

GAO

Report to the Chairman, Subcommittee
on African Affairs, Committee on
Foreign Relations, U.S. Senate

May 2001

GLOBAL HEALTH

Joint U.N. Programme on HIV/AIDS Needs to Strengthen Country- Level Efforts and Measure Results



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Abbreviations

HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
U.N.	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	U.N. Educational, Scientific, and Cultural Organization
UNICEF	U.N. Children’s Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization



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United States General Accounting Office
Washington, DC 20548

May 25, 2001

The Honorable Bill Frist
Chairman, Subcommittee on African Affairs
Committee on Foreign Relations
United States Senate

Dear Mr. Chairman:

Despite efforts by the international community to reduce the spread of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), AIDS is now the fourth leading cause of death in the world and the primary cause of death in sub-Saharan Africa. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 36 million people are living with the virus worldwide, and more than 21 million have died since 1980. Furthermore, given the scale of the pandemic, HIV/AIDS has grown beyond a public health problem to become a humanitarian and developmental crisis. For example, the U.S. National Intelligence Council¹ concluded that the persistence and spread of infectious diseases, such as HIV/AIDS, are likely to aggravate and, in some cases, provoke economic decline, social fragmentation, and political destabilization. In 2000, the United States classified HIV/AIDS as a threat to national security, and the Congress approved approximately \$466 million for international HIV/AIDS efforts in 2001.

UNAIDS, funded in part by the United States, is one important international effort against HIV/AIDS. UNAIDS was established by the U.N. in 1996 to provide coordinated U.N. action and to lead and promote an expanded global response to the worldwide epidemic. The organization was charged with providing technical support and information, including best practices, epidemiological data, and other information on the national and international response to HIV/AIDS. UNAIDS was also expected to evaluate the progress made toward achieving its mission. UNAIDS is made

¹*The Global Infectious Disease Threat and Its Implications for the United States*, No. NIED 99-17 of the National Intelligence Estimates (Washington, D.C.: National Intelligence Council, Jan. 2000).

up of a Secretariat and seven U.N. cosponsors² with individual responsibilities that are to work together to achieve UNAIDS' mission. We reported in 1998 that UNAIDS had made limited progress toward achieving its mission.³ We found that U.N. cosponsors had not increased funding to integrate HIV/AIDS into their programs as expected and that UNAIDS had not been effective in coordinating the U.N. response at the country level or in helping developing countries respond to the worldwide epidemic. In January 1999, UNAIDS launched the International Partnership Against AIDS in Africa to enhance national and international efforts against the epidemic in Africa.

This letter responds to your request that we examine UNAIDS' progress in achieving its mission since we last reported in 1998. In this report, we (1) assess UNAIDS' progress, especially at the country level, toward increasing the coordination and commitment of the U.N. and global community; (2) assess UNAIDS' progress in providing technical support and information and in developing a monitoring and evaluation plan to measure results; and (3) identify factors that may have affected UNAIDS' progress. In addition, you asked us to provide information on the status of the International Partnership Against AIDS in Africa. (See appendix I for the status of this Partnership.)

To examine UNAIDS' progress, we interviewed key Secretariat, cosponsor, and U.S. officials. We reviewed extensive UNAIDS' documentation, including progress reports, governing board documents, annual surveys of country-level operations, external evaluations of several of UNAIDS' functions, and a UNAIDS survey of 12 of its leading bilateral donors published in 2000. We also conducted a survey of U.S. Agency for International Development missions, which are key partners in the global response, to obtain perspectives on UNAIDS' HIV/AIDS efforts at the country level. Appendix II provides a more detailed description of our objectives, scope, and methods.

²The seven cosponsors are the United Nations Children's Fund; United Nations Development Programme; United Nations Population Fund; United Nations International Drug Control Programme; United Nations Educational, Scientific, and Cultural Organization; World Health Organization; and the World Bank.

³*HIV/AIDS: USAID and U.N. Response to the Epidemic in the Developing World* (GAO/NSIAD-98-202, July 1998).

Results in Brief

Since we last reported in 1998, UNAIDS has made progress in increasing U.N. coordination and enhancing the global response to the worldwide HIV/AIDS epidemic; however, its efforts at the country level need strengthening. UNAIDS is developing a strategic plan for coordinating the U.N.'s overall response to the HIV/AIDS problem and has helped shift the global community's response to HIV/AIDS from an exclusively health-oriented perspective to a multisectoral approach that addresses the various ramifications of high rates of HIV/AIDS on a country's development. Most importantly, U.N. and bilateral donors have increased their funding for HIV/AIDS. However, these successes have been partly offset by the inability of UNAIDS' cosponsors to fully integrate HIV/AIDS into their programs and activities and by UNAIDS' weak efforts at the country level. The in-country representatives of the seven UNAIDS cosponsors have not been sufficiently effective in coordinating the U.N.'s response or assisting host countries in combating the HIV/AIDS crisis. UNAIDS' donors have indicated that future funding increases may depend on UNAIDS' ability to demonstrate that it is achieving results at the country level.

UNAIDS has provided financial and technical support to about 50 HIV/AIDS technical networks worldwide since 1998 that link local communities and regions to HIV/AIDS-related resources from universities, health organizations, and private consultants. In addition, UNAIDS has successfully developed a series of best practices in the form of reports and case studies on a comprehensive set of issues, including improving the safety of blood products, caring for individuals infected by HIV and tuberculosis, and increasing access to HIV-related drugs. Users of the series found the reports to be authoritative, high quality, and comprehensive. However, UNAIDS has not been as successful in tracking the funding and actions host governments and others have taken to address the AIDS problem at the country level. Further, 5 years after its creation, the Secretariat has yet to implement a monitoring and evaluation plan that would enable UNAIDS to determine the important results of its overall efforts and measure progress toward achieving its objectives, especially at the country level.

Several factors, some of them external to UNAIDS, have impeded UNAIDS' progress in achieving its multiple goals. UNAIDS was intended to be a model of U.N. reform whereby a single Secretariat together with several U.N. agencies would marshal the U.N. and global community's resources to address the AIDS pandemic. However, the critical monetary and human resources UNAIDS Secretariat and cosponsors were expected to marshal are controlled by other U.N. agencies, as well as bilateral donors, national

governments, and the private sector. UNAIDS' influence is thus dependent on how effectively it can advocate AIDS causes to others. UNAIDS also began with a weak political mandate from the U.N. and the international community. This affected UNAIDS' initial efforts to find resources to address the worldwide HIV/AIDS problem and to pressure UNAIDS' cosponsors to integrate AIDS into their development agendas. Finally, UNAIDS has not always responded to the pandemic in a consistent manner. It has not always followed through sufficiently on specific efforts, such as developing regional initiatives, that it undertook to address HIV/AIDS problems.

This report makes recommendations to help UNAIDS improve the integration of HIV/AIDS into the cosponsors' strategies, programs, and activities; to hold UNAIDS' cosponsor representatives more accountable at the country level; and to improve UNAIDS' monitoring and evaluation efforts. In written comments on a draft of this report, the Department of State, U.S. Agency for International Development, and UNAIDS generally agreed that the program improvements we recommended were needed and that in some cases, action is under way. However, UNAIDS commented that the report focused too much on program shortcomings and that the report did not fully recognize the positive steps that have been taken by the Secretariat, cosponsors, and others since our 1998 report. We believe that the report showed progress in a number of areas since our last report, including increased U.N., national, and international commitment and funding to HIV/AIDS causes, improved technical support and best practices, and increased U.N. coordination. Where appropriate, we have modified our report to include additional information to address UNAIDS' concerns.

Background

The World Health Organization (WHO) established the U.N.'s first program to respond to HIV/AIDS in 1987. Later that same year, the U.N. General Assembly encouraged WHO to continue its efforts and urged all appropriate U.N. system organizations to support AIDS control efforts. In the early 1990s, U.N. officials and bilateral donors increasingly recognized the need for a multisectoral response to the complex challenges of the HIV/AIDS pandemic, including the social, economic, and development

issues contributing to the spread of the virus.⁴ They realized that WHO's medically based approach was insufficient to effectively combat the virus. In response, the United Nation's Economic and Social Council⁵ established the Joint United Nations Programme on HIV/AIDS and operations started in 1996. The mission of UNAIDS is to strengthen and support an expanded response to HIV/AIDS aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to the worldwide epidemic, and alleviating its impact. UNAIDS was not expected to fund the efforts of the global community.

Intended to be a model of U.N. reform, UNAIDS is the United Nations' first joint, cosponsored program of its type.⁶ UNAIDS is comprised of a Secretariat and seven U.N. cosponsors that act at the global, regional, and country levels. UNAIDS' Programme Coordinating Board⁷ is the governing body for all programmatic issues concerning policy, strategy, finance, and monitoring and evaluation of UNAIDS. Through the Committee of Cosponsoring Organizations, the cosponsors' executive heads or their representatives meet twice a year to consider matters concerning UNAIDS and to provide input into UNAIDS' policies and strategies. The UNAIDS Secretariat, headquartered in Geneva, Switzerland, and acting primarily at the global level, is in charge of the overall coordination and management of UNAIDS and leads the International Partnership Against AIDS in Africa. The seven cosponsors are independent U.N. agencies that have programs in regions and countries worldwide. By joining the UNAIDS partnership, they committed to joint planning and action against HIV/AIDS. Cosponsors

⁴A multisectoral approach involves all government sectors, including education, defense, and finance. It also involves sectors outside the government such as the media; the private sector, including business, labor, and foundations; and nongovernmental organizations such as religious groups.

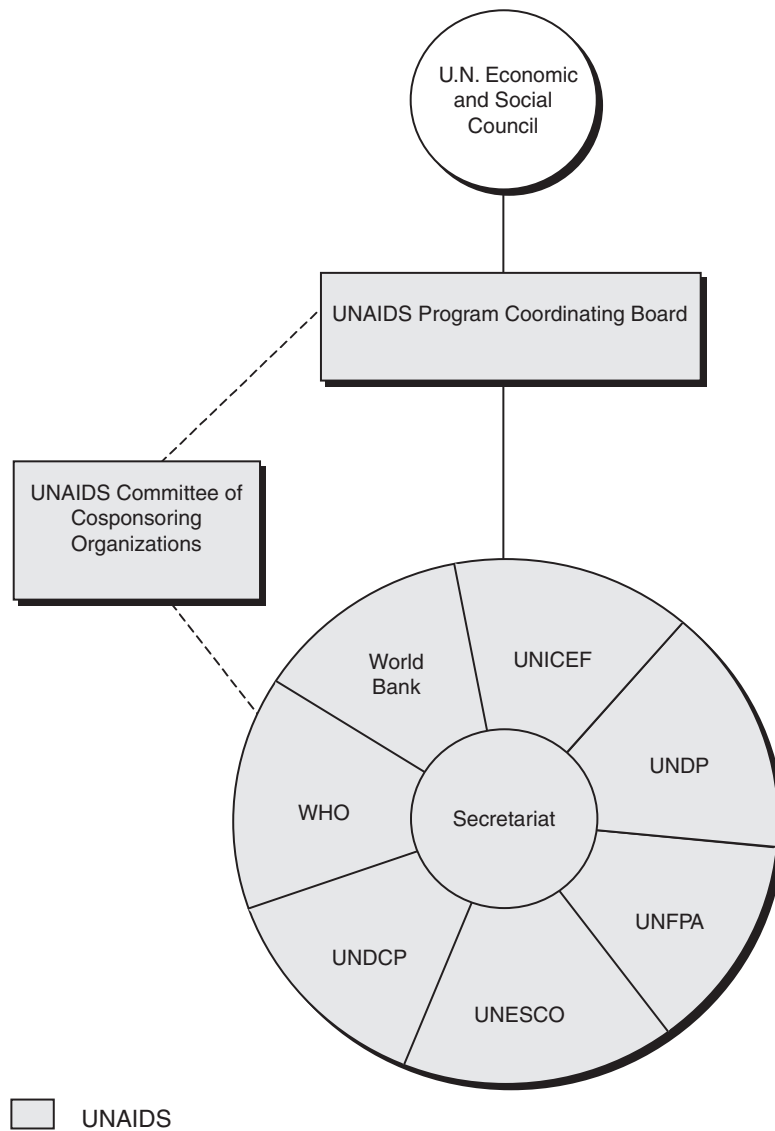
⁵The U.N. Economic and Social Council was established to promote economic and social progress; human rights; and solutions to international economic, social, and health problems. The Council reviews work on HIV/AIDS every 2 years and selects the membership for UNAIDS' governing board.

⁶UNAIDS is the first joint, U.N. cosponsored program to organize around common objectives, to have a fully constituted governing board, and to have a secretariat that does not have direct authority over its cosponsors.

⁷The membership of the Program Coordinating Board includes representatives from 22 countries; 5 representatives of nongovernmental organizations, including people living with HIV/AIDS; and the 7 cosponsors. It is the only U.N. agency to include representatives of nongovernmental organizations and people living with HIV/AIDS on its governing board.

are charged with integrating HIV/AIDS-related strategies, policies, programs, and activities into the work of their respective agencies. Figure 1 shows the organizational structure of UNAIDS.

Figure 1: Structure of UNAIDS



Source: GAO based on UNAIDS documentation.

The United Nations creates U.N. “theme groups” on specific issues to facilitate its efforts at the country level and to promote a more coherent U.N. response to national priorities. For example, one type of theme group focuses on the environment and sustainable development, and another on the empowerment of women. The U.N. has 132 theme groups on HIV/AIDS that serve as UNAIDS’ primary mechanism for assisting developing countries. They are composed primarily of the senior staff of UNAIDS’ cosponsors and are located in-country. The theme groups’ principal objectives are to coordinate the U.N. response at the country level and to support national governments and others in their efforts to mount an effective and comprehensive response to HIV/AIDS. Theme groups are expected to share information, plan, and monitor coordinated actions with their U.N. partners and, in some cases, jointly finance major AIDS-related activities in support of host governments and national partners, such as nongovernmental organizations. In priority countries,⁸ the theme group may be supported by a Country Programme Advisor, a country-based Secretariat staff member. In addition to supporting the broader U.N. system, to build national commitment to HIV/AIDS action, this advisor is expected to provide information and guidance to a range of host country partners including government departments, nongovernmental and community-based organizations, and people living with HIV/AIDS.

UNAIDS is funded through voluntary contributions from national governments, cosponsors’ cash contributions, and private donations. None of its funds comes from the U.N. budget or from U.N. member states’ assessed contributions. UNAIDS’ biennium budgets (including the Secretariat’s and cosponsors’ activities at the global and regional levels) were \$120 million for both the 1996-1997 biennium and the 1998-1999 biennium. The budget for 2000-2001 is \$140 million. Cosponsors also provide funding for their HIV/AIDS-related activities from their core budgets and solicit supplemental funding for their country-level activities from bilateral donors and other sources, such as foundations. The United States is the largest contributor to UNAIDS, providing \$34 million for the 1996-1997 biennium, \$31 million for the 1998-1999 biennium, and approximately \$32 million for the 2000-2001 biennium. The State Department is the United States’ liaison with multilateral organizations

⁸To more efficiently use its resources, UNAIDS Secretariat focuses on countries that have the highest HIV prevalence, the fewest financial resources, and the potential for the greatest impact, among other criteria.

such as the United Nations, and the U.S. Agency for International Development (USAID) manages U.S. funding to UNAIDS and coordinates and participates in the U.S. delegation to UNAIDS' governing board.

UNAIDS Has Made Progress Toward Increasing Coordination and Commitment to HIV/AIDS, but Country-Level Efforts Need Strengthening

UNAIDS has made progress toward increasing global coordination and commitment to HIV/AIDS since we last reported in 1998. UNAIDS is developing a U.N. system strategic plan that will help coordinate the U.N.'s HIV/AIDS-related programs and activities. In addition, UNAIDS' cosponsors have increased their commitment and efforts to integrate HIV/AIDS into the work of their agencies; however, progress varies from cosponsor to cosponsor. UNAIDS' advocacy efforts, especially those of the UNAIDS Secretariat, have helped increase national and international commitment and approaches to the worldwide epidemic. Funding by U.N. and bilateral donors has also increased. However, UNAIDS' efforts at the country level are weak. UNAIDS' theme groups continue to have difficulty organizing a unified U.N. response and helping host countries combat HIV/AIDS. Country Programme Advisors—the Secretariat's country-based staff—also have not been as effective as expected in supporting HIV/AIDS efforts of the theme groups and host countries.

UNAIDS Has Worked to Improve U.N. Coordination and the International Community's Commitment and Approach to HIV/AIDS

According to the UNAIDS governing board, the success of UNAIDS is highly dependent on collaboration within the U.N. system. However, half of UNAIDS' donors⁹ surveyed did not believe that the Secretariat had been as successful as originally expected in facilitating the coordination of U.N. actions on HIV/AIDS. According to USAID officials, the Secretariat's lack of clear guidance and coordination produced, in part, confusion within the U.N. system about the roles of the Secretariat and cosponsors. In response, the Secretariat is facilitating the development of the U.N. System Strategic Plan for HIV/AIDS for 2001-2005. The plan is designed to provide a more coherent U.N. response to HIV/AIDS, documenting the efforts of the Secretariat, 7 U.N. cosponsors, and 21 other U.N. agencies, such as the International Labour Organization and the Food and Agriculture Organization. The Secretariat stated the plan will be presented to UNAIDS'

⁹The *UNAIDS Financing Study*, an independent survey of 12 of UNAIDS' leading bilateral donors commissioned by UNAIDS' governing board and issued in September 2000, solicited donors' perspectives on several issues, including the extent to which UNAIDS has been successful in its roles and responsibilities.

governing board by June 2001. In addition, the Secretariat and cosponsors began conducting detailed reviews of each of the cosponsors' HIV/AIDS programs in March 2000. These reviews profile each cosponsor's mandate, structure, operations and budget, and HIV/AIDS-related work. The reviews are intended to improve UNAIDS' strategic planning and collaboration and to increase understanding within UNAIDS about each of the cosponsors' roles and responsibilities.

UNAIDS cosponsors' commitment to HIV/AIDS has increased since we last reported. Over the past 2 years, the executive boards of several cosponsors have issued statements to strengthen agency action on HIV/AIDS. For example, in January 2000, WHO's Executive Board requested that the Director General strengthen the agency's involvement in the UNAIDS effort and give HIV/AIDS priority in its budget. All UNAIDS cosponsors' executive directors now speak at major international meetings and events, advocating for increased attention and activities to combat HIV/AIDS. Some cosponsors also have elevated the position of the HIV/AIDS unit or focal point organizationally to highlight the visibility and importance of the issue within the agency. For example, in 1999, to focus on its HIV/AIDS efforts in sub-Saharan Africa, the World Bank created a new office that reports to the agency's Office of the Regional Vice Presidents. The same year, the U.N. Children's Fund established a senior-level post and unit at their headquarters.

On the other hand, the cosponsors' progress toward integrating HIV/AIDS into their agency strategies, programs, and activities has varied and continues to evolve. For example, an external evaluation of the U.N. Development Programme's HIV/AIDS program, prepared in 2000, found that HIV/AIDS had not been fully integrated into the agency's work. In response, the Development Programme made HIV/AIDS one of its top priorities and launched a resource mobilization campaign to support country-level activities, among other efforts. The U.N. Population Fund also evaluated its HIV/AIDS programs and concluded in its 1999 report that many of the agency's efforts to integrate HIV/AIDS were superficial. In response, the Population Fund made HIV/AIDS a top priority as part of its 2001 agency realignment process—an action that the agency expects will accelerate efforts to integrate HIV/AIDS into its existing programs. The Executive Director of UNAIDS said that further strengthening cosponsor commitment and integration of HIV/AIDS is a top internal challenge for UNAIDS. Appendix III briefly describes the HIV/AIDS programs and key activities of each of UNAIDS' cosponsors.

UNAIDS' major donors, U.S. government officials, cosponsor officials, and others credit UNAIDS, especially the Secretariat, with contributing to the national and international communities' increased awareness of and commitment to the fight against HIV/AIDS. They also credit UNAIDS and the Secretariat with helping to reframe HIV/AIDS as an issue involving all sectors rather than an issue involving only the health sector. Many national governments around the world were slow to respond to the HIV/AIDS epidemic, even those in the most affected areas in sub-Saharan Africa. In response, UNAIDS' Executive Director visited 21 developing countries in 1999 and 2000, including 14 African countries. In those countries, the Executive Director stressed the importance of mobilizing efforts to combat HIV/AIDS and taking a multisectoral approach to the countries' presidents and other high-level national leaders. For example, UNAIDS' Executive Director met with the Prime Minister of Ethiopia in September 1999 to advocate for a high-level, expanded, and multisectoral response. In April 2000, the President of Ethiopia launched the National Council on AIDS, supported by a National Secretariat in the Office of the Prime Minister and composed of multisectoral subcommittees. With assistance from the Secretariat and the World Bank, some countries are incorporating responses to HIV/AIDS into their country's long-term multisectoral development plans.

UNAIDS also has worked with the international community, including the private sector, to broaden and increase efforts to combat HIV/AIDS. In December 2000, the Secretariat, several cosponsors, and the Japanese government collaborated to develop detailed strategies, goals, and targets for the Group of Eight's¹⁰ plan to address HIV/AIDS and other infectious diseases. In addition, in September 2000, the Secretariat, WHO, and the European Commission conducted a high-level meeting to explore additional multisectoral actions that the European Union could take against poverty and communicable diseases such as HIV. UNAIDS also worked to get the private sector more involved in international efforts to combat HIV/AIDS. The Secretariat and the World Bank, together with USAID and several U.S. foundations, convened 15 major U.S. foundations in January 2000 and presented data on the foundations' limited expenditures on HIV/AIDS. According to the Secretariat, the foundations subsequently committed to providing more funding. In April 2000, one

¹⁰The Group of Eight consists of the heads of state of the United States, Great Britain, Canada, France, Germany, Italy, Japan, and Russia. The Group meets annually to address the major economic and political issues facing their nations and the international community.

attendee the Bill and Melinda Gates Foundation--announced a \$57 million grant to expand national HIV/AIDS programs for youth in Botswana, Ghana, Uganda, and Tanzania. The Secretariat also has helped cultivate the involvement of the U.N. Foundation in global efforts against HIV/AIDS.¹¹ Since 1998, the U.N. Foundation has allocated at least \$25 million for HIV/AIDS-related activities implemented by UNAIDS' cosponsors in southern Africa and Ukraine.

U.N. and Bilateral Donor Funding for HIV/AIDS Has Increased

Cosponsors reported that estimated spending for HIV/AIDS programs has increased significantly in the past 2 years. However, most of the increased spending came from the World Bank, which provides loans to national governments for specific HIV/AIDS-related projects. Bilateral donor funding increased slightly in 1998 over previous years, but funding has increased considerably among some donors since then. Despite these efforts, total funding for HIV/AIDS efforts is well below what experts estimate is needed to effectively combat HIV/AIDS around the world.

Table 1 shows estimated spending for HIV/AIDS by UNAIDS' cosponsors from 1996 to 1999. Overall, UNAIDS' cosponsors have increased spending for HIV/AIDS programs and activities from \$296.9 million in the 1996-1997 biennium to \$658.1 million in the 1998-1999 biennium. Most of this increase (96 percent) came from the World Bank. Four other cosponsors increased spending for HIV/AIDS-related activities, although some did so only slightly. The U.N. Development Programme decreased its spending for HIV/AIDS.

¹¹The U.N. Foundation was established in 1997 to oversee the administration of a gift made by Ted Turner in support of U.N. causes.

Table 1: UNAIDS Cosponsors' Estimated Spending for HIV/AIDS, 1996–1999

In millions of U.S. dollars

UNAIDS Cosponsors	Spending for HIV/AIDS	
	1996–1997	1998–1999
U.N. Children's Fund	\$61.0	\$65.0
U.N. Development Programme	95.8	91.9
U.N. Population Fund	42.5	45.0
U.N. International Drug Control Programme	n/a ^a	n/a ^a
U.N. Education, Scientific, and Cultural Organization	4.1	6.6
World Health Organization	27.6	38.9
World Bank	65.9	410.7
Total	\$296.9	\$658.1

^aThe U.N. International Drug Control Programme was unable to provide information on its spending for HIV/AIDS activities. Although it estimates that it spent approximately \$11 million over the past several years, it could not isolate HIV/AIDS spending within its demand reduction program. Other cosponsors also reported difficulty in tracking HIV/AIDS spending.

Source: U.N. cosponsors' estimates of HIV/AIDS spending.

Cosponsor officials cited several reasons that affected their ability to increase HIV/AIDS spending. First, several cosponsors' budgets have either declined or remained stable over the past few years. For example, the U.N. Population Fund's overall budget declined from \$628.7 million in the 1996-1997 biennium to \$581.7 million in the 1998-1999 biennium. Second, earmarked funds¹² for activities other than HIV/AIDS have increased. For example, although the U.N. Development Programme's overall agency budget has increased from \$4.3 billion in the 1996-1997 biennium to \$4.8 billion in the 1998-1999 biennium, the percentage of its budget that was earmarked for specific efforts increased from 62 percent to 70 percent. Finally, the strength of the U.S. dollar has led to poor exchange rates with other countries, reducing the value of bilateral donor contributions to overall agency budgets. For example, according to U.N. Population Fund officials, some bilateral donors made substantial

¹²Bilateral agencies sometimes specify the issue or activity for which their contribution can be used.

increases in contributions to the agency from 1999 to 2000, but these increases were neutralized by the exchange rate.¹³

According to the UNAIDS Secretariat, while bilateral donors maintained their spending for HIV/AIDS in 1996 and 1997 at \$273 million each year, funding increased slightly in 1998 to \$293 million.¹⁴ As of May 2001, the Secretariat could not provide us with more current data, but evidence from specific countries suggests that funding has increased further. For example, the United States committed approximately \$466 million in 2001 compared with the \$293 million spent by all bilateral donors, including the United States, in 1998. Canada announced in June 2000 that, over the next 3 years, it would increase its international HIV/AIDS spending from \$20 million to \$60 million per year. According to the Secretariat, most major bilateral donors have increased their HIV/AIDS funding for Africa since 2000. However, these increases are much less than the minimum of \$3 billion that UNAIDS estimates may be needed annually for basic HIV/AIDS prevention, treatment, and care in the sub-Saharan Africa region alone. The U.N. Secretary-General is currently advocating for the creation and funding of a global AIDS fund that would support HIV/AIDS activities in developing countries. The U.S. Administration pledged \$200 million to the fund in May 2001.

UNAIDS' Country-Level Efforts Need Strengthening

One of UNAIDS' primary functions is to strengthen host nations' capacities to plan, coordinate, implement, and monitor the overall response to HIV/AIDS. However, UNAIDS' governing board, donors, and senior officials do not believe that UNAIDS has been as effective as expected at the country level. The performance of UNAIDS' theme groups varies widely, and their overall performance in facilitating the U.N. response at the country level and in providing effective assistance to host countries' efforts to combat HIV/AIDS has been weak. In addition, UNAIDS cosponsors and the Secretariat do not hold theme groups sufficiently

¹³For example, in 1999, Denmark gave to the U.N. Population Fund 200 million Danish Krone (U.S. \$27.9 million). Denmark gave the same amount in 2000, but the exchange rates reduced the value of the donation to U.S. \$25 million.

¹⁴The Secretariat's data on bilateral donor spending reflects 1997 prices and exchange rates and tracks 10 bilateral donors for which data are available over time. The bilateral donors are Australia, Canada, Denmark, Germany, Japan, the Netherlands, Norway, Sweden, the United Kingdom, and the United States.

accountable for their efforts. The Secretariat's Country Programme Advisors have not been as effective as expected in supporting the theme groups' and host countries' HIV/AIDS efforts. The Secretariat has not provided the advisors with sufficient guidance and training and initially did not hire individuals with the right mix of skills.

UNAIDS' Donors and Senior Officials Believe Country-Level Efforts Are Weak

According to UNAIDS' 2000 survey of its donors, UNAIDS has not been as successful as they expected in strengthening governments' HIV/AIDS activities and ensuring that appropriate and effective policies and strategies are implemented to address HIV/AIDS. In addition, the survey said that donors believe UNAIDS has been weak in promoting broad-based political and social commitment and action to prevent and respond to HIV/AIDS at the country level. According to the survey, donors' perception of UNAIDS' lack of sufficient relevance at the country level could be a threat to future funding. UNAIDS' governing board said that the ultimate test of UNAIDS' success lies in the degree to which it successfully helps host countries combat HIV/AIDS. However, at the latest meeting of UNAIDS' governing board in December 2000, both the governing board and UNAIDS' Executive Director noted that UNAIDS needed to improve its country-level response. The governing board emphasized that a coordinated, consistent U.N. response was needed and that improving the performance of UNAIDS' theme groups required urgent attention. UNAIDS' Executive Director concurred with the board's assessment, saying that these tasks are a formidable challenge and that strengthening UNAIDS' country-level efforts is one of UNAIDS' top internal challenges.

Theme Groups' Performance Varies and Accountability for Results is Limited

UNAIDS' 132 theme groups on HIV/AIDS—composed primarily of cosponsors' senior in-country staff—are UNAIDS' primary mechanism at the country level to coordinate the U.N. response and support host countries' efforts against HIV/AIDS. However, overall theme group performance varies considerably. For example, in surveying 36 USAID missions worldwide, we asked about the extent to which the theme groups were strengthening the overall national government response to HIV/AIDS. Of the 24 missions responding, 8 said to a very or great extent, 7 said to a moderate extent, and 9 said to some, little, or no extent.¹⁵ In addition, UNAIDS' annual surveys of its theme groups from 1996-1999 indicate that they have made little progress in key areas, including developing an

¹⁵USAID has a total of 82 missions worldwide. We surveyed 36 missions representing those that had been involved in HIV/AIDS activities for at least 2 years at the time of our survey.

advocacy plan, mobilizing resources, and developing a U.N. system integrated plan on HIV/AIDS.

- According to the UNAIDS Secretariat, theme groups are expected to develop joint advocacy action plans to plan and manage joint advocacy work on HIV/AIDS and to clarify what the theme group is advocating and by whom and how. UNAIDS' annual surveys show that, in 1997, 31 percent of theme groups surveyed had developed a systematic approach to advocacy in the form of a strategy or plan. In 1999, 37 percent of theme groups had developed an advocacy plan or strategy.¹⁶
- Since UNAIDS is not a funding agency, mobilizing resources to support country-level efforts against the epidemic is another key role of the theme group. According to UNAIDS, in 1997, under one-half of UNAIDS' theme groups were mobilizing resources for HIV/AIDS activities, a figure that increased to about one-half in 1999. Most resource mobilization efforts were ad hoc, with only one-quarter of theme groups having developed a systematic approach to resource mobilization as expected.
- According to the UNAIDS Secretariat, a U.N. system integrated plan on HIV/AIDS is the basis for coordinated U.N. support to the national response and is the single most valuable indicator of the U.N.'s commitment at the country level. However, according to UNAIDS, as of February 2000, only 18 out of 86 theme groups surveyed had completed an integrated plan and one-half had yet to take any steps to begin the process of completing one.

In 1998, we found that UNAIDS' theme groups were ineffective for a number of reasons. The UNAIDS Secretariat did not provide timely guidance about operations or responsibilities. In addition, UNAIDS' cosponsor staff at the country level were not committed to the UNAIDS mandate, nor were they held accountable by their respective agencies for their participation in the theme groups or for the theme groups' results in supporting national HIV/AIDS efforts.

In our most recent work, we found that some of the cosponsors and the Secretariat still do not hold theme group members accountable for results. For example, while the Director-General of WHO directed their country directors to participate in theme groups, WHO does not assess their involvement as part of their annual performance review. Neither the World

¹⁶In 1997, the Secretariat surveyed a total of 126 theme groups and received 64 responses. In 1999, the Secretariat surveyed a total of 129 theme groups and received 86 responses.

Bank nor the U.N. International Drug Control Programme requires theme group involvement or includes it as a required element in annual performance reviews of senior country-level staff. The UNAIDS Secretariat also does not hold theme groups accountable for results. While the Secretariat has no organizational authority over the cosponsors' country-level representatives, the theme groups are expected to undertake a number of activities, including developing advocacy and resource mobilization plans. The Secretariat's annual surveys of theme groups are one way that UNAIDS obtains information on theme group operations. However, these surveys currently focus only on the internal operations and management of the theme group rather than the implementation of these plans or the extent to which theme groups are successful in their other efforts to support host countries' HIV/AIDS efforts. The Secretariat said that it is improving the annual surveys to allow for tracking of theme group results. Also, in recognition of the continuing challenges with theme groups, UNAIDS created the Interagency Task Team on Theme Group Operations, and the Secretariat created a new Theme Group Support Unit.

UNAIDS' Country Programme Advisors Have Not Been as Effective as Expected

According to U.S. officials and officials from both the UNAIDS Secretariat and cosponsors, Country Programme Advisors—the Secretariat's country-based staff—have not been effective as expected in supporting HIV/AIDS efforts of the theme groups and host countries. For example, guidance provided by the UNAIDS Secretariat instructs the advisors to advocate to national governments for expanded efforts on HIV/AIDS but provides no guidance on what to do or how to do it. Without adequate guidance or training, an advisor's success is dependent on his or her personal talents and skills. According to the Secretariat, many advisors have not been successful because they lack crucial diplomatic skills and were not hired at a rank high enough to successfully interact with and influence U.N. and host country government officials. In some instances, the Secretariat has increased the grade level at which these advisors are hired and is in the process of hiring new advisors with the right skills. UNAIDS also held a meeting on developing a plan of action to better focus their recruiting efforts and support the advisors in their work.

Theme Groups and Advisors Are Not Actively Submitting Funding Proposals for Country-Level Activities

While the UNAIDS Secretariat was not intended to fund or implement HIV/AIDS activities, it does provide small amounts of funding to support theme group proposals for projects to stimulate national HIV/AIDS efforts. These funds are also expected to help theme groups leverage funds from other sources. These funds could be used, for example, to support activities to design and develop national strategic plans or to support the development of major grants or loans to address HIV/AIDS. UNAIDS

provided \$22.9 million in these funds for the 1998-1999 biennium and allocated about \$23.5 million for the 2000-2001 biennium. After an evaluation of the funding process in June 1999,¹⁷ UNAIDS found that 65 percent of projects receiving such funds succeeded in leveraging additional funds and, in some cases, in involving new sectors and partners. However, the evaluation also found that theme groups generally were not committed to submitting proposal requests, were not adequately involved in the proposal process, and did not always possess the technical expertise needed to develop a quality proposal. In addition, the evaluation found that the Country Programme Advisors had not assisted theme groups in preparing proposals to the extent that the Secretariat had expected. According to UNAIDS' Secretariat, the proposal process has been streamlined for the current biennium.

UNAIDS Has Made Mixed Progress in Improving Technical Support, Best Practices, and Other Information to Enhance the Response to the Pandemic

UNAIDS is charged with developing and providing information to enhance the U.N. and global response to the HIV/AIDS worldwide epidemic. The UNAIDS Secretariat has continued to improve its technical support and best practice materials since we last reported, but the best practice materials have not been sufficiently distributed. The Secretariat also has made progress in tracking the pandemic but has encountered difficulties in tracking the national and international response to the pandemic with regard to funding and activities. In addition, the Secretariat's monitoring and evaluation efforts have various weaknesses, and UNAIDS still cannot report overall results or measure progress towards its objectives, especially at the country level. As a result, UNAIDS is constrained in its ability to make management decisions based on data or to ensure its donors that it is using program resources productively.

UNAIDS Has Made Some Progress Improving Technical Support and Best Practices Materials

A key function of the UNAIDS Secretariat is to arrange for and provide selected technical support and to identify, develop, and disseminate best practices. In our 1998 report, we said that the Secretariat had not adequately mobilized regional resources to provide technical support. Since then, the UNAIDS Secretariat has established and supported Technical Resource Networks to help arrange the technical support needed by U.N. organizations and others working on HIV/AIDS activities.

¹⁷The evaluation, *Findings From an Analysis of the Strategic Planning and Development Fund Process*, was completed by the Resource Group International Sarl, Geneva, Switzerland, and issued July 1999.

These networks consist of groups of individuals, communities, and institutions that are expected to share information, provide peer support, and help identify sources of technical information and assistance to those working on HIV/AIDS issues. The Secretariat has facilitated the creation of 13 networks since 1998 and has provided financial and technical support—such as facilitating discussions on technical issues related to HIV/AIDS—to 49 networks worldwide. For example, the Secretariat initiated the Forum of Condom Social Marketing network in 1998 and, with the cosponsors, has supported groups such as the Asian and European Harm Reduction Networks and the Religious Alliance Against AIDS in Africa.

To help improve the technical capacity of U.N. cosponsors and others working on HIV/AIDS-related activities in a number of geographic regions, in 1996, the Secretariat and cosponsors began establishing regional technical teams to serve groups of countries. These intercountry teams—locate in Abidjan, Cote d'Ivoire (western and central Africa); Pretoria, South Africa (eastern and southern Africa); and Bangkok, Thailand (Asia and the Pacific)—are expected to facilitate existing intercountry initiatives or networks and develop new mechanisms of exchange and collaboration; help arrange for technical assistance from other organizations, universities, and private consultants; and mobilize additional resources for subregional HIV/AIDS efforts. To help determine whether these teams were meeting their objectives, the Secretariat commissioned an evaluation of the Inter-country Team for Western and Central Africa, published in January 2001, which assessed the team's relevance, effectiveness, and efficiency. The evaluation found that the team was very useful in exchanging and disseminating information, but that it was less successful in arranging for technical assistance.

UNAIDS' best practice collection includes a series of technical updates, key materials, and case studies that provide strategies and approaches to prevent infection, provide care to those already infected, and alleviate the impact of HIV/AIDS on those affected. Topics include improving the safety of blood products, caring for individuals infected by HIV and tuberculosis, and increasing access to HIV-related drugs. In 1998, we reported that these materials were too general and lacked "how-to" guidance. In 1999, the Secretariat commissioned an independent evaluation¹⁸ of the effectiveness,

¹⁸*Summary Report of an Evaluation of the UNAIDS Best Practices Collection: Its Strengths and Weaknesses, Accessibility, Use and Impact*, Performance Improvement Pty Ltd., (Nov. 1999).

relevance, and efficiency of the best practice materials. The review surveyed 164 users who considered the best practice materials to be authoritative, high quality, user friendly, and comprehensive in coverage. However, the review concluded that the Secretariat should develop materials more suited to local circumstances. Some steps have been taken to increase local specificity in best practice materials. The UNAIDS Secretariat has worked with some countries, such as Brazil, to develop best practices that focus on successful approaches and activities taken by organizations in that country. The review also concluded that the distribution of the materials should be improved. The review found, for example, that the Country Programme Advisors—the Secretariat’s country-based staff—had not systematically distributed the materials and may not have been sufficiently aware of their responsibilities in this regard. In January 2001, a senior Secretariat official noted that, while distribution was still a problem, the Secretariat was trying to address this issue.

UNAIDS Has Made Some Progress in Tracking the Pandemic but Has Encountered Difficulties in Tracking Response

The UNAIDS Secretariat is responsible for developing accurate, up-to-date information on the worldwide epidemic and for tracking the international community’s response. According to UNAIDS’ 2000 donor survey, donors believe that the Secretariat has done well in tracking the pandemic. For example, the Secretariat and WHO participate in the UNAIDS/WHO Working Group on Global HIV/AIDS and Sexually Transmitted Infection Surveillance to compile the best epidemiological information available. From this data, the Secretariat calculates national HIV infection rates, which are helpful in raising awareness about the spread of the virus and in stimulating action. The working group also established the Reference Group on HIV/AIDS Estimates, Modeling and Projections, which, according to UNAIDS, has helped set clearer international standards for assessing AIDS and its impact and is expected to improve the production of country-specific estimates of HIV prevalence. However, according to the Secretariat, efforts still need to be increased to support HIV surveillance activities at the country level. The Secretariat also noted that WHO has taken steps to increase its efforts in this area.

The UNAIDS Secretariat is also expected to track national and international responses to the pandemic. Various problems, however, have hindered its efforts in this area. To track funding, the Secretariat conducted a study with Harvard University in 1996 and then with the Netherlands Interdisciplinary Demographic Institute’s Resource Flows

Project¹⁹ in 1999 to obtain data on HIV/AIDS spending by major bilateral donors, the United Nations, and developing countries. According to the Secretariat, getting these entities to report data to the contractor has been a major challenge, as has been reaching consensus on what counts as an HIV/AIDS project or activity. In addition, developing countries do not systematically track HIV/AIDS spending. To improve the monitoring and tracking of international and national resource flows, the Secretariat has established a specific unit with devoted staff resources. The Secretariat also has been developing and implementing the Country Response Information System since 2000. This database is intended to facilitate the compilation, analysis, and dissemination of relevant information by country on HIV epidemics and HIV/AIDS-related programs and activities by all relevant in-country partners. According to the Secretariat, compiling this information has been extremely difficult and more complex than originally envisioned, and it is behind in efforts in this area. The Secretariat expects to complete a prototype in the second quarter of 2001.

UNAIDS' Monitoring and Evaluation Efforts Need Improvement

UNAIDS' governing board directed UNAIDS at its creation to implement the principles of performance-based programming and to use measurable objectives in assessing its performance. We reported in 1998 that the Secretariat was in the process of developing a monitoring and evaluation plan. UNAIDS' governing board approved a plan in December 1998 that consisted of multiple elements, including a draft conceptual framework, theme group surveys, and one-time evaluations of several of the Secretariat's specific functions, such as the best practice collection. Since then, a unified budget and workplan with performance indicators was added. Key elements of the overall plan—the conceptual framework and the unified budget and workplan—need to be improved. Furthermore, despite these evaluative efforts, UNAIDS still cannot measure progress towards achieving its objectives or overall results, especially at the country level.

Although the United Nations is not required to comply with the U.S. Government Performance and Results Act,²⁰ we used the principles laid

¹⁹The Netherlands Interdisciplinary Demographic Institute collaborates with the U.N. Population Fund to conduct the Resource Flows Project.

²⁰The Government Performance and Results Act of 1993 (P.L.103-62).

out in the act to identify the elements of a successful performance-based system. These include (1) a clearly defined mission, (2) establishment of long-term strategic and annual goals, (3) measurement of performance against the goals, and (4) public reporting of results. The act seeks to link resources and performance so that an organization can show what it has accomplished compared with the money it has spent and so that it can be held accountable for the levels of performance achieved.

Using the Results Act as a guide, we identified four major weaknesses in UNAIDS' Monitoring and Evaluation Framework. First, the Framework primarily addresses the Secretariat's outputs even though the Framework's outcomes and impacts also apply to the cosponsors. Second, because the Framework's outputs focus on the Secretariat, which acts primarily at the global level, the Framework does not sufficiently address UNAIDS' performance at the country level. Third, the Framework's outputs, outcomes, and impacts are not clearly linked, making it difficult to assess the cause and effect of UNAIDS' specific activities. Fourth, the Framework does not establish specific performance baselines, targets, or other quantitative measures that could help UNAIDS measure overall results and progress towards achieving its objectives or expected outcomes.

UNAIDS' Unified Budget and Workplan 2000-2001, a separate performance-related instrument, provides additional documentation that compensates for some of the shortcomings of the monitoring and evaluation framework. For example, the Workplan provides UNAIDS' mission statement, goals, and the strategic objectives leading to those goals. It also provides information on the Secretariat's and cosponsors' global and regional activities; includes more specific linkages between outputs, indicators, and objectives; and better accounts for the respective roles and responsibilities of the Secretariat and cosponsors. However, the Workplan also has a number of weaknesses. For example, the Workplan does not include quantifiable performance targets that would define success and help UNAIDS to measure its progress. The Workplan also does not always indicate what is needed to accomplish the stated objectives. For example, one objective is to "mobilize political and public support for UNAIDS' priority themes and initiatives and to provide leadership and guidance in advocacy, public information, and resource mobilization efforts." The only output for this objective—communication activities—is vague. Furthermore, like the Framework, the Workplan does not always sufficiently link its components, making it difficult to assess the cause and effect of UNAIDS' actions.

Senior Secretariat officials acknowledge that the Unified Budget and Workplan 2000-2001 has deficiencies. They said that it was the first document of its kind, compiled quickly, and did not have high-quality indicators. In addition, because it is organized thematically rather than functionally, they said it is difficult to track or assess UNAIDS' progress in achieving its overall objectives. They also said that developing a performance-based plan with quality indicators has been especially challenging because the U.N. system lacks an evaluative culture. However, they believe the Unified Budget and Workplan 2000-2001 is an important first step.

UNAIDS Secretariat officials said that evaluation efforts overall have been hampered by inadequate and inconsistent resources. Changes in personnel and reliance on consultants over the past several years have resulted in a lack of continuity and variable levels of effort. It was not until early 1998 that a staff person was hired to lead a performance evaluation unit. The unit is currently authorized three full-time professional staff and is supplemented periodically by staff on part-time loan from other agencies. Because all Secretariat positions are time-limited, there is greater turnover than normal and difficulty in recruiting and retraining skilled staff.

Key Factors Have Hindered UNAIDS' Progress

UNAIDS and U.S. government officials told us that, although UNAIDS has certain advantages in the fight against HIV/AIDS, a number of key factors, some of which are external to the organization, have hindered its progress. UNAIDS was established to be the primary advocate for global action on HIV/AIDS and has advantages over other organizations, such as bilateral donor agencies, that combat HIV/AIDS. For example, as a U.N. organization, UNAIDS may have more credibility than other organizations, and thus be more effective, because it is seen as a neutral entity that does not represent any one government. In addition, UNAIDS often has access to higher-level government officials than do bilateral development agencies, and it sometimes operates in countries where bilateral agencies and other organizations do not because of conflict, political tension, or lack of compelling interest. However, UNAIDS' broad mission, organizational structure, initial lack of a political mandate, and a lack of timely follow-through have hampered its progress.

While UNAIDS has a broad and challenging mission, its progress depends on actions taken by other entities, such as international donors, nongovernmental organizations, the private sector, and national governments. National government leadership on HIV/AIDS is particularly essential to an effective response to HIV/AIDS, but many national

governments around the world have been slow to respond to the crisis. For example, until 1999, the President of Zimbabwe denied that HIV/AIDS was a problem in his country; the government of India was similarly slow to respond. HIV/AIDS is also an extraordinarily complex disease for which there is no cure. Combating the pandemic requires a multisectoral approach that involves addressing the many medical, cultural, behavioral, economic, social, and political aspects that surround the virus and contribute to its impact.

As a joint and cosponsored program, UNAIDS' structure is complicated and progress depends heavily on the collegiality, cooperation, and consensus of the Secretariat and seven cosponsors. According to UNAIDS and U.S. government officials, these qualities were not evident during UNAIDS' first several years. They noted that, even though UNAIDS is a joint program, it was created without the buy-in of the cosponsors. According to senior Secretariat and cosponsor officials, because UNAIDS was imposed on the cosponsors, there was a certain amount of hostility within the program. Furthermore, the cosponsors viewed the Secretariat as competing for funding and were confused about their role within the joint program. As a result, until recently, cosponsors were not fully committed either to incorporating HIV/AIDS into their respective mandates or to participating in UNAIDS. Since each cosponsor is accountable only to its own independent executive board, neither the Secretariat nor UNAIDS' governing board had controlling organizational authority over the cosponsors. Thus, little could be done to exert pressure on the cosponsors to become effective partners within UNAIDS.

UNAIDS' effectiveness was further hampered, according to U.S. government officials, because it was created without the necessary political mandate or funding from the major bilateral donors or the United Nations. According to a senior Secretariat official, the bilateral donors heavily influenced the creation of UNAIDS; however, when political pressure was needed to intensify and fund UNAIDS' cosponsors' HIV/AIDS programs, bilateral donors provided little assistance. In addition, according to U.S. officials, the United Nations, particularly the Secretary-General, had other priorities on which to focus. The bilateral donors and the United Nations are beginning to provide needed political and financial support. For example, in January 2000, the U.N. Security Council held a session, in part due to U.S. influence, to address the impact of AIDS on global peace and security—the first session ever held on a health-related matter.

Finally, according to U.S. officials, while UNAIDS initiates many activities, it does not always execute them in a timely way, further delaying an effective response. For example, according to USAID officials, UNAIDS has initiated various regional strategies to address HIV/AIDS, such as the International Partnership Against AIDS in Africa and the Eastern European Regional Strategy, but did not facilitate timely efforts to move these agreements forward. According to the Secretariat, it does not have sufficient capacity to always follow through in a timely manner on the efforts it initiates, such as the International Partnership Against AIDS in Africa.

Conclusions

UNAIDS was given an enormous challenge when it was created to lead and expand U.N. and global efforts to combat HIV/AIDS. Intended to be a model of U.N. reform, UNAIDS was the U.N.'s first joint and cosponsored program of its type. Because there was no precedent, UNAIDS had to learn to function effectively, depending heavily on the collegiality and cooperation of the Secretariat and seven cosponsors. Despite these challenges, UNAIDS has made progress in many areas, especially in improving U.N. coordination and advocating for an enhanced global response to the HIV/AIDS pandemic. However, while UNAIDS' cosponsors have recently intensified their commitment and efforts to integrate HIV/AIDS into their strategies and programs, their slow response has made it more difficult for UNAIDS to achieve its mission.

UNAIDS has not lived up to expectations with regard to its efforts at the country level. Overall, UNAIDS' Secretariat and cosponsors' representatives in developing countries continue to have difficulty organizing their efforts and providing assistance to host governments and others, and UNAIDS does not hold them accountable for results. Some cosponsors still do not require their senior country-level representatives to actively participate in theme groups or have not established performance expectations related to theme group activities. In addition, while the Secretariat surveys theme group activities annually, oversight is limited because it does not focus on results. Five years after its creation, the Secretariat has yet to implement a monitoring and evaluation plan that would enable UNAIDS to determine the important results of its overall efforts and measure progress toward achieving its objectives. A quality performance evaluation plan is critical to assure UNAIDS' donors and others in the international community that UNAIDS is using its resources productively, that it is relevant, and that it is achieving its mission, especially at the country level. This is particularly important because

Recommendations for Executive Action

UNAIDS' donors have indicated that future funding increases for UNAIDS may depend on its effectiveness in showing results at the country level.

To help UNAIDS achieve progress toward its mission and to help demonstrate this progress, we recommend that

- the Secretary of State direct U.S. representatives on the cosponsors' executive boards to request the respective cosponsor:
 - to accelerate its efforts to integrate HIV/AIDS into the work of its agency, and
 - to hold country-level staff accountable for (1) participation in theme groups and (2) the results of theme groups' efforts to help host countries combat HIV/AIDS.
- The Secretary of State and the Administrator, USAID, request that the UNAIDS Secretariat and cosponsors improve UNAIDS' monitoring and evaluation efforts in order to determine the results of its overall efforts and measure progress, especially at the country level.

Agency Comments and Our Evaluation

We received written comments on a draft of this report from the Department of State, USAID, and UNAIDS, which are reprinted in appendixes IV-VI. At our request, the UNAIDS Secretariat requested and received comments from UNAIDS cosponsors²¹ that were included in UNAIDS' written comments. In addition, USAID and UNAIDS also provided technical comments to update or clarify key information that we incorporated, where appropriate.

USAID and the Department of State generally agreed that the program improvements we recommended were needed. USAID stated that it found the report to be fair and accurate and that, as a member of the U.S. delegation to UNAIDS' governing board, it will focus its efforts on the recommendations and other issues cited in our report. In addition, USAID said that it had recently provided extensive written comments to UNAIDS on the draft U.N. System Strategic Plan 2001-2005 to help ensure that the plan resulted in increased accountability and improvements at the country level. While USAID said that it appreciated our acknowledgment of the

²¹According to UNAIDS, seven cosponsors were provided a draft for comment; they received comments from the U.N. Population Fund, U.N. Children's Fund, U.N. Development Programme, and WHO.

impact of external factors on UNAIDS' progress, it noted that the lack of bilateral government support following UNAIDS' creation did not apply to USAID. In responding to our recommendations, the Department of State stated that it would instruct its delegations to encourage the cosponsors to cooperate more fully with UNAIDS, especially at the country level. In addition, the Department noted that our report will be of immense value to the UNAIDS governing board-commissioned evaluation, currently in progress, which is reviewing the entire scope of UNAIDS activities after 5 years of effort.

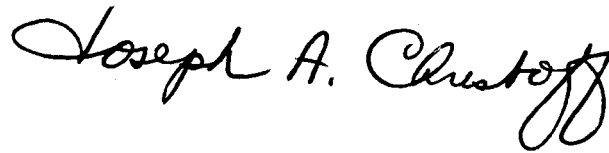
UNAIDS generally agreed with our findings and recommendations and noted that the report will provide valuable input to the commission that UNAIDS' governing board established to review UNAIDS' progress. However, UNAIDS stated that our report did not give the Secretariat and the cosponsors sufficient credit for the many accomplishments they have made since we last reported in 1998. Accordingly, UNAIDS' comments detailed numerous examples of activities undertaken, including high-level statements made, "information flows improved," documents written, and processes improved to demonstrate further the collective accomplishments of the Secretariat and the cosponsors since 1998. We disagree that our report did not provide UNAIDS with sufficient credit for its accomplishments since 1998. We believe that our report provides a fair assessment of UNAIDS' progress. Our report affirms that UNAIDS has contributed to increased commitments and funding for AIDS efforts by the U.N. and national and international entities. Through UNAIDS, the international community's response to AIDS has broadened from one that is focused exclusively on health to one that focuses on multiple sectors. Further, we note the progress UNAIDS has made in providing countries with technical support and best practices materials, tracking the epidemic, and increasing U.N. coordination. Where there are deficiencies in UNAIDS' efforts—at the country level and with its monitoring and evaluation framework—they are deficiencies that UNAIDS, the State Department, and USAID collectively agree are in critical areas that need improvement. While we have included, where appropriate, additional information to address UNAIDS' comments, our overall conclusions remain unchanged.

As arranged with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 15 days after the date of this letter. At that time, we will send copies to appropriate congressional committees; the Honorable Colin Powell, the Secretary of State; the Honorable Andrew S. Natsios, Administrator of USAID; and the

Executive Director of UNAIDS. We will also make copies available to interested parties upon request.

If you or your staff have any questions concerning this report, please call me at (202) 512-8979. An additional GAO contact and staff acknowledgments are listed in appendix VII.

Sincerely yours,

A handwritten signature in black ink that reads "Joseph A. Christoff". The signature is written in a cursive style with a large, stylized initial "J".

Joseph A. Christoff, Director
International Affairs and Trade

Appendix I: Status of the International Partnership Against AIDS in Africa

Because of the catastrophic HIV/AIDS epidemic in Africa and the inadequate national and international response, the Joint United Nations Programme on HIV/AIDS (UNAIDS) initiated the International Partnership Against AIDS in Africa (the Partnership) in 1999. The Partnership is made up of African governments, the U.N., donors, the private sector,¹ and the community sector.² The objective of the Partnership is to increase coordination among the five partners and to expand their efforts against HIV/AIDS in each African country. To achieve this objective, the Partnership aims to establish and maintain processes through which these groups can collaborate more effectively at the country level to curtail the spread of HIV and sharply reduce AIDS' impact on human suffering and declines in human, social, and economic development. The vision of the Partnership is that African nations with the support of the international community will implement and sustain larger-scale, more effective multisectoral national responses to HIV/AIDS within the next decade than they have in the past.

According to the Partnership's guiding document, *The International Partnership Against AIDS in Africa: A Framework for Action*, dated May 2000, each partner has a specific role to play. African governments are expected to provide national leadership and adequate resources to fight HIV/AIDS in their respective countries. U.N. organizations are expected to enhance U.N. coordination and the global response and to provide program and financial support. Donors are expected to mobilize national and international efforts and to provide the necessary financial assistance to support the Partnership's actions to address HIV/AIDS. The private sector is expected to provide expertise and resources, and the community sector is expected to enhance local ownership of the Partnership. In addition, all partners have a role in advocacy, policy development, and resource mobilization. The UNAIDS Secretariat facilitated the development of the Partnership's framework and is responsible for

¹The Partnership defines the private sector as including diverse groups such as national and multinational corporations, pharmaceutical firms, charitable foundations, and trade unions.

²The Partnership's definition of the community sector includes national and international nongovernmental organizations, community-based organizations, religious organizations, traditional healers, youth organizations, women's networks, networks of people with HIV/AIDS, media houses, and special interest groups.

coordinating the implementation of the Partnership. The Secretariat is not responsible for providing funding to the Partnership.

According to the UNAIDS Secretariat, the Partnership has achieved many of its milestones and has made some progress toward achieving its objectives. For example, one of the Partnership's milestones was that, by the end of 2000, at least 12 countries were to have developed national strategic plans for HIV/AIDS, and according to the Secretariat, a total of 13 countries had achieved this goal. For example, the Partnership helped develop the National Strategic Plan for HIV/AIDS in Ghana and Burkina Faso and helped revise the national strategic plans of Ethiopia, Malawi, Zambia, and Mozambique. According to the Secretariat, these plans have resulted in the formation of wider and more effective partnerships to combat HIV/AIDS and have encouraged increased internal and external mobilization of financial resources. Also, the UNAIDS' intercountry team in eastern and southern Africa helped establish technical networks on five subjects, including traditional medicine and AIDS counseling, and the intercountry team in Abidjan, Cote d'Ivoire, helped establish networks on three subjects, as expected, by December 2000. According to the Secretariat, progress is still being made toward milestones that had not been met as of January 2001.

However, several respondents to our survey of U.S. Agency for International Development (USAID) missions expressed reservations about whether HIV/AIDS-related events occurring in the country could be directly attributed to the Partnership, since the Partnership is an enhancement of UNAIDS' and other partners' ongoing efforts in Africa. For example, USAID officials in Malawi stated that the Partnership's collaborative principles have been implemented in that country since 1997, which was prior to the Partnership's inception. The Secretariat also gives the Partnership credit for increases in World Bank loans and bilateral funding that have been announced by several bilateral donor countries, including the United States, Sweden, Canada, Norway, and Japan. While these events may have coincided with the implementation of the Partnership, a true cause and effect relationship is difficult to establish.

Officials from USAID and the cosponsors have said that there is confusion about the Partnership and concern about its implementation. USAID agency officials said that the Partnership is poorly implemented and that there is general confusion within their own and other agencies, especially about how the Partnership will be implemented in country. For example, they had recently spoken to one cosponsor's representative to UNAIDS who thought that the Partnership had ended. A member of the U.S.

delegation to UNAIDS' governing board told us that the Partnership generally lacked coordination among the five partners. Several cosponsor officials also indicated that there was confusion about the Partnership. One cosponsor told us that the Partnership did not have much substance beyond its guiding document and that their country-level offices in sub-Saharan Africa may be unaware of the Partnership. Agency officials stated that the UNAIDS Secretariat needs to provide the Partnership with greater leadership.

In our survey of USAID missions in African countries³ key partners in the Partnership's coordination efforts we asked whether the Partnership had achieved its objective to increase coordination among the five partners and expand their efforts against HIV/AIDS in Africa. Two of the 10 USAID/Africa missions that responded to this inquiry said that the Partnership had resulted in better coordination, 3 said it had not, and 5 did not know. Of those that did not know, the USAID mission in Kenya said that the Partnership was not well understood and that they had not heard much about it. We also asked whether the Partnership had resulted in an expanded response to HIV/AIDS. Of the 10 responding, 4 answered yes, 3 said no, and 3 did not know. The USAID mission in Ghana reported that the Partnership had contributed to increased media attention on HIV/AIDS and more programs addressing the epidemic. However, the USAID mission in Tanzania reported that the Partnership was duplicating existing national programs and hindering constructive efforts to combat HIV/AIDS in that country.

One factor that may contribute to the confusion and lack of coordination among partners is that, while the framework identifies the partners, their responsibilities, and the deadlines of some objectives and activities, it does not identify who is responsible or accountable for initiating the Partnership at the country level or the actions that should be taken if this leadership is not forthcoming. For example, a respondent to our survey from the USAID mission in Zimbabwe said that no one person or organization is leading the Partnership at the country level and thus nothing is being accomplished. A senior Secretariat official agreed that the Secretariat has been weak in communicating effectively about the Partnership. However, according to this official, the Secretariat is in the

³The 10 USAID missions that replied to our survey questions on the Partnership are in Benin, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Uganda, Zambia, and Zimbabwe. The missions located in Eritrea and Tanzania did not answer our survey questions but did provide general comments about the Partnership.

process of developing additional guidance on coordination for country-level partners, which will be based on lessons learned by partners in several countries, such as Burkina Faso and Tanzania, that have task forces to lead coordination efforts. The Secretariat is in the process of synthesizing these experiences and developing additional guidance for the Partnership.

Appendix II: Objectives, Scope, and Methodology

The Chairman of the Senate Subcommittee on African Affairs, Senate Foreign Relations Committee, requested that we (1) assess the progress of the Joint United Nations Programme on HIV/AIDS, especially at the country level, toward increasing the coordination and commitment of the U.N. and global community; (2) assess UNAIDS' progress in providing technical support and information and in developing a monitoring and evaluation plan to measure results; and (3) identify factors that may have affected UNAIDS' progress. In addition, we were asked to provide information on the status of the International Partnership Against AIDS in Africa.

To identify whether UNAIDS has made progress toward increasing U.N. coordination and commitment, especially at the country level, we interviewed senior officials from the UNAIDS Secretariat in Geneva, Switzerland, and the HIV/AIDS staff from each of the seven cosponsors. We also spoke with key officials from the U.S. Agency for International Development (USAID); the White House Office of National AIDS Policy; Department of Health and Human Services; the State Department; U.S. missions to the United Nations in New York City and Geneva; and Family Health International, a U.S.-based contractor working on HIV/AIDS issues. We reviewed extensive documentation from the Secretariat and from each of the seven UNAIDS cosponsors, including strategic plans, annual and biennial reports, progress reports, the Unified Budget and Workplan 2000-2001, evaluations of the Secretariat's and cosponsors' HIV/AIDS programs and activities, budget and financial data, UNAIDS governing board documents, general HIV/AIDS program description documents, press releases, interagency memorandums of understanding, and memorandums to staff and major public speeches of the cosponsors' executive directors. We also reviewed a UNAIDS-commissioned survey of 12 of its leading bilateral donors, issued in September 2000, that solicited perspectives on the extent to which UNAIDS has been successful in its roles and responsibilities. To obtain additional information on UNAIDS' efforts at the country level, we reviewed the Secretariat's annual surveys of theme group operations from 1996 to 1999. In addition, we conducted a survey of 36 USAID missions worldwide and received 27 responses¹ that provided

¹USAID missions completed the survey or provided comments on theme groups covering Uganda, Zimbabwe, Madagascar, Zambia, Kenya, Benin, Malawi, Ethiopia, Eritrea, Senegal, Ghana, Mozambique, Bolivia, Guyana, Peru, El Salvador, Jamaica, Nicaragua, Honduras, Haiti, Guatemala, Ukraine, Russia, Romania, Central Asian Region (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan), Armenia, and Georgia.

perspectives on the theme groups' effectiveness in assisting host country efforts to combat HIV/AIDS. Of the total 82 USAID missions worldwide, we selected 36 missions to survey, on the basis that they had been involved in HIV/AIDS activities for at least 2 years.

To determine UNAIDS' progress in providing technical support and information and in developing a monitoring and evaluation plan to measure results, we interviewed senior officials from the UNAIDS Secretariat in Geneva, and key officials from USAID, the U.S. mission to Geneva, the Department of Health and Human Services, and Family Health International. We reviewed extensive documentation from UNAIDS, including governing board documents reporting on annual and biennial progress; monitoring and evaluation documents, including the Unified Budget and Workplan 2000-2001, the monitoring and evaluation framework, and commissioned evaluations of the Inter-country Team in West and Central Africa; the Secretariat's best practice materials; and the Secretariat's strategic planning and development fund process. We also reviewed a UNAIDS'-commissioned survey of 12 of its leading bilateral donors, issued September 2000, that solicited perspectives on the extent to which UNAIDS has been successful in its roles and responsibilities, as well as a UNAIDS biannual epidemiological report. In addition, in assessing UNAIDS' monitoring and evaluation efforts, we used the principles contained in the Government Performance and Results Act of 1993 to identify the key elements of a successful performance-based system.

To identify factors that may have affected UNAIDS' progress, we interviewed key officials from the UNAIDS Secretariat, cosponsors, USAID, the Department of Health and Human Services, the State Department, the U.S. missions to the United Nations in New York and Geneva, and Family Health International.

To determine the status of the International Partnership Against AIDS in Africa, we held discussions with UNAIDS Secretariat and cosponsor officials and also with officials from USAID, the U.S. mission to the United Nations in Geneva, and the Department of Health and Human Services. We reviewed key documents, such as the Partnership's framework for action, progress reports, weekly bulletins, and meeting reports. In addition, we reviewed an analysis completed by the Secretariat in January 2001 on the Partnership's progress toward its milestones, as outlined in the framework. As part of our survey of UNAIDS' efforts at the country level, we asked USAID mission officials whether the Partnership had achieved its objectives. From the 22 missions surveyed in Africa, we received 12

responses,² 10 that answered our survey questions and 2 that provided other comments.

We conducted our work from August 2000 through May 2001 in accordance with generally accepted government auditing standards.

²The 12 countries were Benin, Ethiopia, Eritrea, Ghana, Kenya, Madagascar, Malawi, Mozambique, Tanzania, Uganda, Zambia, and Zimbabwe.

Appendix III: Cosponsors' HIV/AIDS Programs and Activities

UNAIDS is expected to bring together the efforts and resources of seven U.N. system organizations to help prevent new HIV infections, care for those already infected, and mitigate the impact of the pandemic. Each cosponsor is to contribute to UNAIDS' work according to its comparative advantage and expertise. The following briefly describes the seven cosponsors' HIV/AIDS programs and selected activities, according to information they provided.

United Nations Children's Fund

The mission of the U.N. Children's Fund (UNICEF) is to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. UNICEF supports services to the poor, rebuilds schools in war-torn societies, and promotes equal rights for girls and women. Within UNAIDS, UNICEF is the chief advocate for children and their families. UNICEF's goal is to address the underlying causes of the AIDS epidemic; reduce the vulnerability of children, adolescents, and women to HIV/AIDS; and mitigate the impact of disease and death due to AIDS. According to UNICEF, it supports HIV/AIDS programs in 160 countries and focuses its efforts in five areas: (1) breaking the conspiracy of silence about HIV/AIDS, (2) providing primary prevention to young people, (3) reducing mother-to-child HIV transmission, (4) caring for orphans and children living in families affected by HIV/AIDS, and (5) supporting UNICEF staff members affected by HIV/AIDS. For example, in the area of primary prevention to young people, UNICEF is funding scouting groups in Cote d'Ivoire to disseminate HIV/AIDS prevention messages through games, songs, and popular drama and to provide counseling to their peers. In 1999, to help reduce mother-to-child transmission, 11 countries took part in a UNICEF-supported pilot program that offers voluntary and confidential counseling and testing to women and their partners, administers anti-retroviral medication to pregnant HIV-positive women, and provides information about infant feeding options. In Malawi, UNICEF has assisted the government in developing its national orphan policy and the National Orphan Care Programme, which emphasizes family-based care and provides support to extended families for the care of orphans.

United Nations Development Programme

The goal of the U.N. Development Programme is to eradicate poverty through sustainable human development. The Programme serves more than 170 countries and territories around the world through 132 country offices and technical networks. The Programme contributes to UNAIDS by helping developing countries meet the governance challenge posed by HIV/AIDS and by helping them mitigate the impact of the disease on the

poor. The Programme provides advice and development services to developing country governments and civil society groups in the following areas: (1) promoting top-level political commitment through advocacy and policy dialogue; (2) strengthening countries' capacity to plan, fund, manage, and implement national responses to the HIV/AIDS epidemic; (3) providing guidance on integrating HIV/AIDS priorities into the core of development planning; and (4) providing policy advice to the most affected countries on maintaining governance structures and essential services affected by HIV/AIDS. In addition, the Programme promotes a human rights approach that includes helping national governments formulate anti-discrimination laws and supports public information and media campaigns on HIV/AIDS in developing countries such as Bangladesh, Peru, Laos, and Turkmenistan. In several sub-Saharan African countries, the Programme is sponsoring policy studies to help governments deal with HIV/AIDS' impact on specific sectors, poverty reduction efforts, and macroeconomic planning. In Botswana, the Programme supported the publication of a National Human Development Report that focused on how HIV/AIDS is reducing economic growth and increasing poverty in that country.

**United Nations
International Drug Control
Programme**

The mission of the U.N. International Drug Control Programme is to work with nations and people worldwide to tackle the global drug problem and its consequences. Through its 22 field offices, the Programme contributes to UNAIDS's work by helping to prevent the spread of HIV through drug abuse. The Programme's prevention activities have focused primarily on children and adolescents and emphasize the prevention of both drug use and the risky sexual behaviors associated with drug use. For example, in Brazil, the Drug Control Programme developed short prevention videos, which are shown in the streets in regions with the highest crack use, to target drug abuse among street children. In Thailand, in coordination with U.N. Population Fund, the Programme is supporting activities that are aimed at educating Muslim adolescents on reproductive health, drug abuse prevention, and HIV/AIDS.

**United Nations
Educational, Scientific,
and Cultural Organization**

The mandate of the U.N. Educational, Scientific, and Cultural Organization (UNESCO) is to foster international cooperation in intellectual activities designed to promote human rights, establish a just and lasting peace, and further the general welfare of mankind. UNESCO has 73 field offices and units in different parts of the world. In the context of UNAIDS, UNESCO focuses its efforts on five major areas: (1) education, (2) basic research, (3) culture, (4) human rights and social and human sciences, and (5)

public information and awareness. For example, in Brazil, UNESCO is currently cooperating with the U.N. International Drug Control Programme and the Brazilian Health Ministry to provide HIV education in schools to heighten awareness of HIV and prevent its transmission. In south Asia, UNESCO published a media handbook on AIDS in eight different south Asian languages. UNESCO also has been active in promoting research on AIDS in cooperation with the World Foundation for AIDS Research and Prevention.

**United Nations Population
Fund**

The primary mandate of the U.N. Population Fund is to help ensure universal access by all couples and individuals to high-quality reproductive health services by 2015. In developing countries, the Fund works to improve reproductive health and family planning services on the basis of individual choice and to formulate population policies in support of sustainable development. The Population Fund supports HIV/AIDS activities in 138 countries. The Fund addresses the prevention of HIV transmission and focuses on (1) supporting information, education, and communication programs for youth and adolescents both in and out of schools; (2) providing young people greater access to youth friendly reproductive health information, counseling, and services; (3) advocating for relevant youth policies that recognize the rights of young people and promote their reproductive health; and (4) addressing gender equity issues. The Population Fund is the largest international supplier of condoms and is UNAIDS' focal point for condom programming. The Fund manages a database on reproductive health commodities and administers the Global Contraceptive Commodity Programme, which maintains stocks of condoms to expedite delivery to requesting countries. The Fund also works to promote the greater involvement of men in HIV prevention. For example, in parts of Africa, Asia, and Central America, the Fund supports services, information, and counseling to encourage long-distance truck drivers to adopt safer sexual practices. In addition, the Fund has been working with government and national partners to promote programs and policies that advance reproductive health and well-being. For example, in the Islamic Republic of Iran, the Fund, in conjunction with the Ministry of Education, helped distribute 700,000 copies of a poster on HIV/AIDS transmission and prevention along with 200,000 copies of a pamphlet designed for teachers to schools nationwide.

World Health Organization

WHO's objective is to attain the highest possible levels of health by all peoples. WHO performs a range of advisory, technical, and policy-setting functions, including (1) providing evidence-based guidance in health; (2)

setting global standards for health; (3) cooperating with governments in strengthening national health systems; and (4) developing and transferring appropriate health technology, information, and standards. As a UNAIDS cosponsor and the leading international health agency, WHO works to strengthen the health sector's response to the worldwide HIV/AIDS epidemic and provide technical assistance to countries to improve their health policies, planning, and implementation of HIV/AIDS prevention and care interventions. For example, according to WHO, it has supported and coordinated research and provided technical support on HIV/AIDS-related issues such as the prevention and treatment of sexually transmitted infections, reproductive health, essential drugs, vaccine development, blood safety, and substance use. WHO has also developed a generic protocol for planning and implementing pilot projects to prevent mother-to-child transmission of HIV in low-income countries in Africa, Asia, and Latin America. In addition, WHO has projects in several countries with high HIV prevalence to develop national plans and implement activities for strengthening care and psychosocial support to people living with HIV/AIDS. WHO is a key partner in global surveillance of HIV infection and its behavioral determinants, including developing surveillance guidelines, updating the global database on HIV/AIDS, and producing fact sheets and reports on HIV/AIDS.

The World Bank

The mandate of the World Bank, the world's largest source of development assistance, is to alleviate poverty and improve the quality of life. Through its loans, policy advice, and technical assistance, the World Bank supports a broad range of programs aimed at reducing poverty and improving living standards in the developing world. As a UNAIDS' cosponsor, the World Bank provides loans and credits to national governments to implement HIV/AIDS programs. The World Bank committed more than \$1.3 billion to 109 HIV/AIDS-related projects in 57 countries from 1986 to the end of January 2001. A recent innovation in the Bank's support to HIV/AIDS is its multicountry program approach to lending. In September 2000, the World Bank approved the Multi-Country HIV/AIDS Program for Africa, providing \$500 million in flexible and rapid funding for projects to fight the epidemic in sub-Saharan Africa.¹ A similar multicountry program totaling about \$100 million in loans and credits for

¹The figure of \$1.3 billion in commitments includes \$288 million in specific country commitments as of the end of January 2001. Adding the \$500 million Multi-Country AIDS Program for Africa would bring the Bank's total commitment for HIV/AIDS to more than \$1.5 billion.

the Caribbean is under way. To strengthen the Bank's capacity to respond to HIV/AIDS as a major development issue in Africa, the Bank created ACTAfrica, a dedicated HIV/AIDS unit directly under the Office of the Regional Vice Presidents. In addition to lending in all regions of the world, the Bank is also involved in policy dialogue about HIV/AIDS with high-level officials in the government and civil society. It is also working with the U.S. Treasury to establish the International AIDS Trust Fund for HIV/AIDS activities in those countries hardest hit by the epidemic or at high risk of being so. The United States is providing \$20 million to initially capitalize the fund, and contributions will be sought from other donors.

Appendix IV: Comments From the Department of State



United States Department of State

Chief Financial Officer

Washington, D.C. 20520-7427

MAY 11 2001


Dear Ms. Westin:

We appreciate the opportunity to review your draft report, "GLOBAL HEALTH: Joint U.N. Programme on HIV/AIDS Needs to Strengthen Country-Level Efforts and Measure Results," GAO-01-625, GAO Job Code 711538.

The enclosed Department of State comments are provided for incorporation with this letter as an appendix to the final report.

If you have any questions concerning this response, please contact Mr. Neil Boyer, Bureau of International Organization Affairs, on (202) 647-1044.

Sincerely,


Larry J. Eisenhart
Acting

Enclosure:

As stated.

cc: GAO/IAT - Mr. Christoff
State/OIG - Mr. Atkins
State/IO/T - Mr. Boyer

Ms. Susan S. Westin,
Managing Director,
International Affairs and Trade,
U.S. General Accounting Office.

Department of State Comments on GAO Draft Report
GLOBAL HEALTH: Joint U.N. Programme on HIV/AIDS
Needs to Strengthen Country-Level Efforts and Measure Results
(GAO-01-625, GAO Code 711538)

The Department of State believes the GAO report on this subject is very timely, given the vast new interest in having the UN system more seriously come to grips with this devastating disease. We believe that UNAIDS must be given credit for having given this issue a multisectoral orientation. HIV/AIDS is clearly not simply a problem for the health community but a problem to be addressed by the development, education, drug control, financial and other sectors as well, and UNAIDS is providing that focus. We also believe that UNAIDS must be given credit for raising the consciousness of UN member governments and the public at large about the need to address this issue. The UN General Assembly's Special Session on HIV/AIDS in June 2001 is testimony to the drive behind the UNAIDS program and its determination to produce not only greater attention for this problem but the resources required to address it.

At the same time, it is clear that much remains to be done. The GAO report well makes the point that planning, monitoring and evaluation are crucial to the success of any program such as that of UNAIDS. These are points that the Department of State regularly makes in meetings of the United Nations and in all agencies of the UN system. Our understanding is that officials of UNAIDS are not unaware of deficiencies in various parts of the program, and that they are determined to address them. The UNAIDS 22-member governing body, the Program Coordinating Board (PCB), regularly addresses issues of monitoring, evaluation and criteria for effectiveness of the program, and we are certain it will continue to do so.

Regarding the first key recommendation, we agree with the GAO that the executive boards of the cosponsoring agencies can encourage those agencies to cooperate more fully with UNAIDS, especially at the country level. The GAO report indicates that work along these lines already is being done, but certainly more is possible, and this Department will instruct its delegations to pursue this goal. (This commitment is with exception of UNESCO, where the United States does not have membership.) Possibly of more direct relevance is instruction of the U.S. delegation to meetings of the UNAIDS Program Coordinating Board to ensure that it promotes enhanced support from the cooperating agencies. The Department of State will also ensure that this is done. At the same time, we are very pleased with the open and direct interest in HIV/AIDS that is being demonstrated by the UN Secretary General. In his capacity as chairman of the UN's Administrative Committee on Coordination (ACC), which consists of the executive heads of the UN system's specialized agencies, he has the opportunity to encourage

-2-

each agency to do more to support the attack on HIV/AIDS within its sphere of responsibility, and we have no doubt that he will do so.

Of major significance is that the PCB has launched a full evaluation of the entire scope of UNAIDS after its first five years of experience. This one-year evaluation, being carried out during 2001, will examine whether the core objectives of UNAIDS are realistic, the extent to which the program has met its goals, and the performance of its major functions and working structures. A small panel of distinguished individuals is supervising this study. The panel includes a distinguished retired federal official who has served both the Department of State and the U.S. Agency for International Development. We believe the work of this panel will address the second major recommendation in the GAO report, and we are certain that the GAO report will be of immense value to those undertaking this new study.

Appendix V: Comments From the U.S. Agency for International Development

Note: GAO comments supplementing those in the report text appear at the end of this appendix.



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

May 11, 2001

Mr. Joseph Christoff
Director
International Affairs and Trade Division
U.S. General Accounting Office
441 G Street, N.W. - Room 4155A
Washington, D.C. 20548

Dear Mr. Christoff:

I am pleased to provide the U.S. Agency for International Development (USAID) response to the GAO draft report entitled, "Joint U.N. Programme on HIV/AIDS Needs to Strengthen Country-Level Efforts and Measure Results" (May, 2001). We understand that the GAO has invited the Department of State and UNAIDS to comment as well.

In general, we found the draft report to be well-written, fair and accurate. The report reflects the commitment and professionalism brought to the review by Ms. Aleta Hancock and her team. The report is a timely and constructive effort which will help inform and guide the evaluation of UNAIDS, the UN System Strategic Plan on HIV/AIDS 2001-2005, the UNAIDS Unified Budget and Workplan 2002-2003, and generally serve to further improve UNAIDS' effectiveness.

Our comments relate to the GAO's recommendations "... to help UNAIDS achieve progress toward its mission and to help demonstrate this progress" (pp 23-24), with which we agree.

Recommendation 1: "The Secretary of State direct U.S. representatives on the cosponsors' executive boards to propose initiatives: to accelerate the cosponsors' efforts to integrate HIV/AIDS into the work of their agencies; and to hold cosponsors' country-level staff accountable for (1) participation in theme groups and (2) the results of theme groups' efforts to help host countries combat HIV/AIDS."

1300 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20523

Now on p. 25.

UNAIDS is subject to two governance structures -- the Program Coordinating Board (PCB) and co-sponsors' own executive boards. The recommendation would be more productive were it to encompass both structures. U.S. representatives on the PCB have played an active role urging performance improvements at the country-level. The recommendation should direct them to *continue* to play this role and to do so in coordination with similar U.S. efforts on co-sponsors' executive boards.

The recommendation would be more effective if it were linked explicitly to the recommendation that follows on "monitoring and evaluation." U.S. representatives on both cosponsors' executive boards and the PCB should be directed to use U.S. influence to ensure a monitoring and evaluation plan is implemented which improves results and accountability.

Regarding the need to accelerate cosponsors' efforts to integrate HIV/AIDS into the work of their agencies: as mentioned in the report, UNAIDS has started a major planning process that directly addresses this need. UNAIDS has completed the first draft of a "UN System Strategic Plan for HIV/AIDS." The plan explains how the seven UNAIDS cosponsors and 21 other UN organizations will integrate HIV/AIDS into their work over the course of the next five years (2001-2005). USAID completed a comprehensive review of the draft strategic plan and provided extensive written comments to UNAIDS. Our comments are intended in large part to ensure the plan results in improvements at the country level and improved accountability. UNAIDS said they would incorporate USAID comments into the strategic plan.

Because UNAIDS is a multi-UN agency initiative coordinated by a secretariat with no formal authority over the constituent parts, it's success depends in part on the extent to which UN leadership inspires and manages inter-agency cooperation. Strong leadership demonstrated recently by the UN Secretary General should assist achievement of the accountability and impact goals that are at the heart of this recommendation.

May we suggest that it is not the U.S. representatives' role to "propose initiatives" per se, but rather to request cosponsors to do so, and then to review and track their effectiveness.

See comment 1.

For the record, USAID is focussing on key issues related to strengthening UNAIDS' country-level efforts including: (1) effectiveness of UNAIDS' recent reorganization in resolving country level performance problems; (2) the use of UNAIDS' monitoring and evaluation plan to specify results at the country-level and accountability for achieving them; (3) ensuring a portion of USAID funding supports cosponsors' country-level activities and; (4) clarification of the respective roles, functions and accountabilities of the International Partnership Against AIDS in Africa vis a vis UNAIDS.

Recommendation 2: "The Secretary of State and the Administrator, USAID, request the UNAIDS Secretariat and cosponsors complete a monitoring and evaluation plan that will allow UNAIDS to determine the results of its overall efforts and progress, especially at the country level."

The two recommendations made by the GAO are integrally related. A monitoring and evaluation (M&E) plan is fundamental for accountability and needs to be completed. The May 2001 PCB meeting is the next opportunity to urge that this is done. At the meeting, the PCB will review the "UN System Strategic Plan on HIV/AIDS 2001-2005" and the UNAIDS Unified Budget and Workplan 2002-2003, both of which are expected to be based on sound M&E plans. The US delegation will review UNAIDS' M&E plans in terms of the constructive suggestions made by the GAO in this report.

Key Factors Have Hindered UNAIDS' Progress (pp 21-22):

We appreciate GAO's acknowledgement that "external" factors and constraints hindered UNAIDS' progress. USAID will continue our active involvement in the evaluation of UNAIDS to ensure it fully examines external constraints and recommends measures to lift them. Based on the evaluation framework and the structure and composition of the independent panel overseeing the evaluation, we are confident it will.

We do take exception to the presentation of one aspect of the analysis of key political and structural constraints. On page 22, the report states that "... bilateral donors provided little assistance (to UNAIDS)." Clearly this statement does not apply to USAID. USAID has been the main donor supporting UNAIDS since its inception providing \$16 million annually, 25% of UNAIDS' annual

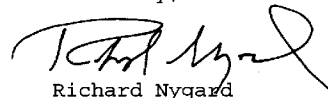
Now on pp. 22 to 24.

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budget, and USAID has a long record of technical support and collaboration with UNAIDS - two notable examples being in the areas of surveillance and indicator development. A full analysis of the reasons for a slow UNAIDS start-up should include the relatively weak commitment of some cosponsors to mainstream HIV/AIDS into their programs.

Thank you for the opportunity to respond to the draft GAO report and for the courtesies extended by your staff in the conduct of this review.

Sincerely,



Richard Nygard
Acting Assistant
Administrator
Bureau for Management

GAO Comment

The following is GAO's comment on USAID's letter dated May 11, 2001.

In commenting on our first recommendation, USAID suggested that it is not the U.S. representatives' role on the cosponsors' executive boards to "propose" initiatives to the cosponsors but rather to "request" them to take action. We modified the recommendation to address this point.

Appendix VI: Comments From the Joint United Nations Programme on HIV/AIDS

Note: GAO comments supplementing those in the report text appear at the end of this appendix.



Telephone line: +41 22 791 4505

Reference: PDC/JMS/EM

Mr Joseph A. Christoff
Director, International Affairs
and Trade
U.S. General Accounting Office
Washington, DC 20548

14 May 2001

Dear Mr Christoff,

Thank you for the opportunity to comment on the Draft GAO Report to the Chairman, Subcommittee on African Affairs, Committee on Foreign Relations, U.S. Senate on the Joint UN Programme on HIV/AIDS (UNAIDS). As per your request, this response consolidate comments received from UNAIDS' Cosponsors (UNFPA, UNICEF, UNDP and WHO) as well as from the Secretariat.

We appreciate the thorough effort that the GAO team committed to this effort which is likely to serve as a valuable input into the recently initiated Five-Year Evaluation of UNAIDS, commissioned by the UNAIDS' Programme Coordinating Board (PCB). Building on the experience of the 1998 GAO Report on UNAIDS, we also appreciate that this Report reflects a deeper understanding of the UN system in general, and of UNAIDS in particular.

We do, of course, appreciate the positive findings within the Report, in particular the success of UNAIDS' efforts in: improving the global tracking and understanding of the epidemic; increasing UN coordination and enhancing the global response; helping to shift the global approach to one of an "expanded response"; improving access to technical resources and best practices; and stimulating UN and bilateral donors to increase their funding for HIV/AIDS.

We believe the work of UNAIDS and its many partners has been instrumental in the now unprecedented global political mobilization on HIV/AIDS; commitments for significantly increased financial resources; broad acceptance of a Global Strategy with which to approach agreed global goals and targets; and demonstrated new approaches to partnerships with the private sector and civil society, including groundbreaking work with the pharmaceutical industry.

We will primarily focus our response on the two major areas of mutual concern elaborated in the Report, namely:

- the strengthening of UNAIDS' country-level efforts;
- the strengthening of UNAIDS' monitoring and evaluation efforts, particularly at the country level.

We appreciated the insights the GAO team brought to our discussions – many of which further stimulated UNAIDS to strengthen its efforts addressing these major challenges. In our response, we will take the opportunity to update you on steps already underway or initiated since your visit to address areas of weakness where we are in general agreement with your findings. Where we are not in general agreement with the GAO team's findings, we will share with you our different perspective, and welcome whatever further suggestions you may have with respect to reconciling different views. As per your request, we have attached to this letter (Annex 1) additional points of clarification and technical details of a less substantive nature that we hope you will find helpful in the finalization of your Report.

UNAIDS 20, avenue Appia CH-1211 Geneva 27 Switzerland
Tel. (+41)22 791 3666 Fax (+41)22 791 4187 e-mail <unaids@unaids.org> <http://www.unaids.org>

A. General comments

Overall, we have found the GAO findings and recommendations cogent in distilling the underlying weaknesses in the UNAIDS' mandate and factors hindering progress, as well as in identifying strengths. We believe the Report would carry more weight if it balanced its focus on shortcomings with acknowledgement of what have been many more positive results. Many such examples were provided in the presentations and documents made available to the GAO review team and we are disappointed that so few have found their way into the Report.

As your Report appropriately points out, there have been several key factors hindering the efforts of UNAIDS. However, we can confidently report that there has been very substantial progress in two of them, namely: increased political commitment by national leaders to address HIV/AIDS; and substantially increased commitment of the UNAIDS' Cosponsors and the UN system overall to address the epidemic. A major constraint not specifically noted that merits mention is the inherently difficult challenge of effecting institutional change to address new problems and approaches in the absence of new resources. Throughout, there has been more commitment to act on the part of the Programme partners than there has been resources with which to act.

Several reviewers have noted a tendency to generalize many of the observations of individual Cosponsors, sometimes inadvertently reinforcing the perception that the Programme is constrained to operate from the lowest common denominator. We have found that citing positive examples is at least as valuable an approach, demonstrating that significant change is possible – even inevitable – when committed individuals seek to raise institutional norms. While there are sometimes as many differing views of the Programme as there are different vantage points, there remains overall a strong commitment on the part of the UNAIDS' Cosponsors and the Secretariat to rise above the many constraints and to continue to make the Programme a success.

B. Progress in improving technical support and best practice materials

We appreciate the Report's positive note of the progress made by UNAIDS in improving best practice materials since the GAO's last Report, noting results of an independent evaluation of the effectiveness, relevance and efficiency of the best practice materials and highlighting the Secretariat's efforts to address the recommendations of the evaluation. In order to improve the distribution of the best practice materials, the plan of action includes:

- continued promotion of electronic versions of best practice materials. All best practice materials are available electronically on the UNAIDS' Website and increasing numbers are being made available on CD-ROMs;
- the establishment of regional information centres for HIV/AIDS, through the UNAIDS' Secretariat Intercountry Teams, the Cosponsors' regional offices and national libraries.

C. Progress in tracking the epidemic and difficulties in tracking the response

We also appreciate the Report's positive note of the progress achieved in tracking the epidemic. The shift within the last three years to country-specific estimates represents a major breakthrough in approach and has contributed substantially to the current global-level mobilization on the epidemic.

The response to the epidemic has been more difficult to measure – in no small part because it has sometimes been hard to find. The Harvard/UNAIDS Study demonstrated both the difficulties in tracking the response, and the value in doing so. The Study is one of the most cited reports in the media and in policy statements, and has had a significant impact on global opinion, focusing attention on just how profoundly inadequate the global response to the epidemic is in financial terms. A major Secretariat-facilitated effort is currently underway, in close partnership with several UN system and bilateral partners, to build an interactive Country Response Information System to enable a more intensified effort to monitor the response to the epidemic.

D. Strengthening of UNAIDS' country-level efforts

**Appendix VI: Comments From the Joint
United Nations Programme on HIV/AIDS**

Page 3

There is general agreement within the UNAIDS' Cosponsors and the Secretariat that the HIV/AIDS-related efforts of the UN system in country need to be strengthened. This has been a major theme and focus of the Programme for the last five years and will certainly remain the central theme of the UN system response for at least the next decade. There is also general agreement with the Report's suggestions that significant further improvement is required to:

- strengthen UN country-level action in response to HIV/AIDS;
- improve coordination within the UN system and partners;
- track the funding and actions of governments and other partners in the response to the epidemic;
- strengthen monitoring and evaluation efforts at the country level;
- demonstrate results at the country level by the UN system if it hopes to achieve further funding increases.

See comment 1.

There was, however, equally generalized surprise in seeing the Report highlight the assertion that "UNAIDS has not successfully promoted broad-based political and social commitment and action to prevent and respond to HIV/AIDS at the country level". That the assertion is based on a single question in a single survey of donors, in which 6 of the 12 donors (out of a total of 30) responded "not as successful as expected" was further cause for concern. One need only to pick up a newspaper in virtually any affected country in the world to see that this is not the case. The Cosponsors and the Secretariat have provided ample documentation – and can provide more if necessary – to demonstrate how far afield from reality this is.

Many examples were made available to the team of the more positive experiences and achievements of the UN Country Teams working effectively and efficiently on HIV/AIDS in support of host governments, and we believe the Report would have been stronger and more balanced had it cited even a small sample of them. For example:

- in Malawi, where the UN Country Team has helped the Government formulate a strong multi-sectoral, results-oriented and comprehensive strategy, and throughout the Roundtable mechanism helped the Government raise US\$ 110 million;
- in Burkina Faso where the UN Country Team and a number of donors are fully mobilized in supporting the Government's efforts to respond to HIV/AIDS.

See comment 2.

To the reviewers within the Secretariat and Cosponsors, there was also a sense that the Report may have viewed the UN system response in countries through too narrow a lens. The most significant concern is that the Report focuses on the specific UNAIDS' coordinating mechanisms of UN Theme Groups on HIV/AIDS and their integrated workplans in isolation from broader UN system mechanisms in country. In particular, the Report may be further strengthened if it could describe the overall UN coordination process at the country level – including the role of the Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF) process, the Resident Coordinator system, and role and function of the UN Country Team – with respect to intensifying action on HIV/AIDS.

Towards reconciling these differing views of the UN system response in country, we have structured our response along three separate lines, namely:

- Cosponsor mobilization and integration of HIV/AIDS within their individual country programmes;
- Cosponsor integration and coordination of their programme efforts with others;
- coordinated planning and monitoring through the UN Theme Groups on HIV/AIDS, including developing integrated workplans, ensuring Theme Group accountability and strengthening the functions of Country Programme Advisers.

Certainly, these lines should and do intersect at various points, but it is an oversimplification to assume that they should necessarily follow a linear progression in one direction or another. The common denominator in each is that their end result is to support the development and implementation of national strategic plans (NSPs) on HIV/AIDS, which continue to progress in their development.

Countries	NSP completed	NSP in active development
Africa	30	13
Asia/Pacific	10	4
Latin America/Caribbean	17	8
Europe/C. Asia	9	3

Total	66	28
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1. Cosponsor mobilization and integration of HIV/AIDS within their individual country programmes

There is little doubt if the question was squarely posed: *“Are the staff of the UNAIDS’ Cosponsors committed to expanding the response to HIV/AIDS?”* that a clear and unequivocal *“YES”* would resonate through the Report – a response which appears to be missing.

UN heads of agency have all taken on a much stronger advocacy role globally, and are changing their programmes to respond more aggressively to HIV/AIDS. And where agency evaluations have found that they were not effectively integrating HIV/AIDS into their programmes, high-level action was taken to respond. For example:

When in 1999, UNFPA evaluated its efforts in combating the epidemic through 1997 and found HIV/AIDS insufficiently integrated into its overall effort, it undertook a major programme review in its Headquarters, developed an overall agency strategy through a consultation and retreat process, and organized week-long orientations on HIV/AIDS for its Country Support Teams. When in 1999, UNDP evaluated its HIV/AIDS programme and found that HIV/AIDS had not been fully integrated into the agency's work, it was made one of 6 top corporate priorities for UNDP globally. UNDP went on to establish a new HIV/AIDS Unit within its Bureau for Policy Development, instructed all country offices in the 28 most affected countries to give HIV/AIDS top priority, developed a new corporate strategy, strengthened support to countries in Africa by expanding its HIV/AIDS Team in Pretoria, and launched an internal knowledge network with over 120 members.

Reviews have also been undertaken by the World Bank and at UNESCO to similar effect, in the latter case resulting in an agency-wide strategy internalizing HIV/AIDS into the mainstream of the organization's work.

There is no reflection in the Report of increased discussions on HIV/AIDS in the governing bodies of the Cosponsors or their efforts; to establish senior-level posts and units at their Headquarters to better lead and coordinate their HIV/AIDS work; to establish HIV/AIDS adviser posts at the regional level; the recruitment of additional staff to support the acceleration of HIV/AIDS programming in countries; and the high priority HIV/AIDS has been given in what (relatively modest) discretionary allocations of regular resources can be made by heads of agencies. A large number of positive country examples were provided by the various Cosponsors which would have provided balance to the Report, including where a range of agencies have played key roles in advocating that HIV/AIDS be addressed in sectoral development programmes. UNICEF provided examples of its integration of HIV/AIDS as a core UNICEF country programme priority in South-East Asia, Central and Eastern Europe, South Asia and Latin America. For illustrative reasons, their experience in Eastern and Southern Africa is provided in the panel below.

**UNICEF integration of HIV/AIDS within its programmes
in the Eastern and Southern Africa Region (ESAR)**

HIV/AIDS was declared one of three core priorities (together with malaria and community capacity development) for all country programmes to address by the UNICEF Regional Director for ESAR and the Regional Management Team (comprising all country representatives within ESAR – 23 countries) in August 1998. Five priorities for action were agreed: breaking the conspiracy of silence, prevention of mother-to child transmission (PMTCT), preventing HIV infection among young people, ensuring care and protection of orphans and vulnerable children, and introducing effective workplace programmes for UNICEF staff. A regional workplan to operationalize this commitment was agreed to. The Regional Management Team meets and reviews progress in implementing the HIV/AIDS workplan three times per year. All new country programmes are reviewed by the Regional Office to ensure that (i) they respond to HIV/AIDS as a top priority, and (ii) they adequately address the five priorities for action and that these commitments are reflected in the allocation of regular (i.e. core) resources. Every annual and mid-term review of country programmes is required to assess the adequacy of UNICEF's support to the AIDS response and report to the Regional Director on progress, lessons learned,

See comment 3.

See comment 4.

constraints and further support required.

The capacity of the Regional Office to support expanded HIV/AIDS programming at the country level has been expanded. Additional advisers have been recruited (e.g. Senior HIV/AIDS, policy and strategy, PMTCT, communication, orphans) and the job descriptions and workplans of others (e.g. nutrition, health, education, emergency, etc.) have been revised to reflect the priority of HIV/AIDS.

A regional HIV/AIDS working group was established to improve networking of experience and to advise the Regional Office.

An intensive training programme, involving all counties in ESAR, was implemented in 2000 to develop the programming skills of UNICEF staff, key government and NGO partners to advance a human rights-based approach to HIV/AIDS programming.

A resource mobilization strategy to support expanded HIV/AIDS programming was developed, and funding proposals were developed in all ESAR countries totaling approximately US\$ 250 million for the coming 3-5 years.

Additional staff has been recruited to strengthen UNICEF's programming capacity on HIV/AIDS. For example, an additional twelve staff were recruited (funded from regular resources) to strengthen UNICEF's support for the PMTCT pilot projects in 2000.

2. Cosponsor integration and coordination of their programme efforts with others

There is equally little doubt if the question was squarely posed: "*Are the staff of the UNAIDS' Cosponsors committed to the UNAIDS' mandate of intensifying UN system action on HIV/AIDS at the country level as part of a strong and coordinated UN system response?*" that the answer heard would have also been a clear and unequivocal "YES".

There is general agreement with the Report that country-level coordination and implementation needs to be strengthened. However, there is also agreement that the Report has seriously downplayed how much progress the UN has achieved in coordinating action at the country level. Coordination among the agencies at the country and supporting levels has been substantially improved through the development of agreed priorities, approaches and operational objectives through collaborative work on the Global Strategy Framework, the UN System Strategic Plan, regional strategy development processes, partner programme reviews and generally improved information flows supporting a greater understanding of the epidemic. Again, it should be emphasized that the Theme Group and integrated workplans – while certainly critical elements – are not the only measures of coordinated country-level action. For example:

In many, if not most countries in Africa, UN agency heads have – individually and collectively – effectively advocated for a scaled up response to HIV/AIDS with government and donor, NGO and civil society partners.

Particularly in Africa, the CCA/UNDAF processes have been used to highlight the threats and challenges of HIV/AIDS and to define the roles of UN agencies in supporting the national response. Reflecting the UNDAF, the HIV/AIDS components of agency country programmes – especially in Africa – have been considerably strengthened over the past five years which could be substantiated by an analysis of country programmes submitted to the Executive Boards of UNICEF, UNDP and UNFPA. Agency support for the NSPs is monitored through regular annual and mid-term reviews. In addition, Resident Coordinators conduct annual reviews of the work of the system and Theme Group for discussion with UN Country Teams.

Key UN instruments – including the CCA, National Human Development Reports, and UNICEF's situation analyses – have been used to focus attention on HIV/AIDS and to deepen understanding of the epidemic, how it is unfolding, its development implications and the adequacy of the current response. Such documents have been particularly powerful in promoting policy discussion at the highest levels within government and civil society.

In many African countries, the UN has played a key role in supporting governments to develop or update their NSPs (e.g. Mozambique, Zambia, Malawi, Uganda, Tanzania, Nigeria) and to advocate that HIV/AIDS issues are adequately addressed in sectoral plans of key Ministries (especially Health, Education, Agriculture, Women and Gender, and Youth). UNICEF's work on orphan situation analyses conducted in fourteen countries has been influential in developing these components of national strategies and influencing partnerships with others including USAID.

See comment 5.

The UN has supported governments in resource mobilization, helping to prepare for consultative groups meetings and in the organization of HIV/AIDS-dedicated roundtable meetings (Zambia, Mozambique, Malawi, others). UNDP has played a pivotal role, together with the World Bank and the UNAIDS' Secretariat, in assisting countries such as Cameroon, Malawi and Burkina Faso to integrate HIV/AIDS into their poverty reduction strategies.

3. Coordinated planning and monitoring through the UN Theme Groups on HIV/AIDS

While it is certainly true that "some" donors do not believe that the Secretariat has been as successful as originally expected in coordinating UN action on HIV, it would be hard to make the case that "most" or even "many" donors share that view.

It is also certainly true that most donors underestimated the complexity and the difficulty of the task, and did not have a shared understanding of the structure and function of the UN Theme Groups on HIV/AIDS. The Theme Groups are coordinating – not operational – entities. It was never envisioned that the UN Theme Groups would serve as a "primary mechanism for assisting developing countries". Rather, their function was to serve as a mechanism to ensure a coordinated and complementary response by the UN Country Team in support of NSPs. The former can be misleading in that it suggest for the Theme Groups what is the role of an executing agency. It is the UN Country Team members, especially the UNAIDS' Cosponsors, who provide assistance to countries in implementing their HIV/AIDS programmes using the Theme Group as the mechanism to facilitate coordination.

Notwithstanding the persistent lack of clarity on their intended function, the Theme Groups have made a substantial contribution to coordinating HIV/AIDS efforts in the UN system. They are well established in all HIV/AIDS-affected countries, and while their performance has been mixed, collectively they have each year performed better than the previous year. There are a number of examples where it has been a particular challenge to establish a functional Theme Group. However, once established, our overall experience has been one of continuing improvement in functionality.

The original purpose of UN Theme Groups was to ensure communication and coordination within the UN system in support of government led coordination structures involving a broader set of bilateral, civil society and private sector actors addressing HIV/AIDS. In an increasing number of countries, UN Theme Groups form the hub of "Expanded" Theme Groups on HIV/AIDS also intended to support the host government's coordination efforts. The expansion of Theme Group "membership" beyond the UN agencies has been an important development with many being used by donors and other partners as a key instrument supporting improved coordination and communication. For example:

In Latin America, 90% of countries have expanded forums.

In the Eastern Europe region where there is a comparatively limited UN presence, the expansion of Theme Groups to include diplomatic missions, NGOs and bilaterals has contributed to leveraging new resources to address HIV/AIDS.

In Sub-Saharan Africa, 19 of 49 forums have expanded to include governments, bilaterals and UN agencies.

An indicator of broader Cosponsor engagement in the Theme Group process is the wider distribution of Theme Group Chairs among different Cosponsors. For example, in Latin America and the Caribbean: PAHO/WHO chairs 30% (previously 25 of 26) of Theme Groups.

UNICEF, UNDP and UNFPA each chair 20%.

The World Bank chairs 4%.

UNESCO and UNDCP chair 3%.

The UN Theme Group is not responsible for resource mobilization. Its role is to facilitate communication between Cosponsors, the development of the overall UN System Integrated Workplan on HIV/AIDS, and the coordination of the individual workplans and resource mobilization strategies of the Cosponsors. Neither the Theme Group nor the Country Programme Adviser (CPA) has an executing authority or role. There appears to be some lack of clarity on this within the Report and on the operation of the Programme Acceleration Funds (PAF) – formerly called Strategic Planning and Development Funds (SPDF). The PAF are intended to support UN Theme Group member agency efforts based on the agreement of the Theme Group – there are not funds to be programmed and implemented by the CPA or

See comment 6.

See comment 7.

See comment 8.

Theme Group. In the last biennium, all resources available for PAF were fully obligated. Based on current proposal demand and approval rates, it is most likely that all resources available for PAF in the current biennium will be fully obligated as well.

With these perceptions clarified, the recommendation that the operations of the Theme Groups should be made to be more effective are generally accepted by the UNAIDS' Cosponsors and the Secretariat. Reflected within the recent realignment of the UNAIDS' Secretariat is a new Theme Group Support Unit tasked with facilitating and rationalizing guidance to Theme Groups from the Cosponsor Headquarters, identifying problems and timely interventions, and ensuring full integration of Theme Groups into the broader Resident Coordinator system, together with the Interagency Task Team on Theme Group operations.

a. Development of country-level UN system integrated workplans on HIV/AIDS

In line with PCB(7)/98.6 Recommendation 13, the Secretariat has supported the process of development by UN Theme Groups of integrated UN workplans (IWPs) to strengthen and sustain coordinated UN action on HIV/AIDS. Written guidance includes a recent document on "*United Nations System Integrated Planning in support of the National Response to HIV/AIDS*" which complements the Resource Guide for Theme Groups distributed in 1998. The Guide provides a checklist of desirable steps in an integrated workplanning process and of the contents and format of an effective integrated workplan.

The UNAIDS' Secretariat recent desk review indicates that since 1998-1999, genuine progress has been made by Theme Groups in developing a more unified response, as reflected in the increased number of IWPs developed in the past year or in the process of being developed:

In Latin America and the Caribbean, 18 of 29 (62%) Theme Groups have completed or are about to complete an IWP. Nicaragua, Mexico, Honduras, Jamaica, Argentina, Guatemala, Cuba are some of the 14 countries that completed IWPs in 2000. Four others – Brazil, El Salvador, Eastern Caribbean and Uruguay – are in the process of workplanning, while in Suriname and in Trinidad and Tobago HIV/AIDS workplanning is included in the UNDAF process.

In Asia/Pacific, 6 of 14 (43%) Theme Groups have an IWP, namely India, Myanmar, Vietnam, Laos, Philippines and Sri Lanka while 4 others have embarked on the process. In the case of Nepal, Cambodia and China, the IWP process is following in the wake of successful CCA/UNDAF exercises that have provided the UN system with a common framework within which HIV programming will be detailed. In Africa, 21 of 49 (42%) Theme Groups have developed an IWP. Among the most complete are those of Namibia, Togo, Zambia and Kenya.

In Eastern Europe, 8 of 20 (40%) Theme Groups developed an IWP in 2000, with another 8 are in the process. The 8 countries that have completed UN system integrated plans on HIV/AIDS for 2000, with 5 of them covering 2001 as well, are Belarus, Kazakhstan, Kyrgyzstan, Lithuania, Moldova, Romania, Turkmenistan, and Ukraine.

b. Theme Group accountability

It is generally accepted that accountability for performance on HIV/AIDS efforts throughout the UN system, including at the country level, needs to be strengthened. The UNAIDS' Cosponsors and Secretariat are in full agreement with the Report on this point. The Secretariat has a responsibility, together with the Cosponsors, to ensure that the mechanisms are in place to help assure accountability. However, the discussion within the Report requires some clarification with respect to where the lines of accountability are drawn.

First, UNAIDS' Cosponsor representatives are accountable to their respective regional and global bureaus for their HIV/AIDS-related work in country, including their participation in the UN Theme Groups. Three agencies (UNFPA, UNICEF and UNDP) explicitly hold their representatives accountable for Theme Group participation as part of their performance evaluation report systems.

Second, UNAIDS' Cosponsor staff in regional and global bureaus are responsible to their head of agency and ultimately to their respective governing bodies to ensure that their country-based representatives are collaborating within countries. This requires individual agency leadership striking a balance between the global promotion of a sharp strategic focus and comparative advantage, with providing scope and support to

See comment 9.

their country representatives to adapt to local realities. The UNAIDS' Committee of Cosponsoring Organizations provides the forum for the agency heads to harmonize their approaches.

Third, UNAIDS' Country Programme Advisers are directly accountable to the UN Theme Group Chairs for the execution of their agreed responsibilities. These responsibilities include regular reporting on the status of the Theme Group activities and results to the UNAIDS' Secretariat in Geneva.

c. Country Programme Advisers

The Report's analysis on the effectiveness of UNAIDS' Country Programme Advisers (CPAs) needs to be placed in context. Many CPAs have delivered excellent results in assisting the UN system to improve its effectiveness on HIV/AIDS, including the mobilization of other international partners to better support the national response. It is true that the very unique and demanding functions of CPAs and the constantly shifting ground on which they tread has posed an extremely difficult challenge for some. Where CPAs have been supported in their responsibilities by a committed Theme Group Chair and UN Resident Coordinator with consistent and timely back-up from the Secretariat, they have generally been highly successful in their work. It is also true that the overwhelming majority of Theme Groups have appreciated the support from well-prepared CPAs, citing it as the most critical determinant for effective Theme Group work. Recognizing the difficulties posed in identifying, recruiting, training and supporting CPAs, the Cosponsors and the Secretariat are working together to address these issues through the newly constituted Interagency Task Team on Theme Group operations. In addition, the Secretariat's Theme Group Support Unit has drawn from a recent regional meeting on the subject a new CPA profile and a plan of action to recruit and support the effective work of CPAs, including a major increased emphasis on performance monitoring of the UN system response in country and technical support to the implementation of the Country Response Information System.

See comment 10.

E. Strengthening of UNAIDS' monitoring and evaluation efforts, particularly at the country level

There is broad agreement within the UNAIDS' Cosponsors and Secretariat that results-based monitoring systems need to be strengthened throughout the UN system response to the epidemic. Notwithstanding a number of the obstacles elaborated within the Report, there has been very substantial progress made in the implementation of the UNAIDS' Monitoring and Evaluation Plan which was approved by the PCB in December 1998. It is fully acknowledged that much more efforts will be required for full implementation.

1. Current monitoring and evaluation efforts

The UNAIDS' Monitoring and Evaluation Plan, which includes the monitoring and evaluation framework, was developed with the assistance of the UNAIDS' Monitoring and Evaluation Reference Group (MERG). The MERG is made up of national, bilateral agency and independent evaluation experts, and assists in the harmonization of the monitoring and evaluation approaches among collaborating organizations and in the development of effective monitoring and evaluation methods.

See comment 11.

As the Plan was approved shortly before the submission to the PCB of the current biennium's Unified Budget and Workplan (UBW) 2000-2001, the evaluation framework is not fully reflected within the current UBW. The evaluation framework was fully reflected in the detailed workplans of the Secretariat developed subsequently. The UBW 2000-2001 does include quantifiable performance targets at the "output" level, which have been refined during the first year of the biennium. It is acknowledged that the indicators at the "intermediate outcome" level are weak.

Substantial improvement in UNAIDS' performance monitoring have been achieved in the current biennium. Programmatic and financial monitoring of the Secretariat's detailed workplans is fully integrated within the UNAIDS' Intranet. The UNAIDS' Performance Monitoring Report for the first year of the current biennium is a working "document", currently accessible to UNAIDS' Cosponsors and Secretariat managers through the Internet. It includes a compilation of: annual performance updates in more than 50 distinct thematic, functional and regional areas of work within the Programme; twice yearly reports by Secretariat managers against their UBW output indicators; and annual reports against UBW output indicators by Cosponsor managers. Semester renewal of the financial authorities of UNAIDS' Secretariat

managers and annual disbursements of UBW resources to UNAIDS' Cosponsors are linked to up-to-date performance reporting.

See comment 12.

In addition to ongoing performance monitoring, specific organizational, thematic and functional evaluations are conducted as part of the Monitoring and Evaluation Plan. Since the last GAO Report, this has included evaluations of technical resource networking and UNAIDS' Secretariat Intercountry Teams; the UNAIDS' Best Practice Collection; the Financing Study; Analysis of the SPDF funding mechanism, and assessment of financial disbursement mechanisms to Cosponsor country offices. Cosponsor-managed evaluations have included assessments by UNICEF on their efforts to address HIV/AIDS among youth and evaluations within UNDP and UNFPA on their organizational approach to the epidemic. Early this year, the resource tracking capacities of the Programme were substantially strengthened. Evaluations of HIV/AIDS-related country programmes of Cosponsors have also been undertaken, including World Bank credits to countries. In addition, the PCB has recently commissioned an overall evaluation of the first five years of UNAIDS' operations. Finally, the Programme has benefited from this second GAO evaluation of UNAIDS its five years of operations.

2. Performance monitoring within the UN System Strategic Plan for HIV/AIDS – 2001-2005

In part through the incorporation of helpful suggestions provided by the GAO team during this review, the UNAIDS' monitoring and evaluation framework is fully internalized within the recently completed UN System Strategic Plan for HIV/AIDS (UNSSP) for 2001-2005 and the UNAIDS' Unified Budget and Workplan (UBW) for 2002-2003. Evaluation resources have been substantially strengthened within the UBW 2002-2003.

The UN system organizations have made a major commitment to increasing effectiveness, transparency and accountability within the UNSSP. The performance monitoring plan for the UNSSP includes a mid-term performance report that will be submitted by the Cosponsor Evaluation Working Group for review by the UN Interagency Advisory Group on HIV/AIDS (IAAG) and the PCB in 2004. The UNSSP monitoring plan will enhance system-wide accountability by linking individual agency outputs – including those of the Cosponsors elaborated in the UBW – to the achievement of measurable UN system strategic objectives which are in turn linked to the HIV/AIDS-related global targets and goals established by the United Nations General Assembly. The summaries of the individual plans of the UN system organizations maintained within the UNAIDS' eWorkspace will enable regular updating and monitoring of governing body actions; financial and human resource estimates; and agency priorities, actions and results. Periodic partner programme reviews, conducted with participating organizations and the UNAIDS' Secretariat, provide additional opportunities for more in-depth assessment of individual agency efforts.

3. Strengthening country-level performance monitoring

To date, the mainstay of UNAIDS' performance monitoring at the country level has been the UNAIDS' Annual Theme Group Assessment. The Report draws the valid conclusion that the survey focus has been primarily on the internal operations and management of the Theme Groups and the status of the development of IWPs and NSPs – but not on their implementation. Now that the development of IWPs and NSPs are well under way, in-country performance monitoring will be given high priority in the new biennium. This is addressed in the UNSSP 2001-2005 and the UBW 2002-2003 through:

- improvements in the UNAIDS' Annual Theme Group Assessment to include the tracking of outputs and results from the implementation of the IWPs, in addition to their status of development. Compiled IWPs and NSPs will also be made available to UNAIDS' partners and collaborators via the UNAIDS' eWorkspace;

- the more in-depth assessment of UN system performance at the country level in implementing IWPs will be through joint country case studies in selected countries by the Cosponsor Evaluation Working Group; strengthened in-country monitoring and evaluation capacities through the inputs of: the Country Evaluation Support Group to be based within the World Bank; global and regional evaluation resource networks supported by the UNAIDS' Secretariat; and evaluation support projects within individual thematic areas, such as the United Nations Foundation-financed evaluation support efforts on youth programmes in Southern Africa;

- reorientation of the position descriptions of CPAs as described above including a major increased emphasis on performance monitoring of the UN system response and technical support to the implementation of the Country Response Information System.

See comment 13.

F. Methodology and presentation

In addition to the points raised within the general comments on distinguishing between individual Cosponsors and providing more balance in the reporting of positive and negative findings, we would offer three additional observations.

First, throughout the Report presentation, the negative findings from the 1998 GAO Survey are repeated, followed only by persistent or new negative findings in the current review. This risks giving the impression to the quick reader that none of the 1998 findings have been successfully addressed. In addition, little attention is given to denominators and systematic trend analysis. Results are described against a theoretical maximum rather than as a significant increase against a real baseline established either at the start of the Programme or in 1998. Taken together, these create a generally negative tone within the Report.

Second, in what is an exponentially improving response to the epidemic, many of the findings will be out of date before they reach the reader. It should be noted that documentation from last year is largely constructed with data compiled the year before.

Third, the toughest critiques within the Report are those based on selective quoting of more negative findings from UNAIDS' commissioned evaluations and studies without putting them into context. There is some irony in drawing largely negative conclusions from the Programme's own evaluations while simultaneously suggesting that the Programme has insufficient monitoring and evaluation information on which to guide its efforts. This risks the further creation of disincentive for open self critique, which has been a hallmark of the Programme up until now. For example:

The Report states that *"The UN Population Fund also evaluated its HIV/AIDS programs in 1999 and concluded that many of the agency's efforts to integrate HIV/AIDS were superficial."* To put the finding in context, it should perhaps be noted that the evaluation also stated in its Executive Summary that: *"UNFPA provided effective leadership in some countries, encouraging interagency collaboration and influencing government policy and strategies on HIV/AIDS. In addition, to interventions aimed at women of reproductive age, UNFPA developed innovative programmes and funded a diverse array of HIV/AIDS-related activities, reaching men, youth, soldiers, truck drivers, sex workers and people living with HIV/AIDS (PLWHA). The interventions involved service and information providers at maternal and child health/family planning (MCH/FP) centers ..."*

The Report twice draws negative conclusions from single survey questions drawn from the annex of what was otherwise an overall positive Financing Study – in one case in spite of it being at odds with its own survey of USAID missions. The first instance was described in the general comments. The second includes the assertion that "... many of the UNAIDS' donors do not believe that the Secretariat has been as successful as originally expected in coordinating UN actions on HIV/AIDS" based on 6 of 12 respondents (out of 30 donors) scoring the survey question as "not as successful as expected".

G. Status of the International Partnership Against AIDS in Africa (IPAA)

The first paragraph in the Appendix correctly identifies IPAA's role in improved coordination at the country level as one of the IPAA's priorities. However, the IPAA aims to work at three levels, including the regional and global levels. Much of 1999 was devoted to mobilization at the global level, convincing partners of the necessity of creating such a movement. This work, culminating in the December 1999 meeting held by the UN Secretary-General in New York, was critical for the creation of the Partnership, and also had a significant impact in encouraging global actors to intensify their efforts. Certainly, the magnitude of the impact is difficult to measure. Anecdotally, the lead pharmaceutical company representative involved in the dramatic price reductions last year cited in the Wall Street Journal that it was the Secretary-General's request at that meeting that focused their efforts.

During 2000, the IPAA concentrated on building the Partnership within Africa. In March 2000 in Ouagadougou, Ministers of Health from across Africa adopted the IPAA Framework. In July 2000 in Lomé, OAU Heads of State adopted *explicitly* the IPAA Framework, signaling a sea-shift in the attitudes of African leaders towards the epidemic. In December 2000, an entire African Development Forum was devoted to HIV/AIDS, where the Secretary-General officially launched the IPAA. At an associated stakeholders

**Appendix VI: Comments From the Joint
United Nations Programme on HIV/AIDS**

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meeting, a proposal was adopted clarifying that the IPAA Framework was relevant for every country in Africa. These efforts culminated in the recent OAU Heads of State Summit in April 2001 on HIV/AIDS, where African leaders committed themselves – via the Abuja Declaration – to increase the allocation of resources to health care and AIDS.

The GAO Appendix appropriately questions what exactly the IPAA can take credit for. It notes that in Malawi, many of the IPAA milestones were achieved prior to the establishment of the IPAA, and questions whether increases in World Bank or other donor contributions can be attributed at all to IPAA efforts (the World Bank very directly states it to be the case). Clearly, the IPAA cannot claim to have spurred the development of a national plan in Malawi, but it did use the Malawi experience to help build momentum for similar processes elsewhere. The IPAA is effective as an advocate only if it can convince actors to join a movement, and a movement is built on prior experience. There is little doubt that the focus and enthusiasm generated by the IPAA contributed substantially to the increased global urgency in addressing HIV/AIDS. In December 1999, there were only 14 NSPs in Africa; today there are 27.

The partners have worked together in accelerating the production of good quality NSPs (such as in Ghana, Benin, Gabon, and Burkina Faso) and revising the costing and the priorities of completed plans (Ethiopia, Zambia and Mozambique). This has resulted in the formation of wider and more effective partnerships and has encouraged increased internal and external mobilization of financial and human resources.

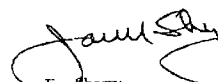
The Partnership approach has mobilized unprecedented political leadership at the global, regional and country levels. The African Heads of State are translating their commitment (through the formal adoption of the IPAA Framework) by creating high-level national AIDS councils. In December 1999, there were six such councils (or equivalent) across Africa; in March 2001, there were 18. Many are still weak, however, and need strengthening. Various partners, including Cosponsors and donors, have contributed resources to strengthen these councils, specifically in Ghana, Ethiopia, Uganda, Zimbabwe and Tanzania. Admittedly, determining the amount of the acceleration in months or the amount of the increased contribution in dollars *due specifically to the IPAA* would not be feasible.

Highlighted as an issue at the stakeholders meeting in December 2000, the IPAA has recently organized a stakeholders' workshop on improving monitoring and evaluation (April 2001 in Pretoria), and will field test a draft indicator framework in July 2001 to help assess the "added value" of the Partnership approach. In addition, the IPAA provides a framework within which donors can make additional contributions. The World Bank, for example, clearly states that their increased funding is provided as a contribution to the IPAA. DFID has made its contribution with the framework of the IPAA, and worked with UNAIDS to determine the specific geographical areas of investment, improving coordination. CDC's Life Initiative has likewise chosen to work within the IPAA framework of agreed goals, milestones and approaches.

In general, it is a fair criticism that there is confusion at the country level about what the IPAA is. In the case of Tanzania, there was a considerable misunderstanding about the role of the IPAA. As the IPAA does not have its own programmes, but simply encourages increased partnership and government leadership, seeking to energize and build on what is there, it is difficult to see how the IPAA led to the duplication of efforts. Today, the Government has rejuvenated its leadership structures on AIDS and created a new partnership forum to which actors from all five IPAA constituencies belong.

I hope that you will find these comments – as well as the technical points included within Annex 1 – helpful in finalizing your Report. Should you have any question, please do not hesitate to contact me.

Yours sincerely,



Jim Sherry
Director, Programme Development
and Coordination Group

GAO Comments

The following are GAO's comments on UNAIDS' letter dated May 14, 2001.

1. UNAIDS commented that they disagreed with our use of a response from the donor survey to support our finding that their efforts at the country level were weak. The donor survey stated that half of the donors responding (the survey was sent to 16 of UNAIDS' leading bilateral donors, and 12 responded) believed that UNAIDS was not as successful as expected in promoting broad-based political and social commitment at the country level. We did not rely solely on the donor survey; other evidence corroborates the donor's concern about UNAIDS' performance at the country level. First, the donor survey also found that donors believed that UNAIDS had not been as successful as they expected in strengthening governments' HIV/AIDS activities and ensuring that appropriate and effective policies and strategies are implemented to address HIV/AIDS. Second, the Secretariat's latest annual surveys of theme groups showed that, between 1997 and 1999, theme groups had made little progress in key areas, such as joint advocacy action plans and developing a U. N. system integrated plan on HIV/AIDS. Our December 2000 survey of USAID missions showed that, after 5 years of experience, theme groups' performance in strengthening the overall national government response to HIV/AIDS varied widely. Third, senior UNAIDS officials and members of the UNAIDS governing board stated in December 2000 that UNAIDS needed to improve its country-level response. The governing board said that the performance of UNAIDS' theme groups required urgent attention, and UNAIDS' Executive Director said that strengthening UNAIDS' country-level efforts is one of UNAIDS' top internal challenges. This collective evidence demonstrates that UNAIDS must strengthen its efforts at the country level.

2. While UNAIDS agreed with our finding that country-level efforts need to be strengthened, it also commented that we placed too much emphasis on theme group efforts at the country level without considering broader U.N. systemwide efforts. We recognize that there are broader U.N. efforts, such as the Resident Coordinator System and the Common Country Assessment/United Nations Development Assistance Framework process. However, UNAIDS' documents state that UNAIDS' theme groups are its "main mechanism" for coordinating HIV/AIDS activities at the country level. Our analysis therefore focused on this mechanism.

3. UNAIDS commented that we did not credit the U.N. Development Programme for actions taken as a result of an HIV/AIDS program evaluation, prepared in 2000, which found that the agency had not fully

integrated HIV/AIDS into its strategies, programs, and activities. We revised the report to include updated information on action taken in response to the evaluation.

4. UNAIDS was concerned that we did not reflect the cosponsors' creation of new positions and units focused on HIV/AIDS and cited numerous examples of these changes. While we may not have cited every example of actions taken by the cosponsors, we did recognize that some cosponsors had elevated the position of the HIV/AIDS issue organizationally and provided an example. We revised the report to include an additional example of steps taken by the U.N. Children's Fund.

5. UNAIDS commented that, while they agreed that country-level coordination and implementation needs strengthening, we had downplayed how much progress the United Nations has achieved in coordinating action at the country level. UNAIDS stated that we did not sufficiently credit them for the Global Strategy Framework, regional strategy development processes, partner programme reviews, improved cosponsor responses to HIV/AIDS, and a greater understanding of the epidemic at the country level. UNAIDS comments also provided additional examples of activities they believed contributed to an enhanced country-level response. We disagree that we downplayed UNAIDS' efforts. For example, our report credits UNAIDS for facilitating the development of U.N. System Strategic Plan and conducting the detailed reviews of the cosponsors' HIV/AIDS programs (Partner Programme Reviews), as well as for the cosponsors' improved commitment and response to HIV/AIDS. The report does not discuss the Global Strategy Framework on HIV/AIDS because it has only recently been finalized and thus it is too soon to gauge whether this document will increase international commitment, action, or results. Also, in the absence of an effective monitoring and evaluation plan that has clear performance indicators, it is difficult to isolate UNAIDS contributions from those of the many entities working at the country level to combat HIV/AIDS, including national governments, bilateral donors, nongovernmental organizations, and foundations.

6. UNAIDS stated that we characterized theme group responsibilities too broadly and that it was never envisioned that U.N. theme groups would serve as an operational entity or as the primary mechanism for assisting developing countries. Our report clearly explains the role of the theme groups in the background section and elsewhere as, among other things, a facilitator for coordinating the U.N. response at the country level. This characterization came from UNAIDS documents that state: "In developing countries, UNAIDS operates mainly through the country-based staff of its

seven cosponsors. Meeting as the host country's U.N. Theme Group on HIV/AIDS, representatives of the cosponsoring organizations share information, plans and monitor coordinated action....”

7. UNAIDS commented that theme groups are not responsible for resource mobilization. However, UNAIDS provided us the *Resource Guide for Theme Groups*, which devotes one of its five sections to resource mobilization. This section states that “resource mobilization at the country level is a key role of the Theme Group.” To avoid any confusion, we modified the text.

8. UNAIDS noted that our report lacked clarity with regard to the role of the Country Programme Advisor and the operation of the Programme Acceleration Funds. To avoid any confusion about the Country Programme Advisor's role, we modified the text. The information we presented in the report on the operation of the Programme Acceleration Funds was taken directly from UNAIDS documents—primarily the 1999 evaluation of the funding process.

9. UNAIDS provided information on the additional number of integrated U.N. workplans that have been prepared, to demonstrate the progress theme groups have made in developing a more unified U.N. response to HIV/AIDS. However, we were not able to corroborate this information. In addition, while the information UNAIDS presented shows the number of workplans completed, it does not indicate the quality and content of the plans and the extent to which they have been implemented.

10. UNAIDS provided more current information on action taken to strengthen the performance of theme groups and Country Programme Advisors—the Secretariat's country-based staff. We revised the report to highlight some of these actions.

11. UNAIDS stated that the Unified Budget and Workplan 2000-2001 includes quantifiable performance targets. However, UNAIDS did not provide specific examples of such targets with its comments. In examining UNAIDS' Unified Budget and Workplan in detail during our review, we noted that it contained outcome indicators. However, the workplan did not identify specific performance baselines, targets, or other measures that would enable UNAIDS to determine whether it had succeeded in its efforts and measure progress toward its objectives.

12. UNAIDS commented that its overall monitoring and evaluation plan included several one-time evaluations of specific efforts, such as UNAIDS'

development of best practices. We revised the report to clarify that UNAIDS considers these one-time evaluations part of its overall monitoring and evaluation plan.

13. UNAIDS raised several concerns about the report's methodology and presentation. First, UNAIDS commented that the report focused too much on the findings contained in our 1998 report and did not adequately credit UNAIDS for the progress it has made. We disagree. We believe we have given credit to UNAIDS for progress in a number of areas, several of which were of specific concern in our 1998 report. For example, the report highlights increased U.N. and international commitment and funding to HIV/AIDS efforts, as well as a broadened approach to addressing HIV/AIDS from one that was exclusively health oriented to one that is now multisectoral. Further, the report notes the progress made on technical support and best practices, tracking the epidemic, and increasing U.N. coordination. However, our report also focused on those areas most needing improvement—namely, UNAIDS' country-level efforts and monitoring and evaluation of UNAIDS' progress and results. These are areas that the Department of State, USAID, and UNAIDS agree need improvement. Where appropriate, we have modified our report and included some additional information.

Second, UNAIDS commented that the report will be out of date by the time it is issued. We disagree. The changing political climate surrounding HIV/AIDS issues does not negate the report's conclusions and recommendations. For example, UNAIDS' comments stated that not only did they agree that HIV/AIDS-related efforts at the country level need strengthening but that these efforts will certainly remain the central theme for "at least the next decade." Furthermore, the current debate to establish a \$7 billion to \$10 billion global trust fund to address the HIV/AIDS crisis in developing countries makes the issues cited in our report even more timely and critical. The challenges UNAIDS faced in mobilizing international support for HIV/AIDS efforts, marshalling donors' financial commitments, and establishing a system to evaluate program results are important lessons learned that should inform the current debate on a new global AIDS trust fund. UNAIDS' comments also noted that documentation used to support the report was largely constructed with data compiled from the previous year. We used the most current data supplied by UNAIDS and other information to conduct our analysis, including several of UNAIDS' and its governing board's commissioned evaluations. In addition, we conducted our own survey of USAID missions to obtain perspective on UNAIDS' country-level efforts in December 2000.

Third, UNAIDS noted that the report contained selective quotations from several of UNAIDS' evaluations and surveys of specific functions, at the same time pointing out that UNAIDS' monitoring and evaluation efforts are insufficient. We believe our use of available data and information contained in UNAIDS' evaluations was appropriate for depicting the steps taken in and weaknesses of UNAIDS' efforts. However, while this information was useful, it does not provide the results of UNAIDS' overall efforts or progress made toward its objectives. With bilateral and other donors responding to UNAIDS' call for increased resources to combat HIV/AIDS, a quality monitoring and evaluation effort, which includes a clearly defined mission, long-term strategic and short-term goals, measurement of performance against defined goals, and public reporting of results, is even more important.

Appendix VII: GAO Contact and Staff Acknowledgments

GAO Contact

John Hutton (202) 512-7773

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