ADB

Subproject 11

Evidence-based Advocacy

(Financed by the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific)

Asian Development Bank

ABBREVIATIONS

ADB	–	Asian Development Bank
ADF	–	Asian Development Fund
AIDS	–	acquired immunodeficiency syndrome
CDC	–	communicable diseases control
GFATM	–	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	–	Greater Mekong Subregion
HIV	–	human immunodeficiency virus
HRG	–	high risk group
ICAAP	–	International Congress on AIDS in Asia and the Pacific
IDU	–	injecting drug user
MDC	–	member developing country
MDG	–	Millennium Development Goals
RSDD	–	Regional and Sustainable Development Department
SIDA	–	Swedish International Development Cooperation Agency
STD	–	sexually transmitted diseases
TA	–	technical assistance
UNAIDS	–	The Joint United Nations Programme on HIV/AIDS
UNICEF	–	United Nations Children's Fund
WHO	–	World Health Organization

NOTE

In this report, "$" refers to US dollars.

Vice President	G. van der Linden, Knowledge Management and Sustainable Development
Director General	B. Lohani, Regional and Sustainable Development Department
Director	R. Dobias, Gender, Social Development, and Civil Society Division, Regional and Sustainable Development Department
Team leader	J. Jeugmans, Principal Health Specialist, Regional and Sustainable Department (*Contact details: E-mail address: jjeugmans@adb.org / Tel No. (632) 632-6392/ Fax No. (632)636-2409*)

I. INTRODUCTION

1. HIV/AIDS prevalence varies across the Asia-Pacific region. Cambodia, PNG, Myanmar, and Thailand have generalized epidemics, defined as having HIV prevalence of more than 1% among pregnant women. Within Asia, Cambodia and Thailand have managed to reduce HIV prevalence, whilst India, Viet Nam and southern parts of China have concentrated epidemics (prevalence of more than 5% among drug users and sex workers). Across most of Asia the epidemic is principally fuelled by injecting drug users (IDUs), sex workers, and their respective clients and partners. There are still limited resources for HIV/AIDS prevention among high risk groups, such as for promoting condom use among sex workers and reducing harm among IDUs despite the considerable breadth of epidemiological evidence supporting these priority interventions within the concentrated epidemics that characterize the Asian situation and despite a substantial increase in fund availability over the last five years.

2. In addition to imposing a substantial economic burden on the health sector and national economies, HIV/AIDS infection is closely related to poverty. The loss of productive family members pushes individuals and households into poverty, whilst widespread poverty and income inequities are factors that underpin the growth of the epidemic. Behavioral surveys have found that the poor are more likely to be involved in commercial sex work, and they are also less likely to have knowledge about safer practices like condom use or treatment for STIs. During the 1990s, ADB's activities in HIV/AIDS initially focused on cross-border risk factors in the Greater Mekong Subregion. In April 2004, the results of an ADB-financed study on the economic impact of HIV/AIDS on the Asian economies[1] were published and have since been widely discussed the results of a joint ADB/UNAIDS study on financing requirements to fight HIV/AIDS in Asia and the Pacific were presented at the XV International AIDS Conference in Bangkok.

3. Following-on from HIV/AIDS operations in the 1990s, the ADB President approved a Strategic Directions Paper[2] defining ADB's strategic response to HIV/AIDS in 2005. The strategy incorporates an institution-wide consensus on how and in what particular areas ADB is best placed to support its DMCs in their fight against the HIV/AIDS epidemic. Based on ADB's strengths and comparative advantages, three areas were been identified as priorities for action: leadership support (policy dialogue, supported by evidence); capacity building (national and regional levels) and targeted programs. This concern about the spread of HIV/AIDS in Asia was shared by ADB member countries and reflected in the allocation of two percent of ADF IX resources (approximately $140.0 million) for grant support to activities targeting HIV/AIDS and other communicable diseases in all ADF-eligible countries. Implementation started in 2005. These resources are playing a valuable role in developing a strong portfolio of HIV/AIDS-specific activities that are consistent with the objectives set out in the Strategic Directions Paper.

4. In conjunction with increased levels of support for HIV/AIDS activities, ADB and the Swedish International Development Cooperation Agency (SIDA) discussed how to strengthen their collaboration in fighting HIV/AIDS in Asia and the Pacific, which was formalized in a Letter of Agreement with the Government of Sweden to establish a HIV/AIDS Trust Fund[3] with an initial commitment of $14.3 million equivalent from the Government of Sweden. This Fund, which may eventually be multi-donor, will provide support for activities complementary to those that can be financed by ADF IX, including support for pilot projects that could eventually be

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[1] ADB. April 2004. *Asia's Economies and the Challenge of AIDS*. Manila

[2] IN.90-05. 25 April 2005. *Development, Poverty and HIV/AIDS: ADB's Strategic Response to a Growing Epidemic*

[3] ADB. 23 February 2005. *Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific*

scaled up or replicated, and the development of regional and national knowledge products that support program and policy planning.

II. ISSUES

5. **Achieving Millennium Development Goals (MDGs).** The substantial increase in the impact of HIV/AIDS in Asia and the Pacific, and globally, has been recognized by the international community. The 6th Millennium Development Goal (Target 7) aims to have halted and begun to reverse the spread of HIV/AIDS by 2015. Asian countries have demonstrated their progress and commitment to achieving the MDG targets. Controlling HIV/AIDS also impacts upon other MDG indicators such as reducing child and maternal mortality and malnutrition. Therefore, achieving these MDGs in Asia and the Pacific, will - to a large extent, depend on progress in preventing further spread of the virus.

6. **Health Services Capacity.** Governments in the region need to address multiple challenges which include an already high burden of communicable diseases such as diarrheal diseases and acute respiratory infections which are the leading causes of high child mortality, and expanding coverage of vaccination and dealing with infectious diseases such as tuberculosis and malaria. The management of these diseases, along with HIV/AIDS, requires health services delivery and management capacity. Responding to these challenges requires trained health personnel and strong health systems. It also requires supportive policies, strategies and programs. Addressing these policy and institutional gaps will be critical for an effective response to the epidemic and must be addressed through improved evidence, operational plans, budget allocations, a coordinated response and mechanisms for monitoring and evaluation.

7. **HIV/AIDS Control Coordination.** A large number of donors and key stakeholders have become involved in the response to the HIV/AIDS epidemic. Partly as a result of differing funding modalities, investment priorities, portfolio management requirements and differing reporting requirements, national HIV programs have in some instances become disjointed and requiring a substantial administrative burden . To combat this problem, the "Three Ones" (one strategic framework, one national coordination authority, and one monitoring and evaluation mechanism) principles was agreed upon by the donors and UN agencies in early 2004. Central to the agreement is a need to harmonize the HIV/AIDS epidemic response and to coordinate national responses to HIV/AIDS.

8. **Regional Approach.** Regional networking and institutional collaboration needs to be supported to share information, experiences and minimize negative cross border impacts associated with the spread of HIV/AIDS in mobile populations. Exchanging experiences can also strengthen commitment and improve efforts for HIV/AIDS at the national level. Control activities will also benefit from standardizing products and services across borders, and improve quality control. Developing those areas will require institutional strengthening and technology transfer that would benefit from using regional policy analysis and research capacity.

9. **Opportunities.** The current setting is favorable for developing regional collaboration in communicable disease control. Recent epidemics have created a political will to exchange information on CDC, impose quality standards, and learn from each other. The threat of the HIV/AIDS epidemic has received widespread political commitment, which is evident in the development of recent ADB country strategies. As the HIV/AIDS epidemic ignores borders, a similar assessment is required at the subregional level. Guidelines need to be developed, and technical support provided to the country team leaders to help them identify HIV/AIDS-related

risks and opportunities. This will be a priority objective of any additional technical support that may be provided by the HIV/AIDS Trust Fund or UNAIDS.[4]

10. **Lessons Learned**. ADB's regional disease control projects and national health projects[5] have generally done well, driven by strong national commitments to improve the health of the poor. However, capacity constraints have caused initial delays in project implementation. Regional and national coordination has been satisfactory, but community-based activities proved more challenging.

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

11. The TA will assist in halting the spread of HIV/AIDS and help ADB DMCs progress toward their health-related MDGs for 2015 in containing the burden of this disease. The expected project outcomes are (i) timely and adequate control of HIV/AIDS which will otherwise have a major impact on public health and economies in the region; (ii) improved targeting and coverage of HIV/AIDS prevention and care interventions within high risk populations and (iii) improved policies and coordination among countries to improve HIV/AIDS prevention and care. The TA has four components: (i) evidence-based advocacy; (ii) improved resource tracking and socio-economic impact assessment; (iii) implementation of the 'three ones' and (iv) strengthening regional cooperation to facilitate improved targeting of HIV/AIDS prevention amongst high risk groups. In summary, the component outputs are:

(i) Evidence-based advocacy, including the development of a regional data hub, creation of an evidence for action reference group, development of a strategic information service and dissemination of annual publications containing updates of trends, risk behavior, response and impact

(ii) Resource tracking and socio-economic impact entails assessing existing financing needs and gaps in providing a package of essential HIV/AIDS prevention and care interventions in the region and updating economic and poverty analyses in a series of publications

(iii) Implementation of the 'Three Ones' strategy will involve development of tools, tracking the pattern of the epidemic, synthesis of an implementation policy matrix and monitoring and evaluation indicators to help operationalise this strategy; and

(iv) Regional coordination for targeted high risk group interventions incorporates capacity building of national and regional organizations, regional policy dialogue, and support for regional institutions in operations research for HIV/AIDS control in vulnerable populations.

12. The TA will be implemented over a period of 3 years and will be adjusted yearly on the basis of reporting by the EA to ADB.

B. Methodology and Key Activities

13. Experts within each of the components will initially conduct local, national, and regional consultations; and participatory planning with stakeholders and beneficiaries for the situation

[4] The UNAIDS Regional Support Team, our counterpart in Bangkok, is considering providing a representative in Manila to serve as liaison/coordinator with ADB.

analysis and further refinement of outputs within each of the components. The EA will coordinate with the agencies concerned, provide technical guidance, coordinate consultants and TA work, and prepare reports. Specific activities within each of the components include:

14. **Evidence-based Advocacy**. Component 1 is designed to support the generation of an easy-to-use database, consisting of data on vulnerability, risk behavior, infection/disease, response and impact of the epidemic creating “Evidence for Action”.

15. An “Evidence for Action” Reference Group of prominent regional experts and scientists will be formed and will proactively collect, collate and disseminate data to the public through an independent South East Asia based university/academic platform to help regional and national programmes to respond effectively to the epidemic. It will also provide a “strategic information service” to respond to queries made by the donors, UN agencies, researchers, programmers and policy makers in a short turn around time. A Technical Working Group consisting of midlevel scientists will advise the Secretariat, verify the data collected and brief the Reference Group. Additional input to the Reference Group will come from the external partners of the Evidence for Action Project. The overall quality control will be performed by an outside university, the University of California, Los Angeles

16. The Secretariat, together with the full time support of UNAIDS RST and UNICEF EAPRO Coordinators and with the guidance of the Reference Group, will proactively synthesize, collate and disseminate data through regular data collection and annual updates of the trend of the epidemic on the areas of vulnerability, risk behavior, infection and disease, response and impact and will provide the following outputs:

- A web-accessible easy-to-use database
- Address to queries
- A summary fact sheet on the areas of vulnerability, risk behavior, infection and disease, response and impact
- Summary of policy implications in terms of opportunities and trends
- Summary of data sheets, tables, graphs and maps

17. **Economic Impact and Resource Tracking**. This component aims to develop the requisite tools and background information required for effective advocacy with policymakers and international development agencies to enhance the response to the HIV/AIDS epidemic in the region. Specifically, it will support collaborative work with UNAIDS for developing tools and using them to assess existing financing needs and gaps in providing a package of essential HIV/AIDS prevention and care interventions in the region. The main outputs of the TA will include tracking, re-evaluating, and M & E for resource needs, gaps, absorptive capacity and an annual report on the resource tracking, needs and gaps in the region.

18. The following five main activities will be supported within this component of the TA. (i) annual survey will be organized through UNAIDS global regional and country offices to assess the existing financial response to HIV/AIDS in the region. (ii) regional workshops will be organized to confirm the country level HIV/AIDS estimates and projections. (iii) country level workshops will be undertaken to confirm the preliminary estimates of financing needs, existing response, existing gaps and existing absorptive capacity. At these workshops, participants will be trained in using the Resource Needs Manual and Resource Needs Model. (iv) Based on the outcome of these regional and country level workshops, and a desk study by an international consultant on the socio-economic cost of the epidemic in the region, a final report will be prepared summarizing the main findings. The findings will also be disseminated through

websites of ADB and UNAIDS. It is proposed that this will be an annual flagship publication of ADB on tracking the resource need, availability and gap in the region.

19. **Three Ones**. Component three is designed to support the implementation of the "Three Ones" (one strategic framework, one national coordination authority, and one monitoring and evaluation mechanism) principles, which have been agreed upon by the donors and UN agencies in 2004. Regional level activities will be supported to implement this strategy and involve the development of tools, capacity and institutions in epidemic forecasting, policy and monitoring and evaluation indicators. Harmonized work, resource need and monitoring plans will be developed. Regional capacity development will also facilitate the development of training packages to support government led participatory review to translate national strategic plans to operational plans with financial, human and management resources, identified priorities and targets and a monitoring and evaluation.

20. **Targeted Prevention in High Risk Groups**. The fourth, and final component, is designed to develop the requisite tools, capacity (human, structural and managerial) and background information required for effective focused high risk group interventions and advocacy to enhance the response to the HIV/AIDS epidemic in the region. The main outputs of the program are (i) development of frame work that can be institutionalized across all countries to ensure a comprehensive approach for intervention of HIV among the high risk groups, (ii) definition of the essential elements of country interventions that must be implemented in all settings to ensure an effective national strategy, (iii) development of tools for planning, designing, costing, implementing and monitoring and evaluation of focused high risk group intervention (iv) capacity building (workshops, training and development of tools) both at the country and regional level for achieving critical coverage of HRG's by effective intervention elements, and (v) addressing the policy barriers in the countries by evidence based analysis and necessary advocacy.

C. Cost and Financing

21. The total cost of the TA is estimated at $3,500,000 equivalent. ADB will provide $2,850,000 which will be financed on a grant basis by the SIDA Trust Fund, funded by the Government of Sweden. UNAIDS will provide $350,000 equivalent in kind and UNICEF $300,000 in funds to support component one activities. The cost estimates are in Appendix 2.

D. Implementation Arrangements

22. UNAIDS (SEAPICT) will be the Executing Agency for the TA and will also provide technical guidance. ADB will finance a total of 27 person-months (number of person-months enclosed in parentheses) of international consulting services, including a health economist (9), an HIV/AIDS programs specialist (9) and a public health training specialist (9). UNAIDS will provide an HIV/AIDS policy and advocacy expert (10) on part-time basis, and public health experts (12 total) to support committees formed under each of the components for this TA. UNICEF will finance a project and data management expert (30) over the three years of the TA.

23. ADB consultants will be engaged as individual consultants by ADB in accordance with its *Guidelines on the Use of Consultants* and other arrangements satisfactory to ADB for engaging domestic consultants. The indicative terms of reference for consultants are in Appendix 3. The EA will submit semiannual reports to ADB on physical and financial progress of the TA. The format of the reports will be agreed upon by the EA and ADB before the start of the TA. A detailed midterm review of the TA will take place after one and a half years of implementation; midcourse corrections will be made as required.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Indicators and Targets	Monitoring Instruments	Risks/Assumptions
Impact **Contain the spread of HIV/AIDS**	Prevalence of HIV in target populations	UNAIDS survey	
Outcome (i) Improve coordination of HIV/AIDS prevention and care in the region. (ii) Reverse the spread of HIV/AIDS, and sexually transmitted diseases in high-risk populations.	Progress in regional harmonization of CDC Proportion of high risk groups using condoms and IDUs using clean needles	Government documentation Survey of target groups	**Assumptions:** Policies are effectively implemented. Behavioral change is effective in reducing HIV.
Outputs (i) Harmonized HIV/AIDS strategies, and standards of products and services (ii) HIV/AIDS prevention in high-risk populations	Progress in development of strategies and standards for HIV Proportion of target population reached	Project report Survey of target groups	**Assumptions:** There is institutional capacity for long-term collaboration.
Activities with Milestones (i) Establish evidence based advocacy data hub, software products, conduct surveys and undertake regional workshops and data sharing (ii) Analyze HIV/AIDS resource need trends, identify target groups and funding requirements, update economic and poverty analyses, conduct regional workshops and disseminate publications (iii) Implementation of the 'Three Ones' through a series of workshops and training activities along with developing tools for work planning, M&E and implementation activities.. (iv) Develop plan basic packages and strategies, for targeting of prevention in high risk groups.			**Inputs** ADB funding: $2.85 million UNAIDS: $0.35 million UNICEF: $0.3 million

ADB = Asian Development Bank, HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome, SIDA = Sweden International Development Assistance, UNAIDS = Joint United Nations Programme on HIV/AIDS, WHO = World Health Organization.

COST ESTIMATES AND FINANCING PLAN
($'000)

Item	Evidence Base	Impact & Tracking	Three Ones	Targeted Prevention	Total
A. SIDA Trust Fund Financing[a]					
1. International Consultants					
a. Remuneration and Per Diem	-	252.0	84.0	42.0	378.0
b. Travel	-	50.4	16.8	8.4	75.6
c. Reports and Communications	50.0	12.6	4.2	2.1	68.9
2. Meetings and Workshops[b]	180.0	500.0	400.0	195.6	1,275.6
3. Research Contracts and Studies	355.0	150.0	50.0	200.0	755.0
4. Administration	-	25.2	8.4	4.2	37.8
5. Contingencies	58.5	99.0	56.3	45.2	259.1
Subtotal (A)	**643.5**	**1,089.2**	**619.7**	**497.5**	**2,850.0**
B. UNAIDS Financing					
1. Experts					
a. Remuneration and Per Diem	60.0	79.3	60.0	60.0	259.3
b. Travel	12.0	15.9	12.0	12.0	51.9
c. Reports and Communications	3.0	4.0	3.0	3.0	13.0
2. Administration	6.0	7.9	6.0	6.0	25.9
Subtotal (B)	**81.0**	**107.0**	**81.0**	**81.0**	**350.0**
C. UNICEF Financing					
1. Experts					
a. Remuneration and Per Diem	240.0	-	-	-	240.0
b. Travel	24.0	-	-	-	24.0
c. Reports and Communications	12.0	-	-	-	12.0
2. Administration	24.0	-	-	-	24.0
Subtotal (C)	**300.0**	-	-	-	**300.0**
Total	**1,024.5**	**1,196.2**	**700.7**	**578.5**	**3,500.0**

[a] Funded by the Government of Sweden.
[b] Country and regional workshops and meetings.
Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. Asian Development Bank-supported

1. Health Economist (international, 9 person-months)

1. The consultant will have background and expertise in undertaking socio-economic impacts of communicable diseases and epidemics. The consultant, reporting to the UNAIDS South East Asia Inter Country Team (SEAPICT) and ADB, will prepare a report on the socio-economic impact of HIV/AIDS in the region. Tasks include

(i) Serve as liaison between the Asian Development Bank (ADB), UNAIDS and the governments participating in the TA, including the respective ministries of health, other relevant ministries,

(ii) Plan and coordinate a participatory planning process including stakeholder consultations and workshops to obtain the necessary inputs for TA activities and ensure government ownership of results and any action plans.

(iii) Ensure on-time submission of formal written reports, including the draft and the final reports. The reports will include the following:

- update of published and unpublished analysis related to HIV/AIDS resource needs,
- assessment of current international and national funding for HIV/AIDS programs and key gaps
- incorporation of latest projections into the *Bangkok 2004 AIDS Conference* analysis on the socio-economic cost and poverty impacts of delaying the appropriate response to HIV/AIDS
- expansion of countries in impact and resource need analyses to include Central Asian DMCs.

2. The technical tasks of health economist are as follows:

(i) Estimate the impact at sectoral levels, especially on health services, at macro levels, especially on demographic indicators (adult mortality, life expectancy, infant mortality) and Gross Domestic Product, and at household levels including that for different countries.

(ii) Develop a communicable disease profile for Asia and the Pacific that clearly identifies and prioritizes the regional needs for HIV/AIDS based on needs, cost-effectiveness of interventions, funding requirements, and feasibility of intervention

(iii) Develop a poverty profile that quantifies the poverty impact of HIV/AIDS, focusing on incomes, savings, assets, schooling, family size and the vulnerability of the poor and the near-poor to health-related shocks.

(iv) Prepare a comprehensive report on health sector financing with a focus on HIV/AIDS, including resources available from development partners and from national and local budgets

2. HIV/AIDS Program Specialist (international, 9 person-months)

3. The consultant will be a regionally based (preferably in Bangkok) public health expert with experience and expertise in managing HIV/AIDS prevention and control programs. The consultant, supervised by UNAIDS SEAPICT and with support from UNAIDS offices in the region, will coordinate a response survey on HIV/AIDS. The survey will include the existing and projected financial resources from different international development agencies and national governments. The survey will also aim to estimate the gap between committed resources and

actual expenditure and capture the institutional elements that provide details about the absorptive capacity for HIV/AIDS programs. Specifically, the consultant will:

(i) develop a framework for the study and prepare and pretest a survey questionnaire or other instruments as required;

(ii) send the questionnaire (or other survey instruments) to the study countries and coordinate with UNAIDS country programme officers in the region to obtain the responses;

(iii) collect and analyze the collected information and organize it by different ADB sub-regions; and

(iv) prepare a short report summarizing the main findings of the survey

3. **Public Health Training Specialist** (international, 9 person-months)

4. The consultant will be a regionally based (preferably in Bangkok) training specialist with experience and expertise in developing training materials and conducting workshopsin the public health arena. Specifically, the consultant will:

(i) Review the current status of three one implementation in the region and identify key gaps in the response and tailor tools for specific regional needs;

(ii) Develop tools encompassing three one work plans, financing plans, M&E needs and operational details;

(iii) Organize a regional training workshop to train regional and national experts and country missions to 19 priority countries in the Asia Pacific Region[6] to provide technical assistance

(iv) Develop country specific 'Three Ones' harmonized plans with synchronized budgets and M/E; and

(v) Prepare a report summarizing the main findings of the review, workshop and action for future implementation of Thee Ones.

B. UNAIDS-supported

1. **HIV/AIDS Advocacy and Policy Lead Expert** (international, 10 person-months on part-time basis)

5. The expert will have a background in developing HIV/AIDS initiatives in a regional context, particularly in Southeast Asia. The expert will have a strong background in institutional building and experience in leading an international group of professionals. The expert will have the following tasks:

(i) Provide overall policy advice to the team leader and guidance to participating governments, the steering committee, and workshop participants.

(ii) Advise the surveillance expert on strengthening and rationalizing national surveillance systems and implementing international health regulations.

(iii) Identify and develop policy recommendations to be implemented in conjunction with the Project.

(iv) Carefully assess the assumptions underlying the Project, identify risks that may hamper its implementation, and suggest measures that will mitigate such risks.

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[6] Government led participatory review in 19 countries in the Asia Pacific region (South Asia: Pakistan, India , Bangladesh and Nepal; South East and East Asia: Thailand, Cambodia, Myanmar, China, Vietnam, Cambodia, Laos, Indonesia, Malaysia, Philippines Pacific: PNG, Fiji)

2. HIV Experts (international, 12 person-months equivalent)

6. The experts, who will be financed by UNAIDS, will support and participate in regional task forces, reference groups and secretariats established under each of the four components. Tasks include:

(i) Participate in an “Evidence for Action’ Secretariat and Reference Group to proactively collect, collate and disseminate the data. The reference group will include prominent regional political influencers and scientists to guide and accredit the process of data collection, collation and dissemination and supervise the Secretariat

(ii) An Advisory Committee consisting of representatives from UNAIDS headquarters, UNAIDS (RST), regional experts and ADB will be constituted to guide resource tracking activities. The Committee will provide supervision in relation to surveys, assessing the existing financial response to HIV/AIDS in the region and regional workshops to confirm the country level HIV/AIDS estimates and projections

(iii) In total, regional and national experts will attend a regional training to enable them to provide technical assistance for implementation of the Three Ones at country level of 19 priority countries.

(iv) A High Risk Group Advisory Committee consisting of representatives from UNAIDS headquarters, UNAIDS (RST), regional experts and ADB will be constituted to guide the TA implementation.

B. UNICEF-supported

3. Project and Data Management Expert (international, 30 person-months)

7. The expert will have a background in developing public health initiatives in a regional context, particularly in Asia. In addition to data management, the expert will have a strong background in institutional building, project management and experience in leading an international group of professionals. The expert will have the following tasks:

(i) Provide overall policy advice for component one activities and guidance to participating institutions, steering committees, and workshop participants.

(ii) Advise on strengthening and rationalizing national HIV/AIDS data collection and management systems

(iii) Recommend methods and tools for disseminating key messages and information generated through component one activities.

(iv) Provide guidance and project management for component one activities. This includes generating timelines and activity delivery schedules and liaising with key regional stakeholders.