MINISTRY OF FOREIGN AFFAIRS OF DENMARK

DANIDA | INTERNATIONAL DEVELOPMENT COOPERATION

Danish Organisation Strategy for UNAIDS

2014-2016

February 2014

1. Objective

UNAIDS is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. UNAIDS is working towards the vision: "Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths". UNAIDS seeks to achieve its mission 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 and AIDS.

UNAIDS is at the forefront when it comes to speaking out in solidarity with the people most affected by HIV in defence of human dignity, human rights and gender equality. UNAIDS is mobilizing political, technical, scientific and financial resources and holding stakeholders accountable for results, and ensures that resources are targeted where they deliver the greatest impact and bring about a prevention revolution.

This organisation strategy for the cooperation between Denmark and UNAIDS forms the basis for the Danish contributions to UNAIDS, and it is the central platform for Denmark's dialogue and partnership with the organisation. It sets up Danish priorities for UNAIDS's performance within the overall framework established by the UNAIDS 2011-2015 Strategy Getting to Zero. In addition, it outlines specific results that Denmark will pursue in its continued cooperation with the organisation. Denmark will work closely with like-minded countries towards the achievements of results through its efforts to pursue specific goals and priorities.

Even though the present UNAIDS strategy covers 2011-2015, Denmark's organisation strategy for collaboration with UNAIDS should last until 2016. This allows for the work on the subsequent Danish strategy to start in 2016 based on the new approved UNAIDS strategy.

2. The Organisation

2.1 Basic Data and Management Structure

Established	1994, and launched in 1996
HQ	Geneva
Executive director	Michel Sidibé
Budget for 2014-2015	USD 485 million
Danish contribution in 2014	DKK 45 million (approx. USD 8,25 million)
Human Resources	Approx. 800 (70% in the field)
Country offices	85 countries
Denmark member of Executive Board	2014-15
EB sessions	Semi-annually: June & December

UNAIDS is a joint programme of 11 United Nations organisations (called cosponsors[1]) and the **UNAIDS Secretariat**. The UNAIDS Executive Director, appointed by the Secretary-General of the United Nations, is supported by two Deputy Executive Directors. At global level, UNAIDS Secretariat operates through its Headquarters in Geneva.

At regional level, the Secretariat's activities are delivered through seven **Regional Support Teams**: Asia and Pacific; Europe and Central Asia; Middle East and North Africa; West and Central Africa; East and Southern Africa; Latin America; and the Caribbean.

At country level, the UNAIDS Secretariat operates in 92 countries. Given its unique structure and mandate to bring together the resources of its cosponsors in supporting countries' response to the epidemic, the Secretariat currently operates through three models of representation:

- **Country offices** in 85 countries. In a number of cases country offices cover multiple countries or have a decentralized presence.
- **Professional staff posted in UN Resident Co-ordinator Offices** or assigned to work with **UN Joint Teams or Theme Group Chairs** where UNAIDS does not have a country office.

[1] UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank, UNODC, ILO, WFP, UNHCR, and UNWOMEN

- **UNAIDS Focal Points** dependent on their parent UN agency without in-country presence of UNAIDS staff.

UNAIDS is governed by a **Programme Coordinating Board** (PCB), which deals with all issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. The PCB comprises 22 Member States, elected following a regional distribution and rotating on a three-year basis. In addition, all cosponsoring organizations and five NGOs are represented on the Board.

UNAIDS was the first United Nations programme to have formal civil society representation on its governing body. The position of NGOs on the UNAIDS Programme Coordinating Board is critical for the effective inclusion of community voices in the key global policy forum for AIDS. Five NGOs, three from developing countries and two from developed countries or countries with economies in transition, represent the perspectives of civil society, including people living with HIV to the UNAIDS board. They can serve for up to three years and have non-voting status. The 5 organisations have one representative each and they are supported by 5 other NGO organisations, which stand as alternate members.

A committee of the eleven UNAIDS Cosponsoring Organizations serves as the forum for the cosponsors to meet on a regular basis as a standing committee of the Programme Coordinating Board to consider matters of major importance to UNAIDS, and to provide input from the Cosponsoring organizations into the policies and strategies of UNAIDS.

The **PCB Bureau** is the PCB's administrative unit, consisting of the Chair, Vice-Chair, Rapporteur, representatives from the Committee of Cosponsoring Organisations and civil society. It is intended to maximize the effectiveness and efficiency of the PCB. Specifically, the PCB Bureau has the responsibility for coordinating the PCB's programme of work.

2.2 Mandate and Mission

UNAIDS is the main advocate for accelerated, comprehensive and coordinated global action on the HIV/AIDS epidemic.

The mission of UNAIDS is to inspire the world in achieving universal access to HIV prevention, treatment, care and support by:

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

The two-year budget for 2014-2015 is USD 485 million. In 2013, USD 236 million was raised against the target of USD 242,5 million. The core budget has shown zero nominal growth for several years.

2.3 Mode of Operation and Results so far

The main role of the UNAIDS Secretariat is to provide leadership in the areas above and to ensure coherence and coordination among the cosponsors. This is done by mobilising support and resources, collecting and distributing data, establishing global strategies, and rendering technical assistance. In so doing, UNAIDS has played a particular role in developing and advancing a human-rights based approach to the HIV/AIDS-response. By emphasising the emergency of the

epidemic and the need to find practical and effective solutions, UNAIDS has been able to advocate for the need to react to sensitive issues, such as men who have sex with men. UNAIDS being a partnership between international organizations, governments and civil society – with this reflected in its governance structure – and thus 'once removed' from the UN membership at large, has made it possible for UNAIDS to deal with these issues in a productive way.

Furthermore, UNAIDS has played a leading role in movement towards investing more strategically in the AIDS response, condensed in the "Investing for results framework". The framework advises that investments must be based on three tenets: equity, evidence and efficiency and be supported by principles of country ownership, community engagement, shared responsibility and global solidarity, and grounded in the local epidemiological context.

UNAIDS has contributed to impressive results in the fight against HIV/AIDS. In 2012, an estimated USD 18.9 billion was available for HIV programmes in low- and middle-income countries. This represents a 10% increase on the USD 17.1 billion estimated to have been spent in 2011, meaning that considerable further investment is needed to reach the 2015 target of USD 22-24 billion.

Despite lack of progress on prevention and treatment in some countries, the experience related to the fight against HIV/AIDS is positive. Globally, an estimated 35.3 million people were living with HIV in 2012.This represents an increase from previous years as more people are receiving the life-saving antiretroviral therapy. There were 2.3 million new HIV infections globally, showing a 33% decline in the number of new infections from 3.4 million in 2001. At the same time the number of AIDS deaths is also declining with 1.6 million AIDS deaths in 2012, down 30% from a peak of 2.3 million in 2005.

In 2012 a record high of 9.7 million people in low- and middle-income countries received antiretroviral therapy, and UNAIDS finds that the goal of providing antiretroviral therapy to 15 million people by 2015 is within reach. The large increase in persons on treatment is partly due to substantial reductions in the price of medicine; in the mid-1990s the cost was around USD 10.000 per person per year, while in 2012 the annual cost per person was down to around 140 USD. The rate of scale up has increased exponentially in recent years – in 2012 alone an additional 1.6 million people newly gained access to treatment, an increase of nearly 20% in one year.

To start treatment people need to know their HIV status. Globally it is estimated that only around half of all people living with HIV know their HIV status.

In a number of countries, however, the HIV/AIDS epidemic is not yet under control and continues to be a challenge, especially in Africa where the social and economic consequences of HIV/AIDS remain considerable. Seventy-five percent of AIDS deaths and 70% of new infections occur in Africa.

Women and girls are more vulnerable to HIV infection than men, mainly because of social, economic, legal and cultural factors such as entrenched gender roles, unbalanced power relations, and violence against women, including sexual coercion. Globally, women account for 50% of all people living with HIV, and in sub-Saharan Africa they account for 60%.

UNAIDS underlines that fighting HIV/AIDS is a shared responsibility between rich and poor countries. For the second consecutive year, domestic sources accounted for the majority of HIV funding, at an estimated US$ 9.9 billion, corresponding to 53% of all global resources available in 2012.

2.4 Effectiveness of the Organisation

The Danish multilateral analysis[2] finds that there has been continued progress on key indicators including global advocacy, increased coherence between investments and epidemiological data, integration of HIV/AIDS in the broader health, development and human rights agenda,

[2] Danida 2013: *Danish Multilateral Development Cooperation Analysis*. Copenhagen, April 2013

strengthened country capacity to track and measure progress in the response, mobilizing and leveraging funding for AIDS responses at country level, combating stigma, and enhancing coherence between HIV/AIDS and SRHR.

UNAIDS was subject to a MOPAN[3] assessment in 2012. The analysis finds that UNAIDS is highly valued by its direct partners and the cosponsors. It also states that UNAIDS' commitment to organisational development has brought positive changes, although the assessors find that it is too early to assess the full effect of the process. The assessment finds that there is room for improvement in its ability to measure its own performance. The UNAIDS Secretariat is valued for its technical expertise; also the technical expertise of UNAIDS' country based staff, as well as the use of this expertise for evidence-based advocacy, are highly valued by stakeholders on the ground. UNAIDS' contributions to policy dialogue received the highest score of all key performance indicators in the survey. The unique organisational structure is found to present opportunities as well as challenges. That cosponsors have their own mandates and report to their own governing boards obviously presents challenges and calls for continued attention.

A recent Norwegian assessment[4] supports the overall positive assessment of UNAIDS. It states that UNAIDS is an important organisation in the work for human rights and that the organisation will continue to receive support from Norway.

UK Aid in 2011 undertook a large review of multilateral aid[5] and concluded that UNAIDS contributes significantly to facilitating progress on HIV/AIDS at the global level, has a strong gender focus and strong partnership behaviour performance. Among the weaknesses the British assessment finds an inadequate results framework and lack of authority which weakens leadership in developing countries. The 2013 Multilateral Aid Review Update finds that UNAIDS is showing management and financial management progress, especially on cost and value consciousness, and raises its overall value for money rating from adequate to good.

As part of the organisation's efforts to increase operational efficiency, the new Unified Budget, Results and Accountability Framework (UBRAF) was adopted in 2011 for the four-year period 2012-2015. UBRAF focuses UNAIDS support in areas of comparative advantage and added value and includes expected results and resource allocations by region and organisation. It also enables greater oversight by the Board by providing linkages between resources, results and indicators.

In 2011 UNAIDS also initiated a new investment approach and developed guidelines for countries to develop national HIV investment cases. This initiative, called Smart Investments, aims at identifying key locations and populations with the greatest HIV burden and the greatest unmet need for HIV services in order to direct investments to places where they give maximum return on investment. The initiative implies intensified joint action in 30+ countries (most of them in Africa) which would address *inter alia* over 70% of new global infections, over 80% of the global gap in treatment, and over 75% of the gap in prevention of vertical transmission (mother-to-child transmission).

UNAIDS supports The Global Fund to fight Aids, Tuberculosis and Malaria by providing technical support to countries that will be targeted under the Global Fund's New Funding Model, which also aims at increasing the efficiency of HIV investments.

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[3] Multilateral Organisation Performance Assessment Network. *Organisational Effectiveness Assessment. UNAIDS 2012*. Volume 1, December 2012

[4] Utenriksdepartementet. *Vurdering av 29 multilaterale organisasjoner*. Oslo, October 2013.

[5] DFID 2012: *Multilateral Aid Review* and *Multilateral Aid Review Update: Driving reform to achieve multilateral effectiveness*. December 2013

3. Key Strategic Challenges and Opportunities

3.1 Summary of Preparatory Analysis

Relevance and Justification of Future Danish Support

Support to UNAIDS is directly in line with The Right to a Better Life, the Strategy for Denmark's Development Cooperation, which aims at placing Denmark at the forefront of international efforts to promote sexual and reproductive health and rights, including the fight against HIV/AIDS.

UNAIDS has for many years been a key partner for Denmark in the international response to HIV/AIDS. The organisation has a strong record in the field of human rights, and the present management team has a very high profile in human rights related fields including SRHR. To UNAIDS, HIV is about three things: health, dignity and security.

The UNAIDS Strategy for 2011-2015, "Getting to Zero", defines three strategic directions for the organisation, and one of them is to advance human rights and gender equality for the HIV response. This includes calling for protection against stigma and discrimination, implementing legal environments for people living with HIV and populations at higher risk of HIV infection, and ensuring coverage for the most underserved and vulnerable communities. The organisation also promotes zero tolerance for gender-based violence. UNAIDS is pioneering the struggle for human rights, and increasingly influences other UN organisations' thinking in this field.

Denmark remains committed to the MDGs, and UNAIDS is a key international actor in the efforts to achieve MDG no. 6 on combating HIV/AIDS, Tuberculosis and Malaria.

Support for the development of a strong and independent civil society which fights for the most vulnerable and marginalised people and gives them a voice in the struggle for their rights is at the heart of Denmark's human rights-based approach to development. UNAIDS' interaction with civil society at country level and the unique civil society involvement at board level concurs with this approach.

UNAIDS is a strong advocate for HIV/AIDS as a catalyst for combating discrimination. Sensitive issues such as sexual and reproductive rights and the most vulnerable groups - men who have sex with men, sex workers and drug users - are successfully being confronted and debated. UNAIDS conducts high level advocacy with African leaders around social inclusion, equal access to health care, rights of vulnerable populations and LGBT[6].

Denmark's strategy for the response to HIV/AIDS has always emphasised the importance of prevention. Although the distinction between prevention and treatment has become less clear with the advent of mass treatment, striking an effective balance is still important. UNAIDS concurs in this.

The Danish Multilateral Development Cooperation Analysis of April 2013[7] finds that UNAIDS is highly relevant to Danish priorities (score 5 out of 6). As regards the parameters Poverty Reduction, Human Rights Based Approach, Human Rights and Democracy, and Social Progress, UNAIDS is placed in the highest category ("best practice").

Denmark's contribution to UNAIDS in 2012 ranked as no. 7 (core) and 8 (total contributions).

Major Challenges and Risks

The analysis undertaken in the preparation of this organisation strategy focused on four areas: Shrinking donor contributions, misuse of funds and changing international priorities among donor

[6] LGBTI is an abbreviation that covers lesbian, gay, bisexual, transsexual, transgender, transvestite, and intersex people. Although it is preferable to avoid abbreviations when possible, LGBTI (or LGBT) has gained recognition because it emphasises a diversity of sexuality and gender identities.

[7] Danida 2013: *Danish Multilateral Development Cooperation Analysis*. Copenhagen, April 2013

organisation. In addition, increasing opposition to the inclusion of men who have sex with men, sex workers and drug users from conservative states and fundamentalist organisations is seen as a threat to the effectiveness of the work of UNAIDS.

Shrinking donor contributions are often mentioned as a major threat to organisations like UNAIDS, especially since the advent of the global financial crisis. Globally, donor governments are under pressure to reduce budgets and find ways of countering the negative effects of the financial crisis, for instance by reducing their development assistance spending or reneging on their previous funding commitments. At the same time, the number of global health partnerships and other actors in international health keeps growing, thereby increasing the demands for funding. It is therefore uncertain whether the current level of contributions can be sustained. Although UNAIDS has started focusing on achieving greater impact through the 'Intensified Joint Action' initiative, the pressure on the organisation to make the structures leaner and adapt to less generous funding will grow. UNAIDS was able to mobilise more funds against its core budget in 2013 (USD 236 million) than in 2012 (USD 220 million) but the risk remains.

Misuse of funds is considered unacceptable by most donors and may erode popular support for not only UNAIDS but for the wider UN family if it is not under control. UNAIDS has adopted a modern resource management system called UBRAF (Unified Budget, Results and Accountability Framework) that improves financial management and permits reporting on all goals and targets and resulted in an unqualified auditor's report (a 'clean audit') in 2011 as well as 2012.

UNAIDS is working on a risk management policy and a structured enterprise risk management system. UNAIDS is not as risk-prone as e.g. a financing institution with large-scale procurement like the Global Fund to Fight AIDS, Tuberculosis and Malaria. Unlike the Global Fund, UNAIDS does not use its (much smaller) budget to fund national or local programmes; two thirds of the budget is managed by the Secretariat, of which approximately two thirds go towards staff costs. The remaining one third of the total core budget goes to the cosponsors as implementers.

The main operational risk relates to the safety of personnel, while the main financial risk relates to currency fluctuations, which is mitigated through hedging of income as well as expenditures. The risk of misuse of funds in UNAIDS is overall perceived as limited.

Changing international priorities is considered a risk, especially for the period after 2015 when new international development goals will replace the existing MDGs. The UN's High Level Panel of Eminent Persons on the Post-2015 Agenda has suggested new universal goals and national targets. The suggested Goal no. 4 is "Ensure healthy lives" and the suggested target no. 4e is "Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases". If this is generally accepted by the international community, UNAIDS will have a continued mandate. If the high-level panel's recommendations are not followed, and there is no post-2015 goal on HIV/AIDS, which is unlikely, the foundation for UNAIDS' work will become weak.

Increasing opposition to the inclusion of men who have sex with men, sex workers and drug users from conservative states and fundamentalist organisations threaten the effectiveness of the response to HIV/AIDS in a number of countries. Not all countries support the inclusion of people whose sexual and substance use practises may be forbidden by national laws. In some countries the opposition to inclusion is vocal, widespread and sometimes violent. This calls for increasing the advocacy work of UNAIDS and increased use of cosponsors for a concerted effort to promote international covenants. As these issues get higher on the international agenda, this may influence some donors to remove or decrease funding to UNAIDS. On the other hand, it might encourage others, like Denmark, to increase support.

4. Priority Results of Danish Support

The priority results defined for Denmark's interaction with UNAIDS are determined by the Strategy for Denmark's Development Assistance - The Right to a Better Life. The strategy emphasises that Denmark's overriding aim in international development cooperation is to fight poverty and promote human rights.

Denmark will place issues of human rights and access to social services higher on the agenda in multilateral forums and be at the forefront of international efforts to promote sexual and reproductive health and rights, an area where the fight against HIV/AIDS has a special priority.

Through a stronger multilateral engagement in social sectors, Denmark will contribute to creating synergy, attracting new funding and thereby contributing more effectively to raising the quality of social development and access to social services. Denmark will promote the integration of a human rights-based approach in the multilateral organisations and actively fight the growing political and religious pressure against sexual and reproductive health and rights.

UNAIDS' new 'Smart Investments' approach is in accordance with Denmark's aim of working towards ensuring focus on the poorest countries with the highest disease burden.

Generally speaking, Denmark will emphasise the necessity of strengthening health systems[8], especially as regards maternal and child services, in the dialogue with the organisation. While civil society plays a crucial role in mobilising an effective response – and receives much support from UNAIDS in the fields of gender equality and human rights - national health systems continue to have a key role to play in securing correct and effective treatment and follow-up where antiretroviral treatment is required.

In the period covered by the present organisation strategy, Denmark will consider providing more technical support to UNAIDS through secondments, including higher-level staff, or ad-hoc support.

In line with the Paris Declaration it is Denmark's aim to concentrate efforts on furthering those objectives of the organisation that provide the best fit with Denmark's intentions. Denmark will concentrate its work in UNAIDS in the following focus areas:

A. Continued Institutional Reform Process

UNAIDS has increased its efforts at improving organisational performance. In 2012, a new Unified Budget, Results and Accountability Framework (UBRAF) was introduced to support the 2015 global targets of moving towards zero new infections, zero AIDS-related deaths, and zero discrimination. A new monitoring and reporting tool, the Joint Programme Monitoring System (JPMS), has been used for the first time in 2012 as part of reporting on the UBRAF and in developing the UNAIDS Performance Monitoring Report for 2012. The JPMS is based on more detailed reporting on the work of the UNAIDS Joint Programme, particularly at country level. Financial management will be based on modern, internationally recognized accounting principles (IPSAS), and this will provide much improved accountability towards all stakeholders.

Denmark will work to ensure that UNAIDS remains 'fit for purpose'. This means continued improvement of the management systems and of UNAIDS' organisational efficiency and co-ordination with other UN organisations, including monitoring and evaluation, and ensuring that the commitments of the strategy Getting to Zero are fulfilled and documented. This will include monitoring that the good results in curbing costs and achieving efficiency gains are sustained.

Denmark will support UNAIDS in improving monitoring and reporting on the stated outcomes and outputs including disaggregation by age and gender.

[8] In WHO's definition, health systems consist of six building blocks: health services, health workforce, health information systems, medical products and technology, health financing, and governance.

B. Sustained Efforts to Fight Corruption

UNAIDS is not a funding agency and invests around two thirds of its operational funds on staff needed to fulfil its mandate and mission. UNAIDS funding provided to the cosponsors is managed by the cosponsors through their own internal control, audit and accountability mechanisms. These basic characteristics will determine the nature and scope of the comprehensive risk management system being developed by the organisation. Operational risk management will focus on development of smart indicators to monitor achievements; behavioural risks will focus on the extent to which necessary internal controls are in place and staff across the organisation has the necessary competences in the area of financial management and whether security risks are well managed.

Denmark will follow the development of the risk management system and support efforts of UNAIDS management and Board to establish effective systems that will secure a constant focus on proper financial management and strengthen the anti-corruption efforts.

C. Ensuring that UNAIDS' clear focus on social progress and human rights, including equity and gender equality, is maintained

UNAIDS considers HIV not only a health issue but also an issue of human dignity and security. The HIV/AIDS epidemic has been accompanied by stigma, discrimination, punitive legal approaches and denial of those affected by HIV. AIDS has brought attention to, but also increased, inequalities, inequities, gender-based violence and marginalisation. The response to HIV/AIDS will not be effective and just unless it addresses a wide range of human rights challenges. UNAIDS promotes a rights-based and evidence-informed approach to HIV that includes support to governments to realise human rights in the context of HIV/AIDS, supports civil society to know and claim their rights, promotes concrete programmes that further human rights, and brings attention to the most marginalised and increases the accountability of governments, donors and the UN system.

Denmark considers this aspect of UNAIDS' work essential and will work to ensure that the strategy is pursued in accordance with the Guidance Note on a Human Rights Based Approach to Denmark's Development Cooperation[9], ensuring the four principles of non-discrimination, participation and inclusion, transparency, and accountability.

The human rights of key populations are at the centre of UNAIDS' efforts, and Denmark wishes to support UNAIDS in maintaining this focus. UN's Universal Periodic Reviews[10] may deserve more attention as an instrument in this context.

D. Moving towards more integrated approaches to health

Fighting HIV/AIDS has for many years been a vertical effort with little regard for the needs of the general health system. As more and more countries are beginning to reduce the HIV-incidence, it becomes more obvious that HIV/AIDS can be treated as part of a broader Sexual and Reproductive Health and Rights strategy and that the funds for the HIV/AIDS response can advantageously be integrated in the national health system. The scarcity of resources available for health in most poor countries means that even small efficiency gains can make a difference for the poor.

Denmark will support UNAIDS initiatives that promote countries' integration of HIV/AIDS services in the national health system and reduce the inefficiencies of excess verticality in HIV/AIDS programmes.

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[9] Ministry of Foreign Affairs: *Guidance Note on a Human Rights Based Approach to Denmark's Development Cooperation.* Copenhagen 5 FEB 2013

[10] The Universal Periodic Review (UPR) is a mechanism of the United Nations (UN) Human Rights Council (HRC) that emerged out of the 2005 UN reform process. Established by General Assembly resolution 60/251 of 3 April 2006, the UPR periodically examines the human rights performance of all 193 UN Member States.

Denmark's Participation in the Work of UNAIDS

Denmark works through a constituency with Norway and Finland. Denmark became a member of the Board in January 2014; this represents an opportunity to work towards the above and to pursue the issue of harmonisation and alignment. The constituency works closely together with the constituency of Switzerland, Austria, Sweden and Iceland and they often draft joint statements and promote joint priorities in the decision processes. Denmark will seek to maximise its influence in the above priority results areas also through bilateral discussions with other like-minded members and constituencies.

Denmark's View of UNAIDS in the Longer Term

The fight against HIV/AIDS is accelerating and showing positive results in many areas, and AIDS is likely to become a manageable disease which is gradually becoming part of the Sexual and Reproductive Health and Rights agenda. This will not happen during the present strategy, but the discussion of the organisational consequences for UNAIDS and the most effective way of managing HIV/AIDS under changing circumstances should start.[11]

Denmark considers it important that a discussion is started on UNAIDS' place in the future international health architecture. The post-2015 agenda might represent an opportunity for starting this discussion including how to tackle the most glaring examples of HIV/AIDS verticality as part of broader health system strengthening and to integrate the HIV/AIDS response into the overall national health system.

Monitoring and Reporting

UNAIDS' Unified Budgets, Results and Accountability Framework (UBRAF) is designed to support the achievement of the goals of the Getting to Zero strategy and the targets on HIV/AIDS from the 2011 UN Declaration. UNAIDS has embarked on a process to revise and simplify the UBRAF indicator framework in order to improve reporting to the Programme Coordinating Board. The framework currently consists of 122 indicators. These are being refined and prioritised with approximately 8 primary indicators and 10 secondary indicators to better measure action taken and contributions made by UNAIDS and the UN Joint Teams on AIDS at country level. UNAIDS is also working towards establishing stronger and more logical links between resources, results and indicators. Denmark will follow this effort closely.

Denmark will use UNAIDS' own monitoring and reporting framework, including the financial reporting, and not produce specific Danish progress reports. Within this framework, the Mission will report on developments regarding the key priority results defined in the present Organisation Strategy in accordance with the new multilateral guidelines[12]. Those indicators that are not part of UNAIDS' framework have been accepted by UNAIDS during preparation of the present organisation strategy, and the background information is collected routinely as part of the organisation's own internal reporting.

This reporting will draw on UNAIDS' Annual Reports to the Programme Coordinating Board. In addition, the Mission will continue to report on the meetings in the Programme Coordinating Board as well as consultations in Geneva with UNAIDS within Danish priority areas and on relevant evaluations and assessments.

The Danish UN Mission in Geneva will carry out a mid-term review to assess progress in pursuing the goals and the key priority results defined in the present organisation strategy as well as challenges, development in risk factors and possible needs for adjustment. The review should

[11] At least two options have been discussed so far (in addition to the option of continuing the present set-up): If/when the disease becomes manageable as a public health problem, UNAIDS might increasingly focus on global health advocacy and leave the role of policy development and norm-setting to WHO and the role of fundraising to the Global Fund; or UNAIDS might be subsumed into WHO.

[12] Ministry of Foreign Affairs: *Guidelines. Management of Danish Multilateral Development Cooperation*. Copenhagen, December 2013

serve as quality assurance of the monitoring of the relationship with UNAIDS rather than an assessment of the performance of the organisation.

UNAIDS' own mid-term review will take place in 2014, thus the Mission's review is expected to take place in early 2015 and possibly contribute to the development of the next organisation strategy. The review should include input about UNAIDS' work at country level from relevant Danish embassies. It will be distributed widely in the MFA and be sent for information to the Council for Development Policy.

5. Preliminary budget overview

The budget allocated for the Danish contribution for UNAIDS in the coming three years is shown in the table below:

Table 1 Indicative budget for Denmark's engagement with UNAIDS[13]

Contributions in DKK millions	2014	2015	2016
Core funds	90		90
Earmarked funds			
Totals	90		90

For many years, the two-year Danish core contribution to UNAIDS has amounted to DKK 80 million. According to the Danish government budget for 2014, Denmark's commitment to UNAIDS 2014-2015 will increase to DKK 90 million, constituting a DKK 10 million increase from 2012-2013. This is motivated by the wish to further strengthen UNAIDS' human rights efforts and further promote strategic investments in the HIV/AIDS response (to achieve greater impact).

Approximately 90 pct. of UNAIDS' total budget comes from core contributions. The approved budget for the two years of 2014 and 2015 amounts to USD 485 million to be allocated between the 11 cosponsors and the Secretariat.

[13] The numbers for 2015-2016 are preliminary and subject to parliamentary approval

6. Summary Results Matrix

The matrix below shows the Danish priority results (cf. Chapter 4) and a related set of indicators and targets. Where possible (priority result C) UNAIDS indicators and targets have been used.

Annex 1 shows the full (overview of) UNAIDS' strategy.

Annex 2 shows the details regarding those UNAIDS indicators that are believed to be the best match with the Danish priority results. It is only possible to identify UNAIDS indicators for Danish Priority Result C (Ensuring that UNAIDS' clear focus on social progress and human rights, including equity and gender equality, is maintained).

Danish Priority Result A: Continued Institutional Reform Process		
UNAIDS Indicator: UBRAF indicators on organisational efficiency include efficiency gains through use of technology (e-learning, video conferencing, etc.), reduced logistics costs (e.g. travel, meetings and printing) and development and implementation of policies. During the consultations on the organisational strategy UNAIDS suggested that the following three (sub) indicators could be used:		
Indicator	**Target**	**Remarks**
Implementation of new IT strategy	June 2015	None of the three indicators will provide an indication of progress on organisational efficiency or institutional reform process, but together they will at least give a picture. Also, following a strategic realignment of staff and cost reductions, implementation of new strategies and systems is considered appropriate.
Enterprise risk management strategy	June 2015	
New performance and learning system	June 2015	

Danish Priority Result B: Sustained Efforts to Fight Corruption		
UNAIDS Indicator: None exists in the performance framework		
Indicator	**Target**	**Remarks**
Number of new cases brought to the attention of UNAIDS	All suspected cases of fraud or corruption	The baseline value is zero at the start of each calendar year. The indicator does not say anything about the value involved in the fraud claim, so the indicator should be accompanied by an account of the severity. The indicator shows cases related to the Secretariat, i.e. not cosponsors.
Number of old cases that remain unresolved	Zero	Zero
Enterprise risk management strategy	June 2015	The enterprise risk management strategy will be an important instrument in controlling fraud

Danish Priority Result C: Ensuring that UNAIDS' clear focus on social progress and human rights, including equity and gender equality, is maintained		
Danish Priority Result C is linked to the following UNAIDS strategic directions: **UNAIDS Strategic Direction C: Advance human rights and gender equality for the HIV response** **as well as** **UNAIDS Strategic Direction A: Revolutionize HIV prevention**		
Goals for Strategic Dir. C:	**Target**	**Remarks**
Goal C1: Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced	See Annex 2	See indicators and details in Annex 2

by half		
Goal C3: HIV-specific needs of women and girls are addressed in at least half of all national HIV responses	See Annex 2	See indicators and details in Annex 2
Goal C4: Zero tolerance for gender-based violence	See Annex 2	See indicators and details in Annex 2
Goals for Strategic Dir. A:		
Goal A1: Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work	See Annex 2	See indicators and details in Annex 2
Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half	See Annex 2	See indicators and details in Annex 2
All new HIV infections prevented among people who use drugs	See Annex 2	See indicators and details in Annex 2

Danish Priority Result D: Moving towards more integrated approaches to health		
UNAIDS Strategic Direction: None. Systems strengthening is mentioned under the Core Theme 'Countries', see annex 1.		
Goals	**Target**	**Remarks**
Nationally owned sustainable responses, financing diversified, systems strengthened		The concept of Health Systems Strengthening does not feature prominently in the UNAIDS strategy Getting to Zero. Therefore there are no targets or indicators linked to Health Systems Strengthening or integrated approaches.

Annex 1

UNAIDS Strategy – at a glance

Global commitments **Achieve universal access to HIV prevention, treatment, care and support**	**Halt and reverse the spread of HIV and contribute to the achievement of the Millennium Development Goals**
Strategic Directions	**Vision and goals**
A. Revolutionize HIV prevention More than 7000 people are newly infected with HIV every day. A revolution in prevention politics, policies and practices is critically needed. This can be achieved by fostering political incentives for commitment and catalysing transformative social movements regarding sexuality, drug use and HIV education for all, led by people living with HIV and affected communities, women and young people. It is also critical to target epidemic hot spots, particularly in megacities, and To ensure equitable access to high-quality, cost-effective HIV prevention programmes that include rapid adoption of scientific breakthroughs.	**Vision: To get to Zero New Infections** ***Goals for 2015***: A1: Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work A2: Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half A3: All new HIV infections prevented among people who use drugs
B. Catalyse the next phase of treatment, care and support A total of 1.8 million people died from AIDS-related causes in 2009. Access to treatment for all who need it can come about through simpler, more affordable and more effective drug regimens and delivery systems. Greater links between antiretroviral therapy services and primary health, maternal and child health, TB and sexual and reproductive health services will further reduce costs and contribute to greater efficiencies. Enhanced capacity for rapid registration will increase access to medicines, as will countries' abilities to make use of TRIPs flexibilities. Nutritional support and social protection services must be strengthened for people living with and affected by HIV, including orphans and vulnerable children, through the use of social and cash transfers and the expansion of social insurance schemes.	**Vision: To get to Zero AIDS-related Deaths** ***Goals for 2015:*** B1: Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment B2: TB deaths among people living with HIV reduced by half B3: People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support
C. Advance human rights and gender equality for the HIV response Social and legal environments that fail to protect against stigma and discrimination or to facilitate access to HIV programmes continue to block universal access. Countries must make greater efforts: to realize and protect HIV-related human rights, including the rights of women and girls; to implement protective legal environments for people living with HIV and populations at higher risk of HIV infection; and to ensure HIV coverage for the most underserved and vulnerable communities. People living with and at higher risk of HIV should know their HIV-related rights and be supported to mobilize around them. Much greater investment should be made to address the intersections between HIV vulnerability, gender inequality and violence against women and girls.	**Vision: To get to Zero Discrimination** ***Goals for 2015:*** C1: Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half C2: HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions C3: HIV-specific needs of women and girls are addressed in at least half of all national HIV responses C4: Zero tolerance for gender-based violence

Core Themes	**People**: Inclusive responses reach the most vulnerable, communities mobilized, human rights protected	**Countries**: Nationally owned sustainable responses, financing diversified, systems strengthened	**Synergies:** Movements united, services integrated, efficiencies secured across Millennium Development Goals

Annex 2

GOAL A1: Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work				
Impact Indicators	**Baseline[4] / Progress**	**Target/ Scope**	**Data source**	**Frequency[5]**
a. Percentage of young people aged 15-24 who are living with HIV	**2009** Female =0.6% (0.5-0.7) Male =0.3% (0.2-0.3) **2011** Female = 0.6% (0.4 - 0.6) Male = 0.3% (0.2 - 0.4)	**2015** Prevalence reduced by 30%	ANC sentinel surveillance ; DHS (generalized epidemics); Previously UNGASS #22; GARPR 1.6 - MDG indicator	Every 1-2 years
b. Percentage of men who have sex with men and sex workers who are living with HIV	**2009** MSM: (n=67) Median (range): 6% (0%-32%) SW: (n=78) Median (range): 3% (0%-40%) **2011** MSM (n=105) Median (range): 7.62% (0% - 50%) Sex Workers (n=84) Median (range): 4.49% (0% - 70%)	**2015** MSM: Prevalence reduced by 50% SW: Prevalence reduced[6] by 30%	IBBS, HSS ; Previously UNGASS #23 (CEI[7]) ; GARPR 1.10 and 1.14	Every 2 years
c. Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months and who report the use of a condom during their last intercourse	**2009** Female (n=40) Median (range): 25% (0%-66%) Male (n=41) Median (range): 32% (7%-74%) **2011** Female (n=88) Median (range): 34% (0%-90%) Male (n=91) Median (range): 42% (5%-93%)	**2015** Condom use doubled from a median baseline of 25% (f) and 32% (m)	DHS survey, MIC Survey (2008-2010); Previously UNGASS #17; GARPR 1.4 - MDG indicator	Every 3-5 years

GOAL A2: Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half				
Impact Indicators	**Baseline[14]/ Progress**	**Target/ Scope**	**Data source**	**Freq.**
a. Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	**2009** 400,000 (= 27% transmission) **2011** (n=117) Median (range): 55.5% (0% - 109.33%)	Reduction in new paediatric infections: **2013:** By 50% **2014;** By 65% **2015:** By 85%	Early Infant Diagnosis (EID) testing laboratories, Spectrum estimates, central statistical offices, and/or sentinel surveillance Previously UNGASS #25, GARPR 3.2 (reformulated)	Every 2 years
b. Maternal deaths associated with HIV (number and per cent)	**2008** ~21,000[15] **2010** 22,400	**2013:** 36% reduction (<13,400) **2015:** 50% reduction (<10,500)	Maternal Mortality Report	Every 2 years

GOAL A3: All new HIV infections prevented among people who inject drugs				
Impact Indicators	**Baseline / Progress**	**Target/ Scope**	**Data source**	**Frequency**
a. Percentage of people who inject who are living with HIV	**2009** (n=60) Median (range): 8% (0%to 63%) **2011** (n=65) Median (Range): 6.9% (0% - 52.42%)	By 2013, reduced to 6.5% By 2015, reduced to 5%[17]	Sentinel surveillance survey Previously UNGASS #23, GARPR 2.5	Every 2-3 years

GOAL C1: Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half				
Impact Indicators	**Baseline / Progress**	**Target/ Scope**	**Data source**	**Frequency**
a. Punitive laws and regulations around HIV, sex work, drug use or homosexuality reduced	**116** criminalise aspect of sex work; **79** countries and territories worldwide criminalise same-sex sexual relations; **32** have laws allow death penalty for drug-related offences	2015: Domestic action to influence laws and legal barriers in at least 50 countries	GNP+, IHRA, ILGA, IPPF and UNAIDS database: *(Making the law work for the HIV response)*	Annual
b. Non-discriminatory laws or regulations for key populations enacted	**2009** **MSM** a. All countries: 32% (n=33) ; N=104 **IDU** a. All countries: 30% (n=31); N=104 **Prisoners** a. All countries: 56% (n=58); N=104 **Sex Workers**: a. All countries: 34% (n=35); N=104 **Women:** a. All countries: 63% (n=66); N=104 **Youth**: a. All countries: 61% (n=63); N=104	2015: (a) Domestic action to influence laws and legal barriers in at least 50 countries; (b) Law successfully reformed in at least 20 countries. (reported by population group where possible)	NCPI 2012 A III.Q1.1 and B III.Q1.1.	Every 2 years

GOAL C3: HIV-specific needs of women and girls are addressed in at least half of all national HIV responses				
Impact Indicators	**Baseline / Progress**	**Target/Scope**	**Data source**	**Frequency**
a. Percentage of young women aged 15- 24 who are living with HIV	**2009** 0.6% (2009 prevalence estimates for young women aged 15-24) Note: rate is 0.3% for men of the same age. **2011** Median (range): 0.6 (04-0.6)	By 2015: Prevalence reduced by 30%	ANC sentinel survey (gen epidemic) Sero-prevalence surveys, IBBS, DHS+ Previously UNGASS #22, 23; GARPR 1.6. MDG indicator.	Every 2 years

GOAL C4: Zero tolerance for gender-based violence				
Impact Indicators	**Baseline / Progress**	**Target/Scope**	**Data source**	**Frequency**
a. Proportion of ever married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	**2011** n=52 Median (range): 21.76% (.01% - 69%)	Target will be set and reported on at the 33rd meeting of the PCB	Population based surveys already being used within countries, such as WHO Multi-country surveys, DHS/AIS (domestic violence module)*, International Violence Against Women Surveys (IVAWS) GARPR 7.2	Every 3-5 years