



*Identifying options for UNAIDS future role vis-à-vis The Champions for an AIDS-Free Generation*

# **Identifying options for UNAIDS future role vis-à-vis the *Champions for an AIDS-Free Generation***

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***Final Report***

***July 2019***



# 1 Introduction

## Structure of this report

This report is structured in the following manner:

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## About this assignment and report

*The Champions for an AIDS-Free Generation* (hereafter, *the Champions*) is an initiative funded by the U.S. government's PEPFAR programme and administered by UNAIDS. Following confirmation by PEPFAR that it will discontinue funding for the initiative at the end of the current grant [end January 2020] the UNAIDS Evaluation Office initiated this assignment to recommend options that would help to facilitate a UNAIDS decision on its future role vis-à-vis the *Champions*.

This report is not an evaluation of *the Champions* but a review of UNAIDS' engagement with the *initiative*. It has been conducted through a document review and eighteen structured interviews. It is forward-looking in its outlook and limited to a focus on recommending options to facilitate such a decision by UNAIDS. Its purpose is to gather from these interviews the sentiments and perspectives of UNAIDS staff with regards to the relationship between UNAIDS and *the Champions* initiative and to distil these views into clear reflections and actionable recommendations to facilitate the UNAIDS decision as to how it wishes to proceed with this relationship following the conclusion of the grant.

## About *the Champions* for an AIDS-Free Generation

*The Champions for an AIDS-Free Generation* is a distinguished group of former presidents and influential African leaders who are committed to the goal of achieving an AIDS-free generation in Africa. The initiative was founded in 2008 by His Excellency Festus Mogae, the Former President of the Republic of Botswana. Individually and collectively, *the Champions* rally and support regional leaders towards ending the AIDS epidemic as a public health threat; transcending political partisanship to speak freely and independently, both in public and behind the scenes, on the issues that need solutions. There are currently 13 Champions from 11 African nations.<sup>1</sup> H.E. Festus Mogae is the Chairman of *the Champions*. (See <http://www.aidsfreechampions.org/>).

Originally a short-term initiative of 2-3 years was envisaged to bring together former heads of state and influential African leaders as Champions for an HIV-Free Generation. At the time of the establishment, partners included the Southern African Development Community (SADC), the Bill and Melinda Gates Foundation, the World Bank, UNICEF, WHO, PEPFAR (the U.S. President's Emergency Plan For AIDS Relief), as well as UNAIDS.

## The relationship between UNAIDS and *The Champions* initiative

There is a long history of cooperation between UNAIDS and *the Champions* initiative. At its inception in 2008 UNAIDS supported *the Champions* by helping to define its focus and orientation, identified opportunities and provided strategic information and analysis to support the authoritative engagement of *the Champions*. In 2012 UNAIDS led the development of the *Champions* revitalisation strategy following the withdrawal of the Bill and Melinda Gates Foundation [BMGF]. Thereafter, it assumed responsibility for contracting two Champions secretariat staff in Gaborone and providing more formalised technical and operational support. Operational support included administering a PEPFAR grant on behalf of *the Champions*, managing the staff contracts of the *Champions Secretariat* and funding the participation of *the Champions* in their various activities and events. Technical support from 2014 included closer ties to the UNAIDS Regional Support Team (RST), including two full time Gaborone-based UNAIDS staff dedicated to *the Champions Secretariat* (for two years), a percentage of the time of three RST staff dedicated to *the Champions* (Deputy Director, Operations Manager and Programme Adviser), and a further two years of additional support provided by a UNAIDS staff member based in Gaborone and dedicated to support *the Champions*. In 2015 UNAIDS supported the rebranding and relaunching of *the Champions* (including through three visits from UNAIDS headquarters communications team and other staff in 2015). Since 2017 the activities of *the*

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<sup>1</sup> Festus Mogae, former President of Botswana and Chairman of *the Champions*; Joyce Banda, former President of Malawi; Edwin Cameron, South Africa Constitutional Court Judge; Joaquim A. Chissano, former President of Mozambique; Kenneth D. Kaunda, former President of Zambia; Alpha Oumar Konaré, former President of Mali; Benjamin Mkapa, former President of the United Republic of Tanzania; Kgalema Motlanthe, former President of South Africa; Olusegun Obasanjo, former President of Nigeria; Hifikepunye Pohamba, former President of Namibia; Desmond Tutu, Archbishop Emeritus Cape Town & Nobel Peace Prize Laureate; Speciosa Wandira-Kasibwe, former Vice President of Uganda; and Miriam Were, former Chairperson of the Kenya National AIDS Control Council.



*Champions* have been integrated into the RST for Eastern and Southern Africa (ESA) workplan and a direct reporting line from the *Secretariat* in Gaborone has been established to the RST ESA Director.

## 2 Methodology

UNAIDS established a Reference Group<sup>2</sup> to oversee this assignment and to provide ‘informational interviews’ at project inception. The Reference Group also provided feedback on the findings, recommendations and conclusions on a preliminary draft of the report, helping to reduce factual inaccuracies and to strengthen the report.

The information underpinning this report was gathered through interviews conducted with pre-selected UNAIDS staff who have or have had a working relationship with the initiative and with two *Champions* [see Annex [6a](#)) [List of interviewees](#) and [6b](#)) [Interview Guide](#)]. A document review was also conducted of literature produced by or for the *Secretariat* – including three prior reviews conducted of *the Champions initiative* [2011 at the conclusion of BMGF funding; 2015, at the conclusion of the SADC grant; and the 2017 *Secretariat* initiated *Singizi Review*]. No secondary literature was analysed, and no beneficiaries, external parties or partners were interviewed.

This is not a review of *the Champions* as it is not for UNAIDS to determine the future of an independent organisation. Rather, this is a forward-looking review of the engagement between UNAIDS and *the Champions*. The analysis uses the information derived through the document review and interviews to gain an understanding of what is working and what is not, how this could be improved and what opportunities exist for doing so. The express purpose is to recommend options to facilitate a decision by UNAIDS on its future role vis-à-vis *the Champions*. Based on this analysis the report then provides a set of prioritised recommendations.

The findings presented throughout Section 3 (“[Main findings](#)”) were derived primarily from the interviews conducted, with supporting evidence provided from the document analysis. Effort has been made to indicate the degree to which these findings were supported – whether this be that they were supported unanimously, by a majority of interviewees or by one or a few interviewees. Where the degree of support is not indicated the finding should be interpreted as being supported by at least a majority of interviewees.

This reviewer’s analysis of the findings is then presented in Section 4 (“[Conclusions](#)”). Section 4.a presents in table form the full complement of alternative operating model ‘options’ for the *Champions Initiative* vis-à-vis UNAIDS that were considered by interviewees. Four initial suggestions were presented to all interviewees. Four additional model options emerged in response to the request that interviewees propose their own suggestions. As the set of options presented evolved with each

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<sup>2</sup> Reference group members: Joel Rehnstrom, Director, UNAIDS Evaluation Office (Geneva); Makhamokha Mohale, Executive Secretary, *Champions Secretariat* (Gaborone); Catherine Sozi, Director, UNAIDS RST for Eastern and Southern Africa (Johannesburg); Susan O’Leary, UNAIDS, Senior Adviser, External and Donor Relations (Geneva).

interview, subsequent interviewees benefitted from being able to consider the initial options as well as the additional models proposed by their colleagues.

The challenge with this evolving set of options is that not all alternative operating model ‘options’ were presented to all interviewees. Thus, it is not possible to quantitatively ‘tally’ the degree of support for each option. Nevertheless, Section 4 (“[Conclusions](#)”) of the report will “weight” the level of support received across the eight alternative operating models considered.

The spectrum of operating model ‘options’ discussed are presented in **Table 2**, along with their ‘Pros’ and ‘Cons’. In **Table 3** the various permutations of each operating model for UNAIDS, *the Secretariat* and *the Champions* themselves are then presented.

### Unit of analysis – The need to distinguish between *The Champions* and *The Secretariat*

Emerging clearly from analysis of the interviews is the need to distinguish in the findings and in the recommendations between the two separate but related units of analysis: *The Champions* themselves and the *Champions Secretariat* that supports them. When considered as two separate units of analysis the views of UNAIDS staff tend towards convergence. When considered as a single unit of analysis staff views diverge fairly cleanly between:

- those UNAIDS staff whose interactions with *The Champions* have primarily been strategic or where they have primarily engaged directly with *The Champions* themselves; and
- those staff whose interactions have primarily been with *the Champions Secretariat* or where their interactions have involved an oversight function of *the Secretariat*.

Obviously, this delineation is not discrete (particularly where the two units of analysis overlap to deliver the Champions programme) and some UNAIDS staff interact with both *The Champions* and *the Champions Secretariat* or at the strategic level as well as in an oversight role. However, the expressed views of UNAIDS staff of *The Champions* and of *the Secretariat* often (although not unanimously) follow this divergence. Though the distinction is far from perfect there is great utility in separating ‘The Champions for an AIDS-free generation’ into the two discrete units of analysis to ensure that it is clear across the findings and recommendations which unit is being referred to. Thus, this report will make the distinction between *The Champions* themselves (hereafter, *The Champions*) and *The Champions Secretariat* (hereafter, *the Secretariat*).

### 3 Main findings

#### 1. What are the positives that can be built upon? – *The Champions*

*The Champions remain relevant to the UNAIDS agenda*

Do you value <i>the Champions</i> and want to continue working with them?	Do you want to retain <i>the Champions</i> in some way as part of UNAIDS?
<ul style="list-style-type: none"> <li>• YES = 11 out of 13 (85%)</li> </ul>	<ul style="list-style-type: none"> <li>• YES = 10 out of 13 (77%)</li> </ul>
With nuance around: <ul style="list-style-type: none"> <li>• Duration [some specified that this be just for the short-term (1 year)]</li> <li>• Removing and/adding <i>Champions</i></li> </ul>	With nuance around: <ul style="list-style-type: none"> <li>• Reducing the cost of the programme</li> <li>• Loosening the affiliation or bringing it closer into the UNAIDS fold</li> </ul>

*There is significant strategic alignment between the objectives of UNAIDS and The Champions*

- Although this alignment has not translated into a synergy that generates the expected impact.

*Champions have gravitas, those who are active are committed and they remain motivated*

- *The Champions* have strong personal credibility and eminence. Each is a well-respected, highly influential and a high calibre leader who carries with them great moral authority. Stemming from this is a unique ability to gain access to and be listened to with respect by sitting Heads of State. This gravitas is particularly strong on the African continent, but it is not exclusive to Africa.
- *Champions* are very busy people. To have them committed and motivated to this initiative – and willing to speak out bravely on difficult issues – is a privilege that should be maximised.

*The Champions provide an effective entry point into Africa’s key decision-makers*

- *The Champions* have authority, are listened to at the highest levels of country leadership and get the message out with due difference and respect.
  - “Leaders of countries that *the Champions* visit don’t feel that they are being judged. That’s a difficult skill”.

*Continuing relevance and demonstrated ability to adapt as priorities change*

- Topics raised are relevant and current. *Champions* have demonstrated agility in adapting to new issues and a willingness to change and learn.

*The Model works – Has been effective and provides value to UNAIDS*

- They help UNAIDS better understand and navigate the political context on the Continent.
- Have guided UNAIDS by helping it to ‘pick its battles’, saving time, energy and money.
  - E.g. LGBTI issue in Tanzania – ‘this issue won’t move so don’t waste your time’.
- They are given the space (an audience), they are listened to, they get the ‘red carpet’ treatment: all of which helps to profile the advocacy issues that UNAIDS would like raised in each country.
- UNAIDS has been able to tap into *the Champions* network to respond very quickly in emergencies.
  - E.g. Using *the Champions* to reach ‘someone who knows someone’ with decision-making authority in Egypt to free gay HIV-positive patients chained to their hospital beds.
- The model – high level dialogue between political leaders held behind closed doors – enables difficult topics to be handled discretely and sensitively [and without foreign/western intervention].

### *Real achievements – When active, the Champions have been effective in realising change*

- [NOTE: The nature of the programme – high level dialogue between political leaders held behind closed doors – combined with the humility of the Champions themselves and with the sensitivity of current Heads of State not wanting to be seen to be influenced by their predecessors, means that the initiative will always struggle to publicise achievements or to take credit for progress.]
- It is easy to point to ‘issues’ that *the Champions* have engaged with country leaders on, which have changed, but it is less easy to directly attribute cause and effect. The following potential achievements were identified during interviews with *Champions* and from the document analysis:
  - **Botswana:** The Bakgatla tribe re-adopting circumcision as a cultural practice in 2009 (abandoned 1902).
  - **eSwatini:** Swazi king re-adopting circumcision as a cultural practice; Increased visibility and engagement in HIV and associated issues by the Queen Mother.
  - **Ivory Coast:** Additional \$10million govt. investment in HIV response; commitment to remove “structural, policy and funding barriers..., including those presented by user fees.”
  - **Malawi:** Discriminatory draft legislation was delayed and later amended following intervention (not only by *Champions*).
  - **Namibia:** Ended scholarships being awarded conditional on HIV negative status; Revoked travel restrictions limiting entry of PLHIV.
  - **South Africa:** Zulu king re-instating circumcision as a cultural practice (although this happened before *the Champions* visit).
  - **Tanzania:** The advocacy undertaken by *the Champions* in the course of their visit in 2013 contributed to the setting up of an AIDS Trust Fund for the country:
    - “...while it could not be argued that *the Champions* introduced the notion of the Fund, they nonetheless ‘speeded up the process’.”
  - **Zambia:** Public pronouncements by President Banda not to criminalise homosexuality:
    - “Up until now, I did not understand why we should tolerate homosexuality. So, it has been difficult to think whether we should have laws or not to criminalise homosexuality in our society. But having heard from you *Champions* and looking at your position I can understand why first we should not criminalise them.”

### *The impact of the Champions can be outsized – and exponentially exceeds programme costs:*

- The March 2019 country visit to Côte d’Ivoire alone resulted in an additional \$10million for HIV and unlocked the intractable issue of user fees that not even [PEPFAR cutting funding to ‘maintenance levels’](#) could achieve.
  - **Côte d’Ivoire’s \$10m pledge alone exceeds 4x the total lifetime cost of *The Champions*.**
  - Whether directly attributable to *the Champions* alone, their visit provided Côte d’Ivoire’s President with political ‘cover’ to announce the new investment.

## **2. What are the positives that can be built upon? – *The Secretariat***

### *Have never turned down any opportunity unless there was a scheduling challenge*

### *Secretariat staff have developed a good working relationship with the Champions*

- *The Champions* are always well briefed and well prepared; always appear to be ‘on the same page’.

### *Since last review (2017), Champions activities have been integrated into UNAIDS workplan*

- Secretariat workplan forms part of UNAIDS RST for Eastern and Southern Africa (ESA) workplan.
- Secretariat budget is UNAIDS budget; Secretariat participates in weekly RST for ESA meetings.
- Secretariat have ensured that *the Champions* have supported most of the engagements of the RST Political Advocacy team.



*Secretariat has demonstrated agility and willingness to adjust the model to remain relevant*

- Over time have adapted issues focussed on in response to political and epidemiological changes.
- Guided by the external reviews the *Secretariat* has adjust the model to remain relevant, including by: limiting country visits to one Champion per visit to reduce costs; pursuing cost-sharing arrangements with strategic partners (HEARD and Royal Commonwealth Society); employing a mix of intervention to compliment country visits; and reducing the staff complement to just two.
- Following the 2012 HLCC meeting in Washington, five new Champions were recruited in 2015: H.E. Joyce Banda, H.E. Alpha Konare, H.E. Kgalema Motlanthe, H.E. Olusegun Obasanjo and H.E. Hifikepunye Pohamba.

### 3. Areas of concern or requiring improvement – *The Champions*

*Only roughly half of the Champions are moderately active*

- While 10 of 13 *Champions* were active over the 4-year period April-2015 to June-2019:
  - 7 of 13 *Champions* participated in three or more activities
  - 6 of 13 *Champions* participated in four or more activities
  - 3 of 13 *Champions* participated in five or more activities
  - 5 *Champions* participated in 1 or no activities
- Activity reports since the 2015 make mention of the involvement of the following *Champions*:
 

1.	H.E. Joyce Banda:	3x in 2016 (Total: 3)
2.	Justice Edwin Cameron:	0x
3.	H.E. Joaquim A. Chissano:	2x in 2018 and 2x in 2019 (Total: 4)
4.	H.E. Kenneth D. Kaunda:	1x in 2018 (retired from public life in 2018)
5.	H.E. Alpha Oumar Konaré:	0x
6.	H.E. Benjamin Mkapa:	1x in 2015
7.	H.E. Festus Mogae:	active multiple times each year, 2015-2019
8.	H.E. Kgalema Motlanthe:	2x in 2016, 2x in 2017 and 1x 2019 (Total: 5)
9.	H.E. Olusegun Obasanjo:	2x in 2016 (Total: 2)
10.	H.E. Hifikepunye Pohamba:	2x in 2016, 1x in 2017 & 1x in 2018 (Total: 4)
11.	Archbishop Desmond Tutu:	0x (retired from public life in 2011)
12.	H.E. Speciosa Wandira-Kasibwe:	1x per year, 2015-2018 (Total: 4)
13.	Prof. Miriam Were:	3x in 2016 and 3x in 2018 (Total: 6)

*Initiative has found it difficult to recruit new Champions and current Champions are ageing*

- Age of the 13 current Champions:
  - In their 60's: 4 (2 of whom are 69)
  - In their 70's: 4 (3 of whom are 79)
  - In their 80's: 4
  - In their 90's: 1
- The sustainability of the programme depends on an ability to recruit new *Champions*, but this has not happened since the 2012 HLCC decision (and recruitment in 2015). Despite an expressed desire to recruit new *Champions* and despite sending several invitations, the effort has thus far been unsuccessful.

### *Waning convening-power*

- The ability to secure an audience with the continent’s leaders is a core strength and *the Champions’* key differentiator, yet recent semi-annual reports note declining convening power:
  - May 2019: The secretariat is “Faced with the challenge of scheduling country visits...”
  - November 2018: “Scheduling of country visits is a challenge... *The Champions* are resolving this issue...by using other sectors of leadership, such as Parliamentarians and ministers of health, to broker the visits with top leadership...”

### *Model derives greatest impact from country visits, yet only 5 country visits since 2015*

- 2015-2017           Nigeria, Sierra Leone and South Africa
- 2018                Zambia
- 2019                Côte d'Ivoire
- In 2017 the *Champions* agreed to shift their strategic focus to “Taking on Complex Issues to Expand Access to HIV Services and Leaving No One Behind”. It should be recognised that securing meetings to ‘take on complex issues’ was always likely to be more challenging. Nevertheless, country leaders are the principal audience of *The Champions* programme and convening power is the initiative’s core strength. 5 country visits over 4 years is a small return, particularly from 13 *Champions*. Moreover, of the 5 country visits, only 3 were to any of the 15 target countries identified in the revised strategy.

### *Champions activities beyond country visits*

- Over the 4-year period April-2015 to June-2019, activity reports list 29 *Champions* activities. Across the 4.25 years (51 months) this equates to 6.8 per year (0.56 activities per month):
  - 2019 = 5; 2018 = 6; 2017 = 5; 2016 = 8 (excluding HLCC meeting); 2015 = 5 (excluding HLCC meeting).
- Less than 7 activities per year across 13 *Champions* is a small return.

### *Unanimous view that potential is not being realised, despite listed achievements*

- With only a handful of active *Champions* and with only 1.25 country visits and 7 activities per year the views were unanimous that the enormous potential of the initiative is not being realised.

### *Why have all other partners ended their association?*

- The BMGF and PEPFAR have both chosen to end their funding of the initiative while the relationship with SADC has been reduced to the provision of office space.
  - “If something is useful and working well... then organisations and people will want to work with them and will support it.”

### *Can do better to demonstrate effectiveness and document impact*

- [NOTE: Documenting the impact of advocacy efforts is difficult. It is made harder for the *Champions* initiative by current Heads of State needing to not appear to be influenced by their predecessors].
- Despite the [Real](#) achievements – When active, the *Champions* have been effective in realising change of the model, the initiative has been poor at communicating its effectiveness, which is crucial to retaining support. More effort should go into ensuring that key partners are aware of where *the Champions* have helped to ‘move the needle’ on key issues.
  - Failing to demonstrate impact against workplan targets has been damaging to reputation.

### Going it alone – Africa loses when opportunities for synergy are missed

- *Champions’* key differentiator lies in easy access to political entry-points – to raise difficult issues at the highest levels and try to secure high-level commitments. No-one expects *the Champions* to convey the technical details or to ensure follow-through and manage implementation. They can ‘open the door’ to a partner with technical expertise. UNAIDS seems a perfect partner, however interviewees feel there is little effort to synergise with partners.
  - “It’s not connected to anything – and UNAIDS is at least one of the ‘things’ that *Champion* efforts should be connected to.”
  - Although there is regular (weekly) interaction and communication and although there is engagement between the *Secretariat* and UNAIDS country offices & RSTs UNAIDS staff emphasised that the partnership is not achieving an impact exponentially greater than the sum of its parts (i.e. the desired synergy).

### Missing key opportunities to set the agenda

- Strategic opportunities to address critical issues or to set the agenda are not being utilised. *Champions* don’t appear to be plugged into (or being plugged into) key activities on the continent:
  - Limited engagement with the African Union; With SADC and Africa’s other RECs;
  - Current and former key partners (BMGF, PEPFAR) are organising large events but are choosing not to involve or facilitate the advocacy of *the Champions*. Both parties should question why this is.

### Model is expensive

- \$750,000 per year is a large budget. [NOTE: Spending is significantly less than budget]
  - For context, many UNAIDS country offices have an annual activity budget in the range of or less than \$20,000 (ie. \$750,000 is equivalent to 37 annual country activity budgets of \$20,000).
  - All interviewees noted that UNAIDS is getting a small return for the level of investment.
  - In response to earlier review findings that the model is expensive the *Secretariat* has built cost-sharing partnerships to help to reduce the cost of activities. *The Champions* themselves have also self-funded some of the costs of their travel.
  - Over the 12 month period 2018-2019 the following partner contributions have been made:
    - Royal Commonwealth Society: \$ 24,400
    - SADC Parliamentary Forum: \$ 17, 672
    - HEARD: \$ 8,959
    - *The Champions* themselves: \$ 8,102
    - Office costs, estimated at \$5,500/m: \$ 66,000
    - **TOTAL: \$ 125,133**
  - Total PEPFAR funds disbursed: \$ 207,727
- Expenditure analysis of the period 2014-2018 (funding provided through UNAIDS):

Expenditure type	\$	%
501 & 502- Staff Costs	\$693,295	57.87%
513-Contractual Services	\$200,712	16.75%
515-Equipment	\$8,178	0.68%
518-Travel	\$173,820	14.51%
519-General Operating Costs	\$54,980	4.59%
530-Programme Support Costs	\$65,421	5.46%
551-Courtesy Expenses	\$1,642	0.14%
<b>TOTAL</b>	<b>\$1,198,048</b>	<b>100%</b>

	Champions support	63.14%
	Champions activities	36.86%
		100%

- [Excluding cost-sharing funding] For 2014-2018, 36.86% of *Champions* spending went on activities of the *Champions*. A larger portion of the budget (63.14%) was spent on maintaining a *Secretariat* service to support the *Champions* and their activities.
  - For the majority of those interviewed, it is inefficient for the primary function of the *Champions* to receive a smaller portion of the budget than the unit that supports the primary activities. [Note: As this consultant was not aware of the extent of cost-sharing until the end of the review it is likely that UNAIDS interviewees are similarly unaware].
  - With the initiative limited to, on average, 7 activities per year, most interviewees questioned whether a full time *Secretariat* is necessary to manage this level of activity.

#### 4. Areas of concern or requiring improvement – The *Secretariat*

##### *Perceived weakness in core secretariat competency – Reporting and report writing*

- “Weak reporting” was identified as an area of concern in prior reviews. The ‘*Singizi review*’ (2017) identified capacity gaps and made recommendations for how these could be overcome. Remedial action has not been taken despite *Champions* budget providing funds for subcontracting support.
- Reporting is a grant requirement and poor report writing reflects badly on both the *Secretariat* and UNAIDS to the initiative’s sole remaining donor.
  - To mitigate this UNAIDS invests considerable time and effort revising and editing (and at one time re-writing) reports to prepare them for submission.

##### *Perceived weakness in core secretariat competency – Grant management*

- A few interviewees remarked on what they perceived as an inability to manage donor funding.
  - The implications of doing this poorly are serious: an inability to receive donor funds and thus an inability for the *Secretariat* to operate as a stand-alone entity.
- Significant underspending against budget / low utilisation of funds.
  - To reduce the costs of the programme cost-sharing arrangements have been entered into, but this appears to have been at the expense of the approved budget and workplan.
- Activity deviation from workplan & budget: Not uncommon for UNAIDS to receive ‘urgent’ requests to approve activities that are outside the scope of the workplan and not included in the budget.
  - If accurate, this would suggest an apparent lack of understanding that if plans change then partners need to be updated early, the workplan renegotiated and funders consulted for approval – all well before an activity is confirmed.
  - The *Secretariat* has requested that it be mentioned that activities included in the approved workplan have also been rejected at the last minute. For various reasons two activities (an African Think Tank dialogue and fundraising activities) are not allowed under the terms of the grant agreement and the workplan should not have been approved yet notice of this was only provided days or weeks before the activities were to take place.

##### *Secretariat operate as a gatekeeper rather than as a facilitator to the Champions*

- Sentiments echo the *Singizi Review*: “respondent from a regional organisation... We all know the potential of the *Champions*, but we also can’t just access their services through the *Secretariat*.”
  - The *Secretariat* have emphasised in response to this claim that they “have no mandate to accept or decline requests or withhold communication to *Champions*” and that they forward all requests to each respective *Champion*.
- A number of interviewed UNAIDS staff (a minority) echoed that while the *Champions* themselves are relaxed the bureaucracy established to manage them makes interactions highly formalised, slow and cumbersome. It is the formality rather than the *Secretariat* operating as a ‘gatekeeper’.

### *Perceived weakness in core secretariat competency – Program & organisational management*

- **Underperformance against workplan objectives**, most notably country visits, was emphasised repeatedly. The *Secretariat* is not managing performance (or resetting/renegotiating expectations) and is not delivering against some of its own targets.
- **Perceptions of poor governance:** *High Level Coordination Committee* (Board) meeting not held since July 2016 (3 years ago) due to an inability to reach a quorum. *Operational Coordinating Committee* has not met since pre-2015. Unclear when last the full complement of *Champions* was assembled.
- Not maintaining updated information about *the Champions*:
  - May 2019 semi-annual report contains bio information that is 10 years out of date:
    - H.E. Motlanthe was President of South Africa in 2009;
    - Justice Edwin Cameron was made a judge on the Constitutional Court in 2009;
- **Perceptions of poor management:** Earlier reviews all highlighted “insufficient funding” as a constraint. Now with ‘sufficient’ funding the challenge appears to be an inability to spend funds.
- **Perceptions of weak coordination:** Partner organisations are routinely told that a *Champion* is only confirmed as participating in a country visit once they arrive in country. This makes it very difficult for UNAIDS country teams (or any other partner) to plan or collaborate on engagements.

### *Perceived weakness in core secretariat competency – Fundraising and cultivating partnerships*

- [NOTE: Fundraising in this climate is challenging. Moreover, it is unfair to place all responsibility for failing to raise new funds on a Secretariat that was staffed without fundraising capabilities. Fundraising activities are also limited by the PEPFAR grant agreement. This ‘perceived weaknesses’ should be considered within the context of the weaknesses in institutional arrangements discussed in the next section].
- Was noted (by 2 interviewees) that the *Secretariat* appears to be engaging the wrong funders.
  - While the Commonwealth Secretariat and HEARD might be able to fund specific activities, neither are funding agencies or capable of financing a dedicated *Champions Secretariat*.
- No interviewed UNAIDS staff has been engaged by the *Secretariat* to help to develop a fundraising strategy or asked who *the Champions* could approach for financial support.
  - The expressed view that ‘As a partner, UNAIDS is concerned about what happens next but can’t be the one telling an independent entity how to run its day to day operations unsolicited’ exemplifies the widely-held confusion in the nature of the relationship between UNAIDS and *the Champions* and the division of responsibilities between the two.
  - The *Secretariat* has developed a resource mobilisation plan and have shared this plan with UNAIDS. While support was not requested in developing it, neither were comments received or guidance provided on the circulated draft plan.
- Weak relationships with partners: No apparent working relationship with key organisations who are natural partners – African Union Commission, PEPFAR.

### *The terms of the ‘partnership’ between the Champions initiative and UNAIDS are undefined, leading to confusion over what the Secretariat is accountable for and to whom*

[NOTE: That the terms of the partnership have not been clearly defined makes it difficult to evaluate whether the views described below are the appropriate behaviour of an independent NGO or obstructive resistance to being held accountable.]

- *Secretariat* refuses to be accountable to UNAIDS support team despite a financial and operational requirement that there be an oversight function.
  - *The Secretariat* is an independent NGO, thus autonomous, yet is financially dependent on UNAIDS, thus accountable to UNAIDS. **The nature of this relationship of ‘partnership’ is unclear**, leading to confusion over what *the Secretariat* is accountable for and to whom.

- All UNAIDS staff who have ever had operational oversight of *the Secretariat* expressed frustration with their efforts to hold *the Secretariat* accountable in any way.
- When the Secretariat was based at SADC and had no internet and no phone lines: UNAIDS deployed a *Strategic Information Advisor* to Gaborone to support *the Champions*, but because there was no connectivity they ended up working in a different building. [*this claim is disputed*]
  - UNAIDS arranged to move the team into the UNAIDS offices. *Secretariat* declined to move.
  - UNAIDS arranged to move the team into the WHO offices. *Secretariat* declined to move.
- The majority of interviewees expressed dissatisfaction with the *Secretariat* for not ‘setting the agenda’ or ‘driving strategic direction’.
  - While important, this view has been discounted because **the Secretariat was established with administrative rather than strategic responsibilities** (i.e. an Executive Secretary rather than a Director). They are, however, emblematic of confused roles and mandate.
- *The Secretariat* is not working with rest of the UNAIDS team – at country or regional level – or with individual cross-cutting teams (i.e. Prevention, Gender, etc.). Only with Political advocacy team.
  - The *Secretariat* disputes this suggestion, arguing that this is not possible because the *Champions* workplan is part of the RST workplan, the *Secretariat* attends all weekly RST meetings and because all country visits require the support of the UNAIDS country office.
  - It is notable that on a visit by the UNAIDS Executive Director to Uganda and Zambia the *Secretariat* offered to support the mission by mobilising a *Champion*. The relevant UNAIDS country office excluded the *Champion* from the visit (for whatever reason). This highlights that both parties are responsible for the poor working relationship between country-offices and *the Champions*.

#### *Poor grant performance has become a reputational risk for UNAIDS*

- UNAIDS accepts money on behalf of *the Champions* and in return is responsible for performance managing the recipient. Any poor grant performance has the potential to reflect badly on UNAIDS to its donors. Internally, this has been repeatedly flagged as a potential “reputational risk”.

## 5. Analysis of the findings

*The Champions* have demonstrated an ability to adapt as priorities change and so there continues to be strategic alignment between the objectives of UNAIDS and *The Champions*. Only half of the *Champions* have been active since 2015, but those who are active are committed and motivated and they provide an effective entry point into Africa’s key decision-makers. Finally, the model has shown it can work, and has made real achievements over the past decade. Nevertheless, there is unanimous feeling that the potential of the initiative is not being realised. The reasons given for this range from:

#### *Factors identified with the Champions themselves:*

- Only half of *the Champions* are active; current *Champions* are ageing and are not being replaced; a waning of their individual and collective convening-power; and key opportunities to set the agenda are being missed.

#### *To contributing factors identified with the Secretariat:*

- Perceived weaknesses in areas of core secretariat competency: Reporting and report writing, Grant management and Programme & Organisational management. Acting as gatekeepers rather than facilitators to *the Champions*; being constituted and staffed as an administrative rather than a strategic function; and undefined terms of partnership that results in confusion of roles and accountability between UNAIDS and *Secretariat*.

*To almost universal internal acknowledgement that:*

- Despite integrating *the Champions* into the RST workplan, UNAIDS have viewed *the Champions* as an “independent project operating on its own that we tap into every now and then” and have thus not made good strategic use of the *Champions initiative*.

## 4 Conclusions

The Findings section has helped to identify the following three broad challenges with the current UNAIDS’ relationship vis-à-vis *the Champions*:

1. Despite strategic alignment many opportunities for synergy are being missed. Among the reasons for this are that the support function (the *Secretariat*) has been established with secretarial rather than strategic functions. The operating model thus limits the *Secretariat’s* ability to act strategically, and thus to cultivate synergies with the objectives it shares with UNAIDS. Nevertheless, the *Secretariat* has not fulfilled its operational responsibilities of convening regular High-Level Coordinating Committee (HLCC) and Operational Coordination Committee (OCC) meetings, which could have provided strategic guidance. Structural and institutional changes will be required to realise the latent potential of the *initiative* should UNAIDS desire to continue the partnership in any form.
2. The undefined terms of ‘partnership’ have led to confusion as to whether *the Secretariat* is accountable to UNAIDS, to *the Champions* or to the HLCC. This confusion has become a source of frustration for both UNAIDS and the *Secretariat*. For any possible future relationship to succeed clear terms of reference and division of responsibilities will need to be agreed up front and regularly reviewed. That said, there is poor performance against key competency areas that will need to be addressed if any revised initiative is to succeed.
3. *Champions’* repeatedly underperform against workplan objectives and underspend against budget targets. It is clear that performance cannot be adequately managed within the current operating model. UNAIDS should consider restructuring the operational and strategic support provided to *the Champions*, along the lines of one of the operating models proposed below.

### Discussion of alternative operating models

This section presents in table form the full complement of alternative operating model ‘options’ for the *Champions Initiative* vis-à-vis UNAIDS that were discussed with interviewees. Four initial suggestions were presented to all interviewees and interviewees were requested to suggest additional options. Thus, the range of options discussed evolved with each interview, with subsequent interviewees benefitting from being able to consider the initial ‘options’ as well as the alternative models proposed by their colleagues interviewed before them.

The spectrum of operating model ‘options’ discussed are presented in **Table 2**, along with an analysis of their ‘Pros’ and ‘Cons’ (defined by interviewees). Due to space constraints in **Table 2** the operating model options have been labelled with an abbreviated name, which is presented in *Error! Reference source not found.* **Table 3** presents for each operating model the permutations it would have for each of UNAIDS, the *Secretariat* and *the Champions themselves*. This reviewer’s analysis of the findings is then presented thereafter.

The challenge with this evolving set of options means that not all alternative operating model ‘options’ were presented to all interviewees. Thus, it is not possible to quantitatively ‘tally’ the degree of

support for each option. Nevertheless, the report will attempt to “weight” the level of support received across the eight alternative operating models considered.

**Table 1: Abbreviations of proposed operating model options and their full description**

#	Abbreviated name	Full description of operating model
1	Standalone NGO	“Maintaining a standalone initiative with a dedicated secretariat, reinvigorating the role of <i>the Champions</i> , and actively recruiting new <i>Champions</i> ”
2	Loose UNAIDS affiliation	“Continuing to engage <i>the Champions</i> as part of a loose network and incorporating <i>the Champions</i> in UNAIDS’ work with goodwill ambassadors, celebrities, etc.”
3	Integrate into another initiative	“Integrating <i>the Champions</i> into a broader regional or global health, development or political initiative, such as the Elders.”
4	Wind down	“Enabling <i>the Champions</i> to cement and celebrate their legacy and contributions, while winding down their engagement and closing the <i>Secretariat</i> in 2020.”
5	Incorporate <i>Champions</i> themselves into UNAIDS	Incorporate into UNAIDS, within a country office or one of the Regional Support Teams (RSTs) in Africa
6	Integrate into think tank / university	Locate within an existing independent University / think tank / NGO/ similar institution
7	UNICEF model	Operate <i>the Champions</i> like UNICEF National Committees
8	Part of UBRAF	Locate <i>the Champions</i> within UBRAF and fund them from the UBRAF core fund allocations

**Table 2: Overview of proposed options for the *Champions* operating model**

#	Proposed model	Support	Pros (Positives)	Cons (Negatives)	Assessment
	[See Table 1]		[Source: Interview responses]	[Source: Interview responses]	[Source: Interview responses and analysis]
Initial four suggestions (presented to all interviewees)					
1	Standalone NGO	Moderate	<ul style="list-style-type: none"> <li>• <i>Champions</i> fully autonomous</li> <li>• Easy: Legal entity exists</li> <li>• Nimble &amp; responsive</li> <li>• UNAIDS no longer responsible</li> </ul>	<ul style="list-style-type: none"> <li>• Likely unsustainable</li> <li>• Potentially unable to raise funding due to governance structure (?)</li> <li>• Detached from issues</li> </ul>	<ul style="list-style-type: none"> <li>• Initiative unlikely to survive</li> <li>• <b>2<sup>nd</sup> most popular option</b></li> </ul>
2	Loose UNAIDS affiliation	Limited	<ul style="list-style-type: none"> <li>• <i>Champions</i> fully autonomous</li> <li>• Retains UNAIDS affiliation</li> <li>• Retains nimbleness</li> <li>• UNAIDS no longer responsible</li> </ul>	<ul style="list-style-type: none"> <li>• Secretariat not strengthened</li> <li>• Integration into UNAIDS advocacy requires improved coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Initiative unlikely to survive</li> <li>• Identified deficiencies unresolved</li> <li>• Unpopular option</li> </ul>
3	Integrate into another initiative	Limited	<ul style="list-style-type: none"> <li>• UNAIDS no longer responsible</li> <li>• Some overlap across group members</li> </ul>	<ul style="list-style-type: none"> <li>• No annual event providing purpose &amp; momentum</li> <li>• No obvious other initiative</li> </ul>	<ul style="list-style-type: none"> <li>• No obvious home</li> <li>• Unpopular option</li> </ul>
4	Wind down	Limited	<ul style="list-style-type: none"> <li>• UNAIDS no longer responsible</li> <li>• Dignified conclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Not yet time</li> </ul>	<ul style="list-style-type: none"> <li>• At a time of AIDS uncertainty, still have a lot to give</li> <li>• <b>3<sup>rd</sup> most popular option</b></li> </ul>
Additional options to emerge (options not presented to all interviewees)					
5	Incorporate <i>Champions</i> themselves into UNAIDS	Significant or Majority	<ul style="list-style-type: none"> <li>• Plugged into issues</li> <li>• Dedicated advocacy support</li> <li>• Cheaper</li> <li>• Potential for synergy</li> <li>• Country teams can support</li> <li>• Clearly defined partnership</li> </ul>	<ul style="list-style-type: none"> <li>• UNAIDS don’t have capacity</li> <li>• Kicking can down the road(?)</li> <li>• Funded how beyond grant?</li> <li>• Less nimble &amp; responsive</li> <li>• Independent voices lose independence(?)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Most popular option</b></li> <li>• Better equipped to derive synergy</li> <li>• Only funded until end-Jan 2020</li> </ul>
6	Integrate into think tank / university	Limited	<ul style="list-style-type: none"> <li>• Independent yet supported</li> <li>• UNAIDS no longer responsible</li> </ul>	<ul style="list-style-type: none"> <li>• Detached from issues</li> </ul>	<ul style="list-style-type: none"> <li>• Likely to become detached from on-the-ground info</li> <li>• Unpopular option</li> </ul>
7	UNICEF model	Limited	<ul style="list-style-type: none"> <li>• Self-organising, self-financing model</li> <li>• UNAIDS no longer responsible</li> </ul>	<ul style="list-style-type: none"> <li>• Not succeeded anywhere in Africa</li> </ul>	<ul style="list-style-type: none"> <li>• Not viable</li> <li>• Unpopular option</li> </ul>
8	Part of UBRAF	Limited	<ul style="list-style-type: none"> <li>• UNAIDS responsibility (for management and oversight) shared with the co-sponsors*</li> <li>• Can advocate for wider UBRAF priorities</li> <li>• Wider pool of funds (in theory)</li> </ul>	<ul style="list-style-type: none"> <li>• Will need global <i>Champions</i></li> <li>• Requires co-sponsor agreement if they were to cost share the budget through UBRAF resources</li> </ul>	<ul style="list-style-type: none"> <li>• Differs from option 5 by making <i>Champions</i> available to support the work of all UNAIDS co-sponsors, although in practice unfeasible to fund from co-sponsors modest UBRAF core fund allocations</li> </ul>



				• If 'shared' across co-sponsors, who would serve as host institution?	
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### Analysis of Table 2

The analysis of **Table 2** shows that the most popular option was independently proposed, and by over half of interviewees (and was twice as popular as the next most popular option).

**Table 3: Permutations for UNAIDS, the Secretariat and the Champions themselves of each operating model**

#	Proposed model	What are the permutations of this operating model across		
		UNAIDS	The Champions	The Secretariat
1	Standalone NGO	<ul style="list-style-type: none"> <li>Initiative becomes autonomous.</li> <li>UNAIDS no longer responsible for management and oversight.</li> <li>For grant duration: UNAIDS reinvigorates <i>Champions</i> and strengthens <i>Secretariat</i>.</li> </ul>	<ul style="list-style-type: none"> <li>New <i>Champions</i> recruited. Inactive <i>Champions</i> to retire.</li> <li>UNAIDS to support reinvigoration.</li> <li><i>Champions</i> assume full governance responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>UNAIDS to strengthen and capacitate.</li> <li>Assumes total operational and management responsibilities.</li> <li><i>Champions</i> determine location.</li> <li>How will this capacity be funded?</li> </ul>
2	Loose UNAIDS affiliation	<ul style="list-style-type: none"> <li>Initiative becomes autonomous</li> <li>UNAIDS no longer responsible for management and oversight.</li> <li>Advocacy strategy required.</li> <li>Consider how to coordinate loose affiliation with <i>Secretariat</i>.</li> <li>Budget required for pay-as-you-use activities.</li> </ul>	<ul style="list-style-type: none"> <li>New <i>Champions</i> recruited, Inactive <i>Champions</i> to retire.</li> <li>UNAIDS affiliation retained</li> <li>Involved in UNAIDS events on a pay-as-you-use basis.</li> <li>Engagement likely to be <i>ad hoc</i> as existing efforts with Good-will Ambassadors, Celebrities, etc. lack integration into broader UNAIDS strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Neither strengthened nor capacitated.</li> <li>To assume all operational and management responsibilities.</li> <li>Coordinate engagement with UNAIDS.</li> <li>How will this capacity be funded? – Unlikely to survive a pay-as-you-use arrangement.</li> </ul>
3	Integrate into another initiative	<ul style="list-style-type: none"> <li>UNAIDS to identify host institution; Manage handover.</li> <li>UNAIDS no longer responsible for management and oversight.</li> <li>Advocacy strategy optional.</li> </ul>	<ul style="list-style-type: none"> <li>New <i>Champions</i> recruited, Inactive <i>Champions</i> to retire.</li> <li><i>Champions</i> to determine future autonomously.</li> </ul>	<ul style="list-style-type: none"> <li>Operational responsibilities assumed by the partner initiative.</li> <li>Reabsorption of current staff at the discretion of partner initiative.</li> <li>How will this be funded?</li> </ul>
4	Wind down	<ul style="list-style-type: none"> <li>Organise a farewell tour and appropriate close-out activities.</li> </ul>	<ul style="list-style-type: none"> <li>Retire gracefully after appropriate send-off.</li> </ul>	<ul style="list-style-type: none"> <li><i>Secretariat</i> dissolved. Current staff thanked for their service.</li> </ul>
5	Incorporate <i>Champions</i> themselves into UNAIDS	<ul style="list-style-type: none"> <li>UNAIDS assumes operational responsibilities &amp; develops strategic capabilities (at RST).</li> <li>Requires new RST capacity (1 new shared / part-time resource)</li> <li>Establish and manage a <i>Champions</i> 'Reference group'.</li> <li>Country teams to provide travel and protocol support as needed.</li> <li>Develop new strategy.</li> <li>Fundraise for <i>Champions</i>.</li> </ul>	<ul style="list-style-type: none"> <li>New <i>Champions</i> recruited, inactive <i>Champions</i> retired.</li> <li><i>Champions</i> re-imagined as component of UNAIDS advocacy strategy for Africa.</li> <li><i>Champions</i> to fundraise for UNAIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Operational responsibilities (+strategic capabilities) assumed by UNAIDS RST.</li> <li><i>Secretariat</i> dissolved. Current staff may or may not be absorbed.</li> </ul>
6	Integrate into think tank / university	<ul style="list-style-type: none"> <li>UNAIDS to identify host institution; Manage handover.</li> <li>UNAIDS no longer responsible for management and oversight.</li> <li>Advocacy strategy optional.</li> </ul>	<ul style="list-style-type: none"> <li>New <i>Champions</i> recruited, Inactive <i>Champions</i> to retire.</li> <li><i>Champions</i> to determine future autonomously.</li> </ul>	<ul style="list-style-type: none"> <li>Operational responsibilities assumed by the partner initiative.</li> <li>Reabsorption of current staff at the discretion of partner initiative.</li> <li>How will this be funded?</li> </ul>
7	UNICEF model	<ul style="list-style-type: none"> <li>MODEL NOT FEASIBLE.</li> <li>UNAIDS to support the creation of country NGOs across Africa.</li> <li>UNAIDS no longer responsible for management and oversight.</li> </ul>	<ul style="list-style-type: none"> <li>MODEL NOT FEASIBLE</li> <li>New <i>Champions</i> recruited, Inactive <i>Champions</i> to retire.</li> <li><i>Champions</i> to determine future autonomously.</li> </ul>	<ul style="list-style-type: none"> <li>MODEL NOT FEASIBLE.</li> <li>Model is self-organising, self-financing. <i>Secretariat</i> dissolved. Current staff thanked for their service.</li> </ul>
8	Part of UBRAF	<ul style="list-style-type: none"> <li>MODEL NOT FEASIBLE.</li> <li>UNAIDS shares responsibilities for management and oversight with its co-sponsors*.</li> <li>UNAIDS likely to manage coordination of co-sponsors.</li> </ul>	<ul style="list-style-type: none"> <li>Would need to advocate for wider UBRAF priorities.</li> <li>Would in theory have access to larger pool of funds.</li> <li>Would <i>Champions</i> need to be global? Or expand focus to all of Africa?</li> </ul>	<ul style="list-style-type: none"> <li>Unclear what implications might be for operational and strategic responsibilities.</li> <li>Likely to require UNAIDS to manage coordination of co-sponsors. Would require expanded skillset.</li> </ul>

	<ul style="list-style-type: none"> <li>• Advocacy strategy as part of co-sponsor strategy.</li> <li>• Decision requires UNAIDS co-sponsor agreement.</li> </ul>		
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\* UNAIDS cosponsors: ILO ; UNESCO ; UNDP ; UNFPA ; UNHCR ; UNICEF ; UNODC ; UN Women ; WFP ; WHO ; World Bank

## Analysis of the two most popular alternative operating models

In this section the report will analyse the two most popular alternative operating models proposed for UNAIDS’ relationship vis-à-vis *the Champions*. It will discuss their ‘Pro’s’ and ‘Cons’ in greater detail and present this reviewer’s analysis of each. Finally, it will suggest a way forward.

It is notable, although unsurprising, that the two emerging operating model options sit at opposite ends of the spectrum of ‘winding down’ the initiative and ‘ramping it up’. **Support for *the Champions* continuing as a ‘Standalone NGO’ was fairly moderate yet it was the second most supported course of action.** That this ‘option’ was the second most popular option even though respondents expressed that the initiative would be “unlikely to survive” as an independent NGO underscores the significant frustration within UNAIDS with *the Champions* and thus this view should not be ignored.

**The majority opinion** came out at the other end of the spectrum: **a desire among the majority of interviewees to continue working with *the Champions* while recognising that the partnership in its current form is not working and requires overhaul.**

*1<sup>st</sup> most popular operating model: Incorporate into UNAIDS, within a country office or RST [Consult **Table 3** for a thorough overview of the different permutations of this operating model.]*

Although this option was not presented to staff seven (7) interviewees proposed some variation of it when asked to suggest alternative operating models. This emphasises the degree to which interviewees are in favour of continuing to work with *the Champions* while recognising the need to adjust the relationship. The variations in the proposals for this option differed as to where in UNAIDS to locate the function – in the country of the Chairperson, in the RST (Johannesburg, Dakar or Addis Ababa), or rotating across the RSTs – and in how long to pursue this model – next 12 months and then winding down vs. until funding ends vs. going forward.

1. The **Pro’s** of this model are that: it provides the opportunity to better incorporate *the Champions* into the efforts of country and regional (RST) teams and to deploy *Champions* as advocates; being managed internally and plugged into issues should realise synergies; not having a separate secretariat will be cheaper to run; and responsibilities will no longer ‘fall through the cracks’.
2. The **Con’s** of this model are that: UNAIDS don’t have existing capacity to assume these responsibilities immediately; the risk that the independent voices of *the Champions* would lose their independence; that being coordinated from within UNAIDS might reduce responsiveness; and that doing so will require dedicating significant time and energy into a refreshed relationship for which funding has a hard stop in early 2020. Above all, it requires strong UNAIDS commitment to drive significant change in a short space of time. Strengthening the partnership without implementing corresponding changes within UNAIDS to, as one respondent put it, “take the partnership seriously” would be to defer or not make a decision.

*2<sup>nd</sup> most popular operating model: Maintain a standalone NGO with a dedicated Secretariat*  
[Consult **Table 3** for a thorough overview of the different permutations of this operating model.]

1. The **Pro's** of this model are that: *Champions* would be able to proceed with full autonomy, unfettered by UNAIDS; they could be more nimble and responsive; the legal entity (*Champions* NGO) already exists and so the transition would be easy; and UNAIDS would no longer be responsible for the operational management and oversight that has proved so challenging.
2. The **Con's** are that: without country offices feeding in information the independent organisation is likely to become divorced from issues on the ground; there is overwhelming recognition, even among those in favour of this model, that *the initiative* would be unlikely to survive; and, finally, that the governance transgressions (i.e. not holding board meetings) might preclude the NGO from accepting funds.

## 5 Recommendations

### *It is an inopportune time to lose African AIDS advocates*

The external environment within which *the Champions* operate is changing rapidly. Rising nationalism places political pressure on developed economies to plateau or reduce development assistance at the same time as we see waning global interest in AIDS. On the African continent, across UNAIDS' three strategic focus areas we see: *Prevention* efforts lagging behind, slippage within *Human Rights and Gender Equality*, and, in spite of a massive effort to accelerate enrolment onto ART, poor retention on *Treatment*. Thus, the Continent risks losing the incredible gains it has made – particularly as the current crop of Heads of State enter office with the 'dark days' of the AIDS emergency response a distant memory. As UNAIDS itself manages a leadership transition the staff interviewed for this review emphasised their desire that the organisation retain a strong focus on the African continent. If re-imagined, the *Champions for an AIDS-free generation* provides a vehicle through which UNAIDS can engage and persuade Africa's leaders and the global community that **"the foot cannot leave the accelerator!"**

### *Resolving underlying challenges*

UNAIDS has worked with *the Champions* for 10 years and this is the 4<sup>th</sup> review of the *initiative*. This alone is indicative of disharmony. That many of the challenges identified during interviews feature in earlier reviews is further indicative that many of these challenges have not been resolved by the prior reviews. It is the desire of this review that the pursued course of action resolves any underlying challenges. Thus, **tinkering to merely make slight adjustments to the partnership will serve merely to defer a decision and to 'kick the can down the road'.**

### *How will the initiative be funded?*

**As UNAIDS considers the recommendations below the problem to be overcome is how *the initiative* will be funded after the conclusion of the current grant if the decision is to continue the partnership.** There will be no new funding after the grant 'hard stop' at the end of January 2020. As mobilising additional funding has proven to be difficult any continued financial support to the programme will require that UNAIDS redirects resources from existing activities to do so. The recommendations below take account of this constraint and provide a suggestion for how to proceed should 'incorporation into UNAIDS' remain the most desirable new operating model.

## Recommendations for the partnership, regardless of the chosen operating model

1. **Composition:** Refresh *the Champions*
  - a. Thank and retire inactive *Champions* (6 *Champions* inactive since 2015).
  - b. H.E. Mogae has expressed his intention to relinquish role as *Chairperson*. Propose that H.E. Mogae remains as *Deputy Chairperson* to help navigate this transition.
  - c. *Chairperson* to rotate every 3 years, with *Chairperson* becoming *Deputy Chairperson* for further 3 years to support the incoming chair.
  - d. Recruit new *Champions*: The initiative has already expanded beyond former Heads of State (i.e. H.E. Wandira-Kasibwe; Prof. Were, Archbishop Tutu & Justice Cameron). Consider additional eminent African leaders; Consider including honorary/advisory members.
2. **Focus:** UNAIDS to reimagine *the Champions* as a component of a newly developed *Africa Advocacy Strategy* and to seek synergies from a true partnership.
  - a. There is internal support for the idea of continuing to work with *the Champions*, while at the same time recognising that the relationship will need to be reimaged to better enable it to achieve its unrealised potential. UNAIDS should make active use of the commitment of those *Champions* that desire to remain involved but to achieve this in a nimble and efficient way. It is proposed that *The Champions initiative* be reimaged as a component of UNAIDS core advocacy strategy on the African continent.

## Recommended options for a new operating model for *The Champions*

The recommendations propose configurations for after the conclusion of the current grant. The reader is thus asked to consider the recommended models as ‘end-states’, although efforts is made to suggest how the intervening transition period between now and end-January 2020 can be navigated.

### *Recommended operating model A: Incorporate into UNAIDS, within a country office or RST*

**Brief description:** UNAIDS is to assume the operational and desired strategic responsibilities of managing the *Champions* initiative for the remainder of the grant period. [Consult **Table 3** for a thorough overview of the different permutations of this operating model for each of UNAIDS, the *Secretariat* and *the Champions themselves*.] The *Secretariat* are to remain contracted until end January 2020. The period between now and end-January 2020 is to be a transition period during which UNAIDS are to begin implementing the below recommendations, though few will be completed before the grant ‘hard stop’. The purpose will be to use the transition period to prepare within UNAIDS for assuming the increased responsibilities of managing *the Champions*, for deploying *the Champions* to raise funds for UNAIDS and for developing the business case for a no-cost-extension of the remaining grant funds.

If ‘**Recommended operating model A**’ is pursued UNAIDS are to identify which existing UNAIDS resources are to be redirected to the initiative and which existing UNAIDS activities *The Champions* will replace. In the absence of such a decision it is proposed that at the end of the grant period (end January 2020), if no funding is secured and the application for a no-cost-extension is denied, then the configuration should switch automatically to ‘**Recommended operating model B**’. This will ensure that ‘what happens next’ is predictable and will enable all parties to prepare appropriately.

1. **Composition:** *Champions* to be ‘refreshed’ (as per ‘Refresh *the Champions*’ in 1. a-d above).
2. **Management:** Identify a UNAIDS focal point within an RST to lead the effort.
3. **Management:** Establish a *Champions* ‘Reference group’ that meets annually to:
  - a. Oversee organisational governance;

- b. Provide strategic guidance to the *initiative*;
  - c. Forge better links between and derive synergies from *Champions* and partners.
- 4. **Location:** Coordination function to locate to the RST closest to new *Champions* chairperson.
- 5. **Cost:** A fully funded external *Secretariat* consumes a significant portion of *the Champions* budget. Internalising this function will provide significant cost savings, even accounting for the requirement to hire a part-/full-time internal lead. Post 2020:
  - a. For the level of work required to manage the annual number of activities (currently 7) this function could be handled internally by a staff member dedicated part/full-time to the effort, under the leadership of a senior UNAIDS focal point.
  - b. The degree of support required will depend on the number of *Champions* available, the number of new *Champions* recruited and the number of days they are able to commit each year. The workplan should be designed around this.
  - c. Country teams within each country to be visited are to provide travel, logistical and protocol support on an as-needed basis.
- 6. **Funding:** Activities as well as new staff costs to be funded from the remaining grant funding.
- 7. **Fundraising:** Request *the Champions* to fundraise for UNAIDS, in turn UNAIDS to fund *the Champions*. (*This is less awkward than the current model of Champions fundraising for themselves. It also recognises that there is no budget beyond the current grant*).
- 8. **Strategy:** Initiate a process to develop a new, focussed strategy:
  - a. Strategy to be designed around the number of active *Champions* and the number of days they are able to commit each year.
  - b. A synergistic relationship where partners work hand-in-glove: *Champions using their moral authority to secure senior leadership decisions and handing over to UNAIDS country teams to then drive implementation*.
  - c. Align focus with priorities of the AU: *Agenda2063, Africa Health Strategy (2016-2030), Universal Health Coverage and domestic investment in health; with the priorities of UNAIDS RSTs and country offices and with a new UNAIDS Africa Advocacy Strategy*.
  - d. Country offices and RST to make use of in-country and regional *Champions*. *Champions* to receive regular briefings from their resident country office and region (RST); and to be informed of regional UNAIDS events.

*Recommended operating model B: Maintain a standalone NGO with a dedicated Secretariat*

**Brief description:** UNAIDS will support the *Champions* to refresh the current composition and to strengthen the *Secretariat* in order that it is able, by the conclusion of the grant in early 2020, to assume full responsibility for managing *The Champions Initiative* independently thereafter. [Consult *Table 3* for a thorough overview of the different permutations of this operating model for each of UNAIDS, the *Secretariat* and *the Champions themselves*.]

- 1. **Composition:** *Champions* to be 'refreshed' (as per 'Refresh *the Champions*' in 1. a-d above).
- 2. **Management:** *Secretariat* to assume total operational and management responsibilities.
  - a. UNAIDS to help to strengthen and capacitate the *Secretariat*.
- 3. **Location:** To be determined in consultation with the new *Champions* chairperson.
- 4. **Cost:** Current cost structure of the *Secretariat* provides an indication of what it will cost to operate the *Secretariat* independently. Cost savings unexpected.
- 5. **Funding:** Operating costs for the remainder of the grant period to be funded from the remaining grant. Thereafter, *Champions* initiative will be responsible for raising its own funds.
- 6. **Fundraising:** *Champions* responsible for fundraising for themselves.
  - a. Beyond the funding 'hard stop' in early 2020, *the Champions* become self-financing.
  - b. Fundraising activities should begin in earnest, in preparation for independence.
- 7. **Strategy:** *Secretariat* to initiate and lead a process to develop a strategy for 2020-and beyond.

## 6 Annexes

### a) List of interviewees

#### Interviewed

##### *Reference group (for background)*

1. Joel Rehnstrom, Director, UNAIDS Evaluation Office (Geneva)
2. Makhamokha Mohale, Executive Secretary, *Champions Secretariat* (Gaborone)
3. Catherine Sozi, Director, UNAIDS RST for Eastern and Southern Africa (Johannesburg)
4. Susan O’Leary, UNAIDS, Senior Adviser, External and Donor Relations (Geneva)

##### *Current Champions*

5. H.E. Festus Mogae, Chairperson
6. H.E. Joaquim Chissano

##### *Current HQ staff*

7. Annemarie Hou, Chief of Staff
8. Mahesh Mahalingam, Director of Communications
9. Michael Hollingdale, Communications
10. Rosemary Museminali, Director of External and Donor Relations

##### *Current regional and country staff*

11. Patrick Brenny, Director, RST for West and Central Africa
12. Bechir N’daw, Champions and Programme Partners Adviser
13. Michael Gboun, UCD Sierra Leone
14. Medhin Tsehau, UCD Zambia

##### *Current staff (involved with the Champions in the past)*

15. Mbulawa Mugabe, former RST for ESA Deputy Director
16. Michel Kouakou, former Operations Manager
17. Sun Gang, former UCD Botswana
18. Bilali Camara, former UCD Nigeria

#### Invited but not available:

##### *Current Champions*

19. H.E. Kgalema Motlanthe

##### *Current HQ staff*

20. Michel Sidibe, [now former] Executive Director
21. Kent Buse, Chief, Strategic Policy Directions

##### *Former staff*

22. Sheila Tlou, former Director, RST for Eastern and Southern Africa (Retired)
23. Pierre Somse, former Deputy Director, RST for ESA (Min of Health, CAR)
24. Dawn Foderingham, former Senior Champions Adviser based in Gaborone (Caribbean)

## b) Interview Guide

### **INTERVIEW GUIDE**

This brief document sets out a series of interview questions that will be used as a guide when interviewing respondents regarding the *Champions for an AIDS-Free Generation* and the future role that they envisage for UNAIDS in relation to it.

#### **It is structured as follows:**

- Introduction to explain the purpose of interview
- Opening questions to understand the role of the interviewee and their relation to the *Champions* initiative
- Specific questions to better understand *the Champions* initiative, whether and how it might evolve in future and the past and potential future role of UNAIDS
- Focused questions to identify possible future role(s) for UNAIDS

#### **Introduction to explain the purpose of interview**

- Current funding for *the Champions* programme will come to an end in early 2020 and will not be renewed. Recognising that continued financial support to the programme will require that UNAIDS redirect resources from other activities, UNAIDS has appointed a consultant to conduct a document review and interviews to identify and recommend options for UNAIDS' future role vis-à-vis *the Champions* for an AIDS-Free Generation.
- To provide the basis for these interviews the consultant has conducted a literature review and a SWOT analysis of *the Champions* initiative and held informational interviews with key UNAIDS staff, the Executive Secretary of *the Champions* Secretariat and two *Champions* (H.E. Mogae and H.E. Chissano).
- This assignment is intended to be forward looking and it will conclude with clear recommendations that define options for UNAIDS' future role vis-à-vis *the Champions* and that facilitate such a decision by UNAIDS.
- The interviews themselves will be limited to UNAIDS staff and to a focus on developing options for UNAIDS for the future rather than on *the Champions* initiative itself.

#### **Opening questions to understand the role of the interviewee and their relation to *the Champions* initiative**

- What is /was your role at UNAIDS?
- How in this role do you interact, or have you interacted with *the Champions*?
- What has been your engagement with *the Champions* Secretariat, if any?
- How familiar are you with the evolution of *the Champions* initiative since 2008 and of the various reviews of the initiative that have been conducted?

## Specific questions to better understand the *Champions* initiative, whether and how it might evolve in future and the past and potential future role of UNAIDS

- Strengths – What do you consider *the Champions* to be doing well?
- Weaknesses – What do you consider *the Champions* to be doing less well?
  - Among these:
    - What are they doing that you think they should stop doing?
    - What should they be doing more of?
    - What are they not doing that you think they should start doing?
- What is your perception of how well *the Champions* are meeting their overarching objectives?
- How would you assess the impact of *the Champions* initiative?
- In your opinion, would you say that *the Champions* have been meeting performance expectations (however you might define these expectations)?
- What is your perception of how well *the Champions Secretariat* is supporting *the Champions* initiative?
- In your opinion, would you say that *the Champions Secretariat* has been meeting performance expectations (however you might define these expectations)?
- Other than the management of the US government funding provided to *the Champions Secretariat*, what support does UNAIDS provide to the Secretariat?
  - Budget and workplan approval?
  - Overall strategic guidance?
  - Oversight?
  - ‘Strategic intelligence’ and epidemiology?
    - How is this provided – request, offered?
    - What does it involve?
- Do you have any interaction with the current Champions governance structures – either the High-Level Coordinating Committee (HLCC) or the Operational Coordination Committee (OCC)?
  - If yes, what is your perception of this/these governance structures in terms of how they are supporting *the Champions* to meet their objectives?
- There have been 4 prior reviews of the initiative. These reviews have all highlighted that *the Champions* initiative is *not sufficiently responsive*. In your estimation is this a fair assessment?
  - If you agree, would you say this is because?: It is responsive but cannot broadcast this;
  - It is not responsive and should be; or
  - An initiative of this nature should not be responsive?
- In your opinion, are Heads of State, Heads of Agencies, Ministers, NACs, etc. reaching out to *the Champions*, individually or collectively, to solicit information, advice, discreet guidance, mentorship, strategic direction, etc. on the AIDS response?



## Overall assessment of *the Champions* initiative

- What in your opinion are some of the biggest achievements of *the Champions* initiative?
  - How would you suggest these be built upon?
- What would you consider to be some of the challenges with the programme in its current form?
  - How would you suggest these challenges be overcome?
- Are there any other lessons that you take away from your engagement with *the Champions* initiative?
- Do you see alignment between the objectives of *the Champions* initiative and the objectives of UNAIDS?
- In trying to assess the value of *the Champions* initiative, if you compare it to programmes of similar size within UNAIDS (annual budget of +/- \$600,000), how would you say it compares in its ability to deliver impact?

## Focused questions to identify possible future role(s) for UNAIDS and understanding the implications of each

- For UNAIDS, a few different options can be envisaged once the US government funding comes to an end. Which of the following would you consider the best and most feasible option(s) for UNAIDS – or can you think of other options? Keep in mind that continued financial support to the programme will require that UNAIDS redirect resources from other activities – unless it is possible to mobilise additional non-core resources, which has proved to be difficult, and comes at a cost.
  - i. Maintaining a standalone initiative with a dedicated secretariat, reinvigorating the role of the *Champions*, and actively recruiting new *Champions*.
  - ii. Continuing to engage the *Champions* as part of a loose network and incorporating the *Champions* in UNAIDS' work with goodwill ambassadors, celebrities, etc.
  - iii. Integrating the *Champions* into a broader regional or global health, development or political initiative, such as the Elders.
  - iv. Enabling the *Champions* to cement and celebrate their legacy and contributions, while winding down their engagement and closing the secretariat in 2020.
  - v. Can you think of other options?

...END...

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