

AIDS Strategy and Action Plan (ASAP)

A Service of UNAIDS

Business Plan 2010 – 2011



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Executive Summary

This draft ASAP Business Plan sets out the operational direction for 2010-2011 of the UNAIDS AIDS Strategy and Action Plan (ASAP) service. It presents the history of ASAP and the operational achievements to date, especially the results of the 2008-2009 Business Plan which was successfully implemented according to an independent assessment.

The creation of ASAP in 2005 was driven by the need for improved strategic and operational planning that is evidence-informed, prioritized, costed, and focused on ***efficiency and effectiveness. That need has become even greater over the past eighteen months*** due to the impact of the global economic crisis, the international policy shift to better harmonize AIDS and health strategies, and the move by the two major external donors – PEPFAR through its Partnership Compacts and the Global Fund through its New Architecture - to increase reliance on country systems.

Countries are likely to face the challenge of spending reduced AIDS budgets in more efficient and effective manner. This is compounded by the need to increase resources and effectiveness for HIV Prevention and progress towards Universal Access and MDGs.

“Doing more with less” and “making the money work better” will become the required practice in the future of HIV. Against this background, it is critical that ASAP builds on the opportunity of the fast growing demand for services – *approximately 30 country requests during the first three months of 2010* – and supports countries’ progress towards Universal Access by triggering tangible and substantial shifts in countries’ strategic prioritization and budget allocations driven by efficiency, effectiveness and sustainability criteria.

The ASAP 2010-2011 Business Plan benefits enormously from the recommendations of the 2009 ASAP assessment and of the meetings of the UNAIDS ASAP Advisory Group, constituted by the UNAIDS Secretariat and Cosponsor Global Coordinators, and the international Technical Advisory Group. The Advisory Groups met in April 2010, in Vienna Austria, and recommended, inter alia, the following:

- ASAP should not ration the high demand for its services but manage demand through providing countries with different levels of service in collaboration with the UNAIDS Regional Support Teams, Regional Cosponsors and TSFs and country partners;
- ASAP should increasingly focus on continuum of support to countries throughout the planning process, paying more attention on priority setting and efficiency of resource allocations, as well as to health system issues related to HIV, and coordinating more closely with PEPFAR and the Global Fund.

- Capacity building should focus on supporting regional programmes and individual countries at the time each needs assistance while preparing plans.
- ASAP should identify a small number of countries where it can assess its impact on country resource allocation and prioritization, and resource mobilization;
- UNAIDS will ensure that ASAP is included in discussions of technical support to countries developing National Strategic Applications for submission to the Global Fund.

More specifically, this Business Plan 2010-2011 presents two Financial Scenarios for the future:

- **The Base Case** of US\$7.6 million for two years that would focus primarily on completing the on-going support and targeted support; refocus the capacity building more to individual country needs; and introduce the new element of assessing ASAP's impact as well as expanding quality assurance.
- **The Enhanced Case** of \$10.4 million that would result into 40 countries that could be funded for comprehensive support and expanding targeted support to an increased number of countries.

At present, ASAP has \$4.6 million in funding for 2010-2011 from the World Bank's UBW allocation, from the U.S. Government, and from the World Bank's internal resources. Traditionally, the majority of ASAP support has come from non-UBW funding from UNAIDS. Funding available for ASAP in 2008-2009 was \$11.6 million including from the GTT Trust Fund managed by UNAIDS and the UNAIDS Interagency Budget.

The ASAP Technical Advisory Group recommended that ASAP implement the Enhanced Case as the best way of achieving UNAIDS' "Bold Results" for strategic and operational planning.

The UNAIDS ASAP Advisory Group, constituted by the UNAIDS Global Coordinators and the UNAIDS Secretariat:

- Confirmed its support for the funding of the Base Case and the need to provide the financial resources to match the funding gap (US\$ 3 million). It further supported a request for \$3m to be made to UNAIDS subject to (1) further clarification of the ASAP 2010-2011 Business Plan, and (2) clarification from the UNAIDS Secretariat regarding the source of funds for the proposed \$3m.
- The Advisory Group the Enhanced Case is the most plausible scenario to enable ASAP achieving the UNAIDS "Bold Results" for Strategic Planning.
- Recommended that ASAP prepare a fund-raising strategy to mobilize the additional US\$2.8 million needed for the Enhanced Case from other donors.

Mission: *ASAP' mission is to help the world spend its AIDS money better*

Context

ASAP was created in 2006 to help countries produce strategic responses to the AIDS epidemic. While this objective has always been important, in 2010 its importance is all the greater due to both the international financial crisis and the other priorities competing for diminishing national and international resources for AIDS.

In the current HIV financing landscape, countries are likely to face the challenge of spending reduced AIDS budgets in more efficient and effective manner. This is compounded by the need to increase resources and effectiveness for HIV Prevention. While most of international resources and major results have been achieved in expanding treatment for people living with HIV, yet prevention lags behind with two people getting infected for every five people put in treatment.

UNAIDS Co-sponsors and Secretariat have galvanized countries around 'Universal Access' to HIV prevention, treatment, care and support by 2010, the Millennium Development Goals (MDG) for 2015. The National Strategic Plan is the privileged instrument for prioritization, strategic identification of interventions and scale-up, effective allocation of resources, evaluating impact, and build the path towards Universal Access.

The global convergence around the ten priority areas and cross-cutting strategies within the 'Outcomes Framework' would equally be reflected and rendered operational within NSP elaboration and revision, implementation, and evaluation.

Against this background, the fast growing demand for ASAP's support to NSPs – *approximately 30 country requests during the first three months of 2010* – provides a unique opportunity for ASAP and partners to shape policy decisions and strategic prioritization, triggering tangible and substantial shifts in budget allocations, and increase efficiency, effectiveness and sustainability.

The 2010-11 ASAP Business Plan hinges on the renewed commitment of the World Bank to AIDS, articulated in the Bank's new vision and its four pillars: (i) sustaining and intensifying the focus on prevention; (ii) integrating clinical and health-related AIDS services into health systems; (iii) strengthening social protection services to mitigate the impact of AIDS on vulnerable communities; and (iv) analytic work to build more sustainable, efficient, effective AIDS responses. ASAP is an integral part of the new vision.

I. Background

ASAP's mandate. As a service of UNAIDS, ASAP grew out of a recommendation of the Global Task Team¹ to UNAIDS in 2005 to:

- (i) Coordinate and broker support to countries to strengthen their national AIDS strategies and action plans within the framework of the goal of Universal Access to HIV prevention, care and treatment, and support;
- (ii) facilitate the process of moving from project to program support;
- (iii) improve donor alignment, coordination and harmonization with the framework of the “Three Ones” and the Paris (and subsequent Accra) Declaration; and
- (iv) as a result of the growing understanding of the diversity of the HIV/AIDS epidemic, allow for more differentiated and carefully tailored and prioritized national responses with due attention to efficiency and effectiveness. ASAP was tasked to develop a set of internationally recognized standards and criteria for planning, including a scorecard-style tool that countries could use for self-assessment of the plans.

Based on the GTT's recommendations, UNAIDS established ASAP as a global technical assistance program and coordination mechanism hosted by the World Bank on behalf of the UNAIDS Secretariat and Cosponsors. ASAP's work program was also endorsed at coordination meetings of the U.S. Government's PEPFAR program, the Global Fund against AIDS, Tuberculosis and Malaria (GFATM), and the World Bank in 2006-7.

ASAP's initial Business Plan was developed in January 2006 by a Technical Advisory Group of experienced international authorities on strategic planning, global experts on HIV/AIDS and program managers from several countries. It reflected guidance to create a “one-stop shop” where countries could seek advice and financial support to: (i) enhance strategies by making them more evidence-informed, prioritized, costed and capable of being implemented; (ii) establish operational plans to move from strategy to implementation; (iii) building capacity for planning among country stakeholders; and (iv) develop tools, share knowledge and promote coordination and harmonization in strategic and operational planning.

ASAP's operating principles were that it should be: (i) demand-driven and responsive to all country requests; (ii) flexible in its provision of support based on country needs; (iii)

¹ The Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors – GTT brought together representatives from countries (the public and private sector and civil society), donors, providers of technical support and international experts to establish within 100 days a program of coordinated action to improve the implementation of HIV-AIDS programs. One of the three GTT working groups, chaired by the U.S. Government and the World Bank, on strategies and financing, recommended the creation of ASAP.

rapid in its provision of services; (iv) consultative in its operations, especially within the UN system; and (v) that its governance and operations be “lean and light” relying on staff of the UNAIDS Secretariat and the Co-sponsors, rather than creating a “new bureaucracy”. The Advisory Group outlined an extensive menu of possible ASAP services that would allow for flexibility and responsiveness to country conditions.

ASAP’s governance structure included: (i) the UNAIDS ASAP Advisory Group (comprised initially of five Global Coordinators) to provide systematic overall guidance to ASAP operations by UNAIDS main partners. Since 2009, at the request of Cosponsors, the UNAIDS Advisory Group has been expanded to include ten UNAIDS Cosponsors; (ii) the ASAP Technical Advisory Group consisting of representatives of the public and private sectors, donors, UN agencies, international experts, and implementing agencies to provide guidance on technical issues related to planning; and (iii) the ASAP Training Advisory Committee chaired by UNDP, which met during ASAP’s formative years to ensure coordination within the UN on complementary training activities and to advise on quality and outcome assessments.

II. ASAP’s Operations – Mid 2006 Through End 2009

Since its establishment in mid-2006, ASAP has played a leading role in the provision of guidance in strategic planning on AIDS, rendered to country and partners through four main services: *a) Targeted and Comprehensive Technical Assistance; b) Peer Reviews of Draft Strategies; c) Capacity Building; and d) Development of Tools and Practice Notes.*

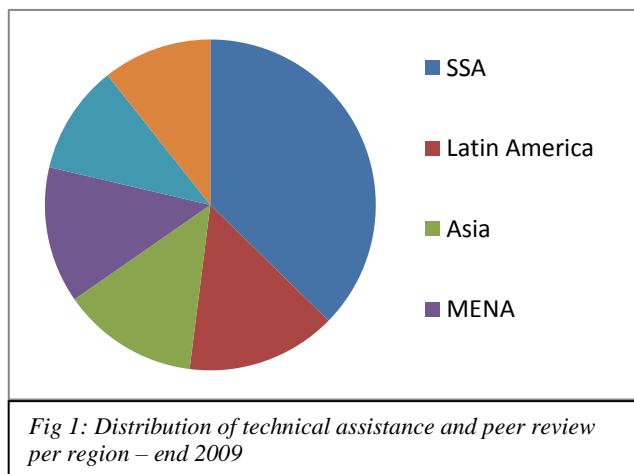
Two external review of ASAP’s operations undertaken in 2007 and at the end of 2009, commissioned by the UNAIDS Secretariat and ASAP and carried out by independent consultants, concluded:

“ASAP had generally met the expectations set out in the draft ASAP Business Plan for 2006-2007 in terms of the quantity and quality of work and adherence to agreed operating principles. It is on track to meet the quantitative goals for technical support, development of tools and capacity building, although the mix of technical support has been stronger than anticipated on broad strategic planning and less on action planning (2007).”

“ASAP has successfully implemented the Business Plan [2008- 2009]” and noted in particular that ASAP “is widely recognized as being a leading example of what UNAIDS can do, and indeed was cited as such in the recent Independent Evolution of UNAIDS. ASAP has built consensus amongst Cosponsors on what constitutes good national planning. Cosponsors reported that involvement of ASAP has enabled them to consider how their own sectoral interests are included in different ways in different plans according to (country) contexts (2010). [Annex 1]”

The growing demand for and the evolution of ASAP services over the last five years confirmed the importance of national AIDS strategies as essential instruments for prioritization, strategic identification of interventions and scale-up, effective allocation of resources, evaluating impact, and coordination across partners.

- **Targeted and Comprehensive Technical Assistance has been provided to an increasing number of countries.** In 2006-2007 ASAP provided nine countries with targeted and ten countries with comprehensive support, while in 2008-2009: 56 countries, one regional organization and two civil society networks received ASAP's support.



The focus of technical support services has evolved and expanded over years, which underscores the strategic importance of the NSP and OPs to shape decision-making and priority settings, following by resource allocations in line with the epidemic dynamics and country needs. In the first two years, *targeted technical assistance* in specific areas of costing, prioritization, monitoring and evaluation, and overall strategic

planning leadership, was provided, as well as (ii) *comprehensive support* to countries throughout the strategic planning process. In 2008 – 2009, the range of services expanded encompassing support to 18 national strategic plans, 21 operational plans, 22 costing exercises and 42 other types of technical support, mostly to help strengthen the evidence base.

Through policy advice and quality assurance, “as recommended by the ASAP Advisory Committee two years ago, ASAP has successfully encouraged countries to go beyond strategic planning to develop action (operational) plans [2010 ASAP Review].” The continuum of services and approach promoted by ASAP resulted into improved prioritization and evidence based strategic and operational plans in countries. ASAP introduced, on demand, a quality assurance review by which feedback was provided within 72 hours.

- **Peer Reviews of Draft Strategies have been highly appreciated by partners as objective and very constructive.** ASAP has provided on-demand confidential peer reviews, produced within two-three weeks, to 29 countries, two regional organizations, and an African faith-based regional organization. Peer reviews, encompassing

comments from a range of experienced practitioners including UNAIDS partners, helped to enhance the strategies and/or their process of development.

- **Capacity Building.** Capacity building focused initially on developing and implementing (i) short workshops for high-level policymakers; and (ii) longer workshops with skills building for technical staff on strategic and operational planning, and on costing provided by the World Bank Institute in collaboration with the Mexico-based Instituto Nacional de Salud Publico and seven regional training partners. Workshops were conducted in Francophone and Anglophone Africa, the Caribbean, the Middle East and North Africa [MENA] and Europe. Training was extended to include UNAIDS Cosponsor staff in the regional training workshops, and specific workshops for TSF consultants on monitoring and evaluation and costing were also delivered.
- **Development of Tools and Practice Notes.** In response to country demands and guidance from the Advisory Groups, in its first year ASAP produced: (i) a Self-Assessment Tool and Guidelines for strategic planning; (ii) a Road-Map for developing a strategic plan; and (iii) Practice Notes on (a) the process of strategy development; (b) results-focused strategic planning, (iv) the Activity Based Costing (ABC) tool to facilitate consolidating agency level budgeting for operational planning; (v) a note on Improving HIV/AIDS Strategic and Action Planning derived from a “good practice” workshop of lead consultants; (vi) a Self-Assessment Tool for Operational Planning; (vii) a guidance note on Operational Planning; and (viii) FinCIAT, the Financial Crisis Impact Assessment Tool.
- One of the main lessons learned was the **importance of partnerships**. Solid and dynamic partnership with UNAIDS Secretariat Cosponsors at global, regional and country level, as well as with the regional UNAIDS Technical Support Facilities (TSFs) are the prerequisite for effective delivery of ASAP services. Examples of important initiatives were the agreements with the UNAIDS Regional Support Team (RST) in MENA, West and Central Africa [WCA], and LA where ASAP joined with UNAIDS, the World Bank, and other partners in supporting national AIDS strategies in a coordinated and managed manner, in response to requests from governments and UN Joint Teams on AIDS.

The financial support provided to **UNAIDS Cosponsors (2008-2009)** facilitated their enhanced participation in peer reviews, capacity building workshops, technical support to countries as well as in developing their own sectoral and thematic strategic planning. ASAP was represented on the Global Implementation Assistance Team (GIST, later CoATS) and associated with its pilot to provide a web-based platform for information on the supply of and demand for technical assistance for HIV/AIDS activities generally.

Financial Snapshot

In 2006-2007: To fund its initial operations, ASAP raised a total of US\$ 6 million from various sources: the Global Task Team Implementation Trust Fund (\$3.32 million), the World Bank's allocation of the UNAIDS 2006-2007 Unified Work Program (\$ 930,000), trust funds from Belgium and Holland (\$985,000) and from contributions from the World Bank's Global HIV/AIDS Program (\$758,000). In addition to direct budget support, the World Bank contributed, and continues to contribute, about \$300,000 annually to ASAP.

In 2008 – 2009: On the basis of the ASAP evaluation and the governance meetings held in late 2007, ASAP developed the 2008-2009 Business Plan, with two options²: (i) a base case - continuing the existing level of tasks with enhancement in quality assurance and a deeper involvement of UNAIDS Cosponsors with a budget of about \$10.6 million for two years, including \$2 million for the Cosponsors, and (ii) an expanded case – increasing the number and deepening ASAP's operations as recommended by the ASAP Advisory Groups with a budget of about \$13.6 million for two years.

Based on the recommendations of the Advisory Groups, ASAP adopted the enhanced case, especially given the importance of expanding ASAP's country assistance. Following ASAP's request, in December 2007, the UNAIDS Executive Director approved UNAIDS's contribution to fill the funding gap of about \$8 million for the enhanced case.

² Under both options, ASAP pledged to: (i) encourage more operational planning, (ii) increase the involvement of Cosponsors in ASAP operations, facilitated by the specific ASAP budget for Cosponsor involvement; (iii) support civil society organizations directly essentially through national planning; (iv) involve national and regional consultants in capacity building efforts; (v) improve coordination and harmonization through an agreed set of activities, including regular visits to UNAIDS Cosponsors; and (vi) continue to involve UNAIDS regional support teams and country coordinators in promoting country ownership and a coordinated response.

III. ASAP In The Future – Responding To Emerging Challenges And A Changing Environment

In the financial crisis era, demonstrating results for AIDS resources spent will be essential to secure support from the international community and from governments facing competing demands, placing prioritization, programme effectiveness and allocative efficiency at the center of the national AIDS strategies and decision making. As ASAP looks to the future, the challenges to strategic and operational planning on AIDS will be both greater in scope and different in nature.

- The 2009 Assessment of ASAP's operations reported that country and other stakeholders noted that the *"greatest challenges by far (in planning) were in setting priorities, and in addressing the factors that make it difficult to set priorities: utilizing the evidence, politics, sectoral interests, and the difficulty in convincing stakeholders to cut back existing activities and reallocate resources to address the drivers of the epidemic."*
- The changing financing landscape for HIV response and particularly continued efforts at financial stabilization, other new and/or competing claims for international assistance, including to middle income countries, are likely to influence donor decisions on allocation to AIDS programming.
- In some countries, AIDS funding will increasingly shift to public resources based upon government decisions, and the latter are likely to reduce HIV allocation. Thus, countries are likely to decrease the spending and countries will be required to demonstrate results and better prioritize and implement.
- Within the health sector, there is considerable support for "health systems" as a primary recipient of donor social sector funding which may change the mechanisms by which funding is channeled to single disease program implementers. Moreover, it may be that a single disease national strategy becomes less important than a health sector strategy that caters, inter alia, to the special characteristics of HIV/AIDS and there is need to strengthen integration of HIV/AIDS health sector activities into health systems and strategies.
- At the same time, the successes of the Global Fund and of PEPFAR in expanding programs with impact towards increasing access suggest that higher levels of funding could be absorbed.

- Changes in how the major donors approach funding increase the importance of strategic and operational planning.
- The consolidation of Global Fund grants in the “new architecture” means there will be only two streams of funding in a country and that most countries should consider, along with their own resources, as the core elements of resource mobilization for strategies and of implementation through operational planning. The new architecture and the future of the NSA signals increased reliance on strategies and operational plans to produce “performance-based” frameworks on which funding decisions can be based;
- The move of PEPFAR towards “country systems” may suggest a stronger reliance on a country’s AIDS strategy and operational plans for resource allocation and implementation directions.

Against this background, it is essential to enhance prioritization of strategies and resources in AIDS planning. “Do more with less” and “make the money work better” will become the required practice in the future of HIV. These trends will not only change the nature of strategic and operational planning but make these planning instruments more important.

IV. Consultations and Guidance on ASAP 2010 -2011 Business Plan

In April 2010, the ASAP Technical Advisory Group followed by the UNAIDS Advisory Group met in Vienna and provided recommendations for the ASAP 2009 – 2010 Business Plan. The two consultations were based on the recommendations of the ASAP's 2007—2008 Implementation Review as well as dialogue on emerging challenges and changing environment.

The UNAIDS Advisory Group, composed of the *UNAIDS Secretariat and Global Coordinators*, conveyed guidance for the ASAP 2010 – 2011 Plan, based on the findings and recommendations of the ASAP Technical Advisory Group, and follow up steps.

The Advisory Groups were presented with two financial scenarios [Table 2 – Annex 1]:

- **The Base Case** of US\$7.6 million for two years that would focus primarily on completing the on-going support and targeted support (an average of \$60,000 per country); refocus the capacity building more to regional and individual country needs; and introduce the new element of evaluating ASAP's impact and expanding quality assurance; while there is a gap of US\$ 3 million.
- **The Enhanced Case** of \$10.4 million that would provide for comprehensive and targeted support to an increased number of countries.

The ASAP Technical Advisory Group

- ✓ Endorsed recommendations of the ASAP's 2007-2008 Implementation Review;
- ✓ Stressed the urgency to meet the fast growing demand for ASAP services – approximately 30 country requests since the start of 2010;

The ASAP Technical Advisory Group agreed that:

- ASAP should not ration the high demand for its services but manage demand and continue to provide its full range of services, as well as general global guidance and best practices on national strategic and operational planning;
- The level of support to countries needs to be expanded and continuum of services ensured; ASAP should, with other partners, complement efforts to generate and utilize evidence of the epidemic as part of strategic and operational planning;

- ASAP should strengthen its regional approach and its collaboration with RSTs, regional Cosponsors, TSFs, and country partners. Particular attention will be important to respond to challenges in southern Africa;
- ASAP should promote consistency/integration between HIV and health strategies, drawing on developments such as IHP+, HRH, RBF, and the Health Systems Platform, in line with WHO/World Bank leadership;
- ASAP should (i) assist countries to integrate into country planning the Global Fund's new architecture, the NSA process and PEPFAR's partnership agreements; and (ii) intensify collaboration with the U.S. Government/PEPFAR in its evolution towards country ownership and systems;
- The UNAIDS Secretariat needs to ensure that ASAP is included in discussions with the Global Fund about technical support, especially related to the NSA process;
- The ASAP Secretariat should evaluate the impact of ASAP services on strategic and operational planning by assessing changes in resource allocation in areas such as prioritization, size of programs and areas of efficiency and effectiveness that can be readily assessed. This should be part of the "base case" financing scenario due to its importance;
- The ASAP Capacity Building Programme will (i) be adapted and integrated into regional approaches; and (iii) workshops will increasingly be held at the country level tailored to country needs and timing and integrated with operational support.
- ASAP should lead the development of new guidance notes on strategic planning.

Regarding the two financing scenarios for the 2010-2011 Business Plan:

- Given the imminent need to address the growing demand, and based upon ASAP's positive track record and the growing requirement for improving planning in a resource constrained environment, the ***Technical Advisory group endorsed the enhanced Business Case for 2010-2011. The enhanced case provides UNAIDS with the best chance of achieving UNAIDS' "Bold Results".***

V. Recommendations of the UNAIDS Advisory Group – The UNAIDS Secretariat and Global Coordinators

The UNAIDS Secretariat and Global Coordinators, in their capacity as members of the UNAIDS Advisory Group

- ✓ Endorsed the ASAP assessment and confirmed the very positive record of performance that ASAP has accomplished since its creation and especially in implementing the 2008-2009 Business Plan.
- ✓ Confirmed that ASAP has grown to be central to the UNAIDS global program – “a flagship program” in the words of one Global Coordinator – and a positive example of UNAIDS mission, especially assisting countries to improve resource allocation and build knowledge.
- ✓ Agreed that the Enhanced Case financing scenario had the best chance of allowing UNAIDS to achieve its “Bold Results” and that anything less than the Base Case would represent an unacceptable reduction of service levels for countries.
- Confirmed its support for the funding of the Base Case. It further supported a request for \$3m to be made to UNAIDS subject to (1) further clarification of the ASAP 2010-2011 Business Plan, and (2) clarification from the UNAIDS Secretariat regarding the source of funds for the proposed \$3m.
- ✓ Requested ASAP to prepare a fund-raising strategy to seek support for the additional US\$2.8 needed for the Enhanced Case, which the World Bank could use with donors, including in coordination with the UNAIDS Secretariat’s intention to seek additional financing for the 2010-2011 UBW.

In addition, the **UNAIDS Advisory Group provided the following guidance to ASAP:**

- ASAP should reinvigorate its communications and coordination with Co-sponsors, including at global level;
- ASAP’s move to early planning with the various regions and levels of technical support was endorsed as was its focus on regional planning of ASAP services and capacity building in close cooperation with the respective RSTs and regional Cosponsors. The ASAP/LA RST/WB program of close cooperation in the Latin America region, planning of interventions with countries and provision of technical support and policy advice throughout the elaboration of the results based frameworks, is an example of successful collaboration and regional approach;
- While resource intensive, increasing the number of countries for Level 3 support was seen as essential, especially due to the need to provide better integration with health systems and with the move to country systems of the U.S. Government and the new architecture of the Global Fund;
- Initiate assessing the influence of ASAP’s interventions on resource allocation, prioritization of strategies and operational plans and other services, illustrating return

for small investment in a resource constrained environment, as one of the priority interventions in the 2010-2011 Business Plan. The evaluation will need to be inclusive and engage AIDS partners and other sectors;

- ASAP' support to countries provides a unique platform and opportunity to ensure that vulnerable populations, often on the fringes of national processes and political commitments, feature in the national AIDS strategies and resource allocations. ASAP and partners need to capitalize on country dialogue around priorities for AIDS responses and reach out to include non-traditional partners, such as law enforcement, prison authorities, labor sector, and other constituencies, relevant to the context of the epidemic.
- It was generally acknowledged that ASAP's comparative advantage was at the broad strategic and operational planning frameworks, while sector plans would be supported by appropriate Cosponsors, cognizant that selection of sectors and their respective role is determined by the context of the epidemic.
- ASAP was recognized as instrumental to include community responses as part of the AIDS strategies and ensure resource allocations. Often not captured into specific sectoral plans, community-based responses are crucial for community mobilization to bring the needed change for HIV prevention in all contexts of the epidemic and to expand coverage of HIV prevention through service provision to those marginalized and most at risk.
- Several Global Coordinators suggested that the Enhanced Case financing scenarios covered too few countries, especially given that continuum of support is crucial to overcome challenge of reaching most at risk populations in many countries.
- It was recognized that costing and budgeting are increasingly important to utilize AIDS strategies for resource mobilization and efficient resource allocations. The discussions asserted the need for ASAP to convene partners involved in various areas of costing for HIV planning to assess the different approaches and determine the extent to which these might be rationalized for the benefit of countries.
- ASAP should also find mechanisms to increase the role of the World Bank, especially those related to integrating health sector issues and IHP + Platform.

VI. ASAP 2010 – 2011 Workprogramme

This ASAP 2010 – 2011 Business Plan reflects the recommendations of the ASAP Technical Advisory Group and the endorsement of the UNAIDS Secretariat and Cosponsors Global Coordinators - representing the UNAIDS Advisory Group.

There is an imminent need to fund the financial gap of US\$ 3 million (Base Case Scenario) and urgently respond to requests from 30 countries conveyed to ASAP since January 2010, as depicted in the table below:

Table 1: Request for ASAP Support: January – April 2010

Region	Country	Type of Support
East and Southern Africa	Angola	Costing
	Namibia	PR
	Mauritius	Mid-Term Review and revised NSP
	Madagascar	Mid-Term Review and revised NSP
	Zambia	Costing; M&E
	Seychelles/Comoros	NSPs
West and Central Africa	Liberia	M&E
	Benin	Mid-term Review
	Burkina Faso	Peer Review of the NSP
	Cote d'Ivoire	NSP, Costing
	Ghana	Review and new NSP
	Togo	Evidence
	Burundi	NSP
Latin America	Argentina	Unit Costs Study
	Belize	NSP
	Brazil	Unit Cost Study
	Costa Rica	Synthesis - Evidence
	Central America	NSP
	Dominica Republic	NSP
	El Salvador	NSP
	Nicaragua	NSP
	Peru	NSP
	Uruguay	Evidence
Venezuela	NSP	
Caribbean	OECS	Regional strategy and costed action plan
	Trinidad and Tobago	NSP and costed action plan

<i>Region</i>	<i>Country</i>	<i>Type of Support</i>
	St Lucia	Peer Review
<i>Asia and Pacific</i>	Laos	Review, NSP and costed action plan
	PNG	Peer Review Costing
<i>Europe</i>	Ukraine	Decentralized Costed Operational Plan
	Tajikistan	Review and NSP
	Georgia	Situation Assessment, NSP, Costing
	Macedonia	Mid-Term Review
<i>Middle East and North Africa</i>	Egypt	Situation Response Analysis, Priority setting, Results Framework
	Sudan (North)	Peer review, NSP costing, operational plan
	Jordan	Review and new NSP
	Morocco	Situation Analysis, Evidence, Mid-term review, Gap analysis
	Syria	NSP, Gap Analysis
<i>NGO</i>	Tearfund	Three action plans in direct follow up to strategies

Key Results for 2010- 2011

ASAP will aim to achieve the following key results, as reflected in the UNAIDS “Bold Results” of the UNAIDS Outcome Framework:

- By 2011 more than 40 national strategies and budgets have been reviewed to better reflect epidemic evidence;
- 10 countries have harmonized AIDS strategies with health sectoral plans.

Financial Scenarios

This Business Plan 2010-2011 presents two scenarios for the future:

- **The Base Case** of US\$7.6 million for two years that would focus primarily on completing the on-going support and targeted support (an average of \$60,000 per country); refocus the capacity building more to regional and individual country needs; and introduce the new element of evaluating ASAP’s impact and expanding quality assurance;

Currently, there is a gap of US\$ 3 million, which the UNAIDS Cosponsors Global Coordinators and UNAIDS Secretariat, agreed to meet through UNAIDS resources. The

growing demand depicted in Table 1 warrants action to ensure provision of the funding gap, i.e. US\$ 3 million, and it provides a solid scenario for swift implementation of funds.

- **The Enhanced Case** of \$10.4million that would provide for comprehensive and targeted support an increased number of countries.

Main Components

In 2010 – 2011, ASAP, in collaboration with partners, will provide the following services:

➤ **Technical Support and Policy Advice to Countries**

- *Strengthen the regional approach to prioritize support technical support to countries.* Currently, ASAP has collaborated with the RSTs, Regional Cosponsors and TSFs (where they exist), and Regional Work Programmes have been devised in LA, WCA, MENA, Asia and Pacific, Europe and Central Asia and the Caribbean. Regional Work Programmes, which are dynamic documents, delineate need for support to more than 40 countries in the next two years in various stages of AIDS strategies and operational planning. They will be regularly updated in collaboration regional and country partners. Particular attention will be focused on responding to challenges in southern Africa;
- Substantial support and early planning is warranted for countries likely to participate in the NSA GFATM rounds.
- *Enhance technical assistance and policy advice by offering countries three levels of support depending on their country circumstances:*
 - **Level 1** – Assisting countries virtually through the peer review and quality assurance services, as well as guidance through ASAP planning documents and tools. The cost of Level 1 is included in the basic category costs in the base case budget;
 - **Level 2** – Targeted Assistance: Supporting countries, in addition to Level 1, with technical assistance, in specific areas of the planning process, especially in the middle income and low prevalence countries that have capacity or access to capacity on their own. The average per country cost of Level 2 is estimated at \$60,000; and
 - **Level 3** – Comprehensive Assistance: Providing countries with full and comprehensive support that would include: (i) support throughout the full planning cycle, integrating strategic and operational planning into one

continuum; (ii) support situation and response analysis, and priority setting to influence policy decisions and resource allocations (iii) developing the results based framework and prioritized plans, costed programmatic gap analysis; (iv) integrating/harmonizing HIV and AIDS health related interventions with health sector strategies; (iv) piloting the integration of the major donors' support, in particular PEPFAR and the GFATM single stream of financing, into one country system based strategy and operational plan in few selected countries.

ASAP will continue to strengthen collaboration with the Cosponsors throughout the provision of technical support and policy advice to countries. While lead technical support to NSP and OP processes will be provided through ASAP, support of Cosponsors will be systematically solicited in the development of specific sector strategies, when the latter is a priority in the context of the epidemic and envisaged as part of the NSP on AIDS.

Examples of Cosponsors' contribution to the AIDS planning include support of WHO to elaborate the health sector response, UNESCO on education, ILO on labor, UNODC on drugs and prison, UNHCR on refugees and displaced populations, UNICEF on PMTCT, UNDP on national planning and MSM, UNFPA on prevention for sex work, WFP in reaching out to people living with HIV, and the World Bank along the four pillars of commitment.

Cosponsor's support will contribute to policy dialogue around sensitive issues to include and allocate resources to HIV programmes for marginalized and most at risk populations in their national AIDS strategies. Cosponsor's contribution will also aim to improve the strategic selection of effective sectoral programmes and interventions in the context of country epidemic.

ASAP will continue to and will expand involvement of Cosponsors at global level, while the UNAIDS Regional Support Teams and Country Coordinators will lead coordinated support of Cosponsors from the regional and country level.

Peer Review

ASAP will continue to organize peer review of national AIDS strategies and provide confidential feedback to country partners, ensuring independent and objective analysis that has been highly appreciated by national partners. ASAP will continue to lead the peer review at the global level soliciting comments from UNAIDS Cosponsors and Secretariat and selected experts, and provide synthesis of comments in a confidential manner to national partners and UNAIDS in the country, and share with those who provided comments.

The peer review will be an integral component of the technical assistance approach per country to enhance the dialogue with the national partners and effective incorporation of feedback and comments provided through the peer review.

Assessment of ASAP's Impact of Support in Countries

In collaboration with partners, ASAP will strengthen current mechanisms to systematically assess the influence of ASAP's role in countries as well as evaluate the impact of technical support provided in partnership with various partners.

Monitoring, integrated into country approaches, will be conducted through regular feedback from beneficiaries and technical experts on selected quantitative achievements in the AIDS strategies and priorities in countries. It will encompass such elements as quality of technical support, partnership and participatory involvement of civil society and partners in countries.

ASAP will conduct an evaluation of impact of support in a few selected countries. The evaluation will principally focus on: a) the extent to which support has shaped priority setting and strategy selection to reflect the epidemic trends and dynamics at national and localized level; b) substantive shifts on resource allocations to match priorities; c) improved quality of NSPs and realistic budget estimations for effective resource mobilization. The findings of the evaluation will inform ASAP operations as well as will yield information on "the return for money" of ASAP's investments.

AIDS and Health Strategies

ASAP, leveraging on internal World Bank capacities, will pursue collaboration with the Global Working Group on Health Systems, including WHO, IHP + partners, to define mechanisms of support to strengthen alignment of AIDS strategies with the national health plans, with a particular focus on IHP+ countries.

ASAP will solicit support from partners, including the World Bank, WHO, for guidance on integration of AIDS health services into the health plans, capitalize on human resource for health initiatives, and improve coverage and service delivery. Coordination of technical assistance for AIDS strategies with health sector planning efforts and increased involvement into HSS will be essential.

➤ *Capacity Building*

The new focus of the capacity building programme will contribute to reinforcing national capacities in processes and methods that are critical on priority setting, results-based frameworks, programme efficiency, and operational plans at implementation level. ASAP will focus on the following approach:

- (i) capacity building at regional level will be part of the support to the regions, based on the specific needs and context; this will include input and update of tailored training materials adapted to the regional context and needs, and support to customized workshops;

- (ii) capacity building workshops at the country level tailored to country needs and timing and integrated with operational support.

➤ **Evidence**

ASAP, through a continuum of support from situation analysis to strategy selection, is uniquely positioned to ensure translating evidence into programmatic and policy priority, improve program and technical efficiency, and priority-driven decision making. ASAP will leverage support to ensure evidence on epidemic context and response will inform priority settings and resource allocations, responding to epidemic dynamics at national and localized context.

As part of its mandate to provide quality guidance and technical support on AIDS strategic planning, convene a knowledge-sharing meeting of key experts on AIDS strategies. The meeting of key experts will focus on emerging challenges and needs for producing solid national AIDS strategies.

ASAP will lead the elaboration of a guidance note on national AIDS strategies, reflecting lessons learned and the evolving knowledge on prioritized AIDS strategies to increase efficiency of resource mobilization and allocation. Taking cognizance of the proliferation of tools produced by Cosponsors on sectoral approaches to AIDS, the guidance will aim to be strategic, build and or refer to current tools, and more importantly, will be focused on defining the key attributes of quality AIDS strategies.

ASAP will convene partners involved in various areas of costing for HIV planning to assess the different approaches and determine the extent to which these might be rationalized and harmonized for the benefit of countries.

ASAP will continue to gather data on country status, and to harness, synthesize and disseminate challenges and lessons learned in elaborating national AIDS strategies and costed operational plans. Regular communication and information sharing will be intensified, while the ASAP website will be systematically updated and populated with the new AIDS strategies, where available, to public domain. Discussions with UNAIDS Secretariat will be undertaken to enhance communication about ASAP services to country level partners.

➤ **Governance and Partnership**

ASAP will implement the Business Plan in collaboration with the UNAIDS Secretariat and Cosponsors at global, regional and country level, as well as with technical support providers, such as UNAIDS TSFs. Annual meetings with UNAIDS RSTs and Cosponsors at global and regional level will facilitate adaptation of the ASAP services to dynamic changes in the global context and tailor the support to the regional contexts.

The UNAIDS Advisory Group, composed of the HIV Global Coordinators of UNAIDS Cosponsors, will meet annually to discuss progress made and provide guidance. ASAP will expand partnerships with key strategic players involved in development of national AIDS strategies in countries. ASAP will pursue and strengthen collaboration with USG at global and country level. Building on the current agreement with USG to provide US\$ 1 million to ASAP's Business Plan, ASAP will explore collaboration in selected countries to harmonize support to national AIDS strategies and the transition of PEPFAR to government programme and ownership.

ASAP will strengthen the dialogue with the UNAIDS Secretariat and the GFATM, in particular concerning the country applications for the GF National AIDS Strategy funding, likely to take place in 2011, and attributes. This is fundamental to ensure timely and quality support to countries.

ASAP will elaborate a resource mobilization plan and will initiate fund raising effort to secure resources for the enhanced case scenario of the Business Plan, endorsed by the Advisory Groups.

➤ ***ASAP Management and Quality Assurance***

ASAP Secretariat will manage the implementation of the ASAP 2010 - 2011 Business Plan. Despite the fast growing and expanded demands for support, ASAP Secretariat will continue to be a small unit and it will rely on mobilizing and leveraging support through various partners.

ASAP will further develop and adopt a systematic approach for quality assurance of technical support building on current approaches adopted by the ASAP Secretariat. ASAP Secretariat provides advice coupled with technical and policy input throughout the provision of technical support in countries. Mechanisms will be adopted to ensure systematic quality assurance and feedback to partners and experts.

➤ ***Next Steps***

The UNAIDS Secretariat and Global Coordinators (UNAIDS ASAP Advisory Group) requested ASAP to prepare a fund-raising strategy to seek support for the additional US\$ 2.8 million needed for the Enhanced Case.

**TABLE 1: ASAP WORK PROGRAM 2010-2011
Base Case**

PROGRAM AREA	DELIVERABLES	COST
Technical Support and Policy Advice to Countries	20 Peer Reviews (Level I)	\$400,000
	Support to 35 countries (Level II)	\$2,100,000
	Support to 14 countries (Level III)	\$2,100,000
Capacity Building	Customized workshops in collaboration with regional partners	\$600,000
	Targeted capacity building in response to country requests	\$400,000
Evidence	Guidance review on national AIDS strategies; Assess the different approaches and determine the extent to which these might be rationalized/harmonized for the benefit of countries in consultation with partners; Evidence of what works to improve strategic planning	\$500,000
Governance, Partnership and Communication	Annual visits to strengthen relationships with Cosponsors	\$50,000
	Annual UNAIDS Advisory Group Meeting	\$50,000
	Joint meeting of the Technical Advisory Group and the UNAIDS Advisory Group	\$250,000
	Visits to RSTs	\$50,000
	Partnership meetings with GFTAM, IHP+	\$30,000
	Continued discussions with OGAC and new discussion with potential donors	\$50,000
	Expanded collaboration with regional bodies	\$20,000
	Reporting and communication	\$100,000
ASAP Management and Quality Assurance	Implementation of the ASAP 2010-11 Business Plan; Regular end of assignment reports from technical experts and beneficiaries on lessons learned	\$600,000
Assessment of ASAP Country Influence	Evaluate impact of ASAP's support through study of changes in resource mobilization where necessary, improved resource allocation where possible, and better prioritization in a small number of countries	\$300,000
TOTAL		\$7,600,000

**TABLE 2: ASAP WORKPROGRAM 2010-2011
Enhanced Case**

PROGRAM AREA	DELIVERABLES	COST
Technical Support and Policy Advice to Countries	20 Peer Reviews (Level I)	\$100,000
	Support to 40 countries (Level II)	\$2,400,000
	Support to 24 countries (Level III)	\$4,200,000
Capacity Building	Customized workshops in collaboration with regional partners	\$700,000
	Targeted capacity building in response to country requests	\$560,000
Evidence	Guidance review on national AIDS strategies; Evidence of what works to improve strategic planning	\$530,000
	Assess the different approaches and determine the extent to which these might be rationalized/harmonized for the benefit of countries in consultation with partners	\$300,000
Governance, Partnership and Communication	Ongoing consultations with Cosponsors	\$50,000
	Annual UNAIDS Advisory Group Meeting	\$50,000
	Joint meeting of the Technical Advisory Group and the UNAIDS Advisory Group	\$260,000
	Visits to RSTs	\$50,000
	Consultative meetings with technical and financing partners and donors	\$80,000
	Expanded collaboration with regional bodies	\$20,000
	Reporting and Communication	\$100,000
ASAP Management and Quality Assurance	Implementation of the ASAP 2010-11 Business Plan; Regular end of assignment reports from technical experts and beneficiaries on lessons learned	\$700,000
Assessment of ASAP Country Influence	Commission rigorous independent evaluation of ASAP's support through study of changes in resource mobilization where necessary, improved resource allocation where possible, and better prioritization in a small number of countries	\$300,000
TOTAL		\$10,400,000

Annex 1. “Review of Implementation of ASAP Business Plan 2008-2009 & Proposals for Future Directions” - Bruce Parnell, Burnet Institute (Australia), January 2010

Executive Summary

This is an independent review of implementation of the AIDS Strategy and Action Plan (ASAP) Business Plan 2008-2009, commissioned by the UNAIDS and ASAP Secretariats. It includes proposals to help guide ASAP in the next Unified Budget and Workplan biennium, predicts some likely changes in demand for services of ASAP over the next two years and notes the budgetary implications of those changes.

Implementation of the Business Plan

ASAP has successfully implemented the Business Plan, and in doing so has provided direct assistance to countries for Strategic Planning, Operational Planning and Costing.

During the period ASAP provided direct **Technical Assistance** to 56 countries, one regional initiative and two civil society networks. ASAP conducted 17 Peer Reviews and assisted in the development of 18 National Strategic Plans, 21 Operational Plans, 22 Costing exercises and 42 other types of technical assistance (mostly to help strengthen evidence bases). In addition, ASAP introduced a new Quality Assurance Review, through which a consultant can request a quick review by just one technical expert, completed within 72 hours of the request. These processes are integral to the type of improved planning ASAP promotes, as they underpin the potential for countries to develop evidence-based results frameworks.

ASAP’s technical support to countries has been flexible and responsive to country needs. Countries valued how ASAP had been willing to take account of their changing needs, willing to suggest what next steps might be most useful, and very quick to provide support once requested. ASAP’s support has ensured that an increasing number of HIV plans are based on evidence of the epidemic, based on knowledge of what works in prevention and providing access to treatment, prioritized, costed and implementable.

- The 2008-09 Business Plan included continued **Capacity Building** through training workshops. The training was expanded as intended, to include training of cosponsors and regional consultants. It varied for different regions, and included introductions to planning and costing for policy makers. In addition, a workshop was held to elicit lessons learned by lead planning consultants.

Knowledge management included development of five new tools: the Activity Based Costing Tool; a note on Improving HIV/AIDS Strategic and Action Planning - Lessons Learned from Lead Consultants; a draft guidance note on Operational Planning; a draft Self-Assessment Tool for Operational Planning; and a draft note on Financial Crisis Impact Assessment. Many countries now say they would like clearer information on

Strategic Planning and Operational Planning, the differences between them, and what has to be considered in developing them.

- In line with the Business Plan, ASAP facilitated Cosponsor involvement through funding to assist cosponsors to participate in the peer review process and capacity building workshops, and to develop some of their own strategic planning initiatives. Cosponsors were regularly informed of new country requests and were provided with quarterly reports.

ASAP as a Service of UNAIDS

ASAP is described as *a service of UNAIDS*, and Cosponsors affirmed that it is now seen clearly as this. ASAP is widely recognized as being a leading example of what UNAIDS can do, and indeed was cited as such in the recent Independent Evaluation of UNAIDS. ASAP has built consensus amongst Cosponsors on what constitutes good national planning. Cosponsors reported that involvement in ASAP has enabled them to consider how their own sectoral interests are included in different ways in different plans according to contexts.

Communication and Promotion of ASAP Services

Cosponsors have communicated with their own regional and national staff about the existence of ASAP and the advantages of evidence-based planning. A notable gap in communication, which can easily be improved, is the lost potential to promote ASAP, its services and its tools through the UNAIDS website.

Categories of Consultants Working to Support National Planning

During the period ASAP has improved quality assurance of the consultants' work, elicited lessons learned from consultants' experiences, both for ASAP itself and for sharing with other consultants, and made an effort to work with more regional consultants

Changing Contexts

Future plans will take place in changing contexts. Two important aspects of current changes are (i) improved understanding of what works in response to the HIV epidemic, and (ii) the global financial crisis. Both of these changes will present ongoing challenges in planning, particularly the need to change priorities as what works is fine tuned and as available resources diminish.

How ASAP Can Continue to Adapt to Regional Needs

Responsiveness to country requests has led to ASAP using different approaches in different regions. This has been useful because each region has different types of epidemics,

responses, capacities of individuals, organisations and countries. This is evolving in each region, and the review notes some different nuances of ASAP's approaches in different regions.

Managing Demand

As recommended by the ASAP UNAIDS Advisory Committee two years ago, ASAP has successfully encouraged countries to go beyond strategic planning to develop action plans. In line with agreement reached in the March 2009 ASAP UNAIDS Advisory Group meeting, the ASAP Secretariat has begun to move further towards "managed demand", in which the need for services can be better predicted and the means to provide them can be better planned and organised. All partners in this review endorsed the desirability of such a move.

Some predictability has already evolved from current experiences in planning. In some cases, regional collaboration between key stakeholders and providers of technical support has already made planning more predictable. However, the review notes some limitations on countries' own abilities to prepare ahead for planning. ASAP and its partners should continue to work towards better managing demand, but over the next two years should continue to respond flexibly to unplanned requests from countries.

Budgetary Considerations

Anticipated changes in budgetary requirements will depend on changes made to the Business Plan, noting that country needs for technical support on strategic planning are increasing. This review notes some likely changes to be considered if the recommendations are adopted. The net effect of all these changes, specific to each region's needs, will be that ASAP will require an increase in the level of resources available, to around \$10.5 million for the next Business Plan. However, the total anticipated income is, at present, only \$4.67 million, representing a current shortfall of approximately \$5.83 million.

If further funding is not provided then ASAP support for country planning will have to be drastically reduced, at a time when all stakeholders agree that more focused country planning is essential and demands are increasing, in part to enable countries and donors to reduce spending on HIV.

Summary of Recommendations

Since ASAP is recognised as a service of UNAIDS, recommendations are made for the ASAP Secretariat and for the rest of the UNAIDS system.

1. The range of ASAP services for direct support to country planning

ASAP should continue to provide the full range of support that it has been providing to countries during the last Business Plan.

2. Managing demand through closer collaboration with Regional Support Teams

ASAP should continue to engage with each region independently to develop proposals for managing demand.

3. Review of training needs for capacity building

The ASAP Training Advisory Committee should work with the ASAP Secretariat to develop training plans for the next biennium, following ASAP consultation with each region about planning needs.

4. Guidance on Strategic Planning and Operational Planning

ASAP should review the existing information in the ASAP tools for Strategic Planning and Operational Planning, and further develop guidance which enables countries to better understand what is required for planning specific to different types of epidemics, responses and capacities.

5. Guidance on choosing and using costing tools

ASAP should develop a Guidance Note on costing tools: what is available, and how to choose and use costing tools for different purposes.

6. Planning for countries in Southern Africa

ASAP should be prepared to facilitate short term discussions on how to improve planning to address current regional needs in Southern Africa.

7. Improving countries' capacity to prepare for effective planning and to harmonize and align HIV planning with other sectoral and national development planning

The UNAIDS Secretariat should support UNAIDS Country Coordinators and Joint UN Teams to assist countries to prepare for HIV planning.

8. ASAP and National Strategy Applications to the Global Fund

The UNAIDS Secretariat should ensure that ASAP is included in ongoing discussions about the provision of technical support to countries for developing NSAs.

9. Funding of ASAP for the next ASAP Business Plan, 2010-2011

The exact amount of required resources to enable continued support for country planning will be finalised following consideration of this review. It is likely that there will be a need for \$10.5 million for the next two years. At present only \$4.67 million is confirmed as available, while the demand is growing. It is fundamental for ASAP's operations that UNAIDS maintains its contribution to the ASAP budget for 2010-2011, as in the previous biennium, meeting the increasing needs for resources and support to countries.
