of up to four Rounds. The panel for Round 7 is chaired by Dr Peter Godfrey-Faussett (United Kingdom). The Vice Chair for Round 7 is Dr. Indrani Gupta (India). • The Fund's operations and structures are guided by the Framework Document issued by the Transitional Working Group, the negotiating body which met in Brussels in the Autumn of 2001 to establish the operating structure and principals of the Fund.
2006 annual expenditure on HIV/AIDS	Total disbursements of US\$1.3bn ^b 61% spent on HIV/AIDS ^c = \$793m
Source of budget	Donations mainly from developed world countries (e.g., US\$2.5bn from USA, US\$1.4bn from France, US\$0.6bn from UK). Also, European Commission, Gates Foundation (US\$450m), UNITAID, (PRODUCT) RED™, UN Foundation (US\$6.8m) ^d .
Country offices?	The Global Fund Secretariat does not have any offices outside Geneva, so it contracts independent firms to assess the capacity of the principal recipients of the funds to handle the large volume of resources and to monitor implementation.
Partners	Aidspan (Global Fund Observer), UNITAID, PEPFAR, Friends of the Global Fund (Africa, Europe, Japan, US) , WHO, World Bank, UNAIDS
References	<p>a. http://www.theglobalfund.org/en/about/how/</p> <p>b. 2006 Global Fund Annual Report</p> <p>c. http://www.theglobalfund.org/en/funds_raised/distribution/</p> <p>d. http://www.theglobalfund.org/en/funds_raised/pledges/</p>

Name	World Health Organization (WHO)
Foundation date	April 1948
HQ location	Geneva
Mandate	<ul style="list-style-type: none"> • WHO is the directing and coordinating authority for health within the United Nations system. • Objective "is the attainment by all peoples of the highest possible level of health." • The WHO has a six-point agenda for improving public health: <ol style="list-style-type: none"> 1. Promoting development; 2. Fostering health security; 3. Strengthening health systems; 4. Harnessing research, information and evidence; 5. Enhancing partnerships; and 6. Improving performance. • Millennium Development Goals • '3 by 5' Initiative
Activities	<ul style="list-style-type: none"> • Coordinates international responses to infectious diseases such as HIV/AIDS and sponsors programs to prevent and treat such diseases. • Monitors disease throughout the world. • Issues guidelines and recommendations
Governance	<ul style="list-style-type: none"> • The World Health Assembly is the supreme decision-making body for WHO. It generally meets in Geneva in May each year, and is attended by delegations from all 193 Member States. The Health Assembly appoints the Director-General, supervises the financial policies of the Organization, reviews and approves the proposed program budget, and most importantly, determines the policy of the organization. • The Executive Board is composed of 34 members technically qualified in the field of health. Members are elected for three-year terms. • Regional offices are considered separate functional units of WHO. Each office has a regional committee made up of delegates from the ministries of health of that region's member states. The regional offices work primarily on their region's agenda, which in turn is decided by the regional committee.
2006 annual expenditure on HIV/AIDS	<ul style="list-style-type: none"> • For biennium 2006-2007: US\$136m ^a
Source of budget	The WHO is financed by contributions from member states (effectively all UN member states) (30%) and a diverse range of voluntary contributors such as other UN organizations, foundations, and the private sector (70%) ^b . Aid is divided between the six

	regional offices and the headquarters, reflecting need.
Country offices?	Six regional administrative offices (Africa, Americas, Eastern Med, Europe, SE Asia and W Pacific) and 147 in-country and liaison offices in all its regions. The presence of a country office is generally motivated by a need, stated by the member country.
Partners	Many WHO-private sector partnerships including Aeras Global TB Vaccine Foundation (Areas) and International AIDS Vaccine Initiative (IAVI).
References	<p>a. WHO Program Budget 2006-2007: Orientations for Implementation in the African Region. AFR/RC55/7. 17 June 2005</p> <p>b. WHO Proposed program budget 2006-2007</p>

Name	DfID (UK)
Foundation date	In 1997 the Overseas Development Administration (ODA) was replaced by the Department for International Development.
HQ location	London and East Kilbride (near Glasgow)
Mandate	<ul style="list-style-type: none"> • Strategic aim of halving world poverty by 2015 • Achievement of MDGs
Activities	<ul style="list-style-type: none"> • Manages Britain's aid to developing countries. • Bilateral donor to individual countries and via multilateral organizations (38% of total DFID development assistance). Works with international institutions such as the World Bank, UN and WTO, and developed country groupings such as the EU. DFID's multilateral expenditure in 2005/06 was channeled primarily through three organizations; the EC received £917m (55%), UN agencies £299m (18%) and World Bank Group £272m (16%) [DFID Statistics on International Development, 2006].
Governance	Headed by a Secretary of State with cabinet rank, assisted by (from June 2003) a Minister of State and (from June 2007) three Parliamentary Under Secretaries of State. The Secretary of State for International Development is formally responsible to Parliament for DFID.
2006 annual expenditure on HIV/AIDS^a	<p>20.1m to UNICEF</p> <p>10m to UNAIDS {NB 2007 report estimates 18m, and this appears more in line with funding in other years, but still only an estimate}</p> <p>238m (resource) to European Development Fund</p> <p>100m to Global Fund</p> <p>15.5m to Health, AIDS and Education Policy program</p> <p>"DFID is the world's second biggest bilateral donor for HIV/AIDS (spending around \$850 million in 2005/06)"^b.</p>
Source of budget	UK Government
Country offices?	64 offices overseas where almost half the 2,500 strong workforce operate

Partners	UN and UNAIDS Unified Budget and Work plan, Global Fund (committed £1bn up to 2015), UNITAID (will provide £90m over 2008-2011), European Commission (20% of DFID's budget (£4.8bn in 2007-2008)), World Bank (UK is the largest donor to IDA15 ^c and will provide £2.1bn over 2008-2011).
References	<ul style="list-style-type: none"> a. DFID Annual Report 2008: Making It Happen. Annex 2 b. http://www.avert.org/aids-funding.htm# c. IDA15 = 15th World Bank International Development association replenishment – a total of US\$41.6bn pledged

Name	UNDP
Foundation date	1965
HQ location	New York, NY
Mandate	<ul style="list-style-type: none"> • The UN's "global development network" • Work on capacity development to help local organizations to meet their own development objectives.
Activities	<ul style="list-style-type: none"> • Works with local governments to meet development challenges by providing advice, training and grant support. • Works internationally to help countries achieve the MDGs. • Focuses on poverty reduction, HIV/AIDS, democratic governance, energy and environment, and crisis prevention and response. Also encourages protection of human rights and women's empowerment. • Publishes Human Development Report to measure and analyze progress. • Supports the local entity legally responsible for management of Global Fund grants. In exceptional circumstances, governments and national counterparts may request UNDP to manage the grant(s). • UNDP on HIV/AIDS: "UNDP advocates for placing HIV/AIDS at the centre of national planning and budgets; helps build national capacity to manage initiatives that include people and institutions not usually involved with public health; and promotes decentralized responses that support community-level action" ^a. • UNDP administrator is chair of the UN Development Group and must work together with UN colleagues to avoid overlap and duplication. • "Delivering as one" pilots for greater coherence and efficiency of UN's development operations (The Four Ones (as opposed to the UNAIDS The Three Ones)) • Often called upon to be administrative agent for multi-donor trust funds • "UNDP has a specific and well-defined role in the overall response of the UN system, designated as the lead agency for addressing HIV and AIDS and development, governance,

	human rights and gender” ^b .
Governance	<ul style="list-style-type: none"> • The UNDP is an executive board (shared with UNFPA) within the UN General Assembly. • The UNDP Administrator has the UN rank of Under-Secretary-General, often referred to as the third highest UN ranking. The Administrator is also the chair of the UN Development Group.
2006 annual expenditure on HIV/AIDS	<ul style="list-style-type: none"> • Projected budget for biennium 2006-7 = US\$8.1bn. 84.0% spent on program, 5.9% to support operational activities of the UN, 5.8% to program support/country offices^c. • Regional Service Centre for Southern and Eastern Africa: Regional HIV and Development program budget for 2006 and 2007 combined = US\$12.3m^d. Total Africa Country Offices budget of US\$25m^e.
Source of budget	UN
Country offices?	Five regions, each with their own “Regional Bureau” and separate budgets. 166 “on-ground” offices
Partners	<ul style="list-style-type: none"> • Co-sponsor of UNAIDS. • Global Fund: UNDP manages Global Fund grants in 25 different countries. UNDP also supports the Global Fund, contributing nearly US\$150m as of April 2008^b. • Works with private sector
References	<ol style="list-style-type: none"> http://www.undp.org/focusareas/ UNDP Annual Report 2008 2006-2007 Biennial Support Budget Proposal: An Overview. Informal Executive Board Discussions UNDP. August 2005 UNDP’s HIV and AIDS Programme in Sub-Saharan Africa, 2006-11. Inter-Agency Meeting on Coordination & Harmonization of HIV & AIDS, TB, and Malaria Strategies, November 6-8, 2006, Addis Ababa, Ethiopia UNDP budget estimates for the biennium 2006-2007. UNDP and UNFPA Executive Board. June 2005.

Name	UNAIDS
Foundation date	Established in 1994, launched in 1996
HQ location	Geneva
Mandate	<ul style="list-style-type: none"> • To coordinate, support and make more coherent the HIV / AIDS activities of its cosponsors whilst maintaining division of labor. • Declaration of Commitment on HIV/AIDS. Set in 2001 by Heads of State and Representatives of Governments at the UN Special Summit on HIV/AIDS. • MDGs • Joint initiative between governments, NGOs and cosponsors
Activities	<ul style="list-style-type: none"> • Leadership and advocacy for effective action on the

	<p>epidemic. With regard to partnerships with national stakeholders, UNAIDS' main comparative advantage seems to be advocacy on HIV/AIDS^d.</p> <ul style="list-style-type: none"> • Provides strategic information to guide efforts against AIDS worldwide. • Tracks, monitors and evaluates the epidemic and responses to it. • Mobilization of resources^a • Board makes recommendations on inter-agency coordination amongst the program's co-sponsors^c • Establishes and strengthens mechanisms that involve civil society including faith-based organizations (FBOs), the private sector, and people living with HIV/AIDS at all levels. • Supports governments and UN agencies in developing partnerships with non-state entities. • Important source of international data. • Many non-financial partnerships (including with the private sector) – share knowledge and experience; help with fundraising and advocacy projects; contributions-in-kind. • Scenario building (with Shell) • Human rights and gender equality promotion • Formation in 2005 of a Global Task Team (GTT) to issue recommendations on improving AIDS coordination among multilateral institutions and international donors. • In 2007, joined forces with the World Bank to produce the Country Harmonization and Alignment Tool (CHAT) to help stakeholders align with national efforts.
<p>Governance</p>	<ul style="list-style-type: none"> • UNAIDS is guided by a Programme Coordinating Board (PCB) with representatives of 22 governments (majority from low income countries) from all geographic regions, six cosponsors, and five NGO representatives. • The PCB establishes broad policies and makes recommendations to the cosponsoring organizations regarding their activities in support of the Joint Programme. • The UNAIDS Unified Budget and Workplan (UBW) combines in a Joint Programme the work of ten UN Organizations (the UNAIDS Cosponsors) and a Secretariat in a biennial budget and workplan which aims to maximize the coherence, coordination and impact of the UN's response to AIDS. • "Three Ones" principals endorsed in 2004 to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management. Puts governments in charge of national responses^c. • Regional and country representations are organized through 5 inter-country teams (ICT) and UNAIDS country co-ordinators (UCC). At the country level, a UNAIDS secretariat

	is typically composed of a UCC, a program officer and a limited number of local staff.
2006 annual expenditure on HIV/AIDS	<ul style="list-style-type: none"> The Unified Budget is funded from several sources. The budget includes a “core” budget as well as supplemental budgets and Cosponsors’ own resources. The “core” component of the Unified Budget for 2006-2007 biennium amounts to US\$ 320.5m. This includes US\$ 120.7 million to be shared among 10 Cosponsoring Organizations, US\$ 115.4 million for the UNAIDS Secretariat, and US\$ 84.4 million for interagency activities. In addition to the core budget, the supplemental budget for Cosponsors and the Secretariat totals US\$ 283.1 million (provides an additional \$25m for the Secretariat and \$21.2m for interagency activities) and Cosponsors’ own resources US\$ 193.7 million ^b.
Source of budget	UNAIDS is supported by voluntary contributions from governments (primarily the Netherlands, Sweden, the UK, Norway and the USA), foundations (including the World Bank), corporations, private groups and individuals.
Country offices?	81 country offices
Partners	<ul style="list-style-type: none"> UNAIDS co-sponsors: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank – united under the Joint Programme UNITAID (international drug purchase facility) Shell, International Olympics committee, and other sporting bodies
References	<ol style="list-style-type: none"> NPC report HIV/AIDS in Africa: A brief overview of the global context. Alexander and Joy, 2005. [First four points of box] UNAIDS: Unified Budget and Workplan 2006-2007 UK DFID report: UNAIDS development effectiveness summary. 2007 MOPAN Survey 2005: Perceptions of multilateral partnerships at country level.

Name	US Government
Foundation date	-
HQ location	Washington, DC
Mandate	-
Activities	-
Governance	-
2006 annual expenditure on HIV/AIDS^a	<ul style="list-style-type: none"> USAID HIV/AIDS (excluding Global Fund) = US\$373.8m USAID Global Fund contribution = US\$247.5m GHA Global Fund contribution = US\$198.0m CDC Global AIDS programme = US\$122.7m DoD HIV/AIDS prevention education = US\$5.2m

	Total U.S. bilateral and Global Fund commitments for HIV/AIDS in FY 2005 were \$2.1 billion. In FY 2006, commitments are expected to total \$2.6 billion (not including research) ^a .
Source of budget	-
Country offices?	-
Partners	-
References	a. The Kaiser Family Foundation: "International Assistance for HIV/AIDS in the Developing World: Taking Stock of the G8, Other Donor Governments and the European Commission". July 2006.

Name	UNFPA
Foundation date	1969
HQ location	New York, NY
Mandate	<ul style="list-style-type: none"> • An international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. • Programme of Action adopted at the International Conference on Population and Development in 1994. Refined in 1999 -- HIV infection rates in persons 15-24 years of age should be reduced by 25 percent in the most-affected countries by 2005 and by 25 percent globally by 2010. • MDGs
Activities	<ul style="list-style-type: none"> • World's largest international source of funding for population and reproductive health programs. • UNFPA helps governments to formulate policies and strategies to reduce poverty and support sustainable development. The Fund also assists countries to collect and analyze population data that can help them understand population trends. • Works to intensify and scale up HIV prevention efforts using rights-based and evidence-informed strategies, including attention to the gender inequalities. • Promotes a holistic approach to reproductive health care • Within UNAIDS, the Fund takes a leadership role in condom programming and prevention among young people and women. • 60% of expenditure is made by UNFPA (including assistance to procurement for government projects); 28.7% is made by governments; 9.7% by international institutions and NGOs; the rest by UN agencies.
Governance	<ul style="list-style-type: none"> • Under the UN General Assembly's direct authority. Executive Board is subject to the authority of ECOSOC. • The Executive Board (shared with UNDP) is composed of 36 rotating members: eight from states in Africa, seven from

	Asia and the Pacific, four from Eastern European States, five from Latin America and the Caribbean, and twelve from Western Europe and other states.
2006 annual expenditure on HIV/AIDS	Project expenditures for regular resources in 2006 totaled US\$245.7m, of which \$148.1m (60.3%) was spent on Reproductive Health. Other categories are Population and Development (20.7%), Gender Equality and Women's Empowerment (6.5%), and Program coordination and assistance (12.5%) ^a .
Source of budget	UN member states, especially Sweden, Norway and Denmark. USA pulled funding in 2002 due to China's population control methods.
Country offices?	112 country offices
Partners	Co-sponsor of UNAIDS
References	a. UNFPA Executive Board Annual Financial review 2006

Name	UNICEF
Foundation date	1946
HQ location	New York City
Mandate	<ul style="list-style-type: none"> • Develop community-level services to promote health and well-being of children. • MDG 6
Activities	<ul style="list-style-type: none"> • Prevent mother-to-child transmission of HIV; Provide pediatric treatment; Prevent infection among adolescents and young people; and Protect and support children affected by HIV/AIDS. • Builds up local capacity, produces international reports, advocates for children, coordinates initiatives convening decision-makers and stakeholders.
Governance	<ul style="list-style-type: none"> • Executive Board in NYC • Regional offices guide work and provide technical assistance to country offices as needed. • Global policy on children is decided at HQ. • 36 National Committees for UNICEF (NGOs) (found in industrialized countries) raise one-third of funds and promote children's rights.
2006 annual expenditure on HIV/AIDS	Total expenditure on program assistance (Medium-term strategic plan) of US\$2.1bn. 5.5% directly on HIV/AIDS = 116,545,000. ^a
Source of budget	Governments contribute 58%, private sector and NGOs 29%, inter-organizational arrangements 6%. Private groups and around 6m individuals contribute the rest through the National Committees. US government contributed \$261m, EC donated \$77m.
Country offices?	"Strong presence" in 190 countries. ^a
Partners	WHO, WFP
References	a. UNICEF Annual Report 2006

Name	World Bank MAP program
Foundation date	The World Bank has been supporting HIV/AIDS efforts since 1986. Multi-country AIDS programs launched in Africa (2000) and the Caribbean (2001)
HQ location	Washington, DC
Mandate	<ul style="list-style-type: none"> • The overall development objective of the MAP is to dramatically increase access to HIV/AIDS prevention, care, and treatment programs, with emphasis on vulnerable groups (such as youth, women of childbearing age, and other groups at high risk). The specific development objectives of each individual country project, as stated in the national strategic plans, provide the basis for this program and are agreed upon at the time of appraisal of the national projects. • A key feature of the MAP is direct support to community organizations, NGOs, and the private sector for local HIV/AIDS initiatives. • The Africa MAP initiative is dedicated to financing the HIV/AIDS strategies of recipient countries.
Activities	<ul style="list-style-type: none"> • The World Bank provides assistance for HIV/AIDS through the International Development Association (IDA), which provides grants and interest-free loans (credits) to the world's poorest countries, and the International Bank for Reconstruction and Development (IBRD), which provides loans at commercial rates (non-concessional loans) to higher income countries (as non-concessional loans, these are not counted as part of ODA). IDA funds are derived primarily from member country contributions provided through a replenishment process every four years, borrower repayments, and investment income. As of April 2006, the World Bank had committed a total of \$2.6 billion to HIV/AIDS including past and current projects, approximately \$1.9 billion of which was for IDA grants and credits. Because countries provide general, not HIV-specific, contributions to the World Bank, World Bank funding of HIV/AIDS efforts is attributed to the World Bank as donor ^a. • Program priorities are determined by the World Bank country project team in conjunction with the recipient-country governments. Generally, World Bank funding is disbursed to the National AIDS Councils (NAC), although it may then be obligated to ministries, civil society organizations, private sector entities, in line with the agreement ^b. • The emphasis of the new approach, due to the nature of the epidemic, is on speed, scaling up existing programs, building capacity, "learning by doing" and continuous project rework, rather than on exhaustive up-front technical analysis of

	<p>individual interventions ^c.</p> <ul style="list-style-type: none"> The new approach relies on immediate monitoring and evaluation (M&E) of programs to determine which activities are efficient and effective and should be expanded further and which are not and should be stopped or benefit from more capacity building. Funding "good" programs quickly is more important than funding "best practices" with delay which results in even more HIV/AIDS victims ^c.
Governance	<ul style="list-style-type: none"> The World member governments exercise their direction through a Board of Governors, consisting of one governor for each of the 184 member countries. The governors meet once a year to review operations and basic policies and delegate most functions and the responsibility for the day-to-day management of the organization to 24 full-time Executive Directors, located at the HQ. At the staff level, the Bank is managed by a President, two to four Managing Directors, and about a dozen Vice-Presidents (including six regional VPs) who oversee major operational units at the Bank's headquarters in Washington as well as over 100 country offices. HIV/AIDS related activities at the World Bank's headquarters are coordinated by the Global HIV/AIDS Program and regional teams such as ACT Africa (AIDS Campaign Team for Africa) and SARAIDS (South Asia Regional AIDS team).
2006 annual expenditure on HIV/AIDS	<ul style="list-style-type: none"> The Executive Directors of the World Bank initially approved \$500 million for the Africa MAP Program in September 2000 and an additional \$500 million in February 2002. Long-term projects, so most grants are likely to be renewed – "MAP repeater" projects. Commitments in sub-Saharan Africa have been between \$250m and \$300m annually for the period 2003-2007.
Source of budget	IDA (70% donor contributions (USA, Japan, Germany, UK, France), the rest is repayments and transfer of income from IBRD net income).
Country offices?	Over 100
Partners	UNAIDS, Global Fund, Abbott, Glaxo, Boehringer Ingelheim
References	<ol style="list-style-type: none"> NPC report HIV/AIDS in Africa: A brief overview of the global context. Alexander and Joy, 2005. CGD website World Bank website

Name	Gates Foundation
Foundation date	2000
HQ location	Seattle, Washington
Mandate	In the developing world, the Gates Foundation focuses on improving health, increasing free public access to digital

	information, and alleviating extreme poverty.
Activities	The Foundation has donated a total of US\$287m to various HIV/AIDS researchers.
Governance	Global Health Program lead by Tadataka Yamada
2006 annual expenditure on HIV/AIDS	US\$916m on Global Health ^a US\$368m Grants released for HIV/AIDS (including relevant vaccination research and STI programs, but not Global Fund), \$70m relevant WHO funding, and \$11m relevant UN funding.
Source of budget	Grants from the Trust
Country offices?	n/a
Partners	
References	a. http://www.gatesfoundation.org/GlobalHealth/Grants

Name	PEPFAR
Foundation date	January 2003
HQ location	Washington, DC
Mandate	PEPFAR's goals are to: <ul style="list-style-type: none"> • Provide treatment to 2 million people with HIV/AIDS • Prevent 7 million new HIV infections • Provide care to 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children <ul style="list-style-type: none"> • The "Three Ones" • The US Five-Year Global HIV/AIDS Strategy
Activities	<ul style="list-style-type: none"> • PEPFAR includes international prevention, care, treatment, and research efforts for HIV/AIDS, TB, and malaria through bilateral and multilateral channels, and funding is largely concentrated in 15 focus countries: 12 in Africa (Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia), 2 in the Caribbean (Guyana, Haiti), and 1 in Asia (Vietnam). • To slow the spread of the epidemic, PEPFAR supports a variety of prevention programs: the ABC approach (Abstain, Be faithful, and correct and consistent use of Condoms); prevention of mother to child transmission (PMTCT) interventions; and programs focusing on blood safety, injection safety, secondary prevention, counseling and education. • 20% of the PEPFAR budget is spent on prevention, with the remaining 80% going to care and treatment, laboratory support, antiretroviral drugs, TB/HIV services, support for orphans and vulnerable children, infrastructure, training, and other related services. Of the 20% spent on prevention, one third of the budget must be spent on abstinence-only campaigns. The other two thirds is allotted for the widespread array of prevention (including condoms). • Provides ART, prevention and treatment of opportunistic

	<p>infections, training and salaries for personnel (e.g., clinicians, medical records staff, etc.), renovation of healthcare facilities, updated laboratory equipment and distribution systems.</p> <ul style="list-style-type: none"> • HIV counseling, elimination of stigma
Governance	<ul style="list-style-type: none"> • PEPFAR reports to Congress annually • The Primary implementing departments and agencies of the Emergency Plan: <ul style="list-style-type: none"> -- Department of State (DoS) -- U.S. Agency for International Development (USAID) -- Department of Defense (DoD) -- Department of Commerce (DoC) -- Department of Labor (DoL) -- Department of Health and Human Services (HHS) -- Peace Corps
2006 annual expenditure on HIV/AIDS^a	<ul style="list-style-type: none"> • Commitment of US\$15bn over 2003-2008 mainly for focus countries, \$4bn for programs elsewhere and for HIV/AIDS research. • 10% on FBOs • 70% to international organizations versus 30% to locally based groups
Source of budget	US Budget
Country offices?	n/a
Partners	<ul style="list-style-type: none"> • Global Fund, UNAIDS, local faith-based organizations • Harvard University, Columbia University's ICAP, the AIDS Relief consortium of Catholic Relief Services... • Public-private partnerships (many)
References	<p>a. The Numbers Behind the Stories: PEPFAR Funding for Fiscal Years 2004-2006. Center for Global Development, 2008.</p>

Name	Children's Investment Fund Foundation
Foundation date	2003
HQ location	London
Mandate	CIFF seeks to demonstrably improve the lives of children living in poverty in developing countries by achieving large scale and sustainable impact.
Activities	<ul style="list-style-type: none"> • Provides grants for sustainable and cost effective initiatives. Main focus is on large-scale, well-researched, and long-term grants. "Private equity inspired" model. • Uses findings and knowledge to influence policy, organizational performance and investment trends at both national and international levels.
Governance	Board of Trustees from diverse business and development backgrounds
2006 annual expenditure on HIV/AIDS	US\$21m (2007 expenditure on AIDS taken due to the rapid growth of the charity). ^a

Source of budget	TCI Hedge Fund
Country offices?	Staff at charity growing rapidly: professional teams working in Europe, India and East Africa by the end of 2008.
Partners	Implementing partners include Global AIDS Alliance, William J. Clinton Foundation, UNICEF and Save the Children US Funding partners include US Agency for International Development.
References	a. CIFF website, 2008. http://www.ciff.org/

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Appendix E: Examples of Public Private Partnerships for HIV/AIDS

As public health services have become overwhelmed by the financial demands of the HIV/AIDS epidemic, international organizations have stepped into the breach, contributing significant resources. However, efforts have not been enough to stop the impact of HIV/AIDS. Public-private partnerships (PPPs) are seen as a globalised response to a globalised disease. Different perspectives, goals and skills sets of collaborating agencies can synergize the response.²⁹

PPPs amongst UNAIDS cosponsors

UNAIDS and its cosponsors engage in a number of PPPs to leverage private sector support in their response to the pandemic. See below for a number of examples of these partnerships that were underway as of 2007³⁰:

UNHCR- Merk and Co Inc, global corporate partnership begun in 2003, education, prevention, treatment and care program responding to HIV/AIDS needs among displaced populations

UNICEF- Kimberly-Clark, supporting programs for vulnerable children by providing funds to increase capacity for program delivery and supplies since 2001

WFP- TNT global express delivery company, partnering for HIV prevention in the transport sector, mobilized cross sector support in 2006 to establish truck driver wellness centers

UNDP- private sector in India, includes a network of private sector partners (including Bata and Taj Hotels) coming together to reduce HIV risk for trafficked women and girls through skills training workshops

UNFPA- Levi's and MTC, reaching out to young people in Turkey through partnerships with the Turkish NGO Youth Habitat Association to develop "a Youth Story", a multichannel national television campaign

UNODC- Egyptian business coalition on HIV/AIDS, created the Egyptian Partnership Menu, to link private sector companies with opportunities for innovative opportunities in the AIDS response

ILO- agriculture/transport sectors in Uganda, working to implement *Code of Practice on HIV/AIDS and the World of Work* to reach migrants and mobile workers in transport and agriculture

UNESCO- L'Oreal, raising AIDS awareness by partnering with salons and 190 training centers worldwide to reach the 1.2 million professionals that the company employs

²⁹ Haider and Subramanian 2004

³⁰ UNAIDS 2007

WHO- Johnson and Johnson, strengthening procurement and supply management of antiretroviral drugs and diagnostics through workshops that increase the capacity of grant recipients to manage these components

World Bank- IFC and Serena Hotels, implementing a wellness programme for staff, IFC provided training in program monitoring and evaluation

UNAIDS- MTV, empowering young people to protect themselves from HIV and to fight AIDS-related stigma and discrimination, focus on youth education program *Staying Alive*

Other Examples of PPPs:

- AIDSMark³¹:

Launched in September 2007, the main funders are USAID (\$75m over five years) and Exxon Mobil (\$300,000), whilst and the prime implementer is Population Services International (PSI). The five-year project aimed to reduce HIV/ AIDS and other STI transmission rates in 14 countries (9 in Africa, 5 in South America) through a social marketing campaign. As well as creating new programs, objectives include broadening the scale of those reached by existing campaigns, to increase their capacity, and to include a wider range of products and services. The role of PSI is to manage agreement between partners and to provide core staff and expertise in marketing, advocacy, communications and research.

- IAVI³²:

The International AIDS Vaccine Initiative (IAVI) is a not-for-profit foundation whose mission is to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world. IAVI was established in 1996. Since its foundation it has enabled the development and evaluation of a wide range of candidate vaccines. Such work lays a foundation for the development of a vaccine that – with an estimated 14,000 new infections contracted daily across the world - would be of huge benefit in terms of human life and productivity.

Tackling HIV fits within the DFID Research Funding Framework 2005-2007 priority of killer diseases. Supporting IAVI fits within the Framework's recommendation of support for public-private partnerships, which has been elaborated upon in the recent development in CRD of the PPP strategy paper "Investing in new tools for HIV, malaria and tuberculosis through Public Private Partnerships".

IAVI is financed by a range of donors, led by the Gates Foundation, but including an increasing range of foundations and governments. DFID was the first government agency to support IAVI with a grant of £14 million announced in 1999 for a period of five years. An additional grant £4m of funding was awarded to IAVI by DFID in 2004 and a further award to IAVI of £20m agreed for the period 2005-2008. This allocation will protect key elements of IAVI's recently formulated Strategic Plan and maintain the proportion of IAVI's growing financing projections attributed to DFID support at the historical level of approximately 10% of required spending.

³¹ Summarized from AIDSMark website: accessed on 10/07/08 at: <http://www.aidsmark.org/>

³² Summarized from DFID website: accessed on 10/07/08 at: <http://www.dfid.gov.uk/>

- Vendor Employment Model ³³:

PEPFAR and USAID partnered with Coca-Cola's East Africa Bottling Share Company PLC, to pioneer a Vendor Employment Model for orphans and vulnerable children in Ethiopia. This PPP supports older adolescent orphans and vulnerable children deemed "head of household," via income generated through employment as vendors of Coca-Cola products. The job candidates receive marketing and business skills training from Coca-Cola, as well as life skills training, guardian counseling, educational support and psychosocial counseling through the Emergency Plan. Currently, half of the job candidates are young women. Plans are in place to scale up this project in other PEPFAR countries for 2007. PEPFAR is exploring opportunities to expand this partnership beyond Coca-Cola and include other companies that support the vendor employment model (such as cell phone companies).

- Supply Chain Management System (USAID) ³⁴:

As a part of the President's Emergency Plan for AIDS Relief, the Supply Chain Management System (SCMS) was enacted in September 2005 to provide global procurement and distribution for essential AIDS medicines and supplies. The purpose is to be used as the sole resource for HIV/AIDS supplies and supply-related services for use by HIV/AIDS programs funded by the Emergency Plan.

The approach of the SCMS project is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs. By creating a consolidated procurement mechanism, SCMS can leverage economies of scale, while improving coordination between suppliers and recipients.

The SCMS project team is led by the Partnership for Supply Chain Management (Partnership), a nonprofit organization established by JSI Research & Training Institute and Management Sciences for Health. The project team includes 17 institutions, including nonprofit organizations, commercial private sector corporations, academic institutions, and faith-based organizations that aim to ensure those high-quality antiretroviral drugs, HIV tests, and other supplies for treating HIV/AIDS are available to patients and providers.

Based on the results of a 2007 audit, it was found that the system generally achieved its goals within the first year.

-GAVI ³⁵:

The GAVI Alliance (formerly the Global Alliance for Vaccines and Immunizations) is a public-private partnership created in 2000 to save children's lives and protect people's health by increasing access to immunization in poor countries. It provides vaccines for children in developing world. A total of 72 countries are eligible for GAVI support.

GAVI aligns public and private resources in a global effort to create greater access to the benefits of immunization. The alliance includes governments of developing and

³³ PEPFAR Report to Congress, 2007

³⁴ Summarized from report: USAID Office of the Inspector General: Audit of USAID's start-up of the supply chain management system for the President's emergency plan for AIDS relief, Audit report no. 9-000-07-005-P, February 8 2007. Accessed on 10/07/08 at: <http://www.usaid.gov/oig/public/fy07rpts/9-000-07-005-p.pdf>

³⁵ Summarized from the GAVI website, accessed on 10/07/08 at: <http://www.gavialliance.org/>.

industrialized countries, vaccine producers in developing and industrialized countries, research and technical health institutions, civil society, Bill and Melinda Gates Foundation, WHO, UNICEF, and the World Bank.

GAVI uses two mechanisms that draw heavily on the private-sector to help overcome historic limitations to development funding. These mechanisms are the IFFIm and the AMC.

The International Finance Facility on Immunization (IFFIm) was developed with GAVI and produced by G7 in 2003. Donor countries make 10-20 year, legally-binding aid commitments. IFFIm borrows against these pledges on capital markets, raising funds that can be disbursed in an optimal way.

Advanced Market Commitments (AMCs) provide a mechanism for donors to commit money and guarantee the price of vaccines once they are developed, provided they meet stringent, pre-agreed criteria on effectiveness, cost and availability, and that developing countries demand them. By guaranteeing an affordable long-term price, that is often referred to as the "tail price", the AMC also supports sustained use of the vaccine.

-GAIN³⁶:

The Global Alliance for Improved Nutrition provides technical advice on fortified foods and other mechanisms to boost nutrition. Their mission is to reduce malnutrition through the use of food fortification and other strategies aimed at improving the health and nutrition of populations at risk. The target: Reach 1 billion people with improved nutrition of whom 500 million are most vulnerable to vitamin and mineral deficiencies. Four key focal areas: Malnutrition, Building Partnerships, Enabling Innovation, Improving Nutrition.

Founded in 2002 at a special session for children at the United Nations³⁷; GAIN is a foundation under Swiss Law. It is comprised of a board of Directors (13 individuals), leaders from donor UN, development, research business and civil society communities. Chair is former South African cabinet minister Jay Naidoo (chair of board of directors of the Development Bank of Southern Africa); GAIN Secretariat in Geneva manage day-to-day of the alliance.

GAIN works to build public private partnerships and support them financially and technically to produce and market better nutrition to those in need, based on strict quality standards and clear targets, measured against scientific indicators. Also, GAIN enables innovation throughout the testing of business models for how markets can work sustainably for the benefit of those suffering from malnutrition, critical emphasis on performance management and measurement to improve nutrition and ensure impact on target populations.

³⁶ Summarized from the GAIN website, accessed on 10/07/08 at: <http://www.gainhealth.org/>

³⁷ Contributes to the achievement of the United Nations Millennium Development Goals and helps realize the time-bound targets set by representatives of the 190 countries at the United Nations General Assembly Special Session on Children in May, 2002. They are the virtual elimination of iodine deficiency by 2005; the elimination of vitamin A deficiency by 2010; and a reduction of at least 30 per cent in the global prevalence of iron deficiency by 2010.