

CONSOLIDATED GUIDANCE NOTE | 2010



UNAIDS Division of Labour



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA

UNODC
ILO
UNESCO
WHO
WORLD BANK

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 4577

unaids.org

TABLE OF CONTENTS

Executive summary	i
Introduction	1
Rationale	2
Core principles and features	3
Centrality of cross-cutting issues	4
Partnering for results	4
Roles and responsibilities of conveners, partners and the Secretariat	6
Internal communication and coordination for the Division of Labour	9
Operational guidelines	11
Mutual accountability	18
<i>Annex 1. Detailed Division of Labour matrix with area of contribution by agency</i>	<i>21</i>
<i>Annex 2. Process of reviewing and developing the UNAIDS Division of Labour</i>	<i>51</i>

EXECUTIVE SUMMARY

The Second Independent Evaluation and ensuing decisions of the 25th meeting of the Programme Coordinating Board called for a credible review process for the UNAIDS Division of Labour with the aim of strengthening the overall work of the Joint Programme. These requests emphasized the need to address the operationalization of cross-cutting issues and to define roles and responsibilities more clearly.

At the 33rd meeting of the Committee of Cosponsoring Organizations, executive heads agreed to core principles and a central structure for the review and revision of the Division of Labour and further requested that guidance on its implementation be streamlined. These are outlined below.

1. Agrees that the Joint Programme should develop: (i) an updated “Division of Labour,” structured around the 10 priorities and 6 cross-cutting strategies outlined in the UNAIDS Outcome Framework and (ii) an accompanying consolidated “Division of Labour” guidance document.¹ The main goal of this exercise is to ensure delivery and accountability for nationally defined and owned results at the country level.
2. Agrees that the core principles to govern the revision of the “Division of Labour” matrix and development of its associated guidelines should include:
 - moving from the concepts of “Division of Labour” to collaborating around priority objectives;
 - national ownership and country priorities should be the overarching rubric for harmonization and alignment, under which the “Division of Labour” coordination should occur, in the spirit of the Paris Declaration, the Accra Agenda for Action and the “Three Ones”;
 - assuring mutual and reciprocal accountabilities among Cosponsors and the Secretariat, with a focus on delivering results;
 - clarity of terminology and operationalization of the concepts of “Division of Labour” to ensure efficiency and effectiveness;
 - a differentiation of “Division of Labour” at the global, regional and country levels, premised on the technical competency, leadership and facilitating roles of the Secretariat and the Cosponsors at the various levels and how they deliver results;
 - allowing flexibility for the global “Division of Labour” to be adapted to individual country circumstances and defining a process to be followed by Joint Teams on AIDS and United Nations Theme Groups on HIV in making such adjustments, based on: (i) the comparative advantage and core mandates of different Cosponsors; (ii) in-country presence or non-presence of the Secretariat or agencies; (iii) existing national capacities; and (iv) availability of funding for different functions and priorities at the country level;
 - identifying various incentives, other than financial ones, for the Joint Programme to work together to deliver results; and
 - enhancing systematic communication and dissemination of information to stakeholders on the working of the Joint Programme.

¹ Based on the following:

UNAIDS technical support division of labour: summary and rationale. Geneva, UNA DS, 2005.

United Nations Development Group. *Proposed working mechanisms for joint United Nations teams on AIDS at country level.* New York, United Nations, 2006.

Second guidance paper: joint UN programmes and teams on AIDS. Practical guidelines on implementing effective and sustainable joint teams and programmes of support. Geneva, UNAIDS, 2008.

25th meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 8–10 December 2010. Decisions, recommendations and conclusions. Geneva, UNAIDS, 2009.

Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors: final report. Geneva, UNAIDS, 2005.

UNAIDS Secretariat handbook on mobilization of extra-budgetary funds. Geneva, UNAIDS, 2009.

UNAIDS Secretariat quick guide to mobilization of extra-budgetary funds. Geneva, UNAIDS, 2009.

3. Agrees that the roles and responsibilities of Cosponsors, as outlined in the “Division of Labour”, are based on agency mandates and comparative advantages. Flexibility should be maintained in the use of Joint Programme core funds, and funding should be based on the relevance, potential impact and quality of specific workplans rather than based on the assignment of specific roles in the “Division of Labour” guidance.

The updated Division of Labour as outlined in this guidance note strives to enhance efficiency and effectiveness. The approach presented also aims to improve the delivery of results, including through strengthening joint working and maximizing partnerships. The guidance note outlines how the UNAIDS family will work collectively to implement the UNAIDS Strategy for 2011–2015 and deliver results towards achieving its vision of zero new infections, zero AIDS-related deaths and zero discrimination and towards reaching its 10 related goals.

Building on the UNAIDS outcome framework for 2009–2011, the revised Division of Labour consolidates UNAIDS support to countries in 15 areas. Each area has one or two convening agencies – each with relevant mandates and technical expertise – to both facilitate the contributions of broader UNAIDS family partners and ensure the quality of overall results in the respective area.

The approach for the revised Division of Labour is unique since it is all-encompassing to cover policy, advocacy, standards, guidance and tool development and management, brokering and delivering high-quality technical support with roles and responsibilities at the global, regional and country levels. The Division of Labour guidance clearly defines roles and responsibilities, calls for regular reviews and reaffirms the principles of:

- national ownership and country priorities, enabling flexibility and differentiation of Division of Labour at the country level;
- partnering for results, to unify and promote integration and synergy among the partner agencies to collectively deliver specific results and to strengthen partnerships, communication and the overall work of the Joint Programme; and
- mutual accountability of Cosponsors and the Secretariat, as an essential precondition for maximizing the impact of the Joint Programme and as a key driver for better results.

To avoid duplication, Cosponsors have outlined their contribution to each area in which they partner (Annex 1), and the Secretariat is tasked to facilitate and promote cooperation and achievement in all Division of Labour areas.. As such, the Secretariat’s role and responsibilities focus on issues of leadership; overall coherence, cohesion and coordination across all the areas; and mutual accountability of the UNAIDS family for results.

INTRODUCTION

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established to draw on the experience and strengths of the Cosponsors in developing coherent strategies and policies, providing assistance to build country and community capacity and mobilizing political and social support for action to prevent and respond to AIDS, while involving a wide range of sectors and institutions at the national level.²

UNAIDS is an innovative partnership of 10 United Nations Cosponsors³ and the UNAIDS Secretariat. Its strength derives from the diverse expertise, experience and mandate of its Cosponsors and the added value of the Secretariat in leadership and advocacy, coordination and accountability.

UNAIDS' mission⁴ is to lead and inspire the world in achieving universal access to HIV prevention, treatment, care and support by:

- **Uniting** the efforts of the United Nations System, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV;
- **Speaking out** in solidarity with the people most affected by HIV in defence of human dignity, human rights and gender equality;
- **Mobilizing** political, technical, scientific and financial resources and holding ourselves and others accountable for results;
- **Empowering** agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact and bring about a prevention revolution; and
- **Supporting** inclusive country leadership for sustainable responses that are integral to and integrated with national health and development efforts.

In 2005,⁵ the Joint Programme led a process to clarify and cost a Division of Labour for technical support to countries. This culminated in an agreement on a Division of Labour that more clearly differentiated the roles of the UNAIDS Cosponsors and Secretariat in providing, as well as managing, technical support.

In 2009, the Second Independent Evaluation of UNAIDS called for UNAIDS, as a Joint Programme, to be more “focused, strategic, flexible and responsive, efficient and accountable”.

In this context, the Second Independent Evaluation noted that the practical limitations of the Division of Labour manifested in inadequate coordination between the United Nations agencies; fragmented programmes, structures and support to countries; and a lack of adequate accountability mechanisms (monitoring, reporting and evaluation)⁶ and recommended that this be addressed.

Consequently, the Programme Coordinating Board⁷ called for a credible review process for the Division of Labour, to strengthen the overall work of the Joint Programme, with particular emphasis on the operationalization of cross-cutting issues of gender and human rights and clearer definitions of roles and responsibilities. Annex 2 outlines the details of the review process.

² United Nations Economic and Social Council. *Resolution 1994/24: Joint and co-sponsored United Nations programme on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)*. New York, United Nations, 1994 Annex.

³ UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank.

⁴ Adopted by the Programme Coordinating Board at its 26th meeting in June 2010.

⁵ In response to the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. The Global Task Team was established by governments, civil society, United Nations agencies and other multilateral and international institutions to develop a set of recommendations on improving the institutional architecture of the AIDS response, particularly streamlining, simplifying and harmonizing procedures and practices to improve the effectiveness of country-led responses and reduce the burden placed on countries. The Global Task Team was conceived within the context of both United Nations reform and international efforts to improve aid effectiveness, in the spirit of the Paris Declaration on Aid Effectiveness (2003) and the Rome Declaration on Harmonization (2005).

⁶ *Second Independent Evaluation of UNAIDS, final report*, 2009: Summary, paragraph 102, page xxxi, Second Independent Evaluation findings: “The division of labour, which assigns lead agency roles for different key populations to different Cosponsors, has contributed to fragmentation and made it difficult to develop coherent leadership and to address multiple needs”.

Second Independent Evaluation of UNAIDS, final report, 2009: B. How UNAIDS works, Chapter 4: Division of labour and joint working, paragraph 4 20: Despite “some evidence of the positive effects of the division of labour at global level.”, (paragraph 4 21) “only limited progress can be seen in clarity over lead roles (see also paragraph 4.23 and Annex 9, Table 9) at global level. Lead roles are still felt to be primarily based on agency mandate rather than operational performance, and the Secretariat has no leverage to overcome duplication in roles or to hold a Cosponsor accountable (see Annex 9, Table 8).”

⁷ Decisions of the 25th meeting of the Programme Coordinating Board in December 2009, recommendations 4.16 and 4.18.

RATIONALE

The Division of Labour consolidates how the UNAIDS family will work collectively to take forward the agenda set out in the UNAIDS Strategy for 2011–2015⁸ and deliver results towards achieving the Joint Programme's vision of zero new infections, zero AIDS-related deaths and zero discrimination⁹ and towards reaching its 10 related goals.

The Division of Labour accentuates the comparative advantages of the Joint Programme as a whole – Cosponsors and Secretariat – to enhance efficiency and effectiveness. It aims at leveraging respective organizational mandates and resources to work collectively to deliver results, including strengthening joint working and maximizing partnerships.

The approach for the Division of Labour is unique in that it is:

- all-encompassing to cover policy, advocacy, standards, guidance and tool development and management, brokering and delivery of high-quality technical support with roles and responsibilities at the global, regional and country levels;
- based on a clustering or partnership approach to unifying and promoting integration and synergy among the partner agencies to collectively deliver specific results and to strengthening communication and the overall work of the Joint Programme;
- adaptable, thus reaffirming national ownership and country priorities and enabling flexibility and the differentiation of the Division of Labour at the country level; and
- premised on mutual accountability of the Cosponsors and the Secretariat, as an essential precondition for maximizing the impact of the Joint Programme and as a key driver for better results.

The Division of Labour optimizes the 10 priority areas of *Joint action for results – UNAIDS outcome framework, 2009–2011*¹⁰ to consolidate UNAIDS support to countries in 15 Division of Labour areas:

- reduce the sexual transmission of HIV;
- prevent mothers from dying and babies from becoming infected with HIV;
- ensure that people living with HIV receive treatment;
- prevent people living with HIV from dying from tuberculosis;
- protect drug users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings;
- empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy;
- remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS;
- meet the HIV needs of women and girls and stop sexual and gender-based violence;
- empower young people to protect themselves from HIV;
- enhance social protection for people affected by HIV;
- address HIV in humanitarian emergencies;
- integrate food and nutrition programmes within the HIV response;
- scale up HIV workplace policies and programmes and mobilize the private sector;
- ensure high-quality education for a more effective HIV response; and
- support strategic, prioritized and costed multisectoral national AIDS plans.

⁸ Adopted by Programme Coordinating Board at its 27th meeting in December 2010.

⁹ Adopted by the Programme Coordinating Board at its 25th meeting in December 2009, recommendation.

¹⁰ Currently covers the period 2009–2011

To strengthen oversight and accountability, each Division of Labour area has either one or two convening agencies with the relevant mandates, technical expertise and resource capacity to both facilitate the broader UNAIDS family contribution to the area and to ensure the quality of the overall results.

To avoid duplication between the Secretariat and the Cosponsors, the Secretariat will not convene or co-convene any of the 15 Division of Labour areas but will facilitate and promote cooperation and achievement goals, as stated in the Strategy, in all Division of Labour areas.

CORE PRINCIPLES AND FEATURES

At the 33rd meeting of the Committee of Cosponsoring Organizations,¹¹ the executive heads of the Cosponsors and the Secretariat agreed to a central structure and core principles for reviewing and revising the Division of Labour and streamlined guidance on its implementation. These are outlined below.

1. *Agrees* that the Joint Programme should develop: (i) an updated “Division of Labour,” structured around the priorities and cross cutting strategies outlined in the UNAIDS Outcome Framework and (ii) an accompanying consolidated “Division of Labour” guidance document.¹² The main goal of this exercise is to ensure delivery and accountability for nationally defined and owned results at the country level.
2. *Agrees* that the core principles to govern the revision of the “Division of Labour” matrix and development of its associated guidelines should include:
 - moving from the concepts of “Division of Labour” to collaborating around priority objectives;
 - national ownership and country priorities should be the overarching rubric for harmonization and alignment, under which the “Division of Labour” coordination should occur, in the spirit of the Paris Declaration, the Accra Agenda for Action and the “Three Ones”;
 - assuring mutual and reciprocal accountabilities among Cosponsors and the Secretariat, with a focus on delivering results;
 - clarity of terminology and operationalization of the concepts of “Division of Labour” to ensure efficiency and effectiveness;
 - a differentiation of “Division of Labour” at the global, regional and country levels, premised on the technical competency, leadership and facilitating roles of the Secretariat and the Cosponsors at the various levels and how they deliver results;
 - allowing flexibility for the global “Division of Labour” to be adapted to individual country circumstances, and defining a process to be followed by Joint Teams on AIDS and United Nations Theme Groups on HIV in making such adjustments, based on: (i) the comparative advantage and core mandates of different Cosponsors; (ii) in-country presence or non-presence of the Secretariat or agencies; (iii) existing national capacities; and (iv) availability of funding for different functions and priorities at the country level;
 - identifying various incentives, other than financial ones, for the Joint Programme to work together to deliver results; and
 - enhancing systematic communication and dissemination of information to stakeholders on the working of the Joint Programme;
3. *Agree* that roles and responsibilities of Cosponsors, as outlined in the “Division of Labour”, are based on Agency mandates and comparative advantages. Flexibility should be maintained in the use of joint programme core funds, and that funding should be based on the relevance, potential impact and quality of specific workplans rather than based on the assignment of specific roles in the “Division of Labour” guidance

¹¹ The 33rd meeting of the Committee of Cosponsoring Organizations was held on 8 April 2010 in Vienna, Austria.

¹² Based on the following:

UNAIDS technical support division of labour: summary and rationale. Geneva, UNA DS, 2005.

United Nations Development Group. *Proposed working mechanisms for joint United Nations teams on AIDS at country level.* New York, United Nations, 2006.

Second guidance paper: joint UN programmes and teams on AIDS. Practical guidelines on implementing effective and sustainable joint teams and programmes of support. Geneva, UNAIDS, 2008.

25th meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 8–10 December 2010. Decisions, recommendations and conclusions. Geneva, UNAIDS, 2009.

Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors: final report. Geneva, UNAIDS, 2005.

UNAIDS Secretariat handbook on mobilization of extra-budgetary funds. Geneva, UNAIDS, 2009.

UNAIDS Secretariat quick guide to mobilization of extra-budgetary funds. Geneva, UNAIDS, 2009.

CENTRALITY OF CROSS-CUTTING ISSUES

The Second Independent Evaluation of UNAIDS and broader stakeholders called for elevated attention to prevention, treatment, care and support, as well as to gender and human rights. These issues feature prominently in the three Strategic Directions and core themes of the UNAIDS Strategy for 2011–2015 that will guide UNAIDS action.

Strategic Directions	Core themes
Revolutionize HIV prevention	People: inclusive responses reach the most vulnerable, communities mobilized, human rights protected
Catalyse the next phase of treatment, care and support	Countries: nationally owned sustainable responses, financing diversified, systems strengthened
Advance human rights and gender equality for the HIV response	Synergy: movements united, services integrated, efficiencies secured across Millennium Development Goals

The Division of Labour, along with the Unified Budget and Workplan (and its successor for 2012–2015, the Unified Budget and Accountability Framework) and Joint Programmes of Support, are operational planning, implementation and monitoring and evaluation complements to the UNAIDS Strategy.

PARTNERING FOR RESULTS

The evolving nature and complexity of the HIV landscape, financing and development architecture calls for greater clarity of relationships between country needs, financing, programmes and outcomes. It also calls for greater specificity of the role of UNAIDS within the wider constellation of actors. Ultimately, UNAIDS will focus on results for people, achieving measurable effects on reducing the number of people newly infected with HIV and increasing life expectancy and the quality of life for those affected by HIV.

In this respect, the principles of national ownership and priorities and partnering for results are central to the development and implementation of the Division of Labour, which encompasses 15 areas to support the achievement of the goals of the UNAIDS Strategy. In its implementation, UNAIDS (Cosponsors and Secretariat) programming support will aim to provide clear deliverables, maximize collective results and fully capitalize on the Joint Programme's comparative strengths.

Division of Labour area	Convener(s)	Agency partners			
• Reduce the sexual transmission of HIV ^a	World Bank UNFPA	World Bank UNFPA WHO	UNDP UNICEF WFP	UNHCR ILO UNESCO	
• Prevent mothers from dying and babies from becoming infected with HIV ^a	WHO UNICEF	WHO UNICEF	UNFPA WFP		
• Ensure that people living with HIV receive treatment ^a	WHO	WHO UNICEF WFP	UNHCR WHO ILO	UNDP	
• Prevent people living with HIV from dying of tuberculosis ^a	WHO	WHO WFP UNODC	UNICEF ILO		
• Protect drug users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings ^a	UNODC	UNODC UNICEF World Bank UNESCO	WHO UNDP UNFPA		
• Empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy ^a	UNDP UNFPA	UNDP UNFPA UNESCO	World Bank WHO		
• Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS ^a	UNDP	UNDP UNESCO UNHCR	UNFPA WHO ILO	UNODC UNICEF	
• Meet the HIV needs of women and girls and stop sexual and gender-based violence ^a	UNDP UNFPA	UNDP UNFPA WFP	UNICEF WHO UNODC	UNESCO UNHCR ILO	
• Empower young people to protect themselves from HIV ^a	UNICEF UNFPA	UNICEF UNFPA	WFP UNESCO	UNHCR ILO	WHO
• Enhance social protection for people affected by HIV ^a	UNICEF World Bank	UNICEF World Bank	WFP WHO	UNDP ILO	UNHCR
• Address HIV in humanitarian emergencies ^b	UNHCR WFP	UNHCR WFP	WHO UNODC	UNFPA UNICEF	UNDP
• Integrate food and nutrition within the HIV response	WFP	WFP	WHO	UNICEF	UNHCR
• Scale up HIV workplace policies and programmes and mobilize the private sector	ILO	UNESCO ILO	WHO		
• Ensure high-quality education for a more effective HIV response	UNESCO	UNESCO WHO	UNFPA UNICEF		ILO
• Support strategic, prioritized and costed multisectoral national AIDS plans	World Bank	World Bank UNESCO WHO WFP	UNDP UNODC UNFPA	UNHCR ILO	UNICEF

^aPriority area of *Joint action for results – UNAIDS outcome framework, 2009–2011*.

^bNatural disasters and crisis situations.

Regional-level applicability of the Division of Labour

The conveners and co-conveners identified in the Division of Labour matrix apply to both the global and regional levels and should not be adapted region by region, except if a region can demonstrate that a particular area not covered globally is essential to the dynamics of the epidemic in that region.

When new or unanticipated thematic areas arise, the Secretariat and the Cosponsors at the global and regional levels should discuss and reach an agreement on which organization should convene the new area. Following Programme Coordinating Board decisions and recommendations, the underlying principle should be to identify leadership from among the Cosponsors.¹³

¹³ 26th meeting of the Programme Coordinating Board, June 2010, decision 10.3: *Recognizing* the need to support a strong Secretariat and avoid micro-management of the Joint Programme, and *taking* effective responsibility for governance of UNAIDS, *agrees* to refocus its work on ensuring () that the Secretariat does not assume roles that could be carried out by a Cosponsor; ().

ROLES AND RESPONSIBILITIES OF CONVENERS, PARTNERS AND THE SECRETARIAT

The following roles and responsibilities of convening agencies, partner agencies and the UNAIDS Secretariat aim at leveraging our respective organizational mandates and resources to work collectively to deliver results, including strengthening joint working and maximizing partnerships at the global, regional and country levels.

The designation of conveners and partners for each area will, among other factors, be based on their expertise, mandate and comparative advantage in that area. The convening agency or agencies will guide the Joint Programme's vision in a given area under the Division of Labour to ensure that the programme needs in that area are identified and addressed through collective work with designated Cosponsors that have identified areas of the Division of Labour in which they could contribute, based on their comparative advantage and mandates. Note that the convening agencies play a brokering or steering role and should not be viewed nor discharge their role as the sole provider of United Nations support in their area(s). In this regard, conveners, as appropriate, may extend beyond the UNAIDS family to bring in other partners with comparative advantage – for example, with the International Organization for Migration on matters of migration, the United Nations Conference on Trade and Development (UNCTAD) on access to medicines, the Office of the High Commissioner for Human Rights on human rights or UN Women on matters of gender.

All partners will work collectively with the convening agency or agencies in providing or brokering the required technical and financial programmatic support for that area of the Division of Labour.

The criteria for designating partners, including the convening agency, include:

- commitment of human and financial resources at different levels (global, regional and country);
- mandate and strategic focus;
- technical expertise, ability and capacity to deliver on the area;
- willingness to advocate at all levels of the organization; and
- engagement with civil society and other stakeholders.

The UNAIDS Secretariat, which will not have a convening or co-convening role for any individual thematic area, will take responsibility for ensuring the overall functioning and accountability of the Division of Labour, with special focus on issues of leadership, overall coherence, cohesion and coordination across all the areas and mutual accountability of the UNAIDS family for results. Further details are outlined below.

The specific roles and responsibilities for partners, convening agency or agencies and the UNAIDS Secretariat under the 2010 Division of Labour at the global and regional levels are outlined below. These roles and responsibilities have been brokered and agreed to by all Co sponsors and the Secretariat.

Roles and responsibilities of the convening agency or agencies in each Division of Labour area

- Coordinate partner agencies to better ensure that identified technical support needs and gaps are considered and addressed, when possible
- Convene partnership group members for agenda-setting and planning
- Facilitate and convene a collective interagency and partnership process on setting standards, providing normative guidance, policy development, planning and programming
- Ensure leadership, advocacy, coordination and consultation under the designated area of responsibility
- Advance the mandate and strategic focus of the area
- Provide the managerial and human resources required to convene the work of the area
- Ensure collective analysis and timely reporting in accordance with the accountability frameworks outlined in the Division of Labour framework
- Coordinate and lead the generation of strategic information in the area

Roles and responsibilities of partners in thematic areas of the Division of Labour

- Ensure dissemination of all relevant policies, standards, strategic guidance, tools and other materials
- Develop rights-based, evidence-informed advocacy on collectively agreed priorities
- Build support and ownership and stimulate demand for appropriate responses
- Mobilize and strengthen partnerships (brokering and capacity-building)
- Collaborate on setting standards, providing normative guidance, policy development, planning and programming
- Contribute to providing and brokering quality-assured technical support
- Ensure the implementation of accountability mechanisms
- Track and report on global, regional and country-level progress on agreed targets and deliverables
- Provide technical expertise and sustained capacity to deliver agreed-on agency results in the specific Division of Labour area
- Ensure transparent – and collective where appropriate – efforts to mobilize resources towards agreed deliverables

Role and responsibilities of the Secretariat

The UNAIDS Secretariat will have overall responsibility for ensuring functioning and accountability across all areas of the Division of Labour on the following.

- *Leadership and advocacy*: to influence the setting of a rights-based and gender-sensitive HIV political agenda for the three Strategic Directions outlined in the UNAIDS Strategy for 2011–2015, in order to reposition the Joint Programme within a changing (aid and development) environment, based on the analysis of strategic information, including data on the current drivers of the HIV epidemic. The three Strategic Directions are:
 - revolutionizing HIV prevention;
 - catalysing the next phase of treatment, care and support; and
 - advancing human rights and gender equality for the HIV response.
- *Coordination, coherence and partnerships*: across all the areas outlined in the Division of Labour matrix, to ensure delivery on the three Strategic Directions.
- *Mutual accountability*: to support the mutual accountability of the Secretariat and Cosponsors to enhance programme efficiency and effectiveness and to optimally deliver on the shared Joint Programme mission, vision and Strategy, with measurable results.

More specifically, the Secretariat will:

- lead in advocacy and facilitate the generation of strategic information for an evidence-informed, rights-based and gender-sensitive global HIV political agenda, in accordance with a collectively agreed agenda;
- assure overarching coherence, coordination and support for effective and flexible partnerships across all areas outlined in the Division of Labour, including with people living with HIV, in close collaboration with Cosponsors;
- capitalize on interagency mechanisms to ensure appropriate coordination and cohesion across the three Strategic Directions to:
 - identify concrete deliverables and targets, taking into consideration the bold results defined in each of the priority areas;
 - assess how all priority areas of the outcome framework will contribute to the three Strategic Directions;
 - facilitate coordination and collaboration across all areas of the Division of Labour in order to maximize the potential synergy between the priority areas;
 - enhance the role that human rights and gender equality must play to improve the outcomes on prevention and on treatment, care and support;
 - promote synergy between the efforts that focus on prevention, treatment, care and support, as part of the AIDS response and the efforts that are being mainstreamed into broader areas of development; and
 - ensure mutual accountability mechanisms, including optimum use of the Unified Budget and Workplan (and the Unified Budget and Accountability Framework for 2012–2015), for the entire Joint Programme to the Executive Director and the Programme Coordinating Board;
- collect and synthesize key data on the epidemic, in accordance with newly emerging trends, patterns and categories, including from a human rights and gender perspective, to monitor and evaluate progress towards achieving universal access and the Millennium Development Goals;
- lead the development, coordination and implementation of a mutual accountability framework (in accordance with the above) for the entire Joint Programme (encouraging the use of the Cosponsor Evaluation Working Group and the UNAIDS Monitoring and Evaluation Reference Group);
- create space for and support Cosponsors in acting as One United Nations, maximizing their joint comparative advantages at the country level in relation to development partners, in support of national efforts to achieve universal access and Millennium Development Goals;
- facilitate in brokering and strengthening synergy, complementarity and accountability between technical support mechanisms and providers for appropriate national AIDS responses; and
- lead in mobilizing resources for the core budget and collaborate, where appropriate, with Cosponsors in mobilizing supplemental and any other funds.

INTERNAL COMMUNICATION AND COORDINATION FOR THE DIVISION OF LABOUR

The recommendations of the Second Independent Evaluation of UNAIDS emphasized the importance of internal communication and coordination within the Joint Programme. Building on the findings of an external interagency task team assessment and other stakeholder inputs, the Cosponsors and Secretariat have agreed on the core values of a new modus operandi for interagency mechanisms, with a clear focus (as recommended by the Second Independent Evaluation) on setting task-based, time-bound objectives and regular reporting on performance.

A new modus operandi – building on experience

The proposed modus operandi is informed by experience, successes and challenges of interagency task teams and by the experience of other coordination and task-related mechanisms. The proposed modus operandi is flexible and responds to the need to ensure policy and programme alignment, with clear focus on results, greater efficiency, effectiveness and accountability.

The modus operandi aligns with the Strategy for 2011–2015, the Partnership Strategy, the revised Division of Labour and the respective responsibilities of Cosponsors and the Secretariat.

The review of interagency task teams highlighted several issues relevant to developing a future modus operandi for UNAIDS interagency work, pointing in particular to five core principles and values that should underpin all future arrangements.

The five core values are as follows.

1. ***Stronger governance and accountability***: with a clear focus on areas within the UNAIDS Division of Labour, a central role of the interagency mechanisms will be to ensure policy and programme alignment, monitoring of progress and achievements and periodic review of progress and results achieved.
 2. ***Clearer focus on results***: the areas outlined in the UNAIDS Division of Labour provide firm foundations for future success. Delivering this collective success, however, means a clearer focus on results, requiring strong UNAIDS coordination within and between the areas.
 3. ***Leadership***: one or more convening agencies will be designated for each area, in accordance with the revised Division of Labour, and be accountable for coordinating work within the relevant interagency mechanism. The convener or co-conveners, in close consultation with the other partner agencies, should take responsibility for marshalling resources for the interagency mechanism and maximize synergy between agencies. Convening and co-convening agencies will be accountable to Cosponsor global coordinators and the Secretariat for leadership and results within their area.
 4. ***Reporting***: all interagency mechanisms will have the same accountability requirements and report periodically (once a year), in detail, and in an outcome-focused way, both to the Cosponsor global coordinators and the Secretariat and, when relevant, to the governing body of the convening and co-convening agencies on progress, achievements, barriers and levers for success in global coordination within their area.
-

5. *Alignment of UNAIDS global coordinating and technical mechanisms*: to maximize efficiency, these interagency mechanisms should not be over-reaching in their work in countries. Country-specific implementation should fall to the United Nations Joint Teams on HIV/AIDS and their national partners, with support from the global and regional levels as needed and appropriate.

Accountability and reporting

The convening and co-convening agencies in the Division of Labour will be responsible for ongoing monitoring and annual reporting to the Cosponsor global coordinators and Secretariat, in alignment with strengthened accountability being developed as part of the Unified Budget and Accountability Framework for 2012–2015.

The way forward

The convener and co-conveners and agency partners for each of the 15 areas of the revised UNAIDS Division of Labour are expected to identify the most appropriate interagency mechanism to suit the needs of each area based on the five established core values. They may determine that an existing interagency mechanism, such as an interagency task team or reference group, is functioning well and will continue with current or revised terms of reference, membership and leadership or they may close down existing mechanisms and opt for another solution, allowing for flexibility to respond to the needs of the specific area.

OPERATIONAL GUIDELINES

Universal access to HIV prevention, treatment, care and support remains the UNAIDS corporate priority and continues to serve as a bedrock and central pillar to achieving UNAIDS' vision of zero new infections, zero discrimination and zero AIDS-related deaths.

The new UNAIDS Strategy for 2011–2015 continues the drive to universal access by revolutionizing HIV prevention, catalysing the next phase of treatment, care and support, advancing human rights and gender equality for the HIV response and by bringing AIDS out of isolation. Three core themes of the UNAIDS Strategy serve as a premise for the Division of Labour.

Core themes of the UNAIDS Strategy

- **Inclusive, country-owned sustainable responses:** a focus on the country-level results and outcomes by supporting nationally defined priorities, processes and accountability mechanisms and committing to national ownership, alignment and harmonization.
- **People at the centre of the response:** major successes in the global HIV response have come about due to the dynamism of people affected by HIV and their collaboration with health, development and rights stakeholders around issues of common concern. Nevertheless, more must and can be done to ensure that the needs of affected population groups and population groups at higher risk are at the centre of the HIV response. The Joint Programme should always promote people and community-centred approaches to maximize their potential and build on successes to date.
- **Synergies between the HIV response and broader Millennium Development Goals and human development efforts:** the effectiveness and sustainability of the HIV response largely depends on the success of wider health and development efforts, and investment in HIV is critical to achieving all the Millennium Development Goals. The AIDS plus MDGs agenda highlights the central role of the HIV response in achieving the Millennium Development Goals and promotes concerted action to maximize impact across multiple Millennium Development Goals.

With the 2015 deadline for achievement of the Millennium Development Goals approaching, UNAIDS has made the AIDS plus MDGs agenda a unifying principle for its work to both maximize the AIDS response as essential to achieving the Millennium Development Goals and, conversely, supporting the role of the Millennium Development Goals in achieving universal access to HIV prevention, treatment, care and support.

Applicability of existing United Nations guidelines, tools and frameworks

This consolidated guidance note builds on existing tools and frameworks on strengthening United Nations processes, in particular:

- *UNAIDS 2011 – 2015 Strategy, Getting to Zero*
- *Guidance note on joint programming* (United Nations Development Group, 19 December 2003);
- *Proposed working mechanisms for joint UN teams on AIDS at country level: guidance paper* (United Nations Development Group, 19 May 2006);
- *Second guidance paper: joint UN programmes and teams on AIDS. Practical guidelines on implementing effective and sustainable joint teams and programmes of support* (UNAIDS, 2008),
- *UNAIDS outcome framework country level guidance* (2010); and
- *UNAIDS technical support strategy 2011–2015*.

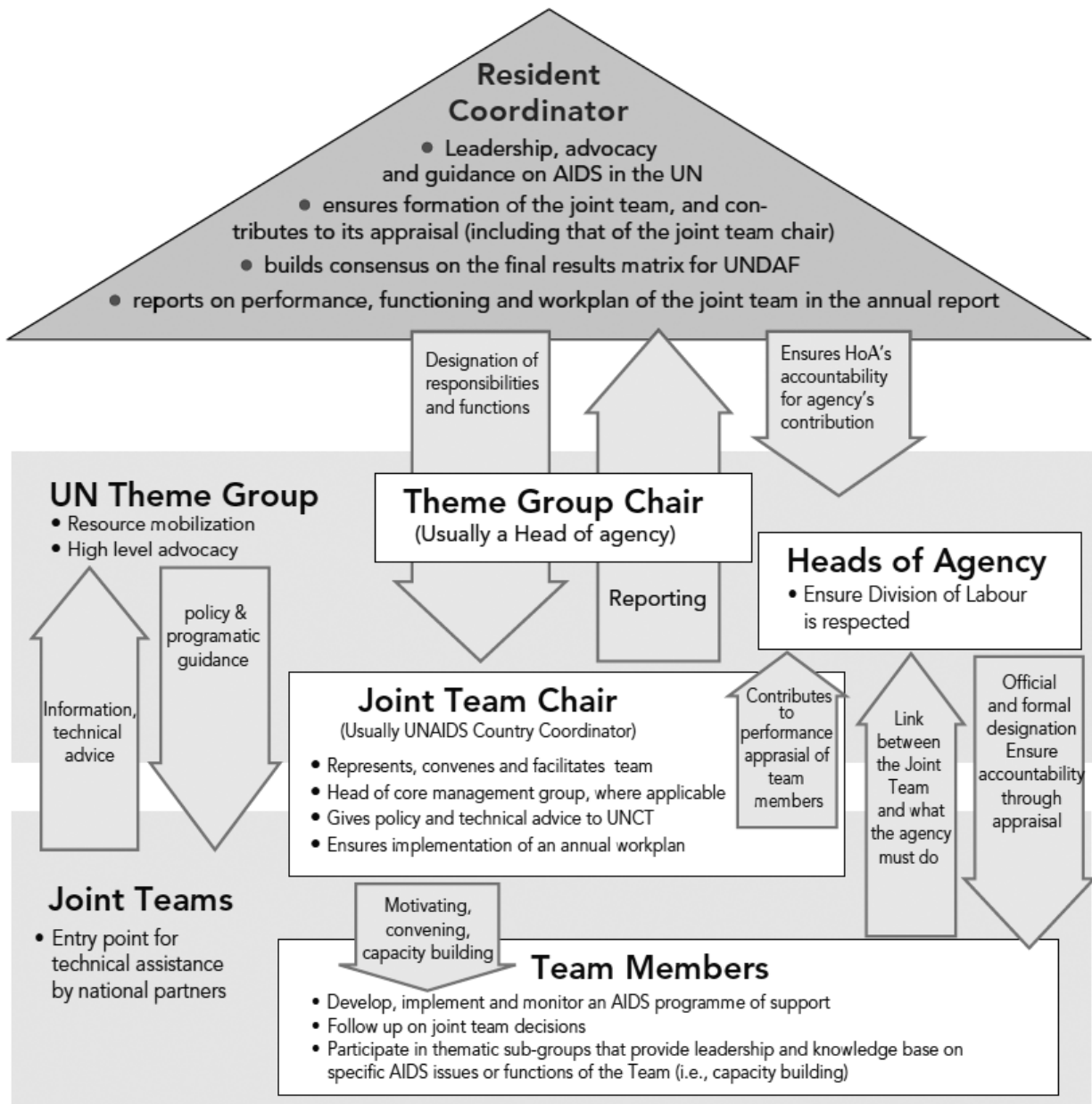
Shared leadership, focused work and clear division of responsibilities are crucial to effective and sustainable joint programmes and teams and the successful implementation of the Division of Labour at the country level. The joint programme of support remains the accountability framework at the country level that encompasses all stakeholders with a focus on delivery for results. As such, all Joint United Nations Teams on AIDS should develop a multi-year Joint United Nations Programme of Support on AIDS that includes a strategic framework, annual workplan, technical support plan, advocacy, strategies for communication and mobilizing resources, aligned with the United Nations Development Assistance Framework and national programming frameworks.¹⁴

Ultimately, the Resident Coordinator is responsible for the establishment of the country joint team and its achievements through the programme of support. However, various individuals with distinct and complementary leadership roles are responsible for day-to-day implementation leading to key deliverables.

Understanding and respecting this division of leadership within the joint team in no way undermines the authority of existing senior managers, nor does it replace existing hierarchical structures within each agency or the United Nations country team.

The Figure below illustrates well the intertwined and interdependent roles and responsibilities as well as accountability lines of the UNAIDS family at the country level.

¹⁴ For additional details, see United Nations Development Group. *Proposed working mechanisms for Joint United Nations Teams on AIDS at country level*. New York, United Nations, 2006.



UNDAF: United Nations Development Assistance Framework. HoA: head of agency. UNCT: United Nations country team.

Source: *Second guidance paper: joint UN programmes and teams on AIDS. Practical guidelines on implementing effective and sustainable joint teams and programmes of support.*¹⁵

¹⁵ *Second guidance paper: joint UN programmes and teams on AIDS. Practical guidelines on implementing effective and sustainable joint teams and programmes of support.* Geneva, UNAIDS, 2008:15.

Country-level adaptability of the Division of Labour

In the spirit of national ownership and to ensure the sustainability of the response, the UNAIDS Division of Labour will not be rigidly applied at country level but rather be used as a flexible framework by the Joint United Nations Team on AIDS to assign roles and responsibilities within the United Nations System, taking into account the presence and relative strength of individual Cosponsors and the Secretariat on the ground, the comparative advantages of all partners at the country level and the specific technical and financial needs and capacity in a country.

To maximize the effectiveness and impact of United Nations resources at the country level, the Division of Labour will be adapted at the country level based on:

- the comparative advantage and core mandates of various Cosponsors;
- the in-country presence or non-presence of the Secretariat and/or agencies;
- the existing national capacity; and
- the availability of funding for various functions and priorities at the country level.

Agencies that are not present in a country may be drawn on to provide guidance and tools from the global and regional levels but typically would not lead at the country level. If a convening agency or agencies (as designated in the global matrix) does not have an in-country presence, the United Nations Theme Group or United Nations Country Team should therefore select an alternative convening agency or agencies from among the main partners in the Division of Labour area. For Cosponsors that do not have a presence in a country, it is advised that regional offices define their intervention strategies with the Joint United Nations Teams of these countries.¹⁶

In addition, each country should periodically review the Division of Labour and the designations of convening or co-convening responsibilities, according to local needs and capacity. If at any time, however, a convening agency fails to adequately fulfil its role, the Global Coordinator of the respective convening agency should be informed and possibilities should be explored to determine whether capacity can be built at the country level or whether the regional or global level can provide additional support. Only if this fails should the United Nations Theme Group or United Nations Country Team select alternative convening agencies.

Country-level coordination and communication

Joint United Nations Teams on AIDS should decide how to organize around the Division of Labour areas: for instance, by establishing Division of Labour area teams. The convener(s) of each Division of Labour area should convene and chair team meetings, remain up-to-date on global and country-level trends and policies in the thematic area, prepare relevant updates for the joint team's core management group as necessary and ensure that the team has the relevant skills. The convener(s) should also proactively link the thematic area and its relevance to achieving the larger United Nations Development Assistance Framework results and/or Millennium Development Goals.

¹⁶ *Second guidance paper: joint UN programmes and teams on AIDS. Practical guidelines on implementing effective and sustainable joint teams and programmes of support.* Geneva, UNAIDS, 2008:11.

Box 1 describes in detail the roles and responsibilities of the United Nations country team.

Box 1. Roles and responsibilities of a United Nations country team

Resident Coordinator^a

- Ensures the formation of the AIDS team
- Builds consensus on the final results matrix on AIDS that will appear in the United Nations Development Assistance Framework
- Provides overall United Nations leadership, advocacy and guidance on AIDS and represents the United Nations System to the head of state
- Ensures that AIDS remains high on national agendas
- Ensures that heads of agencies are accountable for agency contributions towards the Joint Programme deliverables
- Intervenes as needed to resolve impediments and make decisions in the interest of AIDS team effectiveness (involving the regional directors team as necessary)
- Reports on the performance, functioning and workplan of the AIDS team as part of the Resident Coordinator annual report.

^aThe Resident Coordinator may choose to delegate certain responsibilities to the HIV/AIDS Theme Group chair.

UNAIDS Country Coordinator¹⁷

- As convener and facilitator of the AIDS team, ensures its effective functioning by convening meetings, synthesizing and disseminating information, and strategically planning and advocating the AIDS team's collective response
- As a full member of the United Nations Country Team and an integral part of the Resident Coordinator system, provides policy and technical advice as well as advocates for and mobilizes effective action on HIV/AIDS by Cosponsors and agencies
- Ensures that the AIDS team's annual workplan is implemented
- Identifies impediments to achieving annual deliverables and informs the Resident Coordinator when intervention is necessary
- Provides regular implementation reports to the HIV/AIDS theme group and ensures that their policy directives are carried out
- Ensures appropriate financial management for the operation of the AIDS team
- Represents UNAIDS and the AIDS team to external partners as needed
- Carries out other functions, as designated by the Resident Coordinator or HIV/AIDS Theme Group Chair.

Heads of United Nations agencies

- Officially designate the participation of staff members on the AIDS team
- May revise job descriptions (when necessary) to reflect participation in the team as a key responsibility
- Works with the Resident Coordinator and UNAIDS Country Coordinator to determine appropriate performance evaluation mechanisms, incentives and sanctions for AIDS team members
- Accepts overall accountability for annual deliverables of that agency as agreed by the team, including resource mobilization at the agency level
- One agency head will also be appointed as theme group chair, to facilitate meetings and decision-making among the group
- As members of the United Nations Country Team and HIV/AIDS Theme Group, contribute to overall policy and programmatic guidance of AIDS team members, and participate in approving the programme of support and annual workplans

Individual team members

- Contribute to developing, implementing and monitoring the HIV/AIDS programme of support
- Attend all AIDS team meetings and follows up on action points
- Provide technical advice to the UNAIDS Country Coordinator, United Nations Theme Group, government and individual agencies on their area of expertise
- Keep their Head of Agency informed of AIDS team activities.
- Represent the AIDS team in various government-led technical working groups, committees or forums, as requested by the UNAIDS Country Coordinator based on the Division of Labour, presence and capacity

¹⁷ These roles and responsibilities are only those that directly concern the UNAIDS Country Coordinator's position within the AIDS team and do not reflect or supersede the core terms of reference of UNAIDS Country Coordinators, which involve facilitating the core functions of the UNAIDS Secretariat: leadership and advocacy and strategic information; tracking, monitoring and evaluation; civil society engagement and partnership development; and mobilization of resources.

In relation to the Division of Labour, each team member has specific tasks that contribute to successfully implementing the Division of Labour.

Resident Coordinator

- Ensures that Heads of Agencies are accountable towards the Joint Programme deliverables to their respective Division of Labour areas

Heads of United Nations agencies

- Coordinates programming and technical support in the Division of Labour areas convened or co-convened by their respective Agency
- Facilitates the integration of Division of Labour areas into their Agency's overall programmes

UNAIDS Country Coordinator

- In collaboration with the Joint Team and convening Agency, effectively and systematically communicates the Division of Labour to all national stakeholders, including clear protocols for requesting and accessing technical support from the United Nations System
- Coordinates and facilitates the development, implementation and monitoring of the Joint Programme of Support on HIV/AIDS in accordance with the Division of Labour
- Conveys information about the country-level Division of Labour, including contact information for relevant thematic focal points, to national counterparts, Cosponsors and the UNAIDS Secretariat at the global and regional levels¹⁸
- Informs the United Nations Country Team and Global Coordinators of the respective Division of Labour area convener(s) when intervention is necessary
- Ensures periodic review of the Division of Labour

Individual Joint Team member

- Fulfils the roles and responsibilities of a partner and convener(s) for relevant Division of Labour areas
- Links with the Division of Labour conveners at the global and regional level

Joint United Nations Teams on AIDS and the Regional Support Teams and Cosponsors' regional offices should also redouble efforts to inform new staff members regarding the purpose, provisions and mechanisms of the Division of Labour by making this an integral part of the internal training programme established to implement the United Nations Learning Strategy on HIV/AIDS.

Technical support

Achieving global commitments and the UNAIDS¹⁹ vision requires more effective country programmes, which in turn requires greater capacity in countries to plan and manage the implementation of their national HIV responses. Technical support to enhance and build this capacity is a core function of the United Nations, with the UNAIDS family being significant providers of HIV-related technical support.

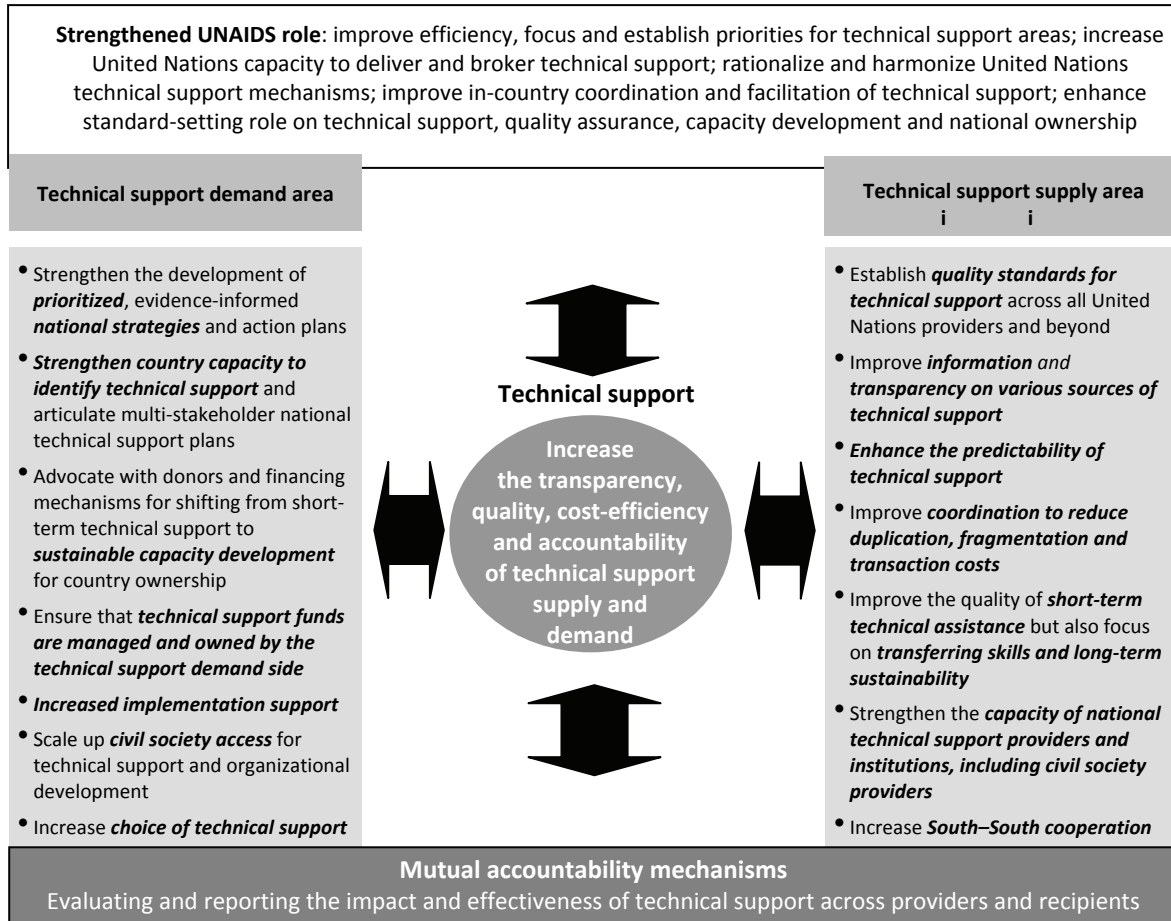
The goal of the new UNAIDS technical support strategy for 2011–2015 is to increase the impact and sustainability of HIV country responses by providing and using high-quality technical support. Its implementation will focus both on supply and demand of technical support, including assisting countries in identifying their technical support needs and in managing technical support; coordinating and brokering the provision of technical support; improving the delivery of high-quality technical support by UNAIDS and other

¹⁸ Wherever there is a UNAIDS Country Coordinator or other UNAIDS Secretariat country presence, that person is responsible for sharing information about the country-level Division of Labour with all Cosponsors at the regional and global levels through the UNAIDS Secretariat in Geneva.

¹⁹ The term UNAIDS refers throughout this publication to UNAIDS Cosponsors (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, LO, UNESCO, WHO and the World Bank) and the Secretariat unless otherwise specified.

providers; monitoring the quality and outcomes of technical support; and building national and regional capacity for technical support (Fig. 2).

Fig. 2. Technical support mechanisms for UNAIDS



Every Joint United Nations Team on AIDS functions as the entry point for appropriate technical assistance and partnership with government and local civil society groups. In this regard, joint teams should focus on providing timely service and achieving concrete results instead of focusing on the process as a vehicle to increase an individual agency’s ability to leverage resources. Any resources for technical or policy work on a relevant population or process should be through the Division of Labour convenors and main partners; for areas of policy dialogue (for example, with national AIDS councils or national networks of people living with HIV), the UNAIDS country presence should always endeavour to involve at least one Cosponsor.

Technical assistance should be managed flexibly but efficiently. One option could be an entry via the UNAIDS Country Coordinator or UNAIDS Country Office which, in turn, brokers the role of the Cosponsors; another option may be via Convening Agencies. Ideally, country partners should be able to access technical assistance and partnership in two ways – directly through an appropriate Cosponsor, which would keep the Joint Team informed and involved, or via the UNAIDS Country Coordinator, who would facilitate a response by an appropriate member of the Joint Team. Most importantly, Joint Teams should track and monitor technical assistance for quality, cost and ensuring accountability.

MUTUAL ACCOUNTABILITY

Mutual accountability is an essential precondition for maximizing the impact of the Joint Programme, since it reinforces the accountability of Cosponsors and the Secretariat, not only to their respective constituencies but also to each other.²⁰

In the spirit of the decisions of the Programme Coordinating Board and Committee of Cosponsoring Organizations,²¹ the Joint Programme will reinforce a mutual accountability framework for monitoring and evaluating commitments, performance and results between the Cosponsors and between the Cosponsors and the Secretariat. This framework should increase trust and mutual responsibility within the Joint Programme and serve as a base for accountability to key stakeholders by providing evidence of the action taken and the results achieved.

In essence, the mutual accountability framework should:

- increase the accountability of Cosponsors and the Secretariat on achieving a collective set of targets and results;
- support the mutual assessment of programmes and delivery of results at the country level;
- provide an overarching set of clear and transparent indicators for tracking progress, based on existing measures;
- seek equity and sharing of responsibilities in how it is owned and managed;
- be simple;
- integrate with and strengthen existing mechanisms; and
- innovate new accountability mechanisms where they do not exist.

Strengthening and consolidating existing systems

Existing governance structures and accountability frameworks for reporting, monitoring and evaluating the Joint Programme will form the bedrock for the Division of Labour. This will be complemented with internal systemized quality and accountable performance management systems.

Unified Budget and Financial Accountability Framework

The Unified Budget and Financial Accountability Subcommittee of the Programme Coordinating Board²² ensures input into and broad ownership of the system and the accompanying Unified Budget and Accountability Framework across all Programme Coordinating Board constituencies, Member States (including donors) and civil society. The Subcommittee was initiated in 2008 to feed into the 2010–2011 Unified Budget and Workplan and has had a substantial role and input in developing the Unified Budget and Accountability Framework for 2012–2015.

A Unified Budget and Accountability Framework peer review process is to be implemented at the beginning of the second year of the biennium and will involve Cosponsors and the Secretariat in a two-stage mutual evaluation of (1) progress and performance in the first year of the current biennium and (2) the workplan and budget for the

²⁰ *Paris Declaration on Aid Effectiveness, 2003.*

²¹ Decision of the Committee of Cosponsoring Organizations on the Division of Labour, April 2010, Paragraph 4. The Committee of Cosponsoring Organizations agreed that “the core principles to govern the revision of the ‘Division of Labour’ matrix and development of its associated guidelines should include assuring mutual and reciprocal accountabilities among Cosponsors and the Secretariat with a focus on delivery of results.”

²² The Subcommittee includes representation from Africa, Asia, the Western Europe and Others Group, Eastern Europe, the Group of Latin American and Caribbean Countries, Programme Coordinating Board nongovernmental organizations, Cosponsors and the UNAIDS Secretariat.

next biennium. The Cosponsors and the Secretariat shall be reporting on the Unified Budget and Accountability Framework at all stages, laying a solid basis for mutual accountability.²³

Responding to the requests of Member States represented on the Programme Coordinating Board, the 2012–2015 budget framework of the Unified Budget and Accountability Framework includes clear earmarked country-level resources. This provides a more comprehensive picture of UNAIDS, links the work of the Cosponsors and the Secretariat at the country level to the workplan in the Unified Budget and Accountability Framework and allows for a more harmonized analysis of financial information and associated results and impact.

Strengthening governance entities

The Programme Coordinating Board has spearheaded several reform processes aimed at formalizing and strengthening governance structures, including the Committee of Cosponsoring Organizations. Relevant elements of the Programme Coordinating Board's reforms include:

- ensuring that Cosponsors' include discussion of key Programme Coordinating Board decisions within their governing bodies;
- strengthening accountability within Cosponsors by ensuring that relevant objectives and indicators agreed in UNAIDS global-level results frameworks are linked to the corporate results framework of each agency and
- formalizing the role of Global Coordinators.

Strengthening performance management

The strengthening of the internal Joint Programme performance management systems will include:

- instituting processes that ensure that UNAIDS Joint Programme performance measures and standards are established in the planning stage and that they are aligned with the UNAIDS Strategy and include attributes of quantity, quality, timeliness and cost of output where possible;
- strengthening results-based management throughout the Joint Programme to ensure that the Joint Programme's processes, products and services contribute to achieving the desired results (output, outcomes and impact);²⁴
- instituting a standardized process for peer review of the quality of work planning, which could include civil society engagement for objectivity and stakeholder accountability;
- undertaking joint programme assessment missions²⁵ to inform and guide performance and progress; and
- under the auspices of the Resident Coordinator and in line with the Management Accountability Framework of the United Nations Development Group, strengthening the joint programming, coordination and collective results of Joint Teams on AIDS.

Consolidating reporting, monitoring and evaluation

A focus will be given to consolidating joint reporting, monitoring and evaluation by strengthening, streamlining and consolidating all current reporting mechanisms, including reconciling to the extent possible:

- reporting mechanisms for the Division of Labour with reporting requirements for the Unified Budget and Accountability Framework;
- reporting mechanisms for UNAIDS reports to the Programme Coordinating Board;
- reports from the Committee of Cosponsoring Organizations to the Programme Coordinating Board; and
- reports from Cosponsors to their governing boards.

²³ Interagency sub-working groups have contributed to the development of the Unified Budget and Accountability Framework for 2012–2015.

²⁴ *Second guidance paper: joint UN programmes and teams on AIDS. Practical guidelines on implementing effective and sustainable joint teams and programmes of support.* Geneva, UNAIDS, 2008 notes that "Results-based management rests on clearly defined accountability for results and requires monitoring and self-assessment of progress towards results and reporting on performance."

²⁵ Tools, guidelines and terms of reference would be developed or adapted from existing Cosponsor material to guide the joint reviews. The global coordinators should agree on the frequency and format of the joint missions in consultation with country-level mechanisms.

Such reporting will include results (indicators, baselines and targets) and annual implementation progress and financial reports.

Another focus will be ongoing sharing, and where appropriate, drawing from Cosponsor-specific reporting and accountability frameworks to reinforce the mutual accountability system of the Joint Programme to create a common vision and create holistic expectations and results.

Finally, the efficiency and effectiveness of the Cosponsors Evaluation Working Group will be enhanced including, as appropriate, its links to the UNAIDS Monitoring and Evaluation Reference Group.

Elements of mutual accountability will be updated and enhanced, as appropriate.

ANNEX 1**Detailed Division of Labour matrix with area of contribution by agency****Role of the UNAIDS Secretariat:
overall coordination, coherence and accountability of the Division of Labour**

The UNAIDS Secretariat will have overall responsibility for ensuring functioning and accountability across all areas of the Division of Labour on the following.

- *Leadership and advocacy*: to influence the setting of a rights-based and gender-sensitive HIV political agenda for the three Strategic Directions outlined in the UNAIDS Strategy for 2011–2015, in order to reposition the Joint Programme within a changing (aid and development) environment, based on the analysis of strategic information, including data on the current drivers of the HIV epidemic. The three Strategic Directions are:
 - revolutionizing HIV prevention;
 - catalysing the next phase of treatment, care and support; and
 - advancing human rights and gender equality for the HIV response.
- *Coordination, coherence and partnerships*: across all the areas outlined in the Division of Labour matrix, to ensure delivery on the three Strategic Directions.
- *Mutual accountability*: to support the mutual accountability of the Secretariat and Cosponsors to enhance programme efficiency and effectiveness and to optimally deliver on the shared Joint Programme mission, vision and Strategy, with measurable results.

More specifically, the Secretariat will:

- lead in advocacy and facilitate the generation of strategic information for an evidence-informed, rights-based and gender-sensitive global HIV political agenda, in accordance with a collectively agreed agenda;
- assure overarching coherence, coordination and support for effective and flexible partnerships across all areas outlined in the Division of Labour, including with people living with HIV, in close collaboration with Cosponsors;
- capitalize on interagency mechanisms to ensure appropriate coordination and cohesion across the three Strategic Directions to:
 - identify concrete deliverables and targets, taking into consideration the bold results defined in each of the priority areas;
 - assess how all priority areas of the outcome framework will contribute to the three Strategic Directions;
 - facilitate coordination and collaboration across all areas of the Division of Labour in order to maximize the potential synergy between the priority areas;
 - enhance the role that human rights and gender equality must play to improve the outcomes on prevention and on treatment, care and support;
 - promote synergy between the efforts that focus on prevention, treatment, care and support, as part of the AIDS response and the efforts that are being mainstreamed into broader areas of development; and
 - ensure mutual accountability mechanisms, including optimum use of the Unified Budget and Workplan (and the Unified Budget and Accountability Framework for 2012–2015), for the entire Joint Programme to the Executive Director and the Programme Coordinating Board;
- collect and synthesize key data on the epidemic, in accordance with newly emerging trends, patterns and categories, including from a human rights and gender perspective, to monitor and evaluate progress towards achieving universal access and the Millennium Development Goals;
- lead the development, coordination and implementation of a mutual accountability framework (in accordance with the above) for the entire Joint Programme (encouraging the use of the Cosponsor Evaluation Working Group and the UNAIDS Monitoring and Evaluation Reference Group);
- create space for and support Cosponsors in acting as One United Nations, maximizing their joint comparative advantages at the country level in relation to development partners, in support of national efforts to achieve universal access and Millennium Development Goals;
- facilitate in brokering and strengthening synergy, complementarity and accountability between technical support mechanisms and providers for appropriate national AIDS responses; and
- lead in mobilizing resources for the core budget and collaborate, where appropriate, with Cosponsors in mobilizing supplemental and any other funds.

Division of Labour area	Conveners	Agency partners	Areas of contribution
1. Reduce the sexual transmission of HIV	World Bank UNFPA	World Bank	<p>In partnership with other Cosponsors, the World Bank will co-lead efforts in building evidence for HIV prevention, improving the setting of priorities for effective prevention efforts and using implementation science approaches to increase the impact of prevention programmes.</p>
		UNFPA	<p>UNFPA provides leadership in linking and integrating HIV with sexual and reproductive health and in areas that are highly linked to sexual transmission, including:</p> <ul style="list-style-type: none"> • advocacy on universal access to ensure that men, women and young people are protected against HIV, sexually transmitted infections and unintended pregnancies; • addressing the needs of girls and women in HIV prevention and access to sexual and reproductive health services including for people living with HIV, sex workers and their clients, populations affected by conflict and other marginalized populations; • efforts to reduce vulnerability and gender-based violence and to promote gender equality; • reducing the number of young people newly infected with HIV, emphasizing those who are at higher risk and vulnerable, including by strengthening policies on sexual and reproductive health and HIV and the programming of services for adolescents living with HIV to meet their sexual and reproductive health needs; • supporting health system strengthening in the context of promoting health-seeking behaviour in relation to sexual and reproductive health and HIV; and • addressing the needs of female, male and transgender sex workers and their clients through rights-based HIV prevention programming and supporting access to sexual and reproductive health services, including for sex workers living with HIV. <p>UNFPA provides normative guidance and develops tools to support countries in developing and implementing policies and programmes on sexual and reproductive health and HIV, including comprehensive male and female condom programmes.</p> <p>UNFPA, UNDP, UNICEF, UNODC and the UNAIDS Secretariat, with civil society partners, provide capacity-building in-reach training to United Nations staff to work with key population groups – men who have sex with men, people who inject drugs, sex workers and transgender people.</p> <p>UNFPA provides proactive leadership in global policy discussions on comprehensive condom programming and reproductive health commodity security; establishes global and regional support mechanisms to deliver country-level support; and stimulates demand and mobilizes resources for commodities and programming.</p>
		UNDP	<ul style="list-style-type: none"> • UNDP supports countries in understanding the key social and economic factors that drive the sexual transmission of HIV (such as

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>gender inequality, rights violations and migration patterns) and to design and implement appropriate policies and programmes that address such structural factors.</p> <ul style="list-style-type: none"> • UNDP supports countries in identifying and mobilizing key sectors outside of health (such as home ministries, social protection and women's affairs) that can contribute to reducing the sexual transmission of HIV, whether in generalized or concentrated epidemics. • UNDP supports countries in developing leadership in key constituencies to enable or facilitate the effective prevention of sexual transmission (such as with people living with HIV, civil society groups, religious leaders, political leaders and municipal and district officials).
		UNICEF	<ul style="list-style-type: none"> • UNICEF works with education, gender, social welfare and health ministries as well as through advocacy and in partnership with young people, civil society and communication organizations to strengthen the quality, coverage and uptake of information and services and to address structural gaps to reduce the risk of and vulnerability to HIV infection among adolescents and young people through sexual transmission. • UNICEF supports: improving the availability of strategic information on risk, vulnerability and response to adolescents and young people to strengthen planning; high-quality curriculum-based school and community-based programmes to improve knowledge and self-efficacy for prevention among young people; advocacy and capacity development for increased access to community and facility-based health service delivery (risk reduction counselling at service points for sexual and reproductive health, preventing mother-to-child transmission and antenatal care), HIV testing and counselling for older children and adolescents, referral for care of sexually transmitted infections and data on access for adolescents and young people; and collaboration with policy-makers, judiciary, law enforcement systems, the mass media, young people and communities to address stigma, challenge norms that increase vulnerability and create more protection and empowering environments for adolescents and young people.
		WFP	<ul style="list-style-type: none"> • WFP is committed to making relevant contributions from all its programme sectors and operations, including the transport sector, towards reducing the sexual transmission of HIV. • WFP's programmes reduce food insecurity which, when left unmitigated, increases the risk of negative coping behaviour, including practising unsafe sex in exchange for food or money and taking children out of school, thereby depriving them of opportunities for education, including HIV prevention.
		UNESCO	<ul style="list-style-type: none"> • With a major focus on HIV prevention, UNESCO is committed to making relevant contributions from all of its programme sectors towards reducing the sexual transmission of HIV. UNESCO supports

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>strengthened HIV prevention efforts, particularly by supporting the implementation and scale-up of comprehensive sexuality education programmes based on the International Technical Guidance on Sexuality Education.</p>
		ILO	<ul style="list-style-type: none"> • The ILO provides normative guidance, policy advice and technical support to countries for developing national and sectoral rights-based, gender-sensitive HIV workplace policies that provide a conducive environment for addressing the sexual transmission of HIV in the world of work. • The ILO works with actors in the world of work to strengthen occupational safety and health structures at the national level and within the workplace to better address the sexual and reproductive health needs of vulnerable workers in key economic sectors. • The ILO supports the implementation of tailored HIV and AIDS workplace policies and programmes based on the ILO Code of Practice and the Recommendation on HIV and AIDS. The workplace policies and programmes reach out to vulnerable workers in key economic sectors in the public and private sectors, including the informal economy, with combination programmes aimed at: <ul style="list-style-type: none"> - preventing HIV infection and sexually transmitted infections; - promoting condoms and male circumcision; - reducing multiple concurrent sexual relationships; and - implementing structural interventions to create an enabling policy and legal environment to reduce stigma and discrimination and increase access to reproductive health services.
		WHO	<ul style="list-style-type: none"> • WHO synthesizes the evidence on the effectiveness of interventions for the prevention of sexual transmission of HIV and other sexually transmitted infections, leads the development of new prevention technologies and sets norms, standards and guidance on prevention services for men who have sex with men; transgender people; sex workers; and people who use drugs, including treating drug dependence. • WHO sets norms and standards around clinical and laboratory aspects and commodities related to preventing the sexual transmission of HIV and other sexually transmitted infections and provides technical assistance to countries for implementing tools and guidelines. • WHO provides normative guidance and capacity-building for HIV surveillance and for monitoring and evaluating health sector prevention interventions and reports on country, regional and global progress in health sector prevention interventions.

Division of Labour area	Conveners	Agency partners	Areas of contribution
		UNHCR	<ul style="list-style-type: none"> UNHCR will work with partners to support countries in improving their understanding of how HIV is spread in humanitarian crisis situations, and the biological, behavioural and social requirements for the sexual transmission of HIV in these settings; support the development and implementation of combination prevention approaches; and actively participate in mobilizing resources and social and political support. UNHCR will provide technical assistance to countries hosting populations affected by humanitarian crises and to its implementing partners; build their capacity to design and implement HIV and AIDS programmes that will help reduce the sexual transmission of HIV among populations in conflict, post-conflict and displacement settings; and work to ensure the availability of sufficiently trained personnel to coordinate and monitor HIV technical support and impact. UNHCR will join the UNAIDS family, humanitarian actors and other relevant partners in advocating for a substantial increase in efforts and resources from governments and international organizations for reducing the sexual transmission of HIV. Recognizing that different settings feature different barriers to reducing the sexual transmission of HIV, UNHCR will work with countries of asylum and those hosting internally displaced people, partners, Cosponsors, communities and others to implement programmes to reduce the sexual transmission of HIV, including promoting individual behaviour change, to overcome barriers to it and to address the social norms, policies and other factors that contribute to people becoming newly infected with HIV.
2. Prevent mothers from dying and babies from becoming infected with HIV	UNICEF WHO	UNICEF	<ul style="list-style-type: none"> UNICEF is a co-convenor for preventing mother-to-child transmission and the Expanded Global Interagency Task Team on Prevention of HIV in Pregnant Women, Mothers and their Children. UNICEF's expertise in moving the elimination agenda includes analysis of current programming approaches and strategic visioning linked to results for evidence-based advocacy and mobilization of resources, policy guidance and technical support to countries and ensuring coordinated responses through strategic partnerships on key thematic areas such as health system strengthening, commodity support and new innovations to improve laboratory support. This includes heightened focus on increasing access to more optimal antiretroviral therapy regimens for pregnant women, primary prevention with special attention to adolescent girls, and optimal infant and young child feeding.
		WHO	<ul style="list-style-type: none"> WHO is a co-lead with UNICEF on preventing mother-to-child transmission and is co-convening the Expanded Global Interagency Task Team on Prevention of HIV in Pregnant Women, Mothers and their Children. As the lead United Nations agency in the health sector with the technical and programmatic mandate to address all four components of the comprehensive approach to preventing mother-to-child

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>transmission, WHO will support global efforts to prevent mother-to-child transmission towards the elimination agenda, including providing normative guidance on HIV prevention, counselling and testing, family planning and preventing unwanted pregnancies, the use of antiretroviral therapy in all population groups, including people who use drugs, surveillance, monitoring and evaluation of programmes preventing mother-to-child transmission and their impact on mortality and the epidemic.</p> <ul style="list-style-type: none"> • WHO provides support for countries' efforts to integrate the prevention of mother-to-child transmission into health sector planning, provides training materials for national-level capacity-building for preventing mother-to-child transmission and antiretroviral therapy for children and provides normative guidance for monitoring and evaluating interventions for preventing mother-to-child transmission, with a particular focus on prongs 1 and 2 (primary prevention of HIV infection among women of childbearing age and preventing unintended pregnancies among women living with HIV). • WHO leads the agenda on improving maternal, newborn and child health and reducing both maternal and child mortality.
		WFP	<ul style="list-style-type: none"> • WFP works with governments and partners to ensure that nutrition and/or food support are integrated within maternal and child health and programmes for preventing mother-to-child transmission so that no pregnant or lactating mother or her infant goes without adequate nutrition and/or food support. • WFP will work through the health sector to implement strategies that enable full adherence to treatment and minimizing the risk of HIV transmission from mother to child.
		UNFPA	<ul style="list-style-type: none"> • UNFPA works to improve maternal and child health and survival by supporting countries in achieving universal access to sexual and reproductive health and contributes to policies and programmes to support the scale-up of the four pillars of comprehensive programmes for preventing mother-to-child transmission. In particular, UNFPA focuses support on primary prevention of HIV among women of childbearing age and prevention of unintended pregnancies among women living with HIV as part of rights-based sexual and reproductive health of people living with HIV. • In collaboration with key partners, UNFPA develops strategies and guidance and builds capacity to link sexual and reproductive health and HIV at the policy, systems and service delivery levels; documents good practices; fosters strategic partnerships; strengthens health systems and community engagement; promotes the greater involvement of men; engages organizations of people living with HIV; advocates for non-discriminatory service provision in stigma-free settings; and contributes to the security of reproductive health commodities, including condoms for dual protection.

Division of Labour area	Conveners	Agency partners	Areas of contribution
3. Ensure that people living with HIV receive treatment	WHO	WHO	<ul style="list-style-type: none"> WHO provides norms, standards and guidance on antiretroviral therapy for adults, adolescents and children, supports countries in adapting and using the guidelines for providing high-quality HIV treatment and treatment for opportunistic infections, care and support, scaling up antiretroviral therapy, improving treatment adherence and integrating treatment into health sector planning and is developing strategies for optimizing treatment (treatment 2.0) in partnership with UNAIDS and studying secondary HIV prevention benefits for antiretroviral therapy. WHO provides norms, standards and guidelines on monitoring and evaluating treatment and care interventions, including impact on mortality and the epidemic and preventing HIV drug resistance and HIV drug toxicity, and supports country implementation of HIV drug resistance surveillance and pharmacovigilance for antiretroviral therapy. WHO will: increase the availability and affordability of HIV-related medicines and diagnostics through prequalification and timely inclusion in the WHO Model List of Essential Medicines and international pharmacopoeia monographs; support enhanced laboratory capacity in countries; aim to improve the use of available price-negotiation mechanisms; aim to improve systems and information for procurement and supply management; enhance market transparency; and promote fixed-dose combinations and co-packaging of first- and second-line antiretroviral therapy regimens. WHO provides reports on the progress of treatment interventions at the country, regional and global levels.
		UNICEF	<ul style="list-style-type: none"> UNICEF supports the analysis of country programmes' responses to define opportunities and remaining gaps; provides technical support to priority countries in capacity development and programming in key thematic areas, such as early infant diagnosis; develops programme guidance; develops capacity and effects a care continuum and optimal follow-up of children living with and exposed to HIV; and mobilizes global partnerships to strengthen guidance on service provision for adolescents living with HIV.
		WFP	<ul style="list-style-type: none"> WFP works with governments and partners (in almost 50 countries) to ensure that nutrition and/or food support are integrated within treatment programmes so that no person receiving antiretroviral therapy in a low-income country goes without adequate nutrition and/or food support. WFP's interventions improve nutritional status and initial treatment adherence, through the health sector, thereby increasing treatment cost-effectiveness and reducing mortality. WFP works with WHO and partners to support countries in developing and implementing nutrition and food support as part of national responses to AIDS and as part of health sector strategies.

Division of Labour area	Conveners	Agency partners	Areas of contribution
		UNHCR	<ul style="list-style-type: none"> • UNHCR will engage with the UNAIDS family and other relevant partners to: <ul style="list-style-type: none"> ○ fulfil its responsibilities in working towards achieving this priority area and the set objectives for its people of concern²⁶ as outlined in the UNHCR antiretroviral medication policy for refugees (2007), which will ensure that people living with HIV among its people of concern receive treatment for HIV, thus contributing towards reaching universal access to HIV prevention, treatment, care and support; and ○ depending on UNHCR's mandate, specific responsibilities and levels of engagement, to develop specific HIV treatment policy and programmes for internally displaced people.
		ILO	<ul style="list-style-type: none"> • The ILO builds the capacity of labour ministries, employers' organizations and workers' organizations to support the implementation of comprehensive HIV workplace policies and programmes that actively promote referrals of workers to public and private sector health services for early diagnosis of HIV and treatment with antiretroviral therapy where necessary and treatment of opportunistic infections where necessary. • The ILO workplace programmes, through innovative public-private partnerships, actively promote know your status and voluntary counselling and testing campaigns and increase access to on-site and/or community-based public- and private -sector treatment services. • The ILO Recommendation concerning HIV and AIDS and the world of work promotes access to treatment and nutrition for workers and their dependants by establishing links with public health services and strengthening health insurance schemes. The Recommendation also promotes nondiscrimination in access to health services based on real or perceived HIV status.
		UNDP	<ul style="list-style-type: none"> • UNDP supports countries in making treatment more available and affordable, through appropriate use of TRIPS (Agreement on Trade-related Aspects of Intellectual Property Rights) flexibilities, South-South technical cooperation and technology transfer and training of patent examiners. • UNDP supports countries in developing and enforcing legal and human rights frameworks that facilitate access to treatment and protects the rights of people living with HIV and in developing the advocacy and leadership capacity of networks and associations of people living with HIV for increased and sustained access to treatment.

²⁶ Refugees, internally displaced people, asylum-seekers, stateless people, returnees and surrounding host populations.

Division of Labour area	Conveners	Agency partners	Areas of contribution
4. Prevent people living with HIV from dying of tuberculosis	WHO	WHO	<ul style="list-style-type: none"> WHO: provides norms, standards and guidance for prevention, treatment and care of HIV and tuberculosis (TB) coinfection; supports countries in providing services, including the three I's (isoniazid preventive therapy, intensified case-finding and infection control), nutrition and drug dependence treatment to people who use drugs and integration of TB and HIV in health sector planning; and develops tool and strategies to assist countries in building capacity and scaling up TB services in the health sector at the national and subnational level, including those for drug users and delivered in closed settings. WHO provides normative guidance to monitor and evaluate TB and HIV programmes and reports on country, regional and global progress of TB and HIV interventions.
		WFP	<ul style="list-style-type: none"> WFP works with governments and partners to contribute to the effective integrated delivery of services for HIV and TB, including nutrition and/or food support for people being treated for TB. WFP provides support to countries for providing TB and HIV services (including the three I's) and nutrition.
		UNODC	<ul style="list-style-type: none"> UNODC works with partners in developing and adapting tools and guidelines, strategies, building capacity and scaling up TB services at the national and subnational levels for drug users and in closed settings.
		ILO	<ul style="list-style-type: none"> The ILO Recommendation concerning HIV and AIDS and the world of work encourages governments, employers' organizations and workers' organizations to address TB and other HIV-related opportunistic infections through world of work structures in countries with dual epidemics. The ILO works with and supports national level world of work actors in strengthening occupational safety and health structures to better address TB and other opportunistic infections among vulnerable men and women workers in key economic sectors. The ILO supports the implementation of comprehensive HIV workplace policies and programmes that actively promote TB case-finding for workers living with HIV and voluntary counselling and testing for workers with TB. The workplace programmes also provide evidence-informed information on HIV and TB risk factors and prevention measures, diagnosis and early treatment of HIV and TB infections and establishment of legal and policy frameworks to reduce stigma and discrimination. The ILO supports industries in the private sector in contributing to national TB programme targets on TB case-finding by promoting testing programmes for vulnerable workers in identified sectors.
		UNICEF	<ul style="list-style-type: none"> UNICEF supported this area of work during the development of the UNAIDS business case on enhancing social protection; it needs follow-up with regard to children's programming issues, a major gap in

Division of Labour area	Conveners	Agency partners	Areas of contribution
			current responses.
<p>5. Protect drug users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings</p>	<p>UNODC</p>	<p>UNODC</p>	<ul style="list-style-type: none"> • UNODC has the mandate within the United Nations System to assist countries in addressing illicit drugs, crime prevention and criminal justice. • It places UNODC in a unique position at the global, regional and country levels in terms of technical and political credibility and in convening and partnering with various counterparts including justice, interior and health ministries, narcotic drugs control offices, prison administrations, social services and civil society and community-based organizations. • UNODC advocates and assists countries in reviewing and adapting national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV. • UNODC builds the capacity of national stakeholders, including civil society, for enhanced policy and programme development, implementation and sound monitoring and evaluation. • UNODC provides technical assistance to countries in implementing large-scale comprehensive HIV programmes, including drug dependence treatment, and mobilizing resources. • UNODC, jointly with relevant partners, develops and/or adapts policy and programmatic tools and guidelines, documents good practices and maintains and disseminates strategic information and the evidence base of effective interventions. • UNODC is the guardian of the United Nations Standard Minimum Rules for the Treatment of Prisoners and works on implementing and operationalizing the United Nations standards and norms in crime prevention and criminal justice. • In that role, UNODC assists Member States in implementing international standards and United Nations resolutions that demand that all inmates have the right to receive health care, including HIV prevention, treatment, care and support, without discrimination and equivalent to that available in the community. • UNODC advocates for and assists countries in reviewing and adapting criminal justice policies and legislation in the context of HIV and promotes alternatives to imprisonment, including for drug-related offences. • UNODC builds the capacity of policy-makers, prison administrations and other prison staff for enhanced policy and programme development, implementation and sound monitoring and evaluation. • UNODC provides technical assistance to countries in implementing large-scale comprehensive HIV programmes in closed settings and mobilizing resources. • UNODC develops and/or adapts policy and programmatic tools and guidelines, documents good practices and maintains and disseminates

Division of Labour area	Conveners	Agency partners	Areas of contribution
			strategic information and the evidence base of effective interventions in closed settings.
		UNDP	<ul style="list-style-type: none"> UNDP supports countries in understanding and protecting the human rights of people who use drugs and to address the intersections of drug use and sexual transmission, including in prisons and closed settings.
		UNICEF	<ul style="list-style-type: none"> UNICEF chairs the working group on most-at-risk young people within the Interagency Task Team on HIV and Young People. UNICEF supports the generation of key evidence on the HIV epidemic and services in the context of young people who inject drugs (such as in Central and Eastern Europe and the Commonwealth of Independent States). In East Asia and the Pacific and South Asia, UNICEF is a partner in generating better population size estimates for adolescents at higher risk. UNICEF plays a lead role in global advocacy and technical support for programmes for adolescents at higher risk, including people who inject drugs, sex workers and men who have sex with men.
		World Bank	<ul style="list-style-type: none"> The World Bank conducts analytical work to support evidence-building for strengthened policies. In partnership with UNODC, the World Bank is conducting a major new synthesis analysis of the global epidemics of HIV among people who inject drugs and supports countries, especially in Asia. The product of the synthesis analysis will combine and critically review epidemiological evidence on the transmission of HIV, rigorously review the evidence of efficacy and intervention costs and model the costs and impact of addressing the needs of this population at scale in various epidemic contexts.
		WHO	<ul style="list-style-type: none"> WHO synthesizes the evidence on the effectiveness of various harm reduction and other public health interventions for people who use drugs and produces guidance on drug dependence treatment, antiretroviral therapy and TB for people who inject drugs, harm reduction and other public health interventions for HIV prevention, treatment and care for people who use drugs. WHO provides technical support to countries for strengthening services within the health sector to deliver effective HIV prevention, treatment and care for people who inject drugs and prisoners. WHO provides normative guidance and assists countries in the surveillance of transmission of HIV through injecting drugs, including sexual transmission to people who do not inject drugs and measuring drug-use disorders, related harms and health care responses, setting national targets for harm reduction and reports on the regional and global progress of interventions targeting people who inject drugs.
		UNESCO	<ul style="list-style-type: none"> UNESCO supports education ministries and other stakeholders at the

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>country level in mainstreaming issues in the education sector related to HIV and people who inject drugs:</p> <ul style="list-style-type: none"> - to provide young people with information and skills to prevent both drug use and HIV infection; and - to mitigate the impact of drug use and/or HIV infection by participating in harm reduction programmes tailored to the needs of young people who inject drugs and/or are living with HIV as a result of drug use.
		UNFPA	<ul style="list-style-type: none"> • UNFPA works with governments and with other partners to coordinate and deliver an integrated United Nations response on key populations – men who have sex with men, people who inject drugs, sex workers and transgender people. • UNFPA works with networks and organizations of sex workers to advocate for community-led approaches for sex workers who also use drugs. • UNFPA supports countries in addressing the sexual and reproductive health needs of adolescents and young people at higher risk, in close collaboration with UNICEF, UNDP and WHO. • UNFPA works with national authorities, civil society and local and international nongovernmental organizations to provide comprehensive condom programming to sex workers, men who have sex with men, people who inject drugs, clients and sexual partners of sex workers and to develop their skills in negotiating condom use correctly and consistently.
6. Empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral	UNDP UNFPA	UNDP	<ul style="list-style-type: none"> • UNDP supports countries in working effectively with these key populations on HIV, primarily focusing on the use of law, public policy and inclusive governance to promote an enabling environment for public health and human rights and to reduce HIV-related vulnerability. • UNFPA (HIV and sex work), UNDP (transgender people and men who have sex with men) and UNODC (people who use drugs) lead the broader United Nations family together with civil society partners to strengthen United Nations staff capacity to work with key populations and contribute to generating relevant strategic information, scaling up and enhancing the quality of programmes and services and facilitating cross-population and intersectoral partnerships.

Division of Labour area	Conveners	Agency partners	Areas of contribution
therapy		UNFPA	<ul style="list-style-type: none"> UNFPA supports countries through policy, systems and service delivery to ensure access to high-quality sexual and reproductive health and HIV prevention services for men who have sex with men, sex workers and their clients and transgender people. UNFPA also advocates for the meaningful participation and capacity-strengthening of these key populations and supports programmes to address the stigma and gender-based violence they experience. UNFPA (HIV and sex work), UNDP (transgender people and men who have sex with men) and UNODC (people who use drugs) lead the broader United Nations family together with civil society partners to strengthen United Nations staff capacity to work with key populations and contribute to generating relevant strategic information, scaling up and enhancing the quality of programmes and services and facilitating cross-population and intersectoral partnerships.
		World Bank	<ul style="list-style-type: none"> The World Bank conducts analytical work to support evidence-building for strengthened policies. In partnership with UNDP, WHO and UNAIDS, the World Bank is concluding a major new synthesis analysis of the global epidemics of HIV among men who have sex with men. In partnership with UNFPA, the World Bank will conduct a major new synthesis analysis of the global epidemics of HIV among sex workers. These products combine and critically review epidemiological evidence on the transmission of HIV, rigorously review the evidence of efficacy and intervention costs and model the costs and impact of addressing the needs of these populations at scale in various epidemic contexts.
		UNESCO	<ul style="list-style-type: none"> UNESCO is a member of the Advisory Group on Sex Work and actively supports national responses to the needs of men who have sex with men in several regions. UNESCO strengthens support for these key populations, particularly in prevention, through strengthening the capacity of regional advocacy and information networks and supporting peer education programmes.
		WHO	<ul style="list-style-type: none"> WHO synthesizes the evidence on the effectiveness of interventions for men who have sex with men, sex workers and transgender people and coordinates the development of comprehensive health sector guidance for men who have sex with men, sex workers and transgender people tailored to the epidemic context. WHO works on strategic information to measure HIV incidence, case reporting of HIV and sexually transmitted infections and surveillance of HIV and sexually transmitted infections, provides tools and guidance to address stigma and discrimination in the health sector and supports enabling social and legislation environment that enable the delivery of these services.

Division of Labour area	Conveners	Agency partners	Areas of contribution
7. Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS	UNDP	UNDP	<ul style="list-style-type: none"> • UNDP supports countries in strengthening their HIV policies and programmes through rights-based approaches. • UNDP supports countries in understanding the role of legal environments in enabling effective HIV responses and in developing and implementing law reform processes as appropriate. • UNDP supports countries in understanding and address stigma and discrimination against people with HIV and populations groups disproportionately affected by HIV. • UNDP supports countries in strengthening the capacity of parliamentary, judicial and law enforcement structures, as well as human rights bodies and civil society groups, to contribute to HIV responses.
		UNESCO	<ul style="list-style-type: none"> • Through support for strengthened education on HIV and AIDS, UNESCO supports efforts to address stigma and discrimination. UNESCO supports the removal of punitive laws, particularly age-of-consent laws that act as barriers to accessing essential services. UNESCO incorporates awareness of stigma and discrimination as part of its technical support and capacity-building work, to empower individuals and communities with the knowledge and know-how to effectively meet the challenges posed by it.
		UNHCR	<ul style="list-style-type: none"> • Ensuring an effective AIDS response is a major way UNHCR exercises its international protection mandate for refugees and other people of concern. This is clearly declared in UNHCR's <i>Note on HIV and AIDS and the protection of refugees, internally displaced people and other persons of concern</i> published in 2006. UNHCR will work with partners: <ul style="list-style-type: none"> ○ to promote and ensure that protection and the principle of nondiscrimination to ensure equal and nondiscriminatory access to existing health and HIV services for vulnerable populations and populations at higher risk are respected; ○ towards ensuring that all punitive laws, policies, practices, stigma and discrimination against vulnerable populations and populations at higher risk are removed and that government HIV strategic plans, international assistance programmes and capacity-building measures adequately address HIV and AIDS issues among these populations; and ○ to remove punitive laws, practices and policies, among others, in areas of travel restrictions, criminalization of HIV transmission, mandatory HIV testing, and protecting marginalized groups and reinforcing civil society.
		UNODC	<ul style="list-style-type: none"> • UNODC advocates and assists countries in reviewing and adapting legislation and policies concerning narcotic drugs, criminal justice and HIV. • UNODC assists countries in understanding and addressing stigma and discrimination against people who use drugs and against people in

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>closed settings.</p> <ul style="list-style-type: none"> UNODC strengthens the capacity of parliamentary, judicial and law enforcement agencies and civil society organizations to contribute to HIV responses.
		ILO	<ul style="list-style-type: none"> The ILO is a lead United Nations agency responsible for drawing up and overseeing the implementation of international labour standards that advance opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity. The ILO Recommendation concerning HIV and AIDS and the world of work is the first human rights standard on HIV and AIDS and the world of work. The ILO Recommendation concerning HIV and AIDS and the world of work and the ILO Code of Practice promote policies, legislation and programmes that <ul style="list-style-type: none"> counter stigma and discrimination based on real or perceived HIV status; promote the rights and dignity of workers; promote the removal of punitive laws and policies; promote the removal of HIV-related restrictions on the entry, stay and residence of migrant workers; discourage mandatory HIV testing and disclosure for employment purposes; and promote continuity of employment for people living with HIV. The ILO empowers and builds the capacity of governments and employers' and workers' organizations to counter stigma and discrimination by implementing HIV workplace policies and programmes.
		WHO	<ul style="list-style-type: none"> WHO synthesizes the evidence on the nature and extent of stigma and discrimination in the health sector, particularly that directed at the most vulnerable population groups (men who have sex with men, transgender people, people who use drugs, sex workers and prisoners) and provides tools, guidance and training for implementing effective interventions to address stigma and discrimination in the health sector. WHO provides guidance to Member States in promoting, protecting and fulfilling rights to health and other human rights related to HIV based on health and a human rights framework.

Division of Labour area	Conveners	Agency partners	Areas of contribution
		UNFPA	<ul style="list-style-type: none"> • UNFPA strengthens the capacity of countries to address stigma and discrimination against people living with HIV and populations disproportionately affected by HIV. • UNFPA works with uniformed services (including police), health services, human rights bodies, civil society groups and parliamentarians to promote a human rights-based approach to sexual and reproductive health and HIV prevention services. • UNFPA works with UNDP and other partners on legal mapping of sex work to improve the evidence base of the impact of punitive laws, policies and practices on sex workers and their clients and on the dissemination of good-practice approaches.
		UNICEF	<ul style="list-style-type: none"> • UNICEF is protecting children affected by AIDS as well as other vulnerable children by promoting appropriate alternative forms of care as outlined in the guidelines on alternative care of children. UNICEF supports countries in developing guidelines and policies to ensure that children living with HIV have the right to health, education and full participation in society. This includes ensuring that young people younger than 18 years have access to anonymous and confidential HIV testing. This work is being demonstrated in school settings in South Africa. • UNICEF advocates for children living with HIV to participate in developing guidelines and policies related to their treatment, care and support. UNICEF is supporting countries in addressing the special vulnerability of girls to HIV infection. UNICEF supports countries in implementing laws, policies and guidelines that promote girls' and children's rights to health, education and age-appropriate marriage, including appropriate responses to sexual violence and exploitation.
8. Meet the HIV needs of women and girls and stop sexual and gender-based violence	UNDP UNFPA	UNDP	<ul style="list-style-type: none"> • UNDP supports countries in creating an enabling environment for achieving gender equality and ensures that laws, policies and national HIV and development plans address the gender dimensions of HIV. • UNDP supports countries in knowing their epidemic and response in gender terms and in strengthening capacity to strategically address the gender dimensions of the epidemic, including gender-based violence, the role of men and boys, the links between gender equality and human rights efforts more broadly and the links between the needs of women and girls and sexual minorities.

Division of Labour area	Conveners	Agency partners	Areas of contribution
		UNFPA	<ul style="list-style-type: none"> • UNFPA works to promote gender equality and empower women and girls through access to sexual and reproductive health, education, economic opportunity and other effective right-based programmes; linking sexual and reproductive health and HIV; supporting comprehensive male and female condom programming; eliminating gender-based violence and stigma and discrimination; supporting the sexual and reproductive health and human rights of people living with HIV and key populations at higher risk of HIV infection; engaging men and boys in adopting gender-sensitive attitudes and behaviour; preventing HIV among young people, including those at higher risk; reducing the vulnerability of women and girls; addressing harmful social norms such as child marriage; supporting women in claiming their rights; and ensuring comprehensive and rights-based approaches to HIV and sex work. • As a co-lead with UNDP, UNFPA is working with partners to implement the Agenda for Women and Girls, whose foundation is the intersection between human rights, gender equality and sexual and reproductive health.
		UNICEF	<ul style="list-style-type: none"> • UNICEF supports efforts in this area of work and specifically advocates and provides technical support for developing gender-sensitive national plans with attention to disaggregated data by age and sex and other variables to inform programming to reduce risk and vulnerability among women and girls. UNICEF currently works with the global initiative on violence against women to provide technical support to countries to establish better capacity and more efficient systems for problem analysis, documentation, protection, follow-up of women and girls affected by violence and community mobilization for change.
		WFP	<ul style="list-style-type: none"> • WFP has mainstreamed gender into all its operations and contributes actively to reducing the gender gap. As one result, women and girls are less vulnerable, including to HIV infection.
		UNESCO	<ul style="list-style-type: none"> • UNESCO is committed to a series of actions that support women's empowerment, women's rights and gender equality across all of its areas of competence. Efforts to support girls' access to education, proven to have a strong protective value against HIV and a recognized need for girls, are at the core of the work of UNESCO's Education Sector.
		UNHCR	<ul style="list-style-type: none"> • UNHCR works with partners: <ul style="list-style-type: none"> - to take appropriate measures to ensure that the HIV and AIDS needs of women and girls in forced, displacement and humanitarian crisis situations are met and that the HIV-related protection needs of women, girls and children are ensured; - to promote positive change in the lives of women and girls among its people of concern by utilizing opportunities to comprehensively

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>respond to sexual and gender-based violence; and</p> <ul style="list-style-type: none"> - to pay special attention to children affected by HIV, including those orphaned or otherwise made vulnerable by HIV in humanitarian crisis situations and among forcibly displaced populations.
		UNODC	<ul style="list-style-type: none"> • UNODC supports countries in addressing the special needs of women who use drugs and of female prisoners by conducting situation and needs assessments, designing and implementing tailor-made comprehensive HIV services and developing appropriate monitoring and evaluation tools.
		ILO	<ul style="list-style-type: none"> • The ILO Recommendation concerning HIV and AIDS and the world of work and the ILO Code of Practice have gender equality as a key principle. The ILO thus promotes the development of gender-sensitive workplace policies and programmes at the national, sectoral and enterprise levels. <p>The ILO builds the capacity of labour ministries and employers' and workers' organizations to support national efforts:</p> <ul style="list-style-type: none"> - to develop gender-sensitive workplace components of national AIDS strategies; - to implement HIV workplace policies and programmes in which women's empowerment is a key factor; - to provide women with the means to protect themselves from violence and sexual harassment and have access to justice, health and social services; and - to protect reproductive rights at work.
		WHO	<ul style="list-style-type: none"> • WHO provides evidence, tools and guidance to address gender-based violence including against sex workers and to mainstream gender equity in the provision of health programmes and services, supports capacity-building and provides technical support to countries to mainstream gender and gender equity-based violence into national AIDS responses, including proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria.
9. Empower young people to protect themselves from HIV	UNICEF UNFPA	UNICEF	<ul style="list-style-type: none"> • UNICEF is a co-convenor with UNFPA in this area of work with joint priorities around reducing the number of people newly infected with HIV through comprehensive knowledge including sexuality education, increasing condom use and increasing the use of testing among young people. UNICEF's work and advocacy focuses on adolescents (10–19 years old), a key group with prevention needs not adequately provided for through paediatric or adult services. UNICEF's efforts are in accordance with a rights-based approach – focus on analysis, evidence-informed advocacy and capacity-building for improved laws and policies, school, health and community-based programmes for adolescents. UNICEF particularly emphasizes a greater focus on quality, scale and targeting of context-relevant programmes for HIV

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>prevention among adolescents and engaging adolescents and groups at higher risk in national responses. UNICEF supports providing coordinated policy guidance, mobilizing resources, and providing technical support through the Interagency Task Team on Young People and its associated working groups.</p>
		UNFPA	<ul style="list-style-type: none"> • UNFPA works with partners to reduce the number of young people newly infected by delivering an evidence-informed and integrated United Nations response, including comprehensive knowledge, gender-sensitive sexuality education in schools and community settings and strategic communication for behaviour change, including increasing use of condoms and of testing. • UNFPA promotes a core package of health and sexual and reproductive health services and commodities for adolescents and young people and implementation of policies and programmes on youth-friendly sexual and reproductive health services through advocacy, generating demand for the use of male and female condoms for dual protection, capacity-building, including support for the realization of rights of marginalized adolescents, mobilizing resources and providing technical support. • UNFPA supports young people's leadership and participation through several global, regional and country-level mechanisms, including building the capacity of youth-led and youth-serving organizations.
		UNESCO	<ul style="list-style-type: none"> • UNESCO is committed to integrating the specific needs of young people into HIV and AIDS policies and programmes and particularly works to improve HIV knowledge, including by supporting sexuality education (one of the bold results for the UNAIDS business case on empowering young people).
		ILO	<ul style="list-style-type: none"> • The ILO's HIV and AIDS, child labour and youth employment programmes and policies comprehensively address the needs of young people in and out of school. Young people receive a combined package of skills-building initiatives such as Start Your Business programmes through which HIV and AIDS prevention education, condom promotion, and know your status campaigns are mainstreamed. • The ILO supports vocational school training programmes that build the skills of young people and reduce their vulnerability to HIV and AIDS. • The ILO works closely with UNESCO to adapt the ILO Code of Practice to educational workplaces and to increase the coverage of HIV and AIDS workplace programmes among in-school youth and educational settings in the public and private sectors.
		WHO	<ul style="list-style-type: none"> • WHO provides tools and guidance to improve the health sector response to the prevention, care and treatment of HIV among young people, including gathering and using strategic information; developing supportive, evidence-informed policies; scaling up the provision and

Division of Labour area	Conveners	Agency partners	Areas of contribution
			utilization of health services and commodities; and strengthening action and links with other sectors, including school, health and community-based programmes in relation to young people, HIV/AIDS and reproductive health and substance use, including alcohol.
		WFP	<ul style="list-style-type: none"> • WFP works in partnership with UNICEF and other partners to support food and nutrition programmes for children and adolescents affected by HIV through school-, health- and community-based programmes, including prevention efforts through school meal programmes. • WFP provides technical and programme support to integrate food security and nutrition into the response for children and to build evidence and expand innovative partnerships to address livelihood needs.
		UNHCR	<ul style="list-style-type: none"> • UNHCR will work with partners to respond to HIV and AIDS among young people and to prevent, manage and mitigate its impact on young people among UNHCR's people of concern. • UNHCR will work with partners to prevent the persistent risk of young people acquiring HIV infection; to address risk factors and barriers to HIV prevention; to implement appropriate HIV prevention strategies that are tailored to meet young people's individual characteristics and circumstances specifically in humanitarian crisis situations; to support young people and other people of concern to UNHCR to protect themselves against HIV by providing appropriate information, education and communication materials and build their skills; to strengthen youth-friendly services; to facilitate a safe and supportive environment in humanitarian crisis situations; and to continue implementing HIV prevention outreach and education efforts. • UNHCR will strengthen rights-based HIV and AIDS policies and programmes for young people, emphasize behaviour change and provide treatment, care and support for those in need.
10. Enhance social protection for people affected by HIV	UNICEF World Bank	UNICEF	<ul style="list-style-type: none"> • UNICEF supported the development of the UNAIDS business case on enhancing social protection and collaborated with UNAIDS to develop a state-of-the-evidence paper around social protection and HIV/AIDS. UNICEF has led and catalysed several evidence-informed efforts around social protection measures in countries with high HIV prevalence, addressing the specific needs of vulnerable children and thus improving HIV prevention, treatment, protection, care and support outcomes. UNICEF is well placed to support both government and civil society partners in identifying the most vulnerable children and developing interventions to provide systematic protection to children and to overcome barriers to essential services, including HIV prevention and treatment services. This includes support for scaling up cash transfers, programmes to reduce stigma and discrimination, strengthening the social welfare system, supporting appropriate alternative care that can protect and support children living outside of their immediate family and strengthening the monitoring and

Division of Labour area	Conveners	Agency partners	Areas of contribution
			evaluation of children affected by HIV.
		World Bank	<ul style="list-style-type: none"> In partnership with other Cosponsors, the World Bank will co-lead efforts to better integrate HIV into social protection programmes and to maximize the impact of social protection programmes on caring for and supporting people living with HIV, their families and their communities.
		UNDP	<ul style="list-style-type: none"> UNDP supports countries in ensuring that their broader social protection policies and programmes are sensitive and responsive to HIV, with particular attention to marginalized population groups. UNDP supports countries in integrating HIV social protection priorities into national development and Millennium Development Goal plans, poverty reduction strategy papers and sector plans and for incorporating HIV budgeting and financing into macroeconomic policy processes.
		WFP	<ul style="list-style-type: none"> WFP works with governments to provide time-bound safety nets for people affected by HIV, including people experiencing hunger, poor nutrition and food insecurity as well as orphaned and other vulnerable children. Such safety nets can be in the form of food support, vouchers or cash. WFP advocates with governments to make existing social protection systems include people living with HIV.
		UNHCR	<ul style="list-style-type: none"> UNHCR will promote and provide social services to protect refugees, internally displaced people and other forcibly displaced people and others affected by humanitarian crises. UNHCR will advocate for a system of social standards and benefits that would include people living with HIV in countries hosting forcibly displaced populations. UNHCR will work with countries and partners to support governments in developing adequate systems of social support to asylum-seekers and refugees living with HIV by ensuring adequate response to their immediate needs and by developing and implementing a comprehensive state policy on local integration. UNHCR will: work with countries of asylum, including refugees and other people of concern, to be sufficiently included in existing and developing state social benefits programmes; advocate with partners to improve their state policy in terms of social support to asylum-seekers and refugees, especially regarding accommodation and employment; and increase its efforts in finding avenues for providing better social and material assistance for people of concern in general and for those living with HIV in particular. UNHCR will assist governments and supports and works with countries in improving the social protection of children and solving the problems related to uncared for and homeless children, including

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>unaccompanied children seeking asylum and addressing factors that make them vulnerable to HIV, exploitation and abuse. UNHCR provides relevant and related information.</p>
		ILO	<ul style="list-style-type: none"> • The ILO co-leads the United Nations Social Protection Floor Initiative, a joint United Nations initiative that aims at enabling people to benefit from a basic level of social protection. The Social Protection Floor Initiative emphasizes the need to guarantee services and transfers across the life cycle from children to economically active people with insufficient income to older people, paying attention to vulnerable groups by considering key characteristics that cut across age groups, such as sex, socioeconomic status, disability and HIV status. • Social protection is central to the mandate of the ILO and an essential element of the ILO's promotion of social justice. Social protection is one of the four strategic pillars of the Decent Work agenda. The ILO builds the capacity of its constituents to promote and implement a set of public measures to protect workers and their dependants against economic and social distress through a number of innovative social protection schemes. • The ILO supports labour ministries, employers' organizations and workers' organizations in enhancing social protection schemes for people affected by HIV through public- and private-sector social security schemes, the development of income generation initiatives, cash transfers and collaborative incentives with microfinance organizations.
		WHO	<ul style="list-style-type: none"> • WHO co-leads the Social Protection Floor Initiative, assists countries in establishing social and health insurance schemes and provides technical assistance on health financing mechanisms, especially prepayment and pooling through the Providing for Health initiative.
11. Address HIV in humanitarian emergencies²⁷	UNHCR WFP	UNHCR	<ul style="list-style-type: none"> • UNHCR will co-lead with WFP and work with partners: <ul style="list-style-type: none"> - to provide comprehensive HIV and AIDS services to refugees, internally displaced people, asylum-seekers, stateless people, other people of concern and the surrounding host populations; - to address the link between HIV and protection among its people of concern; - to develop and implement key policy and programme actions to strengthen links between sexual and reproductive health and HIV programmes and to include young people in HIV programmes; - to ensure access to HIV and AIDS services in a supportive social, policy and legal framework; - to continue to advocate for including people of concern in and providing them access to national HIV prevention and treatment

²⁷ Natural disasters and crisis situations.

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>programmes;</p> <ul style="list-style-type: none"> - to continue to provide technical expertise and support to address HIV in humanitarian situations within the UNAIDS family and beyond; and - to continue to strengthen and expand HIV protection and prevention programmes for vulnerable groups and for population groups at higher risk (people who inject drugs, other substance users and sex workers) among the people of concern to UNHCR. <ul style="list-style-type: none"> • UNHCR will work and collaborate with partners: <ul style="list-style-type: none"> - to address HIV in security settings and among uniformed services, specifically in crisis settings and post-conflict situations; and - to implement activities in specific priority action and related areas, including punitive laws and practices, sexual and gender-based violence, human rights and protection in the UNAIDS outcome framework for 2009–2011.
		WFP	<ul style="list-style-type: none"> • WFP works with governments and partners to set priorities for food and nutrition interventions for HIV in humanitarian contexts and food crises, consistent with WFP's role on the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) cluster system. WFP is a key partner in the Inter-Agency Standing Committee (IASC) Task Force on HIV in Humanitarian Settings.
		UNDP	<ul style="list-style-type: none"> • UNDP supports countries in addressing HIV within early recovery activities and disarmament, demobilization and reintegration programmes, consistent with UNDP's role in the OCHA cluster system. • UNDP supports countries in ensuring that police and other uniformed services facilitate access to HIV services by marginalized populations and protect marginalized and vulnerable populations from violence.
		UNICEF	<ul style="list-style-type: none"> • In emergency contexts, UNICEF support encompasses preventing the mother-to-child transmission of HIV, providing antiretroviral therapy for children, providing related training and providing post-rape care supplies and post-exposure prophylaxis for HIV. Through protection efforts targeting children and adolescents affected by emergencies, separated and unaccompanied children and children associated with armed groups or forces, UNICEF addresses several HIV-related concerns and vulnerabilities outside traditional health sector programming. In education, UNICEF supports prevention through HIV-related life skills-based education and protection and care through child-friendly spaces and access to services. At the global level, UNICEF is a key partner in the Inter-Agency Standing Committee (IASC) Task Force on HIV in Humanitarian Settings.
		WHO	<ul style="list-style-type: none"> • WHO, as leader of the Global Health Cluster, plays a key role in developing normative guidance and in coordinating the Health Cluster's response to HIV in countries and regions affected by

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>humanitarian crises.</p> <ul style="list-style-type: none"> • Within the Global Health Cluster, WHO plays a key advocacy role for including HIV-related activities in the humanitarian response in countries affected by crises. • WHO provides policy guidance and develops normative tools and guidelines and supports countries in strengthening health services to deliver effective HIV prevention, treatment and care and services for sexually transmitted infections for populations of humanitarian concern.
		UNFPA	<ul style="list-style-type: none"> • UNFPA works to deliver essential sexual and reproductive health services, including HIV prevention and addressing sexual violence in humanitarian settings, and integrates sexual and reproductive health, HIV prevention, gender equality awareness and gender-based violence in work with displaced populations, sex workers, uniformed services (peacekeepers, police and military personnel), ex-combatants and women associated with armed forces in the context of disarmament, demobilization and reintegration (DDR). This includes advocacy, developing guidance, research, capacity-building, condom programming and providing technical support. • UNFPA is a core member of the Global Uniformed Services Task Force (co-led by UNAIDS and the United States Department of Defense) and co-leads with UNDP the Gender and HIV-DDR sub-working group of the Inter-Agency Working Group on DDR.
		UNODC	<ul style="list-style-type: none"> • UNODC builds the capacity of law enforcement personnel to effectively address their own HIV prevention, treatment and care needs and to ensure that the law enforcement personnel facilitate access to effective HIV services by marginalized populations, including drug users and prisoners. • UNODC assists countries in legal and prison reforms in post-conflict areas.
12. Integrate food and nutrition within the HIV response	WFP	WFP	<ul style="list-style-type: none"> • WFP works with governments and partners (in almost 50 countries) to ensure that nutrition and/or food support are integrated within treatment programmes so that no person receiving antiretroviral therapy in a low-income country goes without adequate nutrition and/or food support. • WFP's interventions improve nutritional status and initial treatment adherence through the health sector, thereby increasing treatment cost-effectiveness and reducing mortality. • WFP works with WHO and partners to support countries in developing and implementing nutrition and food support as part of national responses to AIDS and of health sector strategies. • WFP works with WHO, governments and partners to contribute to the effective integrated delivery of services for HIV and TB, including

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>nutrition and/or food support for people being treated for TB.</p> <ul style="list-style-type: none"> • WFP works with governments to provide time-bound safety nets for people affected by HIV, including people experiencing hunger, poor nutrition and food insecurity as well as orphaned and other vulnerable children. Such safety nets can be in the form of food support, vouchers or cash. • WFP advocates with governments to make existing social protection systems inclusive of people living with HIV. • WFP works with governments, Cosponsors and partners to ensure that nutrition and/or food support are integrated within programmes for maternal and child health and preventing mother-to-child transmission so that no pregnant or lactating mother or her infant go without adequate nutrition and/or food support. • WFP will work through the health sector to implement strategies that enable full adherence to treatment and minimizing the risk of HIV transmission from mother to child.
		UNICEF	<ul style="list-style-type: none"> • UNICEF mobilizes resources and provides technical support to priority countries to ensure the integration of essential nutrition interventions with preventing mother-to-child transmission, HIV care and treatment and HIV testing and counselling. This includes optimizing infant feeding of HIV-exposed infants, incorporating nutritional assessment and support of children into care and treatment programmes for children and linking HIV testing and counselling efforts to programmes caring for malnourished children in facilities and communities.
		WHO	<ul style="list-style-type: none"> • WHO sets norms and standards and provides guidance on nutrition and HIV and supports countries in developing and/or strengthening policies related to nutrition and HIV. • WHO reviews the evidence and scientific updates on nutrient requirements for people living with HIV and works closely with partners (UNAIDS, WFP, UNICEF, Food and Agricultural Organization of the United Nations, ILO, UNHCR, International Atomic Energy Agency and others) in developing a global strategy and a framework for priority actions related to nutrition and HIV. • WHO works closely with countries to ensure that nutrition is included in the resource mobilization efforts, particularly proposals submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and develops monitoring and evaluation indicators for measuring progress towards integrating nutrition into HIV programmes.
		UNHCR	<ul style="list-style-type: none"> • UNHCR will work with WFP and other partners: <ul style="list-style-type: none"> - to provide practical guidance for managerial and technical staff of UNHCR and its partners on implementing policies and programmes that incorporate both HIV/AIDS and food security and nutrition activities in refugee and other displacement settings;

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<ul style="list-style-type: none"> - to implement tailored interventions that mitigate the effects of the illness and prevent HIV transmission among refugees and internally displaced people and in other settings by using integrated programme strategies and by incorporating HIV prevention, treatment, care and support activities into food and nutrition programmes; and - to assist its partners on policies and decision-making strategies on infant feeding and HIV among refugees and other displaced populations as an integral element of a coordinated approach to public health, HIV and nutrition programming.
13. Scale up HIV workplace policies and programmes and mobilize the private sector	ILO	ILO	<ul style="list-style-type: none"> • The ILO is the lead United Nations agency for developing and implementing rights-based, gender-sensitive HIV workplace programmes and policies at the national, sectoral, enterprise and informal economy level. • The ILO Recommendation concerning HIV and AIDS and the world of work and the ILO Code of Practice provide global standards for implementing rights-based HIV and AIDS workplace programmes and policies that address stigma and discrimination in the world of work. • The ILO provides guidance and coordination of HIV and AIDS workplace programmes and policies at all levels. • Through its constituents, employers' organizations and workers' organizations, the ILO mobilizes the private sector to contribute towards the goals of universal access to prevention, treatment, care and support. The ILO also facilitates public-private partnerships to increase access to health services for vulnerable women and men workers in key economic sectors.
		UNESCO	<ul style="list-style-type: none"> • UNESCO has longstanding collaboration with ILO to promote and support the implementation of ILO HIV workplace policies in educational settings. In addition, UNESCO, like other Cosponsors, collaborates with the private sector in supporting its work on HIV and AIDS.
		WHO	<ul style="list-style-type: none"> • WHO and ILO advocate for the use of their joint guidance on HIV in the workplace. • WHO and ILO provide policy guidance on the access of health care workers to HIV and TB services.
14. Ensure high-quality education for a more effective HIV response	UNESCO	UNESCO	<ul style="list-style-type: none"> • As the United Nations specialized agency for education, UNESCO supports lifelong learning (through formal, non-formal and informal modalities) that builds and maintains essential skills, competencies, knowledge, behaviour and attitudes. The priority that UNESCO has given to education is based on the evidence that education substantially contributes to the knowledge and skills essential for preventing HIV infection and protects individuals, families, communities, institutions and countries from the impact of AIDS.

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>UNESCO has been the convener of the UNAIDS Interagency Task Team on Education since 2002, bringing together more than 40 active members from Cosponsors, bilateral partners and civil society organizations. UNESCO also leads the UNAIDS initiative EDUCAIDS, designed to strengthen education sector engagement in the national response to HIV, currently active in more than 50 countries.</p>
		UNICEF	<ul style="list-style-type: none"> Community engagement and mobilization comprise a key part of UNICEF's combination approach to HIV prevention. Through these partnerships, UNICEF supports communities in raising awareness, changing harmful attitudes, norms and practice and establishing better support to reduce the risk and vulnerability of adolescents. Communities are at the core of an enabling environment that, along with information, skills and services, facilitates and sustains the reduction in the number of people newly infected with HIV.
		UNFPA	<ul style="list-style-type: none"> UNFPA works in stigma and discrimination, men and boys, young people, men and women, comprehensive condom programming, sex work and creating demand for the uptake of HIV prevention and sexual and reproductive health services. UNFPA supports interventions aimed at catalysing personal and social change around gender, sexuality and HIV by using entertainment education (edutainment). UNFPA supports programmes that enhance the role of informal education, with a particular focus on peer education. UNFPA works with other partner agencies to support the education-to-work transition by providing and focusing on out-of-school skills training, life skills education and vocational training. UNFPA works to support governments in providing comprehensive sexuality education in schools and in out-of-school community-based settings. UNFPA undertakes policy discussions, dialogue and advocacy on improving the quality of the education system and retaining girls as a contributing factor for empowering women and girls.
		ILO	<ul style="list-style-type: none"> The ILO works closely with UNESCO to adapt the ILO Code of Practice to educational workplaces and to increase the coverage of HIV and AIDS workplace programmes to in-school youth and educational settings in the public and private sectors. The ILO is a member of the Priority Area Working Group on Young People and currently chairs the steering committee of the Interagency Task Team on Education. The ILO supports vocational school training programmes that build the skills of young people to reduce their vulnerability to HIV and AIDS.

Division of Labour area	Conveners	Agency partners	Areas of contribution
		WHO	<ul style="list-style-type: none"> WHO engages with the communities most affected by HIV in partnerships to scale up access to prevention, treatment and care in the health sector and provides training, education and information to prepare communities for treatment and to increase the reach and effectiveness of interventions.
15. Support for strategic, prioritized and costed multisectoral national AIDS plans frameworks	World Bank	World Bank	<ul style="list-style-type: none"> In partnership with other Cosponsors, the World Bank will support the achievement of the UNAIDS vision by improving the efficiency and the effectiveness of HIV responses. In strategic planning, the World Bank will lead efforts to ensure that HIV responses focus on the appropriate interventions implemented to the best quality standards for the lowest cost for everyone who needs it and that governments have more certainty about the long-term funding scenarios and options available to them to finance such HIV responses. The World Bank hosts and manages the AIDS Strategy & Action Plan (ASAP) service on behalf of UNAIDS; it supports countries in elaborating evidence-based, prioritized and costed AIDS strategies and action plans.
		UNESCO	<ul style="list-style-type: none"> UNESCO is an initial Cosponsor member of the ASAP services and actively participates in that process. Through the UNAIDS Interagency Task Team on Education, UNESCO supports the mainstreaming of HIV in national education sector plans, particularly through the Education for All Fast Track Initiative Process. UNESCO continues to explore ways of ensuring that the education sector is fully engaged in and contributes to national AIDS strategic plans and efforts.
		WFP	<ul style="list-style-type: none"> WFP supports the inclusion of food and nutrition in national AIDS strategic plans and efforts through its regional and country offices. WFP provides technical support to health, social welfare and other ministries and partners in developing and implementing food and nutrition programmes in national AIDS strategies and national health sector strategies. WFP supports the integration of food and nutrition to include costed, evidence-informed programmes in broader development frameworks.
		WHO	<ul style="list-style-type: none"> WHO supports the inclusion of HIV issues in national health policies, strategies and planning (working through its regional and country offices and supporting multi-partner strategic planning efforts, such as the International Health Partnership and related initiatives (IHP+) and ASAP services) and the inclusion of health system and sector issues in multisectoral planning for HIV/AIDS, as well as the use of these strategies in fundraising, planning and implementation with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief and other donors. WHO provides technical support and tools for developing and costing strategic and operational plans for the health sector response to

Division of Labour area	Conveners	Agency partners	Areas of contribution
			<p>HIV/AIDS.</p> <ul style="list-style-type: none"> • WHO leads the development of surveillance tools and methods so that countries better know their epidemic.
		UNICEF	<ul style="list-style-type: none"> • Through the work of the Interagency Task Team, UNICEF develops normative guidance, tools and national capacity for developing costed national strategic plans. • UNICEF provides direct technical assistance to countries for developing costed national strategic plans for preventing mother-to-child transmission of HIV and HIV among children, programming for orphans and vulnerable children and preventing HIV among young people as well as HIV national plans in general, including HIV in sectoral and community responses.
		UNDP	<ul style="list-style-type: none"> • UNDP supports the integration of AIDS priorities into national development and Millennium Development Goal plans, poverty reduction strategy papers and sector plans. • UNDP supports national institutions for strengthening the coordination and governance of national and decentralized AIDS responses. • UNDP supports the development of multisectoral and prioritized national AIDS strategies and action plans, with a particular focus on effectively linking to broader development and Millennium Development Goal efforts and integrating attention to human rights, gender equality, women and girls and sexual diversity (in collaboration with the World Bank).
		UNFPA	<ul style="list-style-type: none"> • UNFPA supports the development of nationally owned, prioritized, costed and decentralized national strategic plans within the context of broader development instruments. • UNFPA ensures that national plans clearly reflect the integration of sexual and reproductive health and HIV at all levels and are aligned with relevant policies such as those to prevent gender-based violence, promote gender equality and build capacity with the ministries responsible for implementing policy. • UNFPA promotes the use of data for policies and programmes, including data on HIV and population development, which are significant input for programme costing.
		ILO	<ul style="list-style-type: none"> • The ILO provides technical support to labour ministries, employers' and workers' organizations and other workplace actors in developing and implementing the workplace component of national AIDS strategies and national health strategies. • The ILO supports the integration of HIV and AIDS components into Decent Work Country Programmes as part of the strategy of

Division of Labour area	Conveners	Agency partners	Areas of contribution
			integration into broader development frameworks.
		UNODC	<ul style="list-style-type: none"> • UNODC supports the inclusion of a comprehensive, evidence-informed HIV response among people who use drugs and in prison settings in national AIDS strategic plans and efforts (working through its regional and country offices). • UNODC provides technical support to and builds the capacity of justice, interior and health ministries and of narcotic drugs control offices, prison administrations, social services, civil society and community-based organizations for reviewing and aligning relevant sectoral policies and strategies and implementing a comprehensive HIV programme among drug users and in prison settings.
		UNHCR	<ul style="list-style-type: none"> • UNHCR will work with and provide technical support to governments and partners to ensure that people of concern to UNHCR are sufficiently and meaningfully included in the national HIV and AIDS policies, programmes, funding proposals and strategic plans. • UNHCR will provide technical support to its implementing partners in developing and implementing HIV and AIDS programmes in accordance with the UNHCR HIV and AIDS Strategic Plan and in accordance with the national HIV and AIDS policies in countries hosting people of concern to UNHCR.

ANNEX 2

Review and Development Process of the UNAIDS Division of Labour

Multipronged and methodical conceptual analyses and structured consultations with relevant stakeholders have been undertaken in the past 10 months aimed at strengthening the overall work of the Joint Programme, to enhance efficiency and effectiveness as well as mutual accountability in delivering collective results at the country level. Consultations included the following.

- March 2010: multi-stakeholder consultation on the implementation of recommendations of the Second Independent Evaluation of UNAIDS (Bangkok) – a Division of Labour consultation on global programmatic mechanisms, including the Division of Labour, at the country level. In the run-up to this consultation, the UNAIDS Secretariat assessed the status of the Division of Labour in 25 countries and prepared a background paper on its evolution to inform the consultation.
- April 2010: the meeting of the Committee of Cosponsoring Organizations agreed to a central structure and core principles for reviewing and revising the Division of Labour matrix and streamlined the guidance on its implementation. The Committee of Cosponsoring Organizations also endorsed the establishment of an Inter-agency Working Group on the Division of Labour (Cosponsors and the Secretariat) to finalize the work.
- May 2010: the Working Group was established, coordinated by UNFPA, as the Chair of the Committee of Cosponsoring Organizations. Following several meetings, an interagency draft concept note on the Division of Labour was developed, mapping out key questions to be resolved, timelines and possible areas of leadership by various entities.
- May 2010: the Secretariat developed a strategic position paper on the Division of Labour.
- June 2010: global coordinators discussed and endorsed the Division of Labour concept note, the proposed outline of the Division of Labour matrix and timelines and the overall core roles of the Secretariat: leadership and advocacy; coordination, coherence and partnership; and mutual accountability.
- May–July 2010: three sub-working groups were created to focus on:
 - the Division of Labour categories and developing the matrix and guidance document (using the 2005 Division of Labour and the UNAIDS outcome framework for 2009–2011);
 - the roles and responsibilities of conveners and partners – at the global, regional and country levels; and
 - coordination, reporting and accountability mechanisms (including interagency task teams).
- August–September 2010: working group, agency consultations and drafting the elements of the final products:
 - a draft Division of Labour matrix; and
 - a consolidated Division of Labour guidance document focusing on: historical background; the roles and responsibilities of partners (at the global, regional and country levels); operational guidance (domesticating the Division of Labour at the country level, coordinating mechanisms and complementary structures); and a mutual accountability framework.
- September 2010: meeting of global coordinators to finalize the revised Division of Labour matrix and consolidated guidance document.
- November 2010: the matrix and guidance document submitted to the Committee of Cosponsoring Organizations for endorsement.

The analysis and dialogue especially focused on resolving overlap and duplication in the operationalization of cross-cutting issues, particularly in national planning, human rights, gender and

key populations and also in more clearly defining the roles and responsibilities of the Cosponsors and Secretariat, based on various operational, technical and human and financial comparative advantages. As mentioned above, this work has culminated in two major products: (1) an agreed revised Division of Labour matrix for the Joint Programme; and (2) a single consolidated guidance document to regulate the operations of the Division of Labour.

In addition, several other reviews and assessments were conducted that informed the process of updating the Division of Labour, most notably a review of the modus operandi of the interagency task teams and an assessment of the capacity needs of the Joint Programme.

Interagency task team review

The UNAIDS Secretariat commissioned an independent systematic comparative assessment of existing interagency task teams and other existing global programmatic mechanisms. The primary goals of the review were: to conduct a review of existing interagency task teams to assess their constitution (structures), scope, implementation process and output; to propose an optimal modus operandi; and to gather and analyse pertinent information on other related global coordinating mechanisms, to inform the interagency task team review and the prospective modus operandi. More specifically, the review focused on several key issues highlighted by the Second Independent Evaluation of UNAIDS, including:

- transparency regarding the objectives, decision-making, membership and activities of these global partnership mechanisms;
- the roles and responsibilities of the UNAIDS Secretariat in relation to Cosponsors, especially the coordination and funding of interagency task teams;
- the existence or lack of a system for periodically reviewing the functioning and effectiveness of these mechanisms and evaluating their impact to ensure that they represent the best use of time and resources invested;
- the reporting and accountability mechanisms for each interagency task team;
- the respective roles of global and regional interagency task teams; and
- the relationship between the interagency task teams and other UNAIDS and United Nations agency initiatives.

A variety of complementary and multipronged processes and methods were used in eliciting the perspectives of the people most relevant to the interagency task teams under review and in gathering relevant information as well as verifying and cross-referencing the information received throughout the review. These included:

- desk research and review of relevant documents;
- in-depth face-to-face and teleconference interviews with interagency task teams' office bearers (including chairpersons, co-chairpersons, convenors, co-convenors and steering committee members) and UNAIDS Secretariat focal points of the various existing and disbanded interagency task teams;
- in-depth face-to-face and teleconference interviews with key informants, including the global coordinators and officials from Cosponsors and UNAIDS Secretariat management;
- in-depth face-to-face and teleconference interviews of various other global coordinating mechanisms, office bearers, Cosponsors and UNAIDS Secretariat focal points for mechanisms such as reference groups, advisory groups, working groups and task forces; and
- distribution of a questionnaire to all office bearers, steering committee members and selected members of interagency task teams.

Responses from informants have brought to the fore several issues relevant to developing a future modus operandi for UNAIDS interagency work. The prospective modus operandi links the best from the past and lessons learned from the work of the interagency task teams with new directions for the future and the opportunities offered by the UNAIDS Strategic Framework for 2007–2010, the UNAIDS outcome framework for 2009–2011, the UNAIDS Strategy for 2011–2015, the UNAIDS Partnership Strategy and the UNAIDS Division of Labour.

Capacity needs assessment

The capacity needs assessment was initiated with the purpose of providing information to the Joint Programme as a whole to analyse jointly the UNAIDS staffing at the country and regional levels and to launch a process for the collective rationalization of Joint Programme staffing. The capacity needs assessment is intended to position the Joint Programme to support most effectively the global response to AIDS, including achieving the priorities set out in the outcome framework and with differential responses to varying epidemic profiles and specific regional and country situations. The assessment was based on the comparative advantages of the Cosponsors and Secretariat and the convening and complementary roles set out in the Division of Labour. The methods for this initial assessment included:

- collecting data on current staff deployments and fields of concentration through an electronic survey of all UNAIDS Cosponsors and UNAIDS regional and country offices;
- verification of data by individual Cosponsors and Secretariat; and
- seven regional consultations – Asia and the Pacific, Europe and Central Asia, Middle East and North Africa, West and Central Africa, East and South Africa and the Caribbean and Latin America – including Cosponsors and regional support teams, to analyse the data on a country and regional basis, understand the gaps or adjustments needed in terms of staff numbers and expertise and make recommendations for better rationalization and deployment of staff across the Joint Programme.

The capacity needs assessment marks the first comprehensive global mapping, undertaken jointly by all 10 Cosponsors and the Secretariat, of human resources working on AIDS within the Joint Programme at the regional and country levels. The assessment produced valuable data, including information on human resources capacity by agency, duty station or location and areas of technical expertise. In addition to the quantitative data provided through the survey, regional consultations are developing qualitative analysis of the extent to which the current size and profile of Joint Programme staffing matches country and regional needs. This ongoing work is providing UNAIDS with lessons learned about staffing deployment and patterns and is yielding information that will assist in addressing gaps and concerns.

Copyright © 2011
Joint United Nations Programme on HIV/AIDS (UNAIDS)
All rights reserved

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

UNAIDS/11.1E / JC2063E (English original, January 2011)



The paper used for this book is FSC-certified and totally chlorine-free. FSC (the Forest Stewardship Council) is an international network to promote responsible management of the world's forests.