

## ANNEX 1

# United Nations Nations Unies

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**Programme Document**  
*for a*  
**UNITED NATIONS SYSTEM-WIDE WORK PROGRAMME**  
*On*  
**SCALING-UP HIV/AIDS SERVICES for POPULATIONS OF HUMANITARIAN CONCERN**

### Programme Summary

*This Work Programme seeks to expand HIV prevention, treatment, care, and mitigation services - subject to the volume of resources available - for the 200 million people of humanitarian concern who are not reached by current HIV/AIDS, humanitarian, and development assistance arrangements.*

*The key intent of the Programme is to address the specific organizational and technical constraints that hinder populations of humanitarian concern from benefiting from the range of assistance that is available to others. This will be done through targeting specific categories of vulnerable populations in acute and prolonged crisis and disaster situations.*

*Programme delivery for populations of humanitarian concern will be directed at (a) the inclusion of their HIV/AIDS - related needs into existing humanitarian, development, and HIV/AIDS - related international and national assistance frameworks; (b) expanding their access to the context-specific service packages in the Interagency Standing Committee (IASC) Guidelines on HIV/AIDS interventions in Emergency Settings and addressing recognized gaps therein; (c) identifying and addressing underlying sexual and gender-based factors, including sexual violence, which heighten the vulnerability of girls and women.*

*This three - year Work Programme provides a framework for enabling donors to dedicate funds for HIV/AIDS services for populations of humanitarian concern, using the modalities of the UNAIDS Unified Budget and Workplan (UBW) system. Agency implementation will be guided by the agreed Global Task Team (GTT) division of labour, and an Advisory Committee of IASC agencies, that will include consultations with donors and programme countries concerned with the Work Programme. A streamlined and harmonized six-monthly review process is envisaged.*

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## Programme Rationale

1. The HIV/AIDS pandemic has reached a particularly alarming stage; it has touched all regions of the world and continues to accelerate in regions with previously low rates of infection. On a positive note, response has been progressively strengthened in many countries with an increasing level of political leadership and available resources; however this is not the case in emergency situations.

2. It is noteworthy that **about two-thirds of the global burden of HIV infection occurs in countries affected by complex emergencies**. However the HIV/AIDS related needs of populations of humanitarian concern are usually neglected by mainstream national HIV/AIDS programmes, as well as by humanitarian assistance, transitional recovery, and development programmes. Though considerable normative guidance has been produced by the UN system on tackling HIV/AIDS in emergency and humanitarian settings, application has been limited by numerous factors including lack of accountable allocation of responsibility for action, technical challenges, limited capacities, and lack of resources.

3. **Populations of humanitarian concern have the right to access HIV services on the same basis as general populations. But they also have special needs** requiring innovative programming in circumstances that can be operationally very difficult. Partly for this reason, comprehensive HIV/AIDS responses were, until recently, considered primarily a development issue that were not appropriate to be implemented in emergencies. Furthermore, from a global perspective, these populations are considered to be relatively unimportant to the achievement of aggregate targets for prevention and control of the pandemic. Therefore, mainstream programmes taking a wider development perspective consider them too difficult to deal with, or less of a priority.

4. The organization and funding modalities of the global system of donor assistance for HIV/AIDS programmes also inhibit consideration of these populations, since most access to funding is through application by national governments in support of programmes for the mainstream of their citizens. Populations of humanitarian concern are often marginalised and suffer from discrimination and stigma.

5. Therefore, the rationale for addressing HIV/AIDS in these special circumstances stems from four major factors:

- The unknown effects of displacement of large masses of people with differing levels of HIV prevalence within countries and across borders;
- Humanitarian, human rights and protection concerns to reduce the HIV burden among some of the most neglected, vulnerable and marginalised people on the planet who face increased vulnerabilities in emergency situations;

- The unique circumstances of such populations need modifications to some of the usual HIV interventions for resource poor countries, and this require special attention and expertise;
- The opportunity for social transformation that a crisis can provide to tackle HIV/AIDS in terms of access to vulnerable populations and potential for behaviour change (for example, in many post conflict situations).

6. Finally, this Programme will also provide badly needed attention to identifying, documenting, and addressing the dynamic relationships between sexual violence, exploitation, and abuse and HIV/AIDS vulnerability in crisis situations, and will determine priority areas of action for prevention and care.

## Programme Objectives (see logframe)

7. Since the historic UN Security Council debates in January 2000 that addressed the spread and impact of HIV/AIDS in the context of armed conflicts in Africa, global attention has begun to be mobilized. Security Council Resolution 1325 of October 2000 is also pertinent as it emphasizes the role of women in peace and security. In June 2001, The UN General Assembly Special Session on HIV/AIDS (UNGASS) unanimously adopted a Declaration of Commitment on HIV/AIDS which calls on all Member States to:

*“develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and in particular, women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes.”*

8. The Work Programme seeks to contribute to Millennium Development **Goal 6**, target 7 ie. *“by 2015 - to have halted, and begin to reverse the spread of HIV/AIDS”*. The **purpose** is to expand access to HIV prevention, treatment, care, and mitigation services to populations of humanitarian concern. The three key **outputs** to be achieved by the end of the three year Programme period are that:

- The HIV/AIDS-related needs of populations of humanitarian concern will be systematically included in existing humanitarian, development, and HIV/AIDS-related international and national assistance frameworks;
- The context-specific multi-sectoral service packages in the *Interagency Standing Committee (IASC) Guidelines for HIV/AIDS Interventions in Emergency Settings* will be made accessible to all populations of humanitarian concern in an equitable manner and any recognized gaps addressed;

- The underlying sexual and gender-based factors, including sexual violence, that heighten the vulnerability of girls and women will be identified and addressed through appropriate prevention, support, care, treatment and mitigation interventions.

9 The populations of humanitarian concern - most of whom are currently under-served - are estimated at approximately 200 million approximately worldwide. These are distributed as follows (overlapping categories):

Refugees <sup>1</sup>	16 million
Internally displaced persons <sup>2</sup>	25 million
Demobilising and demobilised ex-combatants and their families <sup>3</sup>	5 million
Other conflict and disaster-affected groups <sup>4</sup> (including returnees and those in transition to recovery)	25 million
Rape Survivors & females at high risk of sexual violence (in crisis settings <sup>5</sup> )	5 million
Populations in extraordinary crisis (due to the special circumstances of the "triple threat" <sup>6</sup> )	120 million

10. Practical work will be conducted in targeted regions, sub regions and countries in relation to defined populations of humanitarian concern (prioritized during the next phase of programme development in the context of likely available resources), and then reflected in wider lessons and policy and practice improvements.

11. The **specific benefits** from the Programme will accrue at the level of targeted populations, and at policy level. The extent of *coverage of targeted populations* with prevention, care, treatment, and protection, with measurable survival and welfare benefits will depend on the volume of resources mobilized under this programme framework. In addition, national and international policy makers, programmers, and funders will be able to:

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<sup>1</sup> Source: UNHCR, UNWRA. All refugees worldwide including Palestinian refugees.

<sup>2</sup> Source OCHA

<sup>3</sup> Estimated. Source: United Nations

<sup>4</sup> Estimated from OCHA and other disaster reports.

<sup>5</sup> This population is part of the groups listed above but are singled out due to their special vulnerability and needs. Source: WHO/HAC, work in progress.

<sup>6</sup> Estimated 50% of the population (239 million) of the 10 countries in Southern Africa. The triple threat is the synergistic impact of high HIV rates, deepening food insecurity and poverty, and failing governance and service delivery institutions, partly because of attrition of trained human resources in all key sectors such as public administration, agriculture, education, and health. These people live in countries with the world's highest HIV rates and are facing large scale destitution to which assistance programmes are being forced to respond by moving from development to humanitarian relief mode. In these circumstances, HIV is itself central to the crisis with huge humanitarian implications that are already manifested. Given the limited scope of this Work Programme, it will concentrate only on those interventions that have a direct population-based impact on HIV/AIDS risk reduction and mitigation.

- Learn from experience to find practical and innovative ways to include otherwise marginalised populations of humanitarian concern into their programming;
- Focus attention on reducing underlying risk factors and vulnerability, that are necessary to sustain global progress in combating HIV/AIDS.

## Programme Approach

12. This Work Programme is based on the principle of optimizing effectiveness, efficiency, and impact, through **joint programming** by UN system agencies while maximizing national ownership and harmonizing all contributions to strengthen national AIDS responses, as well as promoting accountability for the delivery of commitments and achievement of results. In doing so, programme design is influenced by the principles and best practices of:

- Joint Programming of the UN Development System<sup>7</sup>
- The “Three Ones” principles<sup>8</sup> for coordination and coherence of national AIDS response i.e. one national AIDS coordinating authority; one national AIDS framework tailored to country realities; and one monitoring and evaluation system. This has been supplemented recently by the Global Task Team<sup>9</sup> agreement on a division of labour among agencies to assist countries in implementing their HIV/AIDS Action Plans.
- Efforts to streamline, harmonize, and strengthen the development co-operation field;<sup>10</sup>
- Current efforts on UN reform<sup>11</sup>, and on strengthening the predictability and accountability of the international humanitarian system]<sup>12</sup>
- The Good Humanitarian Donorship initiative, supplemented, in this context, by the conclusions of the 2005 G8 Summit in Gleneagles that called for *“as close as possible, universal access by 2010 with a package of HIV prevention, treatment, and care.”*

13. There is UN system capacity, funded by many donors, to work on HIV/AIDS. Funding is also available from them through the UNAIDS Unified Budget and Workplan (UBW), the Global Fund to Fight HIV/AIDS, TB and Malaria, and other multilateral and bilateral channels. But these mechanisms are insufficient or difficult to be accessed on behalf of population of humanitarian concern. Therefore, the intent of this additionally funded programme, for a proposed initial period of three years, is to provide a much needed boost to address a neglected area. It is expected

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<sup>7</sup> UNDG: Joint Programming Guidelines

<sup>8</sup> UNAIDS: the “Three Ones”.

<sup>9</sup> UNAIDS: The Report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, June 2005

<sup>10</sup> OECD/DAC. Paris Declaration on Aid Effectiveness. [www.aidharmonization.org](http://www.aidharmonization.org)

<sup>11</sup> Report by the UN Secretary General. “In Larger Freedom: Towards Development, Security and Human Rights for All”

<sup>12</sup> Emergency Relief Coordinator and the Interagency Standing Committee (IASC).

that these additional funds will enable agencies and donors to support national efforts (and international assistance strategies) to mainstream HIV in crisis into effective longer-term programmes that can be properly supported by established mechanisms and channels of funding.

14. In this context, the scope of this Programme is two-fold:

- Primarily, and assuming that the minimum critical mass of resources is mobilized, the Programme will deliver the key activities under the three outputs that are catalytic to the achievement of the Programme purpose.
- At the same time, it will set up accountable mechanisms and processes that will enable the immediate expansion of critical HIV services for specifically targeted populations of humanitarian concern in agreed geographical areas, with the intent that this will then be mainstreamed into existing channels.

15. Accordingly, the Work Programme will be organized by Output with strategic approaches as follows:

**Output 1: The HIV/AIDS - related needs of populations of humanitarian concern will be systematically included in existing humanitarian, development, and HIV/AIDS - related international and national assistance frameworks.**

16. The international architecture for assistance coordination and co-operation has three broad components of particular relevance to this Work Programme: the *development system* has planning frameworks such as PRSPs, I-PRSPs, UNDAFs, and CCAs; the *humanitarian system* has CAPs and transitional recovery frameworks and appeals; and the HIV/AIDS system has the UBW and the recently agreed GTT approach. All the systems seek internal coherence, coordination, and harmonization while some efforts have also been made on linkages among the systems. At the country level, the Resident/Humanitarian Coordinator system is mandated to provide the necessary linkages. At the same time, there are also UN Theme Groups for HIV/AIDS along with other coordination groups in countries where there is Global Fund programming (i.e. Country Coordinating Mechanisms). These multiple arrangements can be challenging to sustain effectively. **The development, humanitarian and HIV/AIDS systems all have one shortcoming in common: beyond token acknowledgements, they largely neglect the HIV/AIDS-related needs of people of humanitarian concern.**

17. This neglect is due to a number of reasons:

- Limited knowledge on the specific vulnerabilities and needs of populations in humanitarian settings, and the most effective ways to address them;
- Difficulty of getting relatively “leisurely” long-term development and HIV/AIDS planning mechanisms to become sufficiently nimble in tackling the issues raised by rapidly evolving emergencies, especially when compounded by the

- additional complexity of cross-border population flows that require sub-regional strategies and co-operation;
- Limitations of especially weak national capacities in crisis or transition recovery countries, compounded by the challenge of coordinating a myriad of humanitarian partners and funding sources that can be quite distinct from traditional HIV/AIDS actors; and
  - Challenge of finding space for HIV/AIDS work at the onset of emergencies or early enough in post crisis recovery assessments and planning due to the many other urgent and competing priorities.

18. Consequently, national AIDS planning and funding mechanisms are largely not accessible to benefit populations of humanitarian concern. The same is the case for worldwide HIV/AIDS funding initiatives such as the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and the World Bank's MAP. For example, in 2004, only 10 out of 29 African countries hosting greater than 10,000 refugees had up to date National AIDS Strategic Plans that mentioned HIV/AIDS interventions for refugees. Furthermore, while 26 of these countries had approval for HIV work from the GFATM, only 6 included specific interventions for refugees. On the side of the humanitarian system, there is even less support with negligible reference to HIV/AIDS or funding from CAPs. Many donors have been reluctant to allow support from humanitarian budget-lines for HIV/AIDS work; even for urgently needed interventions in emergency settings for populations in most dire need. In the cases when some funding is available under global mechanisms, actual in-country access procedures for utilization have high transaction costs, or the allocations are ad hoc without evident consideration to a clear strategic approach to optimise coverage and impact for this vulnerable population category.

19. In this context, the proposed **strategy of the Work Programme to deliver Output 1** is to work systematically with the national authorities of targeted countries and their UN in-country structures (e.g. UN/IASC country teams, HIV/AIDS Theme Groups) and with international organisations and mechanisms (including GFATM, World Bank, PEPFAR, UNDGO, IASC, donors) to:

- Address specific constraints and obstacles to the inclusion of populations of humanitarian concern (including funding) in National Strategic Plans (NSPs) for HIV/AIDS;
- Ensure that planning processes in which the UN and World Bank play strong roles (e.g. CAPs and Transitional Appeals, CCA/UNDAF, PRSPs and PCNAs) give epidemiologically-driven consideration to the HIV/AIDS-related needs of populations of humanitarian concern; and
- Ensure that suitable arrangements are negotiated with international financial mechanisms (e.g. GFATM, World Bank including the MAP, ADB, PEPFAR, major bilateral donors with available dedicated funding windows) to give equitable access to address HIV/AIDS needs of populations of humanitarian concern.

20. To ensure efficiency and longer-term sustainability, the intent of the strategic approach is to focus initially on awareness, attention, and advocacy in relation on the needs of the neglected humanitarian populations and then, over the programme period, progressively enable their incorporation into mainstream assistance arrangements. This would be done through:

- Generating and providing appropriate analysis on location and evolving needs of specific categories of populations of humanitarian concern, to national and international policy makers and programmers so as to focus limited and stretched institutional capacities;
- Providing operational guidance on specific targeted, epidemiologically-driven interventions in defined geographical settings and scenarios so as to tailor responses to needs and resources;
- Strengthening information and experience exchange, and fostering systematic cooperation between the humanitarian, HIV/AIDS, and development systems;
- Analysing constraints and bottlenecks in planning, programming, and financing frameworks at global and national levels, negotiating practical solutions and adaptations, and encouraging the institutionalisation of agreed measures that will bring equitable access for populations of humanitarian concern;
- Supporting contingency planning and preparedness, prioritising high vulnerability situations; and
- Supporting efforts to rationalise and streamline HIV-relevant coordination arrangements at country level.

**Output 2: The context-specific service packages in the *IASC Guidelines on HIV/AIDS Interventions in Emergency Settings* are made accessible to populations of humanitarian concern, and recognised gaps filled.**

21. *The Guidelines for HIV/AIDS Interventions in Emergency Settings* were developed in 2003/04 by a Taskforce of the Inter-Agency Standing Committee (IASC) to respond to the growing concern for the development of a more specific and consistent response to HIV/AIDS in crises. The purpose of these Guidelines is to enable governments and cooperating agencies, including UN Agencies and NGOs, to deliver the minimum required multi-sectoral response to HIV/AIDS during the early phase of a crisis. The Guidelines, developed through an extensive expert peer review process, propose standardized services for healthcare, education and behaviour communication, food and nutrition, watsan, shelter, and protection, and how they are to be integrated in emergency contexts. They also discuss more comprehensive approaches, including in emergency preparedness, where justified by circumstances, capacities, and available resources. The guidelines also apply to the important circumstances of DDR for which a UN Working Group is elaborating guidance on the integration of HIV/AIDS into DDR programmes.

22. Although the Guidelines<sup>13</sup> exist in English and French and have been widely publicized and distributed, the extent of their utilization<sup>14</sup> is still limited. Training modules on the Guidelines have been recently developed and field tested but have not yet been widely employed; this is likely to remain the case unless adequate resources are dedicated for this purpose. Furthermore, as HIV/AIDS issues have been evolving rapidly, some new topics have not been addressed (e.g. antiretroviral therapy in emergencies).

23. In this context, the proposed **strategy of the Work Programme to deliver Output 2** is to work systematically with IASC member agencies to:

- Tackle constraints and bottlenecks experienced in specific settings to expand the coverage of populations of humanitarian concern with the minimum service package (done through technical and capacity building support for relevant stakeholders);
- Provide an agreed accountability framework for delivery of these services, and impact achieved (in line with the GTT division of labour);
- Focus, in particular, on the specific vulnerabilities of subsets of populations of humanitarian concern including, in particular, the urgent protection, prevention and support needs of orphans, separated and unaccompanied children, adolescents<sup>15</sup>, and children associated with armed forces and groups;
- Address policy and programming gaps such as on antiretroviral therapy within the programme period;
- Provide protection by actively advocating against HIV stigma and discrimination among populations of humanitarian concern, including monitoring and follow-up against discriminatory laws and practices (e.g. mandatory testing of asylum seekers); and
- Update the IASC Guidelines and subsidiary modules as appropriate, based on reviews of experience in application.

**Output 3: The underlying sexual and gender-based factors, including sexual violence, which heighten the vulnerability of girls and women will be identified and addressed through appropriate prevention, care, support and mitigation interventions.**

24. Sexual and gender-based violence (SGBV) is a serious concern in the context of the HIV/AIDS epidemic:

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<sup>13</sup> See [www.reliefweb.int](http://www.reliefweb.int)

<sup>14</sup> Efforts have been made in Sierra Leone, Indian Ocean Tsunami, and Eastern and Southern Africa.

<sup>15</sup> Strengthening and operationalising links with other interagency guidance and standards, such as "A Framework for the protection, care and support on orphans and vulnerable children in a world with HIV and AIDS". Also the Interagency Guiding Principles on unaccompanied and separated children.

- Violence and fear of violence (and associated social and economic pressures) makes it difficult for women to negotiate safe sex including condom use or prevents them from accessing HIV information, prevention, treatment, care, and support services;
- Rape can result in vaginal and anal trauma that increases chances of HIV acquisition; and
- Long-term repercussions, both physical (e.g. ostracised from community) and psychological (e.g. changes in risk taking) may have an effect on future HIV transmission.

25. While gender inequality and discrimination are the root causes of sexual and gender based violence, various other factors determine the type and extent of violence in each setting. In emergencies, norms regulating social behaviour are weakened and traditional social systems often break down. Women and children may be separated from family and community supports, making them more vulnerable to abuse and exploitation due to their gender, age, and dependence on others for help and safe passage. During armed conflict, sexual violence is often used as a weapon of war, targeting civilian women and children. War-related sexual violence often includes abductions and sexual slavery. Survivors/victims of SGBV are at high risk of severe and long-lasting health problems, including death from injuries or suicide. Health consequences can include unwanted pregnancy, unsafe self-induced abortion, infanticide, and sexually transmitted infections, including HIV/AIDS. Psychological trauma, as well as social stigma and rejection, is also common.

26. In sub-Saharan Africa, young women (15-24 years) account for 75% of HIV infections and are approximately three times more likely to be infected than young men of the same age. The reasons for this special vulnerability are related in significant part to the physical and psychosocial effects of high rates of sexual violence, and transactional sex forced by circumstances the "triple threat" crisis; the so-called feminisation of the epidemic.

27. These problems are further compounded for women and girls in conflict situations, especially when sexual violence is widespread<sup>16</sup>. This is mostly perpetrated by armed groups who may, in some circumstances, have higher sexually transmitted infection rates than civilian populations. Thus the potential for HIV transmission is significant. Humanitarian support and protection strategies often fail to be sensitive to the special safety and welfare needs of women and girls.

28. Even though it is widely recognized that livelihood insecurity engenders sexual and gender-based violence, the central role of livelihood security has often been neglected in the design and execution of humanitarian programmes. During

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<sup>16</sup> For example, the majority of Tutsi women in Rwanda's 1994 genocide were exposed to some form of sexual and gender based violence; of those, it is estimated that between 250,000 and 500,000 survived rape.

times of crisis, sexual abuse due to food and income insecurity is often prominent. As the Darfur experience shows, a significant amount of sexual abuse happens when women are separated from main population in order to farm, collect firewood and/or water. The further the environment around refugee/displaced camps deteriorates, the farther women have to go to collect firewood and water and the more they are vulnerable to SGBV. Furthermore, shortage of food and cash among women in humanitarian circumstances is an important driver of transactional or survival sex. In such situations, women are forced by circumstances to barter sex for food, cash, and other basic needs. Programmes that focus on food security would undoubtedly allay women's vulnerability to SGBV.

29. A large number of the victims of SGBV are unable to re-integrate into their original communities due to the associated cultural stigma, thus sustaining their vulnerability even after a humanitarian crisis has come to pass. Experience from Rwanda shows that victims of SGBV are scarred emotionally and this has had a negative consequence on their social and economic contribution at family and community level.

30. The IASC is issuing, during 2005, new *Guidelines for Gender-based Violence in Humanitarian Emergencies: Focusing on Prevention and Response to Sexual Violence*. The purpose is to establish a minimum set of activities to prevent and respond to such violence and provide protection and support for those who have suffered from such violence. Tackling SGBV among populations of humanitarian concern requires action on a broad front to which this Work Programme will contribute through the following **strategy to deliver Output 3**:

- Contributing towards the field testing of the new GBV Guidelines and their subsequent revision and roll-out;
- Generating and providing a more comprehensive understanding of the prevalence of sexual violence in conflict and crisis situations, and its links to HIV spread, including the establishment of a Sexual Violence Assessment Service for Conflict Situations;
- Seeking physical and organisational improvements in the delivery of humanitarian assistance programmes to reduce risks pre-disposing to sexual violence, and increase access to services;
- Strengthening healthcare and social support for women in crisis situations to remove access barriers and improve coverage of a basic package of care that includes reproductive health and prophylaxis against sexually transmitted infections and HIV;
- Improving protection interventions that includes rule of law measures, countering impunity, as well as promoting equitable access to productive resources;
- Strengthening gender-sensitive livelihood opportunities, including a strong element of building of skills for livelihood security; and

- Targeting livelihood support actions (if resources are made available for this area) to reduce the pressures for transactional sex under the special circumstances of the crisis due to the "triple threat".

## **Programme Implementation and Management**

31. The outputs of the Work Programme will be delivered through agencies with roles that are guided by the division of labour as already agreed in the Global Task Team process. Specific workplans for implementation will be developed when this Concept Note has been approved and the magnitude of resources available has been clarified through indicative pledges or expressions of interest from interested donors.

32. Agency Workplan implementation arrangements will be guided by the following considerations:

- Suitable partnership between implementing agencies with designated officers made accountable for delivery;
- An identified contribution of some level of existing agency funds or in-kind resources or capacity (e.g. dedicated staff time), as a commitment from the agencies concerned;
- Common funding and reporting procedures as agreed during the next phase of the Work Programme formulation process;
- A credible volume of relevant national capacity building and programme delivery;

33. UNAIDS is charged with coordinating an UN-system wide approach to HIV/AIDS work. In parallel, OCHA is charged with coordinating an UN-system wide approach to humanitarian work. The arrangements outlined below will contribute to the necessary connectivity between the "humanitarian system" and the "HIV/AIDS system".

34. The Programme will function under the overall policy oversight of the Director of Country and Regional Support (CRD) in the UNAIDS Secretariat - requiring up to 2% of his time (including chairing the Annual Review Meeting). He will designate a senior CRD professional who will be responsible for providing day to day management support to the work programme. In addition, the Director of CRD will designate a Work Programme Director (requiring 20% of his/her time<sup>17</sup>) to provide strategic direction to this joint work programme, including carrying out advocacy and resource mobilization, negotiating with relevant partners, chairing six-monthly review meetings, and maintaining the necessary policy linkages between the HIV, humanitarian, and development systems. Supporting CRD, the Work Programme Director and the implementing partners will be a dedicated full-time P3 Desk Officer (located in the UNAIDS Secretariat) who will report to the senior CRD professional

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<sup>17</sup> For the initial months, this task will be undertaken by a UNAIDS Cosponsor

for management issues and work in close collaboration with the designated Work Programme Director. Any additional technical staffing capacity required by implementing partners will be built into the relevant design and budgets of sub-programmes.

35. The Work Programme will have an **Advisory Committee** with membership from interested IASC agencies (including the UN system, Red Cross/Crescent Movement, and NGOs) meeting twice a year at the time when progress reviews (see below) are to be conducted, and resource allocation decision taken. Contributing donors and key programme countries will be invited to sessions of the Advisory Committee - one of which will be designated as an Annual Review Meeting to assess progress and agree any necessary re-programming.

36. The terms of reference of the Work Programme Desk Officer, Work Programme Director as well as the Advisory Committee will be developed fully at the beginning of the Work Programme.

## **Programme Financing**

37. The modalities of the UNAIDS UBW system will be used to handle funds. Donors will designate their funds (*as a supplementary<sup>18</sup> budgetary contribution to the UNAIDS Unified Budget via the UNAIDS Trust Fund*) for this Work Programme but avoid any further earmarking (or, if a donor insists, to restrict earmarking to Output or Workplan levels only). Allocations to individual implementing partners<sup>19</sup>, in line with agreed Workplans will be disbursed by the UNAIDS Secretariat using agreed UBW procedures.

38. Total Indirect Programme Support Costs are set at 13%: these will be shared between the UNAIDS Secretariat and implementing Consortium partners in accord with existing Programme Funding Agreement (PFA) modalities between the Secretariat and particular agencies.

## **Reporting and Review arrangements**

39. Annual progress reports will be provided in a standard, common format that will be developed during the full programme formulation stage and will include key benchmarks relating to the three outputs and subsidiary Sub-Programmes.

40. An independent Programme Review will be commissioned during the last three months of Year 3 of the Work Programme.

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<sup>18</sup> As defined in the "definitions of income into the UNAIDS Trust Fund".

<sup>19</sup> Which will always be a UN system agency - not limited to UNAIDS co-sponsors - in the first place; these may have subsidiary partnership arrangements with NGOs and others as appropriate under their specific workplans.

## **Risks, assumptions, and undertakings**

41. The principal risk is that access to populations of humanitarian concern will be constrained in some circumstances where periodic insecurity and conflict are prevalent. This will be mitigated through the adoption of standard UN security protocols by implementing agencies, but could retard service delivery in some circumstances. The principal assumption is that donors will be consistent in the application of their commitments to Good Donorship and other harmonization and simplification principles. The undertaking given by UN system agencies is that will comply with common procedures, systems, and reporting requirements as agreed in the Advisory Committee, guided by the UBW framework; and that any UN agency that is a Work Programme partner but not an UNAIDS co-sponsor will do the same.

