



MID-TERM ASSESSMENT OF THE UN JOINT PROGRAMME ON AIDS IN CHINA 2007-2010

FINAL REPORT

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UN JOINT PROGRAMME ON AIDS IN CHINA



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Abbreviations

ACFTU	All-China Federation of Trade Unions
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
BSS	Behavioural Surveillance Survey
CCM	Country Coordinating Mechanism (of the GFATM)
CDC	(Chinese) Centre for Disease Control
CFPA	China Family Planning Association
CSO	Civil society organization
DFID	Department for International Development (United Kingdom)
ETG	Expanded Theme Group on HIV/AIDS (of the UN system)
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immuno-deficiency Virus
IDU	Injecting Drug User
ILO	International Labour Organization
MARP	Most at risk population(s)
M&E	Monitoring and Evaluation
MCH	Mother and Child Health (services)
MMT	Methadone Maintenance Treatment
MOH	Ministry of Health
MoJ	Ministry of Justice
MOPS	Ministry of Public Security
MSM	Men who have Sex with Men
MTCT	Mother-To-Child Transmission
NCAIDS	National Centre for AIDS/STD Control and Prevention
NGO	Non-Government Organization
NPC	National People's Congress
PAF	Programme Accelerated Funds
PLHIV	People Living With HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
RCC	Rolling Continuation Channel (of the GFATM)
STI	Sexually Transmitted Infections
SCAWCO	State Council AIDS Working Committee Office
SIDA	Swedish International Development Agency
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNGASS	UN General Assembly Special Session (on HIV/AIDS)
UNESCO	United National Education, Scientific and Cultural Organization
UNDP	United National Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNJP	United National Joint Programme (on AIDS in China)
UNODC	United Nations Office on Drugs and Crime
UNTG	United Nations Theme Group (on AIDS in China)
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

A mid-term assessment of the UN Joint Programme on HIV/AIDS for 2007-2010 was undertaken between 17 November and 12 December 2008. The assessment was to:

1. Assess the status of the two-year work plan, the UNJP framework and functioning of the Joint UN Team on AIDS using the UNAIDS assessment tool among other things.
2. Identify and document elements of the programme that have performed well and should be retained, together with those that should be dropped from the forward programme.
3. Review the experiences of agencies in supporting the implementation of the Global Fund grants and suggest approaches for the UN to meaningfully contribute to grant implementation and the national action plan in general.
4. Review the framework, work plan and implementation guideline of the UNJP on AIDS in China and propose modifications to outputs, activities and indicators to achieve a strong results-orientated approach for the 2009-2010 work plan.

Following an assessment of the reporting by agencies on their components of the Joint Programme, meetings were held with individual agencies to clarify aspects of their contributions, gain perspectives on challenges and opportunities, and to identify key strategic issues for the forward programme.

1. Joint Team Assessment

Cross-agency interaction between joint team members has contributed to building up a strong sense of common identity during implementation of the Joint Programme. Nevertheless, with the members of the Joint Team being managed under a 'line management' structure within individual agencies, communication between team members across agencies remains a largely informal process and this can lead to gaps and misunderstandings. Accordingly processes and responsibilities for the joint team need to be better defined.

2. Joint Programme Assessment

The UNJP currently has 118 activities in the work plan across the three Focus Areas, reflecting its origins as an amalgam of existing activities by agencies. The large number of boutique activities was raised by agencies as a concern, with the term 'process culture' being used to emphasize that the initial UNJP work plan was largely supply driven rather than a strategic response to the demand for effective interventions.

While the UNJP has a strong alignment with the UNDAF and China's national strategic plan, its relevance in terms of the appropriateness in delivering key, evidence-based,

internationally-agreed upon principles of good practice in responding to AIDS is more problematic. Programme implementation is variable, with just under half of the activities being delivered according to schedule, while seven (6%) have not commenced implementation to date.

In part because the World Bank did not undertake its contribution, the expected tools to undertake assessment of the efficiency of the Joint Programme are not available. It is also difficult to assess programme effectiveness because agencies report progress in terms of their activities rather than the key results specified, or if reporting is made against performance indicators, these are not specified in terms of what the UN agency is responsible for delivering.

Nevertheless, a qualitative assessment identified some positive results or opportunities that offer guidance regarding the strategic areas where the UN can make a difference over the coming years. They include:

1. The **work place** as an effective strategic focus in the China context for reaching a mass audience for HIV prevention interventions and reducing stigma and discrimination.
2. The recent efforts made in extending HIV prevention interventions to **closed settings** through the joint efforts of the UNODC, WHO and UNAIDS, in close consultation with the Ministry of Public Security (MOPS) and the Ministry of Justice (MoJ), opens another window of opportunity for extending HIV prevention, treatment and care to a key at-risk population, namely IDUs.
3. Indications are that progress has been made in getting the people most heavily affected by HIV more involved in decision-making regarding intervention strategies over the past two years. It is difficult to judge to what degree the UNJP has contributed in this area, however, and clearly significant challenges remain.
4. In line with international experience, China has made good progress in expanding services for **PMTCT** and the low incidence of this mode of transmission means that the ongoing emphasis will be on maintaining these services in key target areas.

Brokering the adoption of international standards and best practice lies at the heart of the UN role, but UNJP performance in this area has been disappointing, in part because there are varying interpretations between agencies of what 'best' or 'good practice' may mean in China.

3. Joint Programme Management

Building effective partnerships with counterpart organizations lies at the heart of an effective UN Joint Programme. The relevance and effectiveness of the UN System in contributing to China's national response to the HIV epidemic is highly dependent on the perceived value of the technical expertise, standards and international experience that

individual UN agencies can bring to their counterpart organizations.

Overall, the experience of the Joint Programme to date is that positive partnerships have been established with SCAWCO, MOH, MOLSS, MOPS and MoJ under the UNJP, but longer standing partnerships between UN agencies and Chinese counterpart ministries require reinvigoration if the UN System is to maintain relevancy in these sectors. Experience under the UN Joint Programme on AIDS indicates that the task of demonstrating their relevance to Chinese counterparts requires a good knowledge of international practice and technology that is seen as relevant and desirable to these counterpart agencies. It is a highly skilled role that requires extensive experience in a range of institutional cultures.

The challenge of strengthening the accountability of the Joint UN Team on HIV without inappropriate interference with the responsibility of agencies to manage their own staff was of central concern in the assessment process. This will require a shift in joint programme planning and reporting to focus on key results that the UN is responsible for delivering, a step that has proved difficult to achieve within UN agencies, which are engaged in processes to effectively influence action by others, rather than the direct generation the outputs of the response. Addressing this challenge will require a combination of measures such as:

1. Refocusing the 2009-2010 UNJP work plan to cover only core strategic priorities and based on results-based objectives and indicators that reflect China's national programme and international best practice;
2. Clarifying and further strengthening the roles of the UNTG and the joint team; and
3. Providing a practical results-based management training opportunity for the joint team based around the development of measurable indicators for the outcomes in the work plan.

Specific proposals to strengthen the roles and accountability of the UNTG and the joint team are put forward in Section 4.3.3 of the Report and should be directly referenced there, including a diagram summarizing the proposals. They reflect both the suggestions put forward during the assessment to strengthen accountability and a review of recent changes in UN management structures made in other countries.

4. Lessons for the forward programme

It is proposed that the 2009-2010 UNJP work plan will be a much more strategically focused joint effort based on the core strategic priorities established by the reconstituted UN Theme Group. The WHO Priority Interventions in the Health Sector may serve as a useful framework for matching priority interventions against local characteristics of the HIV epidemic in geographic areas. Intervention strategies based on the work place and to extend HIV prevention and AIDS treatment to IDUs in closed settings are suggested as key focus areas.

Cross-cutting issues, such as reducing stigma and discrimination, addressing gender

perspectives in HIV interventions and establishing the rights of those living with HIV and affected by AIDS, are also expected to be a strategic priority. An effective strategy will therefore need to mainstream these cross-cutting issues as joint-agency interventions.

China's expanding role in providing international assistance to other developing countries (South-South collaboration) also merges as a potential opportunity for UN involvement during the next biennium. The complexity of the institutional arrangements under China's external collaboration, however, suggests that a thorough assessment of opportunities and appropriate strategies should initially be undertaken.

Emphasis would also be given in the forward work plan to interventions that address strategic priorities joint through initiatives by two or more UN agencies. Where agencies wish to maintain activities with their own funds that they see as part of their mandate, but are not directly linked to the core strategies of the new work plan, such activities would be listed as an appendix to the work plan and would not be subjected to UNJP monitoring and reporting requirements.

In the important area of improving UN performance in identifying and promoting 'best practice', an inter-agency task team should be established to review the present situation and to prepare guidelines for the identification, documentation and dissemination of 'good practices' in the China context.

To strengthen coordination of Joint Team efforts and the sharing of information across agencies, it is proposed that each contributing agency to the UNJP will designate a senior member of staff as the manager or supervisor to join a Core Team that would manage the joint operational tasks of the UNJP (as per the proposals in Section 4.3.3).

The issue of team balance also needs careful consideration (Section 4.3.2). The assessment concludes that a trend to reduce the proportion of international staff in the team will undermine its effectiveness to operate at a strategic level that brings international standards and experience into the Chinese context. At the same time, the introduction of a staff rotation roster would enable promising national staff to gain appropriate international exposure and to eventually return to their agencies in China with the necessary skills and experience to broker effective policy and institutional change.

In terms of resource mobilization, the planned wind-down by bilateral donors of their resource contributions to the HIV response in China during 2009-2010 may generate opportunities for the UNJP. These donors are shifting from a traditional project-orientated mode of operation to the building of partnerships for the sharing of ideas, high-level capacity building and policy engagement, and stronger engagement with the UN System is frequently part of this strategy. A similar opportunity arises from the evolving mode of operation of the GFATM in China (Section 3.4.3). The opportunities for the UNJP to link with these changed depends on the ability of the UN System to demonstrate that it does indeed offer distinct areas of comparative advantage in 'Making the money work' through

an effective joint programme.

5. Key Recommendations

Joint UN Team

1. The specification of members of the Joint UN Team on HIV/AIDS and their status (eg, full-time or part-time; programme or support staff) needs to be updated on a regular basis. An appropriate form in the Joint Programme quarterly reporting system would cover this.
2. The accountability of the Joint UN Team needs to be strengthened. There is scope for joint assessments of the Joint UN Team on AIDS performance in this process, but the priority is to define the Joint Programme deliverables in measurable terms.

UN Joint Programme

1. Much more rigor is required to focus on larger activities in priority areas where the UN can make a difference in the forthcoming work plan, particularly the development of joint activities involving two or more agencies.
2. A shift to a ‘results management culture’ will require a shift in joint programme planning and reporting to focus on strategic results that the UN is responsible for delivering, rather than reporting progress in terms of activities or against performance indicators cover the combined results of several partners.
3. While the strategic focus should remain on prevention interventions that are cost-effective and deliver proven results, there is also a role for the UN (and specifically WHO) to help China address key technical challenges in achieving universal and cost-effective treatment and care.
4. Proven effective strategies are required for introducing **cross-cutting issues** a range of local institutional and cultural settings. Addressing stigma and discrimination is a strategic priority that has not been adequately addressed to date.
5. The challenge of sustaining prevention initiatives and gains needs to be given greater prominence in China’s response to HIV in general and the UN Joint Programme in particular.

Joint Programme Management

1. That the terms of reference for the UNTG be revised to clearly specify its function, membership, convening times and the role of the Chair as follows:

- UNTG membership would comprise the heads of the Cosponsors of UNAIDS, with the UNAIDS China Office serving as secretariat;
 - The UNTG would meet approximately twice a year to define the core strategic focus areas for the UNJP, including specification of the lead and support agencies for each priority area, and to review the ongoing appropriateness of these priorities and the UNTG reports to the UNCT on its recommendations.
2. The agencies participating in the UNJP should designate a senior member of staff as the manager or supervisor on behalf of that agency to a Core Group of the Joint UN Team on AIDS. The Core Group would meet on a regular basis to review progress towards the core strategic focus areas of the UNJP, address any constraints in implementation and the achievement of desired outcomes, and to share information on progress and challenges.
 3. UNAIDS, possibly in cooperation with the Office of the High Commissioner for Human Rights, should initiate a joint team training activity covering human rights in the HIV context.
 4. Closer linkages need to be forged with SCAWCO to review the overall national response and the contribution of the UNJP to this response.
 5. Staff appraisal of the managers/supervisors appointed to the Core Group by their respective agencies should be revised to incorporate elements of their contributions to joint team functions and performance.
 6. The capacity of both SCAWCO and the UNJP to make sound assessments of how resources have been utilized and whether they have achieved the desired results require strengthening through independent, quality evidence-based research into what has actually been achieved.

For the 2009-2010 Work Plan

1. The reconstituted UN Theme Group should define the core strategic priorities for the 2009-2010 work plan based on areas where the UN has a comparative advantage and can make a difference. These priorities are expected to identify those interventions where the UNJP has demonstrated effective results, together with effective strategies for addressing cross-cutting issues, particularly reducing stigma and discrimination, addressing gender perspectives in HIV interventions and establishing the rights of those living with HIV and affected by AIDS.
2. Where agencies continue activities with their own funds that they see as part of their mandate and address the national response to HIV, these activities be listed as an appendix to the work plan, and would not be subjected to UNJP monitoring and reporting

requirements.

3. That a small strategic activity be incorporated into the 2009-2010 work plan to make a preparatory exploration of the potential for UN support to China's development assistance activities over the longer term.
4. The allocation of Programme Acceleration Funds (PAF) should be managed in a more contestable manner to ensure a more strategic response in the areas with a high potential for efficient and effective results.
5. In the important area of improving UN performance in identifying and promoting 'best practice', an inter-agency task team should be established to review the present situation and to prepare guidelines for the identification, documentation and dissemination of 'good practices' in the China context.
7. That a practical results-based management training activity be provided for the Joint UN Team on AIDS based around the development of measurable indicators for the outcomes in the 2009-2010 UNJP work plan that the UN is responsible for delivering.
8. That UNAIDS make further contact with the World Bank to confirm whether or not it is committed to participating in the 2009-2010 UNJP work plan. If not, UNAIDS should seek a new partner to assist in implementing more rigorous resource tracking and monitoring of results in the new work plan.
9. That UNAIDS explores the potential for the introduction of a staff rotation roster that would enable promising national staff to gain appropriate international exposure and to eventually return to their agencies in China with the necessary skills and experience to broker effective policy and institutional change.

1. BACKGROUND AND METHODOLOGY

1.1 Joint Programme strategy and design

While the UN Theme Group on HIV in China provided a forum for sharing information between different UN agencies and other partners, it was recognised that operational UN HIV programmes were not consistently coordinated or harmonised. The outcome was a wide range of activities by the various UN agencies relating to the national HIV response in China, but the effectiveness and long-term impact of these was problematic in a rapidly evolving environment.

In recognition of this challenge, the Joint UN Country Programme on AIDS in China was formulated in 2005-2007 to harmonize the United Nations (UN) system contributions to China's response to HIV/AIDS for the period 2007-2010. The growing body of evidence on the HIV epidemic in China indicated that the packages of interventions then being carried out in each area of the national response need not only to be broadened, but also scaled up to achieve coverage of all people living with HIV and people most at risk of infection across the country. Planning and managing such interventions on a scale that would maximise impact and ensure sustainability called for a shift away from a project management approach to a national programme approach in line with China's National Medium and Long Term Plan (1998-2010) and the Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010).

Thus, the Joint UN Country Programme was developed to support and reinforce the national response to HIV in a comprehensive and integrated manner that builds on the areas where the UN system has a demonstrated advantage in assisting the Government to deliver efficient and effective responses to the challenges of the HIV epidemic. The two-year work programme for 2007-2008 was endorsed in June 2007 and its implementation is currently coming to a close.

Both the Joint UN Country Programme and the biennial work programme are structured into three **Focus Areas**, which follow the priority areas identified in the UN Development Assistance Framework (UNDAF), namely:

1. Strengthening leadership and improved planning, monitoring and coordination of a multi-sector response;
2. Increasing awareness of HIV and reduced stigma, discrimination, vulnerability and risk behaviour relating to HIV; and
3. Treatment, care and support of people living with HIV or affected by AIDS.

As the agency responsible for overseeing HIV **monitoring and evaluation** (M&E) in China, UNAIDS was to oversee the development and implementation of M&E for the UN Joint Programme (UNJP). It was proposed that indicators and ways of measuring inputs and processes would be incorporated into the joint work plans and indicative guidelines for these were to come from the UN Development Programme Guidance Paper on

Working Mechanisms for Joint UN Teams on AIDS.

For each focus area, a **convening agency** has been specified based on its ability to mobilize and coordinate different stakeholders and constituencies in the broad area. The convening agencies are UNDP (Focal Area 1), UNICEF (Focal Area 2) and WHO (Focal Area 3). They have responsibility for overseeing the development of core strategies, harmonizing available UN resources to achieve efficient and effective outcomes, and ensuring that achievement of results is reported to the UNJP M&E system.

In accordance with this M&E framework, the UN Theme Group (UNTG) on AIDS in China decided to carry out an assessment of implementation of the 2008-2009 Joint Programme and the functioning of the UN Joint Programme Team on AIDS. This was scheduled for November-December 2008 to flag implementation issues that need to be addressed in formulating the work plan for 2009-2010.

1.2 Assessment scope and methodology

An international monitoring and evaluation consultant was recruited as the lead contributor for the assessment of the UNJP. While the consultant provided an external perspective to the assessment process, he worked in close collaboration with three UNAIDS officers assigned to the task. The assessment was to collect and analyse information on implementation and management of the joint programme from all UN convening agencies and implementing agencies in China, participate in discussions with representatives of the Chinese Government and UN agencies, and collate their experiences with implementation of the programme. An Assessment Tool developed by UNAIDS was to be used in addition to methodologies that are relevant to the specific situation in China. The assessment tasks were to:

1. Assess the status of the two-year work plan, the UNJP framework and functioning of the Joint UN Team using the assessment tool among other things.
2. Identify and document elements of the programme that have performed well and should be retained, together with those that should be dropped from the forward programme.
3. Review the experiences of agencies in supporting the implementation of the Global Fund grants and suggest approaches for the UN to meaningfully contribute to grant implementation and the national action plan in general.
4. Review the framework, work plan and implementation guideline of the UNJP on AIDS in China and propose modifications to outputs, activities and indicators to achieve a strong results-orientated approach for the 2009-2010 work plan.

The expected outputs of the assessment are:

1. An assessment report on the implementation of the UN Joint Programme, the two year work plan and the functioning of the Joint UN Team.
2. An outline for the next two-year work plan (2009-2010).
3. A plan to better integrate the UN Joint Programme monitoring system with the national

M&E system.

1.3 UN Joint Programme assessment tool

1.3.1 Assessment framework

UNAIDS developed an Assessment Tool to assist the M&E of UN joint programmes at country level in 2008.¹ It provides a range of core indicators, selected from dozens of possibilities, which seek to simplify performance assessment rather than add an additional layer of complexity. The Tool envisages that regular monitoring of progress will be carried out by the Joint UN Team, supported by with outcome assessment ('evaluation') by an external review at mid-term and at the end-of-cycle.

The need to develop a separate performance assessment tool was driven by several factors, namely:

1. The need to provide joint teams at country level with guidance on the processes and strategic directions that will contribute to the development of more effective joint programmes and teams.
2. Monitoring the quality of outputs or results of joint programmes and teams is also important in the context of the larger, UN-wide reform efforts and increasing demand for UN accountability from donors and member states. By assessing the outputs of joint UN programmes and teams on AIDS, the UN can make a stronger case for increasing joint planning efforts in other areas, and can provide evidence to donors and partners of real efforts to improve the efficiency of UN programming, as well as results in terms of improved support to the national response through joint mechanisms.
3. The need to develop a quality assurance role at the UNAIDS Secretariat is also a direct request by the UNAIDS PCB. At its June 2007 meeting the UNAIDS PCB adopted the recommendations, acknowledged their cost implications, and requested the UNAIDS family to take forward its management response to the recommendations

In addition to use of the assessment tool, each country team is encouraged to modify its own monitoring and assessment procedures as necessary, keeping in mind the overall purpose of introducing joint programmes and teams which are: improved coherence, efficiency, effectiveness and relevance of the joint UN response to AIDS.

The proposed framework aims to measure the quality of UN support to the national response, by linking specific inputs and outputs to various quality criterion (see Figure 1.1), namely:

- coherence
- effectiveness

¹ UNAIDS, 'Performance Assessment Tool for Joint UN Programmes and Teams on AIDS', UNAIDS Geneva, July 2008.

- efficiency, and
- relevance.

The framework is situated in the larger context of UN reform and aid effectiveness, and the criteria agreed-upon at global levels for improved delivery of international aid.

Figure 1.1: A framework for performance assessment

As illustrated in Figure 1.1, actions in these three indicator areas contribute to the overall quality of UN support to the national response as judged through the criteria (outcomes) of: coherence, effectiveness, efficiency and relevance.² These are defined as:

1. **Coherence:** Is the UN Coordinated through the Joint Team and the Joint Programme of Support process? A coherent UN response reflects the extent to which the joint team and the joint programme of support have strengthened partnership within and between the UN System, have reduced competition among agencies, and have strengthened partnership with government and partners in the response to the epidemic.
2. **Effectiveness:** Is the Programme doing it right? This covers the extent to which the Joint Programme of Support's objectives (in relation to the priorities of the National Strategic Plan) were achieved, or are expected to be achieved, taking into account

² Adapted from the OECD-DAC standard evaluation criteria: relevance, [connectedness], [coherence], [coverage], efficiency, effectiveness, sustainability and impact.

their relative importance.³

3. **Efficiency:** Is the Joint Programme providing support at a lower cost? This measures the extent to which the Joint Programme activities produce any savings in inputs and reduce the transaction cost for both partners and the UN System.
4. **Relevance:** Is the Joint Team doing the right thing? This is concerned with the **appropriateness** of the Joint Programme of Support's approaches in terms of key, evidence-based, internationally-agreed upon principles of good practice in responding to AIDS as applied to the specific characteristics of the epidemic in the country under evaluation.

1.3.2 Assessment indicators

The performance assessment tool identifies indicators for each area, namely the joint team, the joint programme of support and the overall Joint UN response (team + programme of support) that seek to measure of the relevance, coherence effectiveness and efficiency of performance in these areas. The indicators currently available are focused on relatively basic aspects of the team and its management.

The Assessment Tool provided a guiding framework for this initial assessment of the UN Joint Programme on AIDS, but given the particular circumstances of programme implementation in China, a range of qualitative assessments was also employed during the course of this exercise.

1.4 Work schedule and information collection

An international consultant with experience in programme assessment, monitoring and evaluation, together with specific familiarity of the UN system and HIV in China was fielded from 14 November to 12 December.⁴ He worked with an assessment task team comprising Dr Salil Panakadan, Senior Adviser for M&E and Institutional Efficiency, Ms Zhou Kai, National Programme Officer, and Ms Guo Ruixiang, National Programme Officer.

The assessment focused on the functioning of the Joint UN Team on HIV, but undertook its analysis in the context of the linkages and relationships with the UNTG and the technical working groups. Following an initial briefing from the UNAIDS Country Coordinator and the Chair of the UN Theme Group on AIDS, the consultant reviewed the progress reports for the 2007-2008 work plans submitted by the UN agencies and summarised this in a matrix for each Focal Area. The assessment group made a

³ Reference OECD evaluation definitions

⁴ The consultant was Robert F McKillop, an Australian who had worked with UNAIDS since 1998 and with the UNAIDS China programme since 2004, including assistance with formulation of the UN Joint Programme on AIDS in 2005 and 2006.

presentation on its task to the full Joint UN Team on 24 November. This followed an overview by the UN Resident Coordinator, Khalid Malik, on the evolving role of the UN system in China, the challenges in addressing HIV and AIDS in the coming years and the need to identify strategies that will achieve meaningful results in his presentation to the UNJP meeting.

Follow-up meetings were held with the Joint Team members in each agency to clarify gaps in agency reporting and gain additional feed-back on achievements and challenges. Particular attention was given to functioning of the Joint Team and issues that need to be addressed during these discussions. In the case of the meetings held with convening agencies for each Focus Area (UNDP, UNICEF and WHO) and with the ILO; the Chair of the UNTG and the UNAIDS Country Coordinator participated and contributed to discussions on lessons learned and forward strategies.⁵ The country representative of these agencies participated in these discussions, which provided a valuable forum to explore core issues regarding the functioning of the Joint Team and the effectiveness of the overall Joint Programme.⁶ The scope of the assessment was widened to cover SCAWCO, the Office of the UN Resident Coordinator, and bilateral donors, specifically the representative of the United Kingdom's DFID, which was responsible for funds utilised by the UN Joint Programme, and AusAID, which is supporting a senior HIV adviser within UNAIDS.⁷

A presentation of the preliminary findings of the assessment was made to the Joint UN Team on 11 December, which resulted in good feedback that has been incorporated into this draft report. A summary of the schedule followed by the assessment team is provided in Appendix 1.

A draft version of this report was circulated to all the agencies under the UNJP on 16 December. Responses were received from agencies over the following fortnight and these have been taken up in this final report.

⁵ Bernard Coquelin, UNTG Chair and UNFPA Head of Agency; and Bernhard Schwartlander, UNAIDS Country Coordinator.

⁶ The Country Representatives who participated were Subinay Nandy, UNDP Country Director; Dr Yin Yin Nwe, UNICEF Representative to China; Dr Hans Throedsson, WHO Representative to China; and Constance Thomas, ILO Director to China & Mongolia.

⁷ Efforts to meet with the World Bank were unsuccessful as all health sector staff were on mission, but contact was made with the Country Representative and arrangements were made to provide comment by email. A response was received on 29 December 2008.

2. FUNCTIONING OF THE JOINT TEAM

A Joint UN Team on AIDS is a group of UN staff members at the operational level that come together to coordinate and implement UN support to the national response to AIDS. As set out in the UN Joint Programme document, the Joint UN Team in China comprises all UN staff working full- or part-time on AIDS throughout the UN system.⁸ Individual team members are to contribute to the development, implementation and monitoring of the joint UN programme, attend all team meetings and follow-up on agreed actions.⁹

2.1 Joint Team assessment

Table 2.1 summarises the joint team composition by agency as at June 2007 and November 2008.

Table 2.1: Joint UN Team on HIV/AIDS composition

	June 2007			20 November 2008		
	Programme Staff		Support	Programme Staff		Support
	Full time	P/time		Full time	P/time	
ILO	4	-	4	4	-	1
UNDP	2	-	1	1	1	2
UNESCO	1	4	4	1	1	3
UNFPA	3	1	2	2	-	1
UNICEF	3	2	1	2	1	2
UNIFEM	1	-	1	-	1	1
UNODC	1	-	1	2	-	1
WHO	5	-	2	5	-	1
World Bank	0	3	-	-	-	-
UNAIDS	6	-	4	8	-	5
TOTAL	26	10	20	25	4	17

Note: In the period leading up to the end of 2008 a number of staff changes were anticipated. Accordingly these figures are specifically as at 20 November.

At the time of the assessment the team had 29 programme and management staff (four of them being part-time).¹⁰ There are currently 12 international specialists in the team, with the remainder being national staff. The UNAIDS Country Coordinator serves as convener of the AIDS Team and has responsibility for the development of the Team's biannual work plan.

⁸ Joint UN Country Programme on AIDS in China (2207-2010), June 2007, p. 24.

⁹ The roles and responsibilities of AIDS Team members are specified in the 'Guidance Paper, Proposed Working Mechanisms for Joint UN teams on AIDS at Country Level', New York, 19 May 2006, pp. 6-7.

¹⁰ While the World Bank remains on the list for the Joint Team, it has been excluded on the grounds of its non-participation.

2.2 Assessment findings

2.2.1 Joint team coherence

A common theme to emerge from the meetings with UN agencies was a concern that what was termed a ‘process culture’ continues to dominate programme planning and implementation within UN agencies. It was held that the effectiveness of the Joint Team and the overall UNJP is severely constrained because its members are dealing with a large number of boutique project activities, rather than focusing available resources on those strategic measures where the UN has a comparative advantage and can bring about meaningful outcomes. An outcome is that staff are kept busy in a constant flurry of administrative and reporting tasks, but little is known about what outcomes the UNJP has actually achieved or the impact of these achievements in preventing the transmission of HIV or facilitating the treatment and care of those living with HIV and AIDS. It was noted by several agencies that while country teams were expected to adopt a results-based management approach under the ‘One UN’ initiative, but traditional structures and processes at regional and headquarters levels continue to focus on activities rather than results of strategic outcomes. This concern is addressed further in sections 3.3 and 4.1.

A formal appointment of individuals to the joint team and a clear expression of roles and responsibilities (upon which their performance will be appraised) were among the changes expected from the introduction of joint programmes and teams. In the China context, the joint team members have been clearly identified, although 11 per cent of members retain additional functions outside the joint programme and hence are only available to the UNJP on a part-time basis.

Clarification of the roles of Joint UN Team members is expected to strengthen coordination within the team, thereby strengthening the coherence of the UN response to HIV. The formal appointment of team members by their supervisor and/or agency head to participate in the team and amendments the individual’s job description to give a clear description of the roles and responsibilities for which the individual will be held accountable in regards to their participation in the team are seen as key steps in achieving this.

Currently, the specification of Joint Team members remains loose and some difficulty was encountered in identifying who actually were its members (as per Table 2.1) at the time of the assessment. There are also variations between agencies in terms of how the roles and responsibilities of Joint Team members are specified, with many agencies formally amending job description only when staff changes occur. Nevertheless, it is generally the case that senior individual team members have clear instructions regarding their membership of the joint team, and their roles and responsibilities in relation to the UNJP. While the specification of job descriptions is generally satisfactory at this stage, better recording of the team composition from each agency is required at specified intervals. As discussed in Section 4.2, further strengthening in this area will be required as the concept

of the Joint Team and its mode of operation evolves.

It is evident that cross-agency interaction between joint team members has contributed to building up a strong sense of common identity during implementation of the Joint Programme. Nevertheless, communication between team members across agencies remains a largely informal process and this can lead to gaps and misunderstandings. For instance, several agencies commented that meetings of Technical Working Groups (TWGs) in which they believed they had a role, had been convened without their receiving invitations.

2.2.2 Effectiveness

The Assessment Tool identifies being held accountable as an essential element in ensuring the overall effectiveness of the joint team, which in turn depends on the effectiveness of each individual. 'Performance', for the purpose of this indicator, refers to both: (a) participation in joint team meetings, analytical processes, joint reviews, and (b) the outcome of activities and programmes that are under the direct responsibility of the individual.

The Joint UN Team follows a 'matrix model', whereby the management of the team members remains with their individual agencies. Hence the performance assessment of joint teams members located in a particular agency continues to be made according to the assessment tools in use within that agency, although some experimentation has occurred. The performance appraisal system, used by UNFPA, for instance, already involves managerial staff from other agencies in the assessment of its staff, while UNDP approached the Chair of the UNTG (and of the Joint Team) and heads of other agencies to be involved in its staff performance assessment in 2008, but the proposed approach was considered unsatisfactory and this was declined.

Staff training provides another mean of enhancing the individual effectiveness of team members to appropriately address HIV and AIDS in the country context. Thus the number of training opportunities provided to Joint UN Team members is seen as an effectiveness indicator.

Responsibility for building the capacity of staff remains with individual agencies, although a number of joint training activities have taken place. Agencies provided variable responses regarding the resources given to and the effectiveness of their capacity-building endeavours. UNICEF and ILO give considerable emphasis to strengthening staff capacity through a range of learning experiences, while the UNFPA staff performance assessment process is stated to have a strong focus on identifying knowledge and skill areas that require strengthening.

The technical expertise of team members, their substantive position within their agency, their experience in a range of environments and institutional cultures, and the balance between international and national members are all contributing factors to the

effectiveness of the Joint Team. In UNFPA and UNESCO, for instance, the staff allocated to the Joint Team on AIDS have a relatively peripheral role compared with the strategic focus of these agencies and this appears to have affected their contribution to the overall Joint Programme. On the other hand, UNODC, with just two programme staff, has established the framework for an effective UN contribution (involving several agencies) in the critical area of closed settings that was not previously available.

A more substantive matter is the commitment by some UN agencies to the Joint Team. The World Bank signed up as a participant in the UN Joint Programme in June 2007 and the Senior Health Specialist in its Beijing Office is listed as a member of the Joint Team. This participation has failed to materialise and, for the purposes of this review, the World Bank has not been included as a participant.¹¹

The high level of change in the Joint Team composition scheduled to occur at the end of 2008 is likely to affect performance. Four international team members had recently left, or were about to leave at the time of the assessment and, given current uncertainties regarding financial resources, arrangements for their replacement had not been decided in several instances. This is discussed further under team balance in section 4.3. On the other hand, UNODC was in the process of finalising the recruitment of an additional programme officer to the team and UNIFEM was initiating recruitment of full-time programme officer.

2.3 Issues to be Addressed

The mid-term assessment provided an opportunity for wide-ranging discussions with the heads of key agencies on issues relating to the role, function, management and accountability of the Joint UN Team. A strong consensus emerged in relation to the following:

1. Individual agencies are concerned to retain responsibility for the management of their own staff (line agency function). There is general agreement, however, that a 'matrix management' model for the Joint Team is appropriate and there is scope to develop this further to strengthen accountability against outputs in the Joint Programme.
2. The specification of who is in the Joint UN Team on AIDS and their status (eg, full-time or part-time; programme or support staff) needs to be updated on a regular basis. An appropriate form in the Joint Programme quarterly reporting system would cover this.
3. There is agreement across UN agencies that the accountability of the Joint UN Team needs to be strengthened. There is scope for joint assessments of the performance of

¹¹ The World Bank has responded that it did not sign a MOU with UNAIDS as the procedures for channelling funds to the Bank were not satisfactorily resolved. This issue is discussed in Section 3.2.2.

team members in this process, but the priority is to define the Joint Programme deliverables by the Joint Team – as opposed to other agencies and overall projects – in measurable terms. This is taken up further in the following chapter.

3. UN JOINT PROGRAMME ASSESSMENT

The assessment was to assess the status of the two-year work plan and the UNJP framework, particularly the identification of those elements of the programme that have performed well and should be retained, together with those that should be dropped from the forward programme. It was also to review the experiences of agencies in supporting the implementation of the Global Fund grants in order to identify assess the scope for their more effective involvement in future. The following sections document the findings of the review in these areas.

3.1 Programme Strategic Direction

3.1.1 UN comparative advantage

The development of the UN Joint Programme placed considerable emphasis on focusing the UN system on its strengths, particularly where it has gained legitimacy through its specialist international expertise or as a respected independent broker or arbitrator for change. It identified those areas where UN agencies have a comparative advantage – individually or collectively – and aimed to bring agencies together in joint activities to maximise their respective contributions in the following areas of comparative advantage:

1. Legitimacy derived from international conventions and declarations;
2. Neutrality and impartiality as a basis for advocacy and leadership;
3. Multiple and high level entry points with a broad sector range;
4. Relationships with government and non-government organizations;
5. Normative and standard setting mandate;
6. Global network of experience and international best practice;
7. Operational experience in addition to technical capacity and expertise; and
8. Ability to convene and coordinate different stakeholders and constituencies.¹²

3.1.2 Programme coherence

While it was recognized that a proportion of the existing project activities of individual agencies would flow into the first biennium work plan of the UN Joint Programme, the expectation was that the process would bring agencies together to plan and implement joint activities that directly contribute to key strategic areas where the UN has a comparative advantage and can make a difference. Several strategic initiatives were incorporated into the work plan for 2007-2008, including the provision of funding by the United Kingdom Department for International Development (DFID) for activities by UN

¹² Joint UN Country Programme on AIDS in China (2207-2010), June 2007, p. 7.

agencies within the UNJP, the extension of HIV prevention efforts to closed setting through a comprehensive programme developed by UNODC in close collaboration with UNAIDS, an extension of the World Bank's tracking of resource utilization and assessment of cost-effectiveness at provincial and country level in collaboration with UNAIDS, implementation of new prevention initiatives in the workplace by ILO with support from the US Department of Labour, and expansion of prevention of mother-to-child transmission (PMTCT) by UNICEF with support from WHO. Nevertheless, the biennium work plan continued to cover large number of small project-type activities as illustrated in Table 3.1.

Table 3.1: UN Joint Programme activities by agency and focal area (2007-2008)

Agency	FA 1	FA 2	FA 3	TOTAL
UNDP	8	1	2	11
UNICEF	5	6	7	18
WHO	5	8	9	22
ILO	1	5	0	6
UNFPA	3	7	0	10
UNESCO	4	3	3	10
UNODC	0	2	0	2
World Bank	1	0	0	1
UNIFEM	2	5	0	7
UNAIDS	19	8	0	27
Total	48	45	21	118

Source: UNAIDS China website; lix log on UN Joint Programme

This listing highlights the large number of small activities within the project, an issue that was raised in several meetings with agencies. There the term 'process culture' to describe the fact that this initial UNJP work plan is largely an amalgamation of existing agency activities and their rationale is supply driven. This concern was reinforced by SCAWCO officials in their meeting with the assessment team.

A theme that emerges from the assessment is that the boutique activities that dominate the current work plan do not reflect any clear comparative advantage for the UN System. Agencies have continued ongoing activities that are routine rather than innovative in nature, and do not clearly demonstrate any added value to China's national response to the HIV epidemic. The following review covers the Joint Programme 2008-2009 work plan from the perspective of its coherence for each of the three focus areas.

Focus Area 1 is concerned with an enabling environment and establishing a multi-sector response to HIV in China and UNDP has the convening agency role. The rationale for this sector was that, while a sound national action plan was in place, additional attention was required to achieve a stronger multi-sector approach and to ensure that resources are accounted for and utilized in the most effective manner. UNDP's strategic focus was to be on expanding on its previous work with the National People's Congress on legislation relating to HIV to achieve greater harmonization between national and provincial laws protecting the rights of PLHIV and to revising provincial laws to better support strategic

responses. UNDP would also engage in empowering civil society, particularly in relation to groups dealing with the MSM community. In practice, however, the core elements of the Focus Area relating to the national policy framework, provincial government responses and the engagement of civil society lack coherence, being comprised of a diverse collection of small activities by UN different agencies.

The Focus Area also covers the mobilization of resources, and strengthened monitoring of the epidemic and responses to it. Here WHO and UNAIDS are the lead agencies. Stronger coherence is evident in the work plan for these core elements.

It will be noted from Table 3.1 that UNAIDS has a large number of small activities in this Focus Area. While many of these cover small tasks related to the agency's coordination role for the overall Joint Programme, there is clearly scope to bring such activities together in a more coherent and strategic framework.

In **Focus Area 2**, which is concerned with intensified prevention interventions, the diversion of WHO resources to activities in Hunan Province under the China-WHO-SIDA Comprehensive HIV/AIDS Prevention & Care Project significantly disrupted the cohesiveness of the UN response in terms of the established UN division of labour for technical fields of expertise. While WHO is the agency designated to address international standards in the use of blood and blood products used by the health sector, which is a small component of Focus Area 2, this is not the case for the prevention interventions carried out by the SIDA project in Hunan Province.

In contrast, there is comparatively sound coherence in the Joint Programme coverage of PMTCT by UNICEF, while the ILO projects have brought together a consistent approach to the prevention of HIV transmission in the work place. The long-standing involvement by UNFPA with migrants travelling on trains has also included work place elements for railway staff, though their effectiveness is hindered the institutional linkage through the Chinese Academy of Railway Sciences, rather than directly with key operational areas within the Ministry of Railways. UNIFEM is also in the process of developing an intervention with the Ministry of Railways in Inner Mongolia to address stigma and discrimination against female railway workers. As discussed in section 5.1, there is scope for closer links between UN agencies in this area.

Preliminary results also suggest that the UNODC initiative in addressing drugs and HIV prevention in closed settings has the potential to make an impact in a critical sector that had not been previously addressed. In other key areas – prevention among high-risk groups, strengthened awareness among young people and reduced stigma against vulnerable groups – however, Focus Area 2 is generally characterised by a raft of small activities with little strategic focus.

Focus Area 3 – treatment, care and support for people affected by HIV – stands out as the most coherent component of the Joint Programme, with WHO (the convening agency) responsible for addressing the key strategic issues, while UNICEF focused on treatment and care for mothers and children infected with HIV. Other agencies – UNDP and

UNESCO – were also to be involved in addressing stigma and discrimination against people affected by AIDS. UNDP advised that they believe their anti-stigma campaign in this focal area offers a model for mobilizing the private sector to contribute its skills to mass media efforts.

3.1.3 Programme relevance

In terms of **alignment** with the government's national strategic plan and the UN's Development Assistance Framework (UNDAF), the priorities of the UN Joint Programme closely reflect those of the Chinese Government and UNDAF. This reflects the development of the Joint Programme from a close alliance with these two documents.

Relevance is also concerned with the **appropriateness** of the Joint Programme's approaches in terms of key, evidence-based, internationally-agreed upon principles of good practice in responding to AIDS as applied to the specific characteristics of the epidemic in the country under evaluation.¹³ While several activities appear in the programme to identify, document and disseminate 'good practice', it is evident that these do not necessarily reflect the above definition of good practice (see below). Moreover, the implementation of these activities has generally been behind schedule, so the relevance of the Joint Programme in terms of the appropriateness of its approaches requires strengthening.

3.2 Implementation Performance

As noted in section 1.3, the assessment undertook a review of the progress reports for the 2007-2008 work plans submitted by the UN agencies and summarised the reported results against the planned outputs in a matrix for each of the three Focal Areas. These matrices are presented as Appendices 3, 4 and 5. Comments from quarterly reports submitted by agencies relating to challenges incurred and other matters relating to implementation are also included.

3.2.1 Programme implementation

While the UNAIDS website provides a visual presentation of the implementation status of programme activities by colour coding the implementation achieved for each activity by quarters – green for 'achieved', deep yellow for 'partly achieved' and red for 'not achieved' – this is a very crude measure of implementation status. Nevertheless, a rough estimate of the implementation status of each activity against scheduled completion dates as at 30 September 2008 (end of quarter 3) is given for each of the activities in the Focal

¹³ UNAIDS, 'Performance Assessment Tool for Joint UN Programmes and Teams on AIDS', UNAIDS Geneva, July 2008, p. 11.

Area matrices.¹⁴ Table 3.2 summarises the status of activity implementation by agency for Focus Area 1.

Table 3.2: Implementation status of activities by agency for Focus Area 1

Agency	Total Activities	On Schedule > 80%	Near Schedule 50-80%	Behind Schedule 30-50%	Not implem. <30%
UNDP	5	1	1	2	1
UNICEF	5	3	1	1	-
WHO	5	5	-	-	-
UNAIDS	6	4	2	-	-
UNFPA	3	1	2	-	-
UNESCO	3	1	2	-	-
ILO	1	-	1	-	-
World Bank	1	-	-	-	1
UNIFEM	2	1	1	-	-
TOTAL	31	16	9	4	2

Approximately half the activities are 'on schedule' (or near to schedule), while three activities stand out as 'not implemented'. The important recourse tracking and cost-effectiveness assessment by the World Bank (1.4.2) has not commenced as the Bank was unable to devote any resources to the UN Joint Programme (see Section 3.2.2). UNDP advise that its activity to address the vulnerability of minorities to HIV (1.2.2) has stalled due to 'business model cost-sharing problems'.

As the cosponsoring agency for this Focus Area, UNDP has a mixed track record. Its activities relating to MSM appear to have received priority, while other activities are behind schedule or have not yet been implemented. The agency explains that its partnership activities involving the National People's Congress were disrupted during 2008 by extensive changes in personnel within the NPC at all levels of its operations.

Factors affecting implementation, according to agency reports, were the focus of some agencies on finalising work plans and funding arrangements in the first quarter before actual activities could commence, delays in transferring funds from UNAIDS to agencies, the impact of the major Sichuan earthquake in May and the Beijing Olympic Games in August-September, and the High turnover of project staff and government agency staff. While the Sichuan earthquake was a major unforeseen event, it is surprising that the work plans did not factor in the expected impact of the Beijing Olympic Games in their schedules.

¹⁴ It should be noted that the matrices have amalgamated a number of small activities together, so the number of activities listed do not correspond with those in Table 3.1. The estimate of level of completion are based on the completion rating in the table for each quarter against the schedule completion date. The 4th quarter 2008 is taken as the cut off date for the 2007-2008 work plan, with those agencies working to a 2008-2009 work plan being assessed on progress to December 2008.

An assessment of implementation for Focus Area 2 is presented in Table 3.3.

Table 3.3: Implementation status of activities by agency for Focus Area 2

Agency	Total Activities	On Schedule > 80%	Near Schedule 50-80%	Behind Schedule 30-50%	Not implem. <30%
UNICEF	6	3	3	-	-
WHO	8	4	3	1	-
UNFPA	7	1	4	-	2
UNAIDS	4	2	-	1	1
UNESCO	3	-	1	2	-
ILO	5	4	1	-	-
UNDP	1	1	-	-	-
UNODC	1	-	1	-	-
UNIFEM	5	4	-	-	1
TOTAL	40	19	13	4	4

Just under half (47.5%) the activities in this Focus Area are ‘on schedule’ (or near to schedule), while four activities (10%) have not been implemented. These include UNFPA (two) and UNIFEM (one) projects that have yet to commence due to lack of funding or failure to finalise agreements and a national comprehensive survey of prevention intervention and ARV for high-risk groups that UNAIDS was scheduled to commence in the third quarter of 2008, which has been delayed.¹⁵ The WHO activities were primarily prevention interventions in Hunan Province under the SIDA Project. Implementation of the single UNODC programme was affected by delays in recruiting consultants and there have been delays in obtaining reports from several consultants.

Many of the constraints to implementation identified for Focus Area 1 also came up in agency reporting here. Additional constraints identified in Focus Area 2 include delays in the transfer of DFID funds to agencies and weak capacity in project management, including report preparation.

An assessment of implementation for Focus Area 3 is presented in Table 3.4.

Table 3.4: Implementation status of activities by agency for Focus Area 3

Agency	Total Activities	On Schedule > 80%	Near Schedule 50-80%	Behind Schedule 30-50%	Not implem. <30%
WHO	8	2	2	4	-
UNICEF	7	5	1	1	-
UNDP	3	1	-	1	1
UNESCO	2	1	-	1	-
TOTAL	20	9	3	7	1

¹⁵ Implementation of the UNIFEM project has been delayed by the need for the MOR to sign the formal agreement for the activity.

Focal Area 3 embraces treatment, care and support for people affected by HIV. It is primarily addressed by WHO (the convening agency), which is responsible for international standards in testing, treatment and counselling. UNICEF also has interventions in the treatment and care of women and children infected with HIV, while it, together with UNDP and UNESCO, has activities designed to increase support for and reduce discrimination against people affected by AIDS. Overall only 45% of activities in Focal Area 3 are on schedule, reflecting the number of WHO activities that are behind schedule.¹⁶ Low implementation rates by UNDP are also evident in the Focus Area.

Again the Sichuan earthquake is listed by agencies as an implementation constraint, while WHO listed poor work planning as a reason for its unsatisfactory implementation rates.

3.2.2 Programme efficiency

Assessment of efficiency is concerned with how economically resources/inputs (funds, expertise, time, etc.) are converted to results. Thus the efficiency of the Joint Programme is concerned with the degree to which implementation of the activities achieves any savings in inputs and reduces the transaction cost for both partners and the UN System.

This was to be addressed in core area 4 of Focus Area 1, which covers increased mobilisation and better prioritisation and utilisation of resources. The World Bank was to contribute here by identifying resource gaps through effective costing, budgeting and tracking of resources, while UNAIDS was to assist in mobilising resources, including building linkages with the Global Fund activities in HIV prevention. DFID funds amounting to \$240,000 were allocated by UNAIDS to the World Bank resource tracking and cost-effectiveness assessment. The Bank advises that it was unable to reach agreement with UNAIDS on the procedure for transferring funds to it and the MOU was not signed, so no implementation occurred. Accordingly, the expected tools to undertake assessment of the efficiency of the Joint Programme are not available.¹⁷ No examples of where the Joint Programme may have contributed to savings in inputs or reduction in transaction cost for both partners and the UN System have been identified from the existing reporting system. UNAIDS has, however, provided support to the Global Fund in several areas where improved efficiencies in the implementation of its activities are likely to have been achieved.

¹⁶ In a meeting with the WHO AIDS team it was stated that its Focus Area 3 activities are largely on schedule, although this is not reflected in the progress reports submitted to UNAIDS.

¹⁷ Bank officials were not available during the assignment for discussions on this issue. Contact was subsequently made by email, but the accounts provided by the Bank do not correspond with the institutional knowledge provided by UNAIDS.

3.2.3 Programme effectiveness

The effectiveness of the Joint Programme is primarily measured by the extent to which its objectives have been achieved, or are expected to be achieved, taking into account their relative importance. The work plan format lists the key results expected and the targets or indicators that will be used for measuring the result.

As discussed in section 2.2, an issue brought forward during the meetings with individual agencies was that they primarily continue to follow what was termed a ‘process culture’ whereby they are engaged in a large number of small project activities, rather than focusing available resources on strategic interventions where the UN has a comparative advantage and can bring about meaningful outcomes. This is also reflected in the issues raised by individual agencies in their reporting on implementation of the Joint Programme with the cosponsor for Focus Area 1, for instance, stating:

Most agencies limited reporting to progress in implementing activities, rather than the output or result. It is not meaningful to simply describe different activities, without knowing the results or impacts.

The assessment team found it difficult to assess the effectiveness of the Joint Programme overall. As indicated in the above quote, agencies tended to report progress in terms of their activities rather than the key results specified in the work plan. On the other hand, those agencies that have sought to report their progress against performance indicators, such as UNICEF, have generally set these indicators in terms of what particular activities with their partners is expected to achieve. Accordingly, reporting against these targets is not the result the UN agency is accountable for delivering, but rather the combined results of several partners. On the other hand, UNFPA reported on the results of its training activities in terms of pre-training HIV knowledge scores of participants and post-training scores to demonstrate a significant short-term improvement in knowledge (eg, UNFPA project 2.2.2).

3.2.4 Qualitative assessment

An underlying principle at the heart of this assessment is that prevention remains at the core of the national response to HIV, for the epidemic cannot be reversed, and gains in expanding treatment access will not be sustained, without reducing the rate of new HIV infections.

While it is difficult to determine effectiveness in quantitative terms, a qualitative assessment of the reports and the agency interviews indicates that some promising trends are evident in terms of the Joint Programme strategy and its implementation. Although this assessment does not claim to be comprehensive across the full range of Joint Programme activities, the following areas are demonstrating positive results or opportunities that offer guidance regarding the strategic areas where the UN can make a difference over the coming years:

1. The **work place** is emerging as an effective strategic focus in the China context for reaching a mass audience for HIV prevention interventions and reducing stigma and discrimination. This field also lends itself to joint action by two or more UN agencies. ILO reports that it has established good collaboration with WHO to address stigma and discrimination in health sector work places, while the opportunities for collaboration between UNIFEM and UNFPA in railway work places has been noted above. An case study of the power of the work place to influence change comes from Lixian County, Hunan Province, where the owners of entertainment establishments (EE) were mobilised into a 'union' to achieve 100% condom use in their sex work places, with STI clinics in the area reporting a reduction infections from 13% in 2006 to 1.3% in 2007.¹⁸ While EE owners have a vested interest in being able to promote their premises as 'clean', continuing stigma among national business leaders elsewhere has hindered their embracing of effective HIV prevention interventions in their work places.
2. The rapid increase in illegal drug use across China in recent years presents a major challenge for HIV prevention.¹⁹ In this context, the progress made in extending HIV prevention interventions to **closed settings** through the joint efforts of the UNODC, WHO and UNAIDS, in close consultation with the Ministry of Public Security (MOPS) and the Ministry of Justice (MoJ), opens a new window of opportunity. To date, a supportive environment has been established to review international good practices in HIV prevention, HIV voluntary counselling and testing (VCT), and AIDS treatment, care and support and, from this to strengthen the effectiveness of HIV prevention strategies and practices in closed settings in China. As such, it has the potential to extend effective prevention, treatment and care services to one of the most hard to reach vulnerable groups, namely the concentrated population of injecting drug users in closed settings.
3. Despite the challenges involved in mobilizing civil society in the Chinese context, various reports indicate that progress has been made in getting the people most heavily affected by HIV more involved in decision-making regarding intervention strategies over the past two years. While examples of civil society organisations (CSOs) engaging those most at risk or most affected by HIV and AIDS are highlighted in the reporting by UN agencies, the cost-effectiveness and sustainability of these remains unknown. It is difficult to judge to what degree the UNJP has

¹⁸ China-WHO-Sida Comprehensive HIV/AIDS Prevention & Care Project, 'Final Report', 2007, p. 27. Similar initiatives are widespread in China since the early 2000s. The point made here is that the self interest of employers can be a powerful tool when mobilized for HIV prevention in the work place. On the other hand, UN agencies need to be more strategic in how they broker responses that initiate change at the 'grass roots' level in a cost-effective manner.

¹⁹ *China Daily*, 6 December 2008. The number of registered drug addicts in China reached 1 million in 2008, a 37% increase over the figure for 2005. Advice from UNODC indicates that the figure reflects a review of the database to give a more accurate figure.

contributed in this area and clearly significant challenges remain.

4. In line with international experience, China has made good progress in expanding services for **PMTCT** and the low incidence of this mode of transmission means that the ongoing emphasis will be on maintaining these services in key target areas. Strengthening treatment, care and support for mothers and children with HIV remains a challenge, however, particularly establishing sound standards for the treatment of infants and ensuring an adequate supply of approved drugs.

The effectiveness of the Joint Programme in achieving better standards of **treatment and care** is an area of concern. In part, achievement of the results designation by WHO in these fields appears to have been hindered by the diversion of resources to field activities in Hunan Province under the SIDA Project. WHO staff advise that funding by the GFATM has made second-line ART drugs more available, but the challenge is ensure that the correct guidelines for managing the use of these drugs are in place and that treatment centre have the capacity to adhere to these standards. The head of agency acknowledges that in future WHO needs to be more focused, stating that it will be prioritizing available resources in its areas of comparative advantage. He defined these to be brokering international standards in treatment and care, including laboratory standards assurance, drug standards and providing sustainable access, and counselling and testing regimes. In other fields WHO proposes to be reactive, providing passive support in its fields of technical expertise through other UN agencies.

Brokering the adoption of international standards and identifying **best practice** that can be applied in similar contexts elsewhere lies at the heart of the UN role. The Joint Programme includes a number of activities for which the expected result is the adoption or promotion of good practices, but overall the achievements diverge from or fall short of the targets. While it appears that ‘good practice’ rather than ‘best practice’ has become the norm in China, it is also evident there are varying interpretations of what this may mean. UNFPA published a document of two ‘Good Practices’ in December 2006 from its HIV Prevention Project implemented up to 2006, but these comprise descriptions of the process followed in these examples and lack a clear specification of practices that can be applied elsewhere.

International experience shows that prevention programmes will not be optimally effective unless they are supported by effective initiatives to address the social factors that increase exposure and vulnerability, including gender inequality, HIV stigma and discrimination, and social marginalization of the populations most at risk of HIV exposure.²⁰ These cross-cutting areas present significant challenges in the China context, both in terms of their strength as barriers to effective prevention measures, but also in terms of the difficulties of introducing effective cross-cutting measures in the complex and diverse institutional and cultural environments of China. Within the existing Joint Programme, no cross-cutting initiatives stand out as providing models for intervention, although a number

²⁰ 2008 *World AIDS Report*, UNAIDS, Geneva, November 2008, p.96

are still in the early stages of implementation.

3.3 Issues to be addressed

The key issues relating specifically to the Joint Programme to emerge from the meetings with agencies and the above analysis are as follows:

1. The domination of the Joint Programme by a **‘process culture’** that has resulted in a large number of small project activities is discussed in section 2.2. While these issues primarily relate the management of the Joint Programme (see Chapter 4), much more rigor is required to focus on larger activities in priority areas where the UN can make a difference in the forthcoming work plan, particularly the development of joint activities involving two or more agencies.
2. The shift to a **‘results management culture’** will require a shift in joint programme planning and reporting to focus on key results that the UN is responsible for delivering, rather than reporting progress in terms of activities or against performance indicators that cover the combined results of several partners.
3. The low level of HIV prevention coverage among the most at risk populations (MARPs) – only 8.2% of the MSM population in 2007 according to official figures²¹ – remains a major challenge for national response and the Joint Programme. The UNJP continues to be characterised by small-scale ‘pilot’ projects and effective interventions to scale-up coverage are not evident in the reporting.
4. Significant issues emerge regarding the **treatment** provided for AIDS patients, notably the need for improved policies and action regarding ART drug dosage, procurement and pricing; the protocols for and management of second line ART drugs; and the barriers to accessing treatment for the most vulnerable, particularly the high out-of-pocket expenses incurred by patients, such as such as regular medical check-ups, laboratory tests, prophylaxis and treatment for opportunistic infections (OIs), or simply the cost of transport to the treatment centre.²² While an effective response will, in some instances, be linked to wider reforms in the health sector, China’s desire to achieve international recognition for its standards of treatment and care provides opportunities to more rigorously pursue WHO’s international standards in these areas.
5. Proven effective strategies are required for introducing **cross-cutting issues** a range of local institutional and cultural settings. Addressing stigma and discrimination is identified as a strategic priority that has not been adequately addressed to date, including in the health sector work place. The country representative of WHO

²¹ SCAWCO and UNTG on AIDS, A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China, 2007, p.22.

²² Moon, *et al*, *Out-of-pocket costs of AIDS care in China: are free antiretroviral drugs enough?* 2008.

identified this as an area that needs a stronger focus in the forthcoming biennium. There is also general agreement across agencies that more attention should be given to gender and HIV, provided an effective strategy for mainstreaming this issue is identified

6. While a key lesson of the global HIV epidemic is the central role of **civil society** – placing the people living with HIV and those most at risk of HIV exposure – in effective national and local responses, the very different perspectives of civil society held by Chinese officials and international agencies (including the UN) has hindered progress in this area. The UN agencies working with the preferred civil society agencies, such as the All China Women’s Federation (ACWF) and the Communist Youth League of China (CYLC), advise that while these bodies can reach large mass audiences, they are heavily orientated to the established order and do not engage those most at risk of HIV exposure.
7. In common with national responses to the HIV epidemic elsewhere, sustaining prevention initiatives and gains remains a great challenge for China’s response in general and the UN Joint Programme in particular. The assessment concludes that it does not appear that **sustainability** has been given adequate attention in the selection and design of the activities supported by UN agencies in the current work plan. The assessment of sustainability needs to be given much more prominence in future.

3.4 Linkage with the Global Fund

As indicated in Section 1.1, the assessment was to examine the experiences of agencies in supporting the implementation of grants made by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and suggest approaches for the UN to meaningfully contribute to grant implementation and the national action plan in general.

The GFATM was created in 2002 to finance a dramatic turnaround in the fight against the three diseases and over US\$200 million has been committed to China for AIDS initiatives in 25 provinces to date.²³ This covers HIV prevention work with MARPs, particularly IDU’s and sex workers, comprehensive treatment and care activities, capacity-building in civil society organizations, and addressing stigma and discrimination against those affected by HIV.

3.4.1 Partnership with the UN

UNAIDS and its cosponsors in China have been active in building linkages between the UN System and the GFATM. This ongoing collaboration and support to implement Global Fund programmes cover a number of areas in which the UN system can contribute

²³ The forthcoming Round 8 will extend this coverage to 28 provinces, autonomous regions and municipalities.

substantially. Some of the areas are:

1. **Governance:** UNAIDS has assisted the GFATM in establishing its China Country Coordinating Mechanism (CCM), strengthening governance of CCM, and in monitoring and evaluating (M&E) the performance of its grantees through strengthening the capacity of principal recipients and sub-recipients to report on grant implementation. The CCM is the governing body for the Global Fund in China and has 22 members including CCM conveners and sector group representatives, who are from government sectors, academic/educational institutions, mass organizations, Chinese associations, community based organizations, PLHIV, international NGOs, multi-lateral and bilateral organizations, and the private sector. UN is currently represented by UNFPA, UNICEF, WHO and UNAIDS, while WHO chairs the AIDS and TB working groups and UNAIDS is the vice chair of the China CCM.
2. **Grant mechanisms:** UNAIDS assists the CCM as needed in developing AIDS proposals for consideration by the Global Fund. It's most recent involvement was in assisting the development of a grant consolidation of its existing four Global Fund grants through Round 3 Rolling Continuation Channel (RCC), which was submitted at the end of 2008. This is discussed further below.
3. **Programme implementation:** UNAIDS provides the technical support needed to implement AIDS programmes funded by the Global Fund, and works with CCM to resolve implementation bottlenecks. UNAIDS also strengthens the CCM and AIDS programmes by ensuring the meaningful participation of civil society.
4. **Technical Support:** WHO and UNAIDS provide the China CCM with strategic knowledge, policy advice and technical expertise on AIDS to ensure that the funds are spent effectively. UNAIDS China office acts as a clearinghouse for high quality technical assistance, providing norms and guidance, ensuring that technical assistance adheres to agreed standards, and providing operational tools as agreed within the UN Division of Labour.

3.4.2 Rolling Continuation Channel

The RCC proposal, submitted in November 2008, seeks to consolidate the four existing HIV GFATM grants in China, namely the primary grant Round 3 grant and the additional HIV grants approved under Rounds 4, 5 and 6, under a single Principal Recipient (China CDC).²⁴ It argues that this will allow for a streamlining of management and administrative requirements that will ultimately reduce transaction costs and improve efficiency not only for the consolidated Global Fund AIDS programme in China, but also for the Global Fund itself. It is envisaged that grant consolidation will allow the Principal Recipient to cut

²⁴ The Global Fund Application Form, Country Coordinating Mechanism, P. R. of China, November 2008.

down on the number of reports required, harmonize M&E and streamline grant administration (including cutting down on administration costs).

In essence, the RCC consolidation will enable the national AIDS programme to move away from a project management approach towards a programmatic approach and allow a scale-up of Global Fund activities and could secure large-scale programme funding until 2015. It is also designed to better integrate GFATM activities in China into the next Five Year Action Plan for the National Response to HIV (2011-2015). Its strategy is to strengthen the national response to the HIV epidemic through both a top-down and bottom-up approach that mobilizes both government and civil society capacity and supports partnerships that can create a more unified system to address HIV and AIDS in China. The RCC seeks to strengthen national and provincial level strategic planning and analysis to identify gaps in the response.

3.4.3 Future linkages

It is envisaged that opportunities for the engagement of UN agencies to assist the GFATM in planning, monitoring and evaluating strategic initiatives will emerge over the 2009-2010 period, and particularly should the GFATM CCM application for the RCC be approved and funding is forthcoming on a significant scale from 2011, and that these GFATM interventions are targeted to be more cost-effective in a programme, rather than a project, approach. Further dialogue is required between the UN System and the GFATM CCM to establish the areas that UN agencies may be able to make useful contributions in the 2009-2010 work plan.

The proposed RCC framework and strategic analysis also provides a model for reshaping the UN Joint Programme for the 2011-2015 period. Closer integration of the two planning frameworks would help build linkages between the UNJP and the GFATM and provide a basis for better-targeted technical support.

One area where the opportunity for closer links between the GFATM programme and the UN System is already apparent, however, is in **sustaining prevention gains** that have been demonstrated by initiatives made by UN agencies. The MSM networks established under the UNDP initiatives in 2007-2008, for instance, appear to require ongoing support and the current GFATM activities in this area may provide a suitable framework for maintaining these initiatives. More significantly, the US Department of Labor support to the ILO work place projects is scheduled for completion at the end of 2009 and the prospects for funding beyond this date appear to be remote. If this assessment is correct in its judgement that the work place is emerging as an effective focus for delivering HIV prevention initiatives on a massive scale to key target groups, then sustaining the most promising ILO/US DOL initiatives should be a high priority. Their transfer to the GFATM in 2010 may therefore be an attractive option.

4. JOINT PROGRAMME MANAGEMENT

The draft UNAIDS assessment tool for joint programmes also seeks to address whether or not the joint team is functioning effectively within the context of the agreed-upon programme of support, enabling the achievement of added value in terms of coherence, effectiveness, efficiency and relevance. It is concerned with the combined effects of the joint programme and team, and how they are effectively managed to maximise the synergy between the two. The assessment tool notes that the overall performance of the Joint Programme is dependent on many aspects of management, including planning and coordination through regular, results-oriented team meetings, mobilization of effective partnerships, and continually holding team members accountable for their participation. These and other management issues are reviewed in the following sections.

4.1 Existing Management Framework

As discussed in Section 2.3, the UN Joint Programme on AIDS in China adopted a ‘matrix management’ model whereby individual staff would be assigned by participating agencies to the Joint Team, while remaining under their existing ‘line management’. There is agreement that this is the most appropriate model in the present context, this arrangement presents particular challenges in terms of the accountability of team members to deliver the key results specified for the Joint Team in the biennium work plan.

4.1.1 UN Theme Group on AIDS

The Joint UN Country Programme specifies the United Nations Theme Group (UNTG) on HIV/AIDS as the body with overall policy and programme guidance responsibility for the UN Joint AIDS Team and programme. Under the leadership of a chair designated by the Resident Coordinator, the UNTG comprises the UN Country Team members. It is charged with:

1. Ensuring effective and coordinated support by the UN system to the national AIDS programme;
2. Helping the UN system integrate its activities with national efforts; and
3. Facilitating the coordination of other support to the national AIDS programme.²⁵

The UN-specific theme group was to meet six times a year to specifically address internal UN planning and operational issues relating to the joint programme. In addition, an Expanded Theme Group (ETG), comprising the Chinese Government, bilateral donors, international and national NGOs, and the cosponsoring UN agencies of UNAIDS, serves

²⁵ Joint UN Country Programme on AIDS in China (2207-2010), June 2007, p. 23.

as the key national partnership forum on AIDS in China. Both the UNTG and the ETG are supported by a secretariat (UNAIDS) which works under the guidance of the Chair of the UNTG.

To address in detail specific issues related to the HIV situation and the national response in China, a number of technical working groups (TWG) have been established by the ETG. These TWGs are convened by a member of the ETG and focus on targeted prevention; treatment, care and support; children; MSM; and drug use in the context of HIV.

The UNJP links directly with the State Council AIDS Working Committee Office (SCAWCO) to ensure consistency of UN efforts with the overall priorities to support to the multi-sector response to AIDS in China. While the State Council AIDS Working Committee brings together high-level representatives of 21 central government agencies, three mass organisations and the vice-governors of seven provinces, a concern raised during the assessment was the domination of MOH in the management of SCAWCO. This has hindered its effective engagement with sectors outside health.

Each UN agency and their respective counterpart national department or project office is responsible for the biannual work plan development, project implementation and management. It was proposed in 2006 that two review workshops would be held each year between the UNTG executive group²⁶ and core members of SCAWCO to review the achievements being made, identify gaps where priorities are not being addressed and agree on steps to address these. This was not carried through into the agreed Joint Programme document of June 2007, although quarterly reviews of progress are held between SCAWCO and UNAIDS.

4.1.2 Convening and lead agencies

The UN *Division of Labour* provides a basis for defining specific agency responsibilities. **Lead agencies** have been defined for each specific area of the Joint Programme. Each lead agency is responsible for coordinating the provision of and/or facilitation of technical support in their assigned areas. It is expected to have the necessary technical capacity in its country office, with well developed regional and global technical capacity to support the country office; and to have conducted activities that provide credibility to the organization in assuming the role of lead agency.

The role of lead agencies is spelt out in detail here, as there has been some confusion between this and the convening role for each of the Focus Areas. The three **convening agencies** are primarily responsible for coordinating the provision of and/or facilitating technical support across the range of initiatives within their Focus Area. The convening agencies also ensure that quarterly progress reports for their area are incorporated into the monitoring and evaluation system in a timely manner, and they were expected to organise

²⁶ The UNTG executive was to comprise the Chair, the Deputy Chair and the UNAIDS Country Representative.

two Focus Area Meetings per year to review progress and make any necessary adjustments to the programme. There is overlap in the documents in relation to the qualifications of lead agencies and the convening agencies. Both, it seems, require the technical capacity and the credibility described above for lead agencies, but the following qualifications are more explicitly assigned to the convening agency role in the July 2007 Guidelines document:

- Provide updates to partners, civil society and government in all aspects of the technical area within the joint UN country programme; and
- Mobilise and leverage action and partnerships, and mobilise resources for the joint programme.²⁷

In addition to being lead agency in strengthening national coordinating bodies and policy formulation, mobilizing national and international civil society to fully engage in the AIDS response, mobilizing national, local and international resources, strengthening the national M&E system, the UNAIDS China office assists with the management of the joint programme, coordinates the activities of the three focus areas, and acts as a back-up for other UN agencies.

4.2 Joint UN Response Assessment

4.2.1 Building effective partnerships

The relevance and effectiveness of the UN System in contributing to China's national response to the HIV epidemic is highly dependent on the perceived value of the technical expertise, standards and international experience that individual UN agencies can bring to their counterpart organizations. Moreover, this perceived value is evolving within the context of the rapidly growing technical expertise and confidence of the Chinese counterpart organizations.

Representatives of several UN agencies put forward the view that establishing good linkages with counterpart departments is dependent on the level of funds that the UN can provide to that counterpart. While the concerns of SCAWCO officials presented to the assessment might be taken as an endorsement of this view, it is a perspective that is by no means universal within the UN System, with WHO, UNAIDS and UNODC, for instance, providing very different views. As an independent participant indicated to the assessment, the relationship between the UN and Chinese Government is no longer a donor-recipient role and will only be effective where meaningful partnerships are established based on mutual trust and the effective transfer of technical knowledge and/or experience.

²⁷ UNAIDS China Office, Guidelines for the implementation of the Two-year Work Plan of the UN Joint Programme on AIDS in China (2007-2010), July 2007, pp. 4-5.

One of the most long-standing partnerships is that between WHO and China's Ministry of Health (MOH). In the view of the WHO Country Representative, this partnership is now at a cross-road, with the possibility of WHO losing relevance as China gains more confidence on one hand. On the other, China's desire to gain recognition that its standards of treatment and care reach international standards provides WHO with the opportunity to broker new linkages between China and the international health arena in general, and specifically to assist Chinese authorities to reach international standards and best practice. In terms of the national response to HIV and AIDS, the domination of MOH in capturing funds for the international response to the HIV epidemic make health a difficult sector to engage with. Indications are that WHO has some lost ground to make up in maintaining and reinvigorating partnerships with key national agencies in the health sector. This will require high-level engagement.

An example of a UN agency building an effective partnership given by an independent observer is the achievement of UNFPA in engaging with the China Family Planning Association (CFPA) at a high level to bring about important policy changes based on a right-based approach to family planning. This provides opportunities to broaden links with CFPA to encompass HIV prevention initiatives, although UNFPA does not appear to have had similar success in building partnerships with other agencies under the Joint Programme. Other effective partnerships that stand out are those established by ILO with the Ministry of Labor & Social Security (MOLSS) – and to a lesser extent with the All China Trade Union – and by UNODC with the Ministry of Public Security (MOPS) and Ministry of Justice (MoJ).

The latter example offers a useful case study on establishing an effective partnership between the UN System and key Chinese counterparts. In reviewing its experience, UNODC highlighted the critical role of the UNAIDS China Office in providing its representative with a base, administrative support and in facilitating contacts with potential partners. The engagement of new partners required UNODC to demonstrate that it could deliver international technical expertise at a high-level with a multi-sector capability. This was achieved through the participation by experts from headquarters and the regional office, including the Director-General of UNODC whose direct involvement was critical in establishing a direct link with the Vice-Minister of MOPS responsible for narcotics. With appropriate ground-work, the provision of seed funds and the signing of a working agreement, this high-level engagement resulted in a decision by MOPS to initiate HIV prevention in compulsory rehabilitation and treatment centers and re-education through labor centers as a priority. The TWG on Drug use and HIV then provided a base for expanding the network of contacts and for reinforcing communication and exchange of information between MOPS and MOJ and their international partners.

UNDP had previously established an important strategic partnership with the National People's Congress (NPC) that was expected to provide a significant building block for the policy initiatives in Focus Area 1 of the UNJP (see Section 3.1.2). Unfortunately this partnership was disrupted by extensive changes of NPC delegates during 2008 at the central, provincial and local levels. Evidently rebuilding and revitalization of this

partnership is required.

Other agencies have faced more daunting challenges in building partnerships with counterpart agencies. UNESCO, for instance, has not been able to establish a meaningful partnership with the Ministry of Education (MoE) to extend HIV prevention programmes into the school system. This is not a criticism of UNESCO, but rather an example of the difficulties of introducing change in many areas of the Chinese bureaucracy. Without a strong commitment to extensive reform in the education system, it is difficult to envisage how meaningful and effective HIV awareness and prevention interventions could be made through the school system.²⁸ UNIFEM has established a new partnership with the Party School of the Central Committee of Communist Party of China that introduces gender and HIV issues into the training of senior officials in provincial government and its agencies. While this has the potential to enhance the understanding of HIV issues from a gender perspective among senior officials, it has emerged that the on-going effectiveness of the training is hampered by the fact that the partnership for the initiative is with the Department of Finance & Administration, which has responsibility for organizing cultural events attended by senior officials. Effective power in the training of party officials rests with the Curriculum Department, which has not embraced the concept. A joint UN agency approach that engages with the relevant vice-president responsible for curriculum would be required in order to gain the support of the Curriculum Department.

Overall, the experience of the Joint Programme to date is that positive partnerships have been established with SCAWCO, MOH, MOLSS, MOPS and MoJ under the Joint Programme, but longer standing partnerships between UN agencies and Chinese counterpart ministries require reinvigoration if the UN System is to maintain relevancy in these sectors.

Over and above the challenge of establishing high-level partnerships with counterpart organisations, the ongoing value of the UN System to the national HIV response in China is highly dependent on the quality of expertise it delivers in three broad roles, namely:

1. **Facilitation:** primarily as a ‘broker’ in which the UN System provides a facilitating, catalytic, coordinating and advisory role to other organizations;
2. **Best practices:** whereby a body of knowledge of effective responses is built up and exchanged among relevant players; and
3. **Technical assistance:** being the provision of advice and capacity-building by UN agencies in their specialist technical fields in response to requests from their counterpart agencies.

In essence, the task of demonstrating their relevance to Chinese counterparts requires a good knowledge of international practice and technology that is seen as relevant and desirable to these counterpart agencies. It is a highly skilled role that requires extensive experience in a range of institutional cultures.

²⁸ The assessment team sought to meet with the recently-appointed UNESCO Country Representative, but this was not possible due to his travel schedule.

4.2.2 Functioning of the UN Theme Group

While the UNTG is seen as the forum at which the strategic directions of the UN Joint Programme on AIDS can be formulated and the role of the Joint UN Team on AIDS in tackling key issues is established, the protocols and procedures whereby this is carried out is not clearly defined.

A strong message to emerge from the assessment process is that senior management within the participating agencies, and specifically the heads of agencies (with the exception of the UN Theme Group Chair and the UNAIDS Country Coordinator), have not been effectively engaged in either the UNTG or the Joint Programme. The heads of most agencies have not attended UNTG meetings, leaving this task to the Focal Point for their HIV staff and, as a result, the UNTG has not been active in harmonizing the contributions by various parts of the UN System to define strategic directions for the UNJP and, where appropriate, to develop joint initiatives by UN agencies.

The meetings that involved heads of agencies generated rigorous and productive discussion on a range of issues that are discussed in detail in the following sections. It was acknowledged that participation by senior management has been limited and there is a commitment to address this in future, provided that revisions are made to the mode of operation of the UNTG to better focus and schedule the involvement of senior management to those tasks where their experience and decision-making is most required. In short, the involvement of senior personnel, particularly heads of agencies, needs to be realistic in matching their contribution to the UN Joint Programme on AIDS against other commitments in their busy time schedules. Proposed amendments to the role of the UNTG and related management issues are outlined in Section 4.3.3.

4.2.3 Strategic focus and harmonizing responses

The joint programme assessment tool uses the number of harmonized procedures among agencies and the number of times the UN has spoken with a common position as indicators of the effective functioning of the UN response to AIDS. Both are seen as an assessment of the coherence of the overall joint programme, while effective harmonization is also expected to contribute to improved efficiency through savings in inputs and reduced transaction costs for both partners and the UN System.

As discussed above, there are several areas where a strategic focus by the UNJP appears to be yielding promising results in terms of prevention, notably in the work place. Overall, however, a major concern expressed to the assessment is the domination of the current work plan by small-scale activities, such as ‘pilot projects’ and small studies that reflect a continuation of past processes and alliances. As discussed in Chapters 2 and 3, this continuing ‘process culture’ within UN agencies and its associated inter-agency rivalry is recognised as a problem at senior management level.

In several agency meetings the UN experience with the Spanish MDG Achievement Fund

was raised as an example of how UN agencies can conduct a harmonization exercise that arrives at an effective strategic result. In this instance, the donor provided funds to the UN System on the condition that they could only be used for joint programmes and the funds were allocated by a competitive tendering process. In the case of China, where the rationale to receive funds given the country's recent economic advancement meant that a typical UN default response of allocating the funds equally between competing agencies would not achieve any MDG funds, an effective harmonization process was required. As a result, senior officials from various agencies worked together to set the overall aim for a project within the thematic topic and prescribed the desired outcome. Only then did they tackle the question of which agencies were best equipped to deliver the skills and experience to achieve the desired outcome. When the agencies responsible for each specific area of the proposed project were agreed were the funds necessary to deliver these inputs allocated.

A challenge to a harmonized joint programme in the view of several agency heads is the traditional global structure of their agencies. In their view, the traditional line structures of UN organisations continue to work against an effective joint programme. They point out that, while the UN at country level is expected to develop and implement joint programmes on the name of 'One UN', the hierarchical line reporting systems of each agency continue to drive them to work independently and report on their individual successes in order to maintain adequate resource allocations.

In terms of the UN speaking with one voice, the Joint Programme has provided a framework for the UN System to present a common position, most notably at scheduled events such as those linked with the annual World AIDS Day. At other times its ability in this area has been more severely tested. For instance, the unavailability of senior UN officials to present a common UN position at a appropriate level in the MOH at critical times during formulation of the 2007 Joint Assessment Report on HIV/AIDS meant that key UN agenda topics were deleted from the 'joint report'.

4.2.4 Programme coordination and resource mobilization

The UNAIDS China office has the role of coordinating the management of the UNJP, mobilizing national, local and international resources for the programme, and assisting national and international civil society to fully engage in the AIDS response. In the view of DIFD, the major donor to the UNJP, its contribution has been a worthwhile investment primarily because of the ability of UNAIDS to bring agencies together towards a common effort. While it sees the UN Joint Programme as very much a 'work in progress' at this stage, DFID perceives that the tendency of individual UN agencies to 'do their own thing' is being addressed and this is the rationale for its positive assessment of the UNJP.

Performance in terms of mobilizing resources for the UNJP was criticized by several agencies. The assessment indicates that significant resources, notably the DFID contribution, were mobilized in the initial stages of the Joint Programme, but the declining priority of China in donor programmes mean that, apart from UNAIDS PAF contributions, no significant additional resources have been forthcoming during this biennium. A more significant issue, however, is the lack of a strategic focus in the allocation of DFID funds and the capacity to ensure that available resources are used effectively.

4.2.5 Information sharing

The expanded theme group (ETG) has played an effective role as a forum for sharing information between the UN and its external partners. In addition to presentations by UN agencies on the results of significant interventions, such as the World Bank presentation in November 2007 on the findings of its resource tracking assessment in Guangxi, bilateral donors have used the forum to give presentations on the lessons-learned from their projects. As part of its demonstration strategy for the project completion report of its Xinjiang HIV/AIDS Prevention and Care Project, AusAID has scheduled a presentation to the ETG in early 2009.

One of the issues brought forward in discussions during the wrap-up meeting with the Joint Team on 11 December was the need to give more emphasis to drawing the experiences of other donor programmes into more rigorous policy dialogue with the Government of China. The implication was that the existing framework of the ETG is too restrictive for the in-depth presentations and analytical discussions that may lead to the adoption of lessons from these interventions. Thus, there may be scope for a more proactive role of the UN Joint Programme in this information sharing arena in the new biennium.

There is also a need address the suitability of the existing processes for open information sharing within the UN System. The Joint Programme design envisaged that the three convening agencies would organise two Focus Area Meetings per year to review progress and make any necessary adjustments to the programme. While some initial meetings were held they have lapsed on the grounds that the convening agencies (UNDP, UNICEF and WHO) had activities in all three Focus Areas and attendance at 12 review meetings a year was seen as an unnecessary burden. On the other hand, the lack of suitable forums for information sharing within the UN System appears to have had a negative impact on the cohesiveness of the Joint Programme.

The assessment concludes that strengthening of information sharing between partners within the Joint Programme is required. This may require amendments to the existing programme framework and a reduction in the number of activities it encompasses as discussed below.

4.3 Accountability of the Joint Response

As noted in Section 2.3, there is agreement across UN agencies that the accountability of the Joint UN Team needs to be strengthened. The processes needed to bring this about were the focus of discussion in meetings with UN agencies and the assessment's interpretation of the issues raised is covered in the following sections.

The challenge of strengthening the accountability of the Joint UN Team on HIV without inappropriate interference with the responsibility of agencies to manage their own staff was of central concern. As discussed in Section 2.3, there is agreement that there is agreement that better accountability is required and that some form of joint assessment of team performance would assist to achieve this. At the same time, there was general recognition that improved accountability will be dependent on better specification of what the joint team is responsible for delivering in terms of measurable indicators. It is also recognized that clearer specification of team roles and reporting systems will be required.

4.3.1 Defining deliverable results

As concluded in Section 3.3, the necessary shift to a 'results management culture' will require a shift in joint programme planning and reporting to focus on key results that the UN is responsible for delivering. This has proved difficult to achieve within UN agencies, which are engaged in processes to effectively influence action by others, rather than the direct generation the outputs of the response. As these processes are difficult to define in measurable terms, there is an natural tendency to focus on those elements of the organizations activities that result in more clear-cut outputs, particularly those that involve physical units of production (such as conducting meetings or publishing reports). The challenge is to define indicators that measure the underlying core strategic outcomes that the agency aims to achieve through its contribution to the meeting or seminar, the publishing of a report or the provision of technical assistance.

Addressing this challenge is crucial to enhancing the accountability of the Joint Team and the overall programme. It is anticipated that it will require a combination of measures such as:

- Refocusing the 2009-2010 UNJP work plan to cover only core strategic priorities that preferable engage two or more UN agencies in joint activities. Where agencies wish to continue other HIV-related activities using their own funds, these might be listed as an annex to the UNJP.
- Clarifying and further strengthening the roles of the UNTG and the joint team as described in Section 4.3.3 below.
- Providing a practical results-based management training opportunity for the joint team based around the development of measurable indicators for the outcomes in the 2009-2010 UNJP work plan that the UN is responsible for delivering.

4.3.2 Joint team balance

The effectiveness of the Joint Team depends on the technical knowledge and experience of its members regarding international standards and experiences in responding to the HIV epidemic on the one hand; and first-hand knowledge of the key players and the institutional culture of the key national partners on the other. Thus an effective team requires a balance between international staff with a strong technical base and extensive international development experience, particularly in terms of bringing about effective institutional change in a range of settings; and national staff who can establish effective entry points to a range of counterpart organizations.

The assessment notes that, in the current context of budgetary constraints faced by UN agencies, is a tendency to replace international staff with locally-recruited personnel. In terms of the capacity of the team to broker strategic changes with partner organizations, this trend is a matter of concern.

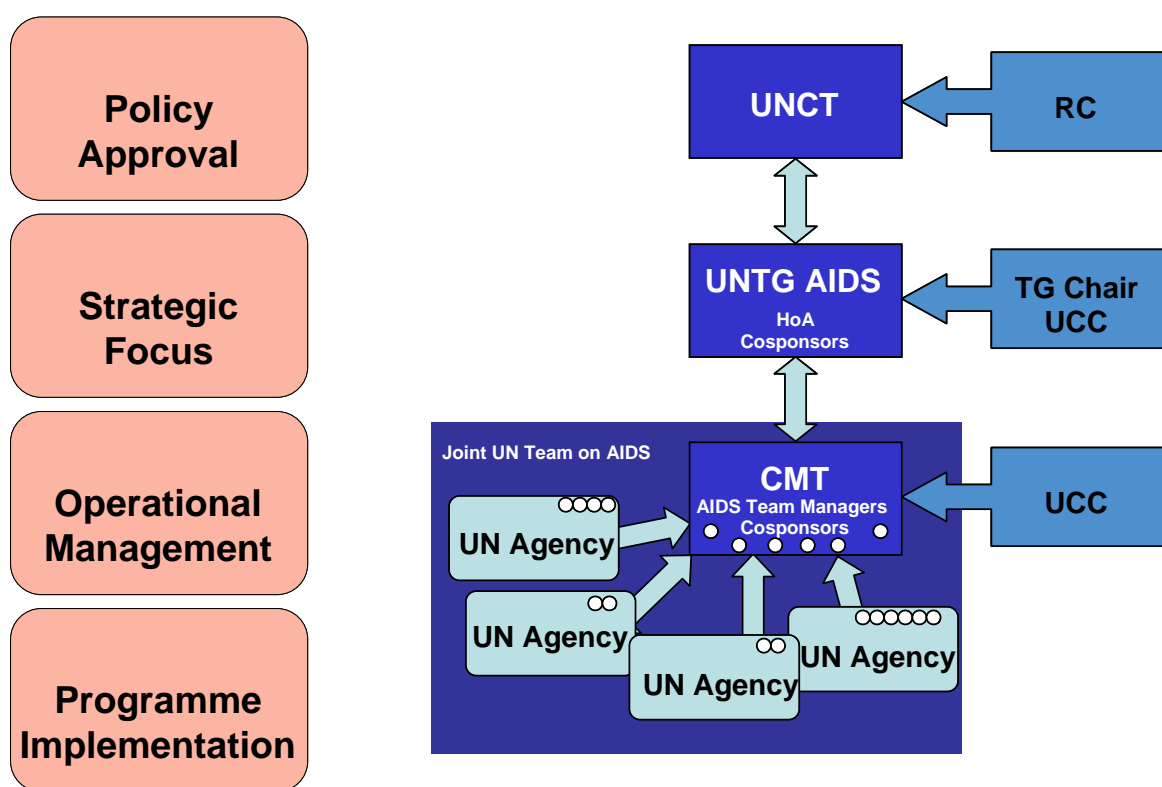
This is not to argue that national do not have the potential to play a strategic change role, but rather to become effective at this level within China they will require exposure to broader experience in international practice and institutional cultures. Proposals to address this are presented in Section 5.4.

4.3.3 Management structure for accountability

As noted in Section 4.2, there is general agreement within UN agencies that revisions are required the mode of operation of the UNTG and, by implication, to the communication framework and the reporting channels of the Joint Team. The following proposals reflect both the suggestions put forward during the assessment to strengthen accountability and a review of recent changes in UN management structures made in other countries as they seek to strengthen their joint programmes to respond to HIV epidemics. They are not put forward as a firm recommendation, but rather as the basis for further discussion and refinement towards an improved model for managing a dynamic and effective joint response. A diagrammatic representation of the proposed management structure is presented in Figure 4.1.

In terms of layers of decision-making, the proposed changes are as follows:

1. **Policy/Strategic Approval:** The UN Country Team (UNCT) remains the body responsible for endorsing the strategic direction and overall scope of the UNJP. While the overall 2007-2010 Joint Programme was endorsed by the UNCT, it would be appropriate for strategic and/or structural changes in the 2009-2010 work plan to be approved by the UNCT.

Figure 4.1: Functional and structural elements of proposed management structure²⁹

2. **Strategic Focus and Review:** Defining the strategic focus of the UNJP is the appropriate role of the UN Theme Group on AIDS. Its purpose is currently specified as: ‘to ensure optimal joint action of UN agencies in support of an effective scaled-up country response towards universal access to AIDS prevention, treatment and care based on the principles of *Three Ones*’ and its membership comprises the heads of the 10 Cosponsors of UNAIDS, with the UNAIDS China Office serving as secretariat. It is envisaged the UNTG would meet approximately twice a year to define the core strategic focus areas for the UNJP, including specification of the lead and support agencies for each priority area, and to review the ongoing appropriateness of these priorities and the UNTG reports to the UNCT on its recommendations. With the exception of frequency of meetings, this reflects the intended purpose and structure of the UNTG, but practice has strayed from this. Clarification of the UNTG terms of reference should be made to clearly specify its function, membership, convening times and the role of the Chair.

²⁹ Revisions of the management structure were made based on constructive comments received during the UNCT meeting held in mid January. Please see the revised chart of the new management structure in appendix 2 to this report.

3. **Managing joint operational tasks:** The lack of clarity over responsibilities and accountability would be overcome by adopting the approach taken in other countries to establish a 'Core Management Team' to manage the inter-agency operational aspects of the UNJP. The nine participating agencies (ten if the World Bank were to re-engage) would designate a senior member of staff as the manager or supervisor on behalf of that agency (generally, but not necessarily the existing 'Focal Point') to this team. The functions of this Core Management Team would be a revision of the 'Specific Functions' of the UNTG in its 2008 terms of reference. It would meet on a regular basis (usually every three months) to review progress towards the core strategic focus areas of the UNJP, address any constraints in implementation and the achievement of desired outcomes, and to share information on progress and challenges. Through the involvement of UNAIDS as the secretariat to this team, closer linkages would be forged with SCAWCO to review the overall national response and the contribution of the UNJP to this.
4. **Programme implementation:** The staff members identified by each agency as members of the Joint UN Team on AIDS will be responsible for implementing that agency's contribution to the agreed priority focus areas of the UNJP work plan.

The steps outlined in Section 4.3.1 to strengthen the accountability of the Joint Team through better defining deliverable results would constitute a key step in the process. With these processes in place, appropriate measures can then be implemented to develop joint assessment processes that will contribute in a positive manner to enhanced accountability for the Joint Team. Staff appraisal of the managers/supervisors appointed to the Core Group is expected to be revised to incorporate elements of their contributions to joint team functions and performance.

4.4 Programme Monitoring & Evaluation

Significant progress has been made by UNAIDS in strengthening the monitoring and reporting of progress under the UNJP. The initial reporting requirements were found to be time consuming by reporting agencies, so an on-line format was developed and implemented from the second quarter of 2008. Individual agencies use a common format to report their progress by quarter and post it online. In addition, convening agencies submit an overview quarterly report for their Focus Area that includes financial disbursements during the quarter. In addition, the agency website manager updates the Table of Deliverables on the UNAIDS website for the UNJP to indicate the level of achievement for their activities during that quarter. Feedback by agencies highlights the value of these improvements in their reporting.

These online reports were utilized by the assessment and are summarized in 3-5 and the Table of Deliverables provides the source for the implementation assessment provided in Chapter 3. Current shortcomings regarding the large number of small activities to be reported, the need to better specify the results the UN is responsible for delivering and, probably, a more rigorous monitoring of implementation progress are covered in the

respective areas of the report.

The International Cooperation Programme Department of NCAIDS has made significant progress in developing a comprehensive response management information system (CRMIS) that brings together reporting from over 10,000 units. Links are being established between the UNAIDS website UNJP monitoring and Table of Deliverables.

UNAIDS initiated a dialogue with SCAWCO in July 2008 to exchange information on the progress of the UNJP and other topics of interest, with a follow-up meeting on 3 December at which a presentation was provided on the UNJP assessment and updates were exchanged on the third quarter results of the programme. The SCAWCO officials were primarily interested in the level of funds distributed by the UNJP to Chinese counterparts during each quarter, but the format they have provided to deliver this information differs from that used by NCAIDS for similar information. SCAWCO has agreed to negotiate with NCAIDS to devise a common format for the collection of the required information.

As discussed in Section 3.2.3, the capacity of both SCAWCO and the UNJP to make sound assessments of how resources have been utilized and whether they have achieved the desired results have been hindered by the lack of independent, quality evidence-based research into what has actually been achieved. This weakness needs to be addressed.

4.5 Issues to be addressed

The key issues relating specifically to the management of the Joint UN Team and the UNJP on AIDS to emerge from the meetings with agencies and the above analysis are as follows:

1. There is a commitment by senior management to make more meaningful contributions in setting the strategic objectives of the UN Joint Programme on AIDS through the UNTG on AIDS, provided that this involvement is focused and scheduled where their experience and decision-making is most required. This requires clarification of the roles and responsibilities of the UNTG and the Joint UN Team on AIDS.
2. Revisions are required the mode of operation of the UNTG and, by implication, to the communication framework and the reporting channels of the Joint Team as outlined in Section 4.3.3.
3. The expanded theme group (ETG) has played an effective role as a forum for sharing information between the UN and its external partners, but this could be further enhanced by drawing the experiences of other donor programmes into more rigorous policy dialogue with the Government of China.

4. In terms of balance within the Joint UN Team on AIDS, the present tendency to replace international staff with locally-recruited personnel needs to be rigorously assessed against the capacity of the team to broker strategic changes with partner organizations.
5. There is an ongoing need to strengthen M&E capacity both within UN and partner agencies, particularly in terms of assessing of how resources have been utilized and whether they have achieved the desired results. There should be an increased focus on independent, quality evidence-based research into what has actually been achieved.

5. LESSONS FOR THE FUTURE

A key focus for the assessment of the UN Joint Programme was to use the lessons from the current experience as a basis for identifying modifications to outputs, activities and indicators to achieve a strong results-orientated approach for the 2009-2010 work plan. The following sections draw on the findings presented previously to set out the modifications considered necessary for the 2009-2010 work plan in the first instance, together with broader lessons and recommendations that might be addressed in a broader context and/or longer term.

5.1 Strengthening Management Roles

As detailed in Section 4.3.3, several suggestions have been put forward to clarify and strengthen the mode of **operation of the UNTG**, together with the communication framework and the reporting channels of the Joint UN Team on AIDS. Following submission of the final assessment report, the Chair of the UNTG and the UNAIDS Country Coordinator have agreed to prepare recommendations on the desired changes, including areas where the UNTG terms of reference may need clarification or amendment, and it is expected that this proposal will be put to the UNAIDS retreat planned for the spring of 2009 and following this it would be submitted to the UNCT for endorsement.

The key objectives underlying these proposed management initiatives are to achieve more sharply defined strategic objectives for the 2009-2010 work plan that focus UN interventions on core elements of the national response where the UN can make a difference, and to strengthen accountability for the delivery of the planned results.

5.2 Strategic Direction and Harmonizing

There is confidence that the ability of UN agencies to define a strategic objective and harmonize agency contributions for an optimal delivery response demonstrated through the UN formulation of China programmes for the Spanish MDG Achievement Fund can be replicated in setting strategic directions for the 2009-2010 work plan. The momentum of existing activities under the UNJP suggests that this may be a more challenging task.

The WHO document on **Priority Interventions** in the Health Sector is a potentially useful tool for this process. It outlines eight areas of priority interventions that are generally within the WHO mandate, and matches priority interventions to the present characteristics of the HIV epidemic in China. Thus:

1. A key target is those counties where a generalized epidemic has become established. Here the priorities are to adopt service delivery approaches that address the high risk of infection and people requiring treatment and care by decentralizing HIV services to health centres and into the community; integrating prevention, treatment and care

services with primary health care; and expanding HIV testing to all patients seeking care and pregnant or breastfeeding women.

2. In provinces with concentrated epidemics the priorities are to obtain information about MARPs and their access to services; to target prevention interventions to these groups; and to use outreach by peers or people trusted by MARPs and local clinics to provide user-friendly services for particular groups.
3. In the remainder of the country where there are low level epidemics, the focus should be on sustaining effective prevention, particularly matching service delivery to areas with high MARPs and people living with HIV.

In addition, the potential of the **work place** as an effective strategic focus in the China context for reaching a mass audience for HIV prevention interventions and the emerging window of opportunity to extend HIV prevention and AIDS treatment to IDUs in **closed settings** outlined in Section 3.2.4 emerge as strategic areas where high value responses are likely to be obtained. These interventions also provide opportunities for the addressing **cross-cutting issues**, such as reducing stigma and discrimination, addressing gender perspectives in HIV interventions and establishing the rights of those living with HIV and affected by AIDS. The 22nd Meeting of the UNAIDS PCG, for instance, highlighted the need to scale-up action to address gender inequality, disempowerment of women and girls, and harmful gender norms as critical to reducing vulnerability to HIV and mitigating the impact of AIDS. Gender was therefore identified as a core priority and cross-cutting concern across all sectors of AIDS programming.³⁰ To date, attempts to address these cross-cutting issues have largely been marginalized by confining them to small activities carried out by specialist agencies. An effective strategy will therefore need to mainstream these cross-cutting issues as joint-agency interventions.

Depending on UN comparative advantage in a specific technical field, strategic priorities for the new work plan may also be directed at areas that continue to present significant challenges. One such area is the **treatment** currently available for AIDS patients. Section 3.2.5 lists the need for improved policies and action regarding ART drug dosage, procurement and pricing; the protocols for and management of second line ART drugs; and the barriers to accessing treatment for the most vulnerable, particularly the high out-of-pocket expenses incurred by patients, as specific areas that need to be addressed. In many instances, effective interventions may be outside the scope of the UNJP, so the task is to identify where the UN can be effective in the short-term.

China's expanding role in providing **international assistance** to other developing countries (South-South cooperation) was also raised as a potential opportunity for UN involvement during the assessment. The 2007 Joint Assessment Report on China's HIV epidemic notes that China is already conducting training courses for HIV professionals

³⁰ 22nd Meeting of the UNAIDS PCB, Chiang Mai, Thailand, 23-25 April 2008, agenda item 2.

from African countries and is developing joint HIV prevention programmes with neighbouring countries.³¹ China has already sought technical support from international donors to strengthen HIV prevention within its rapidly expanding construction sector activities in African countries and this is a potential area where the UN could make effective contributions. On the other hand, the broad range of Chinese agencies involved in African ventures presents a significant challenge and concerns were expressed that the UN agencies participating in the China Joint Programme are not currently well equipped to handle this type of initiative. It is therefore proposed that a small strategic activity be incorporated into the 2009-2010 work plan to undertake a preparatory exploration of the potential for UN support to China's development assistance activities over the longer term.

It is envisaged that the 2009-2010 work plan will be restricted to a much narrower range of **core strategic focus areas** where the UN has a comparative advantage and can make a difference. Emphasis would also be given to interventions to address these strategic priorities that are jointly developed and implemented by two or more UN agencies. Several agencies have indicated that they would most likely maintain activities with their own funds that they see as part of their mandate and address the national response to HIV, but which may not be directly linked to the core strategies of the new work plan. It is proposed that such activities be listed as an appendix to the work plan, and would not be subjected to UNJP monitoring and reporting requirements.

The potential to introduce a stronger **geographic focus** for UNJP interventions during the 2009-2010 biennium was raised at the wrap-up meeting with the Joint Team on 11 December. This was originally to be a core element of the UNJP, but ultimately the momentum of existing activities dominated the programme in 2007-2008. It is now evident that the need for agencies to give priority to supporting those local activities by their partners should be integrated with the strategic priorities of the UNJP (and the government's national priorities) in terms of the type of intervention and its geographic focus. Thus, it is envisaged that UNJP support in the forward programme for local activities will take on a stronger geographic focus, selecting Priority Interventions using the WHO framework to identify target counties and provinces where a complementary range of interventions by partners will be supported by UN agencies coming together jointly to maximise their impact. The allocation of **Programme Acceleration Funds (PAF)**, for instance, would be managed in a more contestable manner to ensure a more strategic response in the areas with a high potential for efficient and effective results.

5.3 Strengthening Accountability

Section 4.3.1 highlights the challenge of moving to a 'results management culture', particularly the difficulty of defining the key results that the UN is responsible for delivering. A key task is to define **indicators** that measure the underlying core strategic outcomes that the agency aims to

³¹ SWACO and UN Theme Group on AIDS, *A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2007)*, 1 December 2007, p.31.

achieve by implementing a series of activities design to bring about the desire change, usually by facilitating of mobilizing the actions of others. Addressing this challenge is crucial to enhancing the accountability of the Joint Team and the overall programme.

The proposals outlined in Section 4.3.3 are directed at improving the base for accountability. In addition, its is proposed that a practical results-based management training activity be provided for the joint team based around the development of measurable indicators for the outcomes in the 2009-2010 UNJP work plan that the UN is responsible for delivering.

In addition to defining measurable results that agencies are accountable for, greater rigor is also required in **measuring results** on the ground. As noted in Section 3.2.2, the UNJP resource tracking initiatives, an essential element of the M&E task to help ‘Make the money work’ for the people that need it most, has not proceeded as planned. There has also been resistance by Chinese partners to tracking the efficiency of resource utilisation.

The World Bank advises that the problem has been an ‘institutional hurdle’ that evidently relates to the management of its health sector activities in China from its head office in Washington. There has not been any indication from the Bank that there has been a change in attitude regarding its involvement in the UNJP. Thus the likely outcome is that the UN should be looking for new partners to assist in implementing more rigorous resource tracking and monitoring of results in the new work plan.

As noted in Section 3.2.4, brokering the adoption of **international standards** and **best practice** lies at the heart of the UN role, but UNJP performance in this area has been disappointing, in part because there are varying interpretations between agencies of what ‘best’ or ‘good practice’ may mean in China. This subject generated considerable discussion at the Joint Team meeting on 11 December, including a perspective that saw ‘effective interventions’ as a more useful concept. There was agreement that more needs to be done to define clearly what is meant by ‘best practice’ or ‘effective interventions’ and how such deliverables can be used to promote better results. It would appear that an inter-agency task team is required to review the present situation and to prepare guidelines for the identification, documentation and dissemination of ‘good practices’ in the China context.

5.4 Strengthening the Joint UN Team on AIDS

The proposal in Section 4.3.1 for each contributing agency to the UNJP to designate a senior member of staff as the manager or supervisor to join a **Core Management Team** that would manage the joint operational tasks of the UNJP is designed to achieve better coordination of Joint Team efforts and the sharing of information across agencies. In addition, there is scope for further clarification of the function and role of the Joint UN Team on AIDS in a format that is consistent across agencies.

The scope for the joint team training activity on the development of measurable indicators for the outcomes in the 2009-2010 UNJP work plan is outlined above. The scope for a **joint team training activity** in the area of **human rights** in the HIV context has also been put

forward. UNAIDS would be in a position to conduct these training activities or to involve the Office of the High Commissioner for Human Rights in this exercise.

The issue of **team balance** also needs careful consideration (Section 4.3.2). The assessment concludes that a reduction in the proportion of international staff in the team would undermine its effectiveness to operate at a strategic level that brings international standards and experience into the Chinese context. At the same time, national officers in the UN System require exposure to broader experience in international practice and institutional cultures in order to become effective at this level within China. It is therefore proposed that UNAIDS takes a lead in exploring the potential for the introduction of a **staff rotation roster** that would enable promising national staff to gain appropriate international exposure and to eventually return to their agencies in China with the necessary skills and experience to broker effective policy and institutional change.

5.4 Partnerships and resource mobilization

The biennium under review has been characterised by a significant increase in the resources available to the national response to HIV in China, particularly through the funding mechanisms of the GFATM. This has brought new challenges, namely to ensure the extra funding is used effectively and efficiently.

Over the period 2009 to 2012, bilateral donors are planning to wind-down their resource contributions to the HIV response in China as they redirect their efforts to more pressing demands elsewhere. During this phase-down period, the trend is to shift from a traditional project-orientated mode of operation in areas such as poverty reduction and strengthening the health system to the building of partnerships for the sharing of ideas, high-level capacity building and policy engagement. AusAID, for instance, has recently launched its China-Australia Integrated Health and HIV Facility for activities that foster partnership between Australian institutions and Chinese organisations, while its overall country strategy seeks stronger engagement with the UN System, multilateral development banks and other donors in areas such as joint programming, joint research and evaluation activities, joint operations and secondments.³² The AU\$25 million Integrated Health and HIV Facility aims to improve China's capacity to halt and reverse the spread of HIV, protect its population against emerging infectious diseases and strengthen the health system. The opportunities for the UNJP to link with these initiatives – and those of other bilateral donors, notably DFID and SIDA, depends on the ability of the UN System to demonstrate that it does indeed offer distinct areas of comparative advantage in 'Making the money work' through an effective joint programme.

A similar opportunity arises from the evolving mode of operation of the GFATM in China (see Section 3.4.3). This is expected to provide opportunities for the engagement of UN

³² AusAID, China Australia Country Programme Strategy 2006-2010

agencies to assist the Global Fund in planning, monitoring and evaluating strategic initiatives that are better targeted and more cost-effective in a programme, rather than a project, approach. Further dialogue is required between the UN System and the GFATM CCM to establish the areas of mutual compatibility where UN agencies can make useful contributions as part of the planning process for the 2009-2010 work plan.

It has been noted that the GFATM's operating guidelines in China preclude it dispensing funds through the UN System and it has been suggested that representation might be launched to review this policy. A conclusion of the assessment is that the UN should first strengthen the UNJP in order to demonstrate to the GFATM and bilateral donors that it addresses strategic priorities where the UN has a comparative advantage, that it harmonizes and mobilizes the collective capacity of UN agencies in an effective joint response to meet these strategic priorities, and that efficiency gains are achieved. In the short term, the priority is to ensure the available resources are used more efficiently. The UNAIDS' PAF mechanism provides an effective mechanism for resourcing the kind of initiatives that should become the strategic focus of the 2009-2010 work plan. As discussed in Section 5.2, however, it is desirable that PAF allocations are made more contestable, with joint initiatives becoming a criterion in assessing proposals.

5.5 Information sharing

It is evident that the Expanded Theme Group (ETG) has played a useful role as a forum for information sharing between the UN and its partners and it is intended that this function continue. As discussed in Section 4.2.5, however, the wrap-up meeting with the Joint Team on 11 December saw a need for wider information sharing mechanisms. The argument was that the UN should be doing more to draw the experiences of other donor programmes into rigorous policy dialogue with the Government of China. This may require different sharing mechanisms, such as one or two-day mechanisms to enable more in-depth presentations and analytical discussions that may lead to the adoption of lessons from these interventions.

On the other hand, this meeting also raised the concern that the credibility of the UN to play a significant role in brokering such information sharing has been significantly reduced by its own lack of credible, evidence-based experiences to share with the Chinese Government and other donors. This highlights the limited performance of the UN in identifying, documenting and disseminating of **'good practices'** in the China context. Thus the proposed **inter-agency task team** to review the present situation and to prepare guidelines (Section 5.3) is a high priority.

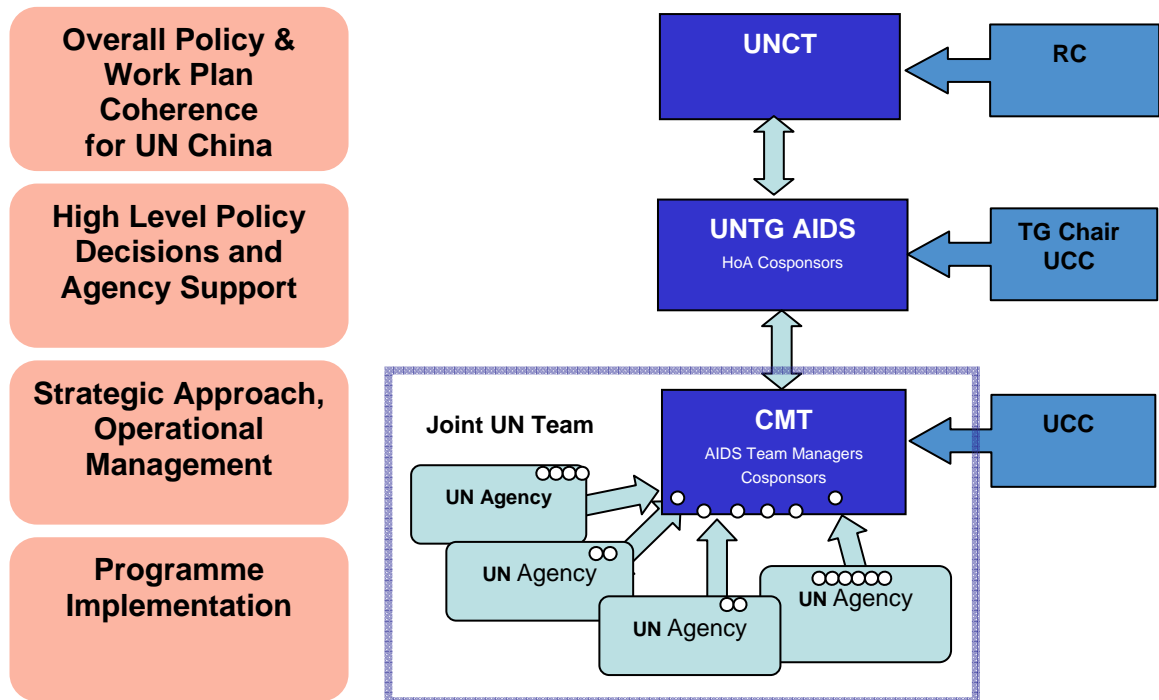
APPENDIX 1

UNJP Assessment Schedule

Date	Activity
November	
15	Briefing by UNAIDS Country Coordinator and Chair of UNTG
17	Briefing with UNJP Assessment Team and UNAIDS Country Coordinator
18-21	Desk review of UNJP Progress Reports and Table of Deliverables
20	Meeting with UNFPA Joint Team Focal Point and including Head of Agency
24	Presentation to Joint Team meeting at UNAIDS on UNJP assessment
25	Meeting with WHO Joint Team members, including Head of Agency
27	Meeting with ILO Joint Team members, including Head of Agency, am; meeting with UNDP Joint Team members, including Head of Agency pm
28	Meeting with UNESCO Joint Team members, 1000; meeting with UNICEF Joint Team members, including Head of Agency, 1130.
30	Attendance World AIDS Day event at Olympic Park
December	
1-2	Report preparation
3	Presentation to SCAWCO officials on UNJP assessment, am; meeting with UNIFEM Joint Team members, pm.
4	Report preparation; meeting with John Leigh, DFID, Kerry Centre, 3pm
5-9	Report preparation
9	Meeting with WHO Joint Team members for clarification
10	Report preparation
11	Presentation to Joint Team meeting on findings and recommendations, with discussion on key issues, am; Discussion with Grant Morrison, 1 st Secretary, AusAID, pm.
12	Report finalization.

APPENDIX 2

Revised UNJP Management Structure based on UNCT Comments



APPENDIX 3

UN Joint Programme Focus Area 1: Enabling Environment & Multi-sector response

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reported
1.1 Improved National Policy framework & coordinating mechanisms						
1.1.1	UNAIDS	SCAWCO	12/2008	Cost estimation introduced and M&E framework operational; UNGASS 2008 report on websites; advocacy capacity upgraded	60% 2008 Q1 not implemented	A web-based system to monitor the Joint Programme implemented from September 2008. UNGASS Report posted. Costed plans to implement M&E framework in 10 provinces not achieved.
1.1.1	UNICEF	SCAWCO/	12/2008	Trained doctors/nurses in 2 nd line drug treatment, counseling, adherence & care. Children & Youth AIDS campaign promoted	80%	Training completed, but 14% of staff training in initial period transferred elsewhere.
1.1.2	UNDP	NPC	12/2008	Harmonization of national and provincial AIDS legislation.	45%	Updates of international HIV laws/regulations updated and presented to experts/NPC for harmonization process. Well behind schedule.
1.1.3	UNAIDS	SCAWCO	12/2008	Support for workshops on implementation of provincial action plans; Best Practice for China developed/ disseminated	40%	International Guidelines on HIV/AIDS and Human Rights 2006 translated into Chinese. Training workshop on UA measurement partly achieved.
1.1.3	UNICEF	MCA	12/2008	National policy for children affected by AIDS developed	50%	National policy to support children affected by AIDS drafted by MCA with support by UNICEF but not yet launched.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reported
1.1.3	WHO	MOH/ NCAIDS	12/2007	Policies in HIV/AIDS prevention and care in health sector developed	100%	National Guidelines for clinical STI management, laboratory diagnosis of STIs and prevention/control of syphilis in women finalized and distributed.
1.1.3	ILO	MOLSS/ ACFTU	12/2008	National/provincial HIV/AIDS workplace policy developed and implemented	70%	MOL Guidelines of HIV in the workplace reviewed and updated and HIV/AIDS integrated into Employment Promotion Law to support protection LLWH; Anuhi Provincial HIV/AIDS workplace policy for release Oct 2008. Sustainability in private companies a challenge.
1.1.3	UNESCO	MOE	6/2009	Policy guidelines for (1) culturally & linguistically IEC materials; (2) scaling-up education sector response; (3) expanding access by migrants to quality HIV learning opportunities.	60%	Education sector response to HIV and AIDS in most affected ethnic minority areas documented. No indication if relevant to stated target.
1.1.3	UNFPA	MSI/ CCSC	9/2008	Policy for integration HIV prevention into RH/FP services; condom industry standard established Note: UNFPA manages these as two activities, but amalgamated here for simplicity.	45%	Model of integrating HIV prevention with RH/FP services through FP system (draft) sent reviewed by international and national experts and released for distribution. Condom industry standard being formulated by China Contraceptives Supply Centre. Negotiations to involve FDA as a key partner in assessing the security of condom quality and supply.
1.2 Enhanced support to local government responses to HIV						
1.2.1	UNDP	NPC	12/2008	Provincial laws/regulations revised; leadership strengthened Note: With departure of UNDP PO, UNAIDS is helping to oversee this project. UNDP advise that associated activity 2.2.2 is now handled under Focus Area 1.	40%	NPC formed high-level team to update HIV and Law book for provincial legislators training. UNDP advise implementation hindered by extensive leadership changes in NPC.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reported
1.2.2	UNDP	CDC,	9/2008	Strengthened local government multi-section action plans and community capacity to respond to HIV; baseline surveys in 5 provinces	60%	Q2 and Q3 activities for action plans partly implemented. Baseline surveys undertaken at local sites in 5 provinces.
1.2.2	UNDP	SEAC	3/2008	Vulnerability of ethnic minorities in HIV/AIDS addressed	25%	Not reported. UNDP advice that this activity stalled due to 'business model cost-sharing problems'.
1.2.2	UNDP	NPFPC	12/2008	Data available on cross-border mobility and HIV in northern China	40%	Not reported. UNDP advise 'going well'.
1.2.2	UNDP	Yunnan HB	12/2008	Strengthening local government an community response to high prevalence.	20%	Not reported. Project launched but not implemented. UNDP advice activities stalled.
1.2.3	UNAIDS	MOH	3/2008	Strengthened local capacity to analyze epidemic and civil society coordinators in place	100%	Resource Need Estimation initiated in 10 provinces. Size estimation report submitted.
1.2.3	WHO	SCWACO	12/2007	Hunan and Gansu provincial strategic plan operational	100%	Activities reported as completed; details for Hunan in SIDA Project Final Report.
1.3 Expanded engagement of civil society organizations in the HIV response						
1.3.1	UNAIDS	CDC/ NCIADS/ TBD	12/2008	National/international society mobilized and fully engaged in AIDS response	75%	Support provided to AIDS Working Group of CCM and for application for GF R8 funding. R8 review and protocol completed. NGOs supported to New York High Level Meeting June 2008. Process established to develop options for the next Global Fund CCM elections and structure for a national civil society network.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment
1.3.1	UNICEF	MCA	12/2008	Policy analysis of local registered NGOs work on children	80%	Policy research report developed and used for policy advocacy. Policy not issued yet.
1.3.2	UNDP	CA STI/AIDS P&C	12/2008	National framework on MSM and HIV adopted; MSM community directly participating in national framework Note: With departure of the PO managing this activity, UNAIDS is assisting with maintenance of ongoing presence. UNDP advise that activity 2.2.2 is managed under Focal Area 1.	70%	INGO, international development agencies and donors brought together to share experiences on strategies for working with MSM and expanded partnerships formed with APCOM, donors, NGOs and CBOs.
1.3.2	UNICEF	MCA	12/2008	Guideline on establishing and registering national civil society organizations	80%	Policy recommendation on <i>grass root NGO registration</i> and <i>government financing NGO for service delivery</i> drafted but not issued. NGO capacity building guideline developed and integrated into national M&E indicators.
1.3.2	UNESCO	CHAIN	12/2008	AIDS Action Magazine distributed; selected NGOs trained in accessing quality online information on community responses	80%	CHAIN contracted to develop and produce magazine 1 st qtr; issues distributed from 2 nd quarter 2008.
1.4 Increased mobilization and better prioritization/utilization of resources						
1.4.1	UNAIDS	SCAWCO	12/2008	National, local and international resources mobilized	70%	SR evaluation of GF R6 completed, providing SCWACO with updates on the situation and capacity of SR in provinces. Process established for development of a costed strategic national plan on the response to AIDS through Global Found R3 Rolling Continuation (RCC) Channel.
1.4.2	World Bank	MOF	12/2008	Resource gaps defined with effective costing, budgeting and tracking of resources	0%	Zero implementation and reporting.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment
1.5 Strengthened monitoring of the epidemic and effective responses to it						
1.5.1	WHO	NCIADS	12/2008	Effective surveillance at national and provincial level	80%	Support provided for development of guideline for web-based epidemic reporting system operational protocols. UNAIDS provided international expert to provide TA to national team.
1.5.2	UNFPA	NCIADS	12/2008	Enhanced empirical/strategic information on behaviour of vulnerable groups and gender impacts of HIV/AIDS	60% - Q3 activities not implemented	BSS training workshop Beijing, 12-17 May. NCIADS established national BSS technical working group (TWG), which prepared recommendations for survey in 5 provinces. BSS data collected during Q2 2008. Limited capacity to systematically collect and analyze data a constraint. UNFPA advised post report that 100% implemented by end 2008
1.5.2	WHO	Hunan CDC	12/2008	Increased comprehensive surveillance sites in Hunan doing HIV behavioural surveys	80%?	Nil results reported. Advice from JT that integration of various components not satisfactory.
1.5.2	UNIFEM	ACWF/CASS	12/2008	Quantitative data and policy recommendations for gender-sensitive to addressing vulnerability in target provinces. Note: Implementation delayed by unsatisfactory performance of initial research team – replaced by CASS team. Completion now scheduled for March 2009.	60%	Training on gender and HIV/AIDS conducted in January for researchers from different organizations. Framework of the study established with field work at three locations in high, mid and low prevalence regions. Research team identified and training scheduled for Q4. Ongoing review of national AIDS policies on mainstreaming of gender issues jointly undertaken by UNAIDS and UNIFEM, with the support of DFID funding.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment
1.5.2	UNESCO	Lincang PAO	12/2008	Cultural resources and barriers to positive HIV behaviour in ethnic minorities (Wa and Yi) identified and guidelines prepared for more effective responses	60% - behind schedule	Local researchers trained to identify cultural resources/barriers in Wa ethnic minority communities and data collected 2 nd qtr. Field mission to Liangshan Prefecture to assess results. Programme delayed by slow mobilization of funds.
1.5.3	UNAIDS	SCWACO/ NCIADS	12/2008	One national M&E system generating sound strategic information for decision-makers	65% - CRMIS for Q3 not implemented	Comprehensive Response Management Information System (CRMIS) launched in January 2008. Joint monitoring of AIDS control and prevention scheduled Oct-Nov 2008.
1.5.3	WHO	NCIADS	12/2008	China's national HIV/AIDS M&E framework operational	80%	Government is undertaking mid-term review of National 5-year HIV Action Plan. WHO contribution not documented.
1.5.3	UNICEF	SCWACO	12/2008	Provincial assessments of Children, Youth & AIDS Campaign lead to expansion of treatment and care responses	70% - Q3 2008 partly implemented	Youth & AIDS Campaign Newsletter outlining international experiences distributed in target areas. Transfer of trained staff elsewhere a constraint.
1.5.3	UNIFEM	Beijing Norman University	12/2007	Policy recommendations for women LWA developed from qualitative assessment and distributed to decision-makers	100%	Report with policy recommendations regarded as good quality.

Overview assessment by Lead Agency (UNDP)

First Quarter Challenges/Issues

Most agencies limited reporting to progress in implementing activities, rather than the output or result. It is not meaningful to simply describe different activities, without knowing the results or impacts.

For the first quarter of the year, many agencies were focused on workplans, and transfer of funding, before actual activities can take place. It is hard to obtain quality progress report from counterparts.

Financial constraints hindered the ability of agencies to move forward by scaling up their programmes.

Limited capacity at the local level and within CSOs was identified as a constraint.

There is a need for a more coordinated approach among UN agencies and with donor programmes on BSS.

The sustainability of current and previous UN programme is a matter of concern.

Second Quarter Report

Challenges/Issues

1. The Sichuan earthquake caused delays in project implementation.
2. The limited capacity of CDC county level staff.
3. Delays in transferring funds from UNAIDS to agencies.

Summary of progress

No. of activities	Fully achieved	Partially achieved	Not achieved	Not reported
29	18	9	2	
100%	62%	31%	7%	

Third Quarter Challenges/Issues

Summary of progress

No. of activities	Fully achieved	Partially achieved	Not achieved	Not reported
26	12	8	6	
100%	46%	31%	23%	

Challenges/Issues

1. High turnover of project staff and government agency staff has affected implementation progress.
2. The Beijing Olympic Games caused delays in project implementation. The low level of delivery during this period has placed challenges in bringing implementation back on track during the last quarter of the year.
3. Information sharing with different partners and stakeholders need to be strengthened especially with non-health sectors.
4. Coordination mechanisms need to be strengthened for work place training in China.
5. Access to quality data at provincial or lower level is limited; while the surveillance function at local levels is weak.
6. Advocacy among government counterparts needs to be strengthened and advocacy skills for project staff need to be improved.
7. Meaningful substantive collaboration among UN agencies needs to be promoted.

APPENDIX 4

Focus Area 2: Intensified Prevention Interventions / Increased Awareness

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
2.1 Improved blood safety and implementation of Universal Precaution						
2.1.1	WHO	MOH	12/2008	Blood/blood products used in health system certified to international standards with prevention of HIV transmission in health care settings in Hunan Province.	66%	Support for training of project staff in Hunan on safe and reasonable blood transfusion for medical institutions. Experiences on blood donation and blood administration in Hunan province documented. Safe and rational use of blood continues to be a health service issue in China and there is a need to share experiences among implementers.
2.1.2	WHO	NCIADS	6/2008	Guidelines on Universal Precautions and post exposure prophylaxis updated	50% Partly only indicated	Reported as completed but no details.
2.2 Increased access for high-risk groups to effective HIV prevention						
2.2.1	Norms, policies and guidelines for HIV prevention among high-risk groups					
2.2.1	WHO	NCIADS	12/2008	Guidelines for HIV prevention in SW, IDU and MSM updated	50%	Reported as completed but no details. Updated guidelines scheduled for Q4 2008. Verbal advice that MSM guidelines under development, but failed to achieve for sex workers – WHO holds that 100% CUP still valid.
2.2.2	High-risk populations with universal access to knowledge and services					
2.2.2	UNDP	CA STD/AIDS	12/2008	MSM community groups directly participating in national framework on MSM and HIV Note: UNDP advise that this activity now listed in Focus Area 1 under its documents.	80%	National MSM business owner workshop held and national MSM business owner association proposed and agreed upon. MSM and VCT reports completed, together with biannual report of TWG on MSM and HIV. CSO representatives supported to attend HLM meeting.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
2.2.2	UNAIDS	NCAIDS	12/2008	National comprehensive survey of prevention intervention and ARV for high-risk groups	0% Q3 activity not implemented	A review on Spousal Transmission of HIV proceeding with preliminary findings about the epidemic situation shared with UN agencies in Q3 2008.
2.2.2	UNFPA	NPFPC, Marie Stopes, CFPA	12/2008	Improved knowledge of safe practices among sex workers; increased use of condoms and SWs trained in peer education and condom promotion	60%? Q2-Q3 2008 only part implemented UNFPA states that 100% by end 2008	Workshops for peer educators SW in two counties assessed by follow-up monitoring. 5534 FP managers/service providers in 9 counties trained in family planning. HIV prevention knowledge scores increased from 26-55% pre-training to 76-88% post-training. Good Practices ratified and published for 'Health Education Initiatives, Bazhou, Hebei' and 'Establishing a Health Service Centre, Xiangfan, Hubei'.
2.2.2	WHO	NCAIDS	12/2007	Local sites in Hunan implementing HIV prevention interventions among most-at-risk populations	100%	Support to NCAIDS for field implementation and evaluation of HIV intervention guideline among MSM. Peer educators established links with MSM groups, but limited coverage and monitoring of activities poor.
2.2.2	UNICEF	NCAIDS	12/2008	Best practices developed to reach specially vulnerable youth	60%	Best practice not reported, but subsequently said to be developed
2.2.2	UNIFEM	Anhui Medical University	12/2008	HIV prevention programme in Anhui to reach women left behind by migration of their husbands.	80%	Baseline survey of 3918 women and HIV awareness outreach implemented to 1873 rural left-behind women and 1082 migrant workers (80% male). Study report drafted on sexual behaviour and condom use.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
2.2.3	UNFPA	MOH, NCAIDS	12/2008	Accessible, client-friendly STI clinics providing standardized services contributing the HIV prevention among high-risk groups.	60% Q2/Q3 2008 activities partly implemented	Covered under 2.2.2 – not reported separately. Interview indicates that there are issues relating to poor linkages between identification of STI among SWs and referral to a STI clinic. A joint work plan for linking HIV prevention and SRH services at county level was developed by local CDC and FPA to clarify the role of two agencies.
2.2.3	WHO	NCAIDS, Hunan CDC	12/2007	Client-friendly STI clinics available at county level and above in Hunan Province.	100%	Support to training workshop on STD case definition, lab diagnosis and case reporting for STD surveillance. Lack of a National STI strategy for China is a constraint.
2.3 Strengthened capacity of law enforcement agencies in China's HIV prevention response						
2.3.1	UNODC	MOJ, MOPS, NNCC	12/2008	HIV/AIDS programmes operating in closed settings, including information and services, with reduced discrimination.	70% delays in recruitment set programmeme back	Initiated analytical work on the new Narcotics Control Law and its impact on the existing drug treatment system. Cooperation modalities and communication channels established with the National Narcotics Control Commission of China. Recruitment procedure for consultant was very time-consuming. A team of national and international consultants mobilized Q3 to review and analyze the HIV situation in China's closed settings and in the related community; and to identify national and international good practices in HIV prevention.
2..3.1	UNICEF	CNCCC	12/2008	Best practices identified for HIV prevention for life skills training of inmates in labour schools and juvenile reform centres.	80%	120 participants trained in best practice writing in 1 st and 3 rd quarters 2008.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
2.3.1	WHO	NCAIDS, MOPS	9/2008	People in selected closed settings receiving prevention and care services	75%	Reported as completed but no details. Advice from Joint Team that treatment constrained by lack of funds – held by MOH rather than MOPS/MoJ
2.3.2	WHO	NCAIDS, MOPS	6/2008	IDUs have knowledge and access to services to reduce HIV infection	100%	One-stop shop for delivery HIV prevention/care services for drug users trialled and demonstrated role of PLHIV support groups in supporting prevention/care activities at designated treatment sites.
2.4 Expanded awareness, policies and prevention of HIV in the work place						
2.4.1	Reduced stigma and discrimination against workers infected and affected by HIV/AIDS					
2.4.1	ILO	MOLSS, MOH, CEC,	12/2008	Targeted media campaign for rural migrant workers in Guangdong, Yunnan and Anhui to reduce stigma and increase demand for services.	70%	'Hometown Fellow Campaign' launched to reduce HIV related stigma against migrant workers. Policies/ programmes to protect rights of workers and patients, reduce transmission risk and eliminate stigma and discrimination implemented.
2.4.1	ILO	ACFTU	12/2008	Four pilot hospitals establish anti stigma policies and programmes with training on HIV/AIDS, Universal Precautions, PEP and rights and needs of PLHA	80%	Identification of health worker concerns re HIV exposure and rights protection at 3 pilot hospitals in Guangdong. Plan to target general hospitals with basic HIV education and stigma reduction training, particularly for nurses/ non medical staff.
2.4.1	UNIFEM	MOR	8/2010	Reduced stigma and discrimination against female workers	0%	To address gender/HIV among female train crews in Inner Mongolia. Implementation delayed by lack of funds, but initial phase now about to begin. Scope for joint activities with other UN agencies.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
2.4.2	ILO	ACFTU and local counterparts	12/2008	Capacity-building in the workplace for enterprise managers, MOLSS officials and labor inspectors, MOL vocation school teachers and employment agency officials.	60%	Community facilitators / focal point in pilot enterprises trained in programme implementation and service delivery. 200 peer educators trained in 4 target enterprises and provided with IEC materials. Advocacy events with CEC and World Economic Forum to target large companies; 600 labour inspectors trained to enforce national/local policies on HIV in the workplace.
2.4.2	ILO	MOLSS, MOH, CEC	12/2008	Comprehensive HIV prevention programmes in 20 pilot enterprises, MOL vocational schools	75%	Advocacy to the MOL to scale up activities in vocational training schools in 11 provinces. HIV training for vocational schools, "Care for your health" campaign among workers in two large factories, activities conducted among workers and long distance drivers in Kun Steel Group, and referral services information on VCT, STI treatment, care and support was distributed to workers in all pilot companies.
2.4.2	ILO	ACFTU	12/2008	Capacity of trade union officials strengthened to enforce policies, extend prevention services and protect rights at provincial level	70%	National advocacy/planning meeting with ACFTU and workplans developed with Chinese Coal Miners' Workers Union and Construction Workers Union.
2.4.3	UNESCO	Tsinghua AIDS Policy Center	12/2008	Local NGO partners with improved capacity and commitment to implement HIV prevention programmes among migrants	70% 2008 Q3 activities partly implemented	Toolkit for peer education among migrant workers developed in collaboration with Tsinghua University AIDS Policy Centre. Additional funds required to finalize.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
2.4.3	UNFPA	MOR, Chinese Academy Railway Sciences	12/2008	Migrants in the workplace or seeking work have the have knowledge and access to services to reduce HIV infection	70% 2008 Q2 activities partly implemented	IEC campaigns on HIV/AIDS prevention were conducted in five big railway stations on World Population Day utilizing radio, TV, electronic information board, distribution of leaflets, etc. IEC on HIV/AIDS prevention were also conducted on selected trains and stations of five railway bureaus during the summer harvest festival. Project resources were inadequate to produce sufficient material to cover the number of train passengers.
2.4.3	WHO	NCAIDS	6/2008	Knowledge and behaviour change to enhance HIV prevention in the work place	100%	Support to development of the Global Fund Round 8 proposal targeting vulnerable migrants.
2.5 Strengthened HIV awareness / reduced discrimination among young people						
2.5.1	UNESCO	MOE	6/2009	Increased HIV awareness to implement HIV prevention education in schools; Tested model of AIDS learning strategies for different types of education institutions	50% 2008 Q3 activities partly implemented	Models developed and being tested in four educational settings: a primary-middle level (9-year) school, ordinary university, teacher-training college and a vocational school. To identify and promote better strategies.
2.5.1	UNICEF	MOE	12/2008	Life Skills curriculum in schools demonstrated for scale up	80%	250 participants attended 3-day workshops on Life Skills in school in 2 nd qtr.
2.5.1	UNAIDS	BOCOG	12/2008	Sport and AIDS Tool Kit developed and distributed, with HIV activities incorporated into Beijing 2008 Olympics	100%	6100 Olympic volunteers trained at 15 different universities in June, with 100,000 volunteers receiving a basic information package on AIDS. PLWH used as trainers. The initiative provided a unique opportunity to reach talented Chinese youth with important knowledge and skills on HIV prevention and anti-discrimination.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
2.5.2	UNICEF	Youth League, National Health Education Institute	12/2008	Increased HIV awareness among out of school youth with best practices identified for scale up	70% 2008 Q3 activities partly implemented	Baseline survey conducted in all project sites and peer training provided to 6500+ OOS youth. Positive responses reported, but scale-up a challenge, requiring a solid understanding by project partners and government accountability requirements.
2.5.2	UNIFEM	Peking Union Hospital	12/2008	Culturally sensitive HIV prevention strategies developed for ethnic minority youth	80%	Baseline survey of 881 ethnic minority youth attitudes / behaviour in Hainan on HIV and reproductive health. Results showed high tolerance of premarital sex and unintended pregnancy. Strategy paper being finalized for presentation on 6/7 December.
2.5.3	Reduced stigma and discrimination among young people					
2.5.3	UNICEF	MOE	12/2008	Youth friendly communication strategy implemented and 90% of children correct information in project counties in demonstration of national scale-up	60% 2008 Q2 Q3 activities partly implemented	No results reported
2.5.3	UNFPA	MCH, China Youth Network	9/2008	Youth-friendly ARH services incorporating HIV prevention accessible to young people	66% Q3 (final) activities not implemented	Support provided to establish Youth Networks in selected counties in Hebei, Shanghai and Zhejiang. Small grant projects initiated in 6 counties to enhance youth participation and 6 universities to increase student's knowledge of SRH, including HIV. UNFPA advised post report that fully implemented.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
2.5.3	UNFPA	TBD	TBD	HIV prevention strategies for out of school youth developed in partnership with civil society.	0%	New activity – Nothing reported. UNFPA advise no budget available and request this activity be deleted.
2.6 Reduced stigma and discrimination against vulnerable groups, esp. women						
2.6.1	UNAIDS	MOH, CCTV, CDC	10/2008	Increased awareness of HIV and reduced stigma towards HIV+ people through networking and mobilization of the private sector	80%	'Positive Talks' project launched to actively engage people living with HIV. GBC conducted a KAP/B survey of youth, blue collar workers, white collar workers and migrants. Findings used for tailored Public Service Announcements and other communication materials. Press release of findings in September 2008.
2.6.1	UNESCO	Local AIDS Offices	6/2009	Culturally and linguistic training within most affected ethnic minorities	40% 2008 Q2 Q3 activities partly implemented	Baseline assessment of education sector response to HIV/AIDS in Lincang ethnic minority area.
2.6.1	UNIFEM	ACWF	3/2008	Empowerment of women leaders in ethnic minority areas in HIV awareness and advocacy	100%	ACWF assisted in training local women leaders in HIV awareness and advocacy. Limited awareness of national stakeholders to gender issue in the response to AIDS remains a challenge.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
2.6.2	UNIFEM	Central Party School	12/2008	Reduced stigma and discrimination among government leaders through Party Schools	80%	First ever TOT training on Gender and HIV/AIDS was conducted at the Central Party School in Beijing in Q2 2008. Best practice on gender and HIV introduced to all participants and field visits provided interaction with HIV/AIDS positive women and local HIV/AIDS Care NGO. A training manual on HIV/AIDS is under development and two provincial training workshops completed.
2.6.2	UNAIDS	CAP	12/2008	Reduced stigma and discrimination through advocacy training of community leaders	75% 2008 Q2 activities partly implemented	In collaboration with a CBO of PLWH, a CBO capacity building workshop and secretariat meeting conducted in Zhu Ma Dian in Henan Province during Q1 2008.
2.7 Prevention of mother-to-child transmission of HIV						
2.7.1	UNICEF	MOH, NCAIDS	12/2008	Prevention of paediatric HIV infections and strengthened primary prevention through effective PMTCT interventions	70% 2008 Q3 activities partly implemented	Supported government adopted international Paediatric ARV guideline. 120 health workers from 4 provinces trained to provide high quality health services; and 220 community supporters in Yunnan and Henan attended 4-day training sessions on support for women and children.
2.7.2	UNFPA	NPFPC, MSI	12/2008	Prevention of primary HIV infection in women and prevention of unintended pregnancies among women with HIV infection	75%	Nothing reported. UNFPA is working with MCH to establish protocols for counselling of HIV negative women. Procedures for HIV+ women are under discussion. Project completed by end of 2008.
2.7.3	UNFPA	MOH, MCH	ND	National PMTCT strategy scaled up	0%	Nothing reported. Post-report advice from UNFPA is that this activity 40% implemented.

Overview assessment by Lead Agency (UNICEF)

First Quarter Challenges/Issues

Summary of progress

Focus Area	No. of activities	Fully achieved	Partially achieved	Not achieved	Not reported
2	40	17	6	15	2

There are no impacts that can be measured due to lack of baseline information in the submitted report at this quarter for Focus Area 2. A number of baseline surveys were conducted during the quarter. A number of training activities were reported during the quarter but information on their effectiveness is available, apart from a pre- and post-training assessment by UNFPA that showed HIV prevention knowledge scores increased from 26-55% pre-training to 76-88% post-training.

Challenges/Issues

1. Two agencies reported having difficulty with DFID funds
2. Project costs increased due to inflation and negative influences from previous projects.
3. Delays in finalizing work plans and budgets at the beginning of the new biennial programme cycle, together with the difficulties of establishing effective partnerships at the local level for new initiatives.
4. The low proportion of HIV positive women identified for participation in the Positive Talks project is unsatisfactory.

Lessons learned

1. Future training should give more emphasis to building project management and the response team's awareness of accountability, not only just on HIV/AIDS technical facts.
2. There is a need for scientifically justified interventions that identify best practice for scaling-up response, with an increased focus on 'at risk' youth populations and households affected by AIDS.

Second Quarter Report

Summary of progress

No. of activities	No. of Activities with deliveries in the reported quarter	Fully achieved	Partially achieved	Not achieved	Not reported
45	34	17	15	2	0
100%	100%	50%	44.1%	5.9%	0%

Challenges/Issues

1. The Sichuan earthquake in May 2008 caused delays in project implementation.
2. National STI strategy for China is still not available. There is a need to develop one in response to the global STI strategy initiative.
3. Advocacy skills needed for project teams to disseminate field survey findings to policy decision-makers. Capacity training workshop is suggested.
4. Weak capacity in project management, including report preparation.

Third Quarter Challenges/Issues

Summary of progress

No. of activities	No. of Activities with deliveries in the reported quarter	Fully achieved	Partially achieved	Not achieved	Not reported
44	33	17	14	2	0
100%	100%	51.52%	42.42%	6.06%	

Challenges/Issues

1. **Mainstreaming Gender and Advocating for awareness**-The limited awareness of national stakeholders about gender issues in the response to AIDS is a significant constraint that requires strengthening. Advocacy knowledge and skills' capacity building for China Gender Facility grantees shall be provided by UNIFEM to ensure the findings from the gender and HIV/AIDS research and concerned policy recommendations be distributed and adopted by general public and government decision-makers.
2. **Information sharing and communication across sectors remains weak**,-particularly at the local level and between all programme partners. Interventions require further strengthening in areas such as sharing information, and experiences, and conducting joint outreach services.

APPENDIX 5

Focus Area 3: Treatment, Care and Support for People Affected by HIV and AIDS

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
3.1 Improved health services capacity to provide AIDS treatment and care						
3.1.1	WHO	NCAIDS	12/2008	National ART facility accreditation in place, including laboratory quality assurance	40% reporting indicates major delays	Lab Quality Assurance Training completed Q1 2008. WHO report on accreditation of ART treatment translated into Chinese but not adapted to the local situation. Progress hindered by need strengthen ART data collection system.
3.1.2	WHO	NCAIDS	6/2008	Strengthened capacity to formulate cost-effective policy interventions that can be accessed by the most vulnerable	100%	SCWACO supported in financial resource estimates for budget allocations, but no reporting on cost-effectiveness and accessibility issues..
3.1.3	WHO	NCAIDS	6/2008	China standards for quality HIV care reaching high-risk populations established.	??	Not reported.
3.2 Enhanced treatment & case for mothers and children with HIV						
3.2.1	UNICEF	MOFCOM/ NCAIDS	12/2008	National pediatric AND PMTCT clinical and outreach guidelines developed and implemented in project counties. Strategy developed for PMTCT scale-up.	100%	Guideline on children's treatment and care published and awaiting approval for distribution.
3.2.2	UNICEF	MOFCOM/ NCAIDS	12/2008	Children infected with HIV have access to appropriate treatment and community-based care.	100%	Two National level training workshops conducted on pediatric and PMTCT clinical and outreach guidelines, Q1 2008. Support for clinical outreach service providers and community members to access outreach services at 6 project sites.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
3.3 Strengthened research into AIDS treatment and expanded drug supply						
3.3.1	WHO	NCAIDS	12/2008	National strategic framework for long-term, uninterrupted and sustainable access to quality and affordable ARVs.	60% 2008 Q2 Q3 activities partly implemented	National PSM assessment workshop postponed to October. Training in procurement and supply management (PSM) using "HIV assessment tool" 6-11 July 2008. Joint Team advise that supply of 2 nd line drugs under GFATM has improved availability problems.
3.3.1	UNDP	MOFCOM	6/2008	Access to medicines enhanced by integrating health services with trade and IPR	0%	No results given in reporting system, but UNDP advise that the study was conducted and a draft report is ready for finalization.
3.3.2	WHO	NCIADS	6/2008	Framework and methodology established to prioritize AIDS research proposals in Hunan.	100%	No reports on research prioritization, but molecular epidemiology in Hunan found a shift on HIV subtypes from B and C to A and AE (formally rare in China). Threshold surveys conducted in Hunan, Sichuan, Xinjiang and Guangxi to assess transmitted drug resistance.
3.3.3	WHO	NCIADS	12/2008	National and provincial capacity to develop and implement HIV drug resistance monitoring and surveillance	50% 2008 Q1 Q2 activities partly implemented	The implementing partner [for activity 3.1.3] has proposed that the process focus on strengthening the collection of WHO recommended HIV drug resistance (HIVDR) early warning indicators (EWIs) as a core component of the "Standards" and "Accreditation for quality HIV care". 6 pilot ARV sites identified for strengthening the data collection system for capturing the HIVDR EWIs.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
3.4 Expanded counseling and testing						
3.4.1	WHO	NCIADS	12/2008	National guidelines on provider-initiated testing and counseling developed. 50% target ART sites using the national rapid test based on alternative HIV testing algorithm	35% 2008 Q1 part Q2 not implemented	The Provider Initiated HIV Testing and Counseling (PITC) Guideline was translated into Chinese in 2007. Awaiting approval by MOH Division of Hospital Administration.
3.5 Increased support for and reduced discrimination against people affected by AIDS						
3.5.1	UNICEF	MOFCOM	12/2008	National guidelines on family and community-based care are in place. 70% of women, children and families access services in project counties in demonstration of national scale-up.	80%	National guidelines on family and community based care published Q1 2008. Pediatric HIV/AIDS treatment and care reaches 80% of reported cases, but further efforts are needed to identify HIV positive children early and start them on appropriate treatment.
3.5.2	WHO	MOH	12/2008	Effective models for essential health care packages (ECP) developed with lessons for expansion implementation documented.	40% 2008 Q2 Q3 part implemented	Small pilot projects carried out two locations for demonstrating community-based awareness of HIV prevention and treatment services.
3.5.3	UNDP	CHAIN	12/2008	National Multi-Media Anti-Stigma Campaign to improve support for PLWHA	40% significant delays	A range of activities reported by commercial media partners, and a national AIDS awareness campaign launched in the arts community and the commercial media sector. No reporting of effectiveness.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
3.5.3	UNDP	Marie Stopes	12/2008	Positive Speakers – training of potential speakers to undertake speaking engagements	80%	Over 30 positive speakers trained and over 20 public speeches/talks conducted by positive speakers. AIDS Charity Event in Shanghai on 176 May mobilized RMB200,000, a third of which will go the positive speaker programme.
3.5.3	UNESCO	SA Radio, Film & TV	12/2007	TV journalists with skills in HIV/AIDS issues and sensitivity to address stigma and discrimination against PLWHA	100%	Completed in 2007
3.5.3	UNESCO	Tsinghua AIDS Policy Centre	6/2009	Longchuan (Yunnan) pilot area AIDS patients and their families with full access to appropriate prevention, treatment & care services.	50%	Radio drama on HIV prevention developed for Wa ethnic communities based on qualitative data collected from the communities.
3.5.3	UNICEF	ACWF	12/2008	Published research report on children and families affected by AIDS and community care effectiveness. Guidelines developed for local women's groups on community care for children and families affected by AIDS.	70% 2008 Q2 part implemented	No results reported
3.5.3	UNICEF	CNCCC, MCA	12/2008	Protection of Orphan and Vulnerable Children (OVC) demonstrated in project counties for national scale-up, with best-practices and proposed case management system documented	80%	MCA surveillance system for OVC fully set up at the national level in Q1, implementation to be extended to provincial level. National training workshop for 9 provinces (100 local civil affairs officer attendees) in Q3 on the use of the national surveillance system for collecting data of the OVC.

CODE	Agency	GoC Body	Compl. Date	Outcome/Target/Indicators	Implement. % complete	Performance Assessment reporting
3.5.3	UNICEF	MOE	12/2008	Protection of OVC model to achieve anti-discrimination in schools demonstrated	40% 2008 Q2 Q3 not implemented	No results reported
3.5.3	UNICEF	CNCC	12/2008	Protection of OVC Summer Camps and mass media promotion of issues.	80%	100 children affected by HIV/AIDS, 20 youth ambassadors, and 200 other children attended national summer camp in Beijing, 7-13 July. Four provinces also conducted local summer camps. High level of media promotion achieved.

Overview assessment by Lead Agency (WHO)

First Quarter Challenges/Issues

Challenges/Issues

1. Human resource limitations: overworked national partners with competing priorities.
2. Too many non-UN developmental international partners wanting to provide financial and technical support in the same areas.
3. Difficulties in getting all supporting and implementing partners to meet.
4. Limited capacity of "Local Response Teams" to plan and implement activities.
5. Continued high levels of stigma and discrimination.
6. Poor monitoring and evaluation frameworks - data collection project driven and not institutionalized.
7. Many infected children not identified.
8. Poor attendance at scheduled FA3 as well as lead Agency organized meetings.

Lessons learned

1. The UN to strengthen its strategies (if any) for marketing its comparative advantage over other development partners.

Second Quarter Report

Summary of progress

No. of activities	Fully achieved	Partially achieved	Not achieved	Not reported
53	39	9	5	0
100%	74%	17%	9%	0%

Challenges/Issues

1. Due to local partners being busy with the Sichuan earthquake response, some activities were not implemented as planned.
2. GSM is not fully functional.
3. How to come up with a strategic direction and a full picture of an annual plan for MOH relevant divisions.
4. Poor work planning by WHO.

Third Quarter Challenges/Issues

Summary of progress

NIL REPORT SUBMITTED

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic; the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international responses to AIDS on all fronts. UNAIDS works with a broad range of partners-governmental and non-governmental, business, scientific and lay-to share knowledge, skills and best practices across borders.



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