



**United Nations Development Programme**  
**Regional Bureau for Africa**

**Accelerating Efforts to Mitigate the Impact of AIDS on Human Development**  
**in Sub-Saharan Africa**

**Strategic Plan Outcome(s):**

1. AIDS responses integrated into poverty reduction strategies, MDG-based national development plans, and macroeconomic processes,
2. Strengthened national capacity for inclusive governance and coordination of AIDS responses, and increased participation of civil society entities and people living with HIV in the design, implementation and evaluation of AIDS programmes,
3. Policies and programmes implemented through multi-stakeholder approaches to protect the human rights of people affected by AIDS, mitigate gender-related vulnerability, and address the impact of AIDS on women and girls

**Regional Programme Outcome(s):** Capacity depletion in critical social sectors linked to pandemics, especially HIV/AIDS, tuberculosis and malaria halted

**Regional Programme Output(s):** Strengthened capacities of inter-sectoral and regional entities to formulate and implement policies and strategies aimed at addressing the development impacts of pandemics, including the gender dimensions

**Intended Project Output(s):**

1. AIDS mainstreamed in the work and core mandates of regional organisations and entities
2. Governance of AIDS responses at the regional and sub-regional levels coordinated
3. Model legislation for HIV adopted
4. Regional and national AIDS strategies effectively address negative gender norms associated with HIV
5. Regional partnerships to address HIV among men who have sex with men and transgender populations established
6. Trade, health and intellectual property legislation for sustainable access to ARVs enabled

**Executing Entity/Implementing Agency:** UNDP/RBA

**Project Summary**

The UNDP Regional HIV/AIDS Project is aligned with UNDP's mandate as a Co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS). UNDP is the lead organization to address the developmental causes and consequences of HIV, as well as mainstreaming the governance, human rights, gender and sexual diversity dimensions. Further, UNDP has refocused its efforts to deliver on this mandate through a number of its Strategic Plan outcomes, three of which are of direct relevance to this project, namely: (i) mainstreaming HIV into national development processes; (ii) strengthening the governance component of AIDS responses; and (iii) promoting human rights and gender equality and addressing the needs of vulnerable populations. The project will contribute to the attainment of the MDGs in Sub-Saharan Africa by supporting and strengthening targeted and strategic HIV responses, particularly of the African Union and the Regional Economic Communities, to mitigate the impact of AIDS and its negative consequences on the region's development efforts.

Building on efforts already in train, and with emphasis on strengthening capacities of institutions and societies to address vulnerability to HIV and to mitigate the impact of AIDS, this project will target the integration of HIV-related initiatives into the work and mandates of relevant institutions, strengthening the governance responses, facilitating conducive legislative frameworks, while also addressing the gender dimensions. In addition to the special emphasis on partnerships with AU, RECs and regional non-state organizations, the project will place emphasis on strengthened collaboration with the UNAIDS Secretariat and Cosponsors, as well as other UN agencies, multilateral and bilateral organizations involved in HIV/AIDS response in the region and with national stakeholders.

Internally, all UNDP-related initiatives, at regional, global and country levels, will be undertaken with the involvement of the entire UNDP-HIV/AIDS Practice Teams and the Gender Team, as well as with the Capacity Development, Poverty, Governance, and Crisis Prevention and Recovery Practices, as appropriate.

Programme Period: 2009-2011

Project Title: Accelerating Efforts to Mitigate the Impact of AIDS on Human Development in Sub-Saharan Africa

Atlas Award ID: 00057959

Project ID: 00071786

Start date: 1 September 2009

End Date: 31 December 2011

PAC Meeting Date: 30 July 2009

Management Arrangements: UNDP DEX

|  |             |
|--|-------------|
| Total resources required (2009-11)   | \$2,000,000 |
| Total resources allocated (2009-11)  | \$2,000,000 |
| Unfunded budget  |             |
| <ul style="list-style-type: none"> <li>• Regular:</li> <li>• Other: <ul style="list-style-type: none"> <li>○ Donor:</li> <li>○ Donor :</li> <li>○ Government:</li> </ul> </li> </ul> |             |
| Unfunded budget:   |             |
| In-kind contributions:   |             |


**Implementing Partner/Executing Entity:** UNDP/ RBA. (Direct Execution)

**Principal Beneficiaries:** AU, RECs, Governments and CSOs

Agreed by beneficiary (African Union): .....

**Signature & Title**

**Date**

Agreed by (UNDP):  .....

Tegegnework Gettu  
Assistant Administrator and  
Regional Director  
Regional Bureau for Africa

15/11/09.  
Date

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## Acronyms and Abbreviations

|             |  |
|-------------|--|
| AIDS        | Acquired immune deficiency syndrome  |
| AfDB        | African Development Bank   |
| AFRICASO    | African Council of AIDS Service Organisations  |
| ARASA       | AIDS and Rights Alliance for Southern Africa   |
| ART         | Antiretroviral Treatment   |
| ARV         | Antiretroviral   |
| AU          | African Union  |
| BDP         | Bureau for Development Policy  |
| CD-PGA      | Capacity Development for Pro-Poor Growth and Accountability of RBA                   |
| COMESA      | Common Market for Eastern and Southern Africa  |
| CSO         | Civil society organizations  |
| DRD         | Deputy Regional Director   |
| EAC         | East African Community   |
| EALS        | East Africa Law Society  |
| ECOWAS      | Economic Community of West African States  |
| ESA         | East and Southern Africa   |
| EUMOA       | Union Economique et Monétaire Ouest Africaine  |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis and Malaria                                  |
| HIV         | Human Immunodeficiency Virus   |
| IGAD        | Inter-Governmental Authority on Development  |
| MDGs        | Millennium Development Goals   |
| NAP+        | Network of people living with HIV  |
| OSEA        | Regional Cooperation for Organic Standards and Certification capacity in East Africa |
| OSI         | Open Society Institute   |
| PEPFAR      | U.S. President's Emergency Plan for AIDS Relief                                      |
| PSD         | Policy and Strategy Division of RBA  |
| RCF         | Regional Cooperation Framework   |
| RCM         | Regional Coordination Mechanism  |
| RDT         | Regional Directors Team  |
| REC         | Regional Economic Communities  |
| RBA         | Regional Bureau for Africa   |
| SADC        | Southern Africa Development Community  |
| SIDA        | Swedish International Development Assistance   |
| SP          | Strategic Plan (of UNDP)   |
| SSA         | Sub-Saharan Africa   |
| TB          | Tuberculosis   |
| UNAIDS      | Joint United Nations Programme on HIV/AIDS   |
| UNAIDS RST  | UNAIDS Regional Support Team   |
| WACA        | West and Central Africa  |

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## I. SITUATION ANALYSIS

### 1.1. Background

Sub-Saharan Africa (SSA) is home to 22 million people living with HIV, representing two-thirds of the global total. In 2007 alone, an estimated 1.9 million people became infected with HIV, and 1.5 million died of AIDS. The leading cause of death in the region is AIDS, exacting a devastating toll on individuals, families and communities. In contrast to other regions, almost 60 percent of people living with HIV in Africa are female, and women and girls bear a disproportionate burden in providing care for AIDS-affected families and communities.

Patterns of HIV epidemics vary considerably across the continent. Southern Africa is particularly impacted by AIDS, with 35 percent of global HIV infections and 38 percent of global AIDS deaths. Six hyper-endemic countries in Southern Africa face adult prevalence rates ranging from 15 percent to 27 percent (Botswana, Lesotho, Namibia, South Africa, Swaziland, and Zimbabwe), and an additional eight countries confront prevalence rates of between 5 percent and 15 percent (Cameroon, Central African Republic, Gabon, Malawi, Mozambique, Uganda, Zambia and Tanzania). In contrast, a small number of countries, primarily in West Africa, experience low-level or concentrated epidemics that principally affect most at risk groups, primarily sex workers and their clients, men who have sex with men, and injecting drug users. Prevalence rates amongst these vulnerable groups are also of concern in high prevalence settings, with men who have sex with men experiencing double the national prevalence in some countries.

Twenty five percent of the total HIV epidemic in Eastern and Southern Africa is concentrated in 12 major metropolitan areas – accounting for 12.5 percent of the global epidemic. This urban concentration is a consistent trend across countries, with the major urban centres representing between 20 to 50 percent of the epidemic in most countries in the region. Several of these “metropolitan epidemics” are larger than most national epidemics in the region, and in the rest of the world. Given the continued rapid urbanization across sub-Saharan Africa, with major cities growing at a rate of 5-10 percent a year, this trend is likely to increase in the future with major implications for regional and national responses to HIV and AIDS.

The HIV epidemic has resulted in history's single sharpest reversal in human development, negatively impacting achievement of the Millennium Development Goals (MDGs). In the most-affected countries, HIV has reduced life expectancy, slowed economic growth, deepened poverty, and weakened governance structures. AIDS-related illness and deaths have aggravated existing institutional capacity constraints, and compromised governments' ability to effectively deliver services and meet their core mandates. Loss of skill and institutional memory, due to AIDS, is often compounded by the financial costs of training new staff, and increased demand for health care, funeral costs, and pensions. The costs and consequences of the epidemic are felt across sectors, including health, education and agriculture.

An impressive expansion of HIV programmes and funding over the last decade has helped to slow the spread of the disease, and contributed to addressing some of these impacts. Epidemics in many African countries have recently stabilized, and treatment access has grown significantly. Despite these gains, infection rates remain alarmingly high and continue to outpace treatment scale-up. By the end of 2007, almost 5 million people in the region, or 70 percent of those in need of treatment, were not receiving it. The effects of the epidemic on development, health, economic and social progress will continue to be felt over several decades, necessitating a significant expansion of strategies and approaches to mitigate long-term impacts.

In addition, the global economic crisis threatens gains in health and poverty reduction in the Africa region and is likely to impact significantly on the response to HIV. Already the global crisis is impacting HIV treatment programmes in some countries and many more countries are at risk. For example, in Botswana, the Government is the main financier of the national HIV response, contributing up to 80 percent of the budget. The global economic slump, however, has led to significant declines in the sale of diamonds, which are Botswana's most important revenue source, and there are already indications that Government's HIV funding may dry up after the latest National Strategic Framework expires. In South Africa, with 15,000 people on the waiting list for antiretroviral (ARV) treatment, the Government of the Free State Province announced a moratorium on registering new patients for treatment because of a budget shortfall and an acute shortage of ARVs.

Failure to maintain current financial commitments to support the scaling up of ARV treatment will lead to increased mortality and morbidity, with further strain on overburdened health systems. Reduced access to treatment will increase HIV transmission risks as people who come off treatment become more infectious. In addition, reductions in HIV prevention and treatment programmes can erase recent progress in slowing the spread of HIV, and lead to loss of human capital, increased household poverty, orphaning of children and increased costs to businesses and public agencies. The economic crisis is also likely to result in greater movement of people across borders in search of employment, which will increase vulnerability to HIV. Rising food prices can also impact the response to AIDS by endangering the nutrition and health of people on treatment.

The African Union (AU) and Regional Economic Communities (RECs) in Africa such as IGAD, COMESA, EAC, SADC and ECOWAS, can play an important role in addressing and mitigating the impacts of the global economic crisis on the HIV response. For the last five years, there has been increasing evidence of growing commitment, at the continental and sub-regional levels, to scaling-up responses. At its Heads of State and Government Summit of 2004 the AU's Solemn Declaration on Gender Equality in Africa, agreed to "*Accelerate the implementation of gender specific economic, social, and legal measures aimed at combating the HIV/AIDS pandemic ... More specifically we will ... increase budgetary allocations in these sectors so as to alleviate women's burden of care*". This was re-affirmed during the special Summit of AU on HIV/AIDS, TB and Malaria, held in Abuja from 2-4 May 2006, where Heads of State and Government met to review the progress made in implementing the Abuja Declaration and Plan of Action (POA) on Roll Back Malaria, agreed to in 2000 and 2001. During those deliberations, the Continental Framework for Harmonization of Approaches among member states and Integration of Policies on Human Rights and People Infected and Affected by HIV/AIDS in Africa was embarked on. That common position was presented to the high-level meeting of the UN General Assembly Special Session on HIV/AIDS in New York of 2<sup>nd</sup> June 2006. To monitor progress, including on the broader MDGs agenda, the Chairperson of the AU Commission, in collaboration with the RECs and development partners, was empowered to organize consultative reviews in 2008 and 2010. To reduce duplication and strengthen synergies, in addition to partnerships with RECs, UN and other development partners, since July 2006, the AU Commission has been collaborating with civil society organizations (CSOs), including AIDS Watch Africa, to promote, disseminate and popularize its policies and programmes.

That said, cross border policies and services need to be further harmonised and countries need to work together to finance the cost of providing universal access to HIV prevention, treatment and care, and to understand the implications of not providing universal access. Strategies need to be developed across countries for sustaining critical funding for HIV prevention and treatment, and to ensure services for the most vulnerable communities. Access to HIV treatment and commodities needs to be strengthened by making use of TRIPS<sup>1</sup> (Trade-Related Aspects of Intellectual

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<sup>1</sup> TRIPS sets out the general provisions and basic principles governing the sale/transfer of trademarks and service mark, including generic drugs.

Property Rights agreement of the World Trade Organization) and trade flexibilities across borders, with countries revising their legislation on intellectual property to enable purchase of cheaper, generic medicines. AU and RECs can also play an important role in developing regional policies and strategies to address issues that contribute to the increasing HIV burden on major metropolitan areas - particularly in relation to cross border issues, mobility, human rights, and vulnerability of women and girls.

Responding to the challenges of HIV also requires coordination and harmonization of multi-stakeholder efforts to improve aid effectiveness. The governance of national and regional HIV responses has become more complex due to growing numbers of stakeholders and actors, multiplication of AIDS coordinating mechanisms at regional and national levels, and financial resource flows from institutions such as the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR). There is a need to improve coordination and promote evidence-informed and prioritized action on AIDS, based on 'knowing your epidemic'. HIV programmes must be appropriately targeted to address local epidemic realities and to respond to emerging trends.

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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. "Gender inequality is a key driver of HIV infection, with young women particularly vulnerable to HIV. Young women and girls navigate their sexual health and relationships in a context of extremely high levels of HIV infection ...face disempowering social and cultural norms and attitudes governing their sexual relations" (UNAIDS, 2008). Therefore, promoting an enabling legislative environment and women's empowerment is critical to scaling up HIV responses. In addition, there is need for innovative approaches to contribute to the reduction of HIV infection among young women and girls, including by addressing harmful gender norms that dis-empower women and girls and by involving men and boys in promoting gender equality. Although significant progress has been made on mainstreaming gender equality into planning processes and in developing gender instruments, the nexus between gender, human rights, AIDS and development is less well understood. In most countries there is a de-link between national AIDS planning and national development planning which urgently needs to be addressed. National gender programmes that address HIV that are actually budgeted and implemented are few and far between. In addition, more attention needs to be paid to monitoring gender instruments that states have become signatory to. In this connection, the AU's 2003 Maputo Protocol to the Charter on Human and Peoples' Rights on the Rights of Women in Africa, which seeks to take full cognizance of the "negative impacts on women of issues such as the high incidence of HIV/AIDS among girls and women.....and the policies and programmes we have put in place to curb the spread of HIV/AIDS pandemic"<sup>2</sup> provide important instruments for promoting national legislation that protects people affected by HIV and mitigates vulnerability and impact on women and girls. Similarly, sub-regional efforts, such as the ECOWAS Gender Strategic Plan Framework, which seeks to formulate a sub-regional gender policy and to integrate HIV and AIDS in its Gender Strategic Plan Priorities, represent important initiatives to respond to the special challenges facing women and girls. Moreover, partnerships with regional and sub-regional gender and women's institutions and organizations are critical for addressing links between gender inequality and HIV, and for promoting responses to AIDS that contribute to empowering women and girls.

The 2006 Political Declaration on HIV/AIDS committed UN Member States to moving as close as possible to universal access to HIV prevention, treatment, care and support by 2010. The Joint UN Programme on HIV/AIDS (UNAIDS) has prioritized efforts to accelerate momentum towards universal access and MDGs achievement. As a Co-sponsor of UNAIDS, UNDP is committed to

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<sup>2</sup> African Union 'Solemn Declaration on Gender Equality in Africa', 2004

supporting efforts to address the developmental causes and consequences of HIV, and to promote governance, gender-equality and rights-based approaches in AIDS initiatives.

UNDP's Regional HIV Project will contribute to the attainment of universal access and MDGs by strengthening capacities of institutions and societies to address vulnerability to HIV and mitigate the impact of AIDS on the region's development efforts. The programme will place a special emphasis on partnerships with AU and RECs and other key regional bodies, and will rely on internal collaboration at regional, global and country level between the HIV/AIDS Practice and the Gender Team, as well as the Capacity Development Team and the Poverty, Governance, and Crisis Prevention and Recovery Practices as appropriate.

### 1.2 Lessons Learnt From Past UNDP Regional AIDS Programmes

UNDP has implemented a regional programme on AIDS since 2001, with the aim of reducing the threat and impact of HIV on development. UNDP's response to the epidemic has evolved over the years as regional priorities have shifted. The regional programme has contributed to shaping the strategic directions of regional entities and countries in responding to AIDS, including through technical assistance in HIV strategic planning and mainstreaming and other capacity building efforts. The SACI project (Southern Africa Capacity Initiative), funded under the UNDP second *Regional Cooperation Framework for Africa, 2002-2006 (RCF II)* for example, aimed to help Southern African countries (Botswana, Lesotho, Namibia, Swaziland, Malawi, South Africa, Mozambique, Zimbabwe and Zambia) with very high HIV and AIDS prevalence rates to arrest the capacity erosion caused by HIV in key sectors and to meet their development challenges. The project was conceptualised based on the notion that strong institutions could respond better to crisis situations, which, like HIV and AIDS, tended to result in capacity erosion. The emphasis therefore was on organizational and systems capacities rather than on direct HIV responses.

The *Evaluation of the Regional Cooperation Framework for Africa, 2002-2006*, noted that RCF II accomplished a number of successes in responding to AIDS, nevertheless areas of weakness were also pointed out. Programme priorities such as governance, public sector management of responses to HIV, human rights and gender were considered to be appropriate focus areas, given UNDP's mandate and institutional strengths. The evaluation report stated, however, that it was often difficult to differentiate the results of the regional programme from those of country programmes or other UN agencies. An earlier *Evaluation of UNDP's Role and Contributions in the HIV/AIDS Response in Southern Africa and Ethiopia, 1999-2004*, also outlined similar findings with regard to UNDP's comparative advantage. In addition, it highlighted three notable achievements in the region: contributing to changing national policies and strategic frameworks for managing HIV; strengthening decentralized AIDS institutions; and increasing the presence and voice of civil society organizations (CSOs) and vulnerable groups in advocacy and participation.

In 2008, UNDP Country Offices and UN partners in SSA identified areas where there is significant demand for regional UNDP support. These included advisory support and technical assistance for institutional capacity building for governance and coordination of national and decentralized AIDS responses; socio-economic impact analysis in specific sectors; promotion of enabling legislation and enforcement of laws that protect HIV-related rights and reduce HIV-related stigma and discrimination; integration of gender equality in national AIDS strategies; and emerging issues such as addressing HIV and sexual diversity.

During the same period, UNDP and UNAIDS supported an assessment of the AIDS response, governance, leadership and coordination in eight west and central African countries that form part of the Union Economique et Monétaire Ouest Africaine (UEMOA) as well as Mauritania. National reports were developed for the nine countries which were then consolidated into a regional document titled "*Rapport de synthèse de l'analyse situationnelle de la gouvernance du leadership de la coordination et l'harmonisation dans la réponse au VIH/SIDA dans les pays de l'UEMOA*".



*élargie à la Mauritanie*". The assessment findings were presented and reviewed in Ouagadougou, Burkina Faso, during a special event organised by the National AIDS Committee (NAC) of that country that was attended by NACs of participating countries and large delegations of national and international stakeholders. In 2009 UNDP is supporting four of the countries - Burkina Faso, Cote d'Ivoire, Mali and Niger - to implement UEMOA assessment recommendations.

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## II. PROJECT STRATEGY

### 2.1. Guiding Principles and Considerations

The 2008-2011 Strategic Plan (SP) outlines UNDP's role in supporting countries to accelerate human development, with a view to eradicating poverty through development, equitable and sustained economic growth, and capacity development. UNDP's human development approach focuses on achieving real improvements in people's lives and in the choices and opportunities open to them. Central to this approach is the concept of human empowerment, guided by essential dimensions of human development and well-being, including access to education and health care, income, freedom of expression, rule of law, respect for diversity, protection from violence, and the preservation of the environment. Whilst UNDP supports country level action, there is currently a critical need for regional and sub-regional activities which create an environment in which national responses can be strengthened.

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SP also outlines the role of the organization in supporting capacity development and promoting pro-poor approaches to help countries to meet their development goals. Through its mandate as a UNAIDS Co-sponsor and coordinator of UN reform, UNDP is strategically placed to build partnerships between diverse actors and stakeholders, and contribute to developing a common agenda and harmonising support to HIV and development responses in the Africa region.

As a founding Co-sponsor of UNAIDS, UNDP responds to the multi-sectoral challenges of the HIV epidemic and contributes to comprehensive UN system action on AIDS. UNDP's response is guided by the UNAIDS division of labour, which designates UNDP as the lead UN organization for addressing dimensions of HIV relating to *development, governance, mainstreaming, legislation, and human rights and gender – including sexual diversity*.

The overarching framework through which UNDP will provide capacity development support to regional partners is the UNDP Regional Programme Document for Africa, 2008-2013 (hereafter referred to as the Third Regional Cooperation Framework (RCF III)). RCF III aims to respond to Africa's development challenges from a regional perspective by concentrating on four broad focus areas: i) poverty reduction and achievement of the MDGs; ii) consolidating democratic and participatory governance; iii) conflict prevention, peace building and recovery; and iv) energy, environment and sustainable development. This regional project "*Accelerating Efforts to Mitigate the Impact of AIDS on Human Development*" will address one of the seven outcomes associated with the first focus area, specifically "*Capacity depletion in critical social sectors linked to pandemics, especially HIV/AIDS, tuberculosis and malaria halted*". This outcome is also closely aligned to the RBA strategy for Africa, that is, Capacity Development for Pro-Poor Growth and Accountability (CD-PGA).

Consistent with the findings of the evaluation of RCF II and the guiding principles outlined in RCF III, the design of this project has been characterized by a) the concentration of the project's resources on capacity development interventions, to be underpinned by rigorous capacity assessments and, where feasible, clearly thought-out exit strategies; b) strengthening capacities of regional and pan-African institutions and targeted institutional and human capital reinforcement in critical areas of the economy; c) maximization of the benefits of public regional goods through regional and sub-regional interventions; d) integration of gender equality; and f) adoption of a robust results-based management, monitoring and evaluation system.

In implementing project activities, the UNDP Regional AIDS Team, that reports to the Regional Directors Team (RDT), will work in partnership with the UNAIDS Secretariat, other Co-sponsors

and other UN agencies to support regional and national stakeholders in meeting universal access and MDGs. WHO and UNICEF are key partners in accelerating universal access; UNIFEM and UNFPA are collaborators with UNDP in promoting gender equality and mainstreaming gender into development processes. UNDP will focus on building capacity and creating an enabling environment for implementing effective multi-sector responses to HIV. This will include strengthening linkages between HIV responses and broader development efforts, and building capacity for effective governance and coordination of regional, cross-border and national HIV responses. UNDP recognises that the AU and RECs in the region are at different stages of development and have different capacity development needs in order to effectively co-ordinate cross-border efforts and to assist member states to implement common policies. Accordingly, capacity assessments will be carried out with the AU and RECs to understand relevant areas for programme support and, where appropriate, support will be provided to formulate regional HIV strategies. Care will be taken to ensure sustainable capacity development efforts by facilitating the involvement of AU and RECs staff as trainers of trainers and embedding capacity development processes in AU and REC's planning and budgeting cycles. In addition, UNDP will interact with the Health and HIV/AIDS, Malaria, TB, and other infectious diseases cluster of the Regional Coordination-Mechanism (RCM), which is convened by UNECA.

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In line with the various AU instruments, among them, the Solemn Declaration on Gender Equality in Africa, the Abuja Declaration and POA on Roll Back Malaria, and the Continental Framework for Harmonization of Approaches among member states and Integration of Policies on Human Rights and People Infected and Affected by HIV/AIDS in Africa, UNDP will strengthen the role of regional bodies in enhancing their political will and commitment for joint action on HIV at the sub-regional level. This is particularly important where political instability or violent conflict is a barrier to joint action. Efforts will also promote HIV-related human rights, and increased attention to women, girls and gender equality. Recognizing that the economic crisis is likely to impact national responses to HIV, UNDP will provide integrated policy advice and technical support to make the case for the cost effectiveness of HIV investments in achieving broader health, development, human rights, and gender equality outcomes. UNDP will also enhance its advocacy role in maintaining resource flow to AIDS programmes within the context of the current economic crisis.

This regional project will build on UNDP's comparative advantage, and respond primarily to demands from regional partners, in addressing the epidemic. It will draw from lessons learned in implementing previous programmes to effectively respond to evolving priorities. The project will be tailored to regional and sub-regional contexts, and informed by epidemiological analysis and understanding of social and gender norms that increase vulnerability to HIV and aggravate impacts of AIDS. In this regard, and working seamlessly with UNDP's Bureau for Development Policy (BDP) in general, and the HIV Practice in particular, this regional AIDS project will be implemented in close partnership with related UNDP programmes and initiatives at the global and country levels. Complementarities will also be forged with other regional programmes, especially those addressed to strengthening governance, MDG-based planning, regional integration, capacity development and gender.

A resource mobilisation strategy will be developed during the first year of implementation of the project. Although the proposed workplan is fully funded, there is great scope for UNDP to do more at regional level. This is particularly true in the context of the current economic climate where donor funding is scaling down or at best remaining stable and where countries are sorely in need of support in re-prioritising AIDS plans and finding ways to make national programmes more efficient. Additional funding would enable the project to further support the development of AIDS financing strategies and to scale up the integration of gender, HIV and human rights into regional development plans. In addition, UNDP could support research to address much needed information gaps on, for example, the impacts of the economic crisis, and the impact of food insecurity on HIV and cross border issues in conflict settings. UNDP will strengthen partnerships where they exist and develop others with multilateral and bilateral donors, which have an interest in development planning and AIDS, gender, human rights and governance. These include the

development arms of the Governments of Canada, Sweden, United Kingdom, Ireland, The Netherlands and Switzerland. In addition, relevant foundations, such as the Clinton Foundation, will be approached, as appropriate.

## 2.2. Building in Exit Strategies

RCF III mandates that programmatic instruments emerging there-from entail detailed and specific exit strategies to achieve effective transfer of activities and results to African countries and institutions. Notwithstanding the broad principle outlined in RCF, the high HIV prevalence, particularly in Southern Africa, compounded by the various crises now facing the African continent, may demand long-term engagement by UNDP and other partners, well beyond the project period. It is expected though that, at national, sub-regional and continental levels, accelerated steps will be taken to scale up the AIDS response, thereby facilitating the formulation and execution of a well thought-out exit strategy.

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Bearing in mind the above limitations and prospects, the project will work closely with beneficiary institutions to conduct the required capacity assessments and the putting in place of the relevant capacities, together with the strengthening of monitoring and evaluation tools to allow for phased withdrawal in the medium to long term. In formulating and implementing an exit strategy, account will be taken of relevant capacity strengthening activities provided through the UNDP *Regional Project to Strengthen Institutional Capacities to Accelerate Pro-Poor Growth and Accountability in Sub-Saharan Africa*.

## 2.3 UNDP HIV Outcomes

As mentioned above, the activities under this AIDS project are carried out under the framework of the UNDP SP and RCF III. The four outcome areas of SP that guide UNDP's response to HIV, based on the organization's comparative strengths and the UNAIDS division of labour, are:

1. Mainstreaming HIV into national development processes;
2. Strengthening the governance component of AIDS responses;
3. Promoting human rights and gender equality, reducing stigma and discrimination and addressing the needs of vulnerable populations; and
4. Accelerating implementation of Global Fund programmes to tackle AIDS, TB and malaria.

### 2.3.1 Regional Programme Strategy, Outcomes and Outputs

Aligned to SP and, as outlined in section 2.1, the overarching framework through which UNDP will provide capacity development support to regional partners in relation to HIV and AIDS is the first focus area of RCF III, that is, poverty reduction and achievement of the MDGs. The specific regional programme outcome to which this project is related is "*Capacity depletion in critical social sectors linked to pandemics, especially HIV/AIDS, tuberculosis and malaria halted*". The project will employ regional approaches to complement and strengthen national efforts to respond to HIV and to mitigate its impact on development efforts, focusing on the following priority areas:

- *Strengthening capacity for strategic mainstreaming* of HIV into the work and core mandates of regional organisations and entities, business plans and sectoral programmes, in partnership with regional bodies, including AU and RECs, other intergovernmental organisations and regional CSOs and networks. Special emphasis will be placed on exploring sustainable mechanisms for funding universal access to HIV prevention, treatment, care and support;

- *Strengthening capacity for governance and coordination* of AIDS responses at regional and sub-regional levels with particular attention to HIV coordination mechanisms, including those for developing cross-border responses, facilitating, as appropriate, the harmonization of selected policies and procedures related to HIV within the region and sub-regions;
- *Support the development (where they do not exist) and/or the implementation of regional strategies* to strengthen and scale-up responses to human rights violations, and address stigma, discrimination, gender inequality, sexual diversity and violations of rights of most at risk groups, in collaboration with parliamentary bodies, AU, RECs and regional CSOs such as OSISA and ARASA, AFRICASO and NAP+.
- *Strengthening regional collaboration to advance gender equality*, and expand implementation of HIV programming to reduce vulnerability and impact of HIV on women and girls. This includes strengthening partnerships between regional institutions and civil society entities, building linkages between HIV networks, women's groups and groups with gender expertise, and promoting engagement of networks of men and boys in addressing gender inequality.

In line with the above regional programme outcome, RCF III outlines the regional programme output as "*strengthened capacities of inter-sectoral and regional entities to formulate and implement policies and strategies aimed at addressing the development impacts of pandemics, including the gender dimensions.*" This can be conceived as a **composite** programme output and in order to ensure its achievement, this project has been formulated around several related **constituent/intended project outputs**, with related activities. The intended project outputs and how they related to three out of the four HIV outcome areas in the UNDP Strategic Plan, are described below, while the more detailed activities are set out in the results and resources framework in section 6:

| Strategic Outcomes                               | SP Areas of Work  | Intended Project Outputs  |
|--|---|---|
| <b>1. Development Planning and Mainstreaming</b> | <b>Strategic integration of AIDS into Development Planning and budgeting</b> <ul style="list-style-type: none"> <li>• Providing technical support for mainstreaming HIV into regional development strategies</li> <li>• Providing technical support for strategic mainstreaming into non-health sectors</li> <li>• Supporting development of regional HIV strategic plans</li> <li>• Designing and supporting implementation of impact mitigation strategies</li> </ul> | <b>AIDS mainstreamed in the work and core mandates of regional organisations and entities</b> |
| <b>2. Governance of AIDS Responses</b>           | <b>Institutional and Civil Society Strengthening</b> <ul style="list-style-type: none"> <li>• Promoting HIV policy dialogue and political leadership in Regional Communities</li> </ul>   | <b>Governance of AIDS responses at the regional and sub-regional levels coordinated</b>       |

|                                   |   |   |
|-----------------------------------|---|---|
|                                   | <ul style="list-style-type: none"> <li>• Supporting cross-border coordination of AIDS responses</li> <li>• Supporting the Resident Coordinator system to promote common regional policies and responses</li> <li>• Strengthening inter-governmental and civil society partnerships</li> </ul>   |   |
| <b>3. Gender and Human Rights</b> | <b>Human Rights and Legislation</b> <ul style="list-style-type: none"> <li>• Promoting human rights values and enabling legal frameworks</li> <li>• Promoting rights of people affected by HIV and socially excluded groups</li> <li>• Strengthening human rights programming-in-regional-and-national AIDS responses</li> <li>• Reducing HIV-related stigma and discrimination</li> </ul>  | <b>Model legislation for HIV adopted</b>  |
|                                   | <b>Gender Equality</b> <ul style="list-style-type: none"> <li>• Strengthening regional and national AIDS strategies and policies to address gender inequality, vulnerability of women and girls, gender-related impact, and gender-based violence</li> <li>• Strengthening capacity to monitor the implementation of gender instruments relating to HIV</li> <li>• Strengthening partnerships between regional movements and gender machineries</li> </ul> <b>Sexual Diversity</b> <ul style="list-style-type: none"> <li>• Promoting regional partnerships to address HIV and sexual diversity</li> </ul> <b>Trade, TRIPS and Access to Medicines</b> <ul style="list-style-type: none"> <li>• Building capacity for enabling trade, health and intellectual property (IP) legislation for sustainable access to ARVs</li> </ul> | <b>Regional and national AIDS strategies effectively address negative gender norms associated with HIV</b><br><br><b>Regional partnerships to address HIV among men who have sex with men and transgender populations established</b><br><br><b>Trade, health and IP legislation for sustainable access to ARVs enabled</b> |

Active involvement and ownership by regional and national partners and UNDP country offices will be central to achieving Regional Programme outcomes and outputs. Internally, activities will benefit from a strong partnership within the UNDP HIV Practice and with the UNDP Gender Team, (including regional gender advisors), and the Poverty, Governance, and Prevention and Recovery Practices, as appropriate. Initiatives executed under this project will be closely aligned with and complement national, regional, and global development frameworks, as well as UNAIDS and UN system programmes. In each collaborative initiative, standard UNDP modalities (including MOUs with regional bodies as well as small grants and sub-contracts) will be used, as deemed appropriate.

Modalities of support will depend on economies of scale, ability of actions to supplement national activities, and consideration of issues that may be more effectively addressed at the regional or sub-regional levels. Direct technical assistance to national organizations will be provided on an exceptional basis, depending on demand from national stakeholders, UNDP Country Offices or Joint UN Teams on AIDS.

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#### **2.4 Partnerships**

UNDP will focus on building strategic partnerships and developing regional and national implementation capacities to enable rapid scale-up of effective AIDS responses. The Regional Programme will build on lessons learnt from UNDP support to regional and national organisations and entities, and will emphasize partnerships with AU and RECs and CSOs and networks. The activities under the Regional Programme will aim to support organizations to enhance strategic outcomes and meet commitments to strengthen HIV responses and mitigate the impact of AIDS. The Regional Programme will continue to work closely with AU and RECs, including SADC, ECOWAS, EAC, IGAD, COMESA and ECCAS, and other regional institutions to promote policy dialogue and build political leadership and commitment on AIDS. The Programme will also build on existing partnerships with regional CSOs, such as AFRICASO, NAP+, OSISA, OSEA, EALS and ARASA. UNDP has a strong ongoing partnership with NEPAD (New Partnership for Africa's Development) and will build on this to support and promote policy dialogue on AIDS in the region. The Regional Programme will work in partnership with the UNAIDS Secretariat and Cosponsors, and the broader UN family, including with sub-regional AIDS teams under the leadership of Regional Directors' Teams.

Collaboration will also be strengthened with other development partners, including bilateral organisations. In this connection, UNDP will streamline approaches and co-ordinate technical support functions with the Swedish International Development Assistance (SIDA), which, inter alia, is working with COMESA to mainstream HIV into the RECs policies and planning processes.

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### **III. MANAGEMENT ARRANGEMENTS**

#### **3.1 Advisory Board**

There is an Advisory Board (AB) for the Regional Cooperation Framework III, which will also serve as the Advisory Board for this project. The AB, which consists of representatives of African governments, opinion leaders, development partners, other UN and non-UN development agencies, will be expanded to include selected Resident Representatives from each of the four African sub-regions (west, central, east, south). The AB will provide (i) strategic direction and policy advice and (ii) suggestions on coordination with other agencies involved in relevant projects. The Regional Bureau for Africa/ Policy and Strategy Division (RBA/PSD) will serve as the secretariat of the Board.

#### **3.2 Project Governance**

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This will be at two levels. Overall accountability for the attainment of results and the judicious use of programme resources, that is, coordination, strategic direction and oversight for this project will be the responsibility of the RBA Director, assisted by the Deputy Regional Director, Policy and Strategy Division (PSD) in New York. The Programme will be directly executed by the UNDP Regional Bureau for Africa. Consistent with the newly defined UNDP/RBA functional structure and under delegated authority of the Regional Director, the responsibility for implementation and management of the Regional HIV/AIDS Project will be vested in the Deputy Regional Director, Regional Service Centre (RSC), Johannesburg.

The RBA Director will be further assisted in his functions by a Project Board, which will act as the Steering Committee (SC) for the project. The SC will be established by the RBA Director and, in providing strategic and management guidance and programme quality assurance and financial oversight for the project, will: (i) approve work plans, including prioritization of project activities, shifts in strategic direction when required and assess the relevance and quality of activities, (ii) advise on coordination with other agencies involved in relevant projects, and (iii) monitor results through review and approval of project reports on the quality of outputs and efficiency of output delivery. The SC will meet twice a year, preferably in Johannesburg, to review overall progress in the implementation of the project and between meetings there will be electronic exchanges of information and video-conferences. SC will be comprised of senior representatives of key beneficiary institutions, such as AU and RECs; international institutions (UNECA and AfDB); Regional Network of people living with HIV; the RBA Deputy Directors in Johannesburg and Dakar; at least one UNDP Resident Representative/Resident Coordinator; and the Practice Director of the HIV/AIDS Group in BDP. Members of the SC will be chosen for their leadership, experience and understanding of HIV/AIDS and capacity building issues. The composition of the SC will seek to reflect representation of women and achieving gender balance will be mandatory when selecting the members of the SC. The RBA Director will delegate chairing of the SC to the RBA Deputy for PSD.

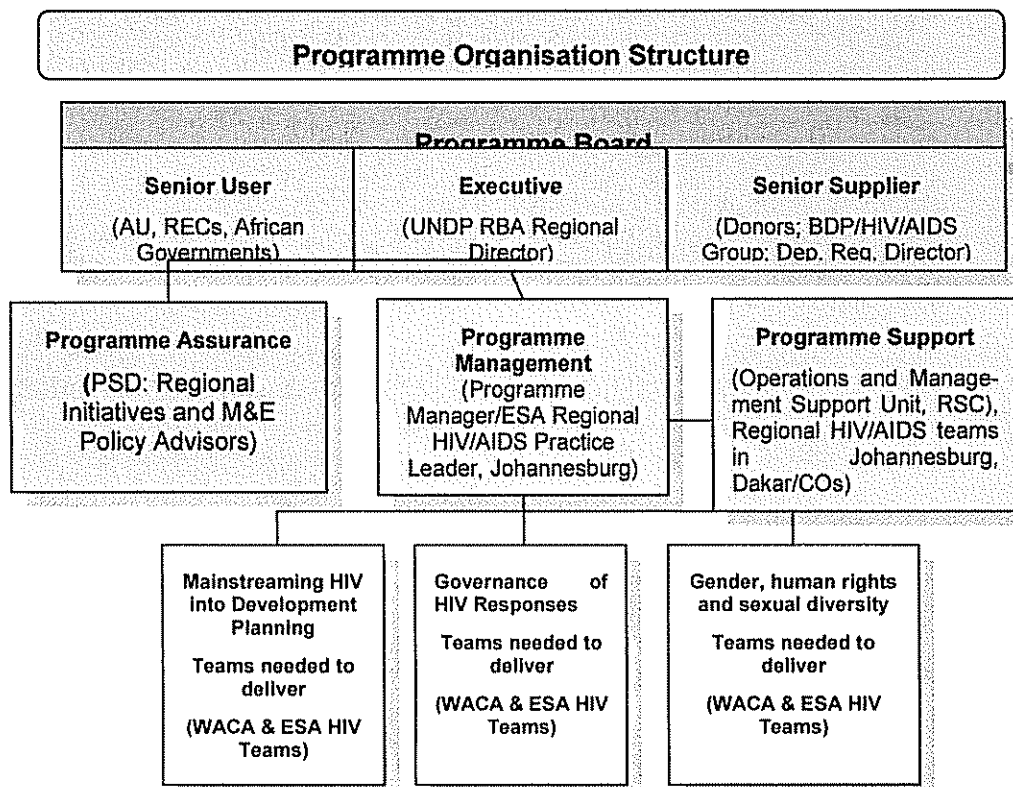
##### *3.2.1 Day-to-day Management*

The project will be directly managed by the RBA Deputy Regional Director (DRD) in the RSC in Johannesburg. He/she will be responsible for overall accountability for the management of the Regional HIV/AIDS Project in terms of quality and timeliness of services, preparation and implementation of annual work plans, preparation and circulation of reports, and efficient budget and expenditure management. The DRD will make arrangements for the delegation of day to day responsibilities for project implementation to the East and Southern Africa Regional HIV/AIDS Practice Leader, RSC, Johannesburg, who will act as Programme Manager. To ensure overall regional policy and programme coherence in providing services to regional partner institutions, programme countries, and COs, in addition to providing substantive and technical supervision and guidance to programme activities, the delegated responsibilities of the Programme Manager will



include: partnership building, resource mobilization, and liaison with partners (both beneficiary and donors) and reporting on progress to both the RBA Director and donors, as needed. In implementing project activities, attention will be given by the Programme Manager to fostering coordination with relevant activities carried out by bilateral and multilateral actors - donors, UN agencies, CSOs and policy think tanks - to seek synergies and avoid duplication.

In carrying out programme management responsibilities, the Programme Manager will be assisted by the Regional HIV/AIDS teams in the two RSCs in Johannesburg and Dakar. The Johannesburg Centre currently has four Regional Policy Advisors, each responsible for a different Programme components – Development Planning & Mainstreaming, Governance of AIDS Responses, Gender and HIV and Human Rights. They report to the Regional HIV/AIDS Practice Leader, who in turn reports to the DRD, and will be directly responsible for the day-to-day management of the various programme outputs and related deliverables. Further support to the Johannesburg team will be provided by one Programme Associate, whose human resource-related costs will be charged to the project, and who will report to the Regional HIV/AIDS Practice Leader. The HIV/AIDS team in Dakar will comprise a Regional HIV/AIDS Practice Leader, two Global Fund Specialists, a Lead Candidate, and a Regional Policy Advisor for Human Rights. Coordination with RECs and other regional bodies in west and central Africa will be led by the team based in Dakar. Similarly, coordination with regional bodies in east and southern Africa will be led by the team based in Johannesburg. Coordination of all project activities will be achieved through regular face-to-face and virtual meetings between the Programme Manager and the Policy Advisors/Specialists of the two HIV/AIDS Teams in both regions and will be chaired by the Programme Manager. The Programme Manager will be responsible for the development of Annual Workplans, their implementation and reporting on progress.



### 3.2.2 *Project Assurance*

Operating under the direction of the SC, project assurance will be delegated to the RBA Regional Initiatives Advisor, who will ensure (i) that project commitments are in line with resources allocated, (ii) compliance with this substantive area of UNDP's Strategic Plan, as outlined in this project document, (iii) timely presentation of workplans to RBA management for any needed re-allocation of resources, and (iv) timely production of quarterly updates to management on delivery of results. He/she will work closely with the BDP Practice Director of the HIV/AIDS Group, ~~especially in connection with (ii) above, as well as with the RBA Evaluation Advisors, who will~~ facilitate regular monitoring and timely evaluation of project activities.

### 3.2.3 *Execution*

In view of the critical role given to UNDP to provide assistance to developing the capacities of national and regional institutions to accelerate pro-poor growth and accountability on the sub-continent, and in line with the decentralization strategy of UNDP and the increasing need for enhanced accountability and quality assurance, this project will be directly executed by the RBA RSC in Johannesburg. Furthermore, there is no single UN or other agency with the package of expertise and experience required to support beneficiaries and partners in this vital area.

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#### IV. MONITORING FRAMEWORK AND EVALUATION

Five percent of the project budget will be dedicated to monitoring and evaluation, including meetings of the Project Board/Steering Committee. Monitoring of the inputs, outputs and outcomes in relation to Regional Programme Key Results and Focus Areas is an important element of project management. The goal will be to assess and track progress towards the realization of outputs and outcomes as set out in annual work plans against the overall RCF III resources and results framework. Regular reporting and monitoring will provide the opportunity to discuss challenges and any changes required in strategic focus and implementation.

This project is an integral part of a single consolidated UNDP HIV response, through the HIV/AIDS Practice at global, regional and country levels, with the activities and outputs reflecting the specificities of the sub-Saharan Africa region. A related results and resources framework for this project has been developed (see section 6) in alignment with UNDP's Strategic Plan results framework (see section 6). ~~Based on this, a specific monitoring framework with clear output and outcome indicators and tools for tracking progress with partners will be developed by the Regional AIDS Teams in the two RSCs (the project team). This will be quality assured by the Regional Initiatives and the Monitoring and Evaluation Advisors, based in RBA Headquarters and in the two regional offices, working closely with the HIV/AIDS Group in BDP. The project team will document progress in activities, outputs and results, including technical and financial reviews, through an annual project report. The monitoring framework will form the basis for annual monitoring and reporting, thereby providing the opportunity for informed discussions on progress, achievements and challenges, and decisions on changes which might be required in strategic focus and implementation. Project achievements will be assessed against UNDP's Strategic Results Framework. Due to the upstream nature of project outputs and activities, the contribution of the project to development results will be determined through dialogue with key stakeholders.~~

In accordance with the programming policies and procedures outlined in the UNDP Programme and Operations Policies and Procedures, the project will be monitored through the following:

- The work-plan for the project will be approved and monitored by the Steering Committee through annual reports, partner progress reports, etc;
- Annual work-plans will be prepared by the project manager and approved by the Steering Committee and progress will be measured against indicators identified; periodic evaluations will be undertaken to ensure that outcomes are being realized;
- Semi Annual Progress reports will be prepared and circulated to beneficiaries upon review by the Steering Committee;
- Annual review meetings will be used as the mechanism to track progress, promote stakeholders ownership of the project's activities and test key assumptions in design. It is assumed that this will make it possible for partners to define an agreed exit strategy, based on progress made within the project's financial commitments;
- The overall monitoring and evaluation procedures of UNDP will apply.

##### Within the annual cycle

- On a quarterly basis, a quality assessment shall record progress towards the completion of key results, based on quality criteria and methods captured in the quality management table below.
- An Issue Log shall be activated in Atlas and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.

- Based on the initial risk analysis submitted (see annex), a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- Based on the above information recorded in Atlas, a Quarterly Progress Report (QPR) shall be submitted by the Project Manager to the Project Steering Committee through Project Assurance, using standard report format available in the Executive snapshot.
- A Project lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the lessons-learned report at the end of the project.
- A Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events.

#### Annually

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- **Annual Review Report:** An Annual Review Report shall be prepared by the Project Manager and submitted to the Project Steering Committee. As minimum requirement, the ARR shall consist of Atlas standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
  - **Annual Project Review.** Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work plan (AWP) for the following year. In the last year, this review will be a final assessment. This review will be driven by the Project Steering Committee and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs and that these remain aligned to appropriate outcomes.

Independent mid-term and terminal evaluations will be conducted to verify, analyse and report progress and findings. The evaluations will present lessons learned regarding project design, implementation and management.

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**V. LEGAL CONTEXT**

This project forms part of an overall programmatic framework under which several separate associated country level activities will be implemented. When assistance and support services are provided from this Project to the associated country level activities, this document shall be the "Project Document" instrument referred to in: (i) the respective signed SBAs for the specific countries; or (ii) in the Supplemental Provisions attached to the Project Document in cases where the recipient country has not signed an SBAA with UNDP, attached hereto and forming an integral part hereof.

The legal basis for this project document is the UNDP Regional Programme Document for Africa (2008-2011). The administration of the project will be governed by UNDP rules and procedures as defined in the UNDP Programme and Operations Policies and Procedures within the broader policy context defined by the Executive Board.

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This project will be directly executed by UNDP RBA Regional Service Centre, based in Johannesburg.

**VI. RESULTS AND RESOURCES FRAMEWORK**

|  |  |
|--|--|
| <p><b>Intended Outcome as stated in the Regional Cooperation Framework III Results and Resource Framework:</b><br/>Capacity depletion in critical social sectors linked to pandemics, especially HIV/AIDS, tuberculosis and malaria halted</p> | <p><b>Indicators, Baseline and Targets as stated in the Regional Cooperation Framework III:</b><br/><b>Indicator:</b> 1) No. of inter-sectoral &amp; regional policies for managing development impact of pandemics developed and implemented; 2) No. of gender-responsive inter-sectoral &amp; regional policies developed<br/><b>Baseline:</b> 1) % regional policies and mechanisms for addressing the development impact of pandemics that are available; 2) No. of regional mechanisms for sharing experiences across countries and across regions.<br/><b>Target:</b> 1) All Regional Cooperation Frameworks fully integrate strategies to address cross-border development impact of pandemics; 2) Systems established for cross-border information sharing on pandemics.</p>   |
| <p><b>Applicable Key Result Area (from 2008-11 Strategic Plan):</b> Mitigating the Impact of AIDS on Human Development</p>   | <p><b>Partnership Strategy</b><br/>UNDP broad-based support and strong political commitment for sustained capacity development for achieving universal access to HIV prevention, care and treatment requires the involvement of many stakeholders (governments, private sector, civil society, African Regional bodies, UN agencies and other development partners). By enlarging the dialogue on HIV/AIDS, the programme will enhance its relevance and chances of success. The overall goal of these partnerships is to: (i) address the challenge of strengthening African ownership and leadership of HIV/AIDS capacity development initiatives; (ii) strengthen resource mobilization in order to secure long-term resources to fund HIV/AIDS capacity development on a sustained basis; (iii) engage and forge strategic partnerships with a number of the organizations involved in AIDS work with the aim of reducing duplication and the burden of fragmentation.</p> |
| <p><b>Project title:</b> Accelerating Efforts to Mitigate the Impact of AIDS on Human Development in Sub-Saharan Africa<br/><b>Project ID:</b> 00071786<br/><b>Atlas ID:</b> 00057959</p>  |  |

| INTENDED OUTPUTS   | OUTPUT TARGETS FOR (2009-2011)  | INDICATIVE ACTIVITIES   | RESPONSIBLE PARTIES   | INPUTS   |
|--|---|---|---|--|
| <b>Regional Project Output(s): Strengthened capacities of inter-sectoral and regional entities to formulate and implement policies and strategies aimed at addressing the development impacts of pandemics, including the gender dimensions</b>  |   |   |   |  |
| <p><b>Intended Project Output 1:</b> AIDS mainstreamed in the work and core mandates of regional organisations and entities.</p> <p><b>Baseline:</b> Some RECs lack capacity to integrate HIV into strategies and plans</p> <p><b>Indicator:</b> No. of RECs with established and functioning AIDS finance reference groups</p>          | <p>1.1 Report on capacity strengthening needs of AU and at least 3 RECs</p> <p>1.2 Report on review of AIDS mainstreaming by AU and at least 3 RECs</p> <p>1.3 Consultations held and impact mitigation guidelines developed for AU and at least 3 RECs</p>   | <ul style="list-style-type: none"> <li>• Capacity Assessments of AU and RECs Secretariat in mainstreaming HIV to inform the baseline</li> <li>• Capacity building workshops on strategic mainstreaming for regional bodies and economic communities</li> <li>• Sub-regional consultations on strategies for impact mitigation and policy development including consultation on strategies for sustainable finance</li> <li>• Supporting development of regional strategies.</li> </ul>                  | <p>UNDP RSCs, with AU and RECs (IGAD, EAC, SADC, ECCAS and ECOWAS), intergovernmental organisations and regional civil society organisations and networks</p> | <p>International consultants; mission costs; w/shop; training and supplies, institutional support. \$420,000</p> |
| <p><b>Intended Project Output 2:</b> Governance of AIDS responses at the regional and sub-regional levels coordinated</p> <p><b>Baseline:</b> Guidelines for cross border HIV and AIDS programmes not used by all RECs</p> <p><b>Indicator:</b> AU and no. of RECs that develop and disseminate cross border HIV and AIDS guidelines</p> | <p>2.1 Assessments conducted in at least 3 RECs</p> <p>2.2 Guidelines on cross-border responses developed and policy frameworks for protection of mobile populations encouraged in at least 3 RECs</p> <p>2.3 Regular sub-regional consultations involving governmental and civil society partners held</p> | <ul style="list-style-type: none"> <li>▪ Assess existing regional activities in AU, EAC, SADC, COMESA, ECOWAS and IGAD, and develop guidelines for coordinating cross border AIDS responses</li> <li>▪ Develop guidelines to facilitate harmonisation of selected policies and procedures related to the AIDS epidemic within the region and sub-regions</li> <li>▪ Capacity development to strengthen linkages between regional governmental bodies and regional civil society networks and</li> </ul> | <p>UNDP RSCs, with AU, RECs and UNAIDS RSTs; CSO networks</p>   | <p>International consultants; mission costs; w/shop; training and supplies, institutional support. \$350,000</p> |

| INTENDED OUTPUTS  | OUTPUT TARGETS FOR (2009-2011)  | INDICATIVE ACTIVITIES  | RESPONSIBLE PARTIES  | INPUTS  |
|---|---|--|--|---|
| <p><b>Intended Project Output 3: Model legislation and policy for HIV adopted</b></p> <p><u>Baseline:</u> At least 5 countries have adopted legislation which criminalise the transmission of HIV.</p> <p><u>Indicator:</u> No. of RECs and countries that have addressed the criminalization of HIV transmission through entrenched regional/national HIV/AIDS policies to respond to the problem.</p> | <p>3.1 Guidance on HIV criminalisation produced and disseminated to at least two RECs and 10 member countries</p> <p>3.2 Guidance on HIV/AIDS policy produced and disseminated to AU, at least 2 RECs and 10 member countries</p> | <p>organisations, including networks of people with HIV.</p> <ul style="list-style-type: none"> <li>▪ Capacity building for regional CSO networks in governance, co-ordination and leadership</li> </ul> <ul style="list-style-type: none"> <li>▪ SADC Model Legislation disseminated and technical support provided to Joint UN Team on AIDS and SADC parliamentarians</li> <li>▪ Production of policy guidance and technical support for regional and sub-regional responses on criminalization of HIV transmission</li> <li>▪ Provision of technical and policy support for development of enabling legislation</li> <li>▪ Production of Policy on HIV/AIDS guidance and technical support for regional and sub regional levels.</li> </ul> | <p>UNDP RSCs, with UNAIDS RSTs, Joint UN Teams on AIDS, SADC Secretariat &amp; Parliamentary Forum</p> | <p>International consultants; mission costs; w/shop; training and supplies, institutional support.</p> <p>\$290,000</p> |
| <p><b>Intended Project Output 4: Gender dimensions of regional and national AIDS strategies strengthened to address gender inequality, vulnerability of women and girls, gender-related impact, and gender-based violence</b></p> <p><u>Baseline:</u> Gender initiatives relating to HIV are rarely budgeted for in national AIDS strategies or development plans</p>                                   | <p>4.1 Regional consultation held involving at least 3 regional CSOs</p>  | <ul style="list-style-type: none"> <li>▪ Assessment of budgeted gender initiatives in regional and national AIDS strategies</li> <li>▪ Convene a regional consultation on strengthening partnerships between HIV and women's movements</li> <li>▪ Support regional bodies to mainstream gender into regional AIDS strategies</li> <li>▪ Support regional CSOs to strengthen capacity to monitor implementation of gender instruments in relation to AIDS</li> </ul>  | <p>UNDP RSCs, with AU and SADC and ECOWAS Gender Unit, UNIFEM and UNAIDS RSTs</p>                      | <p>International consultants; mission costs; w/shop; training and supplies, institutional support.</p> <p>\$290,000</p> |



| INTENDED OUTPUTS  | OUTPUT TARGETS FOR (2009-2011)   | INDICATIVE ACTIVITIES  | RESPONSIBLE PARTIES  | INPUTS   |
|---|--|--|--|--|
| <p><u>Indicator:</u> No. of regional CSOs regularly monitoring gender instruments.</p>  |  | <p>responses such as the AU Women's Protocol, the Solemn Declaration on Gender Equality in Africa (SDGEA) as it relates to HIV/AIDS, the AU Gender Policy.</p>   |  |  |
| <p><b>Intended Project Output 5:</b><br/>Regional partnerships to address HIV among men who have sex with men and transgender populations established</p> <p><u>Baseline:</u> Zero functioning regional networks for MSM and transgender partnerships.</p> <p><u>Indicator:</u> No. of Africa-wide MSM networks established</p> | <p>5.1 Impact of HIV on MSM communities, and barriers to accessing prevention, treatment and care identified in at least 1 REC</p> <p>5.2 Functioning Africa MSM network established</p> | <ul style="list-style-type: none"> <li>▪ MSM desk study to assess impact of HIV on MSM communities, needs &amp; barriers to accessing prevention, treatment and care</li> <li>▪ Capacity building support to Africa MSM network</li> </ul>   | <p>UNDP RSCs with regional and sub-regional organisations, UNAIDS RSTs &amp; Human Sciences Research Council</p> | <p>Int. consultants; mission costs; w/shop; training and supplies, institutional support.</p> <p>\$250,000</p> |
| <p><b>Intended Project Output 6:</b> Trade, health and IP legislation for sustainable access to ARVs enabled</p> <p><u>Baseline:</u> Few countries use opportunities provided by TRIPS to reduce cost of Antiretroviral Treatment (ARTs)</p> <p><u>Indicator:</u> No. of countries using TRIPS to reduce the cost of ARTs</p>   | <p>6.1 TRIPS flexibilities incorporated into national public health related legislation to reduce the cost of ART in at least 2 countries</p>  | <ul style="list-style-type: none"> <li>▪ Desk study to assess and update data on the number of countries making full and effective use of TRIPS</li> <li>▪ Capacity development workshops at sub-regional level for African parliamentarians and relevant government ministries on public health aspects of IP legislation &amp; TRIPS flexibilities in partnership with CHR and OSI.</li> <li>▪ Facilitate support to South- South partnerships to strengthen regional</li> </ul> | <p>UNDP RSCs, with regional organisations, and OSI, WHO and ECOWAS, EAC</p>                                      | <p>Int. consultants; mission costs; w/shop; training and supplies, institutional support.</p> <p>\$200,000</p> |

| INTENDED OUTPUTS          | OUTPUT TARGETS FOR<br>(2009-2011) | INDICATIVE ACTIVITIES   | RESPONSIBLE PARTIES | INPUTS                               |
|---------------------------|-----------------------------------|---|---------------------|--------------------------------------|
|                           |                                   | and sub-regional procurement and production of low-cost, quality ARVs <ul style="list-style-type: none"> <li>▪ Technical and policy support for development of enabling legislation for the procurement of HIV related pharmaceuticals and commodities</li> </ul> |                     |                                      |
| Project Personnel         |                                   |   |                     | One Programme Assistant<br>\$100,000 |
| TOTAL                     |                                   |   |                     | \$1,900,000                          |
| Monitoring and Evaluation |                                   |   |                     | \$100,000                            |
| GRAND TOTAL               |                                   |   |                     | \$2,000,000                          |

VII. ANNUAL WORK PLAN

Year: 2009

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>  | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>   | TIMEFRAME |    |    |    | RESPONSIBLE PARTY                  | PLANNED BUDGET |          |
|---|---|-----------|----|----|----|------------------------------------|----------------|----------|
|   |   | Q1        | Q2 | Q3 | Q4 |                                    | Funding Source | Amount   |
| <p><b>Intended Project Output 1:</b> AIDS mainstreamed in the work and core mandates of regional organisations and entities.</p> <p><u>Baseline:</u> Some RECs lack capacity to integrate HIV into strategies and plans</p> <p>Indicator: No. of RECs with established and functioning AIDS finance reference groups</p> <p>Annual Target: Establishment of AIDS financing groups initiated in AU and 1 REC</p> | <p><b>Activity result 1</b><br/>Capacity gaps in AU/RECs for effective integration of HIV/AIDS identified <i>Associated action</i></p> <ul style="list-style-type: none"> <li>Conduct Capacity Assessments of AU and two RECs Secretariat in mainstreaming HIV</li> </ul> <p><b>Activity result 2</b><br/>Consultation held between partners at the sub regional level<br/><i>Associated action</i></p> <ul style="list-style-type: none"> <li>Undertake meeting of member states on AIDS Financing in AU and at least one REC</li> </ul> |           |    | X  |    | UNDP Regional Programme,           | Consultants    | \$30,000 |
|   |   |           |    |    |    | UNDP Regional AIDS Teams, AU, RECs | Meeting costs  | \$30,000 |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>  | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>   | TIMEFRAME |    |    |    | RESPONSIBLE PARTY        | PLANNED BUDGET                |                                  |          |
|---|---|-----------|----|----|----|--------------------------|-------------------------------|----------------------------------|----------|
|   |   | Q1        | Q2 | Q3 | Q4 |                          | Funding Source                | Budget Description               | Amount   |
| <p><b>Intended Project Output 2:</b><br/>Governance of AIDS responses at the regional and sub-regional levels coordinated</p> <p>Baseline: Guideline for cross border HIV and AIDS programmes not used by all RECS</p> <p>Indicator: AU and no. of RECs that develop and disseminate cross border HIV and AIDS guidelines</p> <p><u>Annual Target:</u><br/>Report on the status of cross border HIV/AIDS programmes in AU and two RECs produced</p> | <p><b>Activity result</b><br/>Strategic issues for cross border HIV/AIDS programmes assessed and identified</p> <ul style="list-style-type: none"> <li>Undertake an assessment of cross border HIV/AIDS programmes in AU and at least two RECS</li> </ul> |           |    | X  | X  | UNDP Regional AIDS Teams | UNDP Regional Programme, RECs | Consultants ; mission costs; DSA | \$50,000 |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>   | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>   | TIMEFRAME |    |    |    | RESPONSIBLE PARTY        | PLANNED BUDGET          |                    |          |
|--|---|-----------|----|----|----|--------------------------|-------------------------|--------------------|----------|
|  |   | Q1        | Q2 | Q3 | Q4 |                          | Funding Source          | Budget Description | Amount   |
| <p><b>Intended Project Output 4:</b> Gender dimensions of regional and national AIDS strategies strengthened to address gender inequality, vulnerability of women and girls, gender-related impact, and gender-based violence</p> <p><u>Baseline:</u> Gender initiatives relating to HIV are rarely budgeted for in national AIDS strategies or development plans</p> <p><u>Indicator:</u> Number of regional CSOs regularly monitoring gender instruments</p> <p><u>Annual Target:</u> Three regional CSOs design strategies and develop a plan for effective monitoring of gender monitoring instruments</p> | <p><b>Activity result 4.1</b><br/>Assessment of budgeted gender initiatives in member countries of at least 3 RECs</p> <ul style="list-style-type: none"> <li>Undertake an assessment</li> </ul> <p><b>Activity result 4.2</b><br/>Regional CSOs familiarized with gender monitoring instruments</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>Workshop on gender monitoring instruments held, involving at least 3 regional CSOs</li> </ul> |           | X  |    |    | UNDP Regional AIDS teams | UNDP Regional Programme | Consultant         | \$25,000 |
|  |   |           |    |    | X  | UNDP Regional AIDS teams | UNDP Regional Programme | Workshop costs     | \$25,000 |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>  | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>  | TIMEFRAME |    |    |    | RESPONSIBLE PARTY        | PLANNED BUDGET          |                      |                  |
|---|--|-----------|----|----|----|--------------------------|-------------------------|----------------------|------------------|
|   |  | Q1        | Q2 | Q3 | Q4 |                          | Funding Source          | Budget Description   | Amount           |
| <p><b>Intended Project Output 5:</b> Regional partnerships to address HIV among men who have sex with men and transgender populations established</p> <p><b>Baseline:</b> Zero functioning regional networks for MSM and transgender partnerships.</p> <p><b>Indicator:</b> No. of Africa-wide MSM network established</p> <p><b>Annual Target:</b> Draft protocol on Africa MSM network developed and agreed by associations</p> | <p><b>Activity result 5.1</b><br/>impact of HIV on MSM communities, needs &amp; barriers to accessing prevention, treatment and care analyzed</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Conduct MSM and HIV desk study and undertake follow up actions</li> <li>▪ Workshop to build capacity of Africa MSM Network</li> </ul> |           | X  |    | X  | UNDP Regional AIDS teams | UNDP Regional Programme | Consultants \$30,000 | \$30,000         |
| <b>Project personnel</b>  |  |           |    |    |    |                          |                         | Workshop costs       | \$40,000         |
| <b>M &amp; E</b>  |  |           |    |    |    |                          |                         |                      | \$30,000         |
| <b>TOTAL</b>  |  |           |    |    |    |                          |                         |                      | \$10,000         |
|   |  |           |    |    |    |                          |                         |                      | <b>\$270,000</b> |

**VIII. ANNUAL WORK PLAN**

**Year: 2010**

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>   | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>   | TIMEFRAME |    |    |    | RESPONSIBLE PARTY                  | PLANNED BUDGET |                    |        |
|--|---|-----------|----|----|----|------------------------------------|----------------|--------------------|--------|
|  |   | Q1        | Q2 | Q3 | Q4 |                                    | Funding Source | Budget Description | Amount |
|  |   |           |    |    |    |                                    |                |                    |        |
| <p><b>Intended Project Output 1:</b> AIDS mainstreamed in the work and core mandates of regional organisations and entities.</p> <p><b>Baseline:</b> Some RECs lack capacity to integrate HIV into strategies and plans</p> <p><b>Indicator:</b> Number of RECs with established and functioning AIDS finance reference groups</p> <p><b>Annual Target:</b> AIDS financing groups established in AU and three RECs</p> | <p><b>Activity result 1.1</b><br/>Regional bodies and economic communities familiarized with recent strategic mainstreaming methods and approaches</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>Capacity building workshops on strategic mainstreaming</li> </ul> <p><b>Activity result 1.2</b><br/>Regional bodies and economic communities develop strategies and action plan for sustainable AIDS financing</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>Conduct sub-regional consultations on impact mitigation strategies and sustainable finance</li> </ul> | X         |    | X  |    | UNDP Regional AIDS Teams, AU, RECs | Meeting costs  | \$160,000          |        |
|  |   |           |    |    |    |                                    | Consultants    | \$100,000          |        |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>   | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>   | TIMEFRAME |    |    |    | RESPONSIBLE PARTY                  | PLANNED BUDGET                    |                                      |                                  |
|--|---|-----------|----|----|----|------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|
|  |   | Q1        | Q2 | Q3 | Q4 |                                    | Funding Source                    | Budget Description                   | Amount                           |
| <p><b>Intended Project Output 2:</b><br/>Governance of AIDS responses at the regional and sub-regional levels coordinated</p> <p><b>Baseline:</b> Guidelines for cross border HIV and AIDS programmes not used by all RECs</p> <p><b>Indicator:</b> AU and no of RECs that develop and disseminate cross border HIV and AIDS guidelines</p> <p><u>Annual Target:</u><br/>Guidelines for cross border HIV and AIDS programmes developed and disseminated in AU and 3 RECs</p> | <p><b>Activity result 2.1</b><br/>Strategic issues for cross border HIV/AIDS programmes identified and draft guidelines for cross border HIV/AIDS programmes produced</p> <p><i>Associated Action</i></p> <ul style="list-style-type: none"> <li>▪ Assess existing regional activities in AU and at least 3 RECs</li> <li>▪ Develop guidelines for coordinating cross border AIDS responses</li> </ul> <p><b>Activity result 2.2</b><br/>Regional CSOs develop a common partnership strategy to engage in cross border HIV/AIDS programmes</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Capacity building workshop for three regional civil society networks</li> </ul> |           |    |    |    |                                    |                                   |                                      |                                  |
|  |   | X         | X  | X  | X  | UNDP Regional AIDS Teams, AU, RECs | UNDP Regional Programme, AU, RECs | Consultant<br>Consultant<br>Workshop | \$30,000<br>\$30,000<br>\$50,000 |
|  |   |           |    |    |    |                                    |                                   | Consultant<br>workshop               | \$22,000<br>\$40,000             |



| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>   | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>  | TIMEFRAME |    |    |    | RESPONSIBLE PARTY              | PLANNED BUDGET                |                    |           |
|--|--|-----------|----|----|----|--------------------------------|-------------------------------|--------------------|-----------|
|  |  | Q1        | Q2 | Q3 | Q4 |                                | Funding Source                | Budget Description | Amount    |
| <p><b>Intended Project Output 3:</b> Model legislation and policy for HIV adopted</p> <p><u>Baseline:</u> At least 5 countries have adopted legislation which criminalise the transmission of HIV</p> <p><u>Indicator:</u> No. of RECs and countries that have addressed the criminalization of HIV transmission through entrenched regional/national HIV/AIDS policy to respond to the problem.</p> <p>Annual Target: SADC Model Legislation disseminated among all member states; 5 countries develop related national HIV/AIDS policy</p> | <p><b>Activity result 3.1</b><br/>SADC Model Legislation discussed and reviewed by all member states</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Conduct workshop on SADC model legislation</li> <li>▪ Technical support to Joint UN Teams on AIDS and SADC parliamentarians in at least 5 countries</li> </ul> | X         | X  | X  | X  | UNDP Regional AIDS Teams, RECs | UNDP Regional Programme, RECs | Workshop           | \$125,000 |
|  |  |           |    |    |    |                                |                               | Travel costs       | \$20,000  |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>  | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>  | TIMEFRAME |    |    |    | RESPONSIBLE PARTY       | PLANNED BUDGET                                   |                       |        |
|---|--|-----------|----|----|----|-------------------------|--|-----------------------|--------|
|   |  | Q1        | Q2 | Q3 | Q4 |                         | Funding Source                                   | Budget Description    | Amount |
| <p><b>Intended Project Output 4:</b> Gender dimensions of regional and national AIDS strategies strengthened to address gender inequality, vulnerability of women and girls, gender-related impact, and gender-based violence</p> <p><u>Baseline:</u> Gender initiatives relating to HIV are rarely budgeted for in national AIDS strategies or development plans</p> <p><u>Indicator:</u> No. of regional CSOs regularly monitoring gender instruments</p> <p><u>Annual Target:</u> Regional women's movements and CSOs establish a regular forum for monitoring of gender instruments</p> | <p><b>Activity result 4.1</b><br/>Regional CSOs familiarized with gender monitoring instruments and women movements hold joint consultations</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Workshop on gender monitoring instruments</li> <li>▪ Meeting of regional women movements in AU and three RECs</li> </ul> |           |    |    |    | UNDP Regional Programme | Workshops, consultants<br>Workshops, consultants | \$102,000<br>\$40,000 |        |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>   | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>  | TIMEFRAME |    |    |    | RESPONSIBLE PARTY        | PLANNED BUDGET          |   |                                  |
|--|--|-----------|----|----|----|--------------------------|-------------------------|---|----------------------------------|
|  |  | Q1        | Q2 | Q3 | Q4 |                          | Funding Source          | Budget Description                              | Amount                           |
| <p><b>Intended Project Output 5:</b> Regional partnerships to address HIV among men who have sex with men and transgender populations established</p> <p><u>Baseline:</u> Zero functioning regional networks for MSM and transgender partnerships.</p> <p><u>Indicator:</u> No. of Africa-wide MSM networks established</p> <p><u>Annual Target:</u> Regional conference for establishment of MSM network held</p> | <p><b>Activity result 5.1</b><br/>Sub regional associations hold consultations and agree on a plan for a regional association</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Sub regional preparatory meetings</li> <li>▪ Regional meeting of sub regional associations</li> <li>▪ Technical advice and support to sub regional associations and regional network</li> </ul> | X         |    |    |    | UNDP Regional AIDS teams | UNDP Regional Programme | Workshop costs,<br>Meeting costs<br>Consultants | \$36,000<br>\$30,000<br>\$30,000 |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i> | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i> | TIMEFRAME  |  |    |    | RESPONSIBLE PARTY | PLANNED BUDGET |                    |                          |
|--|---|--|--|----|----|-------------------|----------------|--------------------|--------------------------|
|  |   | Q1   | Q2   | Q3 | Q4 |                   | Funding Source | Budget Description | Amount                   |
|  |   | <p><b>Intended Project Output 6:</b> Trade, health and IP legislation for sustainable access to ARVs enabled</p> <p><u>Baseline:</u> Few countries use opportunities provided by TRIPS to reduce cost of ARTs</p> <p><u>Indicator:</u> Number of countries using TRIPS to reduce cost of ARTs</p> <p><u>Annual target:</u> Trade, health, and IP legislations in 10 ten countries reviewed in relation to TRIPS and ARVs</p> | <p><b>Activity result 6.1</b><br/>African parliamentarians oriented on public health aspects of IP legislation &amp; TRIPS flexibilities</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Desk study to assess the number of countries making full and effective use of TRIPS</li> <li>▪ Sub-regional Capacity development workshops for African parliamentarians.</li> </ul> <p><b>Activity result 6.2</b><br/>South - South consultations held for procurement and production of low-cost, quality ARVs</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Workshop between countries in Africa Asia and Latin America on TRIPS and ART</li> </ul> <p><b>Activity result 6.3</b><br/>Countries supported in the development of enabling legislation for the procurement of HIV related pharmaceuticals and commodities</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Technical and policy advice</li> </ul> | X  | X  |                   | X              |                    | UNDP Regional AIDS teams |
| <b>Project personnel</b>   |   |  |  |    |    |                   |                |                    | \$35,000                 |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i> | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i> | TIMEFRAME |    |    |    | RESPONSIBLE PARTY | PLANNED BUDGET |                    |        |
|--|---|-----------|----|----|----|-------------------|----------------|--------------------|--------|
|  |   | Q1        | Q2 | Q3 | Q4 |                   | Funding Source | Budget Description | Amount |
| M & E  |   |           |    |    |    |                   |                | \$50,000           |        |
| <b>TOTAL</b>   |   |           |    |    |    |                   |                | <b>\$1,020,000</b> |        |

**IX. ANNUAL WORK PLAN**

**Year: 2011**

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i> | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i> | TIMEFRAME   |  |    |    | RESPONSIBLE PARTY | PLANNED BUDGET |                    |                                |
|--|---|---|--|----|----|-------------------|----------------|--------------------|--------------------------------|
|  |   | Q1  | Q2   | Q3 | Q4 |                   | Funding Source | Budget Description | Amount                         |
|  |   | <p><b>Intended Project Output 1: AIDS</b> mainstreamed in the work and core mandates of regional organisations and entities.</p> <p><b>Baseline:</b> Some RECs lack capacity to integrate HIV into strategies and plans</p> <p><b>Indicator:</b> No. of RECs with established and functioning AIDS finance reference groups</p> <p><b>Annual Target:</b> Fully functional AIDS financing groups in three RECs</p> | <p><b>Activity result 1.1</b><br/>AU and at least 3 RECs implement regional strategies and plans for mainstreaming and sustainable financing</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>• Technical support and advice to AU, RECs and countries</li> </ul> <p><b>Activity result 1.2</b><br/>Implementation of plans and strategies and functionality of AIDS reference groups reviewed</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>• Conduct sub-regional review workshops on impact mitigation strategies and sustainable finance</li> </ul> | X  | X  |                   | X              | X                  | UNDP Regional AIDS Teams, RECs |

| EXPECTED OUTPUTS<br>And baseline, indicators including annual targets | PLANNED ACTIVITIES<br>List activity results and associated actions | TIMEFRAME  |  |    |    | RESPONSIBLE PARTY | PLANNED BUDGET |                    |                          |
|---|--|--|--|----|----|-------------------|----------------|--------------------|--------------------------|
|   |  | Q1   | Q2   | Q3 | Q4 |                   | Funding Source | Budget Description | Amount                   |
|   |  | <p><b>Intended Project Output 2:</b><br/>Governance of AIDS responses at the regional and sub-regional levels coordinated</p> <p><b>Baseline:</b> Guidelines for cross border HIV and AIDS programmes not used by all RECs</p> <p><b>Indicator:</b> AU and number of RECs that develop and disseminate cross border HIV and AIDS guidelines</p> <p><b>Annual Target:</b> 5 RECs adopt and start implementation of cross border HIV and AIDS strategies</p> | <p><b>Activity result 2.1</b><br/>AU and 2 RECs adapt and disseminate cross border HIV and AIDS guideline</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Conduct Sub regional workshop on cross border HIV and AIDS guideline in AU and 2 RECs</li> </ul> <p><b>Activity result 2.2</b><br/>Implementation of the guideline reviewed</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Conduct assessment</li> <li>▪ Review workshop</li> </ul> |    | X  |                   |                |                    | UNDP Regional Programme, |
|   |  |  |  | X  |    |                   | Consultants    | \$30,000           |                          |
|   |  |  |  |    |    |                   | Workshop costs | \$22,000           |                          |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>   | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>   | TIMEFRAME |    |    |    | RESPONSIBLE PARTY                  | PLANNED BUDGET                         |                                   |        |
|--|---|-----------|----|----|----|------------------------------------|--|-----------------------------------|--------|
|  |   | Q1        | Q2 | Q3 | Q4 |                                    | Funding Source                         | Budget Description                | Amount |
| <p><b>Intended Project Output 3:</b> Model legislation and policy for HIV adopted</p> <p><u>Baseline:</u> At least 5 countries have adopted legislation which criminalise the transmission of HIV</p> <p><u>Indicator:</u> Number of RECs and countries that have addressed the criminalization of HIV transmission through entrenched regional/national HIV/AIDS policies to respond to the problem</p> <p>Annual indicator: 2 RECs disseminate model legislation among all member states; 5 countries develop National HIV/AIDS Policy</p> | <p><b>Activity result 3.1</b><br/>AU and 2 RECs discuss and review model legislation for their region</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Adapt the SADC model legislation</li> <li>▪ Conduct workshop on model legislation</li> <li>▪ Technical support to Joint UN Teams on AIDS and RECs</li> </ul> | X         | X  | X  | X  | UNDP Regional AIDS Teams, AU, RECs | Workshop<br>Consultant<br>Travel costs | \$100,000<br>\$30,000<br>\$15,000 |        |



| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>  | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>  | TIMEFRAME |    |    |    | RESPONSIBLE PARTY        | PLANNED BUDGET          |                                   |                      |
|---|--|-----------|----|----|----|--------------------------|-------------------------|-----------------------------------|----------------------|
|   |  | Q1        | Q2 | Q3 | Q4 |                          | Funding Source          | Budget Description                | Amount               |
| <p><b>Intended Project Output 4:</b> Gender dimensions of regional and national AIDS strategies strengthened to address gender inequality, vulnerability of women and girls, gender-related impact, and gender-based violence</p> <p><u>Baseline:</u> Gender initiatives relating to HIV are rarely budgeted for in national AIDS strategies or development plans</p> <p><u>Indicator:</u> No. of regional CSOs regularly monitoring gender instruments</p> <p><u>Annual Target:</u> Regional women movements and CSOs establish a regular forum for monitoring of gender instruments</p> | <p><b>Activity result 4.1</b><br/>Regional CSOs implement gender monitoring instruments</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Review workshop on the work of regional CSOs in monitoring national and sub regional gender strategies</li> <li>▪ Meeting of regional women movements in AU and 3 RECs</li> </ul> |           |    |    | X  | UNDP Regional AIDS teams | UNDP Regional Programme | Workshop costs,<br>Workshop costs | \$50,000<br>\$46,000 |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i>  | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i>  | TIMEFRAME  |  |    |    | RESPONSIBLE PARTY       | PLANNED BUDGET           |                      |                         |
|---|--|--|--|----|----|-------------------------|--------------------------|----------------------|-------------------------|
|   |  | Q1   | Q2   | Q3 | Q4 |                         | Funding Source           | Budget Description   | Amount                  |
|   |  | <p><b>Intended Project Output 5:</b> Regional partnerships to address HIV among men who have sex with men and transgender populations established</p> <p>Baseline: Zero functioning regional networks for MSM and transgender partnerships.</p> <p>Indicator: Number of Africa-wide MSM networks established</p> <p>Annual Target: Africa MSM network become operational</p> | <p><b>Activity result 5.1</b><br/>Africa MSM network initiate implementation of strategies and plans</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>▪ Sub regional preparatory meetings</li> <li>▪ Meeting of sub regional associations</li> <li>▪ Technical advice and support to sub regional associations and regional network</li> </ul> | X  | X  |                         | X                        | X                    | UNDP Regional Programme |
| <p><b>Intended Project Output 6:</b> Trade, health and IP legislation for sustainable access to ARVs enabled</p> <p>Baseline: Few countries use opportunities provided by TRIPS to reduce the cost of ARTs</p> <p>Indicator: Number of countries using TRIPS to reduce the cost of ARTs</p> <p>Annual target: Trade, health, and IP legislations in 10 ten countries reviewed in relation to TRIPS and ARVs</p> | <p><b>Activity result 6.1</b><br/>Countries supported in the development of enabling legislation for the production and procurement of HIV related pharmaceuticals and commodities</p> <p><i>Associated action</i></p> <ul style="list-style-type: none"> <li>• Conduct sub regional workshops to assess status of legislation review in countries</li> <li>▪ Technical and policy advice</li> </ul> | X  | X  | X  | X  | UNDP Regional Programme | Workshop costs<br>Travel | \$60,000<br>\$20,000 |                         |

| EXPECTED OUTPUTS<br><i>And baseline, indicators including annual targets</i> | PLANNED ACTIVITIES<br><i>List activity results and associated actions</i> | TIMEFRAME |    |    |    | RESPONSIBLE PARTY | PLANNED BUDGET |                    |        |
|--|---|-----------|----|----|----|-------------------|----------------|--------------------|--------|
|  |   | Q1        | Q2 | Q3 | Q4 |                   | Funding Source | Budget Description | Amount |
| Project personnel  |   |           |    |    |    |                   |                | \$35,000           |        |
| M & E  |   |           |    |    |    |                   |                | \$40,000           |        |
| <b>TOTAL</b>   |   |           |    |    |    |                   |                | <b>\$710,000</b>   |        |

X. ANNEXES

RISK LOG

| Project Title: Accelerating Efforts to Mitigate the Impact of AIDS on Human Development in Sub-Saharan Africa |  | Award ID: 00057959 |                       | Date: July 2009   |   |  |  |             |            |
|---|--|--------------------|-----------------------|---|---|--|--|-------------|------------|
| #   | Description  | Date Identified    | Type                  | Impact & Probability  | Countermeasures/ Management response  | Owner  | Submitted, updated by                        | Last Update | Status     |
| 1   | In the current economic climate, governments and regional mechanisms will face difficult choices in the allocation of resources, and may not prioritise investments in HIV, or broader health and development efforts. | 2008               | Financial             | Targets for universal access to HIV prevention, treatment, and care will not be reached without increased investments | The project will work with regional bodies and the RDTs to ensure that HIV remains a priority on the development agenda. Policy advice will be provided so that resource allocation and mobilization plans can be developed to enable more effective use of existing resources. | HIV Practice Leaders in Dakar & Johannesburg | HIV Practice Leaders in Dakar & Johannesburg | April 2009  | Increasing |
| 2   | Trends to criminalise HIV transmission may increase  | June 2008          | Political/ Regulatory | Criminalisation of HIV infection may result in distrust in relationships with   | The project will work with regional and national entities to promote legislation that   | HIV Human Rights Advisors                    | HIV Human Rights Advisors                    | April 2009  | No change  |

|   |  |  |                  |   |  |   |   |                   |                  |
|---|--|--|------------------|---|--|---|---|-------------------|------------------|
| 3 | <p>in the region or sub-regions, potentially hampering HIV response efforts.</p>   |  |                  | <p>healthcare workers and discourage HIV testing.</p> | <p>protects the rights of people living with and affected by HIV. Legislative review will be carried out throughout the region, in addition to monitoring of efforts to introduce problematic legislation.</p> | <p>HIV Practice Leaders in Dakar &amp; Johannesburg</p> | <p>HIV Practice Leaders in Dakar &amp; Johannesburg</p> | <p>April 2009</p> | <p>No Change</p> |
|   | <p>Promoting cross border governance for AIDS responses may be challenging in some RECs due to intra and/or inter-state conflicts.</p> |  | <p>Political</p> |   | <p>The project will assess such situations and explore strategic and feasible opportunities to strengthen governance and HIV</p>   | <p>HIV Practice Leaders in Dakar &amp; Johannesburg</p> | <p>HIV Practice Leaders in Dakar &amp; Johannesburg</p> |                   |                  |