UNAIDS 2010-2011 performance report

1. Presents UNAIDS contributions the achievement of the “three zeros” and the 2011 High Level Meeting targets
2. Focuses on results against priority areas and includes snapshots of results at country and regional level
3. Provides a summary of expenditures against the core UBW and Cosponsors’ own resources
4. Looks ahead towards the new 2012-2015 UBRAF and includes links to reporting by the Cosponsors
2010-2011 Highlights

• June 2011 UN High Level Meeting and Political Declaration
• Strengthened country capacity to track and measure progress in the response
• Mobilizing and leveraging funding for AIDS responses at country level
• Contributions to broader health, development and human rights goals
2010-2011 selected achievements

**Zero new infections**
New HIV infections now 21 per cent lower than their peak.

**UNAIDS contributions**
- Launch and support to the implementation of the Global Plan towards the *elimination of new HIV infections among children* by 2015 and Keeping Their Mothers Alive and Joint Strategic Action Framework to accelerate the scale-up of *voluntary male medical circumcision*
2010-2011 selected achievements

Zero discrimination
Countries or territories with HIV-related restrictions on entry, stay and residence down from 63 to 47

UNAIDS contributions
• Advocacy, information and analysis to enable removal of travel restrictions and adoption of UN Security Council resolution 1983 recognizing the link between HIV and violence against women in conflict and post-conflict settings
### 2010-2011 selected achievements

<table>
<thead>
<tr>
<th>Zero AIDS-related deaths</th>
<th>UNAIDS contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS deaths are down from a peak of 2.2 million per year to 1.8 million</td>
<td>• Normative guidance and technical support to accelerate access to treatment through which an estimated 1.35 million more people <strong>access treatment</strong> in low- and middle-income countries</td>
</tr>
</tbody>
</table>
Challenges in reporting

- Considerable amount of information to synthesize and tight timeframe to complete reporting
- Capturing the diverse work of the Joint Programme at country level through agency-specific reporting
- Managing the interface between different reporting systems and Cosponsors’ own information needs
Monitoring the 2012-2015 UBRAF

- Stronger and more consistent reporting to ensure accountability and to inform efforts at all levels
- Focus on country level action and results in line with national strategic and operational plans
- UN Joint Teams on AIDS at country level key in monitoring results and contributions of the Joint Programme
Key elements of 2012-2015 UBRAF monitoring

- On-line monitoring tool developed to enable reporting on achievements through a common IT platform
- Existing monitoring and evaluation tools to be used to minimize additional data collection
- Intensive process to refine indicator definitions, identify benchmarks and establish targets where necessary
## Finalization of UBRAF indicator definitions

<table>
<thead>
<tr>
<th>Indicator</th>
<th>National capacity to implement and scale up HIV-sensitive social protection and HIV and child-sensitive social protection strengthened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Support provided to development of HIV-sensitive and HIV child-sensitive social protection policies and programmes</td>
</tr>
<tr>
<td>Method of measurement</td>
<td>Annual assessment and reporting of capacity strengthening by UN Joint Teams on AIDS</td>
</tr>
<tr>
<td>Source</td>
<td>UN Joint Team Report</td>
</tr>
<tr>
<td><strong>Definition</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Calculation / measurement</strong></td>
<td></td>
</tr>
<tr>
<td>Capacity strengthened in past 12 months</td>
<td>Joint team report by country</td>
</tr>
<tr>
<td>Normative guidance</td>
<td>Yes</td>
</tr>
<tr>
<td>Technical assistance</td>
<td>No</td>
</tr>
<tr>
<td>Training</td>
<td>No</td>
</tr>
<tr>
<td>Resource mobilization</td>
<td>No</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Measuring progress against global AIDS targets

### Capacity building – countries supported to develop policies and programmes

<table>
<thead>
<tr>
<th>Capacity strengthened (12 months)</th>
<th>Target group: children</th>
<th>Other vulnerable groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normative guidance</td>
<td>29</td>
<td>15</td>
</tr>
<tr>
<td>Technical assistance</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Training</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Resource mobilization</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Advocacy</td>
<td>15</td>
<td>8</td>
</tr>
</tbody>
</table>

Access to care

[15 MILLION ACCESSING TREATMENT]

[Map of the world]
Quality assurance of UBRAF monitoring

• UNAIDS Monitoring and Evaluation Reference Group established in 1999 to provide expert advice to UNAIDS on all aspects of M&E

• New 15-member structure proposed to bring together experts and partners in the global AIDS M&E arena in an independent global forum

• New approach focused on independence and transparency with input from Cosponsors and key partners as ex officio members
UBW case study 1
Enhancing the national AIDS response: United Republic of Tanzania

Dr. Albéric Kacou
UN Resident Coordinator
**UNDAP: What is different?**

<table>
<thead>
<tr>
<th>UNDAF 2007-10</th>
<th>UNDAP 2011-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A framework for UN agencies to operate within Tanzania</td>
<td>1. A business plan for UN agencies in Tanzania</td>
</tr>
<tr>
<td>2. Echoes Tanzania’s development priorities to which the UN contributes</td>
<td>2. Articulates the contribution of UN to national priorities</td>
</tr>
<tr>
<td>3. Cycle aligned to calendar year with limited use of Government Systems</td>
<td>3. Aligned to GoT fiscal cycle (July-June); promotes use of GoT systems</td>
</tr>
<tr>
<td>4. Agencies developed individual plans using UNDAF as the overarching framework</td>
<td>4. UNDAP is the plan for all UN agencies in Tanzania</td>
</tr>
<tr>
<td>(out of these, 9 Joint Programmes developed)</td>
<td></td>
</tr>
<tr>
<td>5. Only Joint Programme reports reviewed annually (performance based fund</td>
<td>5. Entire UN Programme reviewed annually (performance based fund allocations)</td>
</tr>
<tr>
<td>allocations)</td>
<td></td>
</tr>
</tbody>
</table>
**UNDAP: Joint Programming**

- responsive to national development frameworks, strategy and vision
- strategic and results-based, with clear outcomes and priorities
- building on national analysis and reflecting UN’s added value in country
- drawing upon entire range of UN services & expertise, including NRAs’
- effectively delivering a multi-sectoral approach to development and humanitarian needs, with due attention to crosscutting issues
UNDAAP: Results and Accountability

Collective Accountability

Member states

GoT and Development Partners

UN and Implementing Partners

Agency(s) and Implementing Partners

Individual agency

8 MDGs & IADGs

16 MKUKUTA (Mainland PRS)
+ 14 MKUZA (Zanzibar PRS)

58 Programme Outcomes
+ 10 Delivering as One Outcomes

182 Programme Outputs
+ 38 Delivering as One Outputs

369 Programme Key Actions
+ 74 Delivering as One Key Actions
**UNDAP: Planning, Monitoring & Reporting**

**WEB BASED PLATFORM**

- **UNDAP**
  - Annual Work Plans
  - Common Biannual Review Process
  - One UN Report

Enhances transparency and aid predictability
Extends DPs traditional areas of interest

Allocations are guided by Government, strengthening national ownership
Strengthens UN and Government collaboration around additional matters
Unearmarked funds enable allocations according to national priorities
Lowers transaction costs

**Single Budgetary Framework**

**One UN Fund**

**Lessons Learnt**
Delivering as One: **Benefits and Challenges**

- Empowered Country Management Team…
- Coherence In implementation & Engagement …
- Mainstreaming Of Key Programming Principles…
- RBM and Reporting, Performance-Based Allocations
- Streamlining Management & Joint Implementation
- Adapting To Emerging Needs
**UNDP**
- Civil society participation & coordination
- Mainstreaming Human Rights & Gender
- Coordination, leadership, oversight & accountability

**UNICEF**
- Prevention interventions inc. Youth and Adolescents
- Behavioural Change Communication
- PMTCT and treatment of women & children

**UNFPA**
- Social Behavioural Communication, Life skills-based SRH and HIV education
- FBO engagement, Integration of SRH and HIV prevention
- Gender Operational Plan and Advocacy for MVC

**WHO**
- Proposals for AIDS, TB & Malaria and other communicable diseases, Medical Male Circumcision
- Quality HIV/AIDS Care & treatment services, Anti-Retro Virus pharmaco-vigilance
- HIV drug resistance surveillance, Collaborative TB/HIV activities.

**UNAIDS**
- Civil society coordination and policy involvement, strengthened M&E systems including PMTCT coordination
- Research/programs on Key Populations and main drivers, Resource mobilization
- Development of HIV/AIDS Laws (mainland & Zanzibar)

**UNDAP results:** HIV & AIDS Programming 2011-12
UBW case study 2
Harm reduction in EECA: Focus on Moldova

Dr. Viorel Soltan
Director
Center for Health Policies and Studies
Chisinau, Moldova
HIV and AIDS in EECA

- Most recent and rapidly expanding concentrated epidemic, especially among people who inject drugs
- Intensified support from UNAIDS to countries in the region, principally HIV prevention among key populations
- Needle and syringe programmes with opioid substitution therapy expanded three-fold between 2000-2009
- An 8-country study demonstrated needle and syringe programmes averted an estimated 10-40% of HIV infections
Moldova in the region

• Moldova subscribed to the 2015 global AIDS target Reducing transmission of HIV among people who inject drugs by 50% by 2015 in June 2011

• 16.4% prevalence among people who inject drugs

• Phase 1: Piloting and legalization
• Phase 2: Scale-up of activities
• Phase 3: Maintenance and sustainability
**Moldova: good practice**

- Legal framework
- Scale-up: including in Transnistria
- Twenty six out of 60 localities covered by harm reduction
- Needle and syringe programmes in nine penitentiaries of the national penitentiary system
- Methadone substitution treatment is provided in both public and penitentiary sectors
Moldova generates evidence

- Needle and Syringe Programmes - cost-effective strategy:
  Approximately 3,049 HIV infections, 3,081 HCV infections and minimum 146 HIV-related deaths were averted during 2000-2009

- Needle and Syringe Programmes - cost-saving strategy:
  Estimated US$192,969 to 221,300 in HIV-related health costs have already been saved due to NSPs in Moldova during the period 2000-2010. Lifetime savings of US$6,257,658 to 7,002,058 are expected.
SCATTER- PLOT OF THE RISK-BURDEN MATRIX USED BY THE HIGH-LEVEL, INDEPENDENT PANEL TO CHOOSE A REPRESENTATIVE SAMPLES OF COUNTRIES THAT HAVE RECEIVED GRANTS FROM THE GLOBAL FUND

Idea: Dumitru Latticevschi, FPM, TGF
Financial Reporting

30th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland, 5-7 June 2012

Agenda item 3.2
Enhanced transparency and accountability

*International Public Sector Accounting Standards (IPSAS):*

- Provide more comprehensive information for resource management, decision making and governance
- Improve consistency, comparability and reliability of financial information over time and across organizations
- Enhance overall confidence of external and internal users in the financial information provided
Highlights

1. Financial situation remains solid with the 2010-2011 Unified Budget and Workplan almost fully funded

2. A financial implementation rate of 99% was achieved against the 2010-2011 UBW

3. The external auditors provided an unqualified opinion – “clean audit” – and internal audits intensified
Internal audits in 2010-2011

Country Office audit: average of 20 days
- China
- India
- Indonesia
- Brazil
- Uganda
- Ethiopia
- West & Central Africa
- East & Southern Africa

Regional Support Team audit: average of 25 days
- Asia Pacific

HQ audit: average of 30 days
- Procurement / HQ
- Recruitment / HQ

*UNAIDS*
Implementation of audit recommendations

- Closed: 79
- In Progress: 31
- Open: 48
Revenue and expense trends
(in US$ million against UBW)
Evolution of fund balance
(in US$ million)
Management of liabilities

Staff-related liabilities

- UNAIDS total staff-related liabilities amount to US$87 million, out of which US$49 million are unfunded
- An initial amount of **US$20 million** is proposed to be funded in 2012 from the fund balance
- The remaining amount is proposed to be covered over 5 years or less depending on the availability of funds
**Anticipating future costs**

**Building renovation fund**

- UNAIDS building was completed in November 2006 at a cost of US$25.6 million to UNAIDS.
- While the building is currently in good condition, no provision has been made for major repairs or renovations.
- Establishment of a building renovation fund with an initial amount of **US$2.6 million** is proposed.
- Annual replenishments of the fund equivalent to the amount of the depreciation of the building are proposed.
Developments in 2012

- Income and expenditures in 2012 are broadly in line with trends in previous biennia
- US$135 million has been mobilized against the UBRAF which represents 28% of the core budget in 2012-2013
- US$190 million or 39% has been expensed and encumbered against the UBRAF 2012-2013 budget
- Implementation of UNAIDS Secretariat realignment to lower salary and other operating costs
- Uncertainties regarding the future of the Euro zone and the global economic outlook
Dealing with currency fluctuations

- Currency fluctuations are inherent in all multi-currency environments

- Options to mitigate the impact of currency fluctuations:
  - Annual budget re-costing mechanisms
  - Setting up a currency equalization reserve
  - Hedging foreign exchange exposure through forward purchasing
  - Receiving and recording pledges from donors in more than one currency

- In addition containing costs, increasing cost-effectiveness and efficiency through better planning, prioritization and utilization of resources.
Key decisions

The PCB is requested to

1. Accept the principle of fully funding staff-related liabilities and approve an initial amount of US$ 20 million to fund liabilities and funding the remaining shortfall over 5 years

2. Endorse the establishment of a building renovation fund with an initial amount of US$ 2.6 million followed by annual replenishments

3. Provide guidance on ways to deal with the impact of currency fluctuations and encourage donors to continue to support UNAIDS at current or increased levels