

Joint UN Teams on AIDS and Joint UN Programmes of Support

Progress Report 2006

May 2007

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Contents

Executive summary	5
Background	7
1. Establishment of Joint UN Teams on AIDS	8
1.1 Composition of Joint UN Teams on AIDS	9
1.2 Roles and responsibilities.....	10
1.3 Accountability for Joint UN Teams on AIDS	11
1.4 Challenges in establishing Joint UN Teams on AIDS	13
2. Establishment of Joint UN Programmes of Support	14
2.1 Components of the Joint UN Programme of Support.....	14
2.2 Process used to develop Joint UN Programmes of Support	16
2.3 Monitoring and evaluation	17
2.4 Challenges in developing Joint UN Programmes of Support	18
3. Key recommendations.....	19
References.....	23

Executive summary

Progress towards establishing Joint United Nations (UN) Teams on AIDS and Joint UN Programmes of Support has been considerable: two thirds of UN Country Teams surveyed in January 2007 had already set up joint teams, and more than half also had a joint programme. For most countries, the advent of these teams and programmes has been a natural evolution of their existing systems.

The Joint UN Team on AIDS has often been viewed as a clear mechanism for accounting to the host government. The inclusion of a Technical Support Plan and local adaptation of the UNAIDS Technical Support Division of Labour in the Joint UN Programme of Support provide a clear entry point for partners to access this kind of assistance. This has positioned the UN as a stronger provider of technical assistance.

Summary of achievements

- A Joint UN Team on AIDS is in place in 65 countries (66% of those surveyed) and an additional 21% reported that plans are under way to establish a team.
- In 65% of countries with a Joint UN Team on AIDS in place, annual deliverables have been identified for the joint team.
- 40 countries have prepared a Joint UN Programme of Support, according to the guidelines, although some of these are still in draft form.
- 78% of countries with a Joint UN Team on AIDS in place report that staff members have been designated to cover specific technical support areas as per the UNAIDS Technical Support Division of Labour.
- 75% of countries with a Joint UN Team on AIDS in place report having a monitoring and evaluation plan that mirrors that of the United Nations Development Assistance Framework.

A December 2005 letter from the UN Secretary-General to Resident Coordinators and a May 2006 guidance paper issued by the United Nations Development Group have been the catalysts for this progress. Major efforts have been made by UNAIDS Country Coordinators (UCCs) to inform and mobilize the UN Country Teams, to establish Joint UN Teams on AIDS, and facilitate strategic planning processes for the joint programmes. Support from regional and headquarters staff of the UNAIDS Secretariat has helped to provide clarity, confidence and tools for moving forward. Above all, it is the support and commitment of Resident Coordinators that has been decisive in establishing joint teams.

A number of challenges have also emerged. Many of these issues were pre-existing and linked to wider challenges within the UN system. For this reason, it will be crucial to monitor the results of the Secretary-General's high-level panel on UN system-wide coherence in the areas of development, humanitarian assistance, and the environment, as well as developments in countries where "One UN" is being piloted.

Summary of challenges

- Finding a balance between an individual's commitment to his or her own agency and to the Joint UN Team on AIDS, which may have conflicting responsibilities or priorities.
- Mechanisms such as the country programme action plan reinforce the need to overcome the existing culture of *project* planning.
- Hesitation in establishing mechanisms for holding individual members of the Joint UN Team on AIDS accountable through performance assessment. There are currently no mechanisms in place to hold Heads of Agency or Resident Coordinators accountable in designating individual staff to the joint team and monitoring their performance.
- Accepting the relevance of the UN Theme Group on HIV/AIDS. Increasing numbers of UN Country Teams have chosen to integrate the theme group discussions into regular UN Country Team meetings.
- Maintaining a partnership with key stakeholders while emphasizing a need for a UN coordination body.
- Lack of staff, especially support staff, to facilitate the day-to-day work of the joint team.
- Lack of clarity in funding arrangements. This includes 'pooled' funding for implementation of Joint UN Programmes of Support as well as managing the finances of the joint team.
- A lack of clear directives from Cosponsors and lack of clear guidelines on joint programming.

The biggest determinant for the successful establishment and functioning of a Joint UN Team on AIDS are its composition and the commitment of its members. All UCCs interviewed agreed that having motivated members—as well as committed Resident Coordinators and Heads of Agency—makes an enormous difference. The prevailing attitudes and working methods among individuals and agencies are crucial to the effectiveness of the joint team and its joint programme. Where there is a history of healthy collaboration among UN agencies, the team will be more successful. Clearly the opposite is the case if the atmosphere is characterized by suspicion or competitiveness. These are factors that are very difficult to influence through global directives and guidance from senior management. It is hoped, however, that some of the recommendations below will help foster motivation and commitment among all UN staff concerned.

Summary of recommendations

- Define accountability mechanisms with appropriate incentives and sanctions for members of the Joint UN Teams on AIDS and ensure that Heads of Agency follow through with identified mechanisms.
- Involve regional and global headquarters staff of individual agencies in the issuing of clear directives to Heads of Agency at country level to participate in the establishment and monitoring of the Joint UN Teams on AIDS and their Joint UN Programmes of Support.
- Provide more guidance on funding arrangements and encourage mechanisms that allow resources to be used for interagency programming by the Joint UN Teams on AIDS for substantive work (e.g. enhanced programme acceleration funds).
- Develop tools and provide support for basic strategic planning processes and build the capacity of all UN staff to understand AIDS and mainstream AIDS into their programmes.
- Share progress on Joint UN Teams on AIDS and Joint UN Programmes of Support with UCCs, who are eager to learn what is happening in other countries and whether there are lessons they can apply.

Background

In 1996, UNAIDS was established for the specific purpose of improving collaboration among United Nations (UN) agencies on AIDS. Since that time, numerous reports have pointed out that although joint programming mechanisms such as the UN Theme Group on HIV/AIDS exist, interagency collaboration at the country level is not living up to expectations. Apart from efforts to improve collaboration on AIDS within the UN, the past few years have also seen an increased commitment by all international organizations and donors to harmonize assistance “in ways that rationalize the often excessive fragmentation of donor activities at the country and sector levels” (OECD, 2005). Joint UN Teams on AIDS are intended to respond to these challenges by catalysing renewed commitment and effective strategic UN action in support of national responses to the epidemic.

In June 2005, a series of recommendations was issued by the Global Task Team on improving AIDS coordination among multilateral institutions and international donors. These recommendations were endorsed by the UN General Assembly during the September 2005 World Summit, and in December of that year the UN Secretary-General instructed Resident Coordinators to proceed with the establishment of Joint UN Teams on AIDS with a Joint UN Programme of Support. To assist UN Country Teams in fulfilling this directive, the United Nations Development Group (UNDG) collaborated with the UNAIDS Secretariat and Cosponsors to establish guiding principles covering the structure and operating procedures of the joint teams. In May 2006, UNDG issued a guidance paper, *Proposed Working Mechanisms for Joint UN Teams on AIDS at Country Level* (UNDG, 2006).

Taken together, the Secretary-General’s December 2005 letter to Resident Coordinators and the May 2006 UNDG guidance paper have proven to be a catalyst for action. This global guidance has helped to reduce the pressure on individuals to be the instigators of new ways of working; instead, they become the facilitators for the implementation of agreed global initiatives based on proven best practices.

Developments in 2006

Since early 2006, UN Country Teams have been establishing Joint UN Teams on AIDS and developing Joint UN Programmes of Support. The UNAIDS Secretariat has supported these efforts through regional management meetings, country visits, the facilitation of retreats and additional technical assistance. Many UNAIDS Country Coordinators (UCCs) interviewed felt that visits by staff members from the UNAIDS Secretariat’s Regional Support Teams or headquarters had been extremely useful and that this support should be continued wherever possible.

The UN Action Unit of the UNAIDS Secretariat has also regularly collected and analysed information from country level using the *Joint UN Team on AIDS Monitoring & Evaluation Tool*. Finally, in November and December 2006, in-depth interviews were held with 20 UCCs or AIDS focal points, who discussed the processes, successes and challenges they have encountered in setting up such programmes.

1. Establishment of Joint UN Teams on AIDS

Progress towards establishing Joint UN Teams on AIDS has been considerable. UNAIDS country offices, with the support of Resident Coordinators and UN Theme Groups on HIV/AIDS, have acted quickly to establish these joint teams based on the Secretary-General's directive and the UNDG guidance paper. According to UCCs, the increased attention to HIV at the global level, and the letter from the Secretary-General have helped to increase commitment and active involvement from Resident Coordinators. Joint UN Teams on AIDS constitute a clear deliverable for Resident Coordinators to work towards and report on.

The joint teams on AIDS have generally conformed to the key elements proposed in the UNDG guidance paper (Box 1), but with necessary adaptations based on the local context. Although in many cases the establishment of a Joint UN Team on AIDS has been a subtle evolution of existing structures and, in others, there has been resistance to any change at all, most are examples of real progress on joint programming. The Joint UN Team on AIDS has also been viewed as a clear mechanism for accounting to the host government.

Box 1 **Key elements of the Joint UN Team on AIDS**

- Made up exclusively of UN staff.
- Made up of staff working full- or part-time on AIDS.
- Reports to and receives strategic policy and advocacy guidance from the UN Theme Group on HIV/AIDS.
- Facilitated by the UCC.
- Develops a Joint UN Programme of Support, based on UNDAF and/or the national AIDS strategic plan (where applicable).
- Constitutes an entry point for national stakeholders to access technical assistance from the UN, based on the UNAIDS Technical Support Division of Labour.
- Supports the national AIDS coordinating authority in its efforts to implement an accelerated national response.

UCCs state that a vital positive change has been the additional power joint teams provide to programme officers working on AIDS. Fewer steps and signatories are required when getting authorization to proceed with a project or funding arrangement. Some UCCs have suggested that additional efficiencies would be created if the joint team had greater control over financial issues.

At present, information from 98 countries from a total of 132 countries has been collected in the *Joint UN Team on AIDS Monitoring & Evaluation Tool* database. A total of 66% of the UN Country Teams surveyed in January 2007 reported the existence of a Joint UN Team on AIDS. However, 48% of those teams have not yet developed a joint programme. Most joint teams are meeting at least once a month, but meeting frequency ranges from every two weeks to every five months. In some countries, a core management group convenes more often than the full team (see additional data in Box 2).

Box 2

Data on the development of Joint UN Teams on AIDS

- A Joint UN Team on AIDS is in place in 65 countries (66% of those surveyed) and an additional 21 reported that plans are under way to establish a team.
- 90% of the 65 Joint UN Teams on AIDS were established within six months of the Secretary-General's letter being issued.
- 82% of countries with a Joint UN Team on AIDS in place report that staff members have been formally appointed to the team by their Head of Agency.
- 78% of countries with a Joint UN Team on AIDS in place report that staff members have been designated to cover specific technical support areas as per the UNAIDS Technical Support Division of Labour.
- 63% of Joint UN Teams on AIDS meet at least once a month. Six teams report meeting every two weeks.

1.1 Composition of Joint UN Teams on AIDS

The UNDG guidance paper specifies that “At minimum, the Joint UN Teams on AIDS in each country should be made up of *all UN staff* [emphasis added] working full- or part-time on AIDS throughout the UN system, including UNAIDS Cosponsor and other non-Cosponsor agencies”. This guidance has been adapted differently from country to country. In some cases, agencies have chosen to appoint only one or two AIDS focal points or technical staff. This is especially true in large or high-prevalence countries, where a team made up staff members who are all working on AIDS-related issues would be unmanageable.

The two most common arrangements are:

- the joint team is composed of technical staff. Heads of cosponsoring agencies still make up the UN Theme Group on HIV/AIDS. The UN Country Team has a separate meeting involving the theme group and heads of other UN agencies;
- the joint team includes technical staff plus Heads of Agency. The UN Theme Group on HIV/AIDS has been disbanded in favour of addressing strategic issues related to the epidemic at the UN Country Team level.

In many countries the joint team is subdivided into smaller units or working groups. For example, there might be several subteams concentrating on thematic issues or key outcomes of the joint programme. The conveners of these working groups and the UCC then make up a core management team. This management team and the working groups (sometimes referred to as ‘task forces’) might meet every week or every two weeks, with the entire Joint UN Team on AIDS meeting only monthly or quarterly. Some countries are piloting arrangements where the joint team works together in the UNAIDS country office one day a week.

Box 3 provides an example of the composition of a Joint UN Team on AIDS.

Box 3

Composition of the Joint UN Team on AIDS in Nigeria

In Nigeria, the Joint UN Team on AIDS is composed of 51 UN staff working full- or part-time on AIDS, and facilitated by the UCC with the support of a development adviser.

Under the overall supervision of the Resident Coordinator, the joint team coordinates UN system support of the national response (implementation of the Joint UN Programme of Support), including efforts to set and meet universal access targets at the national and state levels.

The joint team is led by a coordinating committee including participants from the World Health Organization, United Nations Children's Fund, United Nations Population Fund, United Nations Development Fund for Women and United Nations Development Programme, and chaired by the UCC. Three working committees (prevention, treatment, and care and support) and one monitoring and evaluation cross-cutting group support harmonization of country programmes and monitor progress.

1.2 Roles and responsibilities

Resident Coordinator

Prior assessments of UN Theme Groups on HIV/AIDS have found that strong leadership is important to establish and maintain the group's effectiveness. Leaders enforce accountability by clarifying roles and responsibilities and recognizing contributions of group members. They also help to develop a common vision and encourage clear communication. Each Joint UN Team on AIDS requires a Resident Coordinator who will take the lead in its establishment and engage Heads of Agency in officially designating staff members to participate in the joint team. Nearly all UCCs interviewed confirmed that the support of a committed Resident Coordinator is crucial to the effective implementation and functioning of the joint team.

UN Theme Group on HIV/AIDS

The UN Theme Group on HIV/AIDS provides overall policy and programmatic guidance to the Joint UN Team on AIDS, both in terms of the operating procedures of the joint team and the content and implementation arrangements of its joint programme. This includes rapid decision-making and resolution of any impediments to the functioning of the joint team. Although surveys indicate that a theme group still exists in most countries with joint teams, interviews with UCCs suggest that they are increasingly being disbanded in favour of integrating them into the UN Country Team or joint team, since Heads of Agency have limited time to participate in different meetings and groups.

In some cases, even where theme groups are still meeting separately, AIDS-related issues are being taken up by the UN Country Team. This can be considered a positive development since it raises awareness among all agencies. Furthermore, participation by Heads of Agency in UN Country Team meetings chaired by the Resident Coordinator is typically more influential. Therefore, adding AIDS to the UN Country

Team agenda is an opportunity to encourage their involvement. However, completely merging the joint team with the theme group and delegating facilitation of the joint team to a Head of Agency misses the opportunity of having a policy-making body that addresses issues extensively discussed at the technical level. Similarly, completely integrating the UN Theme Group on HIV/AIDS into the UN Country Team also potentially weakens the UN response by diluting the attention given to AIDS at the senior management level.

UNAIDS Country Coordinators

The December 2005 letter from the Secretary-General specified that the Joint UN Teams on AIDS should “be facilitated by the UNAIDS Country Coordinator”. This is the case in 75% of the surveyed countries¹. If the UCC is not the chair or facilitator of the joint team, it is usually because Heads of Agency are members of the joint team and it was therefore deemed inappropriate for the UCC to play this role.

In 12 countries interviewed, the UCC estimates spending an average of 45% of his or her time on facilitating joint programmes and joint teams—not counting the implementation of activities. This ranges from 15% in a country where support staff are available to 70% in a country where the UCC works alone. A need for further resources—human or otherwise—to support the UCC’s role as convener of the joint team was often cited in interviews.

Many UCCs remarked that the establishment of joint teams has supported their position as full members of the UN Country Team, validating their authority to speak on AIDS-related issues in the country and act as a central repository of information for the UN and national partners alike.

1.3 Accountability for Joint UN Teams on AIDS

Past efforts to jointly programme UN action on AIDS (such as the UN Implementation Support Plan) have been troubled by a lack of efficiency and effectiveness due to unclear lines of responsibility, communication and reporting. There has also been lack of incentive for performance. The establishment of the Joint UN Team on AIDS is an opportunity to embed accountability within the team structure. The Secretary-General specified in his December 2005 letter that “all members of the UN Country Team and the Joint UN Team on AIDS should expect to be appraised on their performance as members of these joint teams, in accordance with the broader accountability framework efforts that are being set up to encourage UN Country Teams to work more cohesively”.

Demonstrating accountability is a two-part exercise: first, each individual’s performance must be assessed relative to the joint team’s; second, the entire joint team’s performance must also be assessed relative to its added value in supporting the national response. Furthermore, the performances of the joint team and the theme group should constitute a portion of the Resident Coordinator’s annual report. How to achieve this through appropriate incentives and sanctions needs to be further discussed at country and global levels. India has established a procedure for ensuring accountability at country level (Box 4).

¹ In some countries, there is no UCC, but an AIDS focal point or programme adviser who carries out a similar function. For statistical purposes, we have considered these staff as UCCs in the survey.

Box 4

Accountability mechanisms in India

Individual members of the Joint UN Team on AIDS are evaluated under a common performance evaluation mechanism with regard to the role of the lead agency, as per the UNAIDS Technical Support Division of Labour. Each member's time and technical contribution to the joint team is assessed. It will reflect achievement of the annual key deliverables, to the extent the individual was responsible for specific outcomes. Overall staff performance, however, remains evaluated by each agency.

The performance of the joint team is assessed internally against achievement of identified annual deliverables. This review takes place at quarterly intervals in a participatory manner that seeks to identify impediments to implementation and the added value of the joint team input towards achievement of national goals and priorities. This review helps to measure the performance of the joint team, which constitutes a portion of the Resident Coordinator's annual report.

The annual review of the activities of the UN agencies as per the Joint UN Support Plan and in line with the UNAIDS Technical Support Division of Labour matrix will be undertaken by UNAIDS, as was agreed and recommended by the UN Theme Group on HIV/AIDS.

But despite the directive of the Secretary-General, the proposed accountability mechanisms for individual members of the Joint UN Team on AIDS have only materialized in less than half of the cases. The UCC or Resident Coordinator contributes to the appraisal of team members in only 38% of joint teams, and only 34% of joint teams have a review mechanism in place.

The reasons for this range from the practical to the political. In most cases, recently established joint teams have made plans to assess individual performance, but it is too early to determine whether or not they will fully implement those plans. In some cases, the problem can be linked to a rapid turnover of staff or to contracts that have been drafted prior to the assignment of members to the joint team. This has resulted in terms of reference and performance criteria that are not aligned with the priorities of the joint team. In some cases, agencies hesitate to implement a system where staff members other than one's direct supervisor have authority to assess performance. However, it should be noted that many joint teams have established terms of reference for both the team itself (describing the purpose and working methods) and individual members (describing roles, responsibilities and reporting lines). This is evidence of the intention to hold individuals accountable.

Other levels of accountability that were not addressed by the Secretary-General or the May 2006 UNDG guidance paper are those of Heads of Agency and Resident Coordinators, who may need to provide feedback to their supervisors at regional and global levels. Just as the performance of individual members of the joint team is articulated in performance appraisals, so too should Heads of Agency and Resident Coordinators be held accountable to their supervisors for their level of participation in the UN Theme Group on HIV/AIDS and/or for their failure to designate agency staff to the joint team.

1.4 Challenges in establishing Joint UN Teams on AIDS

There are various challenges to establishing Joint Teams on AIDS. Where joint teams have been established, the question of redundancy and the need for separate groups must be resolved. In many countries, the distinction between the staff assigned to the Joint UN Team on AIDS, the UN Theme Group on HIV/AIDS and the UN Country Team is unclear. Elsewhere, establishment of the joint team has simply meant changing the name of the technical working group without including aspects integral to effective functioning or focusing on new and necessary development strategies.

There has been a general lack of understanding of accountability and therefore some hesitation in establishing mechanisms for holding members of the joint teams accountable through performance assessment. Furthermore, there are no mechanisms in place to ensure that Heads of Agency monitor the performance of members in the joint team. A balance will need to be found between team members' commitments to their respective agencies and their commitment to the joint team due to conflicting responsibilities or priorities.

An increasing number of UN Country Teams have chosen to integrate the UN Theme Group on HIV/AIDS discussions into regular UN Country Team meetings. Putting AIDS as an agenda item for UN Country Team meetings could potentially lead to only the most superficial focus on the epidemic, especially when, given conflicting priorities, there is insufficient time to have detailed discussions on AIDS. However, the very fact that AIDS issues become regular agenda items keeps them in the spotlight for Heads of Agency and this is likely to have a positive, mainstreaming effect.

The UNDG guidance paper provides a clear definition of the roles and responsibilities of the different members of the joint team, especially those in key leadership positions (UCCs, Heads of Agency, etc.). Without support, leaders cannot function well. As joint teams grow and joint programmes develop, more support staff may be required in UNAIDS country offices and the technical capacity of staff needs to be strengthened in priority thematic areas. Facilitators from outside the country office, such as Regional Support Teams, are a resource to be called upon to offer advice, build capacity and encourage closer collaboration.

Some question the need for a joint team, comprised exclusively of UN staff members. In some cases, the creation of a joint team has given local partners the impression that they are suddenly being excluded from UN strategic planning or that the UN is no longer being transparent in its affairs. Similarly, the issue of how to effectively liaise with external UN partners—who were previously part of an extended technical working group or Expanded UN Theme Group on HIV/AIDS—has been raised. Potential solutions to this concern include supporting participation of external partners in national partnership forums. Where there is a partnership forum that is convened by the government, there is no need for the UN to convene partners separately. If no government-led forum exists, the UN could convene external partners as part of the expanded theme group or thematic subgroups of the joint team, while at the same time supporting government effort to lead such meetings in the future.

2. Establishment of Joint UN Programmes of Support

The Joint UN Programme of Support describes the entire UN support of the national response to AIDS, and is aligned with larger national and UN planning frameworks, such as national AIDS plans and the United Nations Development Assistance Framework (UNDAF). The joint programme has resulted in fewer, more streamlined workplans. The inclusion of a Technical Support Plan and local adaptation of the UNAIDS Technical Support Division of Labour (UNAIDS, 2005) provide a clear entry point for partners to access this kind of assistance. This has positioned the UN as a stronger provider of technical assistance.

Box 5 provides information on the status of the development of joint programmes.

Box 5

Status of development of Joint UN Programmes of Support

- 40 countries have prepared a Joint UN Programme of Support, according to the guidelines, although some of these are still in draft form.
- Of 18 countries that reported the date that the joint programme was endorsed, half had been endorsed within the first six months of 2006.
- On average, joint programme documents took at least seven months to be completed and endorsed.
- In 65% of countries with a Joint UN Team on AIDS in place, annual deliverables have been identified for the joint team.
- Seven countries have already conducted a six-month review.
- 75% of countries with a Joint UN Team on AIDS in place report having a monitoring and evaluation plan that mirrors that of UNDAF.

2.1 Components of the Joint UN Programme of Support

The Joint UN Programme of Support consists of a long-term strategic framework and number of short-term plans aimed at putting the joint programme into practice, including an annual workplan and a Technical Support Plan.

The Technical Support Plan appears to be the component that distinguishes the joint programme from the previous UN Implementation Support Plan. The Technical Support Plan is “an explicit acknowledgement of how the Joint UN Team on AIDS will address the country’s technical support needs, as well as the procedures through which government and other country partners will be able to access that support” (UNDG, 2006). Many joint teams have adapted the UNAIDS Technical Support Division of Labour to the local context (i.e. standing in for agencies that are not present) or have assigned areas of technical support to individual staff members of the team; these are important steps towards establishing the Technical Support Plan.

Most joint programmes are in the very early stages of implementation, and it is too soon to tell whether appropriate coordination and financing arrangements are in place. According to UCCs interviewed, there seems to be difficulty in developing the preferred financing arrangement for the joint programme: ‘pooled’ funding.

Zambia provides an example of how details of a joint programme may be formulated (Box 6).

Box 6

The Zambia Joint UN Programme of Support on AIDS, 2007–2010

In Zambia, a full Joint UN Programme of Support was completed and endorsed by the UN Theme Group on HIV/AIDS in early October 2006. The programme document summarizes the Zambia joint programme as “the entirety of the UN’s support to the National Response to AIDS in Zambia, whether individual, joint or collaborative between organizations. To develop the programme, the Joint UN Team on AIDS has strategically prioritized the tasks of *Zambia’s AIDS Strategic Framework 2006-2010*, most aligned with the comparative advantages of the 13 UN organizations present”. It also supports the 2007–2010 UNDAF outcome 1, “the multi-sectoral response to AIDS at national, provincial and district level scaled up by 2010”.

The joint programme consists of the following components.

- Four outcomes with 16 corresponding outputs: *Results Matrix on AIDS 2007–2010*.
- Key results and activities for the first year: *Annual Work Plan 2007*.
- Corresponding technical support outlined: *Technical Support Plan, 2007*.
- Management and funding arrangements for the Joint UN Programme of Support.
- A monitoring and evaluation (M&E) matrix: *M&E Matrix on AIDS 2007–2010*.

Within the annual workplan, each key result is linked to individual and joint organization activities with a specific source and amount of funding. The workplan reflects programme areas where a single organization is responsible for a set of activities as well as joint programme areas supported by the UN.

The joint programme was developed through a series of joint stocktaking and planning exercises that grew out of the UN Country Team’s larger strategic planning exercises such as common country assessment and UNDAF. Specific processes involved in the establishment of the Joint UN Team on AIDS and Joint UN Programme of Support include:

- a mission composed of members of the UN organizations and two international consultants who met with national stakeholders and re-assessed the UN organizations’ strengths and weaknesses;
- identification of priority outcomes and outputs that most reflected the strategic needs of the national response and that could be addressed by the comparative advantages of the various UN organizations;
- mapping of resources within the UN;
- a SWOT analysis within and across UN agencies to determine an appropriate division of labour;
- formation of task forces led by ‘conveners’ among the members of the joint team.

An iterative process involving further consultations with country programme and civil society partners is designed to ensure that the detail contained in the joint programme is clear, harmonized and aligned to the national priorities and that there is little duplication of effort.

In some countries, the joint team has initialized interagency collaborative efforts, but not completed a joint programme exactly as described in the UNDG guidance paper. For example, Brazil has a joint programme under the umbrella theme “Poverty,

Development and AIDS”, focusing on the economic empowerment of people living with HIV. Endorsed by the Chair of the UN Theme Group on HIV/AIDS and the Resident Coordinator in September 2006, the theme was developed in consultation with government and civil society so that the joint programme responds to country priorities. Similarly, in the Philippines there is a *Joint Programme on AIDS and Migration*, which complements the national AIDS plan. In both countries, individual agencies continue to carry out separately planned and funded AIDS work but they are encouraged to develop new programmes under the joint theme. Elsewhere, development of the joint programme has been prompted by an external funding opportunity. For instance, in Myanmar, a joint UN proposal to the ‘3D Fund’ is being prepared¹. The UCC and Chair of the UN Theme Group on HIV/AIDS agreed that presenting an efficient and coordinated proposal is the optimal starting point for ensuring that collaborative UN actions lead to improved results in the field. In each case, these smaller joint programming processes provide the foundation for preparing a joint programme as outlined in the UNDG guidance paper.

In other countries where the joint programme has not yet been defined, the joint team has gone ahead to develop an annual workplan, based on agency areas of expertise, exceptional funding opportunities, special events (such as World AIDS Day) or common UN priorities. These ‘pilot’ programmes can lay the foundation for preparing a complete joint programme at a later stage. It is important to allow such processes to develop, if that is what joint teams decide locally, and not rush them into creating a larger structure for which they are not yet ready. However, these pilot exercises should not be a pretext for continuing individual agency implementation of stand-alone projects.

2.2 Process used to develop Joint UN Programmes of Support

In order to begin development of a Joint UN Programme of Support, most UCCs interviewed said that a joint planning process was launched during a retreat in which the purpose and function of the joint programme were discussed. This was followed by the Joint UN Team on AIDS conducting a mapping of UN resources and projects, and, if necessary, defining a division of labour. UN staff members with experience in strategic planning processes have provided tools for efficient analysis of existing resources and identifying gaps, thus making the establishment of joint programmes easier. These skills and tools have been shared among joint teams. For example, human resources and financial/projects mapping questionnaires developed by joint teams in Mozambique and Zambia have also been used in the Ukraine.

The planning processes described above have helped to ensure that joint programmes complement existing frameworks, especially the government’s own national strategic plan. Experience has shown that the countries at the end of an UNDAF cycle have made significant progress in developing the Joint UN Programme of Support, since many of the strategic planning processes used to develop a new UNDAF can also be used in developing the AIDS-specific joint programme. Of 29 countries where data

¹ A US\$ 100 million, five-year joint programme that aims to compensate for grants suspended by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was established and is funded by the Australian Agency for International Development, the United Kingdom’s Department for International Development, European Commission, Swedish International Development Cooperation Agency, the Netherlands and Norway.

are available¹ on both the joint programme and UNDAF, 58% have both cycles harmonized. This means that the periods covered are exactly the same or the joint programme period ends when the current UNDAF ends. If the time period covered is not always exactly the same, it is because the joint programme covers a shorter period.

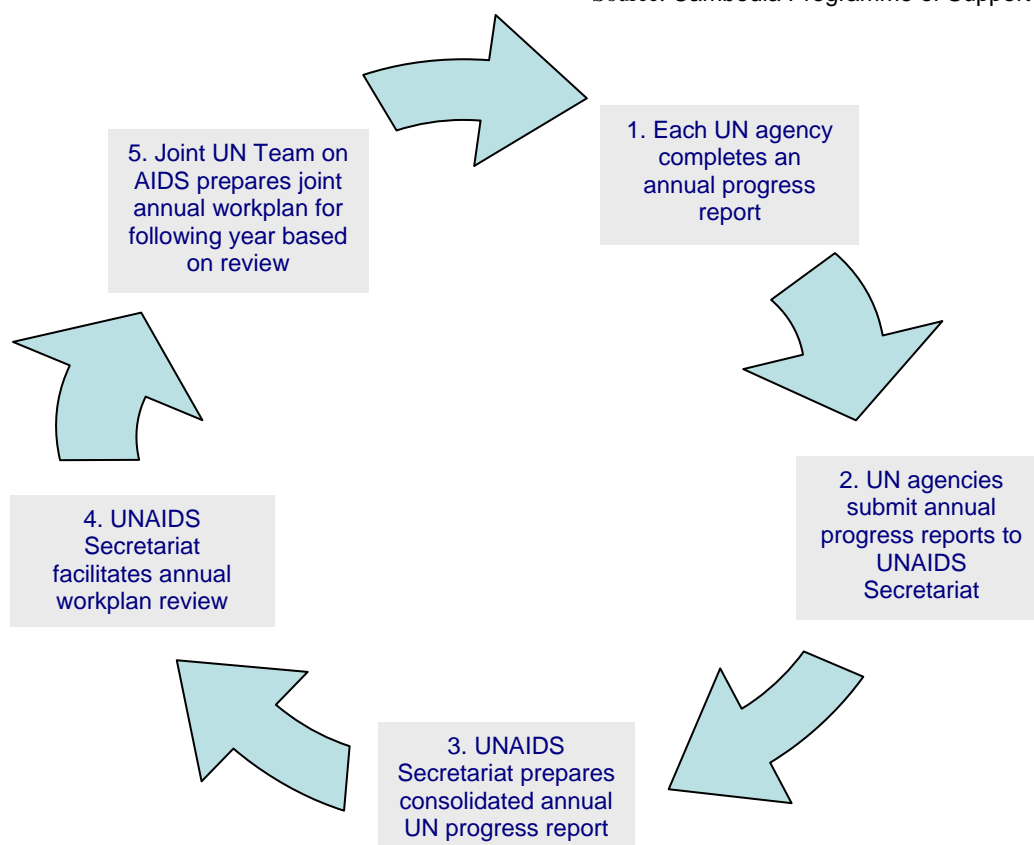
2.3 Monitoring and evaluation

Joint UN Teams on AIDS will soon report on the progress of the joint teams and joint programmes. Some of the existing joint programme documents include plans for monitoring and evaluation. In some cases, the terms of reference for the joint team and its individual members include plans to review performance, but these plans have not yet been carried out. Similarly, reviews of the joint teams or the annual workplan have not been fully conducted as most teams have only been established since June 2006. Figure 1 provides an overview of the review and planning process of the Cambodia Joint UN Programme of Support.

Figure 1

Cambodia: overview of Joint UN Programme of Support annual review and planning process^a

Source: Cambodia Programme of Support 2006



¹ UCC self-reporting of the joint programme cycle and the UN country coordination profile web site reporting of UNDAF cycles.

Box 7

Monitoring and evaluation of the Cambodia Joint UN Programme of Support

In Cambodia, the Joint UN Team on AIDS developed a comprehensive Joint UN Programme of Support on HIV/AIDS (2006–2010), which outlines six common strategies that the UN system will jointly work on to support the national response. Each of these strategies describes jointly agreed outputs/outcomes that contribute to the fulfilment of one or more strategies in the national strategic plan.

The monitoring and evaluation framework of the joint programme in Cambodia identifies indicative activities and outputs to be reported by lead agencies as well as outcomes to be reported by UNAIDS. Lead agencies are responsible for preparing annual progress reports in specified areas while UNAIDS facilitates the review and prepares a consolidated report. The annual review process ensures the accountability of each agency implementing the joint programme of all activities undertaken by the UN.

The joint team will also assess its planning and programming processes and make recommendations to prepare the annual workplan for the following year.

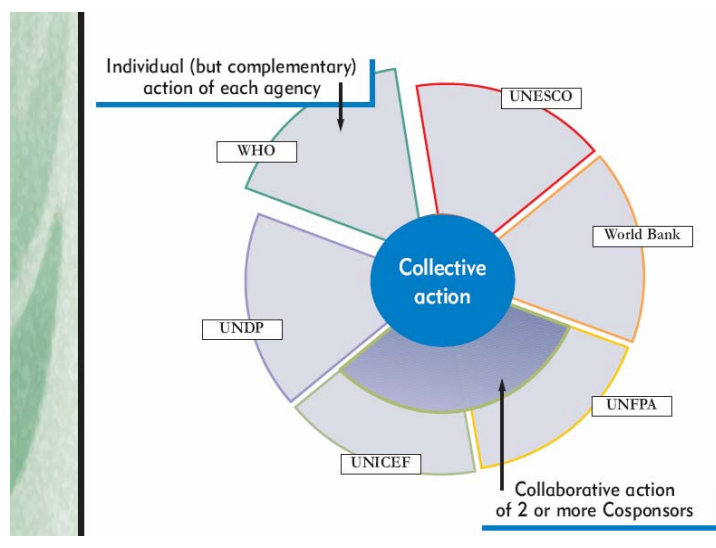
2.4 Challenges in developing Joint UN Programmes of Support Working as “One UN”

The Joint UN Programme of Support is considered an evolution of the UN Implementation Support Plan with the addition of a Technical Support Plan. Therefore, the same challenges that were present in developing the UN Implementation Support Plan remain. One question in particular is how to make the joint programme a comprehensive part of the UN’s strategic support of the national AIDS response, rather than merely a list of each individual agency’s AIDS workplans.

Furthermore, it is not clear whether the joint programme should only describe the AIDS activities that are really implemented *jointly*, or whether it is an all-inclusive description of the UN’s activities countrywide (even those conducted by one agency only). Figure 2, from the Zambia joint programme document, illustrates the difference between individual and collective action. Activities of individual agencies complement those of other agencies and contribute to collective results in support of the national response. The entire spectrum of activities constitutes the joint programme.

Figure 2
Zambia: a Joint UN Programme of Support made up of individual and collaborative actions

Source: Zambia Programme of Support 2006



Projects versus programmes

The lack of clear guidelines on joint programming has additionally hampered efforts. Clearer corporate directives are also needed from cosponsoring agencies on the need for complete engagement in joint teams and joint programmes, and the UNDAF results framework needs to be improved. There remains within the UN a culture of *project* planning and not *programme* planning. Individual agencies often receive funding for projects outside their area of expertise or outside of the common UN strategic plan for AIDS. There is still a challenge in overcoming the desire of each agency to remain autonomous and maintain visibility with respect to projects and individual performance. This continues to be the case even where joint teams and joint programmes have been developed.

Pooled funding arrangements

Another continuing difficulty appears to be in establishing and managing pooled funding arrangements. It seems that existing funding and fund-raising practices reinforce the problem of individual agencies working alone. If the Joint UN Team on AIDS were empowered, for example, by revising funding processes so that the joint team is given resources directly for the substantive work (e.g. enhanced programme acceleration funds or pooled funds managed by the team), this might help to encourage the development of system-wide joint programmes. It would be helpful to discuss how a joint programme could be developed in countries that are in mid-cycle of their UNDAF and where there is a country programme action plan.

3. Key recommendations

Overall, Joint UN Teams on AIDS and Joint UN Programmes of Support are important to support the national response. Building on the practical findings in sections 1 and 2, the following are key recommendations to overcoming challenges and increasing joint UN action on AIDS at country level.

Leadership and human resources

1. Fostering leadership and accountability will be the key to effective Joint UN Teams on AIDS. Steps must be taken immediately to galvanize and increase the leadership commitment to establish joint teams and joint programmes. An example could be a letter addressed to all country-based Heads of Agency by the Executive Head of Agency, as a follow-up to the Secretary-General's letter, explaining the importance of designating staff to the joint team and of monitoring their performance. Cosponsors and the UNDG at global level need to determine the action to be undertaken in instances where a Head of Agency is not cooperating in the setting up of a joint team. Likewise, the United Nations Development Programme should put in place measures that monitor the Resident Coordinator's commitment to joint teams and programmes.
2. There is a need to review the time UCCs spend on facilitation of the joint team in addition to their current duties to ensure that it is not forcing a shift in priorities from other areas. Although most UCCs say that facilitation of the team is a natural evolution of the daily tasks for which they have always been responsible and not an additional burden, the availability of support staff can help to ensure that the UCC's role remains focused on advocacy, mobilization of the joint team

and content expertise in AIDS, rather than on day-to-day administration of the secretariat of the joint team. Continued assistance from the Regional Support Teams will also aid the UCCs.

3. Viable and sustained Joint UN Teams on AIDS are only possible if their development is coupled with discussion and agreement on critical components that need to be institutionalized within UN Country Team operating mechanisms. Care needs to be taken not to simply change the name of existing structures without also changing the aspects of those structures that functioned poorly in the past. This will require continued advocacy from the UCC, Regional Support Teams and the UNAIDS Secretariat headquarters staff, who may also seek out opportunities to provide information about joint teams in other venues such as regional management meetings or UNDAF training workshops.

Capacity-building

4. Developing stronger capacity on joint planning and programming among UN Country Teams is imperative if such programmes are to be successful. Financial and administrative procedures of agencies at country level need to be further harmonized to enable effective support. Identification of opportunities for harmonized contractual agreements for joint programmes needs to be further explored. The UN Learning Strategy on HIV/AIDS is one opportunity to not only build capacity of UN staff on basic issues related to the epidemic but also to pilot joint planning and execution of system-wide events. Once again, more support staff might be needed, but solutions such as recruiting UN volunteers or shared country learning facilitators could be explored.

Country adaptations

5. As in any development situation, there are no universal blueprints or solutions, and certainly no top-down directives that can be applied without a certain amount of adaptation to meet the country context. The following examples illustrate how the country context influences the establishment of Joint UN Teams on AIDS and Joint UN Programmes of Support.
 - a. High-prevalence countries, where UNDAF includes many AIDS activities (e.g. Namibia, Swaziland): it may be that all UN staff present already have responsibilities related to AIDS. Therefore, a joint team made up of *all* staff working full- or part-time on the epidemic would amount to the entire country presence. In this case, it might be necessary to designate staff on a selective basis with clear criteria.
 - b. Countries with few UN agencies present (e.g. Honduras, The former Yugoslav Republic of Macedonia) may, for that reason, have historically had an easier time collaborating on AIDS and so joint teams will not offer much in the way of change from the way things currently work. It may even be the case that the only staff working on AIDS are currently operating as the UN Theme Group on HIV/AIDS and to separate into a joint team *and* a theme group with policy and overseeing responsibility would be assigning two different roles to the same individuals. Therefore, either a theme group *or* joint team made up of programme staff and Heads of Agency who report through a chair to the Resident Coordinator may be an appropriate solution. However, official designation of members of the joint team by their superiors should still be done and measures of performance put in place.

- c. Where UN presence is large (e.g. Indonesia) and a joint team made up of *all* staff working full- or part-time on AIDS could involve up to 100 people, a system to break the joint team into smaller working groups with a core management group may be necessary if the joint team is going to be effective.
- d. Where more than one country shares a UCC (e.g. Armenia, Liberia, Panama), it is more difficult to conduct the amount of advocacy and facilitation necessary to create cohesive joint teams. Also, the absence of a dedicated UCC may indicate that there are constraints to a full UN presence (small country, low prevalence) and so the conditions described above apply.

While recognizing that each country situation is unique, there are still a certain number of essential, universal elements that need to be present in order to fully optimize the joint teams and joint programmes. These elements have been outlined in the May 2006 UNDG guidance paper. Resident Coordinators, along with UCCs, Heads of Agency and technical staff may adapt these guidelines to their needs (Box 8) but should keep in mind the ultimate goal: an effective and unified UN leading the way forward in rolling back the AIDS epidemic.

Box 8 Essential elements for Joint UN Teams on AIDS and Joint UN Programmes of Support	
Adaptation in question	Recommendation
Limiting the number of staff assigned to the Joint UN Team on AIDS by designating participation in the joint team on a selective basis.	Core management groups on thematic areas are necessary to ensure effectiveness in countries with a greater UN presence.
Including external partners in the Joint UN Team on AIDS.	The UN needs an opportunity to discuss UN business and reach consensus on important policy issues prior to working with national partners, which is best done through government-led partnership forums.
Breaking the entire Joint UN Team on AIDS into a core management group and smaller thematic task forces that meet more often than the entire joint team.	The core management groups should include the UCC and the conveners of the thematic task forces.
Abolishing the UN Theme Group on HIV/AIDS in favour of addressing issues pertaining to the epidemic during UN Country Team meetings.	UN Country Teams may not devote sufficient time to AIDS-related issues if they are one of a number of agenda items. Worse, as an obligatory agenda item in UN Country Team meetings, AIDS may be relegated to the level of any other business and receive only cursory attention.
Allowing Heads of Agency to be participants in the Joint UN Team on AIDS.	Heads of Agency should participate in joint teams in countries with few UN agencies present.
Taking up AIDS-related issues during UN Country Team meetings.	This is acceptable when a UN Theme Group on HIV/AIDS still meets separately or when the theme group has been abolished.
Having the Resident Coordinator as chair of the UN Theme Group on HIV/AIDS.	The Resident Coordinator is responsible for the overall functioning and effectiveness of the

	UN Theme Group on HIV/AIDS. Given these responsibilities, it has been suggested that the Resident Coordinator chair the theme group only under exceptional circumstances as per the <i>UNDG Concept Note on Joint Teams</i> (UNDG, 2003).
Delegating facilitation of the Joint UN Team on AIDS to a Head of Agency.	Ideally, the UCC should be the facilitator of the joint team. However, should Heads of Agency be members of the joint teams, it might be inappropriate for the UCC to be in the role of chair.
'Co-locating' Joint UN Team on AIDS staff in one office, the UNAIDS country office.	'Co-locating' creates a stronger link between the members of the joint team from different agencies and shortens the time taken to complete tasks.
Delaying development of the Joint UN Programme of Support in favour of developing a smaller, 'pilot' joint programming exercise or waiting for the current UNDAF or national strategic plan cycle to end.	The development of the joint programme is best done at the end of the UNDAF cycle. Otherwise 'pilot' joint programming exercises provide a sound opportunity for alignment. The choice of which option to take depends on the individual situation in each country.
Given the choice, a country's long-term Joint UN Programme of Support cycle will be aligned to the government's national strategic plan rather than to UNDAF.	In countries where joint programmes have been aligned to UNDAF, they develop faster. Joint programme cycles should therefore ideally be rationalized with UNDAF <i>and</i> a national strategic plan. The national development priorities should be the starting point for UNDAF. Joint team members will prioritize 3–5 results (in line with their comparative advantage). UNDAF should be synchronized to the national planning cycle.
Is the Joint UN Programme of Support all inclusive or is it acceptable to have a limited number of joint programmes, but individual agencies continue to implement (plan, finance, monitor and evaluate) other additional programmes?	The paramount consideration is whether the combined efforts of all of the UN agencies amount to coherent support of the national response.

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