UNAIDS Joint Programme Capacity Assessment

Final Report

Notburga Timmermans, Kathy Attawell, Hema Bhatt, Dhruba Ghimire

August 2022

Oxford Policy Management

About Oxford Policy Management

Oxford Policy Management (OPM) is committed to helping low- and middle-income countries achieve growth and reduce poverty and disadvantage through public policy reform.

We seek to bring about lasting positive change using analytical and practical policy expertise. Through our global network of offices, we work in partnership with national decision makers to research, design, implement, and evaluate impactful public policy.

We work in all areas of social and economic policy and governance, including health, finance, education, climate change, and public sector management. We draw on our local and international sector experts to provide the very best evidence-based support.

Oxford Policy Management Limited
Registered in England: 3122495

Level 3, Clarendon House
52 Cornmarket Street
Oxford, OX1 3HJ
United Kingdom

Tel: +44 (0) 1865 207 300
Fax: +44 (0) 1865 207 301
Email: admin@opml.co.uk
Website: www.opml.co.uk
Twitter: @OPMglobal
Facebook: @OPMglobal
YouTube: @OPMglobal
LinkedIn: @OPMglobal

Preface

This assessment was carried out by OPM. The Team Leader for this project is Notburga Timmermans and Project Manager is Hema Bhatt. The remaining team members are Kathy Attawell, Dhruba Ghimire, Catherine Cantelmo, Shaswat Acharya, Dipti Lata, and Smriti Pun. For further information contact Hema Bhatt [hema.bhatt@opml.co.uk].

The contact points for the client are Andy Seale [sealean@who.int] and Joy Backory [BackoryJ@unaids.org]. The client reference number for the project is [RFP-2021-27].

The evaluation consultants would like to thank the members of the Joint Programme Capacity Reference Group, including Andy Seale, Meg Doherty and Carlos Cisneros of WHO; Chewe Luo and Bettina Schunter of UNICEF, and Tatiana Shoumilina, Celeste Sandoval and Joy Backory of the UNAIDS Secretariat for coordinating, guiding and facilitating the evaluation. Further thanks are due to the Global AIDS Coordinators and HIV Focal Points of the UNAIDS Cosponsors, to the senior management and staff of the UNAIDS Secretariat headquarters as well as to staff of the UNAIDS Regional Teams and UN Joint Teams on HIV/AIDS of all the six regions for generously providing their insights during the evaluation.

Executive summary

Background

An assessment of the capacity of UNAIDS was proposed by the Independent Evaluation of the UN System response to AIDS 2016-2019[1], and related Joint Programme Management Response, to provide an **understanding of available and needed Secretariat and Cosponsor human resources to leverage effective action across sectors, as well as other capacity available to the Joint Programme**. In August 2021, UNAIDS commissioned Oxford Policy Management (OPM) to conduct a capacity assessment of the Joint Programme.[2] This report summarises the assessment methodology, findings and conclusions.

The assessment was informed by a clear understanding of UNAIDS as a Joint Programme, where each entity – including all Cosponsors and the Secretariat – has a role to play and a contribution to make to the overall programme and these joint efforts ensure that UNAIDS is more than the sum of its parts. The 'joint' nature of UNAIDS is one of the key comparative advantages of the Joint Programme.

The **rationale for the capacity assessment** is to ensure that the Joint Programme evolves in line with what is needed to best respond to an evolving epidemic and the new Global AIDS Strategy by leveraging UNAIDS' collective assets and capacities, including its HIV-specific and non-HIV-specific, yet HIV sensitive, expertise. **Key deliverables** from the assessment include the following high-level analyses: 1) Overview of Joint Programme financial resources; 2) Mapping of Joint Programme capacity; 3) Proposed approaches to enable the Joint Programme to optimise its capacity; and 4) Proposed typology approach to working with countries.

The assessment **methodology** included a desk review; collection and analysis of data on Joint Programme financial and human resources; consultations through interviews with key Secretariat and Cosponsor staff at HQ and regional level (including Global Coordinators and Focal Points and selected regional staff; Regional Support Teams in six regions and regional Joint UN Teams in six regions) and a survey that was circulated to country level, regional level and HQ level Joint Programme staff and key partners. A total of 130 persons were interviewed, whereas the survey generated responses from a total of 187 informants from country, regional and global levels from over 70 countries and all six UNAIDS' regions.

Limitations affecting the assessment included: competing concurrent Joint Programme priorities limiting interviewees' full contributions and timely data sharing; changes over time in human resources data related to the Secretariat alignment with lack of detailed information available in timely manner; lack of comparable staffing data from many Cosponsors for 2016/2017 and 2018/2019, which made it not possible for the evaluation team to analyse

[1] Itad (2020): Independent Evaluation of the UN System Response to AIDS in 2016-2019. https://www.unaids.org/sites/default/files/media_asset/evaluation-of-the-UN-system-response-to-AIDS-2016-2019_en.pdf

[2] The assessment used a broad definition of capacity, which encompassed: human and financial resources available within Cosponsor organisations; human and financial resources available within the Secretariat; capacity (including both human and financial resources) that the Joint Programme can leverage through partnerships, networks, tools and other mechanisms; and global and regional initiatives that can leverage HIV outcomes such as the Global Prevention Coalition and Education Plus.

trends in human resources between 2016 and 2020; financial data across biennia not being 100 percent comparable due to changes over time in budget and expenditure classifications by the Secretariat and Cosponsors. As a result, the evaluation team spent considerably more time than anticipated on collecting, requesting and checking data.

Findings

CAPACITY AVAILABLE – What Capacity is currently available to the Joint Programme to support implementation of the Global AIDS Strategy and the UBRAF?

Funding for the HIV response is declining. Donors are shifting to supporting the HIV response in fewer regions /countries and to supporting other development priorities. This is reflected in a decline in Joint Programme funding, particularly for Cosponsors. According to the Unified Budget Reporting and Accountability Framework (UBRAF) workplan for 2020-2021, Cosponsors have experienced a 37% decrease in core UBRAF budget allocation since 2016: from US$175m in 2016-2017 to US$109.5m in 2018-2019[3]. During the same period non-core Cosponsor funding also decreased. The data need to be interpreted with caution as the 2016-2017 data still includes World Bank's loans and grants and that in the data since 2018-2019 these loans and grants were removed from the World Bank UBRAF financial data. Securing non-core funding for Cosponsors has reportedly become more difficult, as most donors channel HIV funding for the UN system through the UNAIDS Secretariat or to other competing agency priorities including the response to COVID-19 and other emergencies. The UNAIDS Secretariat's total UBRAF budget has also been reduced, with Secretariat funding decreasing by approximately 13.6% from $370m to $320m between 2016-2017 and 2018-2019.[4]

Cosponsors report continuing decreases in HIV regional and country human resource capacity (i.e. staff numbers and grades) in recent years, especially since the reduction in UBRAF core funding in 2016 and 2018, and the loss of more experienced HIV staff. Most Cosponsors report that they have fewer staff dedicated (full-time or part-time) to HIV than previously. The programming context today is that many Cosponsor staff at country level are now multi-functional, covering a range of other issues in addition to HIV. In some cases, these multi-functional focal points do not have participation in the country Joint Team included in their job description or other topics and tasks are given higher priority. Without additional funding and systemised capacity building, the decrease in Cosponsor capacity is likely to continue. The Secretariat also reports a reduction in staff capacity in recent years, although to lesser extent, with some regions more affected than others.

In 2020, the Secretariat accounted for 26% of the total number of Joint Programme staff, with four Cosponsors (UNFPA, UNDP, UNICEF and WHO) accounting for approximately 41% and seven Cosponsors accounting for the remaining 33%. UN Women and UNHCR had the lowest number of staff. The difference is more significant in terms of Full-Time Equivalent (FTE), with the Secretariat accounting for 43% of total Joint Programme FTE in 2020. Among Cosponsors,

[3] The 2018-2019 figure of USD 109 million includes US$44m unearmarked funding and US$44m for Country Envelopes allocations.
[4] Financial data across biennia may not be 100 percent comparable due to changes in budget and expenditure classifications by the UNAIDS Secretariat and Cosponsors over time.

the same four agencies accounted for the highest proportions of total Joint Programme FTE (a total of 38%), whereas WFP, UN Women and UNHCR had the lowest proportions of total Joint Programme FTE.[5]

HIV prevention, Results Area (RA) 1 of the Global AIDS Strategy 2021-2026 (GAS)[6], has the highest HIV staff FTE at regional level and the second highest at country level, reflecting the attention given to this area by a number of Cosponsors including UNFPA, UNDP, WHO, UNODC and ILO.[7] The reporting by Cosponsors of where their human resources capacity is allocated reflects - not surprisingly - their mandate and the Division of Labour.

Joint Programme capacity is skewed towards some regions, for example, East and Southern Africa (ESA) and West and Central Africa (WCA). Other regions, including those with increasing new infections amongst key populations, such as Eastern Europe and Central Asia (EECA) and Middle East and North Africa (MENA), have a limited regional and country Joint Programme footprint.

Data shared by the Secretariat in November-December 2021 on the proposed post alignment staffing structure suggest that the alignment will result in a decrease in the number of international professional officer staff from 350 by end 2020 to 301 post alignment, and an increase in the number of national officers from 116 by end 2020 to 152 post-alignment. It also suggests that post alignment the numbers of D1, P5 and P4 level staff among international professional officers will decrease, the number of D2 staff will remain the same, and the number of P3, P2 and P1 staff and the number of national officer staff in all grades will increase.

CAPACITY REQUIRED - What capacity is required to support implementation of the Global AIDS Strategy and the UBRAF and to ensure that the Joint Programme can fulfil its mandate, including providing the different type and intensity of support required by countries?

The review identified the following as core functions where the UN has a comparative advantage and where it is essential for the Joint Programme to maintain capacity: leadership and building global consensus; normative guidance; technical support; strategic information; and partnerships and alliances including with civil society and communities.

Successful delivery of the GAS depends not only on the number of Joint Programme staff but also on staff having the required knowledge, skills and commitment to the GAS agenda. Feedback suggests a need for strong willingness and ability to engage in dialogue on politically sensitive issues, such as human rights, LGBT issues, drug use, prison services and adolescent SRH. There is also a need for staff with sufficient seniority, experience and technical expertise to be able to ensure that the HIV response is included in UNSDCF and agency programming processes. This is even more important in countries where the operating environment is more challenging and, for example, a high degree of skill is required to engage with policy makers. Also, adequate resources need to be allocated to developing the

[5] UNDP 10.9%, UNICEF 10.7% of FTE, WHO 8.3% of FTE, UNFPA 8.1% compared to WFP 2.4%, UN Women 1.7% and UNHCR 0.4% of FTE
[6] UNAIDS (2021): Global AIDS Strategy 2021-2026.
[7] Results Areas based on the Global AIDS Strategy 2021-2016. See Table 43 and 44 in Annex 10 for an overview.

knowledge and skills of existing Joint Programme human resources, in particular around key structural drivers highlighted in the GAS, such as inequalities, human rights, key populations, enabling legal environments, and gender.

Assessment findings highlight the need for more, or more effective, capacity to maximise the contribution of the Joint Programme, particularly in relation to RAs 1, 2, 5, 8, 9 and 10 in the current UBRAF. Although regional priorities differ, there are some priority issues that are common across regions including: combination prevention for key populations and adolescent girls and young women; cascade performance; investment, efficiency and sustaining the HIV response; gender equality; and human rights. Responses from regional teams highlighted the importance of maintaining or strengthening capacity to address these issues. In addition, many informants highlighted the importance of ensuring that the Joint Programme has adequate capacity to support collection and analysis of reliable data, as well as support for civil society and community involvement.

CAPACITY GAPS - What are the key gaps in currently available Joint Programme capacity?

Decreased UBRAF core funding, and hence reduced HIV-specific staffing, has reduced the influence of Global Coordinators and HIV Focal Points within Cosponsor agencies, and the ability at all levels to ensure that HIV is prioritised and integrated within Cosponsor agency programmes and initiatives. That said, there are still opportunities for Cosponsors to advance the priorities in the Joint Programme's Global AIDS Strategy, for example, the focus on HIV and inequalities, through their core mandates and the UN's recently launched "Our Common Agenda".

Reduced human resources capacity has limited joint working and reduced Cosponsor engagement in the Joint Programme at regional and country level, including the ability to participate in essential investment and planning dialogue to leverage domestic resources, in Joint Teams and in country envelope planning and provision of technical assistance for implementation.

Reduced regional and country presence and reduced availability of technical capacity have reduced Cosponsors' ability to establish relationships with policy makers, influence and engage in policy dialogue with governments and respond to country requests for technical support. Most Cosponsors suggest that their capacity has already decreased to below what is needed to deliver their contribution to the GAS, described by some as below 'mission-critical' level, or will do so if there were further reductions in staffing and this has affected both Joint Programme and country performance in some instances.

Cosponsor capacity limitations and lack of regional and country presence is reported to be undermining progress in the response to HIV. Limited capacity also has implications for Cosponsor ability to leverage their comparative advantage to effectively integrate HIV into wider agendas that are relevant to the new GAS, such as UHC, primary health care, social protection, education, youth employment, justice, migrant health and public health emergencies such as the COVID-19 response.

Secretariat presence at regional and country levels has importance and value in driving the HIV agenda and coordinating the UN response especially in regions with limited HIV capacity.

Stakeholders also reported missed opportunities in countries without Secretariat presence or support.

Through its alignment exercise the Secretariat has reduced its staff numbers and shifted the allocation of staff from headquarters to regional and country levels. This staffing reorganisation is however unlikely to greatly affect the imbalance in distribution of Joint Programme resources between the Secretariat and Cosponsors, though acknowledging that optimal Cosponsors and Secretariat country presence is the ideal goal.

Recommendations

ADDRESSING CAPACITY GAPS - How can the Joint Programme address the capacity gaps?

Review the allocation of UNAIDS' core resources

Recommendation 1 – The Joint Programme should strengthen diversified joint resource mobilisation and strategic allocation of UNAIDS' core financial resources to enable the Joint Programme to deliver on its mandate and commitments as reaffirmed in the Global AIDS Strategy, including ensuring that allocation to Cosponsors is sufficient, together with non-core resources, to support the required level of Cosponsor capacity.

As the assessment analysis of financial and human resources shows, the share of core resources allocated to Cosponsors is low relative to that allocated to the Secretariat. While recognising that Cosponsors are expected to contribute non-core resources to support their HIV-related work, the current UBRAF allocations limit Cosponsors' ability to fulfil their role within the Joint Programme. Resource availability and allocation needs to be considered overall to ensure the Joint Programme's response addresses gaps, and country priorities and needs.

Maintain and strengthen key HIV expertise within Cosponsors

Recommendation 2 - The Joint Programme should consider ways to maintain and increase critical HIV expertise within Cosponsors and the Secretariat at regional and country level. **This includes a systematic approach to staff capacity building to ensure that staff at all levels have the necessary knowledge and skills to deliver on the GAS.**

There should be a joint effort to identify the minimum level of Cosponsor human resources required – to meet country needs, allow Cosponsor staff to engage within their own agencies and with Joint Teams and key partners, to influence HIV policy dialogue and oversee and support HIV programme implementation – and develop a clear strategy to ensure that this capacity is maintained.

The Joint Programme also needs to take account of the ongoing loss of HIV specific and experienced capacity due to retirement, redeployment and reassignment.

The Joint Programme needs to be intentional about building communities of practice and capacity development given that more and more staff assigned to HIV work are not HIV experts.

The Joint Programme should also ensure that work on HIV and participation in Joint Programme work is included in the Job Descriptions and in the performance appraisal of the multi-functional Cosponsor staff.

Focus efforts and resources on where they can make a difference

Recommendation 3 - With resources being limited, the Joint Programme needs to strategically allocate available resources to priority areas or issues and countries where the Joint Programme can make a difference.

The Joint Programme needs to prioritise its efforts, both technically and geographically, and optimise its available capacity (what, where and how) so that it can continue making its critical contribution to / play key role in the HIV response.

Specifically, the assessment recommends that the Joint Programme:

Focus on what and where the UN has a comparative advantage and can add value. The comparative advantage of the Joint Programme, as identified by stakeholders through assessment interviews and survey feedback, includes: reinforcing coordinated UN responses for synergy and complementarity; generating and synthesising strategic information; evidence generation; epidemiological analysis; monitoring the response; defining a common agenda; guiding the country response; joint advocacy; joint planning and priority setting; coordination with external partners and convening; and leveraging the technical expertise of the UN. The Joint Programme should maintain capacity for core functions, including: leadership and building global consensus; normative guidance; technical support to countries and partners; strategic information; and partnerships and alliances including with civil society, private sector and communities.

Focus on priority thematic areas or issues, so that the resources can be directed to those areas likely to have most impact and momentum can be achieved and maintained. This requires coordinated planning at both regional and country level as well as for implementation support that is based on regional and country priorities and developing a mechanism for joint regional implementation support in planning in countries where the Secretariat and/or Cosponsors do not have a presence. Using snapshot dashboards as applied in other key initiatives may assist in focussing attention on key priorities and bottlenecks.

Concentrate efforts in countries where the Joint Programme can make a difference. At regional and country levels, a reallocation of existing resources/capacity to match needs would likely be helpful, with more intense support provided to countries that most need it. A useful consideration to make is whether UNAIDS should end support for countries that have expertise and financial resources, or limit engagement in these countries to policy dialogue and advocacy and focus instead on countries with rising incidence and serious challenges in their enabling environment. The Joint Programme needs to tailor its support so that it responds to the needs of specific regions and countries. For example, in EECA, most countries have implementation capacity, and the main challenge is political commitment to creating a supportive environment and to funding the HIV response.

Consider how to address challenges and issues related to the new Global AIDS Strategy. This includes defining how to use available resources and mechanisms, and the comparative advantage of the Joint Programme, to address inequalities and what capacity is required for this to happen; how to be more politically effective in order to move forward the human rights agenda, e.g. through innovative thinking and approaches, through political mapping and through working with existing human rights machinery, treaty bodies and civil society; how to ensure that gender equality is integrated across the Joint Programme and what capacity is needed for this to happen, etc.

Recommendation 4 – The Joint Programme should review expectations and what can realistically be done in regions and countries where capacity is very limited.

For example, clear guidance is needed on how the Joint Programme will be coordinated in countries without a Secretariat presence and on what is expected of multi-functional Cosponsor staff who manage HIV within wider portfolios within their individual agencies. Without some significant changes, it may no longer be realistic to expect the Joint Programme to continue functioning in the way it has done in the past.

Increase effectiveness and efficiency

Recommendation 5 – The Joint Programme should optimise use of existing resources by ensuring that Joint Programme efforts are better integrated into country-level development architecture and with country level UN planning and processes, and by strengthening strategic partnerships with existing platforms rather than starting new initiatives**.**

Strengthen and leverage strategic partnerships with existing platforms rather than starting new initiatives. This can be done through identifying and sharing promising approaches, and linking HIV to other agendas including e.g. integrating HIV within Universal Health Coverage (UHC), Leave No One Behind (LNOB) and pandemic responses and embedding across SDG work (rights, education etc.).

The Joint Programme needs to be better integrated into country-level architecture and better aligned to and integrated with country UN planning and reporting processes such as the UNSDCF and the UNCT and systems such as the Resident Coordinator system. This includes making the best use of existing architecture and mechanisms and consideration of whether or not a reformed version of the Theme Groups might be beneficial. There is also scope to better integrate the Joint Programme with country-level responses, such as epidemic planning.

Recommendation 6 – The Joint Programme should optimise use of existing capacities and resources through better alignment and sharing of resources and use of innovative technologies.

While there is alignment in global, regional and country planning of HIV-specific work, there may also be opportunities for greater alignment of related work, for example, action to address inequalities and the determinants of HIV vulnerabilities, which have the potential to maximise UN impact. There are examples of innovative approaches that have been adopted by the Joint Programme to optimise available capacity and

resources. These include co-funding expert staffing positions or sharing office space; strengthening inter- and intra-regional collaboration; and applying technology to expand the reach of capacities available, e.g., using remote communication, remote monitoring systems, etc. Lessons can be drawn from how Joint Teams and partner organisations responded to COVID-19 situations. Greater consideration could also be given to strengthening South-South collaboration.

Recommendation 7 – The Joint Programme should seek to reduce transaction costs by simplifying and streamlining its procedures, to make better use of the time that existing staff have available.

Increase Joint Programme flexibility and responsiveness

Recommendation 8 – In order to be able to respond to a highly dynamic environment, the Joint Programme should review its available capacity and additional capacity needs on a regular basis to ensure that the Joint Programme responds to changes.

The Joint Programme should undertake regular course-correction reviews and hold regular retreats.

Table of contents

List of tables, figures, and boxes

List of abbreviations

AIDS	Acquired Immunodeficiency Virus
AP	Asia and the Pacific
CCM	Country Coordinating Mechanism
CCO	Committee of Cosponsoring Organisations
COVID	Coronavirus
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
EECA	Eastern Europe and Central Asia
ESA	East and Southern Africa
FTE	Full Time Staff Equivalent
GPC	Global HIV Prevention Coalition
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HR	Human resources
ILO	International Labour Organisation
JPMS	Joint Programme Monitoring System
LAC	Latin America and the Caribbean
LNOB	Leave No One Behind
MENA	Middle East and North Africa
NAC	National AIDS Commission
NGO	Non-Governmental Organisation
NSP	National Strategic Plan
PCB	Programme Coordinating Board (UNAIDS)
PEPFAR	President’s Emergency Plan for AIDS Relief
PMR	Performance Monitoring Report (UNAIDS)
RA	Results Area

SRA	Strategic Result Area
STI	Sexually Transmitted Infection
TB	Tuberculosis
TSM	Technical Support Mechanism (UNAIDS)
UBRAF	Unified Budget Reporting and Accountability Framework
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crimes
UNSDCF	United Nations Development Cooperation Framework
WCA	West and Central Africa
WFP	World Food Programme
WHO	World Health Organisation

1 Introduction

1.1 Background

The United Nations Joint Programme on HIV/AIDS (UNAIDS) unites the efforts of 11 UN agencies as Joint Programme Cosponsors – UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank – with the UNAIDS Secretariat. The 'joint' nature of UNAIDS, where each Cosponsor and the Secretariat has a role to play and a contribution to make to the overall programme, ensures that UNAIDS is more than the sum of its parts and is one of the key comparative advantages of the Joint Programme.

In March 2021, the Global AIDS Strategy 2021-2026 was adopted by the UNAIDS Programme Coordinating Board (PCB) and the Joint Programme has developed a new Unified Budget Reporting and Accountability Framework (UBRAF) to support the implementation of the Strategy.

HIV-related capacity across the UN system has evolved in response to health and development challenges and HIV is increasingly viewed as an important component of broader systemic or sector challenges. Many UN system professionals who had previously worked solely on HIV have taken on roles in the context of addressing broader health, rights, inequalities and development and it is increasingly challenging to track and describe their contributions. Several Cosponsors that previously had HIV-specific budget lines now report on their HIV work through broader health and development framings.

An assessment of the capacity of UNAIDS was proposed by the Independent Evaluation of the UN System response to AIDS 2016-2019[8], and related Joint Programme Management Response, to provide an understanding of human resources, both available and needed, through the Secretariat and Cosponsors to leverage effective action across sectors, as well as other capacity available to the Joint Programme, for example partnerships, clearing-houses, public goods, training and technical assistance tools and mechanisms.

In August 2021, UNAIDS commissioned Oxford Policy Management (OPM) to conduct a capacity assessment of the Joint Programme. This report summarises the assessment methodology, findings and conclusions.

1.2 Assessment objectives, scope of work and deliverables

The rationale for the capacity assessment is "to ensure that the Joint Programme evolves in line with what is needed to best respond to an evolving epidemic and the new Global AIDS Strategy by leveraging UNAIDS' collective assets and capacities, including its HIV-specific and non-HIV-specific, yet HIV sensitive, expertise".

Based on the Request for Proposal (see Annex 1), the assessment scope of work included:

[8] Itad (2020): Independent Evaluation of the UN System Response to AIDS in 2016-2019.

- Developing an overview of Joint Programme financial resources, including resources available for HIV from Cosponsors' regular resources and other resources.
- Mapping key assets and capacities, including human resources, functions both available and needed through the Secretariat and Cosponsors, to meet the needs of countries and communities and enable them to deliver on the new Global AIDS Strategy.
- Analysing Cosponsor HIV-specific and HIV-sensitive country, regional and headquarters expertise and capacity, including in relation to the country configuration exercise completed by the Secretariat.
- Identifying key capacity and resource gaps and unleveraged capacity and expertise across the Joint Programme in a way that can support resource mobilisation towards a fully funded UBRAF 2021-2026.
- Analysing the impact and effectiveness of past and anticipated Secretariat-Cosponsor UBRAF resource allocations.
- Identifying innovative approaches and operational shifts to optimise capacity based on existing practice in the Joint Programme and the wider UN system.
- Developing a proposed typology to working with countries.

Key deliverables from the assessment are:

- Overview of Joint Programme financial resources.
- Mapping of Joint Programme capacity.
- Proposed approaches to enable the Joint Programme to optimise its capacity.
- Proposed typology approach to working with countries.

1.3 Report structure

This report is organised as follows:

- Chapter 2 describes the assessment approach and methodology.
- Chapter 3 includes the assessment findings, including: section 3.1 on capacity available (including a summary of the review of financial resources and the mapping of human resources capacity); section 3.2 describes capacity required and capacity gaps; whereas section 3.3 provides an overview of ways to address the capacity gaps, including review of innovative approaches and other ways in which the Joint Programme could optimise capacity, as well as proposing a high-level typology approach to working with countries.
- Section 4 includes the main conclusions and recommendations of the assessment.

2 Assessment Approach and Methodology

2.1 Inception and planning

During the inception phase the assessment team:

- Held meetings and inception interviews with Secretariat and Cosponsor HQ staff.
- Defined the scope of and a conceptual framework for the assessment.
- Reviewed background documents.
- Identified key strategic issues – related to the wider external environment, the HIV response and the Joint Programme itself – that are likely to influence the role of the Joint Programme and the capacity it requires going forward.
- Identified overarching questions for the assessment and developed tailored checklists of questions for interviews (see Annex 2) and a survey (see Annex 3).

2.2 Definitions and scope

The assessment:

- Used a broad definition of capacity, which encompassed:
- Human and financial resources available within Cosponsor organisations.
- Human and financial resources available within the Secretariat.
- Capacity (including both human and financial resources) that the Joint Programme can leverage through partnerships, networks, tools and other mechanisms.
- Global and regional initiatives that can leverage HIV outcomes such as the Global Prevention Coalition and Education Plus.
- Used the existing definitions of HIV-specific and HIV-sensitive, where HIV-specific refers to staff who spend 80% or more of their time on HIV-related work and HIV-sensitive to staff who spend between 20% and 79% of their time on HIV-related work. The analysis also includes staff who contribute to the broader HIV response who spend less than 20% of their time on HIV-related work. An important caveat is that HIV-sensitive covers a wide range of time – there is a significant difference between staff spending 20% of their time on HIV and 79% – but it is not feasible to provide a more detailed breakdown across all agencies and at all levels.
- Conducted a high-level review of financial resources, including trends, using data provided by the Secretariat, mainly from the JPMS, and by Cosponsors.
- Mapped available capacity against required capacity, with the latter based on broad categories of capacity required to deliver the Global AIDS Strategy and the UBRAF results and to meet the needs of countries. It has not attempted to propose the number of staff required at different levels and in different organisations within the Joint Programme.
- Drew on the country configuration analysis conducted by the Secretariat to identify overall capacity requirements and gaps and develop a proposed typology approach. It did not include a detailed analysis of country capacity requirements.

- Used human resources data provided by the Secretariat and Cosponsors. This provided information about the number of staff, where these staff are located, and to some extent, the time they spend on HIV-related work, their position and grade, and the thematic focus of their work. It did not provide information to analyse trends in human resources over time or to analyse capacity with respect to competencies and skills.
- Developed a high-level typology approach to working with countries. It did not develop a detailed typology approach.

2.3 Key strategic issues

Based on document review and inception interviews, key strategic issues identified included:

- Decreased funding for the HIV response – Donor funding for HIV is declining as attention shifts to other issues. According to the Global AIDS Update 2020, funding decreased by 7% between 2017 and 2019. Providing support to countries to plan for transition and to mobilise increased domestic funding for national HIV responses as external funders such as the Global Fund and PEPFAR end support will become an increasingly important function of UNAIDS. Linked to this will be ensuring that domestic funding supports HIV services for key populations and other aspects of the response, including involvement of civil society and community organisations, which have largely been funded by external donors. Smarter, more agile approaches to resource mobilisation, and the ability to make the economic as well as public health case for investing in HIV, will be critical.
- Changes in the international environment – In addition to the decline in funding for HIV, some donor countries are decreasing their engagement in global institutions and changing their approach to aid. At the same time, there are new actors, e.g., China, South Korea and some middle-income countries, with which the Joint Programme will need to engage. Global challenges, including climate change and COVID, have affected and will affect country economies, capacity and livelihoods, with the poorest countries most adversely affected. Political changes will also present a challenge for the Joint Programme. For example, protecting human rights, addressing gender inequalities and meeting the needs of key populations will be challenging in the face of increasing conservatism and authoritarianism as well as growing and increasingly well-funded opposition to issues such as sex education, family planning and gay rights in regions including Latin American and sub-Saharan Africa.
- Keeping HIV on the agenda – A key strategic issue is how to keep HIV on the agenda in a global environment where other issues e.g., climate change and COVID have taken priority. This will require the Joint Programme to be smart and strategic, in order to take advantage of opportunities to link HIV to new agendas as well as existing agendas such as Universal Health Care (UHC) and the Global Action Plan for Health Lives and Well-Being for All. Greater clarity will be required about what the Joint Programme means by mainstreaming and integration, how this will be done, what it will achieve and how success will be measured.
- Unfinished business – As the Global AIDS Strategy and the 2021 Global AIDS Update show very clearly, there is much still to be done if the 2030 95-95-95 targets are to be achieved, despite significant progress in some areas of the HIV response. All the

global targets for 2020 were missed. HIV infections have increased in some regions, e.g. Eastern Europe and Central Asia, Latin America, the Middle East and North Africa, and in some countries in the Asia Pacific region. Challenges include: reinvigorating HIV prevention; inadequate provision of services for key populations, in particular harm reduction services for people who use drugs, and in prisons; legal and policy barriers; high levels of stigma and discrimination; significant numbers of people living with HIV who do not know their status and are not accessing treatment; inadequate provision of paediatric HIV; gender inequalities and gender-based violence. Other health issues and co-morbidities related to HIV, including tuberculosis (TB), hepatitis, STIs and longer-term chronic conditions, also require more attention. In some regions, prevalence of Hepatitis C Virus (HCV) is high in key populations, especially people who inject drugs and prisoners, but coverage with prevention interventions and access to diagnosis and treatment are sub-optimal. TB remains one of the leading causes of death in people with HIV infection.

- Meeting the needs of regions, countries and key populations where HIV is still a significant challenge and engaging in wider agendas – There are still countries that require considerable support if they are to meet global targets and countries where the HIV response is not meeting the needs of key populations. A key strategic issue is how the Joint Programme will ensure sufficient capacity is focused on addressing core unfinished business vs. its engagement in wider agendas.
- Future proofing the response – The response to the COVID pandemic has demonstrated that, with sufficient political will and resources, new vaccines and treatments can be developed. As the Global AIDS Strategy acknowledges, more needs to be done to accelerate progress in developing an HIV vaccine and to ensure that people with HIV continue to have access to effective treatments. Joint Programme capacity to engage on issues related to innovation, product R&D and production capacity in the Global South will be critical. COVID has also highlighted the role of new technologies and innovative approaches to service delivery, including self-testing, use of social media, telemedicine, and home delivery of drugs, and the Joint Programme will need the capacity to capitalise on these to enhance the HIV response. Future proofing the response also includes a focus on financial and programme sustainability including mechanisms for ongoing engagement and involvement of affected communities and community organisations.
- Implications of the Global AIDS Strategy – Achieving global targets and the strategic priorities in the Global AIDS Strategy will require new ways of doing things and new skills. The calibre, as well as the number, of Joint Programme staff will be critical. There is a potential risk that the Joint Programme may be spread too thin, thematically and geographically. In addition, it is important to recognise that in some countries, in particular high-income countries, governments prefer to work with specific technical agencies or are not interested in engaging with the UN.
- Transaction costs and efficiency–In a context of decreasing financial and human resources, minimising the transaction costs of the Joint Programme, in particular for Cosponsors, will be critical to ensure that available capacity is used to support implementation of the Global AIDS Strategy and to provide support to countries. Optimising use of existing resources also needs to consider operational efficiencies and coherence between the PCB and the boards of Cosponsor agencies.

Feedback from inception interviews also suggested the need for Joint Programme capacity to consider the following:

- Working towards 2030 – assessment of capacity required during the next phase to deliver the 2030 targets.
- Cosponsor capacity and resources – at HQ, regional and country levels, the implications of changes in core resource allocation for human resource capacity and the priority given to HIV within Cosponsor organisations, and differences in Cosponsor size, scope and country presence.
- Comparative advantage of the Joint Programme – collectively including, for example, leadership, credibility, influence, access required to solve complex challenges in the HIV response, as well as Cosponsors' ability to ensure HIV integration within sectors and systems and to tackle inequalities.
- Going beyond FTE (full-time equivalent) head count – take account of Cosponsor staff who may not be HIV-specific but who work on HIV-related issues and contribute to keeping HIV on the agenda and mainstreaming HIV into wider work, as this may not be reflected in JPMS data and PMR reports.
- Leveraging regional teams – and learning lessons from effective and efficient country Joint Teams.
- Tailoring support – how the Joint Programme can best tailor support to country needs and context (for example, political context, country capacity, other actors as well as HIV epidemiology), where the UN can add value, and how Secretariat functions can be managed in countries without a Secretariat presence.

2.4 Conceptual framework

The team developed a conceptual framework (see Figure 1) for the assessment which identified the different dimensions to be considered. These include the objectives, role and core functions of the Joint Programme, the mandates and thematic areas of the Cosponsors, the different levels at which the Joint Programme operates (global, regional and country) and the different capacity needs at these different levels, the types of capacity required and the types of capacity available to the Joint Programme, and contextual factors that represent opportunities and barriers.

Overarching questions

The overarching questions for the assessment were:

Capacity available

- What capacity is currently available to the Joint Programme to support implementation of the Global AIDS Strategy and the UBRAF?
- How might this change? What capacity is likely to be available during the next 5 years?

Capacity required

- What capacity is required to support implementation of the Global AIDS Strategy and the UBRAF and to ensure that the Joint Programme can fulfil its mandate?

- What capacity is required to provide the different type and intensity of support required by countries?

Capacity gaps

- What are the key gaps in currently available capacity?

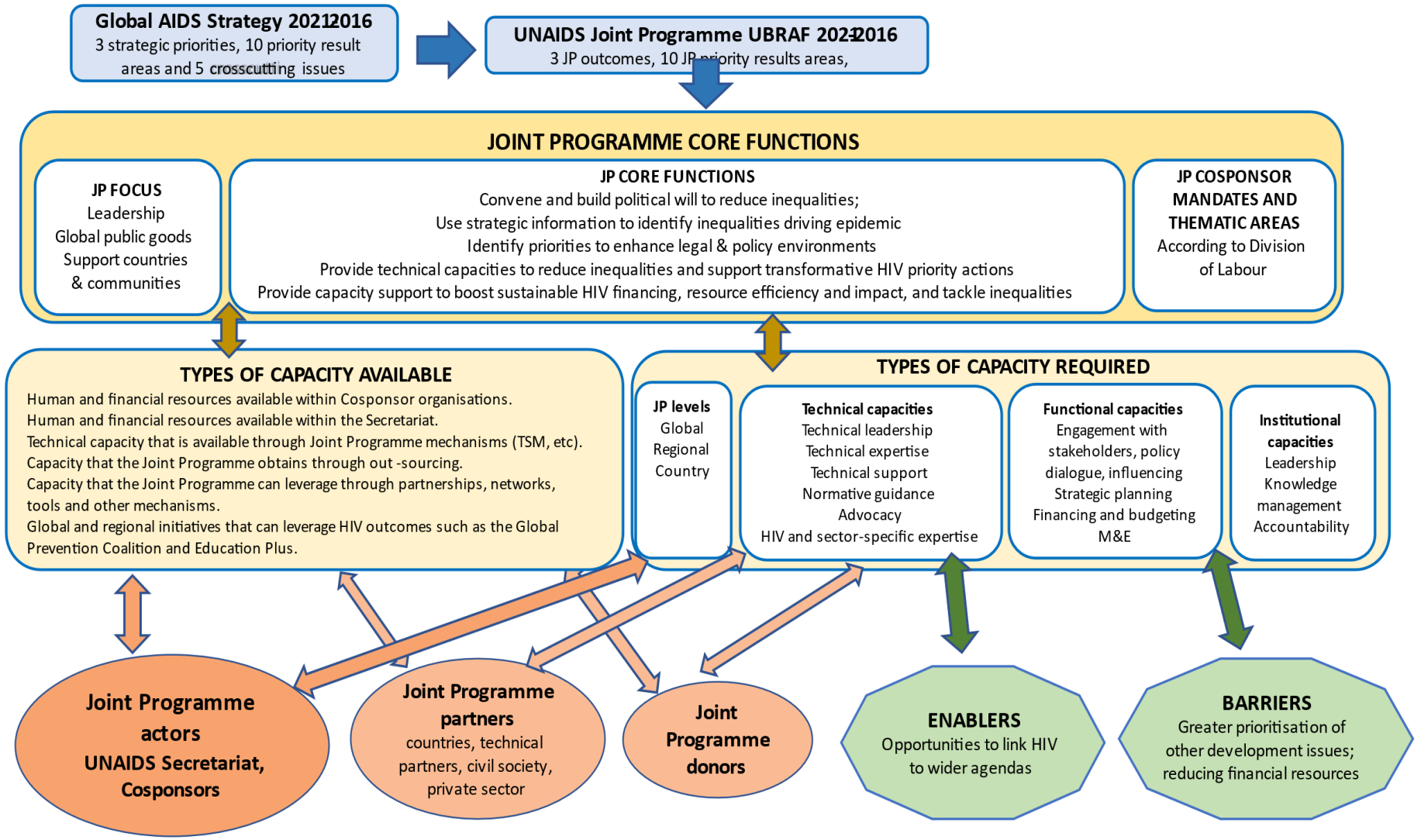
Addressing capacity gaps

- What should the Joint Programme do to address these and strengthen its capacity?
- What opportunities might there be for the Joint Programme to leverage capacity through partnerships, networks, global and regional initiatives and other mechanisms?
- What examples of innovative approaches to deployment of human resources to optimise availability of expertise has the Joint Programme used?
- What approaches have been taken by the wider UN system to do this?

Recommendations

- Which best practices and innovations should the Joint Programme replicate and scale up at country, regional or global level?
- How may the assets and capacity of the Joint Programme be further improved to support countries to reach the Global AIDS Strategy?

Figure 1: Conceptual framework for the capacity assessment



2.5 Methodology

2.5.1 Data collection

The assessment used available quantitative data and collected qualitative data, the latter to help understand the perspectives of key stakeholders, the context, challenges and opportunities and to identify examples of innovative approaches to optimising existing capacity. The main sources of quantitative data were human resources data and financial data. The main sources of qualitative information were document review, individual and group interviews and a survey.

2.5.2 Financial and human resource data

The assessment team:

- Compiled financial data (see Section 3.1) drawn from the JPMS and as required, financial reports, budgets, funds allocation and other relevant data including projections concerning likely future Joint Programme financial resources.
- Compiled Joint Programme human resources data, drawn initially from the Joint Programme Management System (JPMS), and subsequently updated based on more accurate and up to date data provided by the Secretariat and Cosponsors (see Section 3.1). This included data on staff numbers, FTE and HIV-specific and HIV-sensitive staff at global, regional and country levels, complement, grade, and status (i.e., staff vs. consultants).

2.5.3 Document review

The document review (see Annex 4) included:

- Rapid review of literature related to the HIV context, global architecture, technical support, and strategies used to optimise use of human resources and expertise.
- Desk review of key documents and reports related to the Joint Programme's objectives, functions and capacity, including the Global AIDS Strategy, Joint Programme Division of Labour, PCB and annual reports, previous UBRAF and draft new UBRAF, (bi)annual UBRAF reports, relevant evaluations and assessments, Secretariat alignment process, organisational structure, Secretariat and Cosponsor human and financial resources data.
- Review of Cosponsors' global strategies, priority regions and countries.
- Review of Global AIDS Updates and the outcomes of the Secretariat country configuration exercise to identify country priorities, needs and gaps.
- Review of background documents related to, for example, partnerships, clearinghouses, technical support and other mechanisms and capacity available to and used by the Joint Programme to deliver its mandate.

2.5.4 Informant interviews

Individual and group interviews were conducted with:

- Cosponsor HQ staff including Global Coordinators and Focal Points and selected regional staff.
- Secretariat HQ staff and Regional Support Teams in six regions.
- Regional Joint UN Teams in six regions.

A total of 130 persons were interviewed (see Annex 5).

2.5.5 Survey

The assessment team developed a survey to solicit qualitative inputs from a wider range of stakeholders. Recipients were given the choice of using an online portal or filling in a questionnaire in Word. The same survey was used for all target groups, but it included separate sections for UNAIDS informants and for other informants.

The survey was sent via the Secretariat and Cosponsors to all regional and country level Secretariat and Cosponsor staff, all regional and country Joint Programme teams, and to other stakeholders. A total of 187 informants from country, regional and global levels responded from more than 70 countries and all six UNAIDS' regions, with the majority of respondents working for the Secretariat or Cosponsors (see Annex 8).

2.5.6 Data analysis and mapping

Financial resources

Analysis of financial resources focused on:

- The Joint Programme budget, available funding, core UBRAF allocations to Cosponsors, global, regional and country allocation of Secretariat and Cosponsor core funding, funds allocated through the country envelope, and expenditure.
- Trends in the above since 2016.
- Non-UBRAF Cosponsor funding allocations to HIV.

Human resources

Mapping of human resources capacity involved three steps:

1) **Identification of capacity and resources currently available**

This was based on analysis of:

- Human resources data provided to the team by the Secretariat from the JPMS, updated with data provided by Cosponsors and the Secretariat.
- Reported changes in Cosponsor global, regional and country staffing resulting from reduced core funding.
- Available information about the potential impact of the Secretariat alignment process.
- Resources available through partnerships, technical support and other mechanisms that enable the Joint Programme to deliver its role and functions.

2) **Identification of capacity and resource needs**

The team identified capacity and resources needed by the Joint Programme through analysis of:

- The objectives, role and functions of the Joint Programme, with particular reference to the Global AIDS Strategy and Joint Programme results framework.
- The Secretariat country analysis of needs and gaps.
- The broad categories of capacity required to deliver the Global AIDS Strategy, set out in the conceptual framework, and to address the strategic issues outlined earlier in this report.

3) Mapping available capacity against capacity needs resources

The team mapped available Joint Programme capacity and resources against required capacity and resources, based on analysis in steps 1 and 2 above, in order to identify key gaps in Joint Programme capacity.

2.6 Innovative approaches to optimise capacity

The assessment team identified innovative ways for the Joint Programme to deploy, work or optimise expertise for the HIV response based on:

- Country examples of effective and innovative approaches identified through Joint Programme reports, interviews with key informants, and survey responses.
- Country examples of joint UN working through the Resident Coordinator system.
- Assessment of strategies employed by the UN, other global programmes, coordination mechanisms and donor agencies to increase efficiency and optimise use of resources.
- Identifying opportunities for efficiencies in the way the Joint Programme works with the Global Fund and PEPFAR and related deployment of resources.

From the examples identified, the team selected examples for more in-depth review and development of ‘snapshots’, drawing on Joint Programme documents and reports, Cosponsor reports, and interviews to highlight examples of effective deployment of resources at country, regional and global level to meet country needs and innovative approaches to optimising available capacity, and to capture lessons learned about effective joint working. Section 3,3) includes a discussion of these best practices and innovative approaches, with selected examples.

2.7 Limitations

Limitations affecting the assessment included competing concurrent Joint Programme priorities limiting interviewees’ full contributions and timely data sharing. Another challenge was the fact that human resources data related to the Secretariat alignment (concurrent to the capacity assessment) changed over time with lack of detailed information in a timely manner. Due to lack of comparable staffing data from many Cosponsors for 2016/17 and 2018/19, it was not possible for the evaluation team to analyse trends in human resources between 2016 and 2020. Financial data across biennia may not be 100 percent comparable due to changes in budget and expenditure classifications by the UNAIDS Secretariat and Cosponsors over time.

Due to these challenges, the team spent considerably more time than anticipated on collecting, requesting and checking data. In addition, the team interviewed more Secretariat HQ staff and regional staff than originally envisaged. As a result, the team was not able to conduct some of the data collection activities envisaged in the original methodology, in particular interviews with some key external stakeholders and analysis of resources available through other mechanisms such as partnerships and clearinghouses. The timeframe for the assessment was also extended.

3 Assessment Findings and Outputs

This chapter provides an overview of the main findings and outputs related to each of the key assessment deliverables.

3.1 Capacity Available

KEY ASSESSMENT QUESTION:

What capacity is currently available to the Joint Programme to support implementation of the Global AIDS Strategy and the UBRAF?

3.1.1 Overview of Joint Programme financial resources

Introduction

This section provides an overview of the financial resources of the Joint Programme over the period 2016-2021, including data on the Joint Programme budgets, on allocated funds and on expenditure for both core and non-core funding. The analysis is based both on the financial data published in the UNAIDS UBRAF PMR reports as well as on "raw data" - financial data sets provided by the Secretariat Finance Team. Annex 6 includes the full overview of Joint Programme financial resources developed by the assessment team, and describes the definitions used as well as the limitations of the analysis.

Comparisons across biennia may not be 100 percent accurate due to changes in budget and expenditure classifications by the UNAIDS Secretariat and Cosponsors over time.

Summary

Financing for developing countries' HIV response is declining – donors are shifting resources to supporting the HIV response in fewer countries and to supporting other competing development and health priorities.[9]

This limited funding and reprioritisation is reflected in a decline in Joint Programme funding, particularly for Cosponsors. This was partly driven by a 37.7% decrease of Cosponsor core UBRAF budget allocations: core budgets decreased from US$175m in 2016-17 to US$109m in 2018-2019 (the 2018-19 budget allocation included US$44m unearmarked funding and US$44m for Country Envelopes allocations). During the same period non-core Cosponsor funding also decreased. The data need to be interpreted with caution as the 2016-2017 data still includes World Bank's loans and grants and that in the data since 2018-2019 these loans and grants were removed from the World Bank UBRAF financial data. Securing non-core funding for Cosponsors has reportedly become more difficult, as donors tend to channel HIV funding for the UN system through the UNAIDS Secretariat or to other competing

[9] Institute for Health Metrics and Evaluation (IHME). Financing Global Health 2020: The impact of COVID-19. Seattle, WA: IHME, 2021.

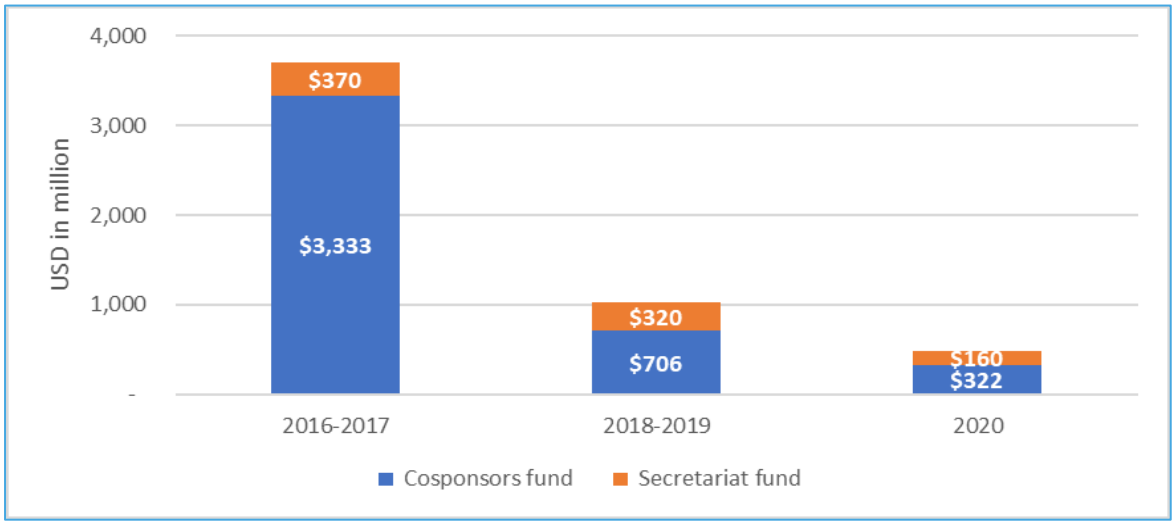
agency priorities including the response to COVID-19 and other emergencies. The UNAIDS Secretariat's total UBRAF budget also decreased between 2016-2017 and 2018-2019 by 13.6% from approximately US$370 million to US$320 million.

Core & non-core budgets of Cosponsors and Secretariat

Total budgets for available core funds & estimated non-core funds[10]

Compared to biennium 2016-2017, the Secretariat budget reduced only slightly (by 13.6%) in 2018-2019 (see Figure 2 below). However, the Cosponsors' budget saw significant reductions between these two biennia, with 2018-2019 budget only at 21% of the amount in 2016-2017. This large reduction in Cosponsors' budget is associated with a large budget reduction in the World Bank's budget which reduced by almost 99% from 2,019.5 million in 2016-2017 to 14.8 million in 2018-2019. This was mainly because Joint Programme World Bank budget data for biennia 2018-2019 and for 2020 exclude World Bank's grants and loans from the overall Word Bank budget provided through IDA and IBRD, whereas these grants and loans were included in the Joint Programme World Bank budget data for 2016-2017.

Figure 2: Total budget (core and non-core) for Cosponsors and Secretariat by year (US$ million)



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020, UNAIDS (2021): Joint Programme financial data – excel raw data

See Annex 6 for more details.

Core and non-core budgets by region[11]

The analysis of Joint Programme budget distribution over the regions between 2016 and 2020 shows that Eastern and Southern Africa (ESA) received the highest portion of core and non-core funds, followed by West and Central Africa (WCA), whereas the Middle East and North Africa (MENA) received the smallest portion of both core and non-core funds. The proportion

[10] Trends in total budgets – including available core funds and estimated non-core funds - for Cosponsors and Secretariat based on published UBRAF PMR reports and raw data.
[11] This section explores information on Joint Programme budgeted funds by region. This information is not provided in published UBRAF reports. Therefore, all the budget information presented in the following tables is calculated using raw financial data provided by the Secretariat.

provided to the Asia and Pacific (AP) region as a percentage of total budget decreased from 23% in biennium 2016-2017 to 8% in 2020. During the same period, the Latin America & Caribbean (LAC) region budget decreased from 10% to 5%. Meanwhile, the ESA budget increased from 32% to 50% and other regions budgets remain at consistent levels over the period.

Table 1 below shows available Joint Programme core funds and estimated non-core funds in US$ over the years by region. This table provides the base for this analysis. Table 2 below shows the proportion of total core and non-core budget for each region.

Table 1: Joint Programme available core funds and estimated non-core funds by region and year (US$ million)

Region	2016-2017			2018-2019				2020			
	Core	Non-core	Total	Core	CE	Non- core	Total	Core	CE	Non-Core	Total
Global	226	81	307	143	-	89	232	46	-	21	67
AP	52	790	842	29	8	69	106	21	5	19	45
EECA	20	210	230	13	2	26	41	14	1	17	32
ESA	77	1,074	1,151	61	16	232	309	36	9	148	193
LAC	33	320	353	22	5	23	50	15	3	14	32
MENA	15	124	139	10	2	45	57	8	1	17	26
WCA	62	620	682	46	11	153	210	22	6	49	77
Total	**485**	**3,219**	**3,704**	**324**	**44**	**637**	**1005**	**162**	**25**	**285**	**472**

Source: UNAIDS (2021): Joint Programme financial data - excel raw data.

Table 2: Proportion of available core and estimated non-core funds by region over years *(% distribution over regions*)

Region	2016-2017			2018-2019				2020			
	Core	Non-core	Total	Core	CE	Non- core	Total	Core	CE	Non-Core	Total
Global	47%	3%	8%	44%	-	14%	23%	28%	-	7%	14%
AP	11%	25%	23%	9%	18%	11%	11%	13%	20%	7%	9%
EECA	4%	7%	6%	4%	5%	4%	4%	9%	4%	6%	7%
ESA	16%	33%	31%	19%	36%	36%	31%	22%	36%	52%	41%
LAC	7%	10%	10%	7%	11%	4%	5%	9%	12%	5%	7%
MENA	3%	4%	4%	3%	5%	7%	6%	5%	4%	6%	6%
WCA	13%	19%	18%	14%	25%	24%	21%	14%	24%	17%	16%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

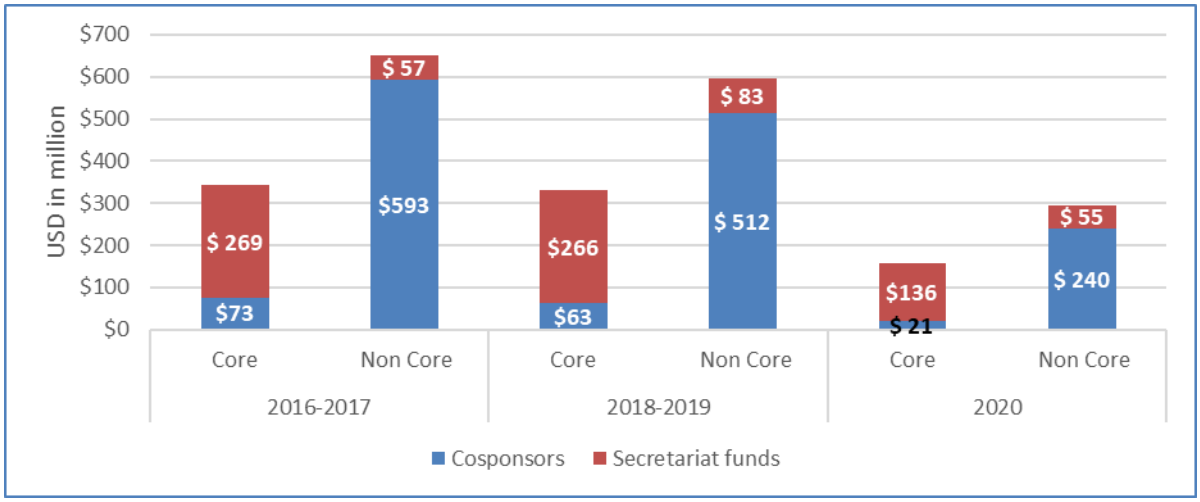
Source: UNAIDS (2021): Joint Programme financial data - excel raw data.

Core and non-core expenditure

Core and non-core expenditure for Cosponsors and Secretariat

Figure 3 below provides a snapshot of total Joint Programme core and non-core expenditures of Cosponsors and Secretariat over two biennia and year 2020. Core expenditures for both Cosponsors and the Secretariat declined slightly from 2016-2017 to 2018-2019. Cosponsors' non-core expenditures decreased by 14%, from US$593 million in 2016-2017 to US$512 million during 2018-2019. During the same period, Secretariat non-core expenditures increased from US$57 million to US$83 million.

Figure 3: Core and non-core expenditures of Cosponsors and Secretariat



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data

Core and non-core expenditure by region

An analysis of core and non-core Joint Programme expenditures by region and at global level in US$ million (Table 3) and in proportions (Table 4) shows that core funds expenditure at global level was highest, followed by expenditure in the ESA region, whereas for non-core funds, expenditure was highest in the ESA region, followed by the global level and the WCA regional level.

Table 3: Core and non-core expenditures by region (US$ million)

Region	2016-2017			2018-2019				2020			
	Core	Non-core	Total	Core	CE	Non- core	Total	Core	CE	Non-Core	Total
Global	157	59	216	152	-	66	218	75	-	35	110
AP	35	53	88	32	7	54	92.55	14	4	24	42
EECA	15	39	54	15	2	37	54	6	2	18	26
ESA	60	352	412	57	16	293	366	25	9	145	179
LAC	24	21	45	20	4	25	49	11	3	13	27
MENA	10	40	50	8	1	31	40	4	1	19	24
WCA	41	86	127	45	10	89	144	22	6	41	69
Total	**342**	**650**	**992**	**329**	**40**	**595**	**964**	**157**	**25**	**295**	**477**

Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Table 4: Core and non-core expenditures by region over years (percentage distribution)

Region	2016-2017			2018-2019				2020			
	Core	Non-core	Total	Core	CE	Non- core	Total	Core	CE	Non-Core	Total
Global	46%	9%	22%	46%	-	11%	139%	48%	-	12%	23%
AP	10%	8%	9%	10%	18%	9%	10%	9%	16%	8%	9%
EECA	4%	6%	5%	5%	5%	6%	6%	4%	8%	6%	5%
ESA	18%	54%	42%	17%	40%	49%	38%	16%	36%	49%	37%
LAC	7%	3%	5%	6%	10%	4%	5%	7%	12%	4%	6%
MENA	3%	6%	5%	2%	3%	5%	4%	3%	4%	6%	5%
WCA	12%	13%	13%	14%	25%	15%	15%	14%	24%	14%	15%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

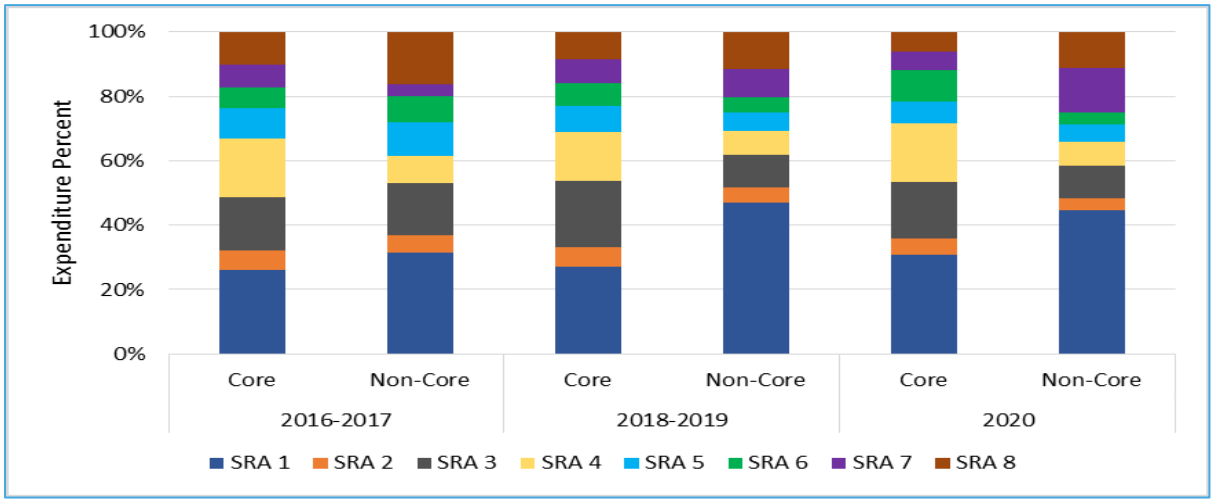
Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Annex 6 includes a detailed analysis of core and non-core expenditure and implementation rates by Cosponsors and the Secretariat, as well as a summary of budget and expenditure of Cosponsors using funding through the Country Envelope mechanism (established in 2018).

Analysis of core and con-core expenditure by SRA

When analysing expenditure per ("old" 2016-2021) SRA[12], SRA 1 (HIV/AIDS testing and treatment) accounts for the largest proportion of expenditure for both core and non-core funds, followed by SRA3 (which is HIV prevention among young people) and SRA8 (HIV and health services integration). Expenditures proportions are lowest for SRA 2, SRA 6 and SRA 7, which focus on EMTCT, stigma and discrimination, and investment and efficiency, respectively (see Figure 4 and Table 5).

Figure 4: Trend analysis of core and non-core expenditures by SRA



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020

[12] This overview of the proportion of expenditure of core and non-core funding per Strategic Result Area (SRA) over two biennia and year 2020 is based on the "old" eight SRAs used in the period up to 2021 (see Annex 10) and not on the 10 new SRAs defined for the Global AIDS Strategy for 2021-2026.

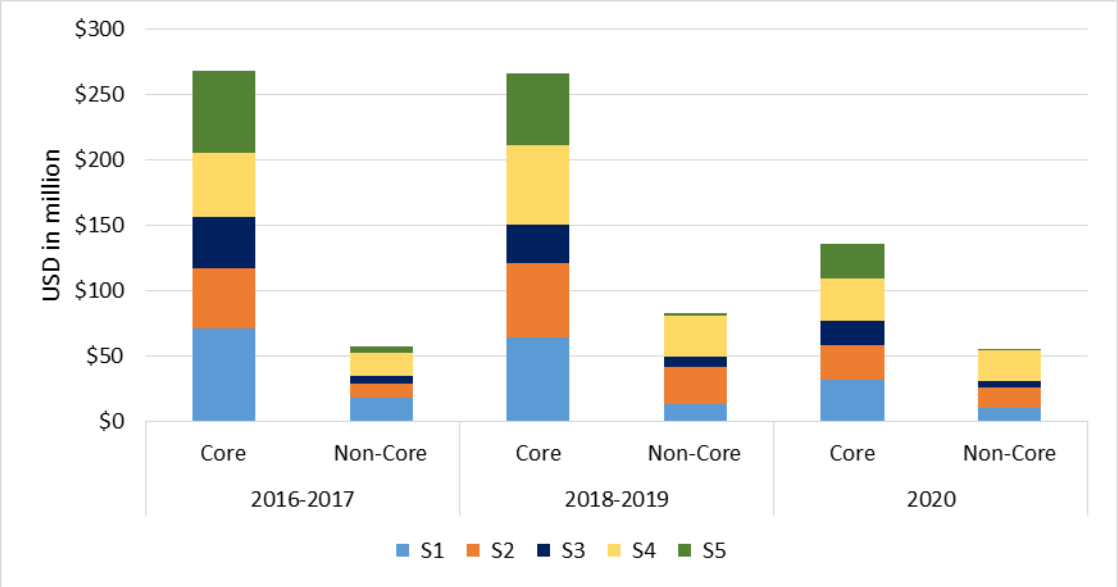
Table 5: Core and Non-core Expenditure by SRA

SRA	Total expenditure (core + non-core)			Grand total
	2016-2017	2018-2019	2020	
SRA 1: HIV testing and treatment	382,186,243	475,355,697	211,826,669	1,069,368,610
SRA 2: Elimination of mother-to-child transmission	66,249,545	53,332,476	19,564,711	139,146,732
SRA 3: HIV prevention and young people	199,485,836	122,540,369	53,220,926	375,247,131
SRA 4: HIV prevention and key populations	114,060,227	90,338,920	40,305,293	244,704,440
SRA 5: Gender inequalities and gender-based violence	126,576,718	62,132,411	28,210,275	216,919,403
SRA 6: Stigma, discrimination and human rights	98,822,508	54,203,537	19,924,381	172,950,427
SRA 7: Investment and efficiency	45,332,857	88,171,842	64,099,248	197,603,947
SRA 8: HIV and health services integration	196,667,224	115,893,984	52,748,097	365,309,306
Total	**1,229,381,158**	**1,061,969,236**	**489,899,601**	**2,781,249,994**

Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020

Analysis of core and non-core expenditures by Secretariat function

Figure 5: Core and non-core expenditures by secretariat function



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Figure 5 provides a summary of core and non-core expenditures by Secretariat function. The majority of Secretariat expenditures are from Joint Programme core budget funds. The greatest portion of core expenditure is to support Secretariat function type S1 (leadership, advocacy and communication)[13], whereas the lowest is for S3 (strategic information). Similarly, largest portions of the non-core expenditure were for S4 (coordination, convening and country implementation support), whereas S5 (governance and mutual accountability) had the lowest portion of expenditure from non-core sources and the trend remained similar throughout the years. Overall, core expenditure remained almost steady between two biennia 2016-2017 and 2018-2019 whereas non-core expenditures across Secretariat function increased from 57 million to 86 million.

3.1.2 Mapping of Joint Programme human resources capacity

The following provides a summary of the findings from the mapping of Joint Programme human resource capacity. The analysis, including all tables and graphics, was developed by the assessment team and is based on JPMS human resources data reported in Planning Cycle 2020-2021, updated with more accurate 2020 data provided by the Secretariat and Cosponsors. This analysis therefore represents a snapshot at a particular point in time. Annex 7 includes the source data table for country level data.

There are a number of data caveats and limitations:

- Definitions and approaches related to some aspects of human resources, for example, staff grades and categories, differ between agencies, so data is not consistent or comparable across the Joint Programme.
- Data is incomplete for some agencies (see Table 6 below) relating to staff grades at country level.
- The analysis does not fully take into account the implications of the Secretariat alignment as detailed information on how this will affect staff numbers at HQ, regional and country levels was not yet in the public domain when this analysis was conducted. Subsequently, there have been further changes in the Secretariat alignment staffing situation, which are not reflected in this analysis.
- UNDP staff include those managing Global Fund programmes, which inflates the numbers; these positions are also time limited.

[13] S1: Leadership, advocacy and communication, S2: Partnerships, mobilisation and innovation, S3: Strategic Information, S4: Coordination, convening and country implementation support, S5: (Governance and mutual accountability

Table 6: Joint Programme agency human resource data reporting status by agency

JP Agency	HQ				Regional				Country				Date when data were updated
	Position	Grade	Time	SRA	Position	Grade	Time	SRA	Position	Grade	Time	SRA	
ILO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Updated, 2021-11-19
UN Women	Yes	Yes	Yes	Yes	Yes	Partial	Yes	Yes	Yes	No	Yes	Yes	Updated, 2021-12-11
UNDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Updated, 2022-04-19
UNESCO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Partial	Yes	Yes	Updated, 2022-03-08
UNFPA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Updated, 2022-03-08
UNHCR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Updated, 2021-11-18
UNICEF	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Updated, 2022-04-27
UNODC	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Partial	Yes	Yes	Updated, 2021-11-18
WFP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Updated, 2021-12-20
WHO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Updated, 2021-11-18
World Bank	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Updated, 2021-12-18
Secretariat	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Updated, 2021-11-20

Staff numbers and Full-Time Equivalent

Total number of Joint Programme staff and FTE

The following presents the analysis of total Joint Programme (Secretariat and Cosponsors) staff numbers and corresponding staff Full-Time Equivalent (FTE)[14] at HQ, regional and country levels reported as working on HIV. The analysis is based on professional staff only and does not include support (administrative, financial and logistical) staff reported by the Secretariat and Cosponsors as contributing to HIV programming.

Table 7: Total number of Joint Programme staff and total FTE at all levels in 2020 by agency

JP Agency	Total number of staff	Proportion of total JP staff	Total FTE	Proportion of total FTE
ILO	97	5.2	33.2	2.9
UN Women	53	2.8	18.9	1.7
UNDP	200	10.7	123.2	10.9
UNESCO	77	4.1	58.6	5.2
UNFPA	201	10.7	91.7	8.1
UNHCR	66	3.5	4.5	0.4
UNICEF	195	10.4	121.8	10.7
UNODC	79	4.2	42.3	3.7
WFP	91	4.9	27.4	2.4
WHO	170	9.1	94.3	8.3
World Bank	163	8.7	36.5	3.2
Secretariat	483	25.8	483.0	42.5
Grand Total	**1,875**	**100**	**1,135.4**	**100**

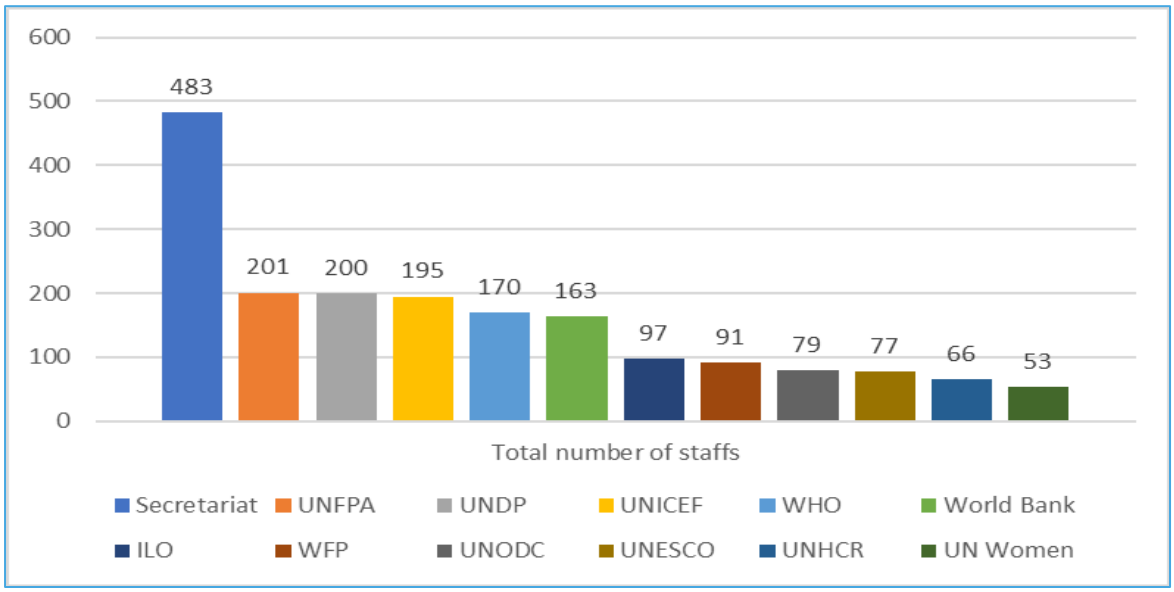
Table 7 shows the total number of Joint Programme staff and total FTE at all levels (HQ, regional and country) in 2020 overall and by agency, as well as the proportions of the total

[14] This analysis considers FTE in terms of total time allocated towards HIV related work or activities and it therefore includes staff working 100% on HIV and aggregation of time spent by staff working less than 100% on HIV.

number of staff and FTE represented by each agency. Figure 6 below shows the total number of staff per agency.

By the end of 2020, a total of 1,875 Secretariat and Cosponsor staff were working on HIV at all levels. The Secretariat had the highest number of staff (483), followed by UNFPA (201), UNDP (200) and UNICEF (195). UNHCR (66) and UN Women (53) had the lowest number.

Figure 6: Joint Programme total number of staff at all levels in 2020 by agency



This equates to 1,135.4 full-time equivalent (FTE) staff, as shown in Figure 7 below. The Secretariat had the highest number of staff in terms of FTE (483), followed by UNDP (123.2) and UNICEF (121.8). WFP (27.4), UN Women (18.9) and UNHCR (4.5) had the lowest number of staff in terms of FTE. Although UNFPA reported more than 200 staff working on HIV, this equates to a FTE of 91.7. The data confirm feedback from Cosponsors, which suggests that HIV is one of a range of issues that many staff are responsible for.

Figure 7: Joint Programme total FTE at all levels in 2020 by agency

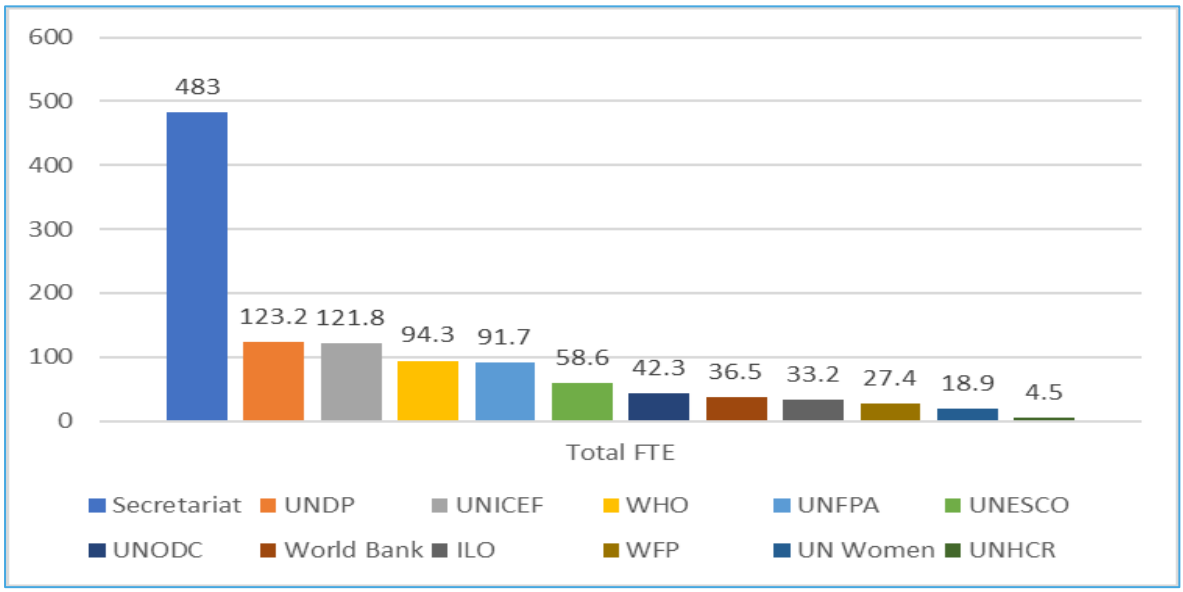
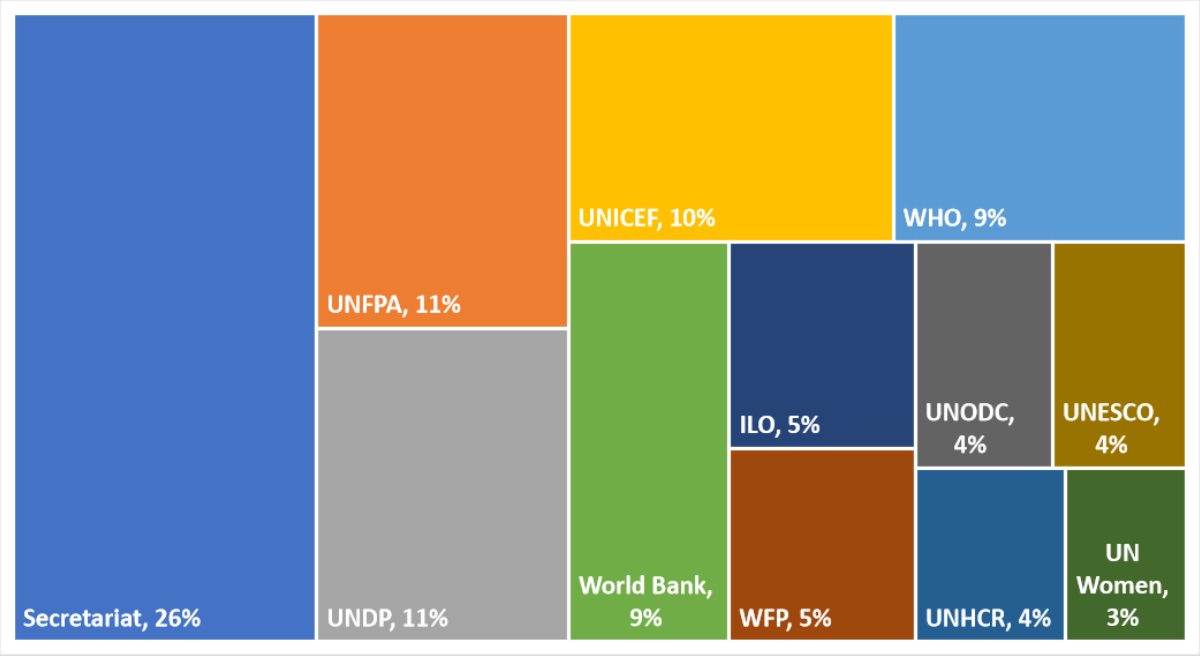


Figure 8: Proportion of total number of Joint Programme staff in 2020 by agency



The difference is more significant in terms of FTE, with the Secretariat accounting for 42.5% of total Joint Programme FTE. Among Cosponsors, the same four agencies account for the highest proportions of total Joint Programme FTE – UNDP (10.9%), UNICEF (10.7%), WHO (8.3%) and UNFPA (8.1%). WFP (2.4%), UN Women (1.7%) and UNHCR (0.4%) have the lowest proportions of total Joint Programme FTE.

Number and FTE of Joint Programme staff at HQ, regional and country levels

The assessment team also analysed staff numbers and FTE separately at HQ, regional and country levels; the figures are presented in Table 8 and Figures 9 to 14 below.

Table 8: Total number of staff and FTE in 2020 at HQ, regional and country levels

JP Agency	At Country Level		At Regional Level		At HQ Level		At All Levels	
	Total number of staff	Total FTE	Total number of staff	Total FTE	Total number of staff	Total FTE	Total number of staff	Total FTE
ILO	68	24.5	13	3.05	16	5.6	97	33.2
UN Women	44	13.2	6	3.2	3	2.5	53	18.9
UNDP	139	87.9	20	10.6	41	24.7	200	123.2
UNESCO	56	37.6	11	11.0	10	10.0	77	58.6
UNFPA	175	77.5	20	9.45	6	4.7	201	91.7
UNHCR	54	3.1	8	1.05	4	0.35	66	4.5
UNICEF	171	100.6	13	10.2	11	11.0	195	121.8
UNODC	49	31.5	26	6.85	4	4.0	79	42.3
WFP	75	20.9	13	5.1	3	1.45	91	27.4
WHO	107	52.9	33	19.4	30	21.95	170	94.3
World Bank	153	34.2	5	0.4	5	1.85	163	36.5
Secretariat	236	236.0	70	70.0	177	177.0	483	483.0
Grand Total	**1,327**	**719.9**	**238**	**150.3**	**310**	**265.1**	**1,875**	**1,135.4**

Of the total number of Joint Programme staff in 2020, 16.5% are based at HQ level, 12.7% at regional level and 70.8% at country level. The pattern is similar for FTE, with 23.45% of FTE at HQ level, 13.2% at regional level and 63.4% of FTE based at country level.

Figure 9: Proportion of all Joint Programme staff at HQ, regional and country levels

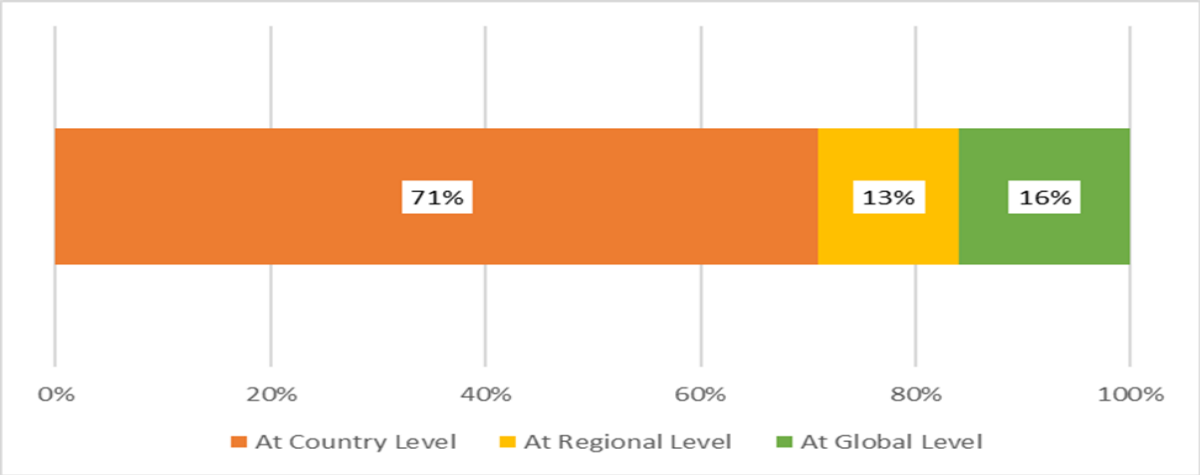


Figure 10: Proportion of Secretariat's staff at HQ, regional and country levels

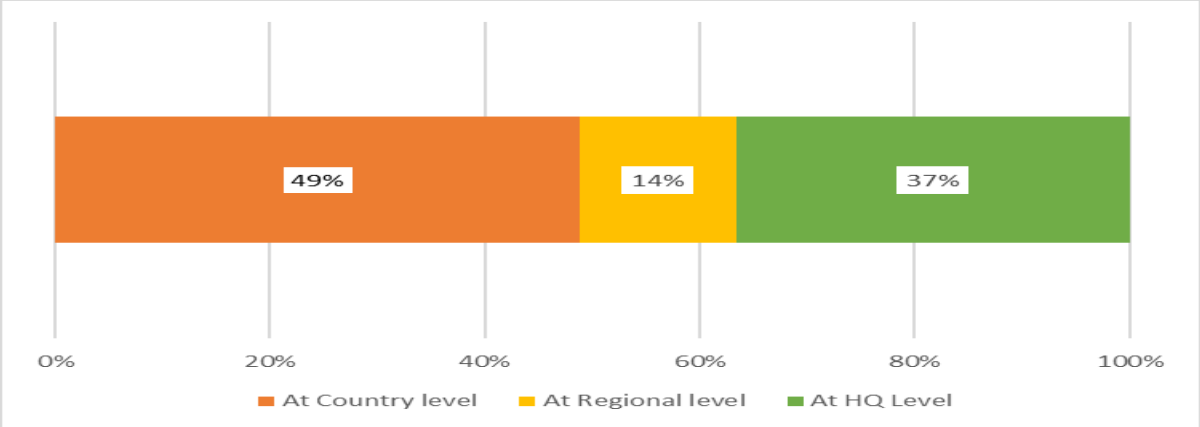


Figure 11: Proportion of Cosponsor Joint Programme agency staff at HQ, regional and country levels

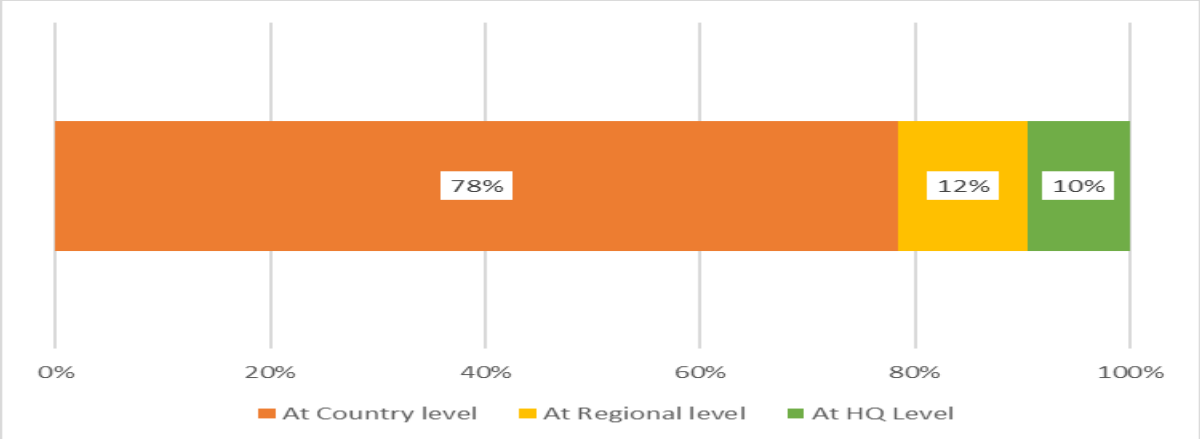


Figure 12: Total number of staff and FTE at HQ level in 2020 by agency

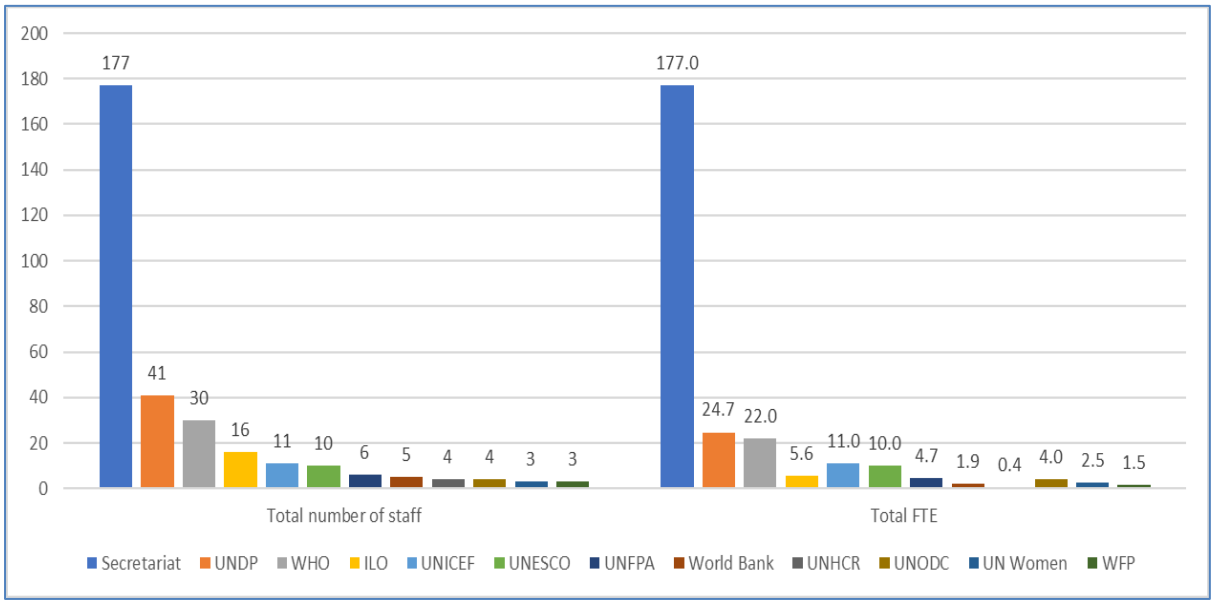


Figure 13: Total number of staff and FTE at regional level in 2020 by agency

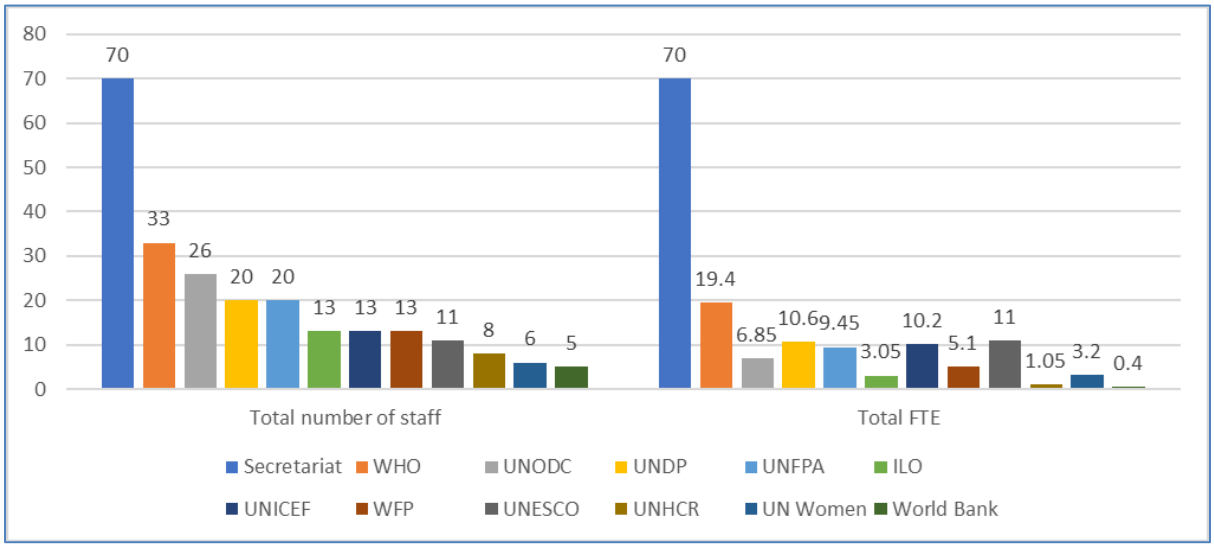
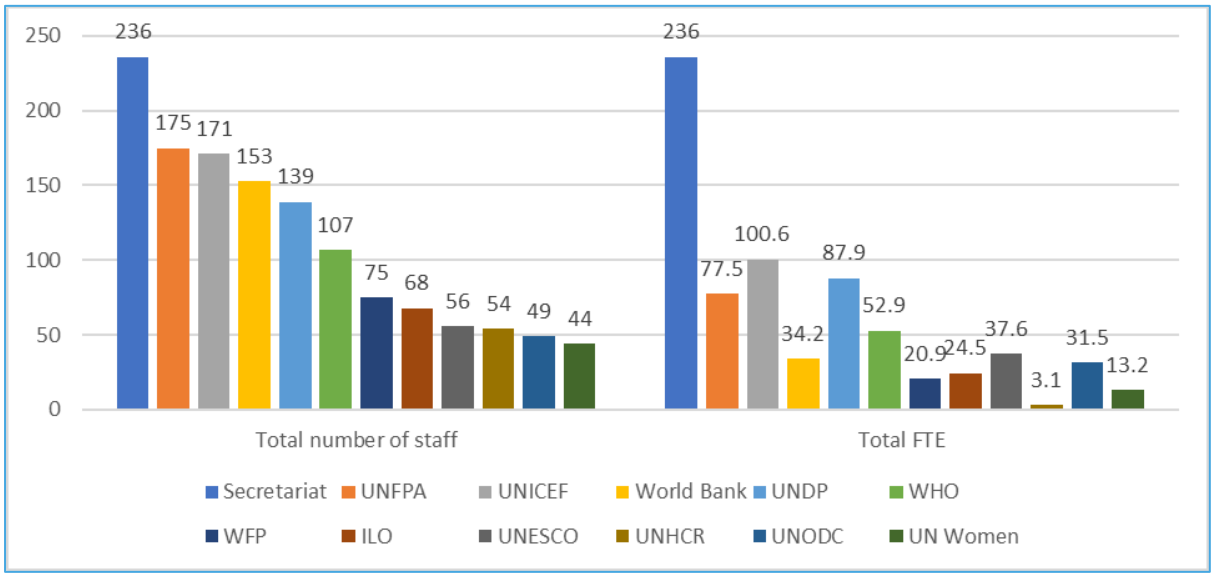


Figure 14: Total number of staff and FTE at country level in 2020 by agency



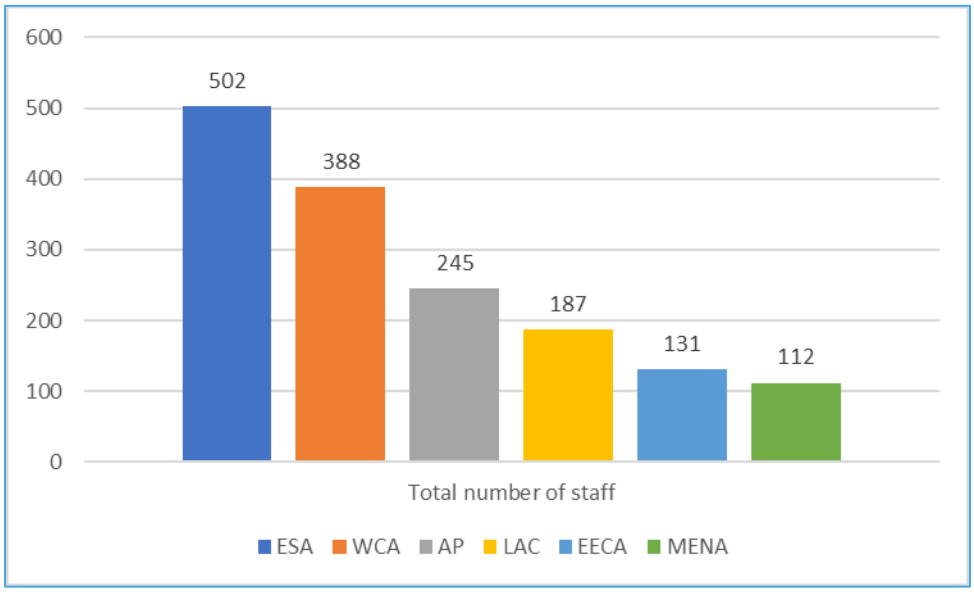
The Secretariat has the highest number of staff and corresponding FTE at all levels. The difference between the Secretariat and Cosponsors in terms of total number of staff is less marked at regional level and even less marked at country level. However, based on FTE, the difference is more considerable at both regional and country levels.

Number of Joint Programme staff by region

This section explores the total combined numbers of country level and regional level Joint Programme staff in each region. The assessment team used the regional categorisation used by the UNAIDS Secretariat.

As Figure 15 below shows, in 2020 the Eastern and Southern Africa (ESA) region had the highest number of Joint Programme staff, followed by the West and Central Africa (WCA) region. The Middle East and North Africa (MENA) and Eastern Europe and Central Asia (EECA) regions had the lowest number of Joint Programme staff.

Figure 15: Total number of Joint Programme staff by region



Analysis of regional staff by agency (see Table 9 and Figure 16 below) shows that the Secretariat and Cosponsors, with a few exceptions, have the highest number of staff in the ESA and WCA regions. Some Cosponsors have a limited presence or no presence in some regions, for example, UNESCO in LAC and MENA, UNODC in LAC, and ILO, UN Women and World Bank in MENA. In some cases, for example, UNHCR and WFP, lack of presence in specific regions reflects these Cosponsors' specific mandates.

Table 9: Total number of Joint Programme staff in 2020 in different regions[15]

JP Agency	LAC	EECA	WCA	ESA	AP	MENA	Total
ILO	6	9	13	33	17	3	81
UN Women	10	6	11	13	7	3	50
UNDP	24	24	28	40	29	14	159
UNESCO	5	3	22	25	12	-	67
UNFPA	40	10	50	59	20	16	195
UNHCR	4	1	16	26	5	10	62
UNICEF	13	11	55	69	18	18	184
UNODC	2	13	10	18	21	11	75
WFP	11	-	33	33	5	6	88
WHO	23	16	28	31	31	11	140
World Bank	16	14	44	52	30	2	158
Secretariat	33	24	78	103	50	18	306
Grand Total	**187**	**131**	**388**	**502**	**245**	**112**	**1,565**

[15] The Joint Programme uses the following regional classification: Latin America and the Caribbean (LAC), Eastern Europe and Central Asia (EECA), West and Central Africa (WCA), Eastern and Southern Africa (ESA), Asia and the Pacific (AP) and Middle East and North Africa (MENA).

Figure 16: Total number of Joint Programme staff by region and agency

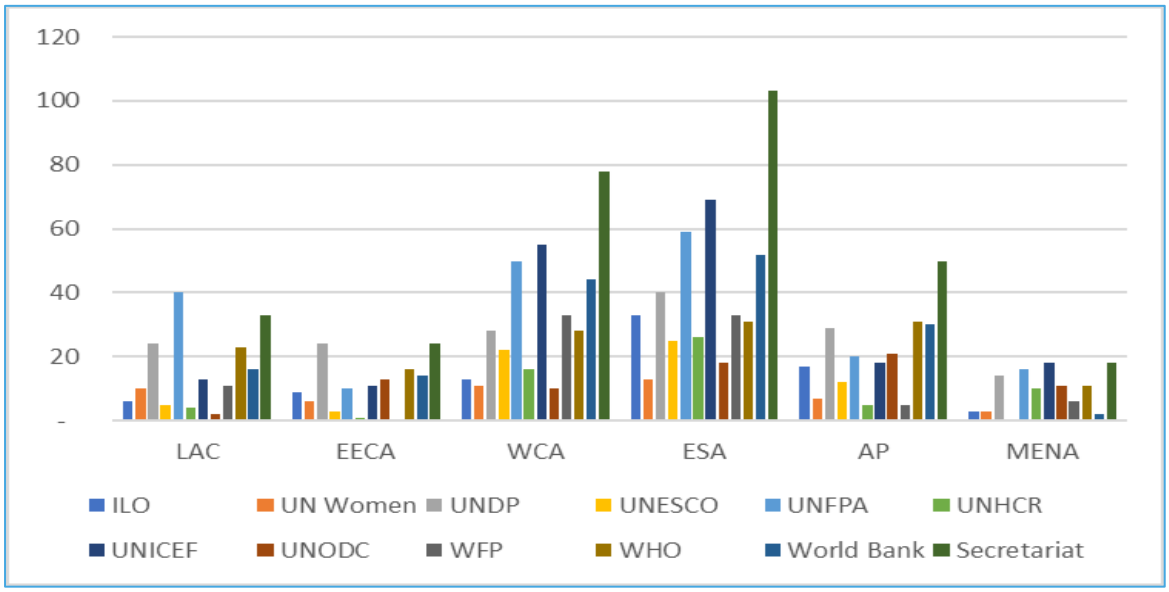


Figure 17: Top five countries with highest number of Joint Programme staff by region

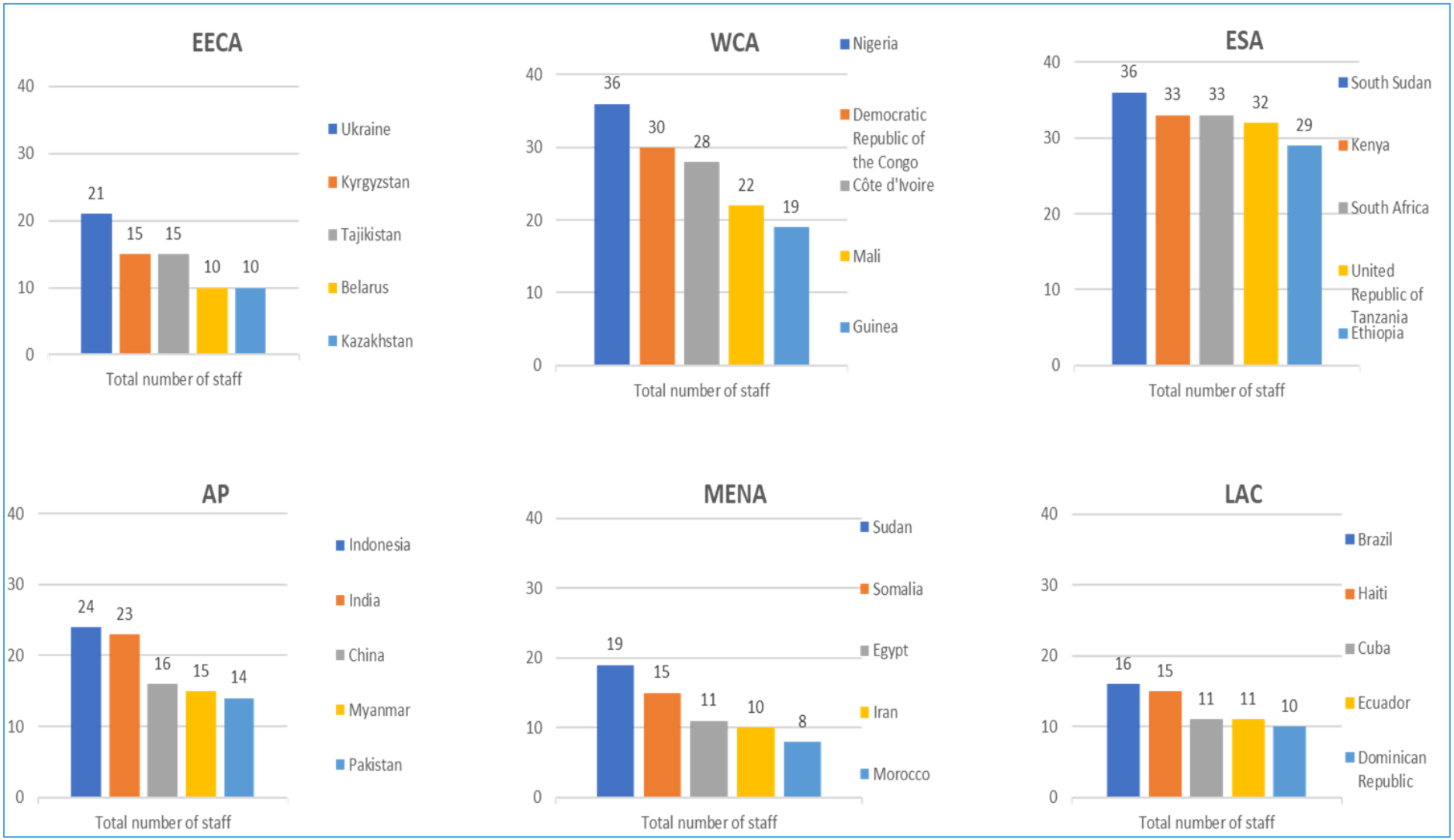


Figure 17 shows the top five countries in each region with the highest number of Joint Programme staff. In some, but not all, cases, these are consistent with those identified as having the largest gaps or large gaps in an analysis of country gaps conducted by the UNAIDS Secretariat (see Section 3.2).

Allocation of staff time to HIV-related work

The following presents the analysis of Joint Programme staff time allocated to HIV at HQ, regional and country levels, based on data from the JPMS, updated by the Secretariat and Cosponsors.

The analysis used the Secretariat definitions and categories of time allocation[16]: HIV specific (>80% time on HIV-related work) and non-HIV specific. Non-HIV specific is further divided into: HIV sensitive (20%-79% time on HIV-related work) and broader AIDS response (<20% time) (see Table 10).

Table 10: Categories of staff by time allocation to work related to HIV

Category	Time allocation
HIV specific	80% < time spent
Non-HIV specific • **HIV sensitive** • **Broader AIDS response**	 20% - 79% 1-19%

Source: UNAIDS Secretariat (2021): Initial analysis of JPMS data on human resources working on HIV

Staff time allocated to HIV at HQ level

As Table 11 and Figure 18 below show, overall, the majority of Joint Programme staff at HQ level (75%) are HIV specific. Of the remaining 25% of staff who are HIV sensitive, most spend between 20% and 79% of their time on HIV-related work.

However, the picture differs between agencies. All HQ Secretariat, UNICEF and UNESCO[17] Joint Programme staff are HIV specific (>80% of time); all World Bank Joint Programme HQ staff are HIV sensitive (20%-79% of time) and all UNHCR Joint Programme HQ staff are broader AIDS response (<20% of time).

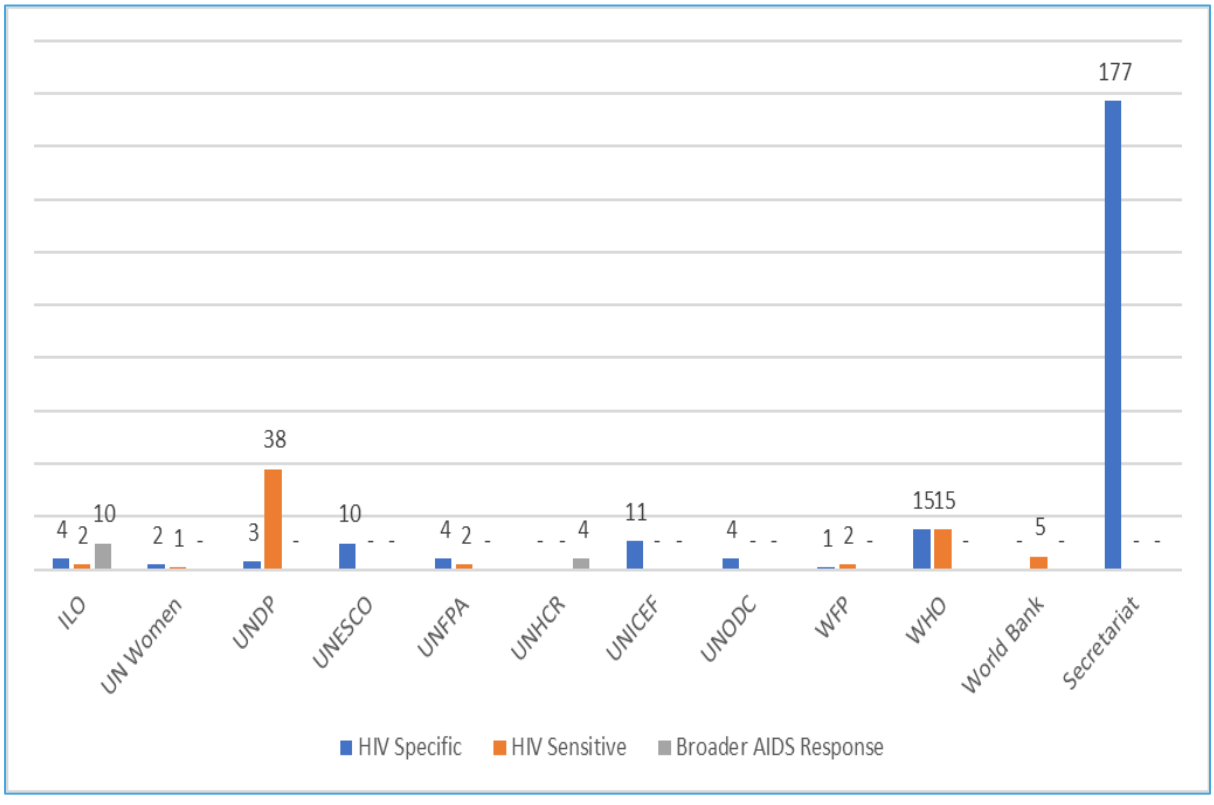
The majority of UNDP staff at HQ are HIV sensitive (20%-79% of time) and these account for more than half of all Joint Programme staff at HQ who fall into this category, i.e., 38 out of a total of 65 Joint Programme HQ staff who spend between 20% and 79% of their time on HIV-related work. Similarly, ILO HQ staff account for the majority of Joint Programme HQ staff – 10 out of 14 – who spend less than 20% of their time on HIV-related work.

[16] UNAIDS Secretariat (2021): Initial analysis of JPMS data on human resources working on HIV. April 2021.
[17] UNESCO describe their staff as 100% working on the HIV response. Therefore, in line with the UNAIDS Secretariat's definition of HIV-specific staff clarified in Table 10, the assessment team defined UNESCO staff as HIV-specific in this report.

Table 11: Total number of Joint Programme staff and staff time allocated to HIV at HQ level in 2020 by agency

JP Agency	HIV Specific		HIV Sensitive		Broader AIDS response		Total Number of Staff in Each Agency at HQ Level
	Total Number	Proportion out of Total Staff	Total Number	Proportion out of Total Staff	Total Number	Proportion out of Total Staff	
ILO	4	25	2	13	10	63	16
UN Women	2	67	1	33	-	-	3
UNDP	3	7	38	93	-	-	41
UNESCO	10	100	-	-	-	-	10
UNFPA	4	67	2	33	-	-	6
UNHCR	-	-	-	-	4	100	4
UNICEF	11	100	-	-	-	-	11
UNODC	4	100	-	-	-	-	4
WFP	1	33	2	67	-	-	3
WHO	15	50	15	50	-	-	30
World Bank	-	-	5	100	-	-	5
Secretariat	177	100	-	-	-	-	177
Grand Total	**231**	**75**	**65**	**21**	**14**	**5**	**310**

Figure 18: Staff time allocated to HIV-related work at HQ level in 2020 by number of staff by agency



Staff time allocated to HIV at regional level

As Table 12 and Figure 19 below show, approximately half (50%) of all Joint Programme staff at regional level are HIV specific, with remainder split between staff who spend 20%-79% of

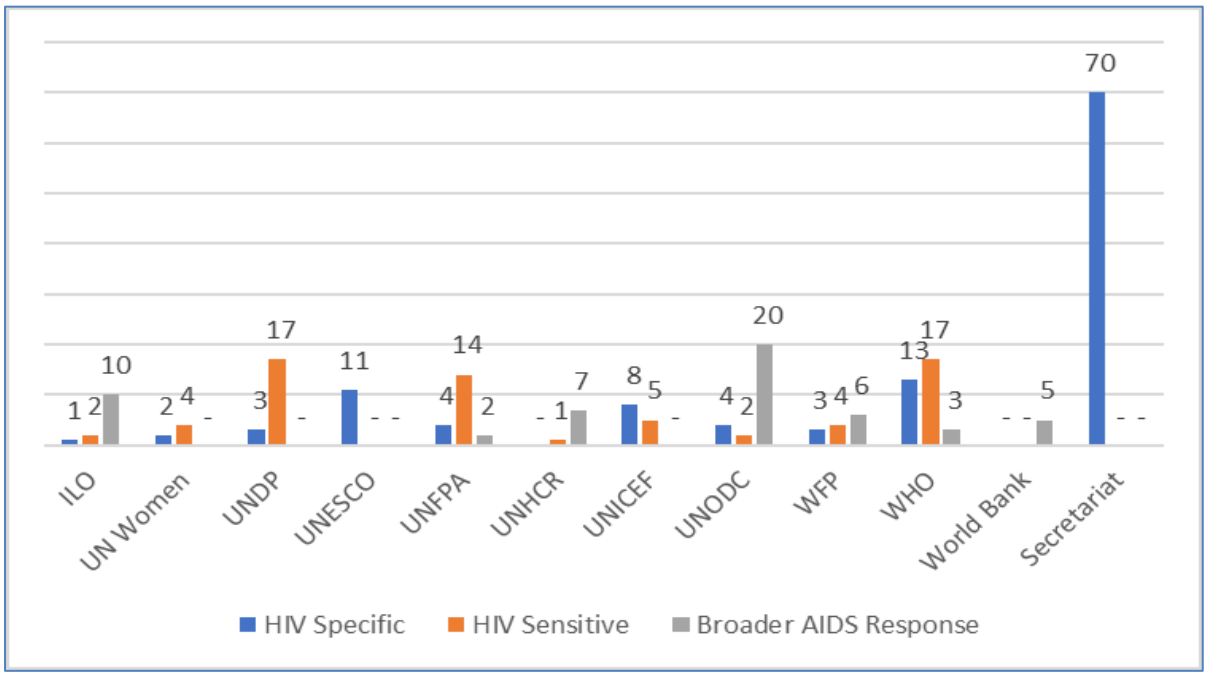
their time on HIV (27.7%) and less than 20% of their time on HIV (22.3%). The Secretariat accounts for the majority of regional staff who are HIV specific, i.e., 70 out of 119.

The extent to which Cosponsor Joint Programme regional staff are HIV specific or HIV sensitive differs. The majority of UNICEF and UNESCO Joint Programme regional staff are HIV specific (>80% time on HIV-related work), while the majority of UNDP and UNFPA regional staff are HIV sensitive (20%-79%). Perhaps reflecting the fact that many regional level staff are multi-functional, covering a range of issues including HIV, the majority of ILO, UNHCR, UNODC and World Bank Joint Programme staff fall into the category of broader AIDS response (<20%).

Table 12: Total number of Joint Programme staff and staff time allocated to HIV at regional level in 2020 by agency

JP Agency	HIV Specific		HIV Sensitive		Broader AIDS response		Total Number of Staff in Each Agency at Regional Level
	Total Number	Proportion out of Total Staff	Total Number	Proportion out of Total Staff	Total Number	Proportion out of Total Staff	
ILO	1	8	2	15	10	77	13
UN Women	2	33	4	67	-	-	6
UNDP	3	15	17	85	-	-	20
UNESCO	11	100	-	-	-	-	11
UNFPA	4	20	14	70	2	10	20
UNHCR	-	-	1	13	7	88	8
UNICEF	8	62	5	38	-	-	13
UNODC	4	15	2	8	20	77	26
WFP	3	23	4	31	6	46	13
WHO	13	39	17	52	3	9	33
World Bank	-	-	-	-	5	100	5
Secretariat	70	100	-	-	-	-	70
Grand Total	**119**	**50**	**66**	**28**	**53**	**22**	**238**

Figure 19: Staff time allocated to HIV-related work at regional level by number of staff by agency



Staff time allocated to HIV at country level

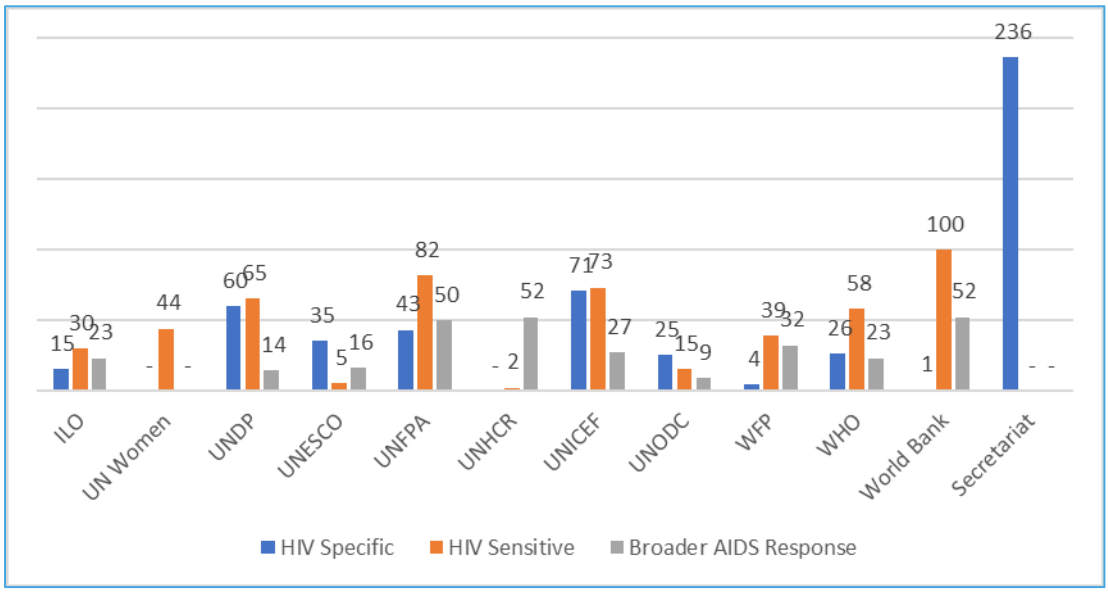
As Table 13 and Figure 20 below show, 39% of all Joint Programme staff at country level are categorised as HIV specific, 39% as HIV sensitive and 22% as broader HIV response. All Secretariat staff are HIV specific and the Secretariat accounts for 45% of Joint Programme country level staff in this category. Among Cosponsors, staff time allocation to some extent reflects agency size, mandate and the extent to which staff are multi-functional. UNESCO, UNODC, UNICEF and UNDP[18] have the highest proportion of country staff who are HIV specific, while WFP and the World Bank have the lowest proportion. UN Women and UNHCR have no HIV-specific staff at country level. Overall, with the exception of UNESCO, most Cosponsor Joint Programme staff at country level are HIV sensitive. All UN Women staff and the largest proportion of World Bank, WHO, UNFPA, UNDP and WFP staff at this level fall into the HIV sensitive (20%-79%) category. Almost all UNHCR staff, and a significant proportion of WFP and ILO staff at this level fall into the broader AIDS response (<20%) category.

[18] UNDP figures reflect the agency's role in managing Global Fund grants.

Table 13: Total number of Joint Programme staff and staff time allocated to HIV at country level in 2020 by agency

JP Agency	HIV Specific		HIV Sensitive		Broader AIDS response		Total Number of Staff in Each Agency at Country Level
	Total Number	Proportion out of Total Staff	Total Number	Proportion out of Total Staff	Total Number	Proportion out of Total Staff	
ILO	15	22.1	30	44.1	23	33.8	68
UN Women	-	-	44	100	-	-	44
UNDP	60	43.2	65	46.8	14	10.1	139
UNESCO	35	62.5	5	8.9	16	28.6	56
UNFPA	43	24.6	82	46.9	50	28.6	175
UNHCR	-	-	2	3.7	52	96.3	54
UNICEF	71	41.5	73	42.7	27	16	171
UNODC	25	51	15	30.6	9	18.4	49
WFP	4	5.3	39	52	32	42.7	75
WHO	26	24.3	58	54.2	23	21.5	107
World Bank	1	0.7	100	65.4	52	34	153
Secretariat	236	100	-	-	-	-	236
Grand Total	**516**	**39**	**513**	**39**	**298**	**22**	**1,327**

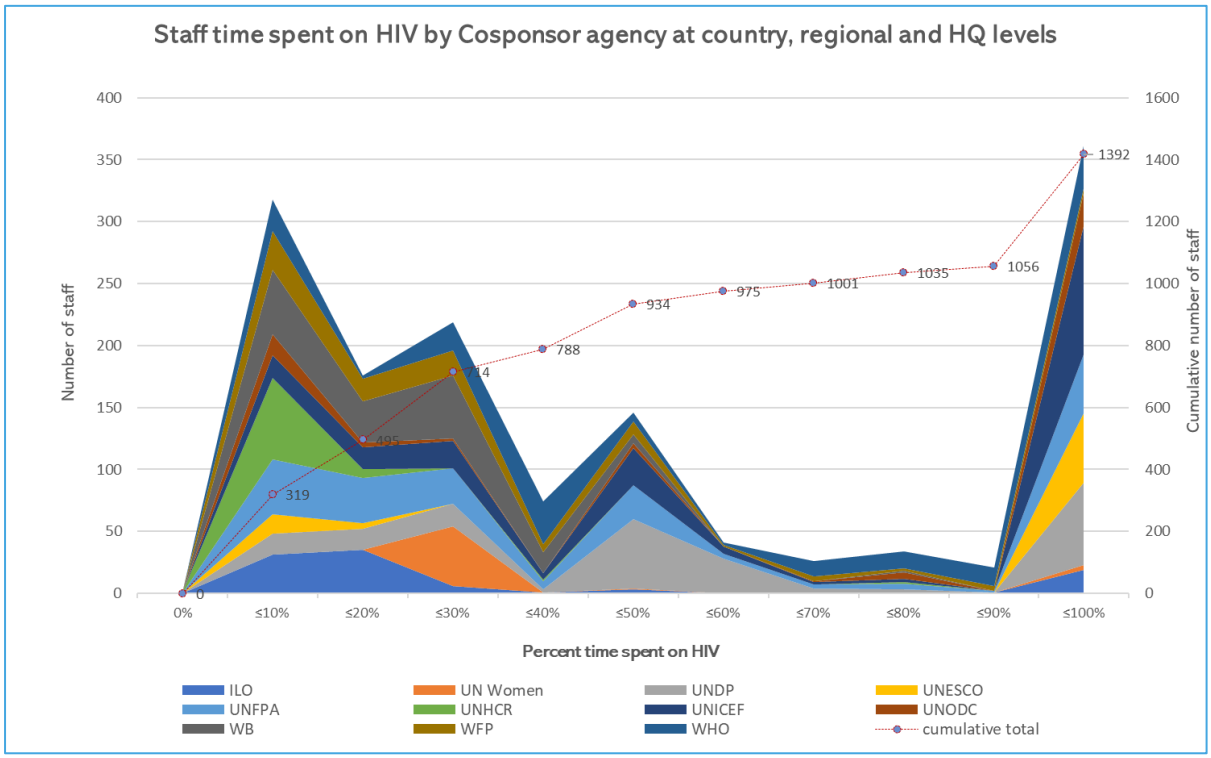
Figure 20: Staff time allocated to HIV-related work at country level by agency



Cosponsor staff time allocated to HIV at HQ level and within regions

Figure 21 below provides an overview of Cosponsor staff time spent on HIV at HQ level and within all regions (including staff at country level and at regional level) on a 0 to 100 scale. The graph, developed by the UNAIDS Secretariat based on data from this assessment, show that the percentages of time spent on HIV by Cosponsors are largely on the lower side.

Figure 21: Cosponsor staff time spent on HIV at HQ level and within all regions



Source: UNAIDS Secretariat 2022.

Annex 7 includes graphs analysing staff time spent by Cosponsors for each of the six Joint Programme regions.

Staff grades and job categories

Staff grades and job categories at HQ level

Professional grade staff (including directors and professional staff) account for the majority (84.5%) of Joint Programme staff at HQ level, and almost all Cosponsor HQ staff and most Secretariat HQ staff fall into this category.[19]

Almost one in five Secretariat HQ staff are categorised as director grade (17.5%). Only four Cosponsors – UNDP, WFP, WHO and the World Bank – report Joint Programme staff at this grade at HQ. Four Cosponsors – UNDP, UNFPA, WFP and the World Bank – report staff categorised as consultants at HQ level.

[19] For the analysis of staffing grades, the assessment team had to make a number of assumptions, as the Secretariat and individual Cosponsors define their staff grades differently.

Table 14: Total number of Joint Programme staff at HQ level in 2020 by job category and agency

JP Agency	Director	Professional	Consultant	Total
ILO	-	16	-	16
UN Women	-	3	-	3
UNDP	1	31	9	41
UNESCO	-	10	-	10
UNFPA	-	5	1	6
UNHCR	-	4	-	4
UNICEF	-	11	-	11
UNODC	-	4	-	4
WFP	1	-	2	3
WHO	1	29	-	30
World Bank	1	3	1	5
Secretariat	31	146	-	177
Grand Total	**35**	**262**	**13**	**310**

Note: In this Table, the category Professional refers to both International Professional Staff (grades P1 to P5) and to National Officers.

Staff grades and job categories at regional level

At regional level, there is a wider range of Joint Programme staff grades and job categories (see Table 15 below). However, as at HQ level, the majority (78.2%) fall into the international professional grade category. The Secretariat has seven director grade staff at regional level; UNDP is the only Cosponsor with three staff in this category at regional level. The Secretariat and some Cosponsors also report regional staff in other categories, including national professional officers, consultants and UN volunteers, but these account for a relatively small proportion of the total number of Joint Programme regional staff.

Table 15: Total number of Joint Programme staff at regional level in 2020 by job category and agency

JP Agency	Director	Professional International	Professional National	Consultant	Service Contract	UN Volunteer	Not Reported	Total
ILO	-	13	-	-	-	-	-	13
UN Women	-	2	-	-	-	-	4	6
UNDP	3	8	1	5	2	1	-	20
UNESCO	-	9	1	1	-	-	-	11
UNFPA	-	15	3	1	-	1	-	20
UNHCR	-	7	-	-	1	-	-	8
UNICEF	-	13	-	-	-	-	-	13
UNODC	-	25	1	-	-	-	-	26
WFP	-	5	2	6	-	-	-	13
WHO	-	33	-	-	-	-	-	33
World Bank	-	5	-	-	-	-	-	5
Secretariat	7	51	12	-	-	-	-	70
Grand Total	**10**	**186**	**20**	**13**	**3**	**2**	**4**	**238**

Note: In this Table, the category International Professional refers to International Professional Staff grades P1 to P5.

Staff grades and job categories at country level

As shown in Table 16 below, at country level, the majority of Joint Programme staff fall into the national professional officer (42.8%) or international professional officer grade (38.6%) categories. The World Bank do not have national officers at this level, whereas UNICEF national professional staff are included in the column of international professional staff. The Secretariat has 12 director grade staff at regional level; no Cosponsor has staff in this category at country level.

Joint Programme use of consultants and service contracts is higher at country level than at regional level. The World Bank and WFP report the highest number of staff on consultancy contracts at country level, while UNDP, UNFPA and UNODC report the highest number of staff on service contracts at this level.

Data regarding job categories was missing or not reported for 57 out of total 1,327 staff at country level.

Table 16: Total number of Joint Programme staff at country level in 2020 by job category and agency

JP Agency	Director	Professional International	Professional National	Consultant	Service Contract	Internship	UN Volunteer	Not Reported	Total
ILO	-	15	53	-	-	-	-	-	68
UN Women	-	-	-	-	-	-	-	44	44
UNDP	-	26	70	5	37	-	1	-	139
UNESCO	-	10	36	-	-	-	-	10	56
UNFPA	-	22	125	4	23	-	1	-	175
UNHCR	-	16	24	-	1	-	13	-	54
UNICEF	-	170	-	1	-	-	-	-	171
UNODC	-	11	15	3	17	-	-	3	49
WFP	-	24	37	14	-	-	-	-	75
WHO	-	9	96	-	-	2	-	-	107
World Bank	-	97	-	56	-	-	-	-	153
Secretariat	12	112	112	-	-	-	-	-	236
Grand Total	**12**	**512**	**568**	**83**	**78**	**2**	**15**	**57**	**1.327**

Note: In this Table, the category Professional International refers to International Professional Staff grades P1 to P5. UNICEF's national professional staff are included in the category Professional International staff.

The assessment team also mapped staff by Results Area (RA) (see Section 3.2).

3.2 Capacity Required and Capacity Gaps

KEY ASSESSMENT QUESTIONS:

What capacity is required to support implementation of the Global AIDS Strategy and the UBRAF and to ensure that the Joint Programme can fulfil its mandate, including providing the different type and intensity of support required by countries?

What are the key gaps in currently available Joint Programme capacity?

3.2.1 Joint Programme human resources capacity needs and gaps

Human resources capacity needs and gaps have been considered in relation to thematic areas, regional coverage and priorities. The assessment is based on review of the Global AIDS Strategy (GAS) 2021-2026, UBRAF workplan and budget for 2019-2020 and draft for 2022-2023, 2021 Political Declaration, 2020 Global AIDS Report and 2021 Global AIDS Update, UNAIDS Secretariat country analysis, qualitative feedback from interviews and survey responses, and analysis of reported human resources data.[20]

Thematic capacity and gaps

The team assessed thematic and technical capacity needs and gaps against the 10 Results Areas in the GAS and UBRAF and which are listed in the table 17 below. Table 43 and 44 in Annex 10 show how the previous Strategic Results Areas (SRAs) related to the UNAIDS Strategy 2016-2021 relates to the new RAs for 2021-2016.

Table 17: GAS 2021-2026 Results Areas

Results Area (RA)
RA 1: Primary HIV prevention for key populations, adolescents and other priority populations, including adolescents and young women and men in locations with high HIV incidence
RA 2: Adolescents, youth and adults living with HIV, especially key populations and other priority populations, known their status and immediately offered and retained in quality, integrated HIV treatment and care that optimise health and well-being
RA 3: Tailored, integrated and differentiated vertical transmission and paediatric service delivery for women and children, particularly for adolescent girls and young women in locations with high HIV incidence
RA 4: Fully recognised, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response
RA 5: People living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma and discrimination
RA 6: Women and girls, men and boys, in all their diversity, practice and promote gender equitable social norms and gender equality, and work together to end gender-based violence and to mitigate the risk and impact of HIV

[20] UNAIDS (2021): Global AIDS Strategy 2021-2026. UNAIDS (2019): UNAIDS workplan & budget 2020-21. UNAIDS (2021): Draft UBRAF workplan and budget 2022-2023. UNAIDS (2021): Political Declaration on HIV and AIDS. UNAIDS (2020): Global AIDS Update 2020; Seizing the Moment; Tackling entrenched inequalities to end epidemics. UNAIDS (2021): Global AIDS Update 2021; Confronting inequalities; Lessons for pandemic responses from 40 years of AIDS.

Results Area (RA)
RA 7: Young people fully empowered and resourced to set new direction for the HIV response and unlock the progress needed to end inequalities and end AIDS
RA 8: Fully funded and efficient HIV response implemented to achieve the 2025 targets
RA 9: Integrated systems for health and social protection schemes that support wellness, livelihood and enabling environments for people living with, at risk of and affected by HIV to reduce inequalities and allow them to live and thrive
RA 10: Fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks

Table 18 below shows the estimate of approximate staff FTE allocated by Cosponsors to RAs at regional and country levels.

Key points to note related to RA allocation data include:

- The Secretariat did not provide data on staff allocation to RAs.
- Some Cosponsors provided data on staff allocation by SRA for 2020, which were based on the 8 SRAs in the UNAIDS 2016-2021 strategy (see Annex 10); others provided data based on the 10 RAs in the 2021-2026 strategy. The assessment team has reallocated data based on the old SRA categories to the new RA categories. So, for example, UN Women staff time, allocated to SRA 5 under the old categorisation, has been allocated to RA 6 under the new categorisation.
- Some Cosponsors, for example, WHO, UNICEF, UNDP and the World Bank, allocate staff time across multiple SRAs and the team calculated FTE against the 10 RAs based on this.

Analysis of human resources capacity against the current RAs suggests that:

- Cosponsor reporting of where their human resources capacity is allocated not surprisingly reflects their mandate and the Division of Labour.
- HIV prevention, RA 1, has the highest staff FTE at regional level and the second highest at country level, reflecting the attention given to this area by a number of Cosponsors including UNFPA, UNDP, WHO, UNODC and ILO.
- HIV prevention among young people, RA 7, has the highest reported staff FTE at country level, reflecting the focus and country presence of certain agencies, in particular UNFPA and UNICEF, as well as the mandate of UNESCO.
- The relatively high number of country staff FTE allocated to eMTCT, RA 3, reflects the focus and country presence of UNICEF; RA 3 is also a focus area for WHO.
- The relatively high country level capacity allocated to RA 9 reflects the specific focus of agencies such as WFP as well as the attention given to systems by WHO, World Bank and, to a lesser extent, UNDP and ILO.
- The least Cosponsor capacity is allocated to community-led responses, RA 4, reflecting the Secretariat's lead in this area and the fact that it is a new results area.
- FTE allocated to RA 10, which is a more specialised and geographically focused area, is based on UNHCR and WFP staff time allocations.

Table 18: Approximate total Cosponsor FTE staff allocation by RA at HQ, regional and country levels[21]

Results Area (RA)	HR capacity at HQ level (estimated FTE)	HR capacity at regional level (estimated FTE)	HR capacity at country level (estimated FTE)	TOTAL HR capacity at all levels (estimated FTE)
RA 1: Primary HIV prevention for key populations, adolescents and other priority populations, including adolescents and young women and men in locations with high HIV incidence	25,4	21,1	87,4	133,9
RA 2: Adolescents, youth and adults living with HIV, especially key populations and other priority populations, known their status and immediately offered and retained in quality, integrated HIV treatment and care that optimise health and well-being	18,7	4,5	40,0	63,2
RA 3: Tailored, integrated and differentiated vertical transmission and paediatric service delivery for women and children, particularly for adolescent girls and young women in locations with high HIV incidence	5,7	6,8	60,6	73,1
RA 4: Fully recognised, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response	1,9	0,0	0,9	2,8
RA 5: People living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma and discrimination	6,9	10,5	42,1	59,5
RA 6: Women and girls, men and boys, in all their diversity, practice and promote gender equitable social norms and gender equality, and work together to end gender-based violence and to mitigate the risk and impact of HIV	9,3	8,6	37,4	55,4
RA 7: Young people fully empowered and resourced to set new direction for the HIV response and unlock the progress needed to end inequalities and end AIDS	9,6	13,2	140,5	163,3
RA 8: Fully funded and efficient HIV response implemented to achieve the 2025 targets	4,4	3,4	31,1	38,9
RA 9: Integrated systems for health and social protection schemes that support wellness, livelihood and enabling environments for people living with, at risk of and affected by HIV to reduce inequalities and allow them to live and thrive	3,9	8,7	38,1	50,7
RA 10: Fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks	2,3	3,5	5,8	11,5
TOTAL STAFF FTEs FOR ALL Ras	**88,1**	**80,3**	**483,9**	**652,3**
TOTAL STAFF ALL FTEs AT ALL LEVELS	**652,3**			

[21] RAs based on: UNAIDS (2021): Global AIDS Strategy 2021-2026.

Figure 22: Cosponsor FTE staff allocation by RA at HQ level

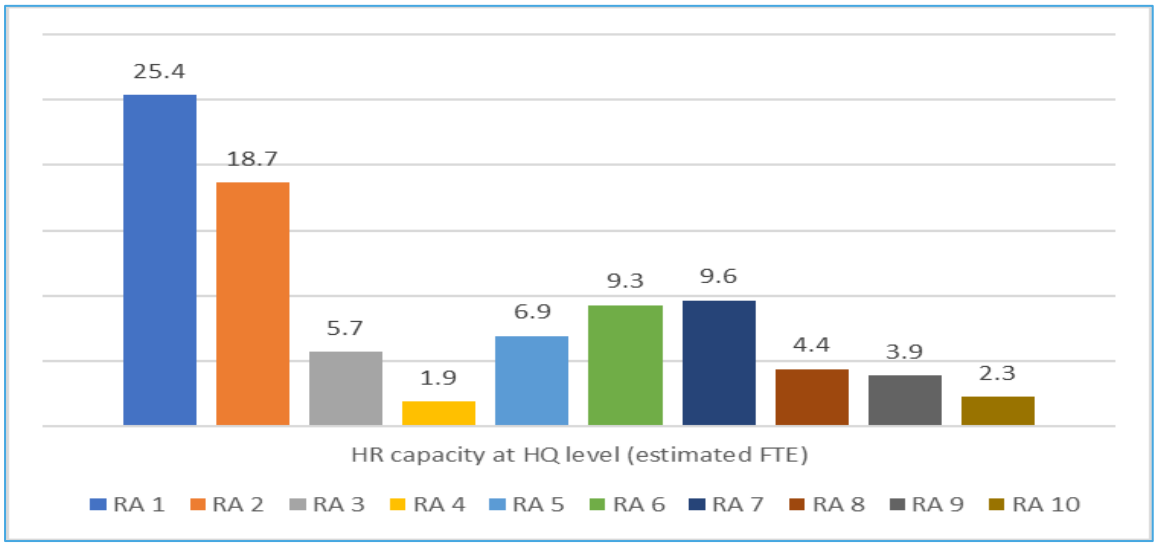


Figure 23: Cosponsor FTE staff allocation by RA at regional level

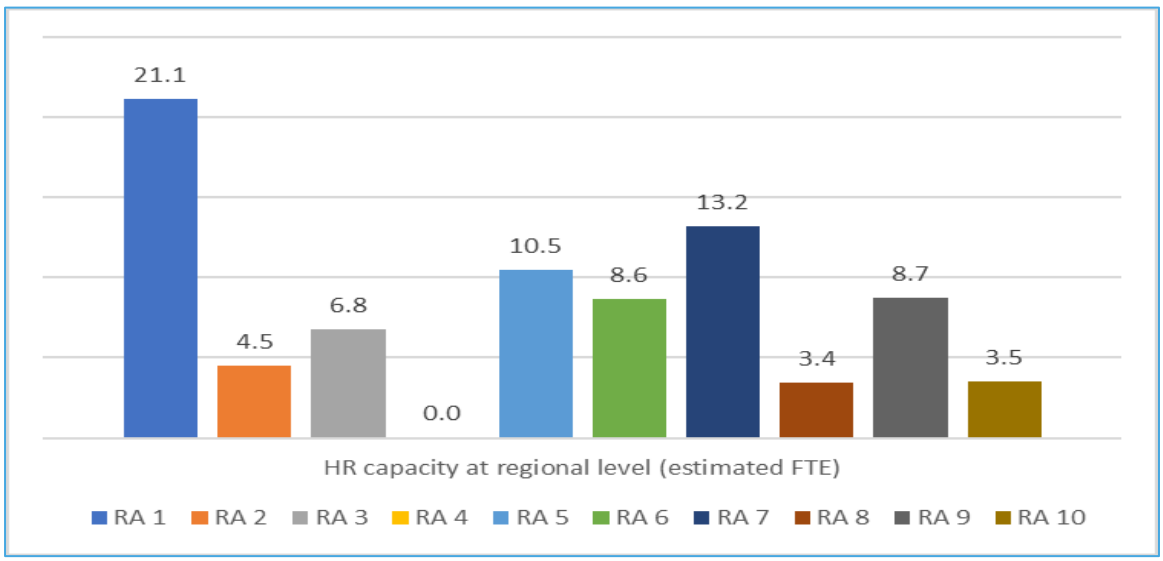
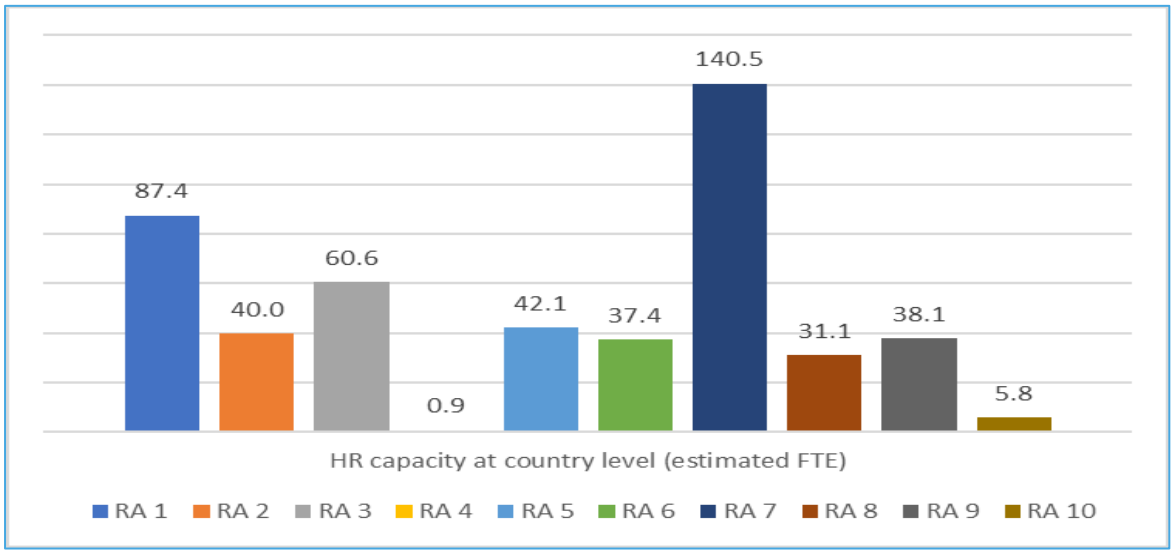


Figure 24: Cosponsor FTE staff allocation by RA at country level



Qualitative feedback from consultations highlighted the need for more, or more effective, capacity to maximise the contribution of the Joint Programme, particularly in relation to RAs 1, 2, 5, 8, 9 and 10. Specific feedback is summarised below.

RA 1: Primary HIV prevention for key populations, adolescents and other priority populations, including adolescents and young women and men in locations with high HIV incidence

- Step up prevention efforts, and make the case for investment in prevention, especially in countries where new HIV infections are increasing.
- Increase coverage of primary prevention, in particular harm reduction for people who use drugs and in prison settings.
- Maintain and scaling up interventions for key populations, e.g., PrEP, especially young key populations.

RA 2: Adolescents, youth and adults living with HIV, especially key populations and other priority populations, known their status and immediately offered and retained in quality, integrated HIV treatment and care that optimise health and well-being

- Improve cascade performance to achieve 95-95-95, reduce the number of undiagnosed and the treatment gap.
- Improve testing, treatment and care for key populations.

RA 5: People living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma and discrimination

- Strengthen efforts to tackle harmful laws and policies and structural barriers, and related engagement with policy makers.
- Improve analysis, design and implementation of rights-based responses.

RA 8: Fully funded and efficient HIV response implemented to achieve the 2025 targets

- Step up efforts around domestic resource mobilisation for national HIV programmes and engagement with policy makers around health financing issues; this should include support to devolved governments.
- Enhance capacity around innovative approaches to resource mobilisation and identifying new funding opportunities, to address decreased funding for HIV from traditional sources.

"*Policy dialogue and engagement with government on sustainability and, specifically, domestic funding for programmes and services that will no longer be funded by external donors – this is a difficult task and requires skills and influence as it is difficult to mobilise government resources for key populations*."

RA 9: Integrated systems for health and social protection schemes that support wellness, livelihood and enabling environments for people living with, at risk of and affected by HIV to reduce inequalities and allow them to live and thrive

- Integrate HIV within health and social protection systems including transitioning programming from externally funded programmes into national systems.
- Strategic positioning of HIV within UHC.

RA 10: Fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks

- Strengthen HIV programming for displaced people and migrants and in the increasing number of contexts affected by complex emergencies.

Regional capacity and gaps

Table 19 below summarises the total number of Joint Programme staff by agency at regional level (including both regional and country staff).[22]

Overall, capacity is skewed towards some regions, for example, ESA and WCA, reflecting the higher burden of HIV and greater needs of these regions to date. Other regions, including those with growing epidemics, such as EECA and MENA, have a limited regional and country Joint Programme footprint.

[22] FTE (see Section 3.1) is lower for all Joint Programme agencies, with the exception of the Secretariat.

Table 19: Total number of Joint Programme staff in 2020 in different regions[23]

JP Agency	LAC	EECA	WCA	ESA	AP	MENA	Total
ILO	6	9	13	33	17	3	81
UN Women	10	6	11	13	7	3	50
UNDP	24	24	28	40	29	14	159
UNESCO	5	3	22	25	12	-	67
UNFPA	40	10	50	59	20	16	195
UNHCR	4	1	16	26	5	10	62
UNICEF	13	11	55	69	18	18	184
UNODC	2	13	10	18	21	11	75
WFP	11	-	33	33	5	6	88
WHO	23	16	28	31	31	11	140
World Bank	16	14	44	52	30	2	158
Secretariat	33	24	78	103	50	18	306
Grand Total	**187**	**131**	**388**	**502**	**245**	**112**	**1,565**

Based on human resources data and qualitative feedback, the picture for Cosponsors is one of stretched capacity, with some agencies having a limited presence in some regions. For example:

- World Bank has a limited regional and country presence in EECA, LAC and MENA, all regions where HIV investment, efficiency and sustainability of the response are regional priorities (see Box 1 below) and where many countries are transitioning from Global Fund support.
- UNODC has a limited presence in LAC and inadequate capacity in MENA and ESA[24] to respond to country requests for technical support, for example, to address increasing HIV incidence linked to injecting drug use in Madagascar and to support HIV services in prisons in the Comoros. In EECA, the RST reported that UNODC country capacity needs to be strengthened to help ensure services for drug users are maintained.
- UNESCO has no presence in MENA, limited presence in LAC and inadequate regional capacity in AP.
- UN Women has limited capacity in some regions, for example, AP, LAC, MENA and WCA, to support the Joint Programme and countries to achieve UNAIDS' gender equality agenda.
- ILO only has one full-time regional position, in the Africa Regional Office.
- WFP and UNHCR staff capacity is mostly based in ESA and WCA, which reflects regional needs and priorities, but WFP has no regional presence in WCA.
- WHO has insufficient capacity in EECA and MENA to support countries to improve cascade performance and ensure HIV is integrated effectively within health systems.

[23] The Joint Programme uses the following regional classification: Latin America and the Caribbean (LAC), Eastern Europe and Central Asia (EECA), West and Central Africa (WCA), Eastern and Southern Africa (ESA), Asia and the Pacific (AP) and Middle East and North Africa (MENA).
[24] Until recently, UNODC only had one regional position in ESA, but has now recruited for an additional post.

"*WHO is really understaffed In EECA – staff are spread across countries and communicable diseases*"… "*Many countries in MENA are facing complex emergencies and there are many competing priorities… capacity is not sufficient and consequently WHO is unable to do what it needs to vis-à-vis HIV*"

The Secretariat also has limited capacity in some regions, in particular in EECA and MENA. In EECA, for example, the RJT highlighted the need for more countries in the region to have a Secretariat presence, to ensure that HIV stays on the agenda.

Annex 6, which includes a table representing the total number of staff and FTE by country, shows that some countries also have a limited Cosponsor presence.

Figure 25 below shows the five countries with the least Cosponsor capacity in each region. For the LAC region, these countries are the Bahamas, Trinidad and Tobago, Nicaragua, Uruguay and Belize. For the MENA region, they are Libya, Yemen, Lebanon, Algeria and Tunisia. For the AP region, these countries are Sri Lanka, Kiribati, North Korea, Maldives and Mongolia. For the ESA region, they are Eritrea, Rwanda, Botswana and Lesotho. For WCA these countries include Sao Tomé and Principe, Cabo Verde, Equatorial Guinea, Guinea-Bissau and the Gambia. For EECA, they include Albania, Azerbaijan, Romania, Armenia and Uzbekistan.

The Secretariat also has a limited presence in some countries. Countries without a Secretariat presence (see Table 20 below) include some of those identified as having the largest gaps or large gaps in an analysis of country gaps conducted by the UNAIDS Secretariat (Malaysia, Russian Federation, Bolivia, Ecuador, Honduras, Libya, Guinea-Bissau).

Table 20: Countries without a Secretariat presence

Region	Countries without Secretariat's Presence
AP	Afghanistan, Bhutan, Kiribati, Democratic People's Republic of Korea, Malaysia, Maldives, Marshall Islands, Mongolia, Samoa, Sri Lanka, Timor-Leste, Tonga and Tuvalu
EECA	Albania, Azerbaijan, Georgia, Romania, Russian Federation
ESA	Comoros
LAC	Bahamas, Belize, Bolivia, Chile, Colombia, Cuba, Ecuador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Trinidad and Tobago, Uruguay
MENA	Lebanon, Libya, Somalia, Yemen, Syria, Jordan, Iraq and Gulf Cooperation countries (Saudi Arabia, UAE, Oman, Bahrain, Qatar and Kuwait)
WCA	Cabo Verde, Guinea-Bissau, Sao Tome and Principe

Figure 25: Top five countries with the lowest number of Cosponsor staff by region

The team also reviewed regional priorities and collected qualitative feedback on capacity gaps (see Box 1 below).

Box 1: Regional priorities and capacity gaps for the Joint Programme

Region	Regional priorities	Specific issues on capacity gaps
AP	Combination prevention for key populations especially young key populations HIV testing, linkage to care treatment, and TB/HIV integration Legal environment, stigma and discrimination Gender inequality and gender-based violence Health system strengthening for integrated HIV and health services, efficiency, HIV investment	Improving testing coverage and linkage to care Scale up and sustainability of HIV prevention and harm reduction services to address increasing epidemic among key populations Conservatism, criminalisation, high levels of stigma and discrimination Lack of SRH information and services for young people CSO and community involvement Sustainable financing as countries transition from external funding Health systems and UHC Engagement with regional entities Strengthen data for decision making
EECA	HIV testing and treatment eMTCT Addressing increasing HIV infections and poor cascade performance Scale up of HIV prevention interventions Human rights, stigma and discrimination Investment, efficiency and sustainability	Rapid increase in new infections, in key populations, women and girls Scale up and sustainability of HIV prevention and harm reduction services for key populations Punitive legal and policy environment Poor cascade performance, especially the second 90 Sustainable financing as countries transition from external funding
ESA	HIV/TB testing, treatment eMTCT Combination prevention for AGYP and key populations Human rights Gender equality and GBV Social protection Health system strengthening for integrated HIV and health services, efficiency, HIV investment	Inadequate services for key populations Vulnerability of young women and girls Scale up combination prevention Poor cascade outcomes for children, young people, men CSE and SHRH services for young people Impact of humanitarian crises Strengthen strategic information and data for decision making HIV integration into health and social protection systems
LAC	Combination prevention among key and vulnerable populations HIV testing and treatment eMTCT HIV and syphilis Human rights, stigma and discrimination Gender equality and GBV	Addressing increasing HIV infections, scale up and sustaining services for key populations Improve cascade performance Impact of humanitarian crises and mass migration Conservatism, criminalisation, stigma and discrimination CSE and SHRH services for young people Generation, analysis, use of gender-related data HIV integration into health and social protection systems Sustainable financing as countries transition from external funding

Region	Regional priorities	Specific issues on capacity gaps
MENA	Combination prevention among key and vulnerable populations 90–90–90 eMTCT Human rights, S&D Gender equality and GBV HIV services in humanitarian emergencies Sustainable HIV response	Addressing increasing HIV infections Scale up and sustain services for key populations and in prison settings CSE and SHRH services for young people Poor cascade performance Punitive legal and policy environment Generation, analysis and use of gender-related data Impact of humanitarian crises and mass migration Sustainable financing
WCA	90–90–90 eMTCT Combination prevention among key and vulnerable populations HIV services in humanitarian emergencies and fragile states Investment and efficiency Human rights, stigma and discrimination Gender equality and GBV	Scale up HIV prevention for key populations and young people Support for advocacy, policy and programming for key populations and their sexual partners, who account for almost 70% of new infections in the region Hostile legal, policy and social environment for key populations Impact of conflict and insecurity GBV prevention and services CSE and SHRH services for young people

Although regional priorities differ, there are some priority issues that are common across regions including: combination prevention for key populations; cascade performance; investment, efficiency and sustaining the HIV response; gender equality; and human rights. Responses from regional teams highlighted the importance of maintaining or strengthening capacity to address these issues.

"*In EECA, inadequate prevention coverage, punitive laws and stigma and discrimination are all impeding the response… there is also a need for more expertise related to young key populations*"

Feedback from interviews about capacity vs. regional priorities was consistent with feedback about capacity vs. RAs. In addition, many informants highlighted the importance of ensuring that the Joint Programme has adequate capacity to support collection and analysis of reliable data, as well as support for civil society and community involvement.

"*In AP there has been less progress on integrating community work with health systems than in other regions and the response still largely government led* …"

Capacity and gaps based on the UNAIDS Secretariat country configuration exercise

An analysis of country capacity and gaps conducted in 2021 by the Secretariat provides a useful overview of country priorities and gaps.[25] The exercise aimed to pull together critical evidence to inform decisions about UN support to countries and communities in delivering the Global AIDS Strategy (GAS) 2021-2026. It reviewed 122 countries using 29 objectively

[25] UNAIDS (2021): Overview of country classification; country classification task team.

verifiable indicators related to the three priorities and ten results areas in the Global AIDS Strategy. The country profile parameters/indicators included:

HIV epidemiology/epidemic

Services (corresponding to GAS priority 1)

- Prevention among key populations and general populations
- Testing and treatment
- Vertical transmission and paediatric HIV testing and treatment

Societal enablers (corresponding to GAS priority 2)

- Community led responses
- Human rights
- Gender equality
- Young people

Health systems and social protection (corresponding to GAS priority 3)

- Funded HIV response
- Systems integration and social protection
- Humanitarian settings and pandemics

Inequality

Using this data, a profile was developed for each country summarising the context and the response, and highlighting gaps in the response, inequalities and the potential need for support. In the Secretariat analysis, countries were grouped into 6 baskets, based on analysis of data and the profiles.

Figure 26: Overview of categories of countries in UNAIDS Secretariat country configuration exercise conducted in 2021

Basket	Basket 1 Services, Enablers and Systems	Basket 2 Services and Enablers	Basket 3 Enablers and Systems	Basket 4 Services and Systems	Basket 5 One area	Basket 6 Small epidemic
Number of countries	67	12	20	4	11	8

Each basket reflects different level of gaps
Country could have gaps in all three priority areas or two of the areas, etc

Source: UNAIDS (2021): Overview of country classification; country classification task team.

The analysis categorised 67 countries in Basket 1 (a country has gaps and may require assistance in all three GAS priority areas), 36 countries in Baskets 2, 3 or 4 (a country has gaps and may require assistance in two of the three GAS priority areas), 11 countries in Basket

5 (a country has gaps and may require assistance in one of the three GAS priority areas) and 8 countries in Basket 6 (a country has a small epidemic and may require targeted or thematic assistance).

Within the baskets, the intensity of potential support was estimated, based on the HIV burden, response, income status and inequality. The Secretariat categorisation also identified the intensity of potential support needed and countries were colour coded accordingly (Figure 27).

Figure 27: Secretariat country categories with colour coding

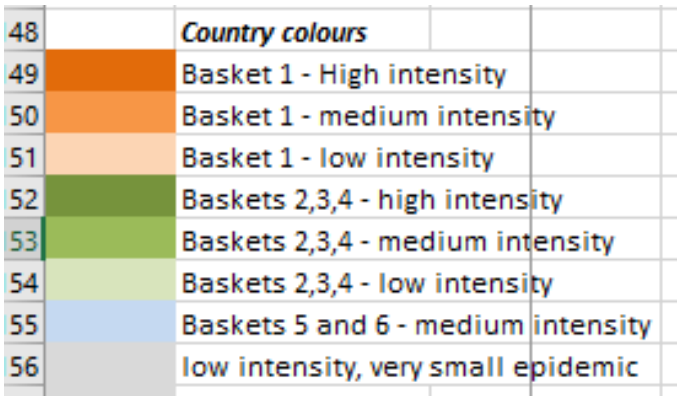


Figure 28 below was produced by UNAIDS based on the country configuration exercise and provides an overview of all regions.

Figure 28: Overview of country classification per region

Source: UNAIDS Secretariat 2022

The assessment team compared the country classification in the Secretariat configuration exercise with the regional priorities, capacity gaps and staffing levels identified during the assessment. The following tables provide overviews of these for each region (for more detailed information, refer to Box 1 (p.46-47).

Table 21: Overview of regional priorities, capacity gaps and staffing in EECA region

Region	Countries	Regional priorities and capacity gaps	Regional level staffing	Country level staffing
EECA	Uzbekistan Tajikistan Kyrgyz Republic Armenia Russian Federation Moldova Belarus Ukraine Kazakhstan	HIV testing and treatment eMTCT Addressing increasing HIV infections (rapid increase in new infections, in key populations, women and girls) Addressing poor cascade performance (especially the second 90) Scale up and sustainability of HIV prevention interventions including harm reduction for key populations Human rights, stigma and discrimination (punitive legal and policy environment) Investment, efficiency and sustainability (sustainable financing as countries transition from external funding)	ILO – 1 UN Women – 1 UNDP – 4 UNESCO – 1 UNFPA – 1 UNHCR – 0 UNICEF – 2 UNODC – 5 WFP – 0 WHO – 5 World Bank – 1 Secretariat – 11 **Total number of staff - 32**	ILO – 8 UN Women – 5 UNDP – 20 UNESCO – 2 UNFPA – 9 UNHCR – 1 UNICEF – 9 UNODC – 8 WFP – 0 WHO – 11 World Bank – 13 Secretariat – 13 **Total number of staff – 99**

According to the UNAIDS Secretariat configuration exercise, the Russian Federation, Ukraine and Uzbekistan have gaps in all three strategic priority areas and Belarus has gaps in two strategic priority areas. These four countries and Kazakhstan may all require medium intensity support. Joint Programme staff and FTE for these countries are: Russian Federation (5 staff; 2.7 FTE); Ukraine (20 staff; 9.9 FTE); Uzbekistan (4 staff; 2.4 FTE); Belarus (10 staff; 5.1 FTE) (see Annex 7 for breakdown by agency).

Table 22: Overview of regional priorities, capacity gaps and staffing in AP region

Region	Countries	Regional priorities and capacity gaps	Regional level staffing	Country level staffing
AP	India Indonesia Pakistan Philippines Papua New Guinea Nepal Lao PDR Myanmar Vietnam Cambodia Bangladesh China Thailand Malaysia Afghanistan Timor-Leste Bhutan Fiji Mongolia Sri Lanka	Scale up and sustainability of combination prevention to address increasing epidemic in key populations especially young key populations HIV testing coverage and linkage to care treatment, and TB/HIV integration Legal environment, conservatism, high levels of stigma and discrimination Gender inequality and gender-based violence Health system strengthening for integrated HIV and health services, efficiency, HIV investment and sustainable financing as countries transition from external funding SRH information and services for young people CSO and community involvement	ILO – 1 UN Women – 1 UNDP – 3 UNESCO – 2 UNFPA – 1 UNHCR – 1 UNICEF – 1 UNODC – 5 WFP – 1 WHO – 6 World Bank – 1 Secretariat – 13 **Total number of staff - 36**	ILO – 16 UN Women – 6 UNDP – 26 UNESCO – 10 UNFPA – 19 UNHCR – 4 UNICEF – 17 UNODC – 16 WFP – 4 WHO – 25 World Bank – 29 Secretariat – 37 **Total number of staff – 209**

According to the UNAIDS Secretariat configuration exercise, India, Indonesia and Pakistan have gaps in all three strategic priority areas and may require high intensity support. Myanmar, Nepal, Papua New Guinea and the Philippines have gaps in three priority areas and Malaysia has gaps in two priority areas; all five countries may require medium intensity support. Joint Programme staff and FTE for these countries are: India (23 staff; 14.1 FTE); Indonesia (24 staff; 15.5 FTE); Pakistan (14 staff; 7.7 FTE); Myanmar (15 staff; 8.8 FTE); Nepal (10 staff; 3.4 FTE), PNG (9 staff; 4.3 FTE); Philippines (14 staff; 9.7 FTE); and Malaysia (4 staff; 0.6 FTE) (see Annex 7 for breakdown).

Table 23: Overview of regional priorities, capacity gaps and staffing in ESA region

Region	Countries	Regional priorities and capacity gaps	Regional level staffing	Country level staffing
ESA	Mozambique Angola Lesotho South Sudan Eswatini Tanzania Uganda Zimbabwe Zambia Malawi Rwanda Botswana Namibia Mauritius South Africa Madagascar Eritrea Kenya Ethiopia Seychelles Comoros	HIV/TB testing, treatment eMTCT Combination prevention for AGYP and key populations; inadequate services for key populations Poor cascade outcomes for children, young people, men Human rights Gender equality and GBV (vulnerability of young women and girls HIV integration into health and social protection systems Health system strengthening efficiency, HIV investment CSE and SHRH services for young people Impact of humanitarian crises	ILO – 5 UN Women – 1 UNDP – 9 UNESCO – 3 UNFPA – 10 UNHCR – 3 UNICEF – 5 UNODC – 7 WFP – 5 WHO – 7 World Bank – 1 Secretariat – 17 **Total number of staff - 73**	ILO – 28 UN Women – 12 UNDP – 31 UNESCO – 22 UNFPA – 49 UNHCR – 23 UNICEF – 73 UNODC – 11 WFP – 28 WHO – 24 World Bank – 51 Secretariat – 86 **Total number of staff – 438**

According to the UNAIDS Secretariat configuration exercise, Angola and South Sudan have gaps in all three strategic priority areas and may require high intensity support and Eswatini has gaps in three priority areas and may need medium intensity support. Lesotho, Madagascar and Mozambique have gaps in two priority areas and may require high intensity support; Ethiopia and Kenya have gaps in two priority areas and may require medium intensity support. Joint Programme staff and FTE for these countries are: Angola (19 staff; 11.8 FTE) and South Sudan (36 staff; 18.7 FTE); Eswatini (28 staff; 14.6 FTE); Lesotho (17 staff; 11.1 FTE), Madagascar (21 staff; 7.3 FTE) and Mozambique (24 staff; 13.7 FTE); Ethiopia (29 staff; 15.4 FTE) and Kenya (33 staff; 19.1 FTE) (see Annex 7 for breakdown).

Table 24: Overview of regional priorities, capacity gaps and staffing in the MENA region

Region	Countries	Regional priorities and capacity gaps	Regional level staffing	Country level staffing
MENA	Sudan Egypt, Arab Rep. Djibouti Tunisia Morocco Iran, Islamic Rep. Iraq Libya Algeria Yemen Somalia Saudi Arabia United Arab Emirates Kuwait Jordan Qatar Bahrain Syrian Arab Republic Lebanon Oman	Combination prevention among key and vulnerable populations to address increasing HIV infections Poor cascade performance 90–90–90 services for key populations and in prison settings eMTCT Human rights, S&D (punitive legal and policy environment) Gender equality and GBV (including generation, analysis and use of gender-related data) HIV services in humanitarian emergencies Sustainable HIV response and domestic financing CSE and SHRH services for young people	ILO – 2 UN Women – 1 UNDP – 2 UNESCO – 0 UNFPA – 2 UNHCR – 2 UNICEF – 1 UNODC – 5 WFP – 2 WHO – 3 World Bank – 0 Secretariat – 6 **Total number of staff - 26**	ILO – 1 UN Women – 2 UNDP – 12 UNESCO – 0 UNFPA – 14 UNHCR – 8 UNICEF – 17 UNODC – 6 WFP – 4 WHO – 8 World Bank – 2 Secretariat – 12 **Total number of staff – 86**

According to the UNAIDS Secretariat configuration exercise, Egypt, Iran and Sudan have gaps in all three strategic priority areas and may require medium intensity support; Algeria has gaps in two priority areas and may require medium intensity support. Joint Programme staff and FTE for these countries are Egypt (11 staff; 7.1 FTE), Iran (10 staff; 6 FTE) and Sudan (19 staff; 13 FTE); and Algeria (7 staff; 1.9 FTE) (see Annex 7 for breakdown by agency). Example of bulleted list:

Table 25: Overview of regional priorities, capacity gaps and staffing in the WCA region

Region	Countries	Regional priorities and capacity gaps	Regional level staffing	Country level staffing
WCA	Nigeria Congo, Dem. Rep. Cameroon Côte d'Ivoire Ghana Mali Chad Togo Guinea Congo Central African Republic Sierra Leone Liberia Senegal Guinea-Bissau Gambia Burkina Faso Burundi Benin Sao Tome and Principe Mauritania Equatorial Guinea Gabon Niger Cabo Verde	90–90–90 eMTCT Scale up HIV prevention among key populations (key populations and their sexual partners, who account for almost 70% of new infections in the region) and young people HIV services in humanitarian emergencies and fragile states Investment and efficiency Human rights, stigma and discrimination advocacy (address hostile legal, policy and social environment for key populations) Gender equality and GBV prevention and services CSE and SHRH services for young people	ILO – 2 UN Women – 1 UNDP – 0 UNESCO – 4 UNFPA – 4 UNHCR – 1 UNICEF – 2 UNODC – 4 WFP – 3 WHO – 5 World Bank – 1 Secretariat – 12 **Total number of staff - 39**	ILO – 11 UN Women – 10 UNDP – 28 UNESCO – 18 UNFPA – 46 UNHCR – 15 UNICEF – 53 UNODC – 6 WFP – 30 WHO – 23 World Bank – 43 Secretariat – 66 **Total number of staff – 349**

According to the UNAIDS Secretariat configuration exercise, Nigeria, Cameroon, Côte d'Ivoire, Ghana, Mali, Chad, Togo, Guinea, Congo and Central African Republic have gaps in all three strategic priority areas and may require high intensity support; Sierra Leone, Liberia, Senegal, Guinea-Bissau, Gambia, Burkina Faso, Burundi and Equatorial Guinea also have gaps in all three priority areas and may require medium intensity support. Democratic Republic of Congo and Niger have gaps in two priority areas and may require high intensity support (see breakdown of Joint Programme staff and FTE by country in Annex 7).

Table 26: Overview of regional priorities, capacity gaps and staffing in the LAC region

Region	Countries	Regional priorities and capacity gaps	Regional level staffing	Country level staffing
LAC	Honduras Bolivia Argentina Venezuela Ecuador Guatemala Brazil El Salvador Colombia Paraguay Mexico Peru Chile Costa Rica Nicaragua Panama Uruguay Dominican Republic Jamaica Suriname Haiti Barbados Bahamas, The Belize Trinidad and Tobago Guyana Cuba	Combination prevention among key and vulnerable populations HIV testing and treatment; improving cascade performance; sustaining HIV services for key populations eMTCT HIV and syphilis Legal and policy environment (human rights, stigma and discrimination, conservatism, criminalisation) Gender equality and GBV Impact of humanitarian crises and mass migration HIV integration into health and social protection systems Sustainable financing as countries transition from external funding	ILO – 2 UN Women – 1 UNDP – 2 UNESCO – 1 UNFPA – 2 UNHCR – 1 UNICEF – 2 UNODC – 0 WFP – 2 WHO – 7 World Bank – 1 Secretariat – 11 **Total number of staff - 32**	ILO – 4 UN Women – 9 UNDP – 22 UNESCO – 4 UNFPA – 38 UNHCR – 3 UNICEF – 11 UNODC – 2 WFP – 9 WHO – 16 World Bank – 15 Secretariat – 22 **Total number of staff – 155**

According to the UNAIDS Secretariat configuration exercise, Argentina, Venezuela, Dominican Republic, Ecuador, Guatemala and Jamaica have gaps in all three strategic priority areas and may require medium intensity support. El Salvador has gaps in two priority areas and may require high intensity support; Haiti, Honduras, Colombia, Paraguay and Panama have gaps in two priority areas and may require medium intensity support. Joint Programme staff and FTE for countries that require high intensity support are: Argentina (7 staff; 3.8 FTE), Dominican Republic (12 staff; 7.2 FTE), Ecuador (11 staff; 1.6 FTE), Guatemala (10 staff; 3.4 FTE), Jamaica (8 staff; 6.3 FTE) and Venezuela (5 staff; 2.6 FTE); and El Salvador (6 Staff; 1.7 FTE) (see Annex 7 for breakdown by agency).

Trends and implications

Decrease in human resources capacity

It was not possible for the assessment team to conduct a quantitative analysis of trends in human resources, in terms of staff numbers, FTE or grades, between 2016 and 2020, due to the lack of reliable staffing data for many Cosponsors for 2016/17 and 2018/19.

Based on qualitative feedback from interviews and survey responses, key findings include:

- Cosponsors report a decrease in HIV regional and country human resources capacity (i.e., staff numbers, FTE and grades) in recent years, especially since the reduction in UBRAF core funding in 2016/17, and the loss of more experienced staff.
- Most Cosponsors have fewer staff dedicated full-time to HIV than previously and this trend is unlikely to be reversed.
- Most Cosponsor staff at country level are now multi-functional, covering a range of issues including HIV and, in some cases, these multi-functional focal points do not have participation in the country Joint Team included in their job description or other topics and tasks are given higher priority.
- The Secretariat also reports a reduction in human resources capacity, although to a lesser extent and with some regions more affected than others.
- Informants also report that during the coming years a considerable number of experienced Cosponsor HIV professional staff will retire.

… "*it has been very difficult to maintain adequate country presence since the reduction in UBRAF core funding including in some priority countries*"

Impact of reduced human resources capacity

Cosponsor feedback on the implications of reduced UBRAF core funding and reduced human resources capacity was also consistent, suggesting that this has had an impact on the attention given to HIV within Cosponsor agencies, on Cosponsor participation in Joint Programme processes and on Cosponsors' ability to fulfil their mandates within and contribute to the Joint Programme. Key findings include:

- Reduced UBRAF core funding has reduced the influence of Cosponsors within their agencies, including their ability at all levels to ensure that HIV is prioritised and integrated within agency programmes and initiatives.

- Reduced human resources capacity has limited joint working and reduced Cosponsor engagement in the Joint Programme at regional and country level, including the ability to participate in Joint Teams and engage in country envelope planning and implementation.
- Reduced regional and country presence and reduced availability of technical capacity has reduced Cosponsors' ability to establish relationships with policy makers, influence and engage in policy dialogue with governments and respond to country requests for technical support.
- Most Cosponsors suggested that their capacity has already decreased to below 'mission-critical' level or would do so if there were further reductions in staffing and this has affected both Joint Programme and country performance in some instances.

"Cosponsor staff at country level is now below minimum level"

"*In countries in the AP region where it has staff, UNESCO is working more closely and regularly with Cosponsors with shared areas of focus, such as UNFPA, UNICEF, UNDP and WHO, but in countries where there are no UNESCO staff working on HIV this is not happening*"

"*In the Philippines, not all Co-Sponsors are actively participating in the Joint Programme due to limited capacity … at present, the only Cosponsors actively participating in the Joint Programme are UNFPA, WHO, UNDP, UNICEF and UNODC*"

"*It's a domino effect – cuts in field staff means there is no-one to engage with policy-makers, to advocate for the issue or to ensure it is included in country envelope funding*"

These findings are consistent with one of key conclusions of the Independent evaluation of the UN response to AIDS 2016-2019, which stated that "Cosponsor HIV-specific human resources are reducing, and this is affecting Cosponsor capacity to provide technical leadership in their mandated field; UNAIDS Secretariat human resources are also reducing, but to a lesser extent".[26] They are also consistent with the findings of the Global Review Panel in 2017, which commented on the "dissonance between individual Cosponsor responsibilities and capacities within the Joint Programme at country level" and specifically noted that "in an increasing number of countries, the failure to apply or adapt the distribution of responsibilities within the Joint Programme to country circumstance has served as a barrier to the provision of UN technical support in key areas of the response".[27] This occurs specifically when the lead Cosponsor does not have in-country presence or is unable to dedicate sufficient human and financial resources (as may have been the case for Cosponsors with the sudden 50% reduction of core UBRAF resources and the overall reduction in flexible core resources for the UN development system), and no other entity within the Joint Programme at country level has the capacity to fill the gap".

Cosponsor capacity limitations and lack of regional and country presence is reported to be undermining progress in the response to HIV. Feedback suggests that significant progress has been made in countries with a Cosponsor presence, for example on CSE in schools in

[26] Itad (2020): Independent Evaluation of the UN System Response to AIDS in 2016-2019.
[27] Global Review Panel (2017): Refining and reinforcing; the UNAIDS Joint Programme Model.

countries in ESA with a UNESCO presence and on CSE for out of school young people in countries with a UNFPA presence, and on HIV and drug use in prison settings in Kenya, where the UNODC regional position is based.

In contrast, lack of staff limits progress. For example, WHO reports that limited regional and country presence and capacity is hindering its ability to provide technical support in MENA, which is very behind on progress towards the 95:95:95 HIV testing and treatment targets, and in EECA, which is failing to make sufficient progress towards the second 95. UNFPA reports that staff numbers have been reduced in EECA and only has HIV dedicated staff in two countries in the region; other countries have focal points who cover a range of issues in addition to HIV.

"*After 2016, the post of a full-time National Programme Officer in some UNESCO field offices in the AP region was closed, making it difficult to network with government partners … this has had negative implications*"

In addition, limited capacity has implications for Cosponsor ability to leverage their comparative advantage to integrate HIV into wider agendas that are relevant to the new GAS, such as UHC, social protection, education, youth employment and migrant health. In some contexts, this has adversely affected the multi-sectoral nature of the HIV response.

Feedback also highlights the importance and value of the Secretariat presence in driving the HIV agenda and coordinating the UN response at regional and country levels, as well as missed opportunities in countries without a Secretariat presence or support.

For example, in the EECA region, the Secretariat has a presence in 9 out of 22 countries – with no presence in some key countries such as Azerbaijan and Georgia – and the RST's capacity has been significantly reduced, despite a rapidly growing epidemic and a challenging environment in the region. In WCA, it was reported that there have been missed opportunities to maximise Global Fund support for human rights and gender in countries in the region that do not have a human rights or gender advisor. In some countries with limited or not Cosponsor capacity the Secretariat has had to step in to address the gap. In MENA, one of the two regions in the world where HIV incidence is increasing and in which a large number of countries are affected by humanitarian emergencies and large migration flows, the regional and country capacity of Secretariat and Cosponsors remains very low.

Strategies adopted by Cosponsors to address lack of Joint Programme human resources include:

- Integrating HIV within the job descriptions of staff with multiple functions.
- Recruiting staff on short-term contracts, which makes recruitment more difficult.
- Replacing senior staff with more junior staff or UNVs, who require more HQ and regional support, and who may lack credibility and are therefore less able to engage with government on complex and sensitive issues.
- Increasing use of short-term consultants.

Human resources implications

Given current financial limitations, the Joint Programme will need to be strategic about how it minimises the impact of decreased human resources and makes the best use of existing

capacity. The following highlights human resources-specific issues to consider in order to achieve this and to address capacity gaps. Report section 3.3 discusses potential options for optimising Joint Programme capacity in more detail.

There is still a need for HQ and regional capacity within both the Secretariat and Cosponsor offices to support joint working and country offices and maintaining this will be critical, both in relation to Secretariat core functions such as strategic information and Cosponsor technical mandates. There are limited examples reported of effective substitution for the Secretariat by Cosponsors at country level. Clear guidance is required on maintaining and maximising the joint nature of the Joint Programme for countries without a Secretariat presence and for countries where Secretariat offices are staffed by only one person.

Qualitative feedback and document review identified the following as core functions where the UN has a comparative advantage and where it is essential for the Joint Programme to maintain capacity:

- Leadership and building global consensus
- Normative guidance
- Technical support
- Strategic information
- Partnerships and alliances including with civil society and communities

"*Keeping HIV as a priority issue on the agenda in a context of competing priorities requires the right skills to position HIV in this environment and leverage resources that are being allocated to other issues … The Joint Programme needs to maximise the opportunities provided by its Cosponsors, who are working on issues such as UHC, climate change and social protection …*"

Successful delivery of the GAS depends not only on the number of Joint Programme staff but also on staff having the required knowledge, skills and commitment to the GAS agenda. Feedback suggests a need for:

- Increased willingness and ability to engage in dialogue on politically sensitive issues, such as human rights, LGBT issues, drug use, prison services and adolescent SRH; some informants commented that the desire not to damage relationships with host governments results in some UN agencies taking a risk averse approach or focusing on less contentious areas of work.
- Staff with sufficient seniority, experience and technical expertise in countries where the operating environment is more challenging and, for example, a high degree of skill is required to engage with policy makers.
- Adequate resources to be allocated to developing the knowledge and skills of existing human resources, in particular around key structural drivers highlighted in the GAS, such as inequalities, human rights, key populations, enabling legal environments, and gender.

"*In our region, there is a need to strengthen the capacity of many country-level staff in working with and supporting key populations ... many barriers exist to country programming with key population communities, not least unsupportive attitudes of some staff who express cultural sensitivities to working with key populations*"

"*We need people who are effective … this means they have the necessary understanding and technical capacity to address inequalities including to do the necessary political work*…"

3.2.2 Summary of changes in Secretariat human resources post alignment

Introduction

This section includes a summary of the projected changes in Secretariat human resources once the alignment is implemented in 2022.

The summary is based on 1) figures provided by the UNAIDS Secretariat on regional and country level staff (Table 27 and Figures 29 and 30); a review by the assessment team of the UNAIDS Secretariat organigrammes of 26 November 2021, and 3) the summary of the Secretariat townhall consultations held in 2021.[28] Table 28 and Figures 31 to 34 reflect the staffing situation including general service staff, whereas the remaining analysis focuses on professional staff and does not include general service staff.

Total number of Secretariat staff post alignment 2022

The summary of the townhall consultations states that the Secretariat alignment would include the following projected changes in staff:

- The total number of Secretariat staff would be reduced from 723 to 649.
- Of these 649 positions, 520 positions would be continued, and the remaining positions would be regraded, nationalised, re-established in new locations or abolished.

Table 27 below, provided by the Secretariat, shows that, once the alignment is implemented in early 2022, there will be 429 staff at regional and country levels and that there will be 49 countries without a Secretariat presence. This is compared to 40 countries without a Secretariat presence reported in 2020.

Once the alignment is implemented, the Secretariat will have 11 Multi-Country Offices (MCO) (including 2 in AP, 1 in EECA, 4 in LAC, and 4 in WCA), whereas in 6 countries, an HIV Adviser will be placed in/ with the Resident Coordinator's Office (including 1 in ESA, 2 in LAC, 1 in MENA and 2 in WCA).

[28] UNAIDS (2021): Townhall. 15 July 2021.
UNAIDS (2021): UNAIDS Secretariat Organigrammes. 26 November 2021.

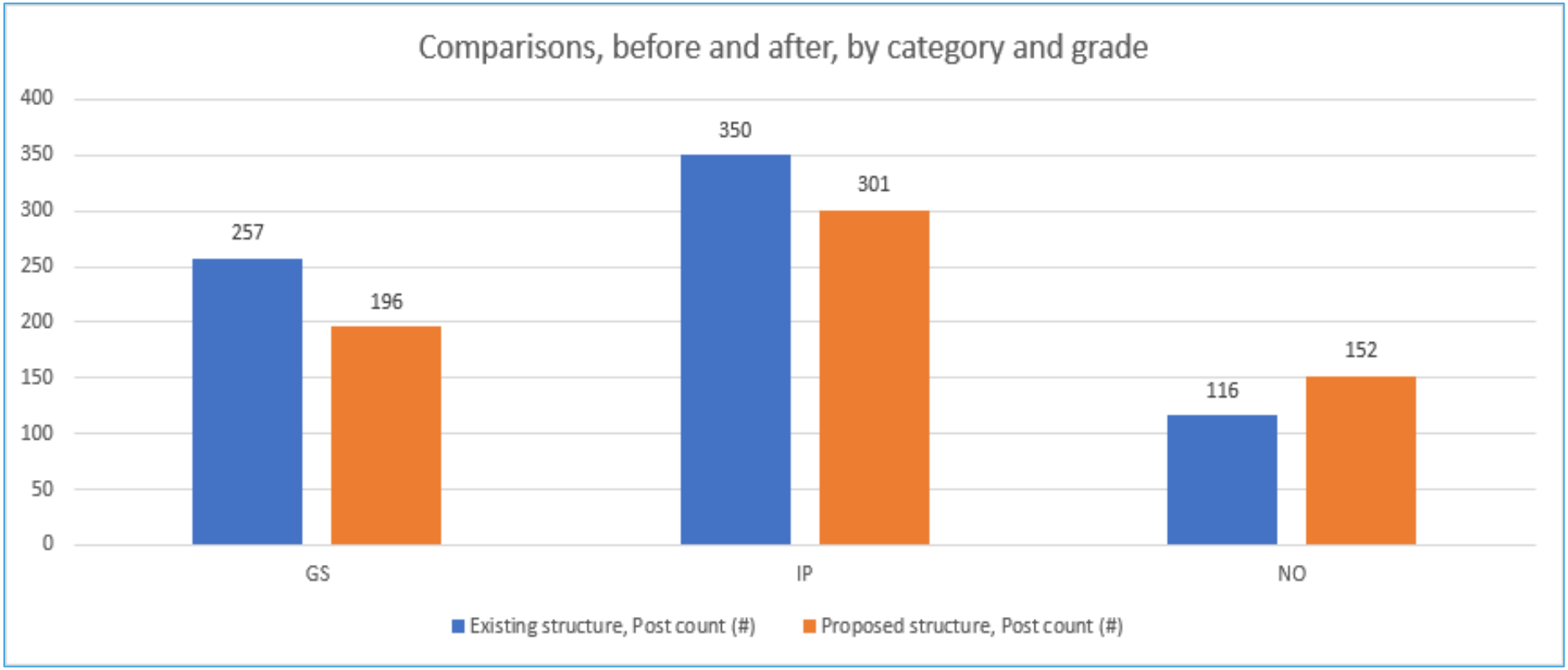
Table 27: Numbers of total Secretariat staff post alignment at regional and country levels starting 2022, including general services (support) staff

Item	AP	EECA	ESA	LAC	MENA	WCA	Total All Regions
RST Staff	22	12	19	15	11	21	100
UCO Staff	66	18	109	34	9	93	329
# of countries with staff	14	8	17	11	5	21	76
Average staff/UCO	4.7	2.3	6.4	3.1	1.8	4.4	3.8
Notes on Multi Country Offices (MCOs) and HIV/AIDS Advisers in Resident Coordinator's Office (RCO)	MCO: Cambodia, Laos, Malaysia MCO: Papua New Guinea, Fiji (reports to UCD PNG), Pacific Islands (NP)	MCO: Kazakhstan UCO provides sub-regional support also to: TJK, KYRG, UZB	RCO: Madagascar	MCO: Argentina, Paraguay (NP), Uruguay (NP) and Chile MCO: Jamaica, Suriname (NP), T&T (NP), OCES MCO: Guatemala, Honduras (NP), Nicaragua (NP) and El Salvador (in RCO) MCO: Peru, Ecuador (NP), Bolivia (NP), Colombia (in RCO) RCO: Dominican Republic RCO: Guyana	MCO: Algeria, Morocco MCO: Egypt and Sudan RCO: Tunisia	MCO: Cameroon MCO: Cote d'Ivoire, Niger MCO: Togo, Benin MCO: Sierra Leone, Liberia RCO: Congo RCO: Gabon	

Source: Table provided by the UNAIDS Secretariat in December 2021.

Figure 29 below, provided by the Secretariat, shows a comparison of the total number of Secretariat staff pre- and post-alignment. In the existing structure in 2020/2021 before the alignment, the Secretariat had a total of 257 general services staff, which will decrease to 196 post alignment. Pre-alignment, international professional officer staff numbered 350, which will decrease to 301 post alignment. The number of national officers will increase from 116 pre-alignment to 152 post-alignment.

Figure 29: Comparison of total numbers of Secretariat staff in 2020 and post-alignment staff in 2022 per job category

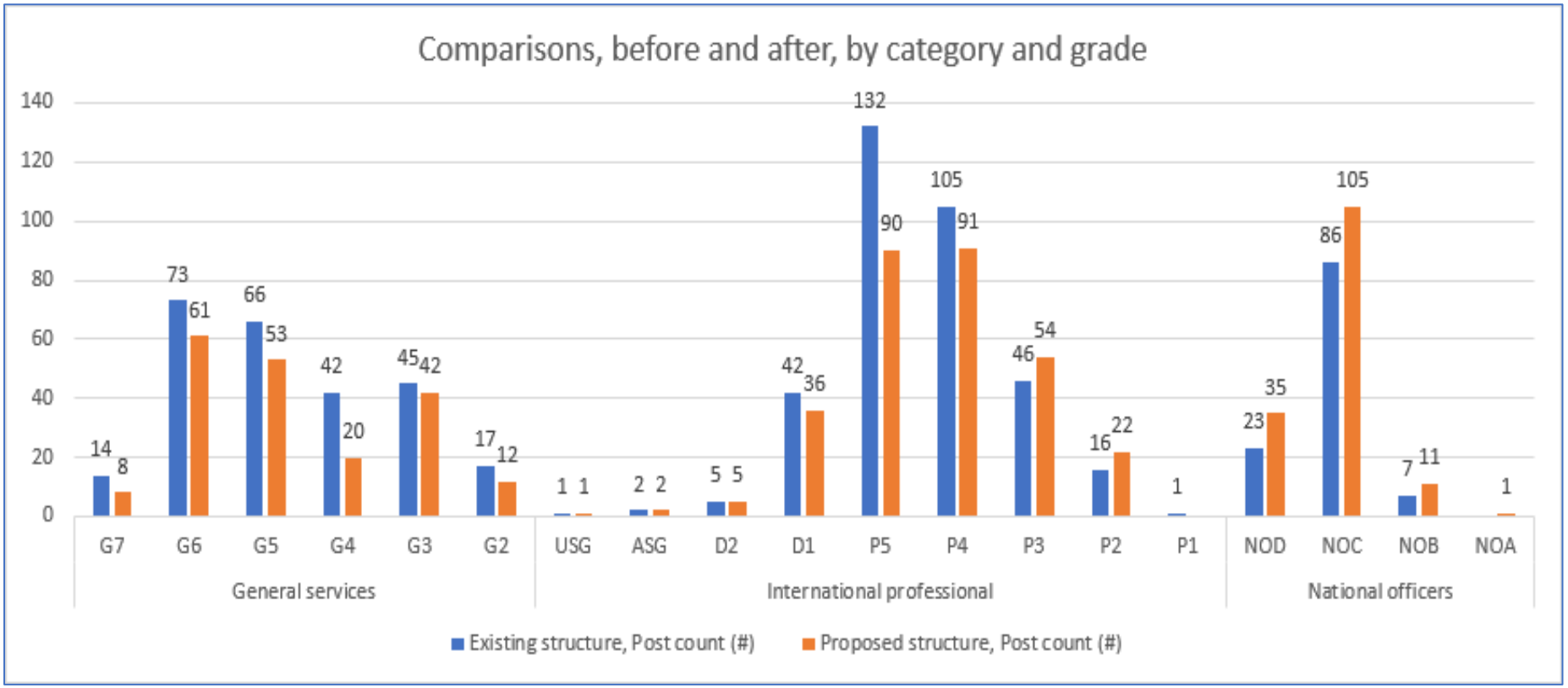


Source: Figure provided by the UNAIDS Secretariat in December 2021.
Note: GS = General Services (support staff); IP = International Professional Staff; NO = National Professional staff.

Figure 30 provides a comparison of the numbers of staff in each grade of Secretariat general services staff, international professional officers and national officers pre- and post-alignment. Once the alignment is implemented, the numbers of D1, P5 and P4 level staff among international

professional officers will decrease, the number of D2 staff will remain the same, and the number of P3, P2 and P1 staff will increase. The number of national officer staff in all grades will increase. The number of general services staff in all grades will decrease.

Figure 30: Comparison of total numbers of Secretariat staff at all levels per job category and grade in the pre-alignment in 2020/2021 situation and the post-alignment situation in 2022

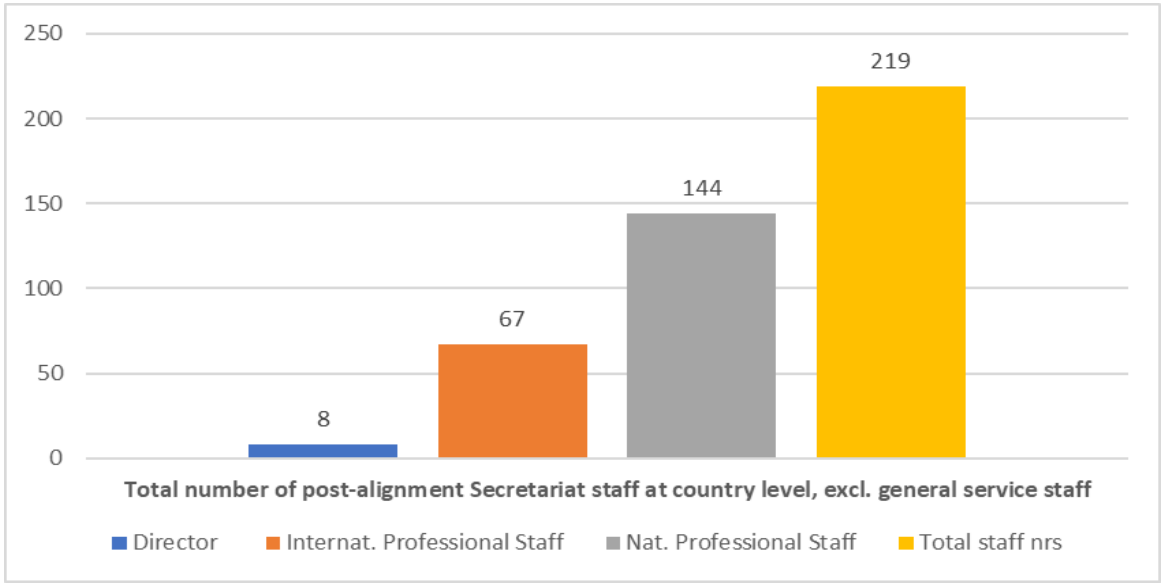


Source: Figure provided by the UNAIDS Secretariat in December 2021

Secretariat staff at country level post alignment in 2022

Based on the new Secretariat organigrammes, post alignment there will be 8 directors working at country level, 67 professional officers and 144 national officers, amounting to a total of 219 professional staff at country level, as show in Figure 31.

Figure 31: Total number of Secretariat staff at country level post alignment starting in 2022 per job category (excluding general service staff)

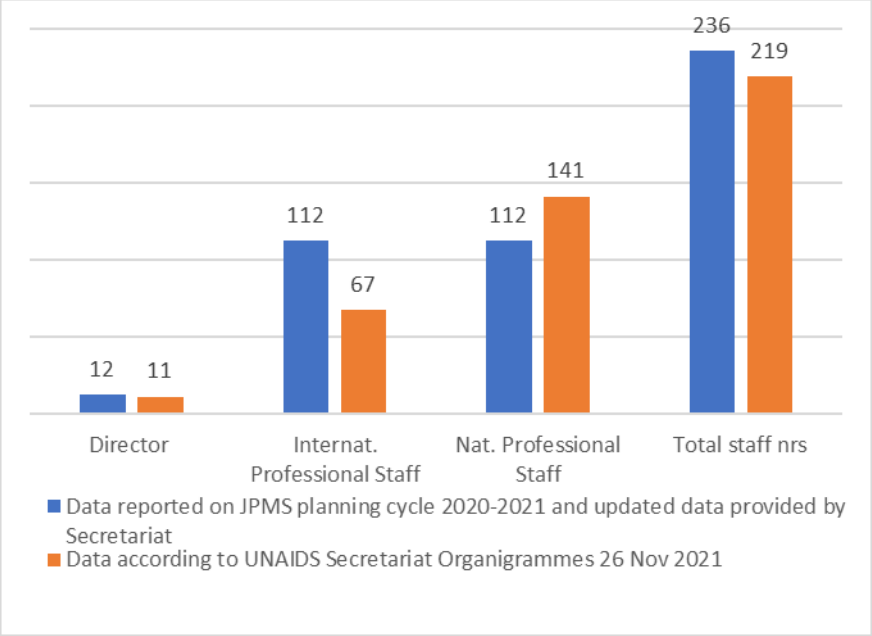


Source: UNAIDS Secretariat Alignment Organigrammes, 26 November 2021
Note: The category Professional refers to International Professional staff of grades P1 to P5.

Figure 32 below shows that the number of directors at country level will decrease post-alignment from 12 to 8 and the number of professional officers from 112 to 67, while the number of national officers will increase from 112 to 144. In total, professional staff will decrease from 236 to 219.

These changes are in line with the intention of the Secretariat alignment to decrease the number of senior staff and increase the number of national staff at country level.

Figure 32: Comparison between number of Secretariat country level staff by category in December 2020 and post alignment in 2022



Source: UNAIDS Secretariat Alignment Organigrammes 26 November 2021; data reported on JPMS planning cycle 2020-2021 and updated data provided by Secretariat for 2020.
Note: The category Professional refers to International Professional staff of grades P1 to P5.

Table 28 below shows the number of Secretariat staff by category (directors, professional officers, national officers) per region once the alignment is implemented in early 2022, based on the Secretariat post-alignment organigrammes.

Table 28: Number of Secretariat staff post alignment by category and region (excluding general services staff)

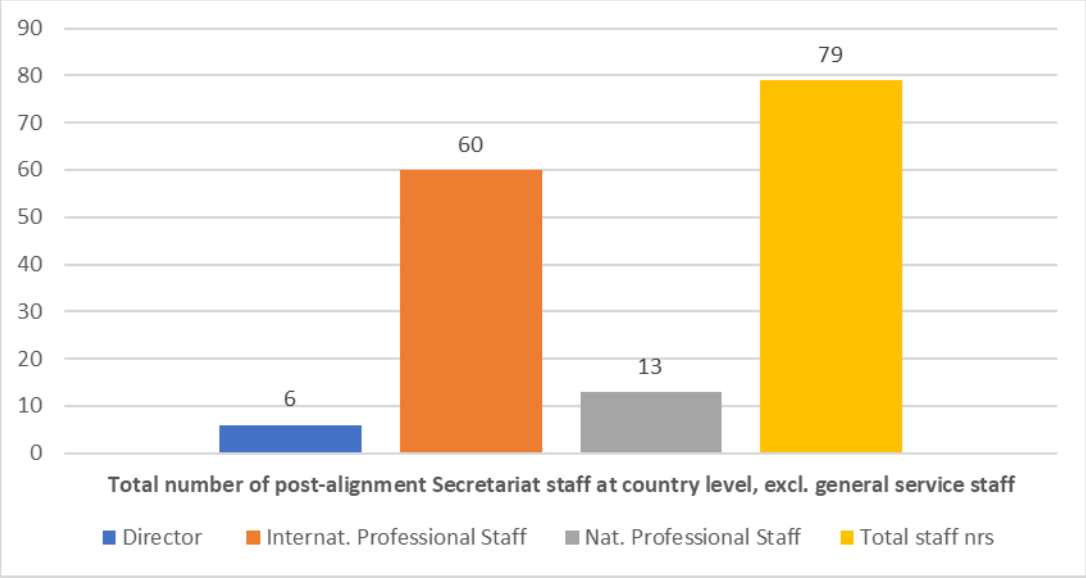
Job Category	AP	EECA	ESA	LAC	MENA	WCA	Total staff nrs
Director	3	0	4	0	0	4	**11**
Internat. Professional Staff	7	3	27	11	0	19	**67**
Nat. Professional Staff	25	10	48	12	8	38	**141**
Grand Total	**35**	**13**	**79**	**23**	**8**	**61**	**219**

Source: UNAIDS Secretariat Post-Alignment Organigrammes, 26 November 2021
Note: The category Professional refers to International Professional staff of grades P1 to P5.

Secretariat staff at regional level post alignment in 2022

Figure 33 below shows that – based on the Secretariat organigrammes – post alignment there will be 6 directors, 60 professional officers and 13 national officers at regional level, a total of 79 professional staff.

Figure 33: Total number of Secretariat staff at regional level post alignment starting in 2022 per job category (excluding general service staff)

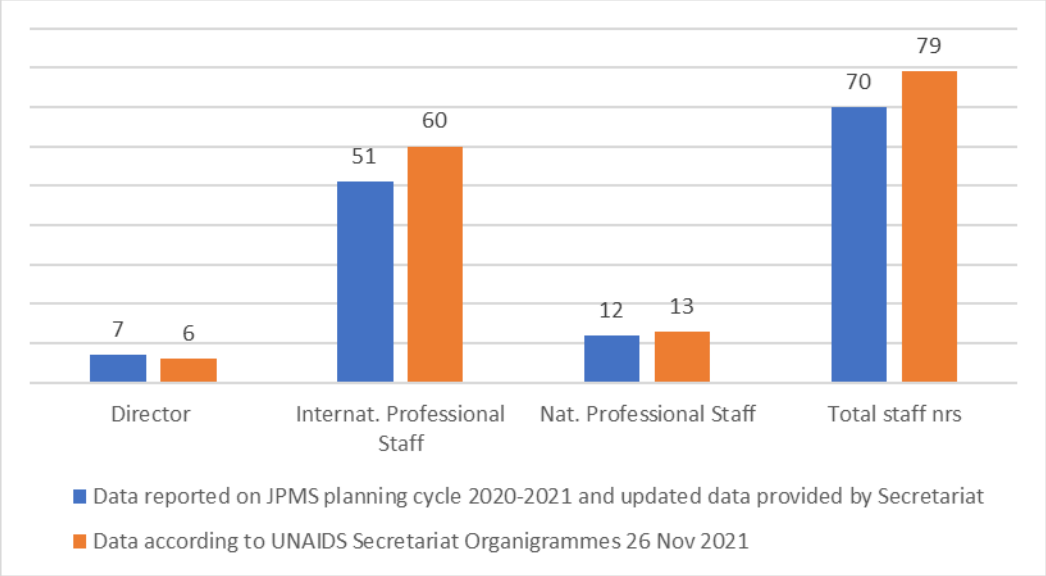


Source: UNAIDS Secretariat Alignment Organigrammes, 26 November 2021
Note: The category Professional refers to International Professional staff of grades P1 to P5.

Figure 34 shows that the number of directors at regional level will have decreased from 7 to 6, whereas the number of professional officers will have increased from 51 to 60 and the numbers of national officers from 11 to 13. In total, professional staff will have increased from 70 to 79.

These changes are in line with the intention of the Secretariat alignment to shift HQ level staff to regional offices.

Figure 34: Comparison of Secretariat regional level staff by category in December 2020 and post alignment in 2022



Source: UNAIDS Secretariat Alignment Organigrammes 26 November 2021; data reported on JPMS planning cycle 2020-2021 and updated data provided by Secretariat for 2020.
Note: The category Professional refers to International Professional staff of grades P1 to P5.

Table 29 shows the number of Secretariat staff by staff category (directors, professional officers, national officers) per region once the alignment is implemented in 2022 (excluding general services staff).

Table 29: Number of Secretariat staff post alignment by category and region (excluding general services staff)

Job Category	AP	EECA	ESA	LAC	MENA	WCA	Total staff nrs
Director	1	1	1	1	1	1	**6**
Internat. Professional Staff	14	5	15	8	4	14	**60**
Nat. Professional Staff	2	6	2	1	1	1	**13**
Grand Total	**17**	**12**	**18**	**10**	**6**	**16**	**79**

Source: UNAIDS Secretariat Alignment Organigrammes, 26 November 2021
Note: The category Professional refers to International Professional staff of grades P1 to P5.

Alignment changes in Secretariat staffing at regional level

Table 30 compares categories of Secretariat regional level staff before and after the 2022 alignment exercise. It shows that in all regions, the numbers of Directors, International Professional Officer (PO) and National Professional Officer (NO) staff decrease after the alignment, except in the AP Regional Support Team where the number of National Professional Officers will increase.

Table 30: Comparison of number of Secretariat staff at regional level in 2020 and after alignment in 2022

Region	Director		Internat. Professional Staff		Nat. Professional Staff	
	2020	2022	2020	2022	2020	2022
AP	2	1	31	14	0	2
EECA	1	1	22	5	6	6
ESA	2	1	57	15	9	2
LAC	1	1	26	8	2	1
MENA	1	1	19	4	2	1
WCA	1	1	33	14	1	1

Source: UNAIDS Secretariat Alignment Organigrammes, 26 November 2021 and data reported on JPMS planning cycle 2020-2021 and updated data provided by the Secretariat for 2020
Note: The category Professional refers to International Professional staff of grades P1 to P5.

Alignment changes in Secretariat staffing in selected countries

Table 31 compares categories of Secretariat country level staff in a selected countries in each region before and after the 2022 alignment exercise. The assessment team selected countries which have larger country offices and therefore more likely to show a change in office staff numbers.

The table shows that in some countries the numbers of PO and NO staff will increase post alignment whereas in other countries the numbers of PO staff will decrease whereas the numbers of NO staff will increase.

Table 31: Comparison of number of Secretariat staff in selected countries in 2020 and after alignment in 2022

Region	Country level staff in selected country example	Director		Internat. Professional Staff		Nat. Professional Staff	
		2020	2022	2020	2022	2020	2022
AP	India	1	0	9	0	10	3
EECA	Ukraine	0	0	11	1	6	3
ESA	South Africa	1	1	17	2	14	7
LAC	Brazil	0	0	8	1	3	2
MENA	Sudan	0	0	5	0	11	1
WCA	Nigeria	1	1	16	2	16	8

Source: UNAIDS Secretariat Alignment Organigrammes, 26 November 2021 and data reported on JPMS planning cycle 2020-2021 and updated data provided by the Secretariat for 2020
Note: The category Professional refers to International Professional staff of grades P1 to P5.

3.2.3 Joint Programme tools, networks and partnerships: capacity and gaps

Whereas its human resources constitute an important part of the capacity of the Joint Programme, other elements include its systems and tools, networks and partnerships.

The assessment therefore explored how Joint Programme systems and tools contribute to Joint Programme capacity, including through consultations with stakeholders. Although an evaluation of the JPMS and the Country Envelope was not part of the Terms of Reference for this assessment, the assessment reference group and the assessment team found it useful to reflect the following main findings reported by stakeholders related these Joint Programme tools. An UNAIDS independent evaluation of the Country Envelope is planned.

Joint Programme systems and tools

Joint Programme Management System

The Joint Programme Management System (JPMS) is a planning and reporting tool designed by the Secretariat to plan and report against UBRAF implementation and results achieved in a structured way.[29] Regional and country level Joint Teams enter their biannual plans and budgets, and regional teams report annually on implementation and against UBRAF framework (deliverables/outputs, indicators.

[29] UNAIDS (2020): JPMS Guidance document, JPMS Programme Planning Module.

Stakeholders interviewed reported a number of challenges regarding the JPMS:

- The JPMS tool is perceived as complicated to use, as geared towards reporting to the Secretariat HQ and less useful as a planning and reporting tool for teams at regional and country level.
- The JPMS system is perceived as functioning in parallel to the United Nations Sustainable Development Cooperation Framework (UNSDCF) and UN Country Team (UNCT) planning and reporting processes used at country level and as not integrated into or linked to them. As a result, opportunities for feeding Joint Programme planning or reporting data into country level UN planning and reporting systems are lost.

Country envelope

The Country Envelope (CE) mechanism was established – as part of the implementation of the Joint Programme Refined Operating Model – with the aim of increasing allocation of Joint Programme resources at country level for country Joint Teams to support priority interventions.[30] Before 2018, UBRAF funding for implementation by Cosponsors at country level was allocated to Cosponsors headquarters, with Cosponsors deciding on funding allocation to headquarters, regions and countries to support Joint Programme staffing and activities. Since 2018, a proportion of UBRAF funding is allocated to Cosponsors in countries through the CE. Decisions on allocation of these resources are taken across countries in their respective regions by the Regional Joint Teams during annual allocation rounds.

Among informants consulted there is support for the intent of the CE mechanism. Regional teams expressed their appreciation for CE resources supporting key Joint Team activities in countries, and a number of country informants reported the allocation process for CE funding to be transparent in their country. UBRAF PMR reports, particularly those for 2018, contain numerous mentions of achievements linked to the newly introduced CE mechanism.[31] In a number of countries, such as Lesotho, Ukraine and Jamaica, the CE provided catalytic funding enabling Cosponsors to carry out their mandates where core resources were limited and facilitated the implementation of the UNAIDS Division of Labour. The CE also reportedly strengthened joint identification of priority strategic interventions for the Joint Programme in Egypt and Iran and in increasing the alignment of Joint Programme planning with national priorities in Côte d'Ivoire and Nigeria; in the reduction in duplication of work among Cosponsors and the Secretariat in Lesotho, and in strengthened reporting mechanisms within the Joint Team and the UN Country Team in Jamaica and Egypt contributing to improved accountability mechanisms. In Rwanda, the CE positioned the HIV programme as a model of delivering results together, in keeping with the Delivering-as-One-UN approach. In Brazil, the work of the Joint Programme was revigorated with the additional funds from the CE: this reportedly allowed the Joint Team to develop a more integrated workplan, with an increased number of joint activities, which strengthened the support provided by the UN to the national HIV response.

[30] UNAIDS (2020): Guidance paper: Joint Programme implementation review and 2021 planning and country envelope allocation exercise Guidance on Country Envelopes.
[31] UBRAF Performance Monitoring Report 2018: Regional and Country Report.

During the capacity assessment consultations, a number of challenges were reported in CE implementation, which are perceived as affecting the CE efficiency and effectiveness:

- A key perceived challenge is the way the CE mechanism is structured, with a one-year implementation timeframe and small amounts of funding allocated to countries (e.g. US$ 30,000 per Cosponsor), which are felt to be insufficient for undertaking strategic or catalytic work. Cosponsors also acknowledge that they sometimes use CE funding to support or supplement their existing activities.
- The quality of CE proposals submitted by Cosponsors is often perceived as low.
- There is lack of clarify in some countries on how priorities are set and a perceived disconnect between CE allocations and country needs, with CE grants not considered catalytic or coherent with country priorities. Proposals received from countries are sometimes focused on Cosponsor mandates and are not relevant to country or regional priorities. In addition, in some countries, there is a lack of coherence between the GAS, plans developed by regional and country teams and National Strategic Plans (NSPs). The Global Fund and other donor partners require that country proposals are aligned with NSPs and this could be a useful model to adopt.
- Allocation is perceived to be determined by agency capacity / footprint rather than epidemic size and country needs. Without a related Cosponsor presence, key issues will not be funded in country even if they are a priority. Small countries with large epidemics compared to population size are often at a disadvantage. In some instances, resources are spread across all Cosponsors for the sake of Joint Programme harmony and do not fund genuine joint initiatives or programmes.
- The CE mechanism is perceived as generating competition for resources instead of collaboration between Cosponsors in some contexts.
- The CE mechanism is considered to be inefficient, with high transaction costs for the Secretariat and Cosponsors. The annual allocation system is time and labour intensive, relative to the amounts of funding available. In addition, funds are often disbursed late which results in pressure to implement activities within the one-year timeframe. High transaction costs results have reduced interested among Cosponsors in applying for CE funding.
- There are reportedly limited opportunities for regional Cosponsor staff to influence decisions about allocation of CE funding to countries, due to the CE planning timeframe and the workload of regional staff.
- The annual UBRAF and CE processes reportedly dominate regional and country Joint Team discussions, leaving little or no time for discussion of strategic issues and priorities or sharing experience and lessons.
- Cosponsors reporting on use of CE funding to Joint Teams at country level is perceived as inadequate in some countries.

Coordination, planning and reporting

Cosponsors report significant and increasing transaction costs associated with participation in the Joint Programme and, specifically, associated with the coordination, planning, reporting and oversight system at global level of a Joint Programme with 12 United Nations entities. This is a key issue in a context of reduced human resource capacity and was reported in the

Independent Evaluation of the UN response to AIDS.[32] At regional level**,** Joint Team meetings are viewed as useful to exchange information on agency HIV responses and, where possible, jointly plan. However, Cosponsor participation varies, and limited engagement is attributed to human resource constraints. A number of informants observed that the current coordination system at country level – with the Joint Team led by the Secretariat country office – provides less impetus for Cosponsors to engage at higher / heads of agency level. It was suggested that the previous system of HIV/AIDS thematic groups – which brought together government, UN and other key actors and which were led by Cosponsor Heads of Agency on rotating basis – ensured a higher-level of engagement by Cosponsors in the country-level Joint Programme and Joint Team.

Technical support to countries

The UBRAF PMR reports include numerous examples of how the Joint Programme supports key HIV priorities in countries and regions, including by supporting policy development, providing policy and programme advice, generating strategic evidence, endorsing and scaling up of innovating approaches. This support is provided through the staff of the Joint Programme, as well as through external technical assistance

The Technical Support Mechanism (TSM) is one of the key approaches used by the Joint Programme to deliver technical support to countries. Secretariat country offices and regional teams, in consultation with Joint Team members and national counterparts at country level, develop annual plans based on technical support needs identified by country counterparts. The TSM is currently funded by USAID.

Most country requests for support from the TSM relate to Global Fund grant implementation and National Strategic Plan development and evaluation. Demand for Technical Support related to human resources, gender, laws, stigma and discrimination is lower, as these areas tend to be given lower priority by governments. To address this, the TSM has established the Last Mile First Initiative to generate demand from countries, which focuses on: community responses (specifically in the WCA region where CSO capacity is limited); stigma, rights; efficiency and domestic financing. In order to strengthen learning, the TSM has also recently started to hold 6-monthly strategic learning meetings, including with Cosponsors at HQ level. The report on the recent TSM evaluation includes recommendations for further strengthening the mechanism.[33]

Stakeholders interviewed highlighted a number of issues and challenges regarding the TSM and provision of technical support:

- The TSM is not as fully leveraged as could be, and the Secretariat and TSM seem to often use the same, limited pool of consultant expertise.
- The Joint Programme is not maximising opportunities to draw on technical expertise available from Cosponsors.
- The dependence of the current TSM mechanism on US government funding is a challenge as this limited what countries can be supported (e.g., the TSM cannot respond to requests for technical support in EECA and can only support very few

[32] Itad (2020): Independent Evaluation of the UN System Response to AIDS in 2016-2019.
[33] UNAIDS (2020): Independent Evaluation of The UNAIDS Technical Support Mechanism.

countries in MENA and LAC), and which thematic areas can be addressed (e.g. the TSM cannot work with law enforcement or prisons).

Joint Programme networks and partnerships

The Joint Programme as a whole as well as its individual Cosponsors participate in and work with global thematic partnerships such as the Global Partnership for action to eliminate all forms of HIV related stigma and discrimination, the Inter-Agency Task Team (IATT) on elimination of Mother-to-Child Transmission (eMTCT), IATT on HIV and Humanitarian Emergencies, IATT on HIV and Young People, IATT on Social Protection, the Global Prevention Coalition (GPC) (see section 3.3 below), etc. These comprise of relevant UN agencies, donors, civil society organisations and implementing organisations.

The Joint Programme uses these networks and partnerships to expand its influence and capacity. For example, by participating in the GPC (and ensuring its Secretariat), UNAIDS influences the agenda of the GPC and its members (including participating countries, key donors and technical agencies) and pushes high-burden countries to reach progress on key prevention interventions in a highly aligned and harmonised manner with other key partners.

The Joint Programme as a whole, as well as its individual members, also has strong partnerships with donor organisations, of which the Global Fund and PEPFAR are the largest, as well as with bilateral agencies (USAID, European agencies, Asian agencies), multilateral organisations, philanthropic foundations etc. Some of these large donors also participate and support the networks and partnerships which the Joint Programme is involved in. The Joint Programme and its members leverage resources from donors to support its programmes and support countries to implement them.

Work undertaken by Cosponsors outside of the Joint Programme can be further leveraged and used to strengthen Joint Programme work. For example, a number of Cosponsors implement data platforms outside of the Joint Programme (e.g., UNFPA and UN Women data on GBV).[34] This data can and should be used in the Joint Programme.

Partnerships with technical resource networks, networks of civil society organisations, faith-based organisations, service providers and implementing organisations are reportedly strong. The Joint Programme and its individual members also work closely together with global, regional and national networks of beneficiaries, beneficiary organisations and communities. These partnerships are leveraged in the design, planning, implementation and evaluation of the Joint Programme.

[34] UNFPA operates the GBV-IMS (Gender-Based Violence Information Management System) in many countries.

3.3 Addressing Capacity Gaps

KEY QUESTION: How can the Joint Programme address the capacity gaps?

3.3.1 Optimising Joint Programme capacity and joint working

This section discusses possible approaches for optimising the Joint Programme's capacity and joint working identified during the assessment. This is based on feedback from interviews, document review and analysis of the assessment findings.

The assessment identified a wide range of innovative approaches that have been adopted to optimise capacity and these are summarised in in Annex 9.

Overall, the assessment findings indicate that Joint Programme capacity and joint working can be strengthened in the following ways:

- Increase the effectiveness of joint working.
- Strengthen high-level commitment of Cosponsors at regional and country level.
- Improve the effectiveness and efficiency of key Joint Programme tools and mechanisms.
- Increase efficiencies and maximising use of available Joint Programme resources

The following sub-sections discuss each of these areas more in detail.

Increase the effectiveness of joint working

More effective joint working could be achieved through:

Ensuring that Joint Teams are able to spend enough time together to discuss plans, results, lessons. As discussed above, feedback indicates that Joint Teams largely focus on processes e.g., Country Envelope allocations and implementation.

Implementing the Division of Labour. Informants suggested that it is important to ensure that the Joint Programme Division of Labour is being implemented and adhered to, with the Secretariat fostering collaboration and joint work coordinated by the lead agency.

Secretariat presence in countries to drive the HIV agenda, engage government and coordinate UN response. There are only limited examples reported of effective substitution for the Secretariat by Cosponsors. Malaysia, Somalia, Georgia, Columbia, Chile were mentioned as countries functioning with active Joint Teams without the presence of a Secretariat Country Office. When asked about the reasons for this, respondents replied that generally these were countries which had succeeded in mobilising significant external resources for the Joint Programme. This is the case in many countries in MENA, where the Regional Joint Team supports the Regional Middle East Response Initiative funded by the Global Fund focusing on countries affected by humanitarian emergencies (Jordan, Lebanon, Syria and Yemen), and Colombia, which receives support from the Global Fund and PEPFAR and where until recently a Secretariat Country Office was based.

Informants suggest that clear guidance should be developed on how Joint Programme core functions, including coordinating the UN response, should be managed in countries without a Secretariat presence. Likewise, there is a need to establish clear guidance on what a single-person Secretariat Country Office can be expected to do. Optimising capacity and joint working require the Secretariat to perform its core functions effectively e.g., coordination and brokering.

Countries with active Joint Teams reportedly include Ukraine, which works closely with the Global Fund on transition to national funding; and Belarus, where the Joint Team is working closely together on advocacy, especially around sensitive issues, e.g., legislative barriers. Respondents mentioned that the UN has credibility with government in countries in the region and a joint UN voice carries more weight than the voice of an individual agency. Secretariat collaboration with UNODC and country CSOs has also reportedly resulted in mobilising German funding for four countries in the region.

Survey respondents provided examples of effective joint working at country level: in one country the Secretariat and Cosponsors came together to use UBRAF extra budgetary resources to implement a truly joint campaign programme on scale up of treatment with clearly defined roles for each Cosponsor. A survey respondent reported that in Somalia, WFP, UNDP and UNFPA are jointly advocating for HIV-sensitive social protection, using joint assessments and joint capacity strengthening initiatives. Other examples of effective joint working are provided in the boxes below.

Box 2: Innovative practice - Active Joint Team and establishment of Joint Programme basket fund in Vietnam[35]

Vietnam was designated as a Delivering as One Pilot country to pilot the implementation of UN reforms. This provided the Joint Programme with additional commitment and support from the UN system and resulted in a highly **active Joint Team, and the establishment of a Joint Programme basket fund** as a pooled mechanism to support the Joint Programme. The basket fund included streamlining of funding processes, with one lead agency and another agency managing funds for each thematic area.

This dynamic reportedly contributed to strengthened coordination and cooperation between Joint Team members, and new momentum for the implementation of the Joint Programme. It also reportedly contributed to mobilising additional financial resources in country where mobilising funding for HIV has been challenging.

A few challenges reported include the need for closer coordination to reach consensus and initial delays in receiving funds.

[35] Based on UBRAF PMR 2018: Regional and Country Report; and consultations.

Box 3: Innovative practice – Effective joint working in volatile fragile countries in MENA region through Middle East Response Initiative[36]

Key agencies of the Regional Joint Team – co-led by the Secretariat and WHO and with operational and management support from IOM - ensure an active response to humanitarian emergencies in six countries in the MENA region which do not have Secretariat Country Offices. This is focused around the implementation of the **Middle East Response (MER) Initiative**, a regional programme aiming to provide essential HIV, TB and malaria services to key and vulnerable populations, incl. refugees, IDPs, women, children etc. Since 2017, this programme is implemented by IOM in several countries in the MENA region with funding from the Global Fund. The resources from the Middle East Response Initiative reportedly contributes to strengthening Joint Programme planning, implementation, monitoring and evaluation by Joint Team members in the focus countries which are all fragile and volatile with highly challenging operating environments.

Strengthen high-level commitment to the Joint Programme

High-level commitment could be increased through:

The Secretariat and Cosponsors working together to push for increased commitment to HIV by governments (SDG commitment) and by the UN (e.g., in-country UNDSDCF/UN plans). For example, the latest Kyrgyzstan UN country assessment reportedly does not refer to HIV. It would be useful for the Joint Programme to have clear guidance about how HIV should be reflected in UN country plans. There is also scope to better link the Joint Programme's planning, monitoring and reporting systems to those of the UNSDCF and the UNCT.

Strengthening links between Joint Programmes and UN planning, reporting and oversight systems at country level, which offers the scope to increase commitment by the entire UN system to the HIV response. Senior management of Cosponsors at HQ level could more clearly pass the message to their regional and country staff that HIV remains a priority and that engagement in the Joint Programme remains important.

Greater engagement of the Resident Coordinator's Office (RCO) and sensitisation of RCOs in countries where HIV needs to be given higher priority, both by the UN and by governments; and updating UNCTs on the core functions of UNAIDS Secretariat. The review of the functioning of the Resident Coordinator system in 2021 highlights the role played by the RC in coordinating the UN response around issues such as climate change, gender, humanitarian situations and COVID.[37] In the absence of Secretariat country presence, it should be feasible for the RC system to convene and coordinate the UN's HIV response. However, UN reform has made things more difficult for the Joint Programme: previously RCs were from / with UNDP so at least had an understanding of the issues that are relevant to HIV, but this is no longer the case.

[36] Based on consultations and on Global Fund summary document. https://www.theglobalfund.org/media/7642/publication_middleeastresponse_focuson_en.pdf

[37] UN (2021): Review of the functioning of the resident coordinator system: rising to the challenge and keeping the promise of the 2030 Agenda for Sustainable Development; Report of the Secretary-General. For UN General Assembly, June 2021. (Report on UN reform)

Re-establishing UN theme groups on HIV/AIDS in countries led by Cosponsor Heads of Agency on rotating basis. Several informants consulted suggested that the theme groups promoted higher-level commitment of Joint Team Country Offices and also supported stronger formal links with national counterparts and country partners.

Strengthening engagement of other UN partners. Examples include engagement of IOM, the Office of the UN High Commissioner for Human Rights and UN Habitat. This was a success in the Global Fund Middle East Emergency Grant (see box 3 above), where the Secretariat and WHO partnered with IOM to address HIV prevention and treatment for populations affected by humanitarian crises in the region with funding from the Global Fund.

Integrating resource mobilisation. To date, Cosponsors have not been well engaged in Joint Programme resource mobilisation. The Joint Programme has often not applied a joint approach, with Cosponsors approaching the same donors separately and effectively competing with the Joint Programme and with other Cosponsors for funding. There is room to work together at global, regional and country levels in approaching donors jointly. To help move this forward, the Secretariat has established an informal resource mobilisation group with Cosponsors and Cosponsors also participated in the funding dialogue with donors. Stronger engagement with Cosponsor agencies' resource mobilisation teams and with Heads of Agencies will help to ensure HIV is integrated into resource mobilisation for agency agendas/mandates/programmes. It would also be useful to strengthen the leveraging of international commitments and partnerships to mobilise resources for the Joint Programme and for the domestic HIV response. Some informants suggested that resource mobilisation positions are co-funded and recruited at regional level.

Improve the effectiveness and efficiency of Joint Programme tools and systems

Possible options to improve the effectiveness and efficiency of tools and systems include:

Revising and simplifying the JPMS, ensuring its products are actively shared with regional and country teams and links are strengthened with country level UN planning and reporting systems. Informants suggested that the JPMS system be revised and simplified to increase its usefulness for regional and country teams while decreasing transaction costs. They also suggested that the products / outputs of the JPMS (country and regional level activity and human resource planning data) be activity shared with regional and country teams. It was furthermore observed that it would be helpful if the JPMS is linked to country level planning and reporting systems of the UNSDCF and the UNCT.

Revision of the CE mechanism to ensure better prioritisation and a more coherent approach at country level and reduce transaction costs. Effectiveness could be improved by ensuring that CE resources are used to fund catalytic interventions, to address bottlenecks, to address policy gaps and weaknesses. It would be helpful to give country teams more flexibility to be responsive to country priorities – sometimes these differ from regional priorities as countries in the region are not homogenous. Focus should be on strategic issues and creating an enabling environment rather than small-scale projects that result in a piecemeal approach and will not have an impact either at scale or in the longer-term; this would be possible if the grant sizes were increased. It may also be a good idea to involve regional teams in country programme planning – particularly important in countries where Cosponsors do not

have a presence or capacity – building on the model of joint planning undertaken at global level by UNAIDS or other organisations. Regional Joint Teams could provide more support to country teams to strengthen the process of planning and prioritisation so that they agree on priority outcomes and develop solid proposals.

To reduce workload, the annual CE allocation system could be transformed into a multi-annual system, for example by reverting back to the previous 2-year proposal and budget cycle. This is reportedly already planned for the period 2022-2023. Another option could be to convert the CE mechanism into a pooled fund approach, to support priority countries or regional programmes with several Cosponsors working together, that address priorities rather than many small initiatives. This latter approach would likely be more efficient and ensure a more strategic use of available funds. It could be modelled on the regional programmes currently supported by the Global Fund in the EECA region, which support regionally-led initiatives in countries. This approach is in line with the recommendation from the Global Review Panel (GRP) report of 2017 which says that "*Funding envelopes for countries should be focused on Fast-Track countries and populations in greatest need, based on contextual priorities and bottom-up approaches and identifies possible approach to allocate resources to these countries*."[38] The GRP report also identifies a possible approach to allocating resources to Fast Track Countries.

Increase efficiencies and maximise use of available Joint Programme resources

Possible options to increase efficiencies and maximise the use of available Joint Programme resources include:

Focusing on where the need is greatest and where the Joint Programme adds value. A useful consideration to make is whether UNAIDS should end support for countries that have expertise and financial resources, or limit engagement in these countries to policy dialogue and advocacy and focus instead on countries with rising incidence and serious challenges in enabling environment.

Directing Joint Programme focus to key priority areas and in priority countries. Joint Programme resources are limited. Therefore, it makes sense to focus attention to key thematic areas or issues, so that the Joint Programme resources can be directly to those areas and momentum can be obtained. This recommendation was also made by the Independent Evaluation of the UN response to AIDS.[39] An example of this is the AP region's focus on young key populations (YKPs), which over the past 10 years has focussed the Joint Team's attention on interventions targeting YKPs (see box 4 below).

[38] Global Review Panel (2017): Refining and reinforcing; the UNAIDS Joint Programme Model.
[39] Itad (2020): Independent Evaluation of the UN System Response to AIDS in 2016-2019.

Box 4: Innovative practice – Asia Pacific regional focus on young key populations [40]

The **Asia Pacific Inter-Agency Task Team on Young Key Populations (IATT on YKPs)** was established in 2009 to promote coordinated support from UN agencies and civil society partners to meet the HIV prevention, treatment, care and support needs of young key populations (YKPs), including young men who have sex with men, young transgender people, young people who use drugs, young people living with HIV, young sex workers and young people living with HIV.

The IATT is comprised of UNAIDS Joint Team members as well as networks representing YKPs. It works towards achieving four main outcomes: empowerment of young KPs; generation of strategic evidence; scaling up national evidence-based programmes; and increased advocacy for enabling and coherent environment for YKPs.

Over the past years, the IATT supported the development of technical guidance and tools and promoted and supported initiatives for diversification of the package of HIV related services - including PrEP and self-testing for YKPs - and new models of service delivery - including the use of virtual space - to meet the specific needs of YKPs. It contributed to generating strategic information such as the rapid assessment conducted with UNICEF on youth KPs. Since 2020 it has coordinated and supported COVID-19 responses in the region targeting YKPs. The IATT also conducts capacity building of KYP-led organisations, civil society organisations and UN organisations.

Stakeholders consider the IATT-YKPs as a useful mechanism to galvanise action of the Joint Team and partners around a priority issue / target group.

Introducing effective approaches to revitalise Joint Programme focus on key issues. Several informants suggested the Joint Programme adopt the GPC-style country snapshot dashboards to monitor progress in key Joint Programme areas and against key bottlenecks in the country. This approach would help focus the attention of Joint Team members and national counterparts and partners on key priorities and bottlenecks.

Box 5: Innovative practice – Snapshot dashboards of the Global Prevention Coalition[41]

The **Global Prevention Coalition (GPC)** was launched in 2016 to mobilise countries to re-energize and focus their HIV prevention efforts to meet the targets laid out in the 2016 Political Declaration on Ending AIDS. Since then, the GPC has pushed 28 priority countries to achieve priority results against five priority HIV prevention pillars. Countries have reported annually on indicators of their progress in building and implementing their HIV prevention programmes, drawing on national programme and survey data from multiple sources.

The GPC Secretariat has collated the data into **visual scorecards for each country to summarize progress in each HIV prevention pillar's intervention package** across the 28 focus countries. Although the programme indicators cannot be directly associated with

[40] Based on consultations; on UBRAF PMR Organizational Report of 2020, and on the IATT-YKP website https://www.ykptaskteam.org .
[41] Based on consultations as well as on the GPC evaluation report of 2020 and the draft report on the evaluation of the GPC scorecard and dashboard system.

trends in the numbers of people acquiring HIV, these GPC tools facilitate reflection, debate, accountability and forward planning at the national and international levels. The scorecards are presented in **snapshot dashboards**, are available online and are used at GPC meetings and in publications.

The scorecards and dashboards are perceived as a **useful tool to provide a quick visual overview of key results and bottlenecks** in the efforts to reach the objectives. They also motivate friendly competition between countries and thus push them to do better.

Alignment and linking of Joint Programme planning and reporting processes to overall UN system planning and reporting processes. It would be helpful if Joint Programme planning and reporting processes in countries would be aligned to and linked more strongly with country UNSDCF and UNCT processes.

Sharing and optimising use of Joint Programme staffing resources. An innovative way of sharing resources includes the use of **co-funded staffing positions**. Examples of this model are highlighted in box 6 below. Cosponsors should be encouraged to ensure that regional and country level multi-functional focal points have HIV programming and participation in the Joint Programme included in their job descriptions, so that achieving HIV programming results and participation in the Joint Programme is part of staff performance assessment frameworks. Informants suggested also that resources may be saved and used more effectively if the Secretariat shifted from funding external technical assistance based within its own offices to funding Cosponsors to fulfil technical mandates. A number of respondents observed that it would be important to ensure that UBRAF-funded staff are accountable to the Joint Programme, which is reportedly not the case at the moment. Informants also suggested that existing mechanisms such as UNVs could be used to increase numbers of staff working on HIV while keeping the costs low.

Box 6: Innovative practice – Sharing and co-funding of staff positions[42]

Co-funding of expertise at regional level

The **Asia Pacific Regional Support Team includes two co-funded expert positions: one on pre-exposure prophylaxis (PrEP) and a second position on HIV self-testing**. With co-funding from the regional offices of WHO and Secretariat, two consultants were employed by WHO and seconded to the RST. Their objective is to provide technical support to countries on the two thematic issues. Through this initiative, the RST / RJT has stepped up support to the regional and country-level roll out of PrEP by publicising the intervention, advising on regulatory matters and on preparation of country guidelines, and facilitating PrEP demonstration projects.

The co-funding of the positions has enabled the Regional Joint Team to afford the sourcing of additional technical expertise and has reportedly strengthened inter-agency cooperation. Challenges mentioned include that accountability mechanisms for the co-funded staff are unclear.

Co-funding of expertise at country level

The Secretariat and UNFPA have recently **co-funded an HIV expert position, seconded to the UNFPA Country Office in Guinea Bissau**, to provide HIV expertise and support the HIV response in this country which does not have a UNAIDS Country Office. Previously, during 2008-2013, Joint Team members jointly funded the position of a HIV Joint Programme Coordinator recruited by UNDP and seconded to the RCO office. The co-funding of the positions enables the strengthening of expertise within the Country Joint Team while saving resources and promoting joint working and more close collaboration between the agencies involved.

Strengthening existing capacity versus increasing staff numbers. Expertise can also be maintained or strengthened by outsourcing expertise to external organisations with specialist expertise. The Joint Programme is already applying this approach through its partnerships with academic institutions and other technical partners, of which many examples are mentioned in the UBRAF PMR reports. Survey feedback also suggests strengthening partnerships with national partners e.g., national human rights organisations. A question to address is: *What is the appropriate balance between strengthening existing capacity and effectiveness vs. increasing staff numbers and, often expensive, outsourcing?*

There is scope to strengthen technical support. A solution may be to make better use of existing capacity by Secretariat and Cosponsors working more closely together. In EECA, WHO is trying to address lack of staff and expertise in country by establishing a pool of experts that it can call on to provide countries with specific expertise and TA (e.g., on treatment, prevention, PrEP). The challenge here is that there are very few experts with relevant expertise available in some areas. A solution may be for the Joint Programme to pool resources and expertise/consultants. Suggestions have also been made to increase use of local TA/country driven TA/national ownership, strengthening partnerships with national

[42] Based on consultations.

partners/organisations with expertise, leveraging other TA providers/funders, and using regional expert hubs/TSM. It would be useful to learn lessons from countries where Secretariat and Cosponsors/country teams working well together on TSM and share this. Another option suggested by informants is to shift funding currently allocated by the Secretariat for the hiring of external TA to work within its offices and direct it to supporting Cosponsors to fulfil their technical mandates.

Strengthening South-South cooperation. Document review and consultations highlighted numerous positive experiences in developing horizontal cooperation. For example, thanks to effective collaboration between UNICEF Thailand and UNICEF Kazakhstan, studying the positive experience of Thailand helped Kazakhstan to address eMTCT gaps and submit the national report on EMTCT to WHO. The GPC mechanism also reportedly encourages south to south learning.

Leveraging global/regional initiatives and Regional and Country Teams. By linking with global and regional initiatives, Joint Teams can leverage resources for the Joint Programme. Examples of such initiatives provided include the Inter-Agency Task Teams and Partnerships mentioned below. The UBRAF PMR reports mention numerous examples of IATTs' contributions to generation of strategic evidence, developing policy guidance and tools, making policy recommendations, conducting advocacy for prioritisation on key issues. Other examples provided include H6+, the adolescent wellbeing framework, the Health Promoting Schools Initiative, etc. Informants questioned why new partnerships were established instead of the Joint Programme building on existing initiatives: e.g., whether Education Plus is a good use of Joint Programme resources when there are already many existing education initiatives). A number of examples were given of how COVID-19 response initiatives were leveraged, including working with regional platforms of PLHIV in MENA; leveraging cash transfers to PLHIV and KPs in Niger. Survey respondents reported that through their participation in COVID-19 Task forces, Joint Team members could align priorities with the UNCT joint programming in the short term. Informants suggested that Joint Programmes also make better use of/leveraging regional bodies e.g., economic commissions.

Box 7: Potential value of Inter-Agency Tasks Teams [43]

The **Inter-Agency Task Team on the elimination of mother to child transmission (eMTCT)** is perceived as a potentially effective global mechanism for coordination of support to countries to eliminate MTCT. The IATT, established in 1998 and convened under leadership of UNICEF and WHO, consists of member organisations, supported by secretariat members, thematic working groups, regional teams and country focal points (one UNICEF and one WHO focal point in each of the priority countries). In principle, the IATT provides technical support; produces guidance and tools; and aims to strengthen monitoring and evaluation.

A number of informants questions whether now that the HIV response is increasingly integrated with other development priorities of Cosponsors, it is useful to continue as a formally Joint Programme with a large Secretariat, or whether the Joint Programme can be transformed into an overall Inter-Agency Task Team on HIV.

[43] Based on consultations.

Efficiencies in reducing the number of Secretariat offices. Resources can also be saved by **establishing multi-country offices or by sharing office space**. The Secretariat has been using multi-country offices for several years, allowing its team to provide support to several countries while not having to pay for an office in each country. An example is the Secretariat southern South America office in Argentina. UNFPA uses **sub-regional offices** to better support countries, including small country offices and countries with no country office. An example is the UNFPA Caribbean sub-regional office in Jamaica (see box 8). Other examples include several UN organisations sharing the same office, such as is the case for UNDP, UNICEF and UNFPA which share an office in Cabo Verde.

Box 8: Innovative practice – Sharing of office space[44]

Multi-Country Secretariat office in Southern South America

The Secretariat has established a number of multi-country offices. This includes a multi-country office (MOC) for southern South America in Argentina, to support four countries (Argentina, Chile, Paraguay and Uruguay).

The MOC is staffed by professional and administrative staff.

Advantages of the MoH reportedly include the sharing of country office costs over several countries while ensuring participation of a Secretariat Country Director in the UNCT of the four countries and high-level advocacy to the governments and partners in the four countries. The MOC also contributes to strengthening sub-regional policy and implementation coherence. Unfortunately after the Secretariat alignment the funding for the Secretariat MOC in Argentina is not secured.

Sub-regional UNFPA office in Caribbean

UNFPA has a sub-regional office in the Caribbean, based in Jamaica. This houses several regional advisers and support staff and support countries in the Caribbean region which do not have a UNFPA Country Office.

The office functions as a regional hub located closer to countries without country office.

Resources can also be shared by **positioning Joint Programme staff in the offices of other organisations or in RCO offices**. In Bangladesh, Secretariat staff is hosted in the office of UNICEF without any charge. In Guinea-Bissau, the HIV Joint Programme coordinator was in the RCO office during 2008-2012 and is now based within and co-funded by the UNFPA Country Office. Currently Secretariat staff are based in a number of country RCO offices around the world. This is in accordance with the new RCO model which can be used to fill gaps in countries without a Secretariat office. During the assessment consultations, some organisations expressed their willingness to host Joint Team members. For example, the IOM Regional HIV Officer for MENA reported that IOM Country Offices in MENA are happy to host HIV staff from Secretariat and/or Cosponsors. Informants also suggested that Joint Programmes might request host government or partners to provide physical or human resources instead of financial resources (staff, office space). Silent partnerships may also be an option, in which one agency provides programme resources to other agency to implement

[44] Based on consultations.

priority interventions on behalf of both agencies. This approach is implemented in Timor-Leste, where WHO is a silent partner of UNFPA, which implements maternal health programming on behalf of both agencies.

Survey respondents provided some useful suggestions about how to optimise resources in countries without Secretariat presence. They suggested that RSTs and Regional Teams should be provide with sufficient competence to provide key technical support to countries; that sub-regional technical hubs be established in the region with technical experts to provide remote support; that support be provided remotely using effective monitoring; that one of the Cosponsor present in-country be assigned with overseeing the Country Programme; that cross-country cooperation and mainstreaming work into other key portfolios (health, human rights, GBV, youth SRHR and empowerment) be strengthened; that a network of Secretariat agents (independent organisations) be established at country level. A number of survey respondents commented that multi-country offices have been tried and did not work.

Sharing Joint Programme data. The HIV and AIDS Data Hub for Asia and the Pacific is an example of Joint Team members jointly generating and sharing data in an organised and formalised manner.[45] The Data Hub, which is managed by the Asia Pacific RST, was established by the Secretariat, WHO and UNICEF with support from the Asia Development Bank and works with different Cosponsors providing key strategic information for advocacy purposes.

3.3.2 Typology approach to working with countries

In view of current financial and human resource capacity constraints, the Joint Programme is considering how best to prioritise its support to countries. This section outlines a possible approach to developing a typology to inform future support.

Developing a typology for Joint Programme support to countries

Issues to consider

Developing a Joint Programme typology that is useful but not too complex is challenging for a number of reasons including:

- Countries need to considered on a case by case basis, as the relative importance and combination of factors that influence country needs differs. The outcome of the Secretariat's country configuration (classification) exercise (see Section 3.2) highlights this.
- The need for diversified approaches to country engagement and support that also take other factors into account, including where the UN can have the most impact and where the Joint Programme does and does not need a presence.
- Some factors can change quickly, for example, the political context, external funding, humanitarian crises. There needs to be sufficient flexibility to allow the Joint Programme to be responsive to changes in country situations.

[45] https://www.aidsdatahub.org/

- Some issues take longer and are more challenging to address, for example, changing laws and social attitudes, addressing inequalities, strengthening health or social protection systems.
- Cosponsor country presence depends on agency priorities and programmes, not just on HIV and UNAIDS, and Cosponsor non-core funding is often earmarked for specific regions and countries.

Suggested typology steps and criteria

We propose a high-level typology for determining UNAIDS' support to country HIV responses in order to achieve the goals of the GAS, which is based on a three-step process.

Step 1: Where is support most needed?

This would categorise countries as requiring high, medium or low intensity support, based on assessment of country context and capacity using the following criteria:

- Epidemic context
- HIV response
- Political commitment
- UNAIDS Secretariat country gaps classification

Step 2: What support is needed?

This would assess and categorise the nature of support needed based on the following:

- Type of support required – based on UNAIDS Secretariat and Cosponsor core functions (e.g., leadership, coordination, advocacy, policy dialogue, normative guidance, technical support, strategic information, partnerships)
- Thematic areas where support is required – based on RAs (e.g., prevention, testing and treatment, eMTCT, community, human rights, gender, young people, financing, systems, humanitarian)
- Added value of the UN – based on the presence and role of other actors (e.g., partners providing technical support) and the comparative advantage of the Joint Programme

This step would enable the Joint Programme to develop a more disaggregated categorisation of countries including, for example, countries where the type of support needed requires a Joint Programme presence vs. those where the type of support needed does not require this, and countries that require support across a range of thematic areas vs. those that only require support in one or two specific thematic areas.

This step may also result in reduced intensity of Joint Programme support for some countries, for example those where other partners are providing significant technical support or where the UN has limited influence or comparative advantage.

Step 3: Who should provide support and how should it be provided?

This final step would assess:

- Which Joint Programme partners need to provide support – based on assessment of whether Secretariat support is needed and the need for support from specific Cosponsors
- Intensity of support required – to determine whether Joint Programme country presence is required, or support can be provided in other ways (e.g., by regional teams, technical support mechanisms, pooled expertise)
- Duration of support required – based on assessment of whether support is needed on a short-term basis for specific issues or longer-term inputs are required

Table 32 summarises the proposed approach to developing a typology for Joint Programme support to countries based on the steps described above.

Table 32: Summary of high-level typology for Joint Programme support to countries

	High intensity support	Medium intensity support	Low intensity support
Step 1: Where is support most needed?			
Epidemic context	Epidemic increasing Epidemic increasing in key populations	Epidemic stable	Epidemic decreasing
HIV response	Significant gaps in the response	Some gaps in the response	Limited or no gaps in the response
Political context	Political context unsupportive	Political context mixed i.e., supportive on some issues but not others	Political context supportive
UNAIDS country gaps classification	Countries in Baskets 1, 2, 3 and 4 requiring high intensity support	Countries in Baskets 1, 2, 3 and 4 requiring medium intensity support	Countries in Baskets 1, 2, 3 and 4 requiring low intensity support and in Baskets 5 and 6
Step 2: What support is needed?			
Type of support required	Significant support required across all functions or functions where Joint Programme presence needed (e.g., leadership, coordination, advocacy, policy dialogue, partnerships)	Support needed for functions that require Joint Programme inputs but not necessarily permanent country presence (e.g., advocacy, policy dialogue, normative guidance, technical support, strategic information)	Limited or no need for support
Thematic areas where support required	Support required for >6 Ras	Support required for 3-5 RAs	Support required for <3 RAs
Added value of the UN	Few partners providing funding and technical support present UN has influence and comparative advantage	Some partners providing funding and technical support present UN has some influence and comparative advantage	Many partners providing funding and technical support present UN has limited influence and comparative advantage
Step 3: Who should provide support and how should it be provided?			
Which Joint Programme partners should provide support	Secretariat Most Cosponsors (those whose mandate/role in DOL is relevant to country context and priority RAs)	Secretariat Some Cosponsors (those whose mandate/role in DOL is relevant to country context and priority RAs)	Specific Cosponsors (those whose mandate/role in DOL is relevant to country context and priority RAs)
Duration of support required	Long-term (>5 years) inputs required	Medium-term (2-5 years) inputs required	Short-term or ad hoc inputs required

	High intensity support	Medium intensity support	Low intensity support
Implications for Joint Programme support	Secretariat presence required Relevant Cosponsor presence required	Secretariat presence limited or not required Relevant Cosponsor presence required in some countries Alternative approaches to providing support (e.g., limited Secretariat presence supported by RCO or Cosponsor, RST, RJT, regional advocacy team, regional strategic information team, Cosponsor HQ and regional staff, technical support mechanisms, pooled expertise) Alternative approaches to core functions, coordination of UN response in country (e.g., Cosponsor lead, RC lead)	Secretariat and Cosponsor presence not required Alternative approaches to providing support (e.g. RST, RJT, regional strategic information team, Cosponsor HQ and regional staff, time-limited joint teams, technical support mechanisms, pooled expertise, partnership with national organisations) Alternative approaches to core functions, coordination of UN response in country (e.g., RC lead)

4 Conclusions and Recommendations

This chapter summarises the high-level conclusions and recommendations from the Joint Programme capacity assessment.

4.1 Conclusions

CAPACITY AVAILABLE - What capacity is currently available to the Joint Programme to support implementation of the Global AIDS Strategy and the UBRAF?

Funding for the HIV response is declining. Donors are shifting to supporting the HIV response in fewer regions /countries and to supporting other development priorities. This is reflected in a decline in Joint Programme funding, particularly for Cosponsors. According to the UBRAF workplan for 2020-2021, Cosponsors have experienced a 37% decrease in core UBRAF budget allocation since 2016: from US$175m in 2016-2017 to US$109.5m in 2018-2019[46]. During the same period non-core Cosponsor funding also decreased. Securing non-core funding for Cosponsors has reportedly become more difficult, as most donors channel HIV funding for the UN system through the UNAIDS Secretariat or to other competing agency priorities including the response to COVID-19 and other emergencies. The UNAIDS' Secretariat's total UBRAF budget has also been reduced, with Secretariat UBRAF funding decreasing by 13.6% from approximately US$370m to US$320m between 2016-2017 and 2018-2019.

Cosponsors report continuous decreases in HIV regional and country human resource capacity (i.e., staff numbers and grades) in recent years, especially since the reduction in UBRAF core funding in 2016 and 2018, and the loss of more experienced HIV staff. Most Cosponsors report that they have fewer staff dedicated (full-time or part-time) to HIV than previously and this trend is unlikely to be reversed. The programming context today is that many Cosponsor staff at country level are now multi-functional, covering a range of other issues in addition to HIV. In some cases, these multi-functional focal points do not have participation in the country Joint Team included in their job description or other topics and tasks are given higher priority. Without additional funding and systemised capacity building, the decrease in Cosponsor capacity is likely to continue. The Secretariat also reports a reduction in staff capacity in recent years, although to lesser extent, with some regions more affected than others.

In 2020, the Secretariat accounted for 25.8% of the total number of Joint Programme staff, with four Cosponsors (UNFPA, UNDP, UNICEF and WHO) accounting for approximately 41% and seven Cosponsors accounting for the remaining 33%. UN Women and UNHCR had the lowest number of staff. The difference is more significant in terms of Full-Time Equivalent (FTE), with the Secretariat accounting for 43% of total Joint Programme FTE in 2020. Among Cosponsors, the same four agencies accounted for the highest proportions of total Joint

[46] The 2018-2019 figure of USD 109 million includes US$44m unearmarked funding and US$44m for Country Envelopes allocations.

Programme FTE (a total of 38%), whereas WFP, UN Women and UNHCR had the lowest proportions of total Joint Programme FTE.[47]

HIV prevention, Results Area (RA) 1, of the Global AIDS Strategy 2021-2026 (GAS)[48], has the highest HIV staff FTE at regional level and the second highest at country level, reflecting the attention given to this area by a number of Cosponsors including UNFPA, UNDP, WHO, UNODC and ILO.[49] The reporting by Cosponsors of where their human resources capacity is allocated reflects - not surprisingly - their mandate and the Division of Labour.

Joint Programme capacity is skewed towards some regions, for example, ESA and WCA, which may reflect greater needs due to the higher number of people living with HIV. Other regions, including those with increasing new infections amongst key populations, such as EECA and MENA, have a limited regional and country Joint Programme footprint.

Data shared by the Secretariat in November-December 2021 on the proposed post alignment staffing structure suggest that the alignment will result in a decrease in the number of international professional officer staff from 350 by end 2020 to 301 post alignment, and an increase in the number of national officers will increase from 116 by end 2020 to 152 post-alignment. It also suggests that post alignment the numbers of D1, P5 and P4 level staff among international professional officers will decrease, the number of D2 staff will remain the same, and the number of P3, P2 and P1 staff will increase as will the number of national officer staff in all grades.

CAPACITY REQUIRED - What capacity is required to support implementation of the Global AIDS Strategy and the UBRAF and to ensure that the Joint Programme can fulfil its mandate, including providing the different type and intensity of support required by countries?

Stakeholders interviewed during the review identified the following as core functions where the UN has a comparative advantage and where it is essential for the Joint Programme to maintain capacity: leadership and building global consensus; normative guidance; technical support; strategic information; and partnerships and alliances including with civil society and communities.

Successful delivery of the GAS depends not only on the number of Joint Programme staff but also on staff having the required knowledge, skills and commitment to the GAS agenda. Feedback suggests a need for strong willingness and ability to engage in dialogue on politically sensitive issues, such as human rights, LGBT issues, drug use, prison services and adolescent SRH. There is also a need for staff with sufficient seniority, experience and technical expertise to be able to ensure that the HIV response is included in UNSDCF and agency programming processes. This is even more important in countries where the operating environment is more challenging and, for example, a high degree of skill is required to engage with policy makers. Also, adequate resources need to be allocated to developing the knowledge and skills of existing Joint Programme human resources, in particular

[47] UNICEF 11.6% of FTE, UNDP 10.7%, UNFPA 8.2% and WHO 8.2% of FTE. WFP: 2.4%, UN Women 1.6% and UNHCR 0.4% of FTE
[48] UNAIDS (2021): Global AIDS Strategy 2021-2026.
[49] Results Areas based on the Global AIDS Strategy 2021-2016. See Table 17 for an overview of the RAs or Tables 43 and 44 in Annex 7 for a comparison of the RAs with the 2016-2021 SRAs

approximately key structural drivers highlighted in the GAS, such as inequalities, human rights, key populations, enabling legal environments, and gender.

Assessment findings highlight the need for more, or more effective, capacity to maximise the contribution of the Joint Programme, particularly in relation to RAs 1, 2, 5, 8, 9 and 10 in the current UBRAF. Although regional priorities differ, there are some priority issues that are common across regions including: combination prevention for key populations and adolescent girls and young women; cascade performance; investment, efficiency and sustaining the HIV response; gender equality; and human rights. Responses from regional teams highlighted the importance of maintaining or strengthening capacity to address these issues. In addition, many informants highlighted the importance of ensuring that the Joint Programme has adequate capacity to support collection and analysis of reliable data, as well as support for civil society and community involvement.

CAPACITY GAPS - What are the key gaps in currently available Joint Programme capacity?

Decreased UBRAF core funding, and hence reduced HIV-specific staffing, has reduced the influence of Global Coordinators and HIV Focal Points within Cosponsor agencies, and the ability at all levels to ensure that HIV is prioritised and integrated within Cosponsor agency programmes and initiatives. That said, there are still opportunities for Cosponsors to advance the priorities in the Global AIDS Strategy, for example, the focus on HIV and inequalities, through their core mandates and the UN's recently launched "Our Common Agenda".

Reduced human resources capacity has limited joint working and reduced Cosponsor engagement in the Joint Programme at regional and country level, including the ability to participate in essential investment and planning dialogue to leverage domestic resources, in Joint Teams and in country envelope planning and provision of technical assistance for implementation.

Reduced regional and country presence and reduced availability of technical capacity have reduced Cosponsors' ability to establish relationships with policy makers, influence and engage in policy dialogue with governments and respond to country requests for technical support. Most Cosponsors suggest that their capacity has already decreased to below what is needed to deliver their contribution to the GAS, described by some as below 'mission-critical' level, or will do so if there were further reductions in staffing and this has affected both Joint Programme and country performance in some instances.

Cosponsor capacity limitations and lack of regional and country presence is reported to be undermining progress in the response to HIV. Limited capacity also has implications for Cosponsor ability to leverage their comparative advantage to effectively integrate HIV into wider agendas that are relevant to the new GAS, such as UHC, primary health care, social protection, education, youth employment, justice, migrant health and public health emergencies such as the COVID response.

Secretariat presence at regional and country levels has importance and value in driving the HIV agenda and coordinating the UN response, especially in regions with limited HIV capacity. Stakeholders also reported missed opportunities in countries without Secretariat presence or support.

Through its recent alignment exercise the UNAIDS Secretariat has reduced its staff numbers and shifted the allocation of staff from headquarters to regional and country levels. This staffing reorganisation is however unlikely to greatly affect the imbalance in distribution of Joint Programme resources between the Secretariat and Cosponsors, though acknowledging that optimal Cosponsors and Secretariat country presence is the ideal goal.

4.2 Recommendations

Based on the findings and conclusions of the Joint Programme capacity assessment, the assessment team has formulated the following high-level recommendations:

ADDRESSING CAPACITY GAPS - How can the Joint Programme address the capacity gaps?

Ensure a balanced allocation of UNAIDS resources

Recommendation 1 – The Joint Programme should strengthen diversified joint resource mobilisation and strategic allocation of UNAIDS' core financial resources to enable the Joint Programme to deliver on its mandate and commitments as reaffirmed in the Global AIDS Strategy, including ensuring that allocation to Cosponsors is sufficient, together with non-core resources, to support the required level of Cosponsor capacity.

As the assessment analysis of financial and human resources shows, the share of core resources allocated to Cosponsors is low relative to that allocated to the Secretariat. While recognising that Cosponsors are expected to contribute non-core resources to support their HIV-related work, the current UBRAF allocations limit Cosponsors' ability to fulfil their role within the Joint Programme. Resource availability and allocation needs to be considered overall to ensure the Joint Programme's response addresses gaps, and country priorities and needs.

Maintain and strengthen key HIV expertise within Cosponsors

Recommendation 2 - The Joint Programme should consider ways to maintain and increase critical HIV expertise within Cosponsors and the Secretariat at regional and country level. **This includes a systematic approach to staff capacity building to ensure that staff at all levels have the necessary knowledge and skills to deliver on the GAS.**

There should be a joint effort to identify the minimum level of Cosponsor human resources required – to meet country needs, allow Cosponsor staff to engage within their own agencies and with Joint Teams and key partners, to influence HIV policy dialogue and oversee and support HIV programme implementation – and develop a clear strategy to ensure that this capacity is maintained.

The Joint Programme also needs to take account of the ongoing loss of HIV specific and experienced capacity due to retirement, redeployment and reassignment.

The Joint Programme needs to be intentional about building communities of practice and capacity development given that more and more staff assigned to HIV work are not HIV experts.

The Joint Programme should also ensure that work on HIV and participation in Joint Programme work is included in the Job Descriptions and in the performance appraisal of the multi-functional Cosponsor staff.

Focus efforts and resources on where they can make a difference

Recommendation 3 - With resources being limited, the Joint Programme needs to strategically allocate available resources to priority thematic areas or issues and countries where the Joint Programme can make a difference.

The Joint Programme needs to prioritise its efforts, both technically and geographically, and optimise its available capacity (what, where and how) so that it can continue making its critical contribution to / play key role in the HIV response.

Specifically, the assessment recommends that the Joint Programme:

Focus on what and where the UN has a comparative advantage and can add value. resources. The comparative advantage of the Joint Programme, as identified by stakeholders through interviews and survey feedback, includes: reinforcing coordinated UN responses for synergy and complementarity; generating and synthesising strategic information; evidence generation; epidemiological analysis; monitoring the response; defining a common agenda; guiding the country response; joint advocacy; joint planning and priority setting; coordination with external partners and convening; and leveraging the technical expertise of the UN. The Joint Programme should also maintain capacity for core functions, including: leadership and building global consensus; normative guidance; technical support to countries and partners; strategic information; and partnerships and alliances including with civil society, private sector and communities.

Focus on priority thematic areas or issues, so that the resources can be directed to those areas likely to have most impact and momentum can be achieved and maintained. An example of this is the Asia Pacific region's focus on young key populations (YKPs). This requires coordinated planning at both regional and country level as well as for implementation support that is based on regional and country priorities and developing a mechanism for joint regional implementation support in planning in countries where the Secretariat and/or Cosponsors do not have a presence. Using snapshot dashboards as applied in other key initiatives (e.g. the Global Prevention Coalition) may assist in focussing attention on key priorities and bottlenecks.

Concentrate efforts in countries where the Joint Programme can make a difference. At regional and country levels, a reallocation of existing resources/capacity to match needs would likely be helpful, with more intense support provided to countries that most need it. A useful consideration to make is whether UNAIDS should end support for countries that have expertise and financial resources, or limit engagement in these countries to policy dialogue and advocacy, and focus instead on countries with rising incidence and serious challenges in their enabling environment. The Joint Programme needs to tailor its support so that it responds to the needs of specific regions and countries. For example, in EECA, most countries have implementation capacity, and the main challenge is political commitment to creating a supportive environment and to funding the HIV response.

Consider how to address challenges and issues related to the new Global AIDS Strategy. This includes defining how to use available resources and mechanisms, and the comparative advantage of the Joint Programme, to address inequalities and what capacity is required for this to happen; how to be more politically effective in order to move forward the human rights agenda, e.g. through innovative thinking and approaches, through political mapping and through working with existing human rights machinery, treaty bodies and civil society; how to ensure that gender equality is integrated across the Joint Programme and what capacity is needed for this to happen, etc.

Recommendation 4 – The Joint Programme should review expectations and what can realistically be done in regions and countries where capacity is very limited.

For example, clear guidance is needed on how the Joint Programme will be coordinated in countries without a Secretariat presence and on what is expected of multi-functional Cosponsor staff who manage HIV within wider portfolios within their individual agencies.

Without some significant changes, it may no longer be realistic to expect the Joint Programme to continue functioning in the way it has done in the past.

Increase Joint Programme effectiveness and efficiency

Recommendation 5 – The Joint Programme should optimise use of existing resources by ensuring that Joint Programme efforts are better integrated into country-level development architecture and with country level UN planning and processes, and by strengthening strategic partnerships with existing platforms rather than starting new initiatives**.**

Strengthen and leverage strategic partnerships with existing platforms rather than starting new initiatives. This can be done through identifying and sharing promising approaches, and linking HIV to other agendas including e.g., integrating HIV within Universal Health Coverage (UHC), Leave No One Behind (LNOB) and pandemic responses and embedding across SDG work (rights, education etc.).

The Joint Programme needs to be better integrated into country-level architecture and better aligned to and integrated with country UN planning and reporting processes such as the UNSDCF and the UNCT and systems such as the Resident Coordinator system. This includes making the best use of existing architecture and mechanisms and consideration of whether or not a reformed version of the Theme Groups might be beneficial. There is also scope to better integrate the Joint Programme with country-level responses, such as epidemic planning.

Recommendation 6 – The Joint Programme should optimise use of existing capacity and resources through better sharing of resources and use of innovative technologies.

While there is alignment in global, regional and country planning of HIV-specific work, there may also be opportunities for greater alignment of related work, for example, action to address inequalities and the determinants of HIV vulnerabilities, which have the potential to maximise UN impact. There are examples of innovative approaches that have been adopted by the Joint Programme to optimise available capacity and

resources. These include co-funding expert staffing positions or sharing office space; strengthening inter- and intra-regional collaboration; and applying technology to expand the reach of capacities available, e.g., using remote communication, remote monitoring systems, etc. Lessons can be drawn from how Joint Teams and partner organisations responded to COVID-19 situations. Greater consideration could also be given to strengthening South-South collaboration.

Recommendation 7 – The Joint Programme should seek to reduce transaction costs by simplifying and streamlining its procedures, to make better use of the time that existing staff have available.

There are potentially ways in which the Joint Programme could make better use of the time that existing staff have available. Ensuring a more effective focus on priority areas and on delivery requires staff being able to spend more of their time together on strategic and programmatic issues and less of their time on process issues. Many informants expressed frustration about the amount of time taken up by UNAIDS meetings, governance and bureaucracy and the limited opportunities for meaningful discussion of plans, implementation progress, challenges, lessons and ways in which the Joint Programme could strengthen its contribution to achieving the 2030 targets. Suggestions for reducing transaction costs include less frequent PCB meetings and meetings in general, and longer work planning cycles, and streamlining systems such as the JPMS.

Increase Joint Programme flexibility and responsiveness

Recommendation 8 – In order to be able to respond to a highly dynamic environment, the Joint Programme should continuously review its available capacity and additional capacity needs on a regular basis to ensure that the Joint Programme responds to changes.

The Joint Programme should undertake regular course-correction reviews and hold regular retreats.

Annex A Request for Proposal

Please follow the link below in order to access the Request for Proposal document.

https://www.ungm.org/Public/Notice/131404

Annex B Interview Checklist

B.1 Capacity available, capacity gaps and capacity required

1. Current capacity in your organisation:
    a. What capacity is currently available in your organisation to support implementation of the Global AIDS Strategy and UBRAF and achieve the 2030 targets?
    b. How well does the Secretariat JPMS human resource (HR) data on UNAIDS Secretariat and Cosponsor staff at regional and country level (see Excel data provided together with this interview guide) reflect this?
    c. Does the fact that the JPMS country level HR data was collected during the biannual UBRAF planning cycle means that this data only reflects the planned country-level staff allocation and not the actual staff allocation during the 2-year period? Is there a difference between the planned and actual country-level staff allocation?
    d. Does the JPMS HR data reflect only permanent staff in your organisation or also temporary staff / consultants?
    e. Can you please share data on your organisation´s Joint Programme human resources at HQ level (this is not captured / reported on in the JPMS system)?
2. What capacity/resource gaps are currently limiting the performance of the Joint Programme (Secretariat and Cosponsors) and its ability to fulfil its core functions at global, regional and country levels?
3. What capacity/resource gaps are currently limiting the performance of your organisation and its ability to work jointly and fulfil its thematic/technical mandate within the Joint Programme at global, regional and country levels?
4. How do current capacity gaps compare to available capacity in 2016 when the Joint Programme was preparing to deliver on the last strategy?
5. Has COVID-19 impacted on the Joint Programme's ability to work jointly and fulfil its core functions at global, regional and country levels?
6. How has reduced UBRAF core funding affected your organisation's capacity to work on HIV? What impact has this had? How has reduced UBRAF core funding affected the Joint Programme's capacity to deliver jointly? What would be the impact of a further reduction in funding?
7. Are there areas of over-capacity as well as under-capacity relative to the functions and mandate of the Joint Programme?
8. How well is the Joint Programme currently allocating (financial and human) resources to ensure these are commensurate with requirements and with the comparative advantage of the UN in assisting countries to move towards achieving the Global AIDS Strategy? How could the Joint Programme improve this in future?
9. What capacity is required in your organisation to support implementation of the Global AIDS Strategy and UBRAF and achieve the 2030 targets?
10. What do you think should be the key priorities for Joint Programme support to countries over the next 5 years?
11. What capacity might the Joint Programme need more of in future in order to support implementation of the Global AIDS Strategy and achieve the 2030 targets? What capacity might it need less of?
12. What capacity will the Joint Programme require to respond to an evolving epidemic, to keep HIV relevant and to respond to emerging issues and challenges (e.g., country transition from external funding, UHC and integration agendas, climate change)?

B.2 Addressing capacity gaps, meeting future capacity requirements and optimising use of capacity/resources

13. What could the Joint Programme do to optimise use of existing capacity/resources? What could be done at board level (PCB and Cosponsor boards) to support this?
14. Which areas should the Joint Programme prioritise in a context of declining funding for HIV in order to minimise the impact on its ability to fulfil its core functions and to maintain HIV technical expertise within the Secretariat and Cosponsors?
15. Are there examples of regions/countries where the Joint Programme has been effective in maximising the use of available resources/capacity, from which we can draw lessons? Are there opportunities to leverage regional teams more effectively? Are there opportunities to leverage UN reform at country level?
16. How can the Joint Programme ensure sufficient capacity is available to fulfil its remit in countries without a Secretariat presence or without the presence of specific Cosponsors?
17. Are there examples of unleveraged capacity and expertise across the Joint Programme? Are there opportunities to make better use of mechanisms available to the Joint Programme, (e.g., TSM), and of global initiatives, partnerships, international task teams, networks and other resources? Are there opportunities to improve the Joint Programme's joint programming mechanisms (e.g., Joint UN Plans; country envelopes; BUF; JPMS)?
18. What scope is there for efficiencies in use/deployment of resources? What operational shifts could increase efficiency and optimal use of available capacity/resources? What operational shifts could strengthen the jointness of the Joint Programme and synergies of the joint delivery?
19. What examples of where the Joint Programme has been effective (at global, regional and country levels) in leveraging capacity and expertise could be replicated in other countries / regions?
20. Do you have suggestions about how the Joint Programme could increase the effectiveness of its technical support to countries?
21. What examples of innovative approaches to deployment of resources in the wider UN, or in other organisations or coordination mechanisms could be replicated within the Joint Programme (at global, regional or country level)?

B.3 Key informants, data and documents

22. Do you have suggestions for specific names/contact details of specific informants you can share?
23. Which key documents and information sources should the assessment team review?
24. Can you please share with us your Cosponsoring organisation's overall Strategy/Strategic Plan, any relevant thematic sub-strategies and other documents that show how your organisation classifies countries, modes of engagement, and where capacity is focused?
25. Can you also please share with us available information about non-core (i.e., non-UBRAF) funding for your organisation's work on HIV including:
    a. the level of allocation (if any) from organisational budgets, and
    b. main sources of non-core funding (including the Global Fund, US Government and other key donors)?

Annex C Survey Questions

UNAIDS Joint Programme Capacity Assessment

Stakeholder Survey Questionnaire

C.1 Introduction

The United Nations Joint Programme on HIV/AIDS (UNAIDS) unites the efforts of 11 UN Cosponsor agencies – ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO and the World Bank – with the UNAIDS Secretariat. In March 2021, the Global AIDS Strategy 2021-2026 (see Annex 1) was adopted by the UNAIDS Programme Coordinating Board.

UNAIDS has commissioned OPM Ltd to conduct an assessment of its capacity[50], in response to a recommendation by the Independent Evaluation of the UN System response to AIDS 2016-2019.

The capacity assessment will:

Assess existing UNAIDS' capacity at global, regional and country levels;

Assess what capacity is required to enable UNAIDS to support implementation of the Global AIDS Strategy, in particular at country level, and respond to the evolving HIV epidemic;

Identify key capacity gaps;

Identify examples of innovative approaches to optimise UNAIDS' capacity.

This survey

This survey aims to seek the views and perspectives of a wide range of stakeholders, both within UNAIDS and external stakeholders, about these issues. The survey is divided into four sections:

- Section A includes this introductory text.
- Section B (Questions 1-6) is to be completed by all respondents.
- Please answer the questions in Section C (Questions 7-28) if you work for the UNAIDS Secretariat or one of the Cosponsor organisations.
- If you work for an organisation that is not part of UNAIDS, please answer the questions in Section D (Questions 29-41).

[50] For the purposes of the assessment, capacity is understood to include human resources, financial resources and other mechanisms, tools and systems available to UNAIDS including, for example, partnerships, technical support mechanisms, clearinghouses, UN working groups.

All the information you provide will be kept confidential and will only be seen by the OPM assessment team.

We would like informants to respond to as many questions as possible, but understand if you feel you do not have the information to respond to a specific question or that a certain question does not apply to you.

After you submit your survey, this will be counted and analysed by our team as your final response. Please do not submit a second response later, otherwise your contributions will be counted double.

C.2 Introductory questions for all respondents

Information about you

1. YOUR EMAIL ADDRESS: ……..
2. YOUR NAME: ……..
3. YOUR JOB TITLE / FUNCTION: ……
4. YOUR ORGANISATION (please write name out in full and add the abbreviation): ……..
5. YOUR LOCATION (if you are based at HQ, regional or country level please specify the level as well as the location): ……..…

C.3 Questions for UNAIDS Secretariat and Cosponsor staff

This section is for staff of the UNAIDS Secretariat and Cosponsors. If you work for another organisation that is not part of UNAIDS, please go to Section D (Questions 29-41).

Capacity available, capacity gaps and capacity required
7. Please select in bold / underline the type of organisation you work for from the list below: a. UNAIDS Secretariat – regional office b. UNAIDS Secretariat – country office c. UNAIDS Cosponsor – regional office d. UNAIDS Cosponsor – country office e. UNAIDS Secretariat – HQ level, f. UNAIDS Cosponsor – HQ level
8. What is the added value and comparative advantage of UNAIDS as a Joint Programme that involves working across UN organisations? ……..
9. What human resource capacity (professional/technical staff) is currently available in your organisation at the level at which you are working (regional or country level) to support implementation of the Global AIDS Strategy and achieve the 2030 targets? …….
10. What capacity/resource gaps are currently limiting the performance of the Joint Programme (Secretariat and Cosponsors) and its ability to work jointly and fulfil its core functions at global, regional and country levels? …….
11. How do current capacity gaps compare to available capacity in 2016 when the Joint Programme was preparing to deliver on the last strategy? …….
12. How has COVID-19 affected the Joint Programme's ability to work jointly and fulfil its core functions at global, regional and country levels?

…….
13. What capacity/resource gaps are currently limiting the performance of your organisation and its ability to fulfil its thematic/technical mandate within the Joint Programme at global, regional and country levels? …….
14. What additional capacity is required in your organisation at the level at which you are working (regional or country level) to support implementation of the Global AIDS Strategy and achieve the 2030 targets? …….
Addressing capacity gaps, meeting future capacity requirements and optimising use of capacity/resources 15. Are there specific aspects of the Global AIDS Strategy – strategic priorities, priority results areas and cross-cutting issues – where the Joint Programme (Secretariat and Cosponsors) needs to strengthen its capacity? …….
16. What do you think should be the key priorities for UNAIDS' (Secretariat and Cosponsors) support to countries over the next 5 years? …….
17. What capacity will UNAIDS (Secretariat and Cosponsors) require to be able respond to an evolving epidemic, keep the HIV response relevant and respond to emerging issues and challenges (e.g. country transition from external funding, UHC and integration agendas, climate change)? …….
18. What could UNAIDS (Secretariat and Cosponsors) do to optimise joint working and use of existing capacity/resources? …….
19. What should UNAIDS prioritise in a context of decreasing funding in order to maintain HIV technical expertise within the Secretariat and Cosponsors? …….
20. How can UNAIDS (Secretariat and Cosponsors) ensure it fulfils its core functions and provide technical support in countries without a Secretariat presence or without the presence of specific Cosponsors? …….
21. Do you have any suggestions for strengthening the effectiveness of technical support provided by UNAIDS (Secretariat and Cosponsors) to countries? …….
22. How is UNAIDS (Secretariat and Cosponsors) leveraging global and regional initiatives? Can you provide any examples that illustrate where this is being done effectively? …….
23. How could UNAIDS (Secretariat and Cosponsors) leverage regional and country teams more effectively? …….
24. How could UNAIDS (Secretariat and Cosponsors) make better use of capacity available through other mechanisms, e.g. technical support mechanisms, international tasks teams, partnerships, networks? …….
25. Are there examples in your region or country of where UNAIDS (Secretariat and Cosponsors) has been effective in maximising the use of available resources/capacity, from which we can draw lessons? If yes, please describe briefly. …….
26. How well is the Joint Programme currently allocating (financial and human) resources to ensure these are commensurate with country needs? How well is the country

envelope mechanism working? How could the Joint Programme improve this in future? …….
27. What scope is there to improve deployment of available resources? What could increase efficiency and optimal use of available capacity? …….
28. Can you suggest any examples of innovative approaches to deployment of resources within UNAIDS (Secretariat and Cosponsors), within the wider UN or in other organisations that could usefully be replicated? …….

C.4 Questions for other respondents

Please fill in this section if you are not working for the UNAIDS Secretariat or Cosponsor organisations.

29. Please select the type of organisation you work for (bold/underline) from the list below: a. Other UN organisation (not included in the UNAIDS Joint Programme) b. Donor organisation c. Technical or implementing organisation d. National government: HIV/AIDS e. National government: Ministry of Health f. National government: Other sector Ministry (pls specify which sector) g. International or regional CSO network h. International CSO/NGO i. National CSO/NGO/CBO j. Other
30. What do you think are the three most important functions of UNAIDS (Secretariat and Cosponsors)? • ……..….. • ……..…… • …….
31. What is the added value and comparative advantage of UNAIDS as a Joint Programme that involves working across UN organisations? …….
32. What is the main contribution of UNAIDS (Secretariat and Cosponsors) to the HIV response? …….
33. What capacity gaps are currently limiting the performance of UNAIDS (Secretariat and Cosponsors) and its ability to fulfil its core functions? …….
34. What types of technical support provided by UNAIDS (Secretariat and Cosponsors) to countries are most important? …….
35. Do you have any suggestions for strengthening the effectiveness of technical support provided by UNAIDS (Secretariat and Cosponsors) to countries? …….
36. Are there specific areas of the Global AIDS Strategy where UNAIDS (Secretariat and Cosponsors) needs to strengthen its capacity?

…….
37. What do you think should be the key priorities for UNAIDS' (Secretariat and Cosponsors) support to countries over the next 5 years? …….
38. What capacity will UNAIDS (Secretariat and Cosponsors) require to be able respond to an evolving epidemic, keep HIV relevant and respond to emerging issues and challenges? …….
39. How can UNAIDS (Secretariat and Cosponsors) ensure it fulfils its core functions and provide technical support in countries without a Secretariat presence or without the presence of specific Cosponsors? …….
40. How is UNAIDS (Secretariat and Cosponsors) leveraging global and regional initiatives? Can you provide any examples that illustrate where this is being done effectively? …….
41. How could UNAIDS (Secretariat and Cosponsors) make better use of capacity available through other mechanisms, e.g., technical support mechanisms, international task teams, partnerships, networks? …….

C.5 Survey end

THANK YOU FOR YOUR COLLABORATION and contributions to this survey for the UNAIDS Joint Programme Capacity Assessment.

Annex D List of Documents Reviewed

D.1 UN/UNAIDS strategies and policies

- UNAIDS (2015): UNAIDS Strategy 2016-2021.
- UNAIDS (2021): Global AIDS Strategy 2021-2026.
- UNAIDS (2021): Political Declaration on HIV and AIDS.
- UN, GFF, Gavi, Global Fund, Unitaid (2018): Towards a Global Action Plan for Healthy Lives and Well-being for All; Uniting to accelerate progress towards the health-related SDGs.
- UNAIDS (2021): Confronting Inequalities – Lessons for pandemic responses from 40 years of AIDS.

D.2 UNAIDS and Joint Programme workplans and budgets / UBRAF

- UNAIDS (2019): UNAIDS workplan & budget 2020-21.
- UNAIDS (2019): UNAIDS 2020-21 Work Plan and Budget-Regional and country priorities and targets for the joint programme.
- UNAIDS (2021): Draft UBRAF 2022-2023 Work Plan and Budget.

D.3 UNAIDS UBRAF reports

- UNAIDS (2018): Progress on The Implementation of The UNAIDS Joint Programme Action Plan.
- UNAIDS (2018): UBRAF Performance Monitoring Report 2016-2017: Organizational Reports.
- UNAIDS (2018): UBRAF Performance Monitoring Report 2016-2017: Performance Monitoring.
- UNAIDS (2019): UBRAF Performance Monitoring Report 2018; Introduction.
- UNAIDS (2019): UBRAF Performance Monitoring Report 2018; Organizational Report.
- UNAIDS (2019): UBRAF Performance Monitoring Report 2018; Regional and Country Report.
- UNAIDS (2019): UBRAF Performance Monitoring Report 2018; Strategy Result Area and Indicator Report.
- UNAIDS (2019): UBRAF Performance Monitoring Report 2018-2019, Organizational Report.
- UNAIDS (2019): UBRAF Performance Monitoring Report 2018-2019, Regional and Country Report.
- UNAIDS (2020): Semi Annual Progress Report For Directed Activities under USAID-UNAIDS Grant Agreement.
- UNAIDS (2020): UBRAF Performance Monitoring Report 2020, Organizational Report.
- UNAIDS (2020): UBRAF Performance Monitoring Report 2020, Strategy Result Area and Indicator Report.
- UNAIDS (2021): UBRAF Performance Monitoring Report 2020, Organizational Report.
- UNAIDS (2021): UBRAF Performance Monitoring Report 2020, Regional and Country Report.
- UNAIDS (2021): UBRAF Performance Monitoring Report 2020, Strategy Result Area and Indicator Report.

D.4 UNAIDS alignment

- UNAIDS (2021): Townhall. 15 July 2021.
- UNAIDS (2021): External drivers for consideration throughout the Alignment.
- UNAIDS (2021): UNAIDS Secretariat Organigrammes. 26 November 2021.

D.5 Other UNAIDS reports

- UNAIDS (2016): Presentation to 39th PCB in December 2016. Summary of the UBRAF. (*Includes summary of the impact of budget shortfalls*)
- UNAIDS (2016): Report to 39th PCB in December 2016; UBRAF, Impact and implications of the budget shortfall on the implementation of the UNAIDS 2016-2021 Strategy.
- UNAIDS (2020): Global AIDS Update 2020; Seizing the Moment; Tackling entrenched inequalities to end epidemics.
- UNAIDS (2021): Deep Dive Dialogue on UNAIDS Future Funding.
- UNAIDS (2021): Global AIDS Update 2021; Confronting inequalities; Lessons for pandemic responses from 40 years of AIDS.
- UNAIDS (2021): Reports to Economic and Social Council.

D.6 UNAIDS Joint Programme model and division of labour

- UNAIDS (2017): Fast Forward-refining the operating model of the UNAIDS Joint Programme for Agenda 2030.
- UNAIDS (2017): Refined Operating Model of the United Nations Joint Programme on HIV/AIDS (UNAIDS).
- UNAIDS (2018): UNAIDS Joint Programme Division of Labour.

D.7 UNAIDS tools and mechanisms

- UNAIDS (2018): UNAIDS Technical Support, Optimizing Global Fund Grants in Asia Pacific 2017-2018.
- UNAIDS (2020): Guidance paper: Joint Programme implementation review and 2021 planning and country envelope allocation exercise Guidance on Country Envelopes.
- UNAIDS (2020): Independent Evaluation of The UNAIDS Technical Support Mechanism.
- UNAIDS (2020): JPMS Guidance document, JPMS Programme Planning Module.
- UNAIDS (2021): UNAIDS Technical Support Mechanism, Annual Report 2019-2020.
- UNAIDS (2020): The UNAIDS Governance Handbook.

D.8 Joint Programme evaluations and management responses

- UNAIDS (2011): UNAIDS Capacity Needs Assessment-Global Synthesis Report.
- UN Joint Inspection Unit (2019): Review of the management and administration of the Joint United Nations Programme on HIV/AIDS (UNAIDS).
- UNAIDS (2020): Management Response to the Report of the Joint Inspection Unit on the Management and Administration Review of UNAIDS.
- UNAIDS (2021): ToR Independent Evaluation-Ending AIDS among Key Populations-the UN Contribution.
- Global Review Panel (2017): Refining and reinforcing; the UNAIDS Joint Programme Model.

- Itad (2020): Independent Evaluation of the UN System Response to AIDS in 2016-2019.
- UNAIDS (2020): Management Response to the Independent Evaluation.

D.9 Other reports

- IATT (2020): Young Key Population 2020 Report.
- MDF (2020): Final Evaluation of the Netherlands' Regional HIV/AIDS and SRHR Programme in Southern Africa.
- UN (2021): Review of the functioning of the resident coordinator system: rising to the challenge and keeping the promise of the 2030 Agenda for Sustainable Development; Report of the Secretary-General. For UN General Assembly, June 2021. (*Report on UN reform*)
- UNAIDS (2020): External review of the Global Prevention Coalition and 2020 Road Map; Annual progress report on HIV Prevention 2020.
- UNAIDS (2021): Successes, gaps and uneven progress in HIV prevention; Key findings from the 2021 scorecards of the Global HIV Prevention Coalition. Revised Draft November 28, 2021.
- UN Economic and Social Council (2021): Joint United Nations Programme on HIV/AIDS – Note by the Secretary-General.
- UN Economic and Social Council (2021): Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS.
- UNFPA Evaluation Office (2020): Evaluation of the UNFPA Support to the HIV response (2016-2019).
- The Global Fund (2019): Focus on the Middle East Response.

D.10 Data

- UNAIDS 2021 data and presentation on Country Classification Exercise conducted in 2021.
- UNAIDS JPMS human resource data for 2018-2019.
- UNAIDS JPMS human resource data for 2020 (compiled in April 2021).
- UNAIDS analysis of JPMS human resource data (compiled in April 2021).
- UNAIDS JPMS financial data for 2016-2017, 2018-2019 and 2020.
- UNAIDS Secretariat staffing data on 2020.
- Cosponsor staffing data on 2020.

D.11 Websites

- UNAIDS Transparency portal https://open.unaids.org

Annex E List of People Interviewed

E.1 Inception phase interviews

Stakeholders at global level

- WHO – Andy Seale
- WFP – Michael Smith, Allison Oman
- UNHCR – Ann Burton
- UNDP – Ludo Bok
- UNESCO – Chris Castle, Ariana Stahmer
- UNICEF – Chewe Luo, Bettina T. Schunter, Laurie Gulaid, Nina Ferencic
- UNODC – Ehab Salah, Fariba Soltani
- UNFPA – Elizabeth Benomar, David Sunderland
- ILO – Kofi Amekudzi
- UN Women - Nazneen Damji, Elena Kudravtseva
- UNAIDS Secretariat – Tim Martineau, Morten Ussing, Joy Backory, Jason Sigurdson, Tatiana Shoumilina, Eamonn Murphy, Celeste Sandoval

E.2 Data collection phase interviews

Stakeholders at global level

HQ level

- WHO – Andy Seale
- WFP – Michael Smith, Allison Oman
- UNHCR – Ann Burton
- UNDP – Ludo Bok
- UNESCO – Chris Castle, Ariana Stahmer
- UNICEF – Chewe Luo, Bettina T. Schunter
- UNODC – Ehab Salah, Fariba Soltani
- UNFPA – Elizabeth Benomar, David Sunderland
- ILO – Kofi Amekudzi
- UN Women - Nazneen Damji, Elena Kudravtseva
- UNAIDS Secretariat – Shannon Hader, Tim Martineau, Rosemary Museminali, Joel Rehnstrom, Elisabetta Pegurri, Ljiljana Todorovic, Elena Markova, Elmer Pagdilao, Amelie Druenkler, Paula Munderi-Aubesson, Kaori Kawarabayasi, Morten Ussing, Samia Lounnes, Joy Backory, Tatiana Shoumilina, Celeste Sandoval, Ani Shakarishvili, Gary Jones, Archana Patkar, Alicia Sanchez, David Chipanta, Mary Mahy, Trouble Chikoko.

Regional level

AP region

- UNAIDS Secretariat Regional Support Team (RST) Director, RST Focal Point, Advisers
- Regional Joint Team (RJT) Cosponsor Regional Advisers

EECA region

- RST Director, RST Focal Point, Advisers
- RJT Cosponsor Regional Advisers

ESA region

- RST Director, RST Focal Point, Advisers
- RJT Cosponsor Regional Advisers

LAC region

- RST Director, RST Focal Point, Advisers
- RJT Cosponsor Regional Advisers

MENA region

- RST Director, RST Focal Point, Advisers
- RJT Cosponsor Regional Advisers

WCA region

- RST Director, RST Focal Point, Advisers
- RJT Cosponsor Regional Advisers

Annex F Detailed Overview of Joint Programme Financial Resources

The Annex provides a detailed overview of the financial resources of the Joint Programme over the period 2016-2021, including data on the Joint Programme budgets, allocated funds and expenditure for both core and non-core funding.

The analysis is based both on the financial data published in the UNAIDS UBRAF Performance Monitoring Reports (PMR) as well as on “raw data” - financial data sets provided by the Secretariat Finance Team. The assessment team first reviewed and analysed raw data to produce similar financial data tables to those published in the UBRAF PMRs. Information not found in the UBRAF reports was produced by the assessment team using raw data. The UNAIDS Finance Team validated this analysis.

Definitions used include:

- “Total Budget” denotes budget for both Secretariat and Cosponsors core and non-core funding.
- Core Joint Programme funding is defined here as “available core funds” which include core funds budget, carry forwards and country envelop. It is the understanding of the assessment team that core funds refer to funding provided through the UBRAF system to the Secretariat for implementation of its functions, and to provide catalytic funding for the HIV-related work of 11 Cosponsors. Core funds are mobilised by the Joint Programme.
- Non-core Joint Programme funding is defined as “estimated non-core funds”. It refers to the HIV-related funding of Cosponsors that is mobilised internally, as well as additional funds that Cosponsors and the Secretariat raise at country, regional and global levels. The non-core funds in the UBRAF reflect regular and extra-budgetary resources of the Cosponsors which contribute to the achievement of UBRAF outputs, and which are or can be measured through UBRAF indicators.

Limitations affecting the data analysis include:

- Some minor inconsistencies observed in the raw data and the published data including the published reports. In these cases, the team used the published data for analysis with further validation from the Secretariat finance team.
- Terminologies used in the raw and the published data lack definition. As a result, it was difficult to understand calculations that are used in deriving the total budget and expenditure. For example, available funds for core funds are calculated to combine core funds, country envelope funding and carry forward.
- The analysis includes data from 11 Cosponsors. The analysis excludes UNDP Global Fund resources.

- Recent UBRAF Work plan and Budget 2020-2021 reports include estimates of supplemental funds in biennia and year 2020. However, the raw data and prior published PMR reports lack any data on supplemental funds.
- In the published PMR reports and the raw data, biennial budget information was available for 2016-2017 and 2018-2019, whereas budget information is only available for a single year in 2020.
- This analysis does not include expenditures and projections of the UNDP Global Fund partnership (US$ 425.5million for 2016-2017, US$ 467.5 million for 2018-2019 and US$ 260 million for 2020 as well as the World Bank loans and grants provided through IDA and IBRD (US$ 2.1 billion for 2016-2017).

F.1 Summary

This section contains some general observations about the financial resources of the Joint Programme, based on review of the financial data provided to the assessment team as well as on consultations with key stakeholders during the assessment.

Financing for developing countries' HIV response is declining – donors are shifting resources to supporting the HIV response in fewer countries and to supporting other competing development and health priorities.[51]

This limited funding and reprioritisation is reflected in a decline in Joint Programme funding, particularly for Cosponsors. This was partly driven by a 37% decrease of Cosponsor core UBRAF budget allocations: core budgets decreased from US$175m in 2016-17 to US$109m in 2018-2019 (the 2018-19 budget allocation included US$44m unearmarked funding and US$44m for Country Envelopes allocations). During the same period non-core Cosponsor funding also decreased. Securing non-core funding for Cosponsors has reportedly become more difficult, as donors tend to channel HIV funding for the UN system through UNAIDS or to other competing agency priorities including the response to COVID-19 and other emergencies. The Secretariat total UBRAF budget also decreased between 2016-17 and 2018-19, from approximately US$370 million to US$320 million.

F.2 Core & non-core budgets of Cosponsors and Secretariat

This section provides an overview of the core and non-core budgets of Cosponsors and Secretariat during the period 2016 to 2020. All the core funds are available funds and non-core funds are estimated funds, as suggested by the UNAIDS Secretariat Financial Team. "Total budget" includes core funds, non-core funds, and other funding sources such as supplemental funds. These other sources account for a relatively small proportion of the total budget. Core funds are the sum of core funds budgets, country envelope funds, and carry forward funds. Country envelope funds are those funds that are further allocated at country level to leverage joint action in the Fast-Track countries and in support of populations in greatest need in other countries. Carry forward funds are the balance of funds that are carried forward at the start of the new fiscal year.

[51] Institute for Health Metrics and Evaluation (IHME). Financing Global Health 2020: The impact of COVID-19. Seattle, WA: IHME, 2021.

F.2.1 Total budgets for available core funds & estimated non-core funds

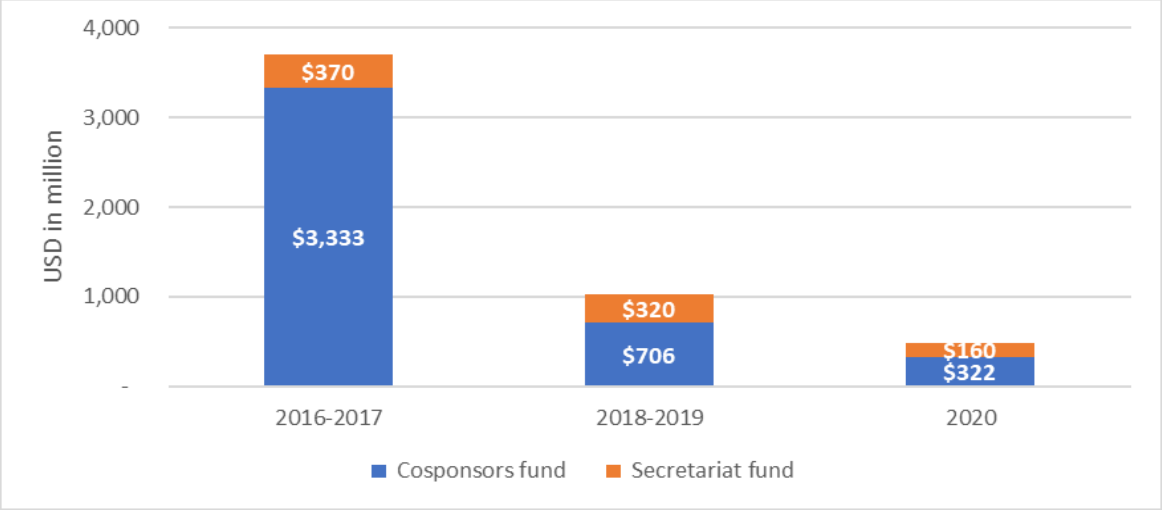
Table 33 below provides a detailed overview of budget for available core funds and estimated non-core funds by Cosponsor and for the Secretariat over the three time periods, as well as country envelope funding over the previous one biennia and year 2020. Available core funds include core funds, country envelop and carry forward funds.

Table 33: Total Joint Programme budgets by source type for Cosponsors and Secretariat and by year (US$ actual)

				Available Core Fund					Available Core Fund				
	Core fund	Non-core fund	Total	Core fund	Country Envelop	Carry forward fund	Estimated Non-core fund	Total	Core fund	Country Envelop	Carry forward fund	Estimated Non-core fund	Total
Organisation	2016–2017			2018–2019					2020–2020				
UNHCR	9,800,000	83,199,806	92,999,806	4,000,000	1,237,100	-	51,741,300	56,978,400	2,000,000	952,700	-	25,856,900	28,809,600
UNICEF	24,000,000	200,000,000	224,000,000	4,000,000	9,711,000	3,755,950	191,400,000	208,866,950	2,000,000	4,456,000	2,166,302	68,594,450	77,216,752
WFP	9,800,000	55,514,022	65,314,022	4,000,000	2,219,400	1,242,500	55,514,800	62,976,700	2,000,000	1,335,200	455,839	27,757,400	31,548,439
UNDP	17,200,000	490,000,000	507,200,000	4,000,000	4,357,500	1,795,058	15,500,000	25,652,558	2,000,000	2,960,100	870,726	5,000,000	10,830,826
UNFPA	21,000,000	110,707,150	131,707,150	4,000,000	7,148,450	3,043,145	100,972,800	115,164,395	2,000,000	3,824,100	1,850,745	51,947,650	59,622,495
UNODC	11,500,000	28,000,000	39,500,000	4,000,000	2,870,350	381,653	7,651,800	14,903,803	2,000,000	2,155,900	678,721	3,500,000	8,334,621
UN Women	7,600,000	26,709,000	34,309,000	4,000,000	1,775,700	1,863,732	5,400,000	13,039,432	2,000,000	1,112,000	825,082	4,750,000	8,687,082
ILO	10,900,000	15,000,000	25,900,000	4,000,000	1,660,200	1,024,277	8,700,000	15,384,477	2,000,000	977,800	336,242	4,150,000	7,464,042
UNESCO	12,400,000	35,640,501	48,040,501	4,000,000	2,501,950	1,730,673	11,232,400	19,465,023	2,000,000	1,434,900	1,028,775	21,857,000	26,320,675
WHO	35,000,000	109,900,000	144,900,000	4,000,000	10,090,350	4,696,693	140,700,000	159,487,043	2,000,000	5,524,000	1,333,872	47,700,000	56,557,872
World Bank	15,400,000	2,004,163,500	2,019,563,500	4,000,000	300,000	2,096,608	8,500,000	14,896,608	2,000,000	267,300	82,846	4,330,000	6,680,146
Subtotal Cosponsors	**174,600,000**	**3,158,833,979**	**3,333,433,979**	**44,000,000**	**43,872,000**	**21,630,289**	**597,313,100**	**706,815,389**	**22,000,000**	**25,000,000**	**9,629,150**	**265,443,400**	**322,072,550**
Secretariat funds	310,220,000	60,000,000	370,220,000	280,000,000	-	-	40,000,000	320,000,000	140,000,000	-	-	20,000,000	160,000,000
Grand total	**484,820,000**	**3,218,833,979**	**3,703,653,979**	**324,000,000**	**43,872,000**	**21,630,289**	**637,313,100**	**1,026,815,389**	**162,000,000**	**25,000,000**	**9,629,150**	**285,443,400**	**482,072,550**

Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020, UNAIDS (2021): Joint Programme financial data – excel raw data

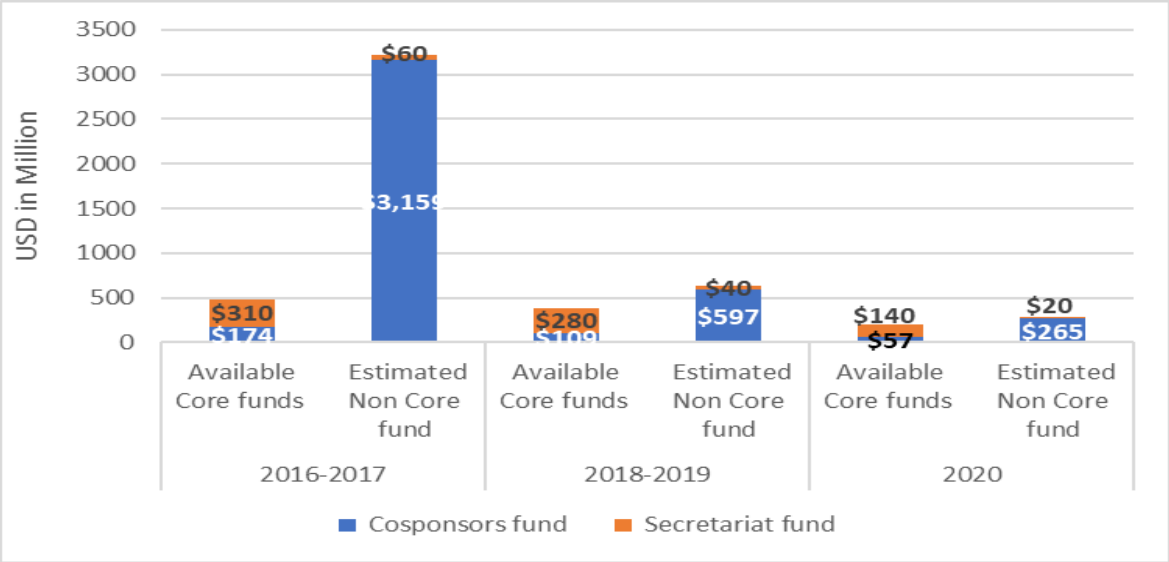
Figure 35: Total budget (core and non-core) for Cosponsors and Secretariat by period (US$ million)



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020, UNAIDS (2021): Joint Programme financial data – excel raw data

Figure 35 above shows trends in total budgets – including available core funds and estimated non-core funds - for Cosponsors and Secretariat based on published UBRAF PMR reports and raw data (where applicable). Compared to biennium 2016-2017, the Secretariat budget reduced only slightly (by 13.6%) in 2018-2019. However, the Cosponsors' budget saw significant reductions (79%) between these two biennia, with 2018-2019 budget only at 21% of the amount in 2016-2017. This large reduction in Cosponsors' budget is associated with a large budget reduction in the World Bank's budget which reduced by almost 99% from US$2,019.5 million in 2016-2017 to US$14.8 million in 2018-2019.

Figure 36: Trend of total Cosponsors and Secretariat available core funds and estimated non-core funds by year (US$ million)



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020, UNAIDS (2021): Joint Programme financial data – excel raw data

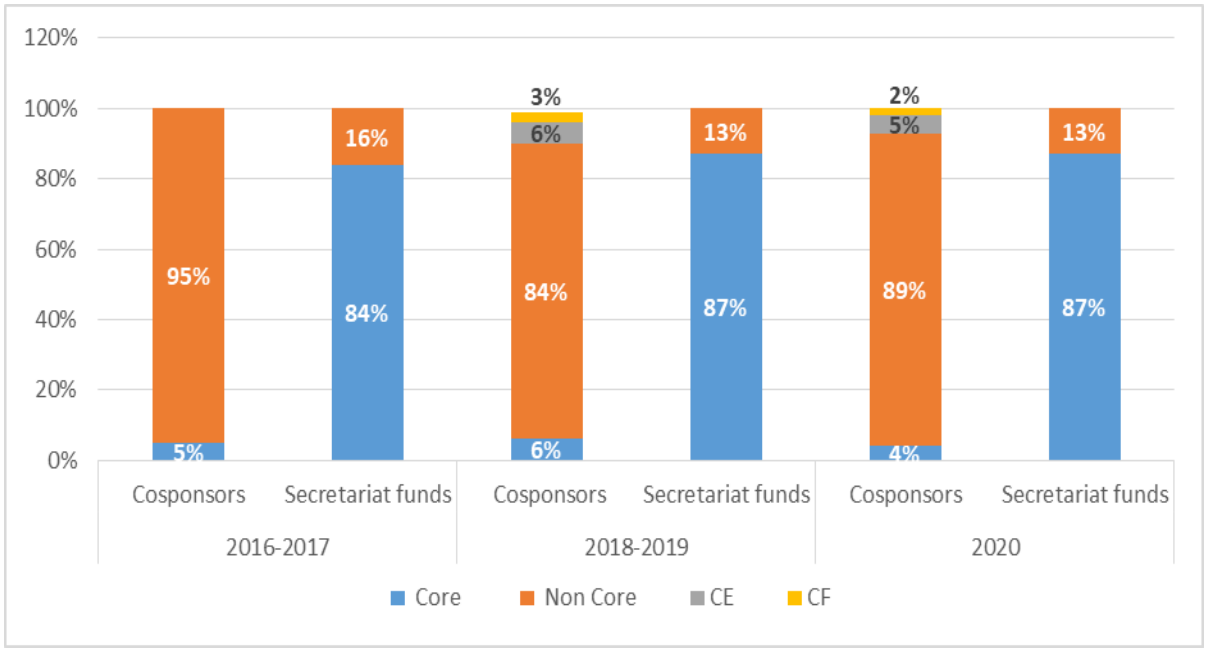
Figure 36 above shows Cosponsors and Secretariat core and non-core funds available in two biennia (2016-2017, 2018-2019) and the year 2020. From biennium 2016-2017 to biennium

2018-2019, Cosponsors' core and non-core funds decreased significantly; core funds reduced from US$174 million to US$110 million, and non-core funds decreased from US$3,159 million to US$597 million. During the same period, Secretariat funds decreased as well, but by smaller percentages: Secretariat core funds decreased from US$310 million to US$280 million, and Secretariat non-core funds decreased from US$60 million in biennium 2016-2017 to US$40 million in biennium 2018-2019.

Figure 37 below shows the trend of Cosponsors and Secretariat funds by source of funding between 2016 and 2020. During the biennium 2016-2017 there were only two sources, available core funds and estimated non-core funds. One additional funding source called Country Envelope (CE) was added in later years. In addition, carry forward (CF) of core funds is calculated and shown separately.

Figure 37 shows that estimated non-core funding accounts for most of Cosponsors' budgets, although the proportion of funding from estimated non-core sources has decreased over time. Available Core funding is the largest source of Secretariat funds, and the proportion is relatively the same across years. - Additional CE and CF funding represent very small proportions of overall budgets for 2018-2019 and 2020.

Figure 37: Trend of Cosponsor and Secretariat funds by source of funding and year



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020, UNAIDS (2021): Joint Programme financial data – excel raw data

F.2.2 Available core and estimated non-core funds by region

This section explores information on Joint Programme budgeted funds by region. This information is not provided in published UBRAF reports. Therefore, all the budget information presented in the following tables is calculated using the raw financial data provided by the Secretariat.

Table 34 below shows available core funds and estimated non-core funds in US$ over the years by region. This table provides the base for analysis. Table 34 below shows the proportion of total core and non-core budget for each region.

Table 34: Available core funds and estimated non-core funds by region and year (US$ million)

Region	2016-2017			2018-2019				2020			
	Core	Non-core	Total	Core	CE	Non- core	Total	Core	CE	Non-Core	Total
Global	226	81	307	143	-	89	232	46	-	21	67
AP	52	790	842	29	8	69	106	21	5	19	45
EECA	20	210	230	13	2	26	41	14	1	17	32
ESA	77	1,074	1,151	61	16	232	309	36	9	148	193
LAC	33	320	353	22	5	23	50	15	3	14	32
MENA	15	124	139	10	2	45	57	8	1	17	26
WCA	62	620	682	46	11	153	210	22	6	49	77
Total	**485**	**3,219**	**3,704**	**324**	**44**	**637**	**1005**	**162**	**25**	**285**	**472**

Source: UNAIDS (2021): Joint Programme financial data - excel raw data.

Table 34 above shows the available core fund and estimated non-core funds by region and year, and table 35 shows the proportion of total core and non-core budget for each region. While analysing the budget distribution over the regions, Eastern and Southern Africa (ESA) is the region that receives the highest portion of core and non-core funds compared to other regions, followed by West and Central Africa (WCA). The Middle East and North Africa (MENA) received the smallest portion of both core and non-core funds. The Asia and Pacific (AP) region has decreased as a percentage of total budget from 23% in biennium 2016-2017 to 8% in 2020. During the same period, LAC budget decreased from 10% to 5%. Meanwhile, ESA budget increased from 32% to 50% and other regions budgets remain at consistent levels over the period.

Table 35: Available Core and estimated non-core fund by region over years *(% distribution over regions*)

Region	2016-2017			2018-2019				2020			
	Core	Non-core	Total	Core	CE	Non- core	Total	Core	CE	Non-Core	Total
Global	47%	3%	8%	44%	-	14%	23%	28%	-	7%	14%
AP	11%	25%	23%	9%	18%	11%	11%	13%	20%	7%	9%
EECA	4%	7%	6%	4%	5%	4%	4%	9%	4%	6%	7%
ESA	16%	33%	31%	19%	36%	36%	31%	22%	36%	52%	41%
LAC	7%	10%	10%	7%	11%	4%	5%	9%	12%	5%	7%
MENA	3%	4%	4%	3%	5%	7%	6%	5%	4%	6%	6%
WCA	13%	19%	18%	14%	25%	24%	21%	14%	24%	17%	16%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: UNAIDS (2021): Joint Programme financial data - excel raw data.

F.3 Core and non-core expenditure

This section provides an overview of the core and non-core expenditure by Cosponsors and Secretariat during the period 2016 to 2020. Core and non-core expenditure is the expenditure reported for available core funds and estimated non-core funds. All the expenditures presented are based on finance data provided in published UBRAF PMR reports and Raw data. Implementation rates are calculated as expenditure as a percentage of budget/funds data provided on published PMR reports. Expenditures presented for 2020 is for one year

only, so it cannot be compared to the previous two biennia (2016-2017 and 2018-2019). Non-core budget funds are just estimates, reflecting current funding available + known commitments only. This means the non-core available funds estimates are likely underestimated, which explains why expenditures exceed the estimated funds available.

F.3.1 Core and non-core expenditure for Cosponsors and Secretariat

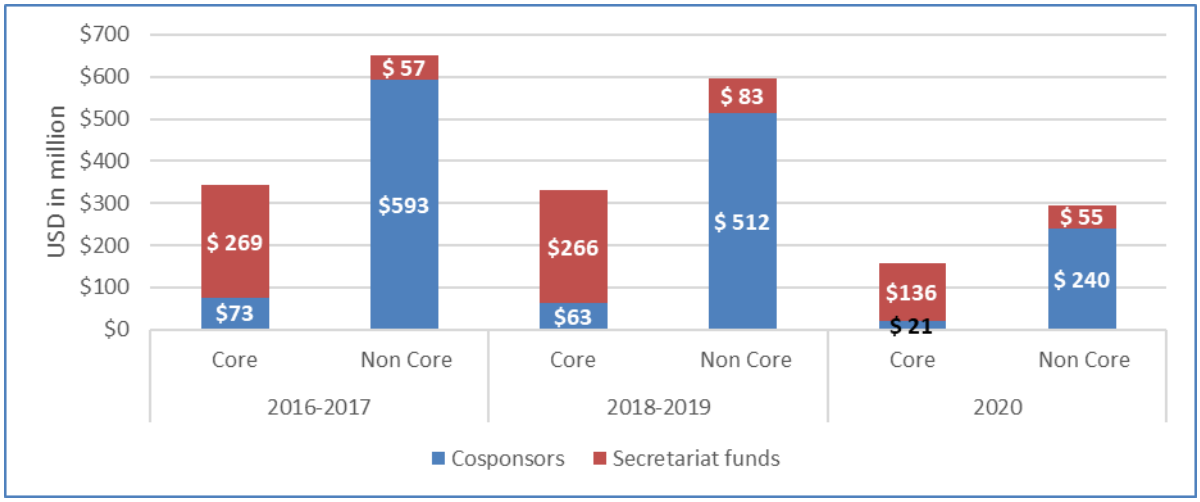
Table 36 provides a summary of the total Cosponsors and Secretariat expenditure disaggregated by core and non- core in different biennia and for the year 2020 compiled from raw data, PMR & SRA report *(Amount in US$ in actual)*.

Table 36: Core and non-core expenditure by Cosponsors and Secretariat (*US$ million)*

	2016 - 2017			2018 - 2019				2020			
Organization	Core	Non-core	Total	Core	CE	Non-core	Total	Core	CE	Non-core	Total
UNHCR	4,900,000	63,211,644	68,111,644	4,000,000	1,237,100	51,763,950	57,001,050	1,271,521	882,877	28,381,203	30,535,601
UNICEF	10,155,222	169,694,024	179,849,246	6,705,613	9,153,529	130,080,706	145,939,848	2,208,504	4,662,577	47,364,378	54,235,459
WFP	4,321,237	70,166,748	74,487,985	5,145,342	1,626,453	42,060,336	48,832,131	1,673,866	1,318,385	18,431,472	21,423,723
UNDP	7,820,486	29,169,836	36,990,322	5,720,692	3,720,392	21,048,010	30,489,094	1,993,827	2,602,558	10,540,289	15,136,674
UNFPA	8,471,452	88,496,481	96,967,933	6,263,578	7,090,707	99,444,550	112,798,835	2,714,872	4,623,847	52,493,064	59,831,783
UNODC	5,600,898	10,829,080	16,429,978	4,381,653	2,496,197	10,600,726	17,478,576	1,928,610	2,089,421	3,217,754	7,235,785
UN Women	2,899,848	20,839,207	23,739,055	5,863,732	1,615,545	17,926,054	25,405,331	2,109,161	1,153,850	9,274,295	12,537,306
ILO	4,584,569	9,228,063	13,812,632	4,936,099	1,513,890	7,292,061	13,742,050	1,880,772	877,375	2,934,555	5,692,702
UNESCO	4,848,369	21,947,649	26,796,018	5,612,299	2,097,766	21,370,610	29,080,675	1,587,294	1,416,919	12,900,507	15,904,720
WHO	13,457,116	98,241,344	111,698,460	8,696,693	8,886,224	102,100,000	119,682,917	1,645,393	4,952,301	47,700,000	54,297,694
World Bank	6,329,869	11,219,257	17,549,126	6,013,762	300,000	8,655,450	14,969,212	1,711,803	267,300	6,407,127	8,386,230
Subtotal Cosponsors	**73,389,066**	**593,043,333**	**666,432,399**	**63,339,463**	**39,737,802**	**512,342,453**	**615,419,718**	**20,725,623**	**24,847,410**	**239,644,644**	**285,217,677**
Secretariat Fund	268,847,935	57,280,907	326,128,842	266,124,246	-	82,972,457	349,096,703	136,314,461	-	55,398,482	191,712,943
Grand Total	**342,237,001**	**650,324,240**	**992,561,241**	**329,463,709**	**39,737,802**	**595,314,910**	**964,516,421**	**157,040,084**	**24,847,410**	**295,043,126**	**476,930,620**

Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Figure 38: Core and non-core expenditures of Cosponsors and Secretariat



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Figure 38 above provides a snapshot of total Joint Programme core and non-core expenditures of Cosponsors and Secretariat over two biennia and year 2020. Core expenditures for both Cosponsors and the Secretariat declined slightly from 2016-2017 to 2018-2019. Cosponsors' non-core expenditures decreased by 14%, from US$593 million in 2016-2017 to US$512 million during 2018-2019. During the same period, Secretariat non-core expenditures increased from US$57 million to US$83 million.

F.3.2 Core and non-core expenditure by region

Table 37: Core and non-core expenditures by region (US$ million)

Region	2016-2017			2018-2019				2020			
	Core	Non-core	Total	Core	CE	Non- core	Total	Core	CE	Non-Core	Total
Global	157	59	216	152	-	66	218	75	-	35	110
AP	35	53	88	32	7	54	93	14	4	24	42
EECA	15	39	54	15	2	37	54	6	2	18	26
ESA	60	352	412	57	16	293	366	25	9	145	179
LAC	24	21	45	20	4	25	49	11	3	13	27
MENA	10	40	50	8	1	31	40	4	1	19	24
WCA	41	86	127	45	10	89	144	22	6	41	69
Total	**342**	**650**	**992**	**329**	**40**	**595**	**964**	**157**	**25**	**295**	**477**

Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Table 37 above provides a summary of the core and non-core expenditures by region in different biennia and the year 2020 compiled from raw data, PMR & SRA report *(Amount in US$ in actual)*. Table 38 below provides the core and non-core expenditures by region and year in proportions.

Table 38: Core and non-core expenditures by region over years (percentage distribution)

Region	2016-2017			2018-2019				2020			
	Core	Non-core	Total	Core	CE	Non- core	Total	Core	CE	Non-Core	Total
Global	46%	9%	22%	46%	-	11%	139%	48%	-	12%	23%
AP	10%	8%	9%	10%	18%	9%	10%	9%	16%	8%	9%
EECA	4%	6%	5%	5%	5%	6%	6%	4%	8%	6%	5%
ESA	18%	54%	42%	17%	40%	49%	38%	16%	36%	49%	37%
LAC	7%	3%	5%	6%	10%	4%	5%	7%	12%	4%	6%
MENA	3%	6%	5%	2%	3%	5%	4%	3%	4%	6%	5%
WCA	12%	13%	13%	14%	25%	15%	15%	14%	24%	14%	15%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Expenditures by region follow the same pattern as budget distribution (see Table 33). Global expenditure, primarily from core funds, accounts for the largest portion of expenditure. ESA was the region with highest proportion of both core and non-core expenditure, followed by WCA. MENA had the lowest proportion of expenditure from both core and non-core funds, followed by EECA.

F.3.3 Core and non-core expenditure for Cosponsors

Note:

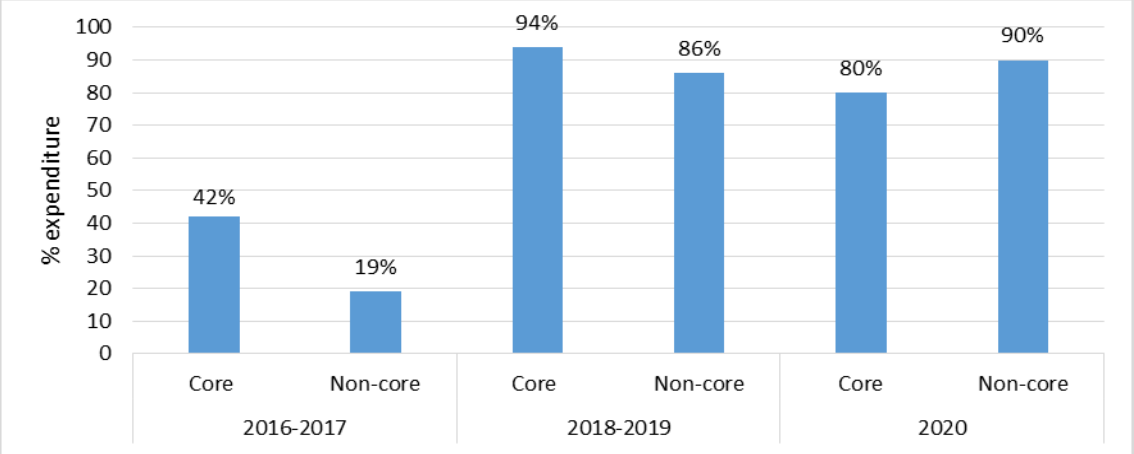
- Core expenditure percentages presented in figure 39 include the sum of core funds, country envelope funding and last year carry forward and their corresponding expenditures and encumbrances.

This section reviews the implementation rates of budgets by Cosponsors. The assessment team calculated these rates based on expenditure data in the PMR reports and the raw data compared to budget data.

Total core and non-core expenditure and implementation rates

Figure 33 shows the trend analysis of core and non-core implementation rates by Cosponsors over two biennia and for the year 2020.

Figure 39: Trend analysis of total Cosponsors implementation rates by core and con-core funds



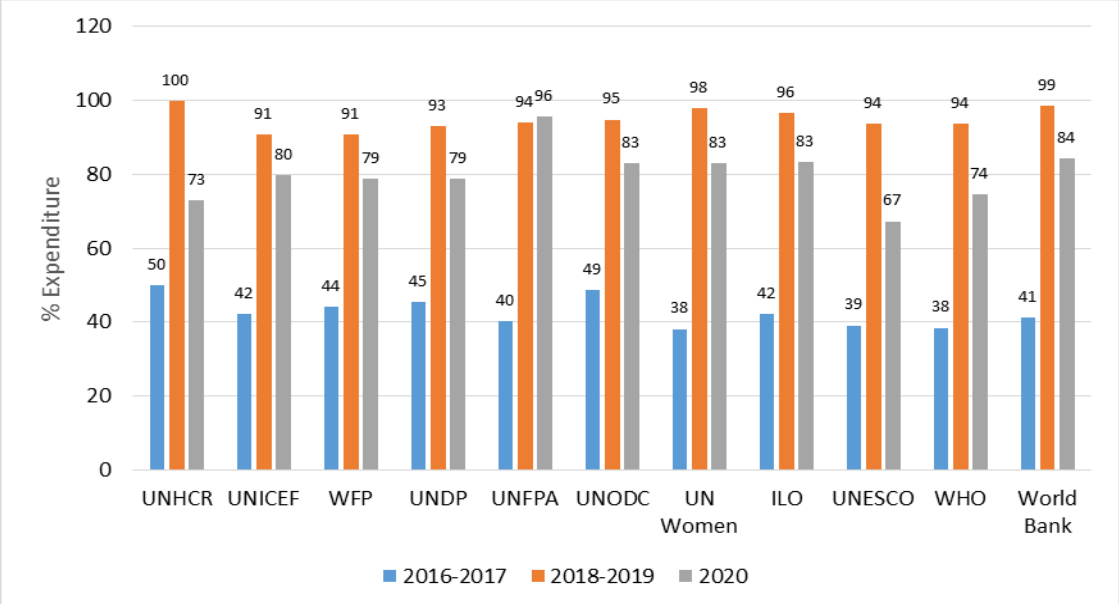
Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Implementation rates of non-core funds in biennium 2016-2017 were quite low compared to biennium 2018-2019. During the biennium 2018-2019 both core and non-core expenditure as a percentage of budgeted funds were reported to be 94% and 86% respectively.

Core expenditure and implementation rates

The figure 40 below shows the trends of Cosponsors total core expenditures over two biennia and year 2020. Core expenditure is reported for 11 Cosponsors, excluding UNDP Global Fund expenditures. Implementation rates against available core funds for most of the Cosponsors increased from biennium 2016-2017 to 2018-2019. Between biennium 2016-2017 and 2018-2019, implementation rates were highest for UNHCR, UNDP, UNFPA, UNODC, UN Women, UNESCO and the WB.

Figure 40: Trend analysis of core implementation rates by Cosponsors

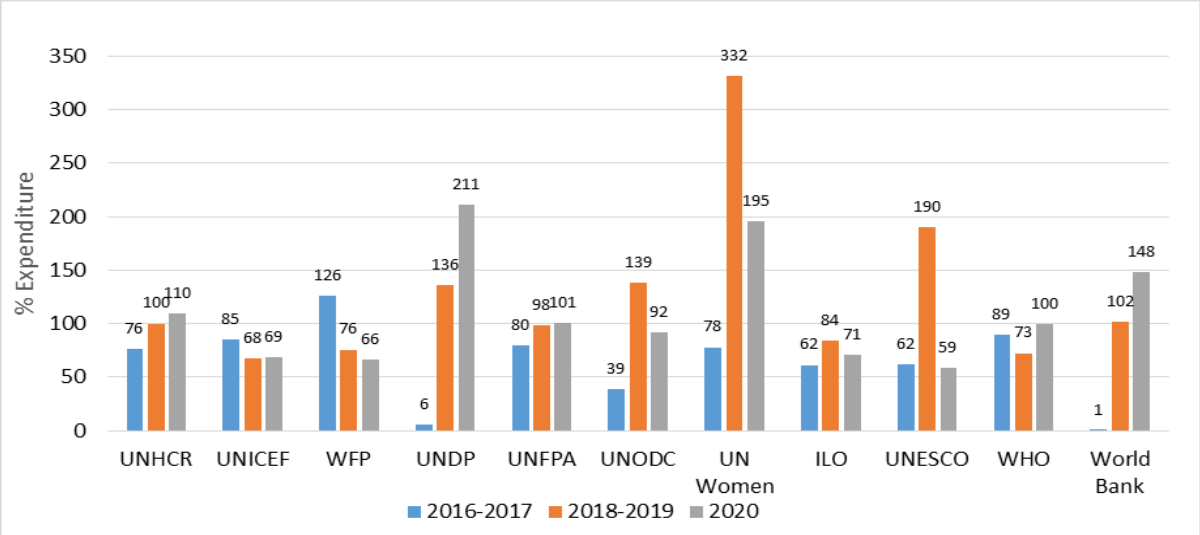


Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

In biennium 2016-2017, UNHCR had the highest core funding implementation rate of 50%, UNHCR had the highest rate in biennium 2018-2019 of 100% and UNFPA had the highest rate in year 2020 of 96%. WHO and UN Women had the lowest core funding implementation rates in 2016-2017 of 38%, whereas UNICEF and WFP had the lowest rates (91%) in biennium 2018-2019 and UNHCR had the lowest rate (73%) in year 2020.

Non-core expenditure and implementation rates

Figure 41: Trend analysis of non-core implementation rates (in percentage) by Cosponsors



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Figure 41 above shows the trend analysis of non-core implementation rates by Cosponsors over two biennia and year 2020. Non-core expenditure reports 11 Cosponsors. All Cosponsors except UNICEF, ILO and WHO were observed to spend more than the estimated available funds, with some implementation rates reaching over 330 percent.

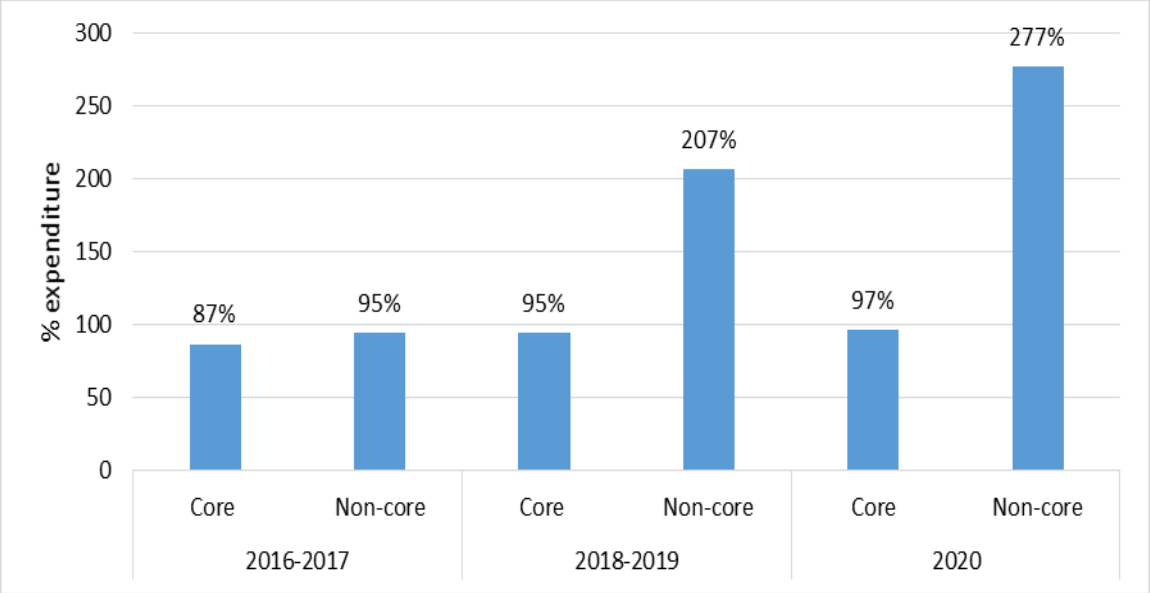
In biennium 2016-2017, highest non-core implementation rates were observed for WHO at 89%. During the 2018-2019 biennium, UN Women reached an implementation rate of 332%, whereas UNDP reached 211% in the year 2020. In biennium 2016-2017, the lowest implementation rate observed was 1% by the World Bank. The lowest implementation rates in 2018-19 and 2020 were 68% and 59%, respectively.

F.3.4 Core and non-core implementation rates for the Secretariat

Figure 42 below shows the trend analysis of budget implementation rates for the Secretariat for the over two biennia and the year 2020. In the figure, non-core budget funds are just estimates, reflecting current funding available plus known commitments only. This means the non-core available funds estimates are likely underestimated, which explains why expenditures exceed the estimated funds available.

The figure shows that Secretariat non-core expenditures significantly exceeded budgets in 2018-19 and the year 2020.

Figure 42: Trend analysis of Secretariat implementation rates (in percentage) by Core & Non-Core



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

F.3.5 Analysis of budget & expenditure for Cosponsors by Country Envelope

This section provides a summary of budget and expenditure of Cosponsors during 2018-19 and 2020 using funding through the Country Envelope mechanism which was established in year 2018.

Table 39: Country Envelop Budget and Expenditure (US$ actual) in biennia 2018-2019 & year 2020

	2018-2019			2020		
Organization	Available Fund	Expenditure	% Exp	Available Fund	Expenditure	% Exp
UNHCR	1,237,100	1,237,100	100	952,700	882,877	93
UNICEF	9,711,000	9,153,529	94	5,571,966	4,662,577	84
WFP	2,219,400	1,626,453	73	1,791,039	1,318,385	74
UNDP	4,357,500	3,720,392	85	3,756,460	2,602,558	69
UNFPA	7,148,450	7,090,707	99	4,895,278	4,623,847	94
UNODC	2,870,350	2,496,197	87	2,834,621	2,089,421	74
UN Women	1,775,700	1,615,545	91	1,397,441	1,153,850	83
ILO	1,660,200	1,513,890	91	1,225,864	877,375	72
UNESCO	2,501,950	2,097,766	84	2,093,218	1,416,919	68
WHO	10,090,350	8,886,224	88	6,857,872	4,952,301	72
World Bank	300,000	300,000	100	267,300	267,300	100
Total	**43,872,000**	**39,737,803**	**91**	**31,643,758**	**24,847,410**	**79**

Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Table 39 shows that a total of approximately US$44 million was budgeted for the Country Envelope mechanism in biennium 2018-2019, which was decreased to 31.6 million in the year 2020. It is important to note that year 2020 also included US$6.6 million carry forward Country Envelope budget from biennium 2018-2019.

The table shows that during 2018-2019, WHO benefitted the most from Country Envelope allocations, receiving nearly 23% of the total CE budget.

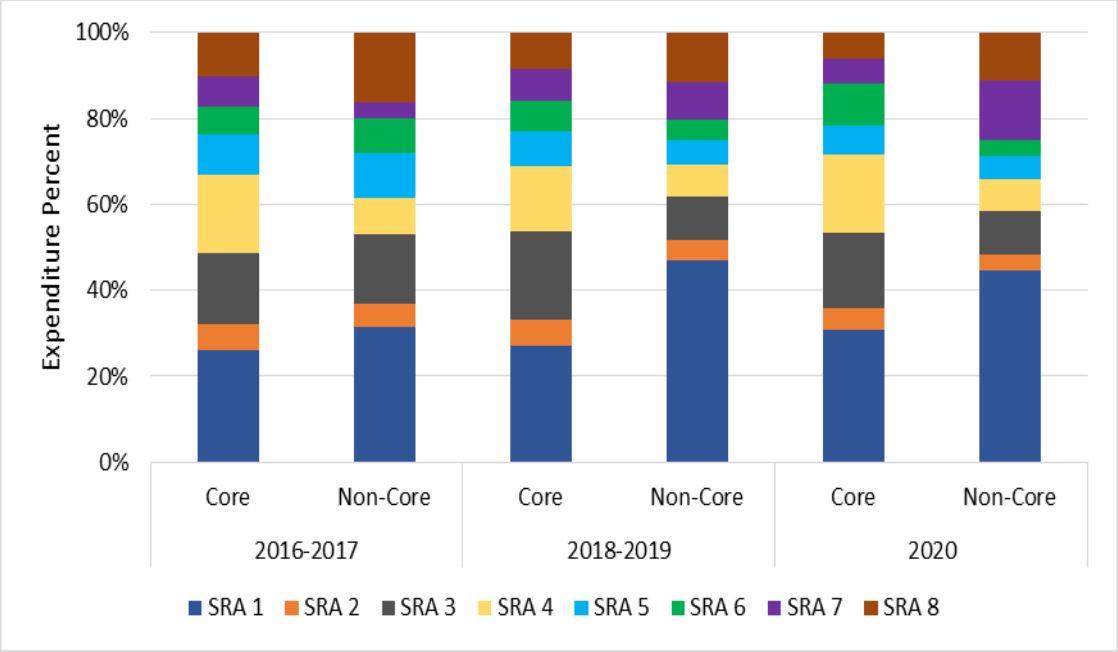
The table also shows that the total implementation rate of the CE budget was 91% in 2018-19 and 79% in 2020. Implementation rates in 2018-2019 were highest for UNHCR and the World Bank, and in 2020 highest for the World Bank; whereas implementation was lowest for WFP in 2018-2019 and for UNESCO in 2020.

F.3.6 Analysis of core and con-core expenditure by SRA

Figure 43 and table 40 below provide an overview of the proportion of expenditure of core and non-core funding per Strategic Result Area (SRA) over two biennia and year 2020. [52] The team has used the "old" eight SRAs here, used in the period up to 2021 and not the 10 new SRAs defined for the Global AIDS Strategy for 2021-2026.[53]

For both core and non-core funds, SRA 1 (HIV/AIDS testing and treatment) accounts for the largest proportion of expenditure, followed by SRA3 (which is HIV prevention among young people) and SRA8 (HIV and health services integration). Expenditures proportions are lowest for SRA 2, SRA 6 and SRA 7, which focus on EMTCT, stigma and discrimination, and investment and efficiency, respectively (see Table 40).

Figure 43: Trend analysis of core and non-core expenditures by SRA



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020

[52] The 8 Strategy Result Areas of the GAS refer to-SRA 1: HIV testing and treatment, SRA 2: Elimination of mother-to-child transmission, SRA 3: HIV prevention and young people, SRA 4: HIV prevention and key populations, SRA 5: Gender inequalities and gender-based violence, SRA 6: Stigma, discrimination and human rights, SRA 7: Investment and efficiency, and SRA 8: HIV and health services integration.
[53] UNAIDS (2021): Global AIDS Strategy 2021-2026.

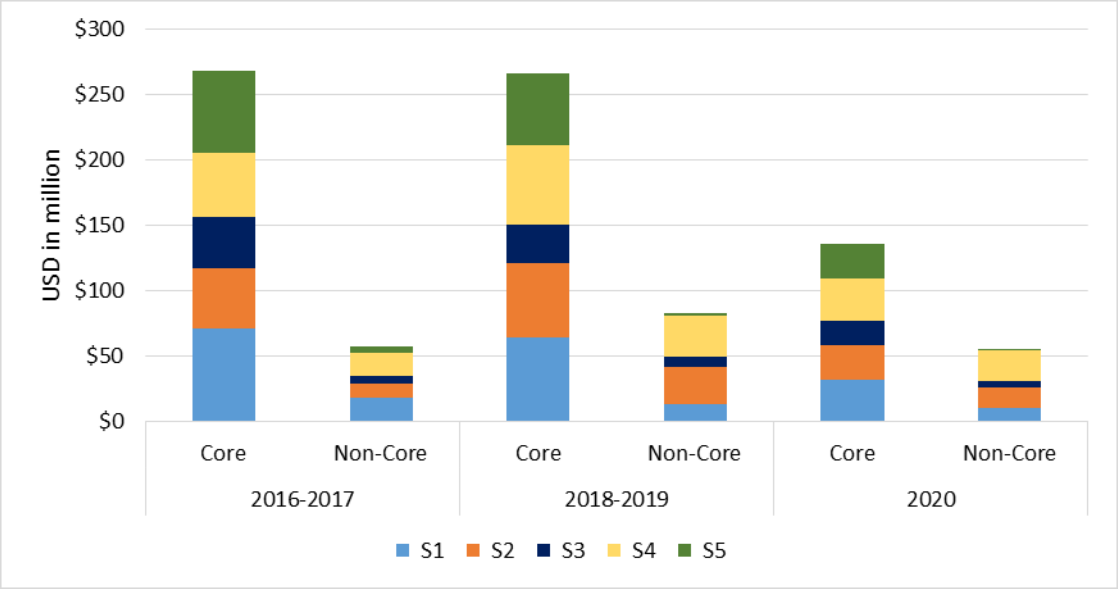
Table 40: Core and Non-core Expenditure by SRA

SRA	Total expenditure (core + non-core)			Grand total
	2016-2017	2018-2019	2020	
SRA 1: HIV testing and treatment	382,186,243	475,355,697	211,826,669	1,069,368,610
SRA 2: Elimination of mother-to-child transmission	66,249,545	53,332,476	19,564,711	139,146,732
SRA 3: HIV prevention and young people	199,485,836	122,540,369	53,220,926	375,247,131
SRA 4: HIV prevention and key populations	114,060,227	90,338,920	40,305,293	244,704,440
SRA 5: Gender inequalities and gender-based violence	126,576,718	62,132,411	28,210,275	216,919,403
SRA 6: Stigma, discrimination and human rights	98,822,508	54,203,537	19,924,381	172,950,427
SRA 7: Investment and efficiency	45,332,857	88,171,842	64,099,248	197,603,947
SRA 8: HIV and health services integration	196,667,224	115,893,984	52,748,097	365,309,306
Total	**1,229,381,158**	**1,061,969,236**	**489,899,601**	**2,781,249,994**

Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020

F.3.7 Analysis of core and non-core expenditures by Secretariat function

Figure 44: Core and non-core expenditures by secretariat function



Source: UBRAF Performance Reporting 2016-2017; UBRAF SRA Indicator report 2018-2019; UBRAF SRA Indicator Report 2020; UNAIDS (2021): Joint Programme financial data - excel raw data.

Figure 44 above provides a summary of core and non-core expenditures by Secretariat function. The majority of Secretariat expenditures are from Joint Programme core budget funds. The greatest portion of core expenditure is to support Secretariat function type S1

(leadership, advocacy and communication)[54], whereas the lowest is for S3 (strategic information). Similarly, largest portions of the non-core expenditure were for S4 (coordination, convening and country implementation support), whereas S5 (governance and mutual accountability) had the lowest portion of expenditure from non-core sources and the trend remained similar throughout the years.

Overall, core expenditure remained almost steady between two biennia 2016-2017 and 2018-2019 whereas non-core expenditures across Secretariat function increased from 57 million to 86 million.

[54] S1: Leadership, advocacy and communication, S2: Partnerships, mobilisation and innovation, S3: Strategic Information, S4: Coordination, convening and country implementation support, S5: (Governance and mutual accountability

Annex G Human Resources Data Table

Detailed overview of Joint Programme staff at country level per agency

Table 41: Joint Programme staff at country level per agency in 2020

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
All			**1327**	**719.9**	**54**	**3.1**	**171**	**10º 0.6**	**75**	**20.9**	**139**	**87.9**	**175**	**77.5**	**49**	**31.5**	**44**	**13.2**	**68**	**24.5**	**56**	**37.6**	**107**	**52.9**	**153**	**34.2**	**236**	**236.0**
Latin America and the Caribbean		**All**	**155**	**67.6**	**3**	**0.2**	**11**	**5.8**	**9**	**2.0**	**22**	**14.0**	**38**	**15.1**	**2**	**0.2**	**9**	**2.7**	**4**	**1.3**	**4**	**0.5**	**16**	**1.5**	**15**	**2.5**	**22**	**22.0**
	1	Argentina	7	3.8									1	0.4			1	0.3							2	0.1	3	3.0
	2	Bahamas	1	0.1																			1	0.1				
	3	Bolivia	6	0.9					1	0.3			3	0.2			1	0.3					1	0.1				
	4	Brazil	16	6.1			4	1.0					2	0.7			1	0.3	1	0.2	1	0.2	1	0.1	3	0.7	3	3.0
	5	Belize	3	2.3							3	2.3																

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	6	Chile	3	0.4					1	0.1			1	0.3					1	0.1								
	7	Colombia	7	3.0	1	0.1			1	0.2	2	1.5	2	1.2									1	0.1				
	8	Cuba	11	6.2			1	0.0			8	5.1	2	1.1														
	9	Dominican Republic	10	4.1					1	0.3	2	0.9	4	0.8									1	0.1			2	2.0
	10	Ecuador	11	1.6	1	0.1			1	0.2			6	0.9											3	0.5		
	11	El Salvador	6	1.7					1	0.1	1	0.1	1	0.1			1	0.3					1	0.1			1	1.0
	12	Guatemala	10	3.4					1	0.4			3	0.4	2	0.2	1	0.3			1	0.1					2	2.0
	13	Guyana	5	2.5			1	1.0			1	0.1	1	0.3									1	0.1			1	1.0
	14	Haiti	15	8.4			1	1.0	1	0.3			1	1.0			1	0.3	2	1.1	1	0.1	1	0.1	3	0.6	4	4.0
	15	Honduras	3	0.6			1	0.3					1	0.3									1	0.1				
	16	Jamaica	8	6.3			1	1.0			2	1.1	1	1.0			1	0.3									3	3.0

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	17	Mexico	4	3.1									3	3.0									1	0.1				
	18	Nicaragua	2	1.1			1	1.0															1	0.1				
	19	Panama	4	3.0							3	3.0											1	0.1				
	20	Paraguay	6	1.3									1	0.5			1	0.3					2	0.2	2	0.3		
	21	Peru	9	3.7					1	0.2			2	1.0							1	0.1	1	0.1	2	0.4	2	2.0
	22	Trinidad and Tobago	1	0.1																			1	0.1				
	23	Uruguay	2	1.3									1	1.0			1	0.3										
	24	Venezuela (Bolivarian Republic of)	5	2.6	1	0.0	1	0.5					2	1.1													1	1.0
Eastern Europe and		**All**	**99**	**48.0**	**1**	**0.0**	**9**	**3.1**			**20**	**10.5**	**9**	**4.3**	**8**	**5.8**	**5**	**1.5**	**8**	**3.0**	**2**	**1.1**	**11**	**4.2**	**13**	**1.5**	**13**	**13.0**
	25	Albania	1	0.3																			1	0.3				

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
Central Asia	26	Azerbaijan	1	0.3																			1	0.3				
	27	Armenia	2	1.3																			1	0.3			1	1.0
	28	Belarus	10	5.1			1	1.0			2	1.2	1	0.3	1	1.0							1	0.3	3	0.4	1	1.0
	29	Georgia	6	1.7			1	0.2			1	0.2	1	0.8					1	0.2			1	0.3	1	0.1		
	30	Kazakhstan	10	5.9			1	0.2			1	0.3	2	1.1	1	1.0	1	0.3			1	0.1					3	3.0
	31	Kyrgyzstan	15	8.0			1	0.1			7	5.0	1	1.0	1	0.3	1	0.3							3	0.3	1	1.0
	32	Republic of Moldova	7	3.1			1	0.2			1	0.1	1	0.2	1	1.0	1	0.3					1	0.3			1	1.0
	33	Romania	1	0.3																			1	0.3				
	34	Russian Federation	5	2.7															3	1.3	1	1.0	1	0.4				
	35	Tajikistan	15	7.0			1	0.5			6	3.5	1	0.3	1	0.8	1	0.3	1	0.2					3	0.4	1	1.0
	36	Ukraine	21	9.7	1	0.0	2	0.8			2	0.3	1	0.5	2	0.7	1	0.3	3	1.3			2	1.4	3	0.5	4	4.0

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	37	Uzbekistan	5	2.7			1	0.3					1	0.1	1	1.0							1	0.3			1	1.0
Western and Central Africa		**All**	**349**	**178.6**	**15**	**0.5**	**53**	**32.5**	**30**	**6.5**	**28**	**14.5**	**46**	**14.5**	**6**	**2.6**	**10**	**3.0**	**11**	**3.7**	**18**	**11.9**	**23**	**13.5**	**43**	**9.5**	**66**	**66.0**
	38	Burundi	14	7.0	1	0.0	3	1.1	2	0.5	3	2.5					1	0.3			1	0.1	1	0.5			2	2.0
	39	Cameroon	18	10.2	1	0.0	1	1.0	1	0.3	1	0.5	2	0.8			1	0.3	2	1.3	1	1.0	1	0.4	3	0.7	4	4.0
	40	Cabo Verde	4	1.4			1	0.3			1	0.5							1	0.2			1	0.4				
	41	Central African Republic	14	6.7	1	0.0	5	1.4	1	0.1	1	0.5	1	1.0			1	0.3					1	0.4			3	3.0
	42	Chad	17	6.3	5	0.1	1	1.0	1	0.3	1	0.5	2	0.7							1	0.1	1	1.0	3	0.7	2	2.0
	43	Congo	10	4.2	1	0.0	2	1.3	1	0.5	1	0.5	1	0.2							1	0.2	1	0.4	1	0.1	1	1.0
	44	Democratic Republic of the Congo	30	18.4	3	0.2	3	3.0	7	2.9	2	1.1					1	0.3			2	1.2	1	1.0	3	0.7	8	8.0
	45	Benin	10	5.9			1	1.0			1	0.5	1	0.3									1	0.7	3	0.5	3	3.0

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	46	Equatorial Guinea	4	3.0			1	1.0			1	0.5	1	0.5													1	1.0
	47	Gabon	11	5.0			2	1.5			1	0.5	4	0.5							1	0.1	1	0.4			2	2.0
	48	Gambia	8	2.8			1	0.5	1	0.1			1	0.1									1	0.4	3	0.7	1	1.0
	49	Ghana	15	9.8			1	1.0	1	0.2	2	0.8									4	3.1	1	1.0	3	0.8	3	3.0
	50	Guinea	19	7.5			4	2.0	2	0.2	1	0.5	8	2.3					1	0.2			1	0.4			2	2.0
	51	Côte d'Ivoire	28	12.3			1	0.3	2	0.3	1	0.1	7	1.3	2	0.3	1	0.3	2	0.5	1	1.0	1	1.0	4	1.2	6	6.0
	52	Liberia	13	7.0			3	3.0			2	1.1	2	0.4			1	0.3	1	0.2			1	0.4	2	0.6	1	1.0
	53	Mali	22	11.0			8	2.9	1	0.2	1	0.5	3	0.8			1	0.3			2	1.1	1	1.0	1	0.3	4	4.0
	54	Mauritania	9	2.6	1	0.0	4	0.9			1	0.5	1	0.1											1	0.1	1	1.0
	55	Niger	10	5.2	1	0.0	1	1.0	2	0.5											1	1.0	1	0.4	2	0.3	2	2.0
	56	Nigeria	36	27.6	1	0.0	5	4.5			1	0.5	3	3.0	3	2.1	1	0.3	3	1.2	1	1.0	2	1.3	3	0.7	13	13.0

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	57	Guinea-Bissau	4	2.9			1	1.0	1	0.1	1	1.0	1	0.8														
	58	Sao Tome and Principe	1	0.4																			1	0.4				
	59	Senegal	13	5.2			1	1.0	1	0.1	1	0.2	1	0.1	1	0.2	1	0.3	1	0.2	1	1.0	1	0.4	3	0.8	1	1.0
	60	Sierra Leone	14	4.8					2	0.4	2	0.7	4	0.7			1	0.3					1	0.3	2	0.4	2	2.0
	61	Togo	12	5.5			1	1.0	2	0.1	1	0.5	2	1.0									1	0.3	3	0.6	2	2.0
	62	Burkina Faso	13	6.3			2	1.0	2	0.1	1	0.5	1	0.1							1	1.0	1	1.0	3	0.6	2	2.0
		All	**429**	**261.0**	**23**	**2.1**	**64**	**39.1**	**28**	**10.0**	**31**	**20.4**	**49**	**27.0**	**11**	**8.4**	**12**	**3.6**	**28**	**10.9**	**22**	**21.1**	**24**	**19.2**	**51**	**13.3**	**86**	**86.0**
Eastern and Southern Africa	63	Angola	19	11.8	1	0.1	2	0.6			4	4.0	3	1.6					1	0.2			1	0.7	3	0.7	4	4.0
	64	Botswana	16	11.3			3	3.0			1	0.2	2	1.1			1	0.3	1	0.3	1	1.0	1	1.0	2	0.5	4	4.0
	65	Comoros	1	0.4																			1	0.4				

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	66	Ethiopia	29	15.4	6	0.3	4	1.6	1	0.3	1	0.2	2	2.0			1	0.3			2	2.0	2	1.4	4	1.3	6	6.0
	67	Eritrea	7	3.5			3	0.9											1	0.2			1	0.4			2	2.0
	68	Kenya	33	19.1	3	0.1	4	3.5	2	0.5	2	0.7	3	1.6	2	1.2	1	0.3	3	1.1	1	1.0	2	1.4	3	0.7	7	7.0
	69	Lesotho	17	11.1			3	1.4	1	0.7	1	0.2	2	1.6							1	1.0	1	1.0	4	1.2	4	4.0
	70	Madagascar	21	7.3			3	0.6	2	1.1	1	0.5	3	0.7					3	0.6	1	0.1	1	0.4	4	0.5	3	3.0
	71	Malawi	28	15.4	1	0.1	4	2.4	1	0.5	3	0.9	3	1.0	1	1.0	1	0.3	2	1.1	2	2.0	1	1.0	5	1.3	4	4.0
	72	Mozambique	24	13.7			3	2.4	4	1.6	2	0.7			1	1.0	1	0.3	2	1.1	1	1.0	1	0.7	5	1.0	4	4.0
	73	Namibia	20	13.6			2	2.0	3	1.1	1	0.5	5	2.8	1	1.0	1	0.3	1	0.2	1	1.0	1	0.7			4	4.0
	74	Rwanda	13	7.8	3	0.3	2	2.0	2	0.6			1	1.0			1	0.3					1	0.7			3	3.0
	75	South Africa	33	22.9			2	1.3			1	0.5	4	2.2	2	1.2	1	0.3	5	1.7	1	1.0	2	2.0	4	1.8	11	11.0
	76	Zimbabwe	28	20.7			3	3.0	2	1.0	4	4.0	3	2.5	1	1.0	1	0.3	2	1.2	1	1.0	1	0.7	5	1.1	5	5.0

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	77	South Sudan	27	13.7	3	0.5	5	1.0	4	0.6	4	4.0	4	1.7			1	0.3			1	1.0	2	1.7			3	3.0
	78	Eswatini	28	14.6			4	0.6	3	1.3	1	0.5	4	2.3					1	0.2	2	2.0	1	1.0	8	2.7	4	4.0
	79	Uganda	29	18.9	4	0.6	6	3.8	2	0.6	2	1.3	4	3.3			1	0.3	2	1.1	1	1.0	2	2.0			5	5.0
	80	United Republic of Tanzania	32	23.7	1	0.1	9	7.4	1	0.3	1	1.0	3	1.1	1	0.5	1	0.3	2	1.1	3	3.0	1	1.0	1	0.1	8	8.0
	81	Zambia	24	16.0	1	0.2	2	1.8			2	1.2	3	0.8	2	1.5			2	1.1	3	3.0	1	1.0	3	0.7	5	5.0
Asia and the Pacific		**All**	**209**	**116.6**	**4**	**0.1**	**17**	**12.6**	**4**	**0.4**	**26**	**19.1**	**19**	**7.8**	**16**	**11.1**	**6**	**1.8**	**16**	**5.5**	**10**	**3.0**	**25**	**11.5**	**29**	**7.0**	**37**	**37.0**
	82	Afghanistan	6	5.5			1	0.5			4	4.0			1	1.0												
	83	Bangladesh	8	4.5	1	0.0	1	1.0					1	0.5	2	1.1							1	0.7	1	0.2	1	1.0
	84	Bhutan	2	0.2									1	0.1									1	0.1				
	85	Myanmar	15	8.8			2	2.0	1	0.1			1	0.1	2	1.3					2	0.2	1	0.7	2	0.5	4	4.0

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	86	Cambodia	13	6.1					1	0.1	1	0.3	1	0.3	1	0.7	1	0.3	1	0.3	1	0.1	1	0.4	2	0.7	3	3.0
	87	Sri Lanka	1	0.4																			1	0.4				
	88	China	16	10.6			1	1.0			1	0.5	1	0.5			1	0.3	2	1.2	1	1.0	2	0.7	2	0.5	5	5.0
	89	Fiji	10	8.6							7	7.0							1	0.2			1	0.4			1	1.0
	90	Kiribati	1	0.2															1	0.2								
	91	India	23	14.1			3	1.5	2	0.2	2	1.2	1	0.2	2	2.0			3	1.4	1	1.0	1	0.7	3	0.9	5	5.0
	92	Indonesia	24	15.5			1	1.0			5	2.5	3	3.0	1	1.0	1	0.3	2	1.1	1	0.1	2	1.4	4	1.1	4	4.0
	93	Dem. People's Republic of Korea	1	0.1																			1	0.1				
	94	Lao People's Democratic Republic	6	2.2									1	0.2									1	0.4	3	0.6	1	1.0
	95	Malaysia	4	0.6	1	0.0					2	0.5											1	0.1				

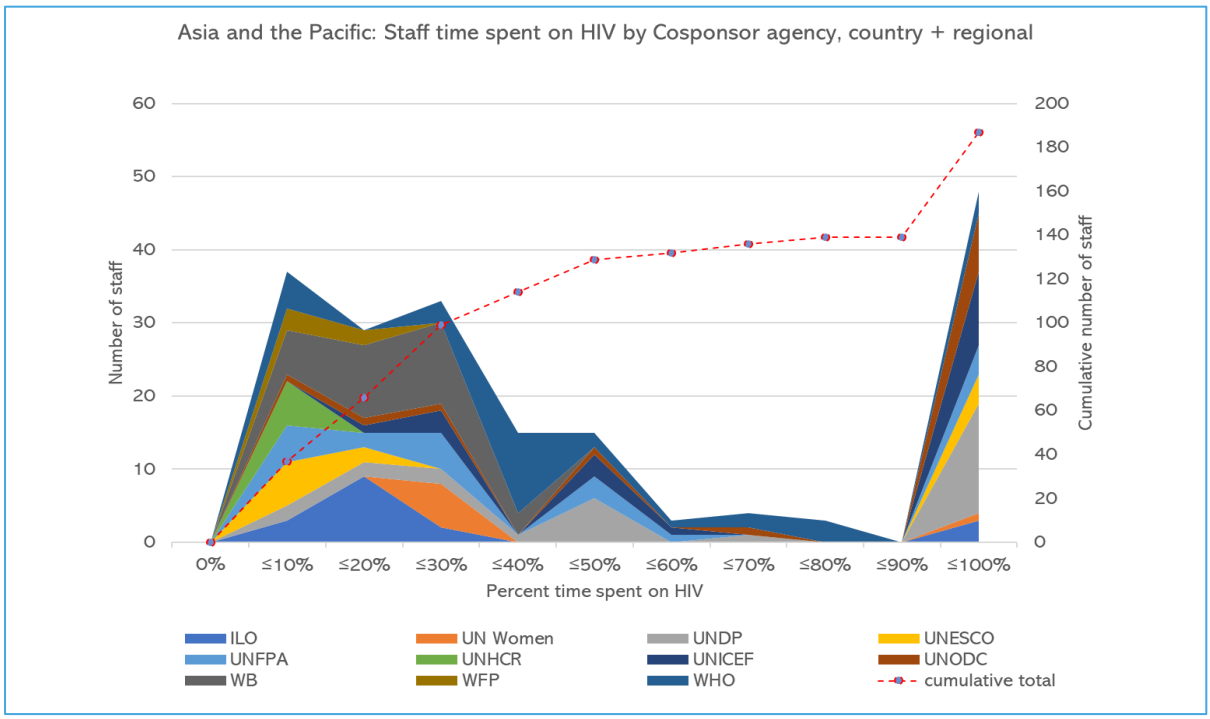
Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	96	Maldives	1	0.1																			1	0.1				
	97	Mongolia	1	0.4																			1	0.4				
	98	Nepal	10	3.4			1	0.5					1	0.1			1	0.3			2	0.4	1	0.4	3	0.7	1	1.0
	99	Marshall Islands	1	0.2															1	0.2								
	100	Pakistan	14	7.7	1	0.0	2	1.2					1	0.3	2	1.5					1	0.1	1	1.0	3	0.6	3	3.0
	101	Papua New Guinea	9	4.3			1	0.3					2	0.9			1	0.3	1	0.2			2	0.7			2	2.0
	102	Philippines	14	9.7			1	0.6			3	2.4	2	1.1	3	1.3							2	1.3			3	3.0
	103	Timor-Leste	2	0.6									1	0.3									1	0.4				
	104	Viet Nam	13	7.4			1	1.0					1	0.3	1	1.0	1	0.3	1	0.2	1	0.1	1	1.0	3	0.6	3	3.0
	105	Thailand	10	4.6	1	0.0	2	2.0			1	0.7	1	0.1	1	0.2									3	0.6	1	1.0
	106	Tonga	1	0.2															1	0.2								

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	107	Tuvalu	1	0.2															1	0.2								
	108	Samoa	2	0.3															1	0.2			1	0.1				
		All	**86**	**48.1**	**8**	**0.3**	**17**	**7.7**	**4**	**2.0**	**12**	**9.5**	**14**	**8.9**	**6**	**3.5**	**2**	**0.6**	**1**	**0.2**			**8**	**3.0**	**2**	**0.5**	**12**	**12.0**
Middle East and North Africa	109	Algeria	7	1.9	1	0.1	1	0.1			1	0.3	1	0.1	1	0.2							1	0.1			1	1.0
	110	Djibouti	7	3.1	1	0.0	1	0.1			1	1.0	1	0.5											2	0.5	1	1.0
	111	Iran (Islamic Republic of)	10	6.0	1	0.0	2	0.8			2	2.0	1	0.5	1	0.3							1	0.4			2	2.0
	112	Lebanon	2	0.3			1	0.1											1	0.2								
	113	Libya	1	0.1			1	0.1																				
	114	Morocco	8	4.2					1	0.5	1	0.1	1	0.1	1	0.8	1	0.3					1	0.4			2	2.0
	115	Somalia	15	9.1			9	6.2	2	1.0	1	0.2	2	0.7									1	1.0				
	116	Sudan	19	13.0	4	0.3	1	0.1			4	4.0	7	6.5									1	0.1			2	2.0

Region	NR	Country	All Agencies		UNHCR		UNICEF		WFP		UNDP		UNFPA		UNODC		UNWOMEN		ILO		UNESCO		WHO		WORLD BANK		Secretariat	
			Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE	Total Number of Staff	Total FTE
	117	Tunisia	6	3.4			1	0.1	1	0.5			1	0.5	1	1.0							1	0.3			1	1.0
	118	Egypt	11	7.1	1	0.0	1	0.2			2	2.0			2	1.2	1	0.3					1	0.4			3	3.0
	119	Yemen	1	0.3																			1	0.3				

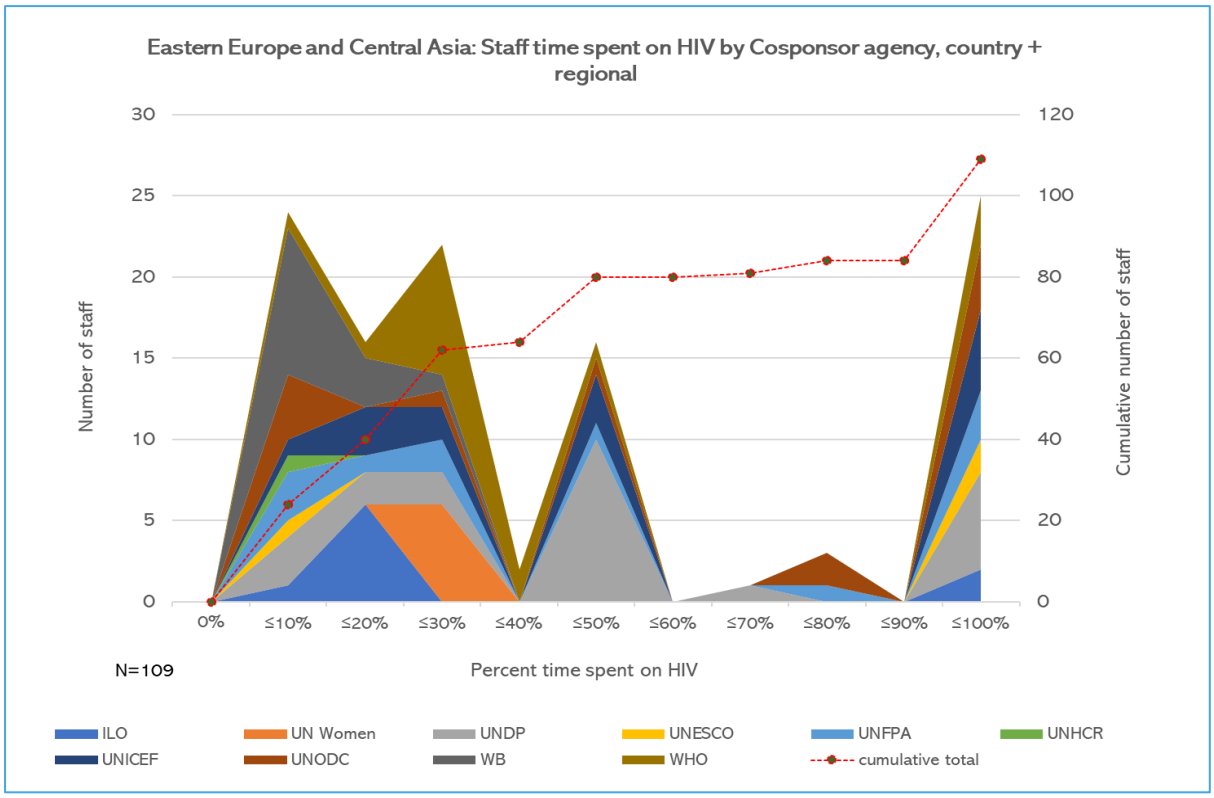
Cosponsor staff time allocated to HIV by region

Figure 45: Cosponsor staff time spent on HIV within the Asia Pacific region



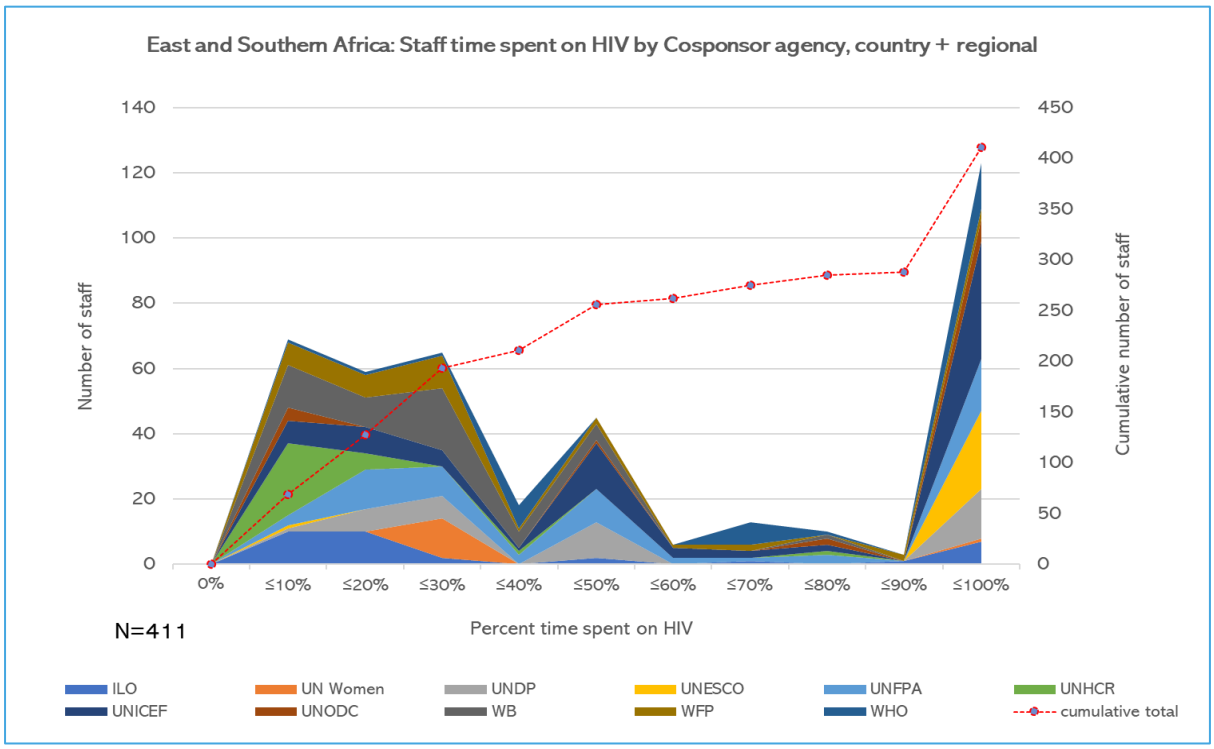
Source: UNAIDS Secretariat 2022.

Figure 46: Cosponsor staff time spent on HIV within the Eastern Europe and Central Asia region



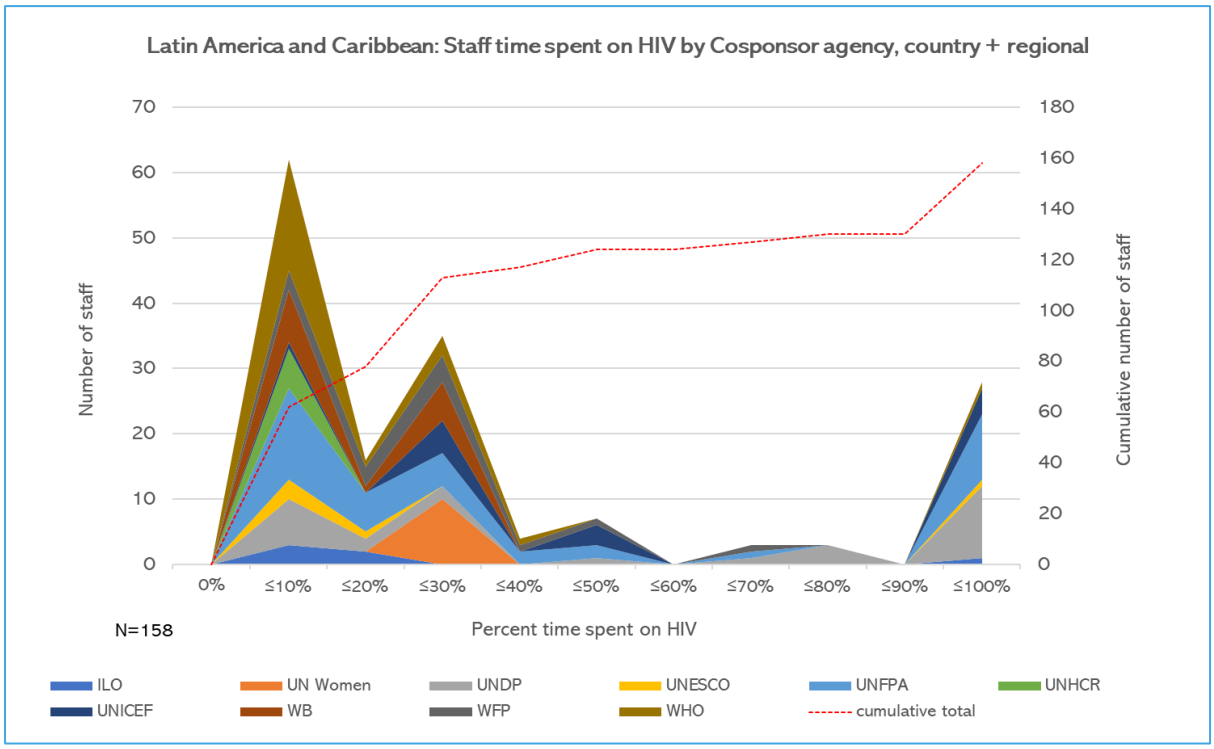
Source: UNAIDS Secretariat 2022.

Figure 47: Cosponsor staff time spent on HIV within the East and Southern Africa region



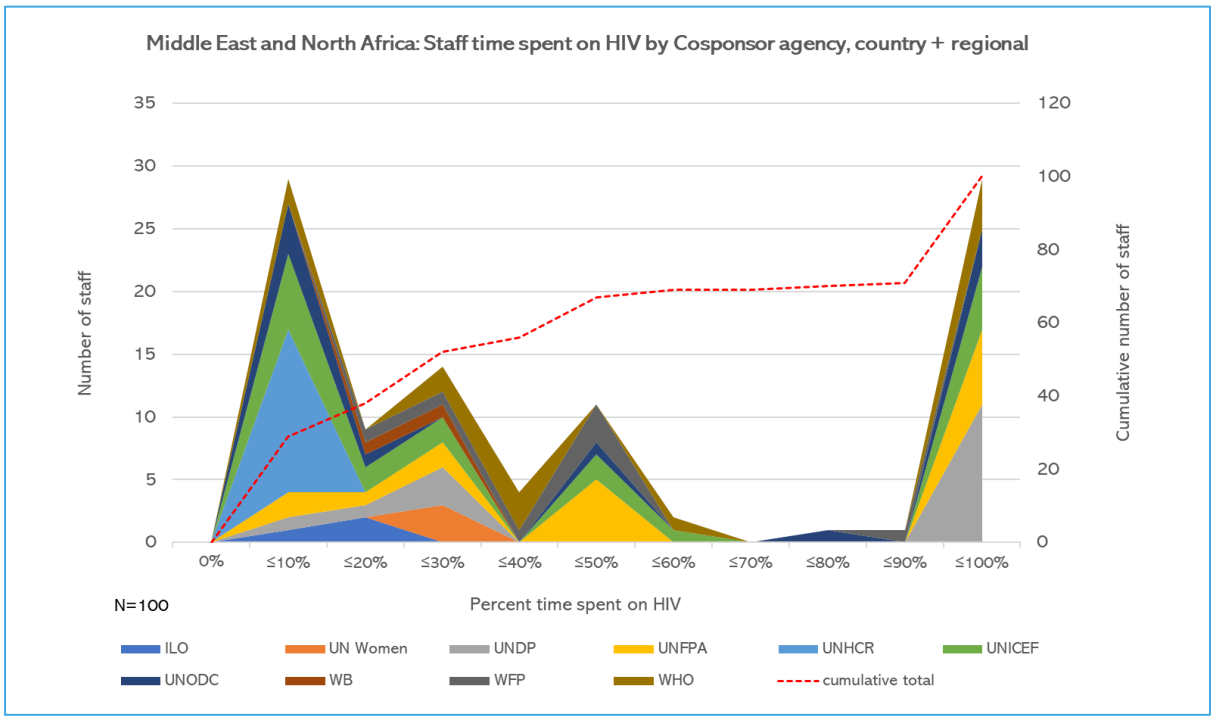
Source: UNAIDS Secretariat 2022.

Figure 48: Cosponsor staff time spent on HIV within the Latin America and Caribbean region



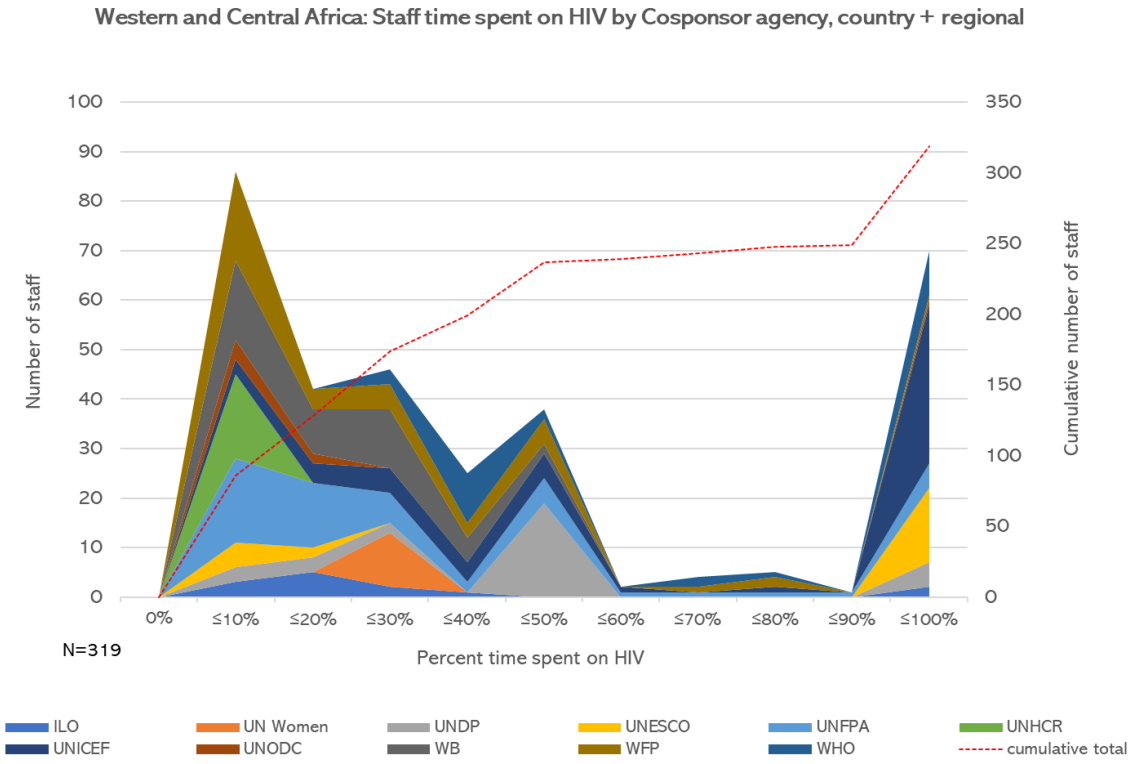
Source: UNAIDS Secretariat 2022.

Figure 49: Cosponsor staff time spent on HIV within the Middle East and North Africa region



Source: UNAIDS Secretariat 2022.

Figure 50: Cosponsor staff time spent on HIV within the West and Central Africa region



Source: UNAIDS Secretariat 2022.

Annex H Summary of Survey Responses

H.1 Overview of type of survey respondents

Respondents

Total number of respondents: 187

Regional breakdown of respondents:

The largest number of responses was received from ESA and the lowest number from LAC (see below). In some responses it was not clear which region survey respondents are based in or this information was not provided.

ESA	59
EECA	36
AP	25
MENA	21
WCA	18
LAC	11

Country breakdown of respondents:

Responses were received from respondents in 59 countries (ESA 15 countries; EECA 9 countries; LAC 9 countries; AP 8 countries; WCA 8 countries; MENA 7 countries). In some responses it was not clear which country survey respondents are based in or this information was not provided.

ESA

South Africa	14
Tanzania	8
Kenya	5
Uganda	5
Ethiopia	4
Zimbabwe	4
Angola	3
Namibia	3
Rwanda	3
Lesotho	2
South Sudan	2
Botswana	1
Eritrea	1
Malawi	1
Madagascar	1

EECA

Kazakhstan	9

Armenia	4
Belarus	4
Moldova	4
Kyrgyzstan	3
Tajikistan	3
Uzbekistan	3
Russia	2
Ukraine	2

AP

Indonesia	4
Philippines	4
Vietnam	4
Bangladesh	3
Pakistan	2
Thailand	3
Cambodia	1
Laos	1

MENA

Morocco	8
Egypt	3
Iran	3
Jordan	1
Lebanon	1
Libya	1
Tunisia	1

WCA

Togo	4
Gambia	3
Senegal	3
Liberia	2
Nigeria	2
Burkina Faso	1
Guinea	1
Niger	1

LAC

Peru	2
Argentina	1
Bolivia	1
Brazil	1
Chile	1
Colombia	1
Haiti	1
Honduras	1
Panama	1

Organisational breakdown of respondents:

151 responses, the majority, were from respondents working for the Joint Programme and, among these, the largest number was received from the UNAIDS Secretariat (see below). Two responses were received from other UN organisations not members of the Joint Programme – one from IOM and one from a Resident Coordinator's Office. 26 responses were received from partners, including 11 responses were received from country government stakeholders including Ministries of Health, CCMs and National AIDS Councils and 15 responses were received from CSOs, networks and foundations.

Secretariat	59
UNFPA	25
UNDP	12
UN Women	10
UNICEF	10
UNODC	10
UNESCO	6
WFP	5
WHO	5
ILO	4
UNHCR	4

Summary of survey feedback on key questions

The following summarises survey feedback on key questions. Some feedback has also been included in the main body of the report.

Added value and comparative advantage of the Joint Programme

The most frequent responses included:

- Coordinated UN response, synergy and complementarity
- Strategic information, evidence generation, epidemiological analysis, monitoring the response
- Defining a common agenda
- Driving the country response
- Joint advocacy
- Joint planning and priority setting
- Coordination with external partners and convening
- Leveraging the technical expertise of the UN

Most important functions of the Joint Programme

The most frequent responses included:

- Technical support
- Global policy and guidance
- Coordination

Priorities for future Joint Programme support to countries

Answers depend on the region and the respondent but common themes, apart from more funding, included:

- Advocacy for sustained political commitment
- Strategic information, evidence generation and M&E
- Human rights, stigma and discrimination
- Gender
- HIV prevention including harm reduction
- Service delivery for key populations
- Achieving 95:95:95 targets
- Countries with rapidly increasing epidemics
- HIV financing, sustainability and transition planning
- Young people
- Support for CSOs

Capacity gaps limiting Joint Programme performance

Most respondents who answered this question highlighted insufficient, and decreasing, financial and human resource capacity, confirming feedback from interviews. Some also highlighted critical skills gaps. Examples of responses included:

- The Secretariat has insufficient staff ... in Central African Republic … and in Kyrgyzstan … and no presence … in Guinea-Bissau … and limited capacity related to advocacy, human rights, gender and community involvement in Iran
- In countries without a Secretariat presence, this affects the quality of global processes such as Global AIDS Monitoring
- There is insufficient Joint Programme capacity … in human rights and gender in Niger … in human rights in Tajikistan … on human rights and sustainable financing in Kenya
- In Nigeria … some Cosponsors no longer have HIV specific technical experts and available staff spend only a portion of their time on HIV … for example, even though UNDP is working in this area, there is limited staff capacity with human rights expertise to support key populations who are frequently harassed and arrested … similarly, expertise in harm reduction is lacking … even though UNODC is working with people who inject drugs and prisons they have limited staff
- Funding is limited … disbursement of funding is delayed… Cosponsors are reducing funding and relying on UBRAF funding
- Funding for the Secretariat and Cosponsors is low in the EECA region
- There is a lack of staff with skills to support integrated work on HIV, SRH and GBV, strategic information and M&E

Areas where the Joint Programme needs to strengthen capacity

Most respondents answered the question from an agency mandate perspective and again focused on the need for more financial and human resources. Examples of responses included:

- More resources to address gender-based violence (UN Women)
- Additional resources for youth programming (UNFPA)
- Additional capacity related to key thematic areas in the GAS including human rights, inequalities, community mobilisation, HIV in humanitarian emergencies (Secretariat)

- Additional technical staff (UNODC)
- Technical skills around advocacy and communication for HIV integration within social protection, and mainstreaming within nutrition programming (WFP)

Other respondents highlighted the need to strengthen capacity related to thematic areas and competencies related to:

- Scientific development and innovation, including vaccine development
- Digital technologies in information systems, service provision, and learning
- Operational research, data science, analysis and use, strategic information related to inequalities
- Human rights and repeal of punitive laws
- Gender mainstreaming
- Multi-sectoral response and partnership
- Sustainability of the HIV response, HIV resource mobilisation, domestic financing
- Humanitarian response
- HIV prevention including harm reduction, drug policy review, prison interventions
- Reducing inequalities and addressing structural drivers
- Civil society, community and youth engagement
- Prevention and eliminating vertical transmission,
- Advocacy, including capacity to enable a transition from ad hoc, short-term campaigns to medium- to longer-term policy advocacy based on clear TOC and expected results
- Political skills, including for engagement with legislators
- Sustainable financing
- Inclusion of refugees and asylum seekers in national programmes
- Integrated sexual health and HIV services, in particular in contexts where sexual transmission accounts for the majority of new HIV infections
- Results-based programming

Annex I Detailed Mapping of Best Practices and Innovative Approaches

Table 42: Mapping of best practices and innovative approaches for optimising Joint Programme capacity and joint working

Nr	Best practice or innovate approach	Global / Region	Country	Description	Partners	Results	Challenges	Resource persons	Data source
	WITHIN THE JOINT PROGRAMME								
	Promoting strong Joint Programme approach as part of UN reform								
1	Active Joint Team and Joint Programme basket fund in Vietnam (Delivering as One Pilot country)	AP	Viet Nam	Active Joint Team and establishment of Joint Programme basket fund / pooled fund in Vietnam (Delivering as One Pilot country)	UN Joint Team members	Processes were streamlined; one lead agency managing funds for each area. Strengthened coordination and cooperation between JT. New momentum and additional financial resources achieved in country where mobilising funding for HIV has been challenging.	Initial delays in receiving funds. Need for closer coordination to achieve consensus	RST / RJT AP	UBRAF PMR 2018: Regional and Country Report; Consultations
2	Active coordination within Joint Team	EECA	Ukraine	Assisted in refocussing UN support on critical national gaps				RST / RJT EECA	UBRAF PMR 2018: Regional and Country Report
3	Active coordination within Joint Team	ESA	Lesotho	Reduced duplication in work amongst Cosponsors and the Secretariat				RST / RJT ESA	UBRAF PMR 2018: Regional and Country Report
	Promoting joint focus on key Joint Programme priorities								

Nr	Best practice or innovate approach	Global / Region	Country	Description	Partners	Results	Challenges	Resource persons	Data source
4	Asia Pacific Inter Agency Task Team on Young Key Populations (YKPs)	AP	Regional team RST and RJT	Includes technical working group, joint activities, website, resource mobilisation for IATT and for YKP initiatives	UN Joint Team members	Promoted joint positioning of JT and prioritisation of Joint Programme focus on key outcomes for YKPs. Capacity building of YKP-led organisations.		RST AP	Consultations Website https://www.yktaskteam.org IATT YKP Annual report 2020
	Sharing of Joint Team expertise								
5	Co-funding of experts at regional level to support countries on specific thematic areas	AP	Regional team RST	Two Joint Secretariat-WHO positions employed to AP RST focusing on pre-exposure prophylaxis (PrEP) and HIV self-testing (HIVST) support to countries). Staff employed by WHO, seconded to RST office.	Secretariat-WHO	Able to afford technical expertise; strengthen inter-agency cooperation. Stepped up support for provision of PrEP to KPs at high risk of HIV infection. Supported regional and country-level roll out of PrEP by publicizing the intervention, advising on regulatory matters and on the preparation of country guidelines, and facilitating PrEP demonstration projects	Accountability mechanism unclear. Co-funded staff answerable mainly to WHO instead of joint accountability to RST and WHO.	RST AP	Consultations. UBRAF PMR 2018: Strategy Result Area and Indicator Report.
6		ESA / WCA		Secretariat-WHO cooperation to roll out POC diagnosis technology, with WHO providing technical support to laboratory strengthening in specific countries e.g. Angola and Equatorial Guinea	Secretariat, WHO, GNP+	Optimise use of existing expertise and resources; strengthen inter-agency cooperation		UBRAF reports	Consultations; SRA and Indicator Report - UNAIDS 2020 Performance Monitoring Report

Nr	Best practice or innovate approach	Global / Region	Country	Description	Partners	Results	Challenges	Resource persons	Data source
7	Co-funding of experts at country level to support HIV response	WCA	Guinea Bissau	Joint Secretariat-UNFPA position employed by UNFPA	UNFPA, Secretariat	Efficiency in resource use by each agency funding 50% of positions.		RST WCA. Joint Team Guinea Bissau	
8	Seconding of HIV expertise by bilateral donor to Joint Team regional offices	WCA		Secondment of technical officers to Secretariat Regional Support Office and to UNFPA Regional Office by French government.	Secretariat, UNFPA, French Government	Strengthening of technical capacity of beneficiary regional offices		RST WCA	Interviews
	Sharing of office space / reducing office costs								
9	Hosting other agencies in sub-national / state offices	AP	Bangladesh	UNICEF Country Office providing office space to Secretariat staff.	UNICEF, Secretariat	Cost sharing		RST AP	Consultations
10	Supporting countries through multi-country offices (MOCs)	LAC	Argentina, Chile, Paraguay and Uruguay	Multi-Country UNAIDS Secretariat Offices in Southern South America.	Secretariat	Sharing costs; ensures participation of Secretariat Country Director in Country Teams of 4 countries and high-level advocacy to 4 country governments; strengthens sub-regional policy and implementation coherence	High workload for MOC	RST LAC and MOC teams	Interviews
11	Supporting countries through sub-regional offices	LAC	Jamaica	UNFPA sub-regional office in Caribbean region	UNFPA	Regional office closer to countries in sub-region; strengthens sub-regional policy and implementation coherence	Additional costs for additional regional office	UNFPA LAC regional staff	Interview

Nr	Best practice or innovate approach	Global / Region	Country	Description	Partners	Results	Challenges	Resource persons	Data source
	IN WIDER UN SYSTEM AND/OR UN ORGANISATIONS								
	Sharing of UN resources								
12	Silent partnership: one agency giving programme resources to other agency to implement priority interventions on behalf of both agencies	AP	Timor-Leste	WHO Country Office funding UNFPA Country Office to implement joint maternal health programme in Timor-Leste	UNFPA / WHO	Sharing costs, strengthening joint working and coordination		UNFPA CO TL, WHO CO TL	
13	Multi-agency offices: joint offices between selected UN agencies	WCA	Cabo Verde	Joint UNICEF-UNFPA-UNDP office in Cabo Verde	UNICEF, UNFPA, UNDP	Sharing costs		RST WCA	
14	Secretariat staff based in RCO office	WCA	Guinea Bissau	HIV Joint Programme coordinator based in RCO office during 2008-2012 in country without Secretariat presence	UNDP, UNFPA, UNICEF	Sharing costs by several JT members		RCO Guinea Bissau	Consultations. Personal experience assessment team member
		MENA	Iraq, Libya	UNAIDS Secretariat is exploring the possibility of placement of HIV/AIDS Advisers in RCO offices in Libya and Iraq	RCO, Secretariat	Sharing costs, strengthening coordination		RST MENA	
	Engagement with other UN organisations								

Nr	Best practice or innovate approach	Global / Region	Country	Description	Partners	Results	Challenges	Resource persons	Data source
15	Engagement with IOM, the Office of the UN High Commissioner for Human Rights and UN Habitat.	Middle East	Lebanon, Syria, Yemen, Iraq, Jordan, Palestine	Middle East Response Initiative (MER), funded by the Global Fund, co-chaired by the Secretariat and WHO and partnered with IOM (which is Principal Recipient) to address HIV prevention and treatment for populations affected by humanitarian crises in the region.	Secretariat, WHO, IOM, UNICEF, other UN partners	Joint implementation of priority HIV, malaria and TB response interventions targeting priority populations. Implemented in number of highly fragile countries affected by humanitarian emergencies with very challenging operational environments		RST / RJT MENA	
	Coordination mechanisms perceived as being effective and achieving results using limited resources:								
16	Regional HIV thematic coordination group (Grupo de coordinación tematica VIH) led by PAHO/WHO	LAC	All in LAC region	Regional HIV thematic coordination group (Grupo de coordinación temática VIH) led by PAHO	WHO, other UN, host countries CSOs, technical partners	Use close cooperation developed between IOM, Secretariat and WHO to support the Libya government in conducting review of Libya HIV response.		RJT LAC	
17	Regional Middle East Response Initiative (see above)	MENA	Lebanon, Yemen, Syria, Iraq, Jordan, Palestine	Programme to provide essential HIV, TB and malaria services to key and vulnerable populations, incl. refugees, IDPs,	Led by UNAIDS Secretariat / WHO with operational	Implemented in 6 countries in MENA where UNAIDS no Country Office and affected by humanitarian emergencies: Regional TWG / regional platform.		RST / RJT MENA	Consultations. Global Fund summary document. https://www.theglobalfund.org/media/7642/

Nr	Best practice or innovate approach	Global / Region	Country	Description	Partners	Results	Challenges	Resource persons	Data source
				women, children etc. Supported by Global Fund since 2017.	support from IOM. Other JT members.				publication_middleeastresponse_focuson_en.pdf
18	Inter-Agency Task Team on eliminating MTCT	Global, region, countries	various					RJTs of various regions	
19	Asia Pacific Inter-Agency Task Team on Young Key Populations	AP	various	See above				RST / RJT AP	
	OUTSIDE OF UN SYSTEM								
	Coordination mechanisms perceived as being effective								
20	Global Prevention Coalition (GPC) pushing priority countries to achieve priority results	Global	28 GPC countries	Promoting results in key areas using snapshot dashboards presenting key results and bottlenecks; regular meetings; intensive support to and follow-up with key focus countries	UN organisations, beneficiary countries, donors, technical partners	Snapshot dashboards presenting key evidence on progress, challenges and bottlenecks, organise regional meetings to motivate friendly competition between countries		GPC Secretariat based within UNAIDS Secretariat	Consultations, GPC evaluation, GPC annual reports, GPC dashboard evaluation report 2022.
	Working through regional and country non-UN partners with specialist expertise								

Nr	Best practice or innovate approach	Global / Region	Country	Description	Partners	Results	Challenges	Resource persons	Data source
21	Establishing partnerships with academic institutions or technical partners	All regions		Numerous examples of JT member partnerships with academic institutions in beneficiary countries, the region and in HIC	All JT members, academic institutions	Harness expertise available in expertise centres. Generating strategic evidence.			Consultations
22	Establishing partnerships with Human Rights organisations	Various		Working through regional and country non-UN partners with specialist expertise, e.g., human rights organisations;	Human Rights organisations	Strengthening partnerships with national partners e.g., national human rights organisations			Consultations
	Strong partnerships of Joint Team members with external organisations								
23	Cost sharing of UBRAF with Global Fund to support the Tanzania AIDS Fund.	ESA	Tanzania		Joint Team, Global Fund			RST / UCDs ESA	Consultations
24	Partnerships by UNJT as a whole or by members with individual donors	EECA	Ukraine	Strong partnership by Secretariat country office in Ukraine with GF Country Team to prepare for transition	Secretariat, Global Fund			RST / RJT EECA	Consultations
		EECA	Various countries	Secretariat collaboration with UNODC and	Secretariat, UNODC,	Strengthening joint positioning		RST / RJT EECA	

Nr	Best practice or innovate approach	Global / Region	Country	Description	Partners	Results	Challenges	Resource persons	Data source
				country CSOs to allocate and use $500,000 funding for four countries in the region from the German MOH	national CSOs, German MoH				

Annex J Comparison of UNAIDS Strategic Results Areas 2016-2021 and Results Areas 2021-2026

Table 43: Comparison of Strategic Results Areas 2026-2021 with the Results Areas for 2021-2026 in order of RA

SRAs 2016-2021	Results Area (RA) GAS 2021-2026
SRA 4 Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants	**RA 1**: Primary HIV prevention for key populations, adolescents and other priority populations, including adolescents and young women and men in locations with high HIV incidence
SRA 1 Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on quality treatment	**RA 2**: Adolescents, youth and adults living with HIV, especially key populations and other priority populations, known their status and immediately offered and retained in quality, integrated HIV treatment and care that optimise health and well-being
SRA 2 New HIV infections among children are eliminated and their mother's health and well-being is sustained	**RA 3**: Tailored, integrated and differentiated vertical transmission and paediatric service delivery for women and children, particularly for adolescent girls and young women in locations with high HIV incidence
	RA 4: Fully recognised, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response
SRA 6 Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed	**RA 5**: People living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma and discrimination
SRA 5 Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV	**RA 6**: Women and girls, men and boys, in all their diversity, practice and promote gender equitable social norms and gender equality, and work together to end gender-based violence and to mitigate the risk and impact of HIV
SRA 3: Young people, particularly young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV	**RA 7**: Young people fully empowered and resourced to set new direction for the HIV response and unlock the progress needed to end inequalities and end AIDS
SRA 7 AIDS response is fully funded and efficiently implemented based on reliable strategic information	**RA 8**: Fully funded and efficient HIV response implemented to achieve the 2025 targets
SRA 8 People-centred HIV and health services are integrated in the context of stronger systems for health	**RA 9**: Integrated systems for health and social protection schemes that support wellness, livelihood and enabling environments for people living with, at risk of and affected by HIV to reduce inequalities and allow them to live and thrive
	RA 10: Fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse

SRAs 2016-2021	Results Area (RA) GAS 2021-2026
	impacts of current and future pandemics and other shocks

Table 44: Comparison of Strategic Results Areas 2026-2021 with the Results Areas for 2021-2026 in order of SRA

SRAs 2016-2021	Results Area (RA) GAS 2021-2026
SRA 1 Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on quality treatment	**RA 2**: Adolescents, youth and adults living with HIV, especially key populations and other priority populations, known their status and immediately offered and retained in quality, integrated HIV treatment and care that optimise health and well-being
SRA 2 New HIV infections among children are eliminated and their mother's health and well-being is sustained	**RA 3**: Tailored, integrated and differentiated vertical transmission and paediatric service delivery for women and children, particularly for adolescent girls and young women in locations with high HIV incidence
SRA 3: Young people, particularly young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV	**RA 7**: Young people fully empowered and resourced to set new direction for the HIV response and unlock the progress needed to end inequalities and end AIDS
SRA 4 Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants	**RA 1**: Primary HIV prevention for key populations, adolescents and other priority populations, including adolescents and young women and men in locations with high HIV incidence
SRA 5 Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV	**RA 6**: Women and girls, men and boys, in all their diversity, practice and promote gender equitable social norms and gender equality, and work together to end gender-based violence and to mitigate the risk and impact of HIV
SRA 6 Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed	**RA 5**: People living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma and discrimination
SRA 7 AIDS response is fully funded and efficiently implemented based on reliable strategic information	**RA 8**: Fully funded and efficient HIV response implemented to achieve the 2025 targets
SRA 8 People-centred HIV and health services are integrated in the context of stronger systems for health	**RA 9**: Integrated systems for health and social protection schemes that support wellness, livelihood and enabling environments for people living with, at risk of and affected by HIV to reduce inequalities and allow them to live and thrive
	RA 4: Fully recognised, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response
	RA 10: Fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks