

**United Nations Development Programme
Regional Project Document
Country: Slovakia**

Project Title:	Regional HIV/AIDS Project 2010-2011
RPD Outcomes	Enhanced effectiveness of national responses to HIV, including progress towards the achievement of MDG 6/ By 2013, governments, policy makers have improved capacities to address Human Development issues in ECIS, especially the inclusion of vulnerable groups, supported by a statistically-enabled monitoring framework, private sector engagement, and gender-sensitive programming.
Expected Output(s): <i>(Those that will result from the project)</i>	<p>1) Enhanced capacities of countries in the region to mitigate socio-economic determinants and impact of HIV through multi-sectoral mainstreaming, including better understanding of linkages between MDG6 and related MDGs.</p> <p>2) Sub-national and local capacities for effective governance of HIV responses enhanced, including strengthened CSO and PLHIV roles in effective advocacy and service delivery.</p> <p>3) Human rights based and gender sensitive AIDS responses addressing stigma and discrimination of key populations at risk (including women and sexual minorities) and people living with HIV supported, including Universal Access to essential services through trade-related aspects of intellectual property rights (TRIPS) flexibilities.</p> <p>4) Strengthened CO and national partner capacity for implementation of programmes financed through multilateral initiatives, including GFATM.</p>
Executing Entity:	UNDP Bratislava Regional Centre – Regional HIV/AIDS Practice

Brief Description

The goal of the Regional HIV/AIDS Programme is to increase the capacity of countries in the region to implement evidence-informed, multi-sectoral national responses to AIDS and to strengthen UNDP Country Office AIDS practitioners' capacity to support those efforts. A special emphasis is placed on the needs of populations at higher risk of infection and ensuring the rights of people living with and affected by HIV. The project is in line with the UNAIDS co-sponsor division of labour and Global Task Team recommendations, in which UNDP plays a leading role in **HIV/AIDS as it relates to the MDGs and Human Development, Governance, Mainstreaming, Human Rights, Gender and Sexual diversity.**

The objective of this Regional project is to achieve the outlined goals using four key instruments of service delivery: 1) policy advice and technical support to Country Offices and national partners, 2) knowledge management and Community of Practice facilitation, 3) regional programming and the 4) direct support to country programmes via the County Office Support Facility mechanism.

Programme Period:	2010 - 2011
Key Result Area (Strategic Plan)	Poverty Reduction
Atlas Award ID:	_____
Start date:	April 2010
End Date	December 2011
PAC Meeting Date	_____
Management Arrangements	DEX

Total resources required	1,100,000 USD
Total allocated resources:	857,000 USD
• Regular (TRAC)	57,000 USD
• Other:	
○ Donor (UBW)	800,000 USD
○ Donor (CTF)	150,000 USD
○ Donor (Slovak AID)	10,000 USD
○ Government	_____
Unfunded budget:	83,000 USD
In-kind Contributions	_____
Parallel Contributions (CAAP)	4,000,000 USD

Agreed by (UNDP): Jens Wandel, Director, UNDP Bratislava Regional Centre

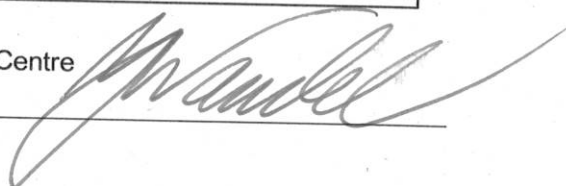


Table of Contents

I.	Situation Analysis.....	4
II.	Strategy.....	7
III.	Results and Resources Framework.....	16
IV.	Annual Work Plan.....	21
V.	Management Arrangements.....	28
VI.	Monitoring Framework And Evaluation.....	30
VII.	Legal Context.....	34
VIII.	ANNEXES.....	35

List of acronyms

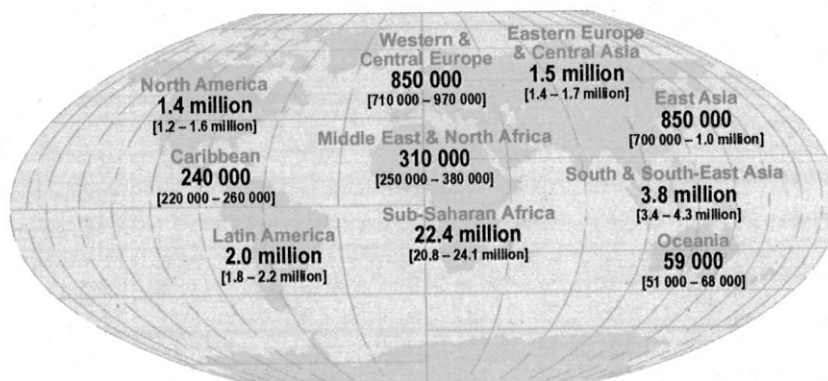
AIDS	acquired immunodeficiency syndrome
ADB	Asian Development Bank
APCOM	Asia Pacific Coalition on Male Sexual Health
ARVs	anti-retroviral drugs
BRC	Bratislava Regional Centre
CAREC	Central Asian Regional Cooperation Programme
CEDAW	Convention on the Elimination on All Forms of Discrimination against Women
CIS	Commonwealth of Independent States
CO	country office
CoP	community of practice
COSF	Country Office Support Facility Mechanism
CPAP	Country Programme Action Plan
CSO	civil society organization
CD	capacity development
CIS	Commonwealth of Independent States
EurASec	Eurasian Economic Community
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IDU	injecting drug user
LDP	Leadership Development Programme
MARP	most-at-risk populations
MDGs	Millennium Development Goals
MSM	men who have sex with men
NGO	non-governmental organization
PLHIV	people living with HIV
RBEC	Regional Bureau for Europe and the CIS
SW	sex workers
TRIPS	trade-related aspects of intellectual property rights
UA	Universal Access
UBW	UNAIDS Unified Budget and Work-plan
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

I. SITUATION ANALYSIS

HIV is spreading faster in Eastern Europe and the Commonwealth of Independent States than in any other region in the world. According to the latest **UNAIDS Epidemic Update Report 2009¹**, Eastern Europe and Central Asia remains the only region in the world where prevalence continues to climb. There are now an estimated **1.5 million people living with HIV**, a nine-fold increase in less than 10 years. The epidemic continues to target young adults of working age, with over 80 percent of PLHIV under the age of 29. The sixth Millennium Development Goal (MDG) target, “have halted by 2015 and begun to reverse the spread of HIV/AIDS” may well be the only one consistently missed across the region. While the burden remains greatest among populations at higher risk, including injecting drug users, sex workers and men who have sex with men, signs of increasing heterosexual transmission and rapidly increasing prevalence among women indicate that HIV is also gaining a foothold in the wider population of the region. Mobile populations, especially economic migrants, represent a growing concern for cross-border HIV transmission, while large scale transportation projects can enhance the conditions for mobility that fuel HIV spread.



Adults and children estimated to be living with HIV, 2008



Total: 33.4 million (31.1 – 35.8 million)

December 2009

4

Countries in the region share similar challenges in mounting effective responses that can be broadly aggregated in the following terms: inherited health systems that lack evidence-informed policy making and feedback mechanisms, weak protection of individual rights especially for key populations at risk (e.g. IDU, SW, MSM, prisoners and illegal migrants) leading to reduce service uptake and lack of capacity and empowerment for civil society, especially people living with HIV, to both inform policy and partner with government in providing outreach services, a lack of sufficiently multi-sectoral analysis and response structures and low coverage and inadequate service offerings in turn due to insufficient investment in the HIV response.

With heterosexual transmission increasing in the epidemic, in part due to the role that sex partners of injecting drug users play as a bridging group, the number of women among new infections is rising steadily. Heterosexual transmission now accounts for some 42% of newly diagnosed HIV infections, while in Ukraine, for example, nearly one in two newly infected people is a woman (UNAIDS AIDS Epidemic Update 2009). Gender inequalities can exacerbate this tendency and

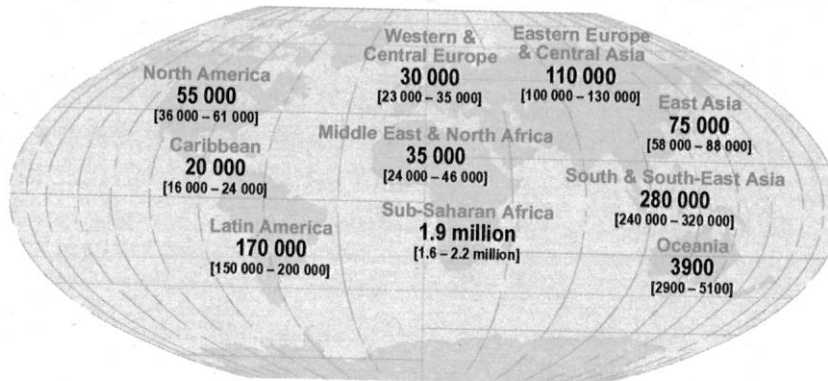
¹ AIDS Epidemic Update 2009, UNAIDS/WHO

magnify the impact in several ways. Gender norms related to masculinity can encourage men to have more sexual partners and stigmatize men who have sex with men, thus making them more vulnerable to HIV. Indeed, extreme social exclusion and discriminatory policies present serious barriers to providing MSM with access to essential services in the region. Several Central Asian countries still criminalize sex between men, while at least six countries in Eastern Europe do not support basic rights for the lesbian, gay and bisexual community to gather in public (UNAIDS AIDS Epidemic Update 2009). Gender norms related to femininity can discourage women from accessing information and services and negotiating safe sex, thus making them vulnerable to HIV. Women assume the major share of care-giving in the family, including for those living with and affected by HIV. This is often unpaid and is based on a gender-based assumption that care-giving is a women's role.

With a relatively younger epidemic than most regions, proportionally fewer people living with HIV in Central and Eastern Europe and the CIS are visibly ill, causing the extent of the problem to be less evident and thus making advocacy more difficult. The last few years, however have witnessed a significant increase in political will. Governments are starting to recognize the urgency of the issue and the threat the disease poses to economic growth and national security. More actors are getting involved – donors, international institutions and non-governmental organizations. However, this does not mean that sufficient resources are available and effective approaches are implemented to provide adequate responses to the epidemic. One of the major challenges in the HIV field, especially in the countries of the Commonwealth of Independent States, still remains government denial of the necessity of urgent response to the real and growing HIV epidemic and the challenge of finding high level political commitment to confront issues related to discrimination and stigma of PLHIV.



Estimated number of adults and children newly infected with HIV, 2008



Total: 2.7 million (2.4 – 3.0 million)

December 2009

5

The expected outcome of the regional HIV/AIDS programme as realized through this project document will be to contribute to achievement of the RBEC Regional Programme Document's outcome on HIV/AIDS (2006-2010/2011-2013):

- Enhanced effectiveness of national responses to AIDS, including progress towards achievement of MDG 6 and,
- By 2013, governments, policy makers have improved capacities to address Human Development issues in ECIS, especially the inclusion of vulnerable groups, supported by a statistically-enabled monitoring framework, private sector engagement, and gender-sensitive programming

The goal of the regional HIV/AIDS programme is to contribute to increased national capacity of countries in the region to implement effective, multi-sectoral national responses to AIDS and to strengthen the capacity of UNDP HIV/AIDS practitioners to support those efforts. An emphasis is placed on the needs of populations that are especially vulnerable to the virus and ensuring the rights of people living with or affected by HIV. The project is aligned with the UNAIDS co-sponsor division of labour and Global Task Team recommendations in which UNDP plays a leading role in HIV/AIDS as it relates to the **MDGs and Human Development, Governance, Mainstreaming, Human Rights, Gender and Sexual diversity.**

II. STRATEGY

As the UN's global development network and a founding co-sponsor of UNAIDS, UNDP is uniquely positioned to support and bridge the silos of sectoral focus required to effectively respond to the complex development challenge of HIV.

In 2005, an interagency working group was convened to agree a consolidated UN Technical Support Division of Labour. The group agreed on 17 broad areas of UNAIDS technical support and identified a 'Lead Organization' and 'Main Partners' in each of these areas. Each of the UNAIDS organizations leads in at least one technical area. This information is presented in a Technical Support Division of Labor matrix (see in Annex 3 below). The 17 technical support areas are grouped around three thematic headings:

1. Strategic planning, governance and financial management;
2. Scaling up interventions; and
3. Monitoring and Evaluation, strategic information, knowledge sharing and accountability.

Critical to the implementation of the Division of Labour is the Lead and Alternate Lead Organization concept. The Lead Organization—either a Cosponsor or the Secretariat—serves as a single entry point for government and other relevant country-level stakeholders requiring support within a particular UNAIDS technical support area. The Lead Organization is primarily responsible for coordinating the provision and/or facilitation of this technical support, as identified in the Technical Support Division of Labour matrix.

The Lead Organization also plays a proactive leadership role by taking a lead in global policy discussions regarding the technical support area, establishing global and regional support mechanisms for the delivery of country-level support, identifying gaps in the provision of support at country level, advising country-level stakeholders, and stimulating demand.

Should a UNAIDS Cosponsor or the Secretariat receive a request for technical support in an area where it is not the Lead Organization, it should refer the client to the appropriate Lead Organization for follow-up. It is important to stress that the Lead Organization plays a brokering role, and should not be viewed as sole provider of UN technical support in its area.

At the moment there are two UN entities at country level formally established to facilitate the UN response to AIDS and support national efforts: **the UN Theme Group on AIDS** (consists of Head of UN Agencies) and the **Joint UN Team on AIDS** (consist of all UN professional staff working on AIDS at country level). Roles and responsibilities of all partners as described in the Proposed Working Mechanism for Joint Team on AIDS at Country Level (see Annex 4 below).

Within the framework of the Global Task Team² recommendations and the UNAIDS co-sponsor Division of Labour and based on latest developments in terms of emerging key priority areas, UNDP is recognized as the leading multilateral agency in addressing the unprecedented **governance, MDGs and human development, human rights, gender and sexual diversity** challenges related to the epidemic. This mandate has been articulated in the UNDP Strategic Plan (2008-11) under the Poverty focus areas with the following key strategic service offerings:

² Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, *Final Report*, 14 June 2005. This included Government, UN, bilateral and civil society participation.

(Outcome 9) HIV, Development Planning and MDGs

Multi-sectoral mainstreaming of HIV into national development plans, MDG plans, poverty reduction strategies and UNDAFs is critical to ensuring implementation of effective multi-sector action to mitigate the impact of HIV on sectors, communities and households. UNDP assesses the socio-economic impact of HIV and supports the development of strategies to mitigate these. Assessing, designing and implementing programmes to address the impact of the economic crisis on national AIDS responses is crucial in order to ensure that adequate HIV prevention, treatment and care services are provided to those the need them the most.

(Outcome 10) Governance of AIDS responses

To respond to the complexity of the HIV epidemic, national responses require coherence and coordination at the national level, coupled with decentralized action and the participation of a wide range of stakeholders across government, civil society and the private sector. Strengthening the coordination capacity of national AIDS authorities, and promoting harmonization and alignment of United Nations system and donor support to national efforts, is a priority in order to avoid the duplication and fragmentation of programmes. UNDP also promotes meaningful civil society participation in planning, implementation and evaluation of AIDS responses – particularly networks of people living with HIV, women's groups, and vulnerable and marginalized populations affected by HIV.

(Outcome 11) HIV, Human Rights, Gender, Sexual Diversity and Intellectual Property

Protecting human rights and promoting gender equality are essential for reducing vulnerability to HIV and mitigating the impact of AIDS on women and girls. HIV-related stigma and discrimination drive the epidemic underground and hinder access to prevention, treatment, care and support services. Promoting an enabling legislative environment and women's empowerment is critical to scaling up HIV responses.

Incorporating public health related TRIPS flexibilities into national legislation is pivotal to ensuring access to affordable essential medicines (AIDS treatment) for people living with HIV.

(Outcome 12) Accelerating implementation capacity of multilateral health funding

Countries are receiving more funding than ever before from multilateral initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, but they are often unable to implement necessary programmes effectively due to insufficient or overstretched capacity. UNDP collaborates with the Global Fund in developing the capacities of national stakeholders to implement Global Fund grants to tackle AIDS, tuberculosis and malaria. In circumstances where there are no suitable national recipients, countries have asked UNDP to provide financial and programmatic oversight for Global Fund grants in its capacity as principal recipient of last resort. In addition, UNDP builds the capacity of local partners to develop, implement, manage and track their own Global Fund programmes.

At the regional level, the **RBEC 2010-2011 rolling strategy** and Regional Programme Document (RPD) 2011-2013 translate the above mentioned global outcomes into regionally adapted interventions in the following focus sub-areas, which outline the structure by which programme outputs are presented below:

- a) Addressing the socio-economic determinants of HIV spread and support better understanding of the linkages within MDG 6 (HIV, TB, malaria) and broader issues of stigma, discrimination and social inclusion to enhance public policy in the region;
- b) Promoting the rights of people living with HIV and populations most at risk; promoting an enabling legal environment for responding to HIV;
- c) Supporting the integration of HIV responses into development planning and good governance around implementation; and supporting the capacity development of national responses to HIV through enhanced understanding of the needs of key populations at higher risk³, increasing the capacity of local offices to include/mainstream HIV/AIDS into the local programmes and maintain HIV on the agenda.

³ Regional Programme initiatives in the field of HIV prevention, treatment and care are and will continue to be complemented by the Global HIV/AIDS programme (through the UNAIDS Unified Budget and Work-plan (UBW) with an approximate budget of \$1.2 million for the programming period) which substantially contributes to achievement of regional priorities.

- d) Strengthening the capacity for implementation of AIDS funds and programmes financed through multilateral funding initiatives, including GFATM (note: (note: in the RPD this is included in focus sub-area c, but is treated separately here for format continuity));

A range of activities will be supported within these priority areas, most notably through the third Country Office Support Facility that will be launched in early 2010.

Priorities of the Regional Programme will draw on the findings and follow-up of 3 flagship assessments which remain highly relevant:

- **Regional Capacity Assessment** conducted in five countries (Croatia, Kyrgyzstan, Moldova, the Russia Federation and Tajikistan) in 2006-2007 which focused on assessing the overall governance capacity of national AIDS responses - in line with service offering Outcome 10 - Governance of AIDS responses.
- **Regional Vulnerability initiative** (conducted in seven countries of the region including Estonia, Georgia, Lithuania, the Russian Federation, Turkey, Ukraine and Uzbekistan) and the **Regional Human Development Report on AIDS – The Human Cost of Social Exclusion** outlining gaps related to PLHIV's access to all spheres of society including healthcare, education and the labour market and presenting concrete recommendations for improving the situation - in line with service offering Outcome 11 (HIV, Human rights, Gender and Sexual Diversity).

Finally, based on strategy prioritization by **Country Offices at the 2007 Community of Practice meeting in Moscow, the sub-regional Western Balkans Community of Practice meetings in 2009 and 2010** and continued strategic advisory service missions the regional programme will seek to launch new initiatives targeting two emerging priorities in HIV prevention as the epidemic evolves: **1) HIV prevention in intimate relationships**, addressing the female partners of IDUs, MSM and female IDUs engaging in commercial sex and migration and transportation related aspects of mobility, especially within the Commonwealth of Independent States, and **2) HIV and MSM work in the region.**

The overall expectation of the regional HIV/AIDS programme through strategic interventions is to develop CO capacity on AIDS, instigate policy change, amend legislation and empower civil society organizations and people living with HIV to engage in decision making processes.

The programme will contribute to the achievement of the overall outcome statement by working with national stakeholders to develop and implement effective multi-sectoral responses addressing key issues related to people living with HIV in the region. Emphasis will be placed on providing strategic policy advisory services, facilitating the codification and dissemination of best practices and implementing key Regional Programmes. Proposed strategic activities and outputs within the framework of the programme, presented by RBEC RPD focus sub-area, are mapped according to the following table and output descriptions:

RBEC RPD Focus sub-area	UNDP Strategic Plan Outcomes	Regional Programme Outputs
a) Addressing the socio-economic determinants of HIV spread ... linkages within MDG 6 (HIV, TB, malaria) ...issues of stigma, discrimination and social inclusion	(Outcome 9) HIV, Development Planning and MDGs – <i>Atlas Project ID: 00073784</i>	1) Enhanced capacities of countries in the region to mitigate socio-economic determinants and impact of HIV through multi-sectoral mainstreaming, including better understanding of linkages between MDG6 and related MDGs.
b) Promoting the rights of people living with HIV and populations most at risk; promoting an enabling legal environment for responding to HIV;	(Outcome 11) HIV, Human Rights, Gender, Sexual Diversity and Intellectual Property – <i>Atlas Project ID: 00073786</i>	3) Human rights based and gender sensitive AIDS responses addressing stigma and discrimination of key populations at risk (including women and sexual minorities) and people living with HIV supported, including Universal Access to essential services through trade-related

		aspects of intellectual property rights (TRIPS) flexibilities.
c) Integration of HIV responses into development planning and good governance...; supporting capacity development of national responses to HIV... understanding of the needs of key populations at higher risk... increasing the capacity of local offices to include/mainstream HIV/AIDS into the local programmes and maintain HIV on the agenda.	(Outcome 9) HIV, Development Planning and MDGs – <i>Atlas Project ID: 00073784</i>	1) Enhanced capacities of countries in the region to mitigate socio-economic determinants and impact of HIV through multi-sectoral mainstreaming, including better understanding of linkages between MDG 6 and related MDGs.
	(Outcome 10) Governance of AIDS responses – <i>Atlas Project ID: 00073785</i>	2) Sub-national and local capacities for effective governance of HIV responses enhanced, including strengthened CSO and PLHIV roles in effective advocacy and service delivery.
d) Strengthening the capacity for implementation of AIDS funds and programmes financed through multilateral funding initiatives, including GFATM (note: in the RPD this is included in focus sub-area c, but is treated separately here for format continuity);	(Outcome 12) Accelerating implementation capacity of multilateral health funding – <i>Atlas Project ID: 00073787</i>	4) Strengthened CO and national partner capacity for implementation of programmes financed through multilateral initiatives, including GFATM.

This Regional Project document replaces the previous project document from 2008-2009, and will be associated with a new Atlas Project ID number for regional TRAC resources. New Atlas Project ID numbers by output have already been generated to replace the previous equivalent numbers within the global BDP Atlas Award and are associated with UBW resources. Both the previous regional Atlas Project ID and previous global BDP Atlas Project IDs will be closed.

❖ REGIONAL PROGRAMME PRIORITIES BY OUTPUT

Output 1: Enhanced capacities of countries in the region to mitigate socio-economic determinants and impact of HIV through multi-sectoral mainstreaming, including better understanding of linkages between MDG 6 and related MDGs.

The Regional Programme will focus on supporting the multi-sectoral mainstreaming of HIV into national development plans, MDG plans, poverty reduction strategies and UNDAFs in order to mitigate the impact of HIV on sectors, communities and households. Efforts in selected countries will lead to the development of HIV budget lines in the national development plans and the implementation of follow-up activities to the Joint Programme on mainstreaming HIV into PRSPs outlined in specific Country Action plans. Target countries for the mainstreaming of HIV into PRSPs include Armenia and Tajikistan as countries supported through the Joint PRSP Programme which currently ended in 2009. These activities will be supported mainly through the COSF mechanism.

- Work with countries developing new UNDAFs and CPAPs in strategically positioning HIV. Main target countries will include Azerbaijan, Belarus, Georgia, Kyrgyzstan, Serbia, Turkey and Ukraine.
- **A strategic study on the costs, effectiveness and impact of HIV programmes in the region** will be prepared in cooperation with the UNAIDS Regional Support Team, the Global Fund to Fight AIDS, tuberculosis and malaria and the World Bank. The review will be the first of its kind in the region and will shape the future of the international response to HIV in Eastern Europe and Central Asia.
- Strategic interventions to support implementation of Country Action Plans developed as part of Joint PRSP Programme and continued mainstreaming of HIV into PRSP.

Two-thirds of the way to 2015, MDG 6 represents one of the few MDGs which the countries of the Eastern Europe and the CIS region are largely not on pace to achieve, and the growing epidemic in the region threatens several other MDGs as well. In light of this the regional programme will provide strategic support to countries in the region with MDG reporting from an HIV/AIDS perspective. This is important also in relation of the upcoming 2010 UN MDG summit, which presents a great opportunity to take stock of the situation in the region as well as analyse linkages within MDG 6 and other MDGs. The Programme plans to support this process, in partnership with the BRC poverty group and Gender teams. Target countries will include countries that are currently or have recently developed national MDG reports – Azerbaijan, Croatia, Kazakhstan, Montenegro, Turkey and Turkmenistan. The project will also involve countries preparing country case studies for Global MDG report – Kyrgyzstan, Serbia and Ukraine.

- develop a **regional paper assessing progress to date on MDG 6 and key linkages with other MDGs**. A consultant will be hired to work on the development of the document ensuring key partnerships and engagement of national stakeholders⁴. Ownership and involvement of the selected country offices in the region will be ensured through seed funding provided by the COSF mechanism.

Better understanding of the socio-economic determinants and impact of HIV is crucial in developing strategies to mitigate possible effects on the society at the national, sector and/or community levels.

- build strategic partnerships with Asian Development Bank, UNICEF, EurASec and CAREC in order to **conduct an assessment on the socioeconomic determinants of HIV in Central Asia and other countries in the region**. The study plans to provide an insightful overview of where Central Asia stands and what are options for strategic direction to bring about a more appropriate HIV response.

Output 2: Sub-national and local capacities for effective governance of HIV responses enhanced, including strengthened CSO and PLHIV roles in advocacy and service delivery.

Much of the international and national government response in the Eastern Europe and CIS region has been focused at the national level, with little recognition given to the role that local authorities can and do play in the HIV response. It is also clear that the HIV epidemic is concentrated among specific communities and populations that local authorities are potentially in the best position to serve due to their proximity. Based on a **regional assessment, the regional programme will explore the capacity strengths and weakness of local authorities that promote or hinder their effective involvement in HIV prevention and responses**. The main objective of the initiative will be geared at improving governance and service delivery related to the sub-national HIV responses and ultimately contributing to the achievement of UA targets in the region. These activities will be conducted in collaboration with Capacity Development Group at the BRC.

The programme will also support a number of country offices with the implementation of decentralized HIV responses mainly through the Country Office Support Facility mechanism.

- One of the main key barriers to effective responses remains legal barriers to partnership between state and non-state actors, including public funding of civil society service providers. The programme will build a partnership with UNAIDS to **assess viable models**

⁴ TOR for consultant is in development.